

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 14<sup>th</sup> April 2021 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

**APOLOGIES:**

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

**ACTION  
BY**

- APC 21/68 QUORACY**  
The meeting was quorate.
- APC 21/69 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website. There were no declarations of interests relevant to this month's agenda.
- APC 21/70 DRAFT MINUTES OF THE MEETING HELD ON 10<sup>th</sup> MARCH 2021**  
The minutes were accepted as an accurate record of the meeting.
- APC 21/71 MATTERS ARISING AND APC ACTION PLAN**
- 21/71.1 BHNFT discharge letter audit / monitoring – D1 Working Group  
The Chief Pharmacist, BHNFT advised that arrangements for the D1 Task and Finish Group were being progressed and the Head of Medicines Optimisation would attend on behalf of primary care.
- 21/71.2 Dantrolene Amber G Guideline  
The Head of Medicines Optimisation had emailed the Sheffield Head of Medicines Management Team to pick up the issue around LFT's and was awaiting a response. This would be brought back to the next

**CL**

meeting.

21/71.3

Phyllocontin® Review Plan

The Lead Pharmacist, BHNFT had received the requested details from primary care of patients who are taking Phyllocontin® and these have been cross referenced with the list of patients under the BREATHE team, identifying 51 patients under the BREATHE team out of 340 patients in Barnsley. The Lead Pharmacist, BHNFT is to meet with the respiratory physicians to agree the plan for reviewing these patients.

An update would be brought back to the meeting.

**Agreed actions: -**

- The Lead Pharmacist to meet with the respiratory physicians to agree the plan for reviewing patients and provide an update to the meeting.

GT

21/71.4

Eslicarbazepine and Brivaracetam supporting guidelines

The Head of Medicines Optimisation fed back from the LMC that the Brivaracetam and Eslicarbazepine supporting guidelines were no longer required following the inclusion of these drugs in the SY&B Epilepsy Shared Care Guidelines. It was therefore agreed that the supporting guidelines would be stepped down.

JH

21/71.5

Recovery Steps

The Senior Interface Pharmacist, BHNFT fed back from the meeting with Recovery Steps arranged to discuss the difficulties confirming patients methadone and buprenorphine doses on a weekend. The service advised that they will email GP practices regarding any medication updates to enable the SCR to be updated. They advised of a new Barnsley Alcohol Service starting which is a 7 day a week service which may allow access to dosage information on a weekend. It was noted that an acute guideline for withdrawal was being developed.

In relation to a request to ensure medications are added to patient records which may have been dispensed by the hospital or other specialist providers, the Lead Pharmacist (DC) confirmed that guidance has previously been issued to practices on how to add drugs to the clinical systems safely whilst ensuring that they cannot be inadvertently issued in primary care. It was agreed that this would be shared again, with examples, as a reminder of good practice.

**Agreed action: -**

- The Lead Pharmacist (DC) to re-issue guidance to GP practices.

DC

21/71.6

Action Plan – other areas

Biatain® and Kliniderm® silicone dressings

The Head of Medicines Optimisation advised that due to continued stock issues and better patient results, the changes have been applied to the new formulary which was approved at the March 2021 APC meeting. The Head of Medicines Optimisation to advise if this action can be closed.

**Agreed action: -**

- The Head of Medicines Optimisation to advise if this action can be closed.

CL

21/71.7

Ferric Maltol

The Lead Pharmacist and Consultant Gastroenterologist, BHNFT advised that the referral pathway was being developed and would be brought to the next meeting. Further work was required around referrals into secondary care for IV iron where appropriate. A copy of the draft referral pathway would be shared with the Head of Medicines Optimisation for primary care input.

The Consultant Gastroenterologist, BHNFT referred to an article in the journal of Royal College of Physician of London around iron deficiently without anaemia and how it affects functions.

It was noted that ferric maltol currently has a formulary red traffic light classification, awaiting the algorithm to be in place prior to the previously agreed change to green. A further discussion would take place outside of the meeting in relation to an individual patient query.

**Agreed actions: -**

- The Lead Pharmacist, BHNFT to share the draft referral pathway for primary care input.
- The Lead Pharmacist and Consultant Gastroenterologist, BHNFT progressing internal IV iron pathway which will be brought back to the meeting
- The MMT to look at increasing primary care awareness of including ferric maltol prior to referral

GT/CL

GT/KK

CL/DC

APC 21/72

**PROPOSED PRIMARY CARE QIPP AREAS INVOLVING SPECIFIC BRANDS OR PREPARATIONS**

The Lead Pharmacist (DC) presented the paper which summarises the proposed QIPP areas included in the draft primary care QIPP plan for 2021/22 with the intention of incorporating some of these areas into the Medicines Optimisation Scheme (MOS) when it's launched later in the year. The MMT will be looking to progress some QIPP areas prior to the MOS launch.

The content of the paper was discussed noting the inclusion of QIPP work in relation to existing formulary brands/APC guidance. This includes areas that were previously endorsed by the Committee but were deferred from the MOS 2020/21 due to the COVID pandemic. These areas will be progressed in the 2021/22 MOS.

With reference to 1(b) additional areas using existing formulary brands/preparations; it was noted that patients on 2 separate drugs for diabetes would be considered for the combination product, prescribed as the generic, noting comments received during consultation of the proposed QIPP areas, around the importance of prescribing generically to avoid confusion with the drug names.

The proposed formulary changes in section 2 were highlighted and noted.

For the suggested branded products, contact has been made with each of the companies and confirmation has been received from companies that there are no stock issues, sufficient stock will be available, and products are available from major wholesalers.

The proposed timescales were noted and it was confirmed that community pharmacies would be given at least one month's notice as agreed previous prior to work commencing on each work area, particularly switches involving new QIPP brands.

The Committee approved the paper.

***Post meeting note:** The QIPP brands, with the exception of cyanocobalamin, have been added to the formulary to replace previous QIPP brands where applicable. Butec (previous QIPP brand) has been changed from green to grey. The cyanocobalamin workstream is currently on hold.*

**APC 21/73 BARNSELY ANTIBIOTIC FORMULARY CHOICES (2020/2021) POSTER (UPDATED)**

The Medicines Management Pharmacist presented the information produced by the MMT as a resource for prescribers, summarising important points from the antibiotic guidance which was updated in January 2020. This is also helpful in supporting GPs with the antimicrobial stewardship section of the MOS. It has been approved by Dr Pang and will be reviewed again alongside the antibiotic guidance in January 2022.

It was highlighted that the section around COVID needed to reflect NICE Guideline NG191 which includes the most up to date COVID guidelines including COVID related antibiotic guidance. This would be updated.

Feedback from the LMC was shared in relation to prescribing penicillin for sore throats for 5-10 days with a request for more information to be included and examples given of when a 5 day or 10 day course would be prescribed. It was understood that the wording had been taken from the NICE guidance but the Medicines Management Pharmacist would check NICE guidance for any additional information

Subject to the above NG191 update, the Committee approved the resource.

**Agreed actions: -**

- The COVID information within the guidance would be updated.
- NICE guidance would be checked in relation to penicillin dose in sore throats.

**JH**  
**JH**

**APC 21/74 ONS PRESCRIBING GUIDELINES IN PRIMARY CARE: ADULTS AGED 18 YEARS AND OVER (UPDATED)**

The Medicines Management Pharmacist presented the guidance, updated by the Medicines Management Dietitian and one of the Clinical Pharmacists. This has been shared with SWYPFT and BHNFT dietitians for input and their comments have been

incorporated.

A summary of changes were noted including the addition of products recently approved by the APC which have been added to the formulary with a green classification. There are now three algorithms within the appendices, as opposed to one, to help support the use of each of these new products. These provide guidance on the three most popular areas of adult ONS prescribing; milk-based, standard volume ONS; milk-based, Compact ONS and juice-based ONS.

There was previously a list of all the ONS on the formulary in the appendices which included information such as each product's respective price, traffic light classification and ACBS prescribing criteria. This has now been removed from the updated guideline with reference to the formulary and the algorithms for the information.

The Committee approved the guidance.

**APC 21/75 FAT EMULSION PRESCRIBING IN PRIMARY CARE GUIDELINE (NEW)**

The Medicines Management Pharmacist presented the guidance which has been produced by the Medicines Management Dietitian and a Clinical Pharmacist and any comments received from specialists have been incorporated.

The document is intended for use in primary care as a guide on the use of fat emulsions for the purpose of oral nutrition support.

It was noted that NHS Barnsley CCG does not recommend the prescribing of fat emulsions for the routine treatment of malnutrition but exception criteria detailed in the guidance advises which groups of patients may be prescribed a fat emulsion providing they meet ONS prescribing criteria and the request is made by a dietitian.

The Committee approved the guidance.

The Head of Medicines Optimisation fed back from the LMC that primary care had received letters from dietitians requesting products that were not first line formulary products. The Head of Medicines Optimisation had agreed to write to the primary care and secondary care dietitians on behalf of the LMC to remind them of the formulary first line choices, advising that any changes would need to be considered by the APC.

**APC 21/76 MANAGEMENT OF LOW VITAMIN D LEVEL IN ADULTS (18 YEARS AND OVER) (UPDATED)**

The guidance was presented which has been updated by one of the Medicines Management Pharmacists. This has been out for consultation and comments have been incorporated.

A summary of the changes were shared at enclosure G2 and these were highlighted in the meeting.

The conflicting messages in terms supplies of vitamin D being sent to homes and care homes through COVID and NHS England not

recommending the prescribing of vitamin D for maintenance or preventative therapy, and the request to self-purchase were acknowledged. This guidance provides clarity that NHS Barnsley CCG does not promote the prescribing of vitamin D for maintenance or preventative therapy in line with NHS England.

The Committee approved the guidance.

**APC 21/77 ANTI-EMETIC GUIDELINES (UPDATED)**

The anti-emetic guidance was presented which has been updated by one of the Medicines Management Pharmacists and Clinical Pharmacists. This has been out for consultation and comments have been incorporated.

In response to comments received from the Palliative Care Consultant, a note against the metoclopramide entry has been added advising that the dose and length of course may differ in palliative care. An additional column has been added to the table which summarises the available anti-emetics and their licensed indications and details which can be used in palliative care.

A summary of the changes were shared at enclosure H2 and it was highlighted that the MHRA domperidone information would be reinstated in appendix C which had been removed as domperidone is no longer recommended by NICE in pregnancy but it is in the guideline for non-pregnant patients.

In relation to the recommended maximum number of treatment days, it was agreed that additional information would be added to acknowledge continued use of anti-emetic treatment beyond 5 days in certain situations with specialist input/review.

Subject to the above, the Committee approved the guidance.

**Agreed action: -**

- Additional information to be included where continued use of anti-emetic treatment beyond 5 days is required.

**JH**

**APC 21/78 SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM QUIT PROGRAMME**

The Head of Medicines Optimisation presented guidance regarding the QUIT programme that is being implemented across NHS Trusts in South Yorkshire and Bassetlaw from 1 May 2021. There is an electronic referral form and vouchers to support the programme when launched. It was noted that Barnsley Maternity Services are included in the primary care Smoking Cessation Programme and is funded by the CCG.

An overview of the process in place was given, noting that patients started and supported in hospital, by the healthy lives team, on discharge would be handed over to QUIT programme staff who work in primary care and will be liaising with the primary care smoking cessation services.

The Lead Pharmacist, BHNFT advised that the Trust have been

running QUIT for inpatients for around 18 months with good awareness of it prior to COVID. The Trust plan to hold awareness sessions to re-publicise QUIT ensuring staff are aware of the processes to follow. Minimal workload implications were anticipated for primary care and GPs but APC reports could be submitted if inappropriate requests are received.

**APC 21/79 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

21/79.1 Shared Care Protocol for Cinacalcet for Primary Hyperparathyroidism (new)

The Medicines Management Pharmacist presented collaborative SY&B guideline which has been approved by Sheffield.

The traffic light classification is currently red in Barnsley and it was suggested to change this to amber for primary hyperparathyroidism where parathyroid surgery is inappropriate but keep it red for the treatment of secondary hyperparathyroidism in adult patients with end stage renal disease, which is in line with the attached proposal document.

There were no comments and the Committee approved the guidance and change in traffic light classification.

*Post meeting note: There are consultant endocrinologists at BHNFT that prescribe Cinacalcet for primary hyperparathyroidism. The guidance has been shared with them.*

21/79.2 Midodrine Amber G Guideline (updated)

The Senior Interface Pharmacist, BHNFT presented the updated guideline noting the additional information which has been included following feedback from Dr Bannon. In light of this update, the LMC approved the guideline.

There were no further comments and the Committee approved the Midodrine Amber G Guideline.

**APC 21/80 FORMULARY REVIEWS**

21/80.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information, noting that the respiratory and cardiovascular sections were expected to be discussed at the next meeting.

It was agreed that the CNS (neurology) and anaesthesia sections would be deferred until July 2021.

The significant amount of work involved with reviewing the formulary sections was acknowledged.

**APC 21/81 NEW PRODUCT APPLICATION LOG**

It was noted that in relation to the NPA for Ensure Plus Advance, in order to address the issues raised, an independent review would be carried out.

**Agreed action:-**

- The Head of Medicines Optimisation to progress an independent review being undertaken.

CL

**APC 21/82**  
21/82.1

**BARNSELY APC REPORTING**

APC Reporting March 2021 (for information)

The Lead Pharmacist (DC) presented the reports for information, noting 23 reports submitted during March 2021.

21/82.2

APC Reporting March 2021 Key Themes

The Lead Pharmacist (DC) presented the summary noting medication supply issues, D1 Communication and SCR related key themes this month. Details of 3 significant reports were highlighted and noted and the Senior Interface Pharmacist, BHNFT provided feedback on one of these reports which when investigated wasn't an error and therefore didn't need to be reported via APC reporting.

21/82.3

APC Reporting March 2021 Interface Issues

The Lead Pharmacist (DC) presented enclosure N3 showing interface issues that are directly raised and resolved by email between the clinical pharmacists and the Trust. These are additional reports to the information reported at enclosure N1.

**APC21/83**  
21/83.1

**NEW NICE TECHNOLOGY APPRAISALS (MARCH 2021)**

NICE TAs March 2021

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

- TA681 Baricitinib for treating moderate to severe atopic dermatitis

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

- TA683 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer
- TA684 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease
- TA686 Blinatumomab for previously treated Philadelphia chromosome-positive acute lymphoblastic leukaemia (**terminated appraisal**)
- TA687 Ribociclib with fulvestrant for treating hormone receptorpositive, HER2-negative advanced breast cancer after endocrine therapy.  
The drugs will be stocked in the hospital for use in the Weston Park outreach clinics at BHNFT and this would be clearly stated on the formulary.
- TA688 Selective internal radiation therapies for treating hepatocellular carcinoma

The Lead Pharmacist, BHNFT **would advise** if the following NICE TAs were applicable for use at BHNFT: -

- TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma

GT



- TA682 Erenumab for preventing migraine
- TA685 Anakinra for treating Still's disease

21/83.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to report.

21/83.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report.

**APC 21/84 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

21/84.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)  
There was nothing to escalate, other than the proposed primary care QIPP areas involving specific brands or preparations which was discussed at 21/72 above.

21/84.2 BHNFT  
There was nothing relevant to escalate.

21/84.3 SWYPFT Drug and Therapeutics Committee  
There was nothing relevant to escalate.

21/84.4 Wound Care Advisory Group  
The minutes of the meeting held on 30 September 2020 were received and noted for information.

The ONPOS evaluation work was discussed at the April 2021 meeting which was looking extremely positive. The evaluation report would be brought to a future APC meeting.

CL

Supplies of dressings within the hospital for the podiatry service were discussed at the April 2021 meeting and the Head of Medicines Optimisation planned to follow up with the BHNFT representative on the Wound Care Advisory Group regarding formulary products and availability.

**APC 21/85 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**

It was agreed to escalate the Vitamin D guidance to the Q&PSC. It was noted that the SY&B ICS QUIT Programme was already on the Q&PSC agenda.

CL

**APC 21/86 SPS NEW MEDICINES NEWSLETTER (FEBRUARY 2021)**

The Committee assigned the following classifications to the products listed below: -

Budesonide + formoterol + glycopyrronium (Trixeo Aerosphere®) - **non-formulary provisional grey**

Other

Fresubin Thickened: Level 2®, Fresubin Thickened: Level 3® - **formulary amber-G**

Crotamiton (Eurax®) - **formulary grey (currently formulary green)**.  
Barnsley self-care guidance applies.

Dulaglutide (Trulicity®) 3mg and 4.5mg (new strengths available) - **formulary amber-G**. The amber-G guideline will require update to include the new strengths.

**APC 21/87 MHRA DRUG SAFETY UPDATE (MARCH 2021)**

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

COVID-19 vaccines and medicines: updates for March 2021

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 18 March 2021.

Since publication of this MHRA update there has been further information published on the use of the AstraZeneca vaccine in those under the age of 30 years and that an alternative vaccine is preferred.

On 12 April 2021 information was published from the MHRA via the Central Alerting System: Covid-19 Therapeutic Alert - Inhaled Budesonide For Adults (50 Years And Over) With Covid-19.

The recent announcement of the interim results from the National Institute for Health Research (NIHR) supported PRINCIPLE trial shows that inhaled budesonide (typically used and licensed in the management of asthma) can reduce the recovery time for COVID-19 positive patients being managed within primary care. This is the first COVID-19 treatment for use in the UK within a community setting.

The alert says it can be considered off-label on a case by case basis for symptomatic COVID-19 patients aged 65 years and over or aged 50 years and over with co-morbidities which are consistent with the long term health conditions from the flu list in line with the published position statement. Information on this and a link to the position statement will be included in the APC memo.

There was a discussion regarding use of inhaled budesonide in younger patients but there was no evidence base from the study for that age group. The position statement provided information on the eligibility criteria to support prescribers.

**APC 21/88  
21/88.1**

**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)  
Shared Care for Medicines Guidance – A Standard Approach (RMOC)**

The Head of Medicines Optimisation presented the guidance, noting that the (RMOC) system is working towards production of a suite of standard shared care protocols (SCPs) for the 18 medicines on the national list at appendix 1 in the guidance. These were disease specific opposed to shared care guidance for individual drugs.

The MMT would check the contents of the RMOC SCPs against our existing shared care guidance and should there be any additional points identified, discuss incorporating them into our guidance.

**JH**

There were no further comments to note.

**APC 21/89**

**SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE  
MINUTES**

The minutes from NHS Doncaster & Bassetlaw CCG (January 2021) were received and noted.

**APC 21/90**

21/90.1

**ANY OTHER BUSINESS****End of Life Symptom Management Guideline and Prescribing anticipatory subcutaneous medications for the last days of life guidance**

The Medicines Management Pharmacist referred to the guidance documents that were brought to the October 2020 APC meeting. The guidance was approved with comments to be shared with Janet Owen to request these changes. It was planned that the changes would be incorporated into the My Care Plan Review but the review has been delayed due to COVID. The Committee therefore agreed that the more up to date versions of the guidance that came to APC in October 2020 would be added to the BEST website, noting that there were no clinical risks associated with the changes made.

Following a discussion at the LMC meeting, the Head of Medicines Optimisation asked if colleagues were experiencing out of stock issues with morphine 10 mg injection. No issues were reported and this would be looked at further outside of the meeting.

**CL**

21/90.2

**Diagnosis of Diabetes Guideline**

The Medicines Management Pharmacist advised that Dr Merza had suggested minor additions to the guideline, including additional information on management of patients who lower their HbA1c below 48mmol/ml through lifestyle changes, and additional information on the follow up and management of patients with Impaired Glucose Tolerance (IGT) and Impaired Fasting Glycaemia (IFG).

The Committee agreed that the full guideline did not need to come back to the Committee and that the amendments could be made and the updated guideline would be added to the BEST website.

**APC 21/91****DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 12<sup>th</sup> May 2021 at 12.30 pm via MS Teams.