

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 14th August 2024 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil (from 24/130.4)	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Chris Bland	Chair (Community Pharmacy South Yorkshire)
Erica Carmody	Lead Pharmacist (SY ICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SY ICB, Barnsley)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

**ACTION
BY**

APC 24/127 QUORACY

The meeting was quorate.

APC 24/128 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Chair, Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) declared that she has historically signed rebate agreements on behalf of the South Yorkshire ICB (Barnsley), none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebate schemes are re-invested into other local health services. The rebates are all in line with the recommended PrescQIPP guidance and the full list is available on the website.

There were no further declarations of interest relevant to the agenda to note.

APC 24/129 DRAFT MINUTES OF THE MEETING HELD ON 10th JULY 2024

The minutes were approved as an accurate record of the meeting.

APC 24/130 MATTERS ARISING AND APC ACTION PLAN

24/130.1 NICE TAs (May 2024)

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT: -

- TA540 (Update) Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA970 Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments
- TA974 Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma

The Lead Pharmacist, BHNFT provisionally advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA967 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over (*provisionally advised applicable*)

The Lead Pharmacist, BHNFT advised that the following NICE HST/TAs **were not** applicable for use at BHNFT: -

- HST31 Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome
- TA975 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under

24/130.2 SGLT2 Inhibitors: Dapagliflozin (Forxiga®) and Empagliflozin (Jardiance®) for Heart Failure Amber-G Guideline (update)

As agreed at the June 2024 meeting, the Lead Pharmacist, BHNFT, would update the guideline in line with the change of creatinine clearance range, and send the updated guideline to the Lead Pharmacist, SY ICB (DC) and the Medicines Management Pharmacist.

Agreed action: -

- The guideline to be updated in line with the change of creatinine clearance range and shared with MMT colleagues.

24/130.3 Metolazone (Xaqua®) for Oedema Amber-G Guideline (update)

As agreed at the June 2024 meeting, the Lead Pharmacist, BHNFT, would update the guideline to update wording around U&E monitoring and send the updated guideline to the Lead Pharmacist, SY ICB (DC) and the Medicines Management Pharmacist.

Agreed action: -

- The guideline to be updated with wording around U&E monitoring and shared with MMT colleagues.

24/130.4 Inclisiran Amber SCG - inclusion of patient resources from NICE

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) reminded the Committee that the Inclisiran Amber Shared Care Guideline had been approved at the February 2024 meeting, subject to the inclusion of NICE patient resources/decision aids being added to the document, as requested by the LMC. Communication has now been received from Barnsley LMC to advise

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that they will not approve the Inclisiran Shared Care following the GP ballot on collective action.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) has responded to make the point that the Committee had previously approved this guideline and that it compromises the GPs that are currently prescribing and who need the guideline to support them manage patients in their practices. It also supports the funding process for those GP practices who are prescribing in terms of the specialist drugs service.

There was a lengthy discussion around the significant increase in costs in general practice and primary care with primary care picking up requests to undertake work that is unfunded, resulting in the GP ballot to take collective action, noting that the LMCs must represent the views of the members of the BMA, who have agreed not to take on any new shared care.

There was a lengthy discussion around approval of this shared care guideline and having joined the meeting mid-way through this agenda item, the LMC GP representative (MM) acknowledged that the guidance had been previously approved by the LMC, with the only change of introducing a leaflet to make it easier for the patient to understand but the fundamentals of the shared care and responsibilities of GP and consultants were unchanged. The updated guideline was therefore approved by the LMC and APC.

It was noted that in terms of the approval of shared care guidelines, it is up to the individual GP practices and GPs whether they accept patients under shared care and whether they continue managing patients under shared care. As there are over 10,000 patients that are currently managed under shared it is important to review shared care resources for clinicians as these support safe prescribing and this Committee has a duty of care to patients and to clinicians to keep them safe.

The Lead Pharmacist, BHNFT wanted to clarify, that as she runs the lipid clinic, she is expecting that some GPs will not be engaging with this shared care and expects the majority of these patients will stay under her clinic, however wanted to stress that this shared care guidance is an existing document, which had been endorsed in February 2024 and not a new document.

24/130.5

Sheffield Guideline – Creon®

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to the significant supply issue with Creon® across South Yorkshire, which is expected to be long standing. It was noted that Sheffield, Rotherham and Doncaster have arrangements in place to obtain supplies for patients at higher risk.

It was noted that a working group has been tasked with addressing these issues by working on supply arrangements and developing criteria to identify patients at higher risk for escalation. The Lead Pharmacist, BHNFT was asked for an update on internal conversations for BHNFT to potentially accept patient referrals and supply Creon® in exceptional circumstances.

The Lead Pharmacist, BHNFT referred to the guidance noting that as cystic fibrosis (CF) patients need pancreatic enzymes, they are therefore a priority group, noting small numbers currently under the care of BHNFT, with the majority thought to be gastroenterology patients. There was a discussion about patient reviews and who would undertake these, and the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that this had been raised at the IMOC meeting, where it was agreed that guidance would be produced for community pharmacies and GPs to use so that they would be able to review patients. Guidance would detail the criteria (only CF patients or patients who were actively losing weight), clinical implications, and reason for escalation, linking this with the supply arrangements.

The supply arrangements currently in place at a Sheffield pharmacy were noted, however a Barnsley route of potential supply in exceptional circumstances needed to be built into the South Yorkshire Network plan. BHNFT agreed to offer support in the South Yorkshire Network being built but not in the way that Sheffield is supporting as BHNFT don't have a wholesale dealers' licence.

It was noted that it would be difficult for Barnsley resident CF patients under the Sheffield CF service to travel to Sheffield to get prescriptions therefore a Barnsley supply solution was needed. It was noted that stocks are coming into pharmacies and the plan was for 2 pharmacies to hold/reserve stock so that GP practices know where to send patients/scripts to in exceptional circumstances, and guidance would be shared with all pharmacies and GP practices across South Yorkshire.

Details regarding the agreement/arrangements in place at Rotherham Hospital would be shared with the Lead Pharmacist, BHNFT.

Agreed action: -

- Details regarding the agreement/arrangements in place at Rotherham Hospital would be shared with the Lead Pharmacist, BHNFT

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24/130.6

Action Plan – other
Ticagrelor Audit

The Lead Pharmacist, BHNFT to advise an appropriate timeframe to bring this back to the Committee.

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24/130.7

BHNFT D1 issues

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that a meeting had taken place with Richard Billam and colleagues from Clinical IT Services, where a way forward around getting primary care clinicians set up on the hospital IT systems was agreed. Further meetings will be arranged to restore the access that clinicians previously had.

We have agreed a way forward around the incident that happened at the beginning of July (1 week period) where there were quite a number of discharges where we are unclear exactly whether the medicines information went through for all patients at discharge. It is

planned to reissue TTO medicines from that time period for all those patients, giving clear direction to GP practices about comparing the information with the information that they received at discharge to check if it's the same. If the information is the same then no further action would be required by primary care, however if different, that person will need a medicines reconciliation. A copy of the communication drafted to go out to GP practices advising that they'll be receiving extra TTO lists for patients to be shared with the Lead Pharmacist, BHNFT.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) reported issues with delays receiving ICE blood results, noting the significant impact on primary care workload. The frustration with IT failures and the consequences on primary care and secondary care workload were noted. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) was aware that LMC colleagues had raised the issue with secondary care, noting that this is being discussed at the Barnsley Place Health & Care Quality & Safety Committee (QSC) which Dr Simon Enright, Medical Director, BHNFT has been involved in.

The Lead Pharmacist, BHNFT noted that following the D1 prolonged incident, a Task and Finish Group has been set up to work on a contingency plan which can be enacted as soon as an issue is raised. This will result in GP practices receiving an ICE TTO plus the Care Flow D1 with clinical narrative which may take up more time looking at them together, but these should be received at the same time. It has been requested that the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Lead Pharmacist, SY ICB (EC) been invited to the Task and Finish Group meetings to feed into the contingency planning from a primary care communication perspective. It was agreed that the Task and Finish Group needed to understand the impact on primary care when significant numbers of documents do not come through in a timely manner and what impact it has on reduction in capacity and possible increased workload to A&E.

It was noted that the route of communication to the clinical systems teams was open, and issues can be escalated directly to the clinical systems team by email.

Agreed actions: -

- A copy of the communication drafted to go out to GP practices advising that they'll be receiving extra TTO lists for patients to be shared with the Lead Pharmacist, BHNFT.
- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Lead Pharmacist, SY ICB (EC) to attend the Task and Finish Group meetings to feed into the contingency planning from a primary care communication perspective.

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APC 24/131 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

There were no guidelines to approve this month.

APC 24/132 FORMULARY

24/132.1 Formulary Review Plan

There were no changes to note since last month.

