

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 8th February 2023 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke (from 23/25)	Lead Pharmacist (SYICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
Dr Jeroen Maters	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

**ACTION
BY**

APC 23/19 QUORACY
The meeting was quorate.

Dr Munsif Mufalil, LMC Deputy Medical Secretary was welcomed to the meeting.

APC 23/20 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 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 to note.

APC 23/21 DRAFT MINUTES OF THE MEETING HELD ON 11th JANUARY 2023
The minutes were accepted as an accurate record of the meeting.

APC 23/22
23/22.1

MATTERS ARISING AND APC ACTION PLAN

Dapagliflozin for use in CKD Amber-G guideline

The Head of Medicines Optimisation advised that due to the full agenda at the last LMC meeting, it was not possible to discuss this item.

Following a discussion that other areas have classified the initiation of dapagliflozin for use in CKD as green, LMC GP representatives present were happy with the green classification. Therefore, the Committee approved the green classification for dapagliflozin for use in CKD, and this decision would be taken back to the LMC for information.

Agreed action: -

- The decision to be taken to the LMC for information.

CL

23/22.2

NICE TAs (December 2022)

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

- TA853 Avatrombopag for treating primary chronic immune thrombocytopenia

***Post meeting note:** Avatrombopag to be added to the formulary with a red traffic light classification.*

JH

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

- TA849 Cabozantinib for previously treated advanced hepatocellular carcinoma
- TA852 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments

23/22.3

Action Plan – other

Empagliflozin for chronic heart failure with reduced ejection fraction Amber-G Guidance

The Lead Pharmacist, BHNFT advised that the draft guidance was being finalised and this item was deferred to the next meeting.

23/22.4

Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline

The Lead Pharmacist, BHNFT to check progress on the updating of this guideline.

GT

23/22.5

Ikervis® (ciclosporin eye drop) amber G guidance

The Medicines Management Pharmacist advised that following the agreed classification change from red to amber G, an amber G guideline has been developed and shared with specialists for comment. It was noted that in the SPC and other guidance, and included in the Barnsley guidance, it states that the secondary care specialists should review the patient every 6 months in response to treatment and examination of the eyes, and therefore feedback was required from the specialists on this to confirm this was necessary and appropriate. Help with obtaining a response from the specialists

was required to proceed with the guidance and the Lead Pharmacist, BHNFT agreed to chase internally for a response.

Agreed action: -

- The Lead Pharmacist, BHNFT to follow up internally for a response from the specialists.

GT

APC 23/23 ANTIMICROBIAL PRESCRIBING AND MEDICINES OPTIMISATION (APMO) AND HEALTHCARE ASSOCIATED INFECTIONS (HCAI) REPORT (NHS SY ICB JANUARY 2023)

The Head of Medicines Optimisation presented the report as agreed in a previous meeting. The report looks at antibiotic prescribing across the whole area, combined primary and secondary care elements, bringing together all the key aspects of antimicrobial prescribing and HCAI into focus.

The Committee were asked to share their views on how useful the report was and where the report should be discussed, either at the APC or a subgroup to bring issues back to the APC. The Head of Medicines Optimisation advised that the regional SY AMR/IPC Steering Group was being reconvened, noting that there is an IPC working group set up in Barnsley but no AMR working group.

It was felt that areas from the report such as methenamine and Otigo® ear drops will need to be focussed on and monitored through the APC and this will be picked up at the next meeting under matters arising.

It was felt that a separate subgroup should be established due to the amount of data presented to understand the data and recommendations from the report and look at the impact. The Committee were asked regarding membership for the Barnsley specific group looking at the AMR aspects of the report and those interested should contact the Head of Medicines Optimisation.

The Head of Medicines Optimisation advised that some issues are expected to become regional issues as opposed to Barnsley specific issues, e.g. blood culture audit, noting that clarification and assurance is being sought that these issues are being picked up at region.

Agreed action: -

- Methenamine and Otigo® ear drops to be discussed at the next meeting.

CL

APC 23/24 “DO NOT SWITCH TO EDOXABAN (FROM ANOTHER DOAC) IF...” PRESCRIBING GUIDELINE (NEW)

The Medicines Management Pharmacist presented the guideline which has been produced to support the work on the IIF indicators, work which is being undertaken as part of the PCN DES following the national recommendation to move to edoxaban as first line DOAC for AF. This has been circulated for comment and comments received have been incorporated.

It was noted that the ORBIT score is now the recommended bleed risk score, although both ORBIT and HASBLED do have links within

the clinical templates. Eclipse also uses the ORBIT score therefore an amendment will be made to point 6 to read "... ORBIT or HASBLED score..." and the NICE AF guidance will be referenced at the end of point 6 instead of the local NVAF guidance.

A minor amendment will also be made to expand the point where it says 'the above information is not exhaustive...', with regards to the SPC; reference will be made to the cautions and contraindications.

It was noted that the MMT are supporting practices to achieve the IIF indicator target, but this is a highly clinically and challenging piece of work to undertake safely and has progressed slower than expected.

To support primary care to achieve the challenging targets, secondary care engagement was sought as patients that could be started on edoxaban are coming out from hospital on alternative DOACS. An example of a recent referral using an old template was shared, and details regarding this instance would be shared with the Lead Pharmacist, BHNFT to ensure the template is updated internally.

The Lead Pharmacist, BHNFT referred to previous discussions and plans to send out additional communications, however information wasn't circulated due to the issue raised associated with renal function. It was agreed that on approval of this guidance, additional communications would be sent out and the information could be taken to the Medical Staff Committee.

To avoid confusion, it was agreed that the title of the guideline would be changed.

The Committee approved the guideline.

Agreed actions: -

- Details regarding the recent referral using an old template to be shared with the Lead Pharmacist, BHNFT to ensure the template is updated internally.
- The Lead Pharmacist, BHNFT to send communications out at the Trust/take information to the Medical Staff Committee.

CL/GT

GT

Post meeting note: *the title of the guideline has been changed to "...Edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so..."*

APC 23/25

SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

23/25.1

Bempedoic acid with ezetimibe Amber-G guideline (new)

The Medicines Management Pharmacist presented the guideline which has been shared for comment, and comments received have been incorporated. This amber-G guidance applies to the use of bempedoic acid with ezetimibe in line with TA694 and the Barnsley Lipid Management for Primary Prevention guidance/Barnsley Lipid Management for Secondary Prevention guidance (noting that the latter is currently in development). A minor amendment will be required when the

Barnsley Lipid Management for Secondary Prevention guidance has been approved.

The Committee approved the guideline.

APC 23/26
23/26.1

FORMULARY REVIEWS

Formulary Review Plan

It was noted that there had been no changes to note to the formulary review plan for a few months now due to workload pressures which has delayed/stalled progress for the remaining 4 formulary review sections. It was suggested that the new plan be progressed, acknowledging that some sections have a longer time interval following last review.

It was agreed to refresh the plan to ensure areas are scheduled for review and the Lead Pharmacists at SY ICB (Barnsley) and BHNFT would discuss outside of the meeting to agree achievable deadlines. The Lead Pharmacist, BHNFT to consider how to manage secondary care input into the formulary reviews due to ongoing capacity issues.

Agreed action: -

- The Lead Pharmacists at SY ICB (Barnsley) and BHNFT would discuss outside of the meeting to agree achievable deadlines.

DC/GT

APC 23/27

NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 23/28
23/28.1

BARNSLEY APC REPORTING

APC Reporting December 2022

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 30 APC reports received for the month of December 2022.

23/28.2

APC Reporting December 2022 Key Themes

The summary report was presented, showing 65 reports in total, including 30 received directly into the APC reporting mailbox and 35 interface queries received directly to the BHNFT pharmacy team for the month of December 2022.

From the category breakdown, there were a significant number of reports associated with D1 communication. As mentioned in previous meetings, this summary report is shared and taken to the BHNFT D1 issues meeting, therefore additional information has been included in the summary report in response to points either raised in the BHNFT D1 issues meeting or at previous APC meetings. There were 13 reports received into the APC reporting mailbox relating to D1 communication, 12 of which were relating to BHNFT D1s and then 34 reports relating to BHNFT D1s received directly by the BHNFT pharmacy team.

Looking at a further breakdown, there were several reports relating to medication changes being unclear, some relating to the D1 not being received and other medication/clinical information being unclear.

Reports received across a range of other areas related to formulary issues and prescribing and dispensing errors.

There was an additional point to note in relation to the D1s, where the Clinical Applications Team at SY ICB have recently received reports of duplicate D1s or duplicate hospital letters and going forward we are working together to ensure that these numbers are captured within this reporting, noting that the 6 reports referred to on page 2 are not counted in the numbers this month, but will be counted going forward.

Details relating to significant issues from APC reports were shared and highlighted. In the last meeting, it was queried whether the D1s that hadn't been received by the GP practice and community pharmacy were the same D1s, and therefore additional information has been included in relation to this.

The significant issues from APC reports include D1 communication/ other discharge related issues (46 reports related to discharges from BHNFT) including D1s not received, formatting/IT issues and medication changes not clearly communicated; medicines reconciliation in primary care; formulary related issues including 2 reports of apixaban being initiated by secondary care for NVAF instead of edoxaban with no clear rationale why edoxaban wasn't considered an appropriate first line DOAC. The general issue has previously been discussed in APC meetings, noting that this will generate money into the Barnsley health economy following the national rebate agreement and direction of NHS England. Another formulary related issue follows a request for primary care to prescribe non formulary products (Ensure Plus Advance and methenamine). It was noted that methenamine (also included in the antimicrobial report above at APC 23/23) is to be considered in a future APC meeting as there is now evidence to support use. Details around prescribing/ dispensing errors were also shared.

The Lead Pharmacist, SY ICB (Barnsley) noted that several reports have been received, that will come to future meetings relating to discharges from the same day emergency care where the feedback is that the D1s do not have medicines recorded and generally include limited information on medicine changes.

Further queries have been received via APC reporting in relation to Freestyle Libre, where primary care is being asked to prescribe Freestyle Libre for patients with Type 2 diabetes. Use of Freestyle Libre for Type 2 diabetes patients is now included in NICE guidance, with local guidance in the process of being reviewed and updated.

The Committee were asked to agree an interim local position regarding initiation of Freestyle Libre for Type 2 diabetes patients whilst the local guidance is in the process of being updated. It was discussed and agreed that if the specialist diabetic nurses feel they want to initiate for a Type 2 patient, the same process for initiation of a Type 1 patient should be followed, with initiation by the specialist service, holding the first 3 months of prescribing. The Committee approved this approach until the local guideline is reviewed.

APC reporting issues associated with community pharmacy and delivery of medicines were noted, acknowledging that delivering medicines is not a contracted service, however, it was recognised that communication to manage patient expectations was important.

It was noted that the report was dominated with discharge issues, which are being escalated to the BHNFT D1 Issues Group. The D1 Issues Group has asked for further clarification around what the APC require of them in terms of an action plan.

The Head of Medicines Optimisation advised that in terms of medicines safety incidences, a change nationally would see these issues reported through the Yellow Card scheme, therefore it was important that we do this local piece of work to mitigate and reduce risks.

There was a lengthy discussion around APC reports and the process of reporting, noting that improvements have been seen with better medication changes information being provided on discharge, recognising the support from the pharmacy team, but there was still room for improvement to mitigate and reduce risks.

It was acknowledged that reporting is evidence of good quality care, and there is a good learning culture within the Barnsley health community, however the problem is the capacity to deal with the issues. It was felt that issues are significantly under reported, likely to be associated with capacity, suggesting reporting could be simplified to be less time consuming to encourage reporting. It was felt that digital and electronic systems should deliver improvements.

The Lead Pharmacist, BHNFT updated the Committee on work being undertaken at the Trust to address some of these issues, advising that the Patient Flow Team are currently undertaking a discharge project, a piece of work looking at patient flow through the organisation and pharmacy have been asked to provide input. She advised that the Medical Education Team could help with annual training with the new intake of doctors in terms of the quality of the clinical information on discharge. She advised that she was currently working on a business case to recruit additional pharmacists to complete the TTOs and medicines reconciliation sections, which would see improvements within next 6-12 months. This was in progress.

The Head of Medicines Optimisation advised that a proportion of reports are taken as a representative to try collectively to maximise the quality of the discharge. There was positive feedback to note including CPs starting to obtain information through ICE and other BHNFT IT systems.

23/28.3

APC Reporting December 2022 Interface Issues

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

APC 23/29
23/29.1

NEW NICE TECHNOLOGY APPRAISALS (JANUARY 2023)

NICE TAs January 2023

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

- TA856 Upadacitinib for treating moderately to severely active ulcerative colitis

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

- TA855 Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy
- TA857 Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma
- TA858 Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma
- TA859 Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (**terminated appraisal**)

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

- TA860 Maribavir for treating refractory cytomegalovirus infection after transplant

GT

23/29.2

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

23/29.3

Feedback from SWYPFT NICE Group

There was nothing relevant to report.

APC 23/30

FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

23/30.1

Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

There was nothing relevant to report.

23/30.2

BHNFT

The group was stepped down due to operational pressures.

23/30.3

SWYPFT Drug and Therapeutics Committee

There was nothing relevant to