NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th May 2022 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)
Tom Bisset	Community Pharmacist (LPC)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 22/89 QUORACY

The meeting was quorate.

APC 22/90 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 a variety of rebate agreements on behalf of the CCG, 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 PrescQIPP guidance and a full list is available on the website.

A declaration of interest was identified when discussing APC 22/93. As the GP practices of the GPs present are members of the Barnsley Primary Care Network, the potential financial gain associated with the edoxaban indicator (CVD-06) which forms part of the 2022-23 Network Contract DES Investment and Impact Fund was noted.

APC 22/91 DRAFT MINUTES OF THE MEETING HELD ON 13th APRIL 2022

Subject to a spelling correction at APC 22/76.1, the minutes were accepted as an accurate record of the meeting. **NB**

22/91.1 APC 22/79.2 refers – APC Reporting

The Chief Pharmacist, BHNFT to progress action regarding arranging a follow up meeting with Richard Billam and stakeholders to discuss ongoing D1 IT issues. **MS**

22/91.2 APC 22/80.3 refers - Smoking Cessation Services

The Head of Medicines Optimisation to discuss regional planning with Dr Lisa Wilkins. **CL**

22/91.3 APC 22/87.1 refers – APC Reporting

The Head of Medicines Optimisation would be sharing a summary of key issues resolved through APC reporting with the Lead Pharmacist, BHNFT to demonstrate the impact of APC Reporting. **CL**

The Lead Pharmacist, BHNFT advised that due to staff shortages and increased workload, there would be delays in responding to MMT clinical pharmacy queries, with urgent clinical queries being prioritised. It was noted that some non-urgent queries continue to be submitted marked as urgent to get a quicker response and details of such reports would be fed back to the Lead Pharmacist/Head of Medicines Optimisation to feed back to individuals to stop this from happening. The Lead Pharmacist, BHNFT would keep the Head of Medicines Optimisation updated regarding recruitment to the Interface Pharmacist post. **GT** **DC/CL** **GT**

BHNFT advised that they were looking at the possibility of the MMT clinical pharmacists having access to some of their IT systems to obtain information directly which may reduce the number of queries sent to the pharmacy team to investigate. SWYPFT colleagues to also be considered for the same access to BHNFT IT systems.

APC 22/92 MATTERS ARISING AND APC ACTION PLAN

22/92.1 Medicines Optimisation Scheme 2022-23 QIPP

Following discussion at the last meeting, the feedback from Committee members has been considered and the Lead Pharmacist, Barnsley CCG provided responses to the Committee.

With regards to Salamol® MDI, and whether it would be appropriate to potentially switch some patients to Ventolin®, it was clarified that Salamol® has been included in the scheme as it links with the IIF indicator about prescribing salbutamol MDIs with a lower carbon footprint. Salamol® has previously been included in the Barnsley asthma and COPD guidelines because it has a lower carbon footprint than generic salbutamol. In relation to how the work would be undertaken, the plan was to review patients during their asthma or COPD review where the nurse would discuss the proposed change and counsel the patient on potential differences to ensure they were educated appropriately (rather than switching via letter). It was also planned to use the Eclipse Protect Programme, engaging with patients and seeking agreement from the patient that they would be interested in changing.

It was noted that whilst Ventolin® was not currently on formulary some patients will have received this against a generic script. It was highlighted that in terms of the IIF indicator, if patients are prescribed

Ventolin® if Salamol® is considered inappropriate, the carbon footprint is higher than if prescribed as Salamol® or generic salbutamol MDI.

The ScriptSwitch alert which alerts primary care prescribers to consider changing Ventolin® and generic salbutamol MDI to Salamol® would be updated to clarify that it is recommended that the change is discussed with the patient.

The Head of Medicines Optimisation provided an overview about the Eclipse Protect Programme which has a programme of work to engage with cohorts of patients via online software, telephone, or another route. One of the planned areas of work was to engage with cohorts of patients on inhalers and it would be about seeking their engagement about possible changes, which was expected to reduce some pressure on the nurses.

The Lead Pharmacist referred to the discussion around Luforbec® only being available in one inhaler strength. Whilst not confirmed, it was understood that the 200/6 strength may be launched in the summer. Looking at prescribing data, the 100/6 strength currently available, accounts for 70% of Fostair® prescribing. The NEXThaler device accounts for around 10% of Fostair® prescribing. Discussions were ongoing regarding different Luforbec® inhaler devices.

In relation to no rectal mesalazine preparations currently being listed on the formulary, it was agreed that this would be addressed during the next GI formulary section review.

The Lead Pharmacist, SWYPFT referred to the discussion at the last meeting regarding dosulepin patient referrals to SWYPFT, advising that due to core team capacity, the service would not be taking patients on who are otherwise stable and therefore patient reviews would be managed in line with the services capacity, both in primary care and SWYPFT.

The Lead Pharmacist, SWYPFT had discussed the switch from galantamine oral solution to Galzemic® solution with the memory team, who had no issues with the change and confirmed that the service would start prescribing this brand.

Agreed action: -

- ScriptSwitch prompt around Salamol® to be amended as discussed. **DC**

22/92.2 <u>NICE TA 773 - Empagliflozin for chronic heart failure with reduced ejection fraction (traffic light classification)</u>

At the April 2022 APC meeting, BHNFT advised that NICE TA733 was applicable for use at BHNFT. As empagliflozin was currently non-formulary provisional red for this indication, it was clarified and agreed that the classification would change to formulary amber G, like dapagliflozin for this indication. Empagliflozin would be incorporated into the amber G guideline in development.

22/92.3 NICE TA's (March 2022)

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

- HST18 Atidarsagene autotemcel for treating metachromatic leukodystrophy
- TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (**terminated appraisal**)
- TA776 Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea
- TA777 Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea
- TA778 Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria
- TA779 Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
- TA780 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma
- TA781 Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
- TA782 Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (**terminated appraisal**)

The Lead Pharmacist, BHNFT **would advise** if the following NICE TA was applicable for use at BHNFT: - **GT**

- TA775 Dapagliflozin for treating chronic kidney disease

22/92.4 Amiodarone SCG

The Medicines Management Pharmacist advised that a minor amendment would be made to the shared care guideline following the MHRA alert discussed at the last meeting, adding CT scan to the monitoring table, to consider where pulmonary toxicity is suspected.

The Committee approved the amendment.

Action Plan - other

22/92.5 Toujeo®

Deferred to the next meeting.

22/92.6 Antibiotic prescribing from ED

Deferred to the next meeting.

APC 22/93 CHOICE OF DOAC FOR PREVENTION OF STROKE AND SYSTEMIC EMBOLISM IN ADULTS WITH NVAF POSITION STATEMENT (EDOXABAN) (NEW)

The Medicines Management Pharmacist presented the position statement following the commissioning recommendations, noting that where a DOAC is considered to be the most appropriate anticoagulant, edoxaban (Lixiana®) is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

The position statement had been shared with specialists with no response to date. The Lead Pharmacist, BHNFT would share again setting a 2 week response deadline. It was noted that this will be presented at the next LMC meeting.

The GP representative (JM) referred to the PCN DES IIF target, noting that it was important for primary care that this is adopted as soon as possible in secondary care. The Chair identified and acknowledged the declaration of interest relevant to this agenda item with potential financial gain to PCN GP practices of the GP representatives present. Although this was an NHS England National Procurement for DOACS scheme, to which GP practices are following the commissioning recommendations, the declaration of interest was noted.

The Head of Medicines Optimisation advised that this was another Eclipse Protect Programme area of work being progressed, with a meeting planned with the Central Neighbourhood initially about engaging with a select cohort of patients currently on DOACs to review, consider a change, and how to safely change.

The Committee approved the position statement, pending any objections from BHNFT specialists and the LMC.

Agreed actions: -

- The position statement to be shared again with BHNFT specialists for feedback. **GT**
- The position statement to be shared with the LMC for comment/approval. **JH**

APC 22/94 GUIDELINES FOR APPROVED CHOICE OF BLOOD GLUCOSE TESTING STRIPS, METERS, AND LANCETS (UPDATED)

The Medicines Management Pharmacist presented the updated guidelines with tracked changes, noting consultation with the Lead Diabetes Nurse on the update.

A verbal summary of the changes was shared and noted.

The Committee were advised of an additional change that has since been made following specialist feedback, noting that on page 13, for ketone monitoring (type 2 diabetics), the final bullet point now reads …"and their ketone levels checked *using a practice meter*…"

It was noted that test strip reviews have been a long standing area included in the Medicines Optimisation Scheme and that during the patient's diabetes review, the nurse will continue to review the choice of test strip in line with the guidance, and any change to a new meter could be taken into consideration if appropriate during review.

It was confirmed that key changes would be communicated in the APC memo to clearly advise what has been added and removed and to aid community pharmacy stock supplies. Any significant issues identified from community pharmacy should be brought back to the Committee.

The Committee approved the updated guidelines for approved choice of blood glucose testing strips, meters, and lancets.

APC 22/95 SERIOUS SHORTAGE PROTOCOLS (SSPs)

The Lead Pharmacist, Barnsley CCG presented SSP019 Oestrogel®, SSP020 Ovestin® and SSP021 Premique® Low Dose Tablets for information. It was noted that the SSPs presented were slightly different in that instead of advising a substitute product, these were to limit quantities to help manage supplies and in accordance with these SSPs, pharmacists will only be able to dispense a maximum of three months' supply.

These were issued 29 April 2022 and are currently valid until 29 July 2022.

APC 22/96 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

22/96.1 SYB Shared Care Guideline for Epilepsy in Adults (update)

The Medicines Management Pharmacist presented the updated guideline with tracked changes.

Several traffic light classification changes will be required on the formulary including cenobamate to formulary amber (previously non-formulary provisional amber); cannabidiol to formulary red which can be supplied by BHNFT if used by a visiting specialist (previously non-formulary provisional red); and stiripentol to formulary red for adults (stiripentol is formulary amber for children in line with the shared care protocol for the management of epilepsies in children).

The changes from the previous version presented in June 2021 were shared, noting that Doncaster had requested amendments to reflect the process their nursing service follow, and Sheffield APG had requested adding a sentence that requires the GP or primary care clinician to discuss with the specialist if they were not happy to undertake the shared care arrangements, and wording has been added to the primary care responsibilities section.

The Committee approved the updated SYB Shared Care Guideline for Epilepsy in Adults pending any objections from the LMC.

22/96.2 SYB Shared Care Guideline for Parkinson's Disease (update)

The Medicines Management Pharmacist presented the updated guideline with minor amendments. This has been approved by Sheffield and Doncaster and Bassetlaw APGs.

Several traffic light classification changes will be required on the Barnsley formulary including co-beneldopa and co-careldopa to amber (previously green); selegiline to amber (previously green); and safinamide to formulary amber (previously non-formulary provisional red).

Following feedback in relation to Appendix C, Drug Management of Non-Motor Symptoms in Parkinson's Disease, and confusion with reference to the shared care in Sheffield following inclusion of their shared guideline for midodrine, Barnsley would be feeding back to

Sheffield and suggesting that the Barnsley amber G guideline also be added. It was also highlighted that Appendix C states red drug classifications only and not amber and green classifications. The Lead Pharmacist and Medicines Management Pharmacist, Barnsley CCG would look at this in further detail to feedback to Sheffield.

The Committee approved the updated SYB Shared Care Guideline for Parkinson's Disease subject to feedback around adding any relevant Barnsley guidance and pending any objections from the LMC.

Agreed action: -

- The Lead Pharmacist and Medicines Management Pharmacist to feedback to Sheffield regarding suggested updates to Appendix C. **DC/JH**

APC 22/97 FORMULARY REVIEWS

22/97.1 Formulary Review Plan (for information)

The Lead Pharmacist, Barnsley CCG presented the formulary review plan for information, noting that some review dates were yet to be confirmed.

22/97.2 Metformin MR

The Lead Pharmacist, Barnsley CCG referred to the formulary recommendation that metformin MR should be prescribed as the brand Yaltormin®. Following Drug Tariff changes, it is no longer cost effective to prescribe it as Yaltormin® and therefore it was proposed that for new patients', metformin MR is prescribed generically. Patients currently prescribed Yaltormin® do not need to be changed to generic at this point in time. The formulary will be updated, and the prompt will be removed from ScriptSwitch.

The Committee approved this proposal.

Agreed actions: -

- The formulary will be updated, and the prompt will be removed from ScriptSwitch. **DC/JH**

APC 22/98 NEW PRODUCT APPLICATION LOG

The new product application log was received for information and noted.

APC 22/99 NEW PRODUCT APPLICATION

22/99.1 Aymes Actagain 600

The Lead Pharmacist, Barnsley CCG presented the new product application submitted by the dietitian from within the Medicines Management Team (MMT), accompanied by the independent review prepared by one of the MMT Clinical Pharmacists.

Aymes® Actagain 600 is a ready to drink oral nutritional supplement and is currently non-formulary in Barnsley but would be a more cost effective once daily alternative for twice daily compact bottled ONS such as Ensure Compact or Fortisip Compact and for those patients unsuitable for compact sachets (such as patients with hyperkalaemia, poor kidney function or unable to physically prepare the sachets).

As previously noted, trial data is limited with nutritional supplements, so comparisons are made between other products currently on formulary. Information comparing nutritional content and cost to current formulary options was presented.

It was noted that we currently have the Aymes Compact sachet as a cost effective option in primary care that needs preparing with milk and there may be instances where this is not appropriate therefore a ready to drink liquid compact preparation is needed. The Actagain is considerably more cost effective and nutritionally comparable to the Ensure Compact.

If approved by the Committee, the prescribing guidelines would be updated accordingly which includes a clear algorithm to follow and includes a review algorithm to support the review process in primary care for patients who do come out of hospital on a compact product.

The Committee approved the new product application for Aymes Actagain 600.

Agreed action: -

- The prescribing guidelines to be updated accordingly. **DC**

APC 22/100 BARNSLEY APC REPORTING

22/100.1 <u>APC Reporting March 2022</u>

The Lead Pharmacist, Barnsley CCG presented the enclosure showing reports received directly into the APC reporting mailbox. There were 37 APC reports received for the month of March 2022.

22/100.2 <u>APC Reporting March 2022 Key Themes</u>

The summary report was presented, showing 136 reports in total, including 37 APC reports and 99 interface queries received directly within BHNFT for the month of March. The considerable increase in the number of both APC reports and interface queries received in March was highlighted, thought to be linked to the introduction of EPMA at BHNFT. On average 60-80 reports per month are received, compared with 136 reports received in March 2022.

The most common key theme reported this month was D1 communication.

The details relating to several significant issues were shared and noted. Recent feedback from primary care regarding the duplicate D1 issue, was that it was still occurring but less frequently.

There was a discussion regarding discharges from the Acorn Unit. It was highlighted that a D1 will be sent when the patient is discharged from BHNFT to the Acorn Unit and another D1 will be sent when the patient is discharged from the Acorn Unit. If the patient's medication changes are not detailed on the D1 from the Acorn Unit, primary care would need to cross reference with the D1 received from BHNFT prior to discharge to the Acorn Unit as the medication changes may have been made whilst the patient was in BHNFT rather than in the Acorn Unit. Discussions are ongoing looking at the Acorn Unit and access

to IT systems and routes of communicating to community pharmacy and primary care following discharge.

The Lead Pharmacist, BHNFT advised that community pharmacies should be advised by phone or PharmOutcomes, ideally both, when DMS patients are discharged from BHNFT to the Acorn Unit, and she would pick this up internally to ensure that pharmacists are doing this.

The Lead Pharmacist, BHNFT advised that the duplicate D1 issue was due to user error and processes have been put in place and communications sent internally to resolve this.

Referring to the considerable increase in APC reports in March, the Chief Pharmacist, BHNFT wanted it recognising that the March data was massively impacted by the EPMA deployment, with the messaging around DMS referral being affected when turning on CMM upstream of the discharge functionality which had already been embedded.

The Community Pharmacist referred to an identified trend with MDS prescribing/emergency supply and changes not being communicated to community pharmacy. This would be discussed further outside of the meeting.

Agreed actions: -

- The Lead Pharmacist, Barnsley CCG to advise the MMT that primary care would need to cross reference the Acorn Unit D1 and the BHNFT D1 to record any medication changes that may have been made whilst the patient was in BHNFT rather than in the Acorn Unit. **DC**
- The Lead Pharmacist, BHNFT to ensure that pharmacists are contacting community pharmacy when DMS patients are discharged from BHNFT to the Acorn Unit. **GT**
- The Community Pharmacist and Head of Medicines Optimisation to discuss the MDS prescribing issue further. **TB/CL**

22/100.3 APC Reporting March 2022 Interface Issues

The enclosure detailing the interface queries received directly within BHNFT was received and noted.

APC 22/101 NEW NICE TECHNOLOGY APPRAISALS (APRIL 2022)

22/101.1 NICE TAs April 2022

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

- TA783 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
- TA787 Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

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

- TA785 Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (**terminated appraisal**)

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

- HST19 Elosulfase alfa for treating mucopolysaccharidosis type 4A
- TA784 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
- TA786 Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies

22/101.2 Feedback from BHNFT Clinical Guidelines and Policy Group
The Group had not met therefore there was nothing to report.

22/101.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 22/102 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

22/102.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

22/102.2 BHNFT
There was nothing relevant to report.

22/102.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

22/102.4 Community Pharmacy Feedback
There was nothing relevant to report.

22/102.5 Wound Care Advisory Group
The Head of Medicines Optimisation reported an issue that has arisen around hospital supplies of dressings, noting that meetings were being held with BHNFT colleagues to resolve the interface issue.

APC 22/103 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The collaborative work around the SYB Shared Care Guideline for Epilepsy in Adults and SYB Shared Care Guideline for Parkinson's Disease; and the Choice of DOAC for prevention of stroke and systemic embolism in adults with NVAF position statement (Edoxaban) would be escalated to the Q&PSC. It was noted that APC Reporting is taken routinely to the Q&PSC and the governance issue linked with BHNFT staffing capacity was raised at the last meeting. The Q&PSC were escalating the issues around EPMA and D1s to the Joint (Trust and CCG) Quality Group. **CL**

APC 22/104 SPS NEW MEDICINES NEWSLETTER (MARCH 2022)

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

- Atidarsagene autotemcel (Libmeldy®) 10 to 20mL infusion bag - non-formulary provisional red
- Pegcetacoplan (Aspaveli®) 1,080 mg in 20mL vial - non-formulary provisional red

APC 22/105 MHRA DRUG SAFETY UPDATE (APRIL 2022)

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

Pregabalin (Lyrica®): findings of safety study on risks during pregnancy

A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary.

COVID-19 vaccines and medicines: updates for April 2022

Recent information relating to COVID-19 vaccines and medicines that has been published since the March 2022 issue of Drug Safety Update, up to 14 April 2022.

Updates to the pregnancy and breastfeeding information for Spikevax® COVID-19 vaccine and Comirnaty COVID-19 Vaccine.

Approval of Valneva COVID-19 vaccine.

APC 22/106 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing relevant to report.

APC 22/107 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS Doncaster and Bassetlaw CCG (24th February 2022 and 31st March 2022) and NHS Sheffield CCG (17th March 2022) were received and noted.

APC 22/108 ANY OTHER BUSINESS

22/108.1 South Yorkshire Integrated Care Board

As the CCG's will cease to exist at the end of June 2022 and the South Yorkshire Integrated Care Board comes into effect on 1st July 2022, the Head of Medicines Optimisation advised that a map of the new governance arrangements around the quality agenda would be brought to the next meeting. **CL**

APC 22/109 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 15th June 2022 at 12.30 pm via MS Teams.