APC 24/133 NEW PRODUCT APPLICATION LOG

There were no changes to note since last month.

APC 24/134 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/134.1 SYICB IMOC Ratified Minutes – 5th June and 3rd July 2024

The minutes were shared for information.

24/134.2 SYICB IMOC Verbal Key Points – 7th August 2024

24/134.2.1 Barnsley LMC

The LMC GP (MM) advised that due to LMC concerns around their comments on drug classifications being dismissed by the IMOC, Barnsley LMC were withdrawing support for IMOC. It was noted that following the concerns raised by LMCs/representatives as to the processes that underpin the IMOC, the IMOC are currently reviewing the aims and functions of the group, the attendees, roles and the meeting's interdependencies with place/providers and commissioning arrangements.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to the discussion at the last APC meeting, noting that it was the role of IMOC to listen to the views of all members, to take a balanced view across all the providers around the traffic light status of drugs, looking at the evidence base, if the drug is safe to prescribe, if significant monitoring is required, licencing, restrictions around initiation and the benefit to the patients. It was noted that even with IMOC approving a green classification of a drug, individual clinicians can continue to exercise their own judgement if they consider prescribing it outside of their scope of practice. The IMOC view is that it is safe to initiate in primary care and can be offered to patients if prescribers feel that they are competent to do so. It was noted that in relation to the drug mentioned, it was a split decision in terms of GP support for it at the IMOC meeting. It was noted that the APC has a duty of care to patients, and we can only recommend and guide and that is what the decision is about, not about making individuals undertake work but guiding as to where we think that medication should be classified around its safety.

The September 2024 IMOC meeting will be a session looking at governance, processes etc of the Committee.

24/134.2.2 Denosumab Shared Care Guidance

This guidance has been previously shared with and endorsed by LMCs. The IMOC noted that the LMC comments were positive and clarified that this was not a new SCP but an existing document that has been refined and produced as a South Yorkshire document. The IMOC committee approved the SCP. There was a query around dental care, and the IMOC were going to go out and get further guidance to go out to primary care. This did not amend the shared care.

24/134.2.3 Guidance for patients on HRT with unscheduled bleeding document
A supporting document was presented to the IMOC, noting that in 2021/22, HRT prescriptions increased significantly. The IMOC agreed to adopt the Cancer Alliance document, which will be hosted on the IMOC website.

24/134.2.4 Alimemazine SCP
The IMOC approved the updated guidance, with a grey classification for allergy.

24/134.2.5 SY Interim Position Statement on Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 diabetes.
The IMOC approved the interim position statement and the FAQ document and will be hosted on the IMOC website. This doesn't affect primary care.

24/134.2.6 Liothyronine SCP
The IMOC approved the Liothyronine SCP for patients who have been assessed by an endocrinologist in secondary or tertiary care.

APC 24/135 BARNSELY APC REPORTING

24/135.1 APC Reporting June 2024 & Interface Issues

Due to limited time on the agenda, the reports produced by the Lead Pharmacist, SYICB Barnsley (DC) and Senior Interface Pharmacist, BHNFT were received as read. There were no points raised for discussion.

APC 24/136 NEW NICE TECHNOLOGY APPRAISALS

24/136.1 NICE TAs July 2024

The Lead Pharmacist, BHNFT provisionally advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA986 Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over (*provisionally advised applicable*)

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA688 (Updated and partially replaced by TA985) Selective internal radiation therapies for treating hepatocellular carcinoma
- TA985 Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma
- TA987 (**Terminated Appraisal**) Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma
- TA988 Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis
- TA989 Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B
- TA992 Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy

The Lead Pharmacist, BHNFT **to advise** if the following NICE TA is applicable for use at BHNFT: -

- TA990 Tenecteplase for treating acute ischaemic stroke

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- 24/136.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.
- 24/136.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.
- APC 24/137** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
24/137.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
The group have not met, therefore there was nothing to report.
- 24/137.2 BHNFT
The item relevant to this group that was discussed was around the potential for repatriation of shared care, discussed above.
- 24/137.3 SWYPFT Drug and Therapeutics Committee (D&TC)
There was nothing relevant to report, however it was noted that contraindications have been specified for iodine dressings and a green light alert is being produced, which will be circulated when approved.
- 24/137.4 Community Pharmacy Feedback
There was no community pharmacy representative present.
- 24/137.5 Wound Care Advisory Group
The group have not met, therefore there was nothing to report.
- APC 24/138** **ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (5th SEPTEMBER 2024)**
Alongside the standing updates on IMOC and APC Reporting, it was agreed to escalate to the Barnsley Place Quality and Safety Committee, D1s (delays and discussions around the incidences in relation to communications and IT systems), delays with GP practices receiving ICE blood results and the impact on primary care with these delays; and approval of shared care guidance following the GP ballot on collective action.
- APC 24/139** **FORMULARY ACTIONS**
24/139.1 SPS New Medicines Newsletter June 2024
Received for information.
- 24/139.2 RDTC Horizon Scanning Document June 2024
Received for information.
- 24/139.3 IMOC Horizon Scanning August 2024
Due to limited time on the agenda, the enclosure detailing the traffic light classifications agreed at the July 2024 IMOC meeting with formulary changes for Barnsley was received as read.
- Cefepime + enmetazobactam – non-formulary red
 - Phenylephrine + ketorolac – non-formulary red
 - Oxybutynin intravesical solution – non-formulary red
 - Vadadustat – non-formulary grey, NICE TA in progress
 - Aminophylline hydrate – formulary green
 - Rozanolixizumab – non-formulary grey, NICE TA in progress
 - Voxelotor - non-formulary red

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The formulary changes were approved by the Committee.

24/139.4

TLDL Sub-group list July 2024

Due to limited time on the agenda, the enclosure detailing the suggested formulary changes for Barnsley was received as read.

- Tadalafil 5mg (daily) - change from formulary grey for existing patients and formulary red for new patients, to formulary green for all patients
- Tadalafil 2.5mg - change from formulary grey for existing patients and formulary red for new patients, to formulary grey for all patients
- Rosuvastatin Capsules - Rosuvastatin capsules to be added as formulary grey, with the exception of opening capsules for patients with swallowing difficulties and mixing with soft food for oral administration, or administration via nasogastric tube. Rosuvastatin tablets will remain formulary green.
- Cabazitaxel - to add as non-formulary red
- Green Tea Leaves extract ointment (Camellia sinensis) - change from non-formulary grey to non-formulary red
- Canakinumab - to add as non-formulary red
- Carbetocin - change from non-formulary to non-formulary red
- Rimegepant - change from formulary red to formulary green for treating migraines (rimegepant for preventing migraines to remain formulary red until Amber-G guideline available)

The formulary changes were approved by the Committee.

APC 24/140

SAFETY UPDATES

24/140.1

MHRA Drug Safety Update (July 2024)

The update was noted with the following information relevant to primary care highlighted: -

Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury

Epimax Ointment and Epimax Paraffin-Free Ointment can harm the eyes if used on the face. Do not prescribe these ointments for use on the face. Tell patients to wash their hands and avoid touching their eyes after using these products.

It was confirmed that this safety alert is on all South Yorkshire GP practice systems (Optimise Rx and/or Scriptswitch). Patient reviews will be undertaken.

24/140.2

IMOC Safety Paper – July 2024

This was received and noted.

APC 24/141

SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Doncaster & Bassetlaw (16th May 2024) were received and noted.

APC 24/142 ANY OTHER BUSINESS

24/142.1 APC Reporting – FreeStyle Libre

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that a number of reports have been received around referrals for initiation of Freestyle Libre being declined by the specialist nurses. A response has been received from the specialist nurses advising they would only decline a referral where the patient did not meet the criteria from the referral information sent. These issues are now resolved.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) raised further reports of rejections to initiate Freestyle Libre following referrals to DSNs, with feedback to the practice that DSNs would come and teach GP practice staff to then carry on training patients. This was not a commissioned service in primary care but was an integrated service that is currently led by BHNFT, overseen by the specialist nursing service. Details of these rejections would be provided via APC reporting for investigation.

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24/142.2 Committee Members

The Chair thanked all for attending the meeting and for their contribution and continued support for the work of the Committee, acknowledging the difficult time at present following the GP ballot on collective action, and the pressures in the system for all. The Committee undertake important work and without you all it could not continue so we're supporting our colleagues and supporting patients to keep everyone safe.

It was noted that good strong working relationships have been built over many years and members were mindful not to let the current climate impact on those relationships but action to seek change for effective primary care resource was required. Members were supportive about the reasons why action is being undertaken by primary care colleagues, offering support to one another, and understanding one another's points of view. We are all health care professionals and need to be united.

APC 24/143 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th September 2024 at 12.30 pm via MS Teams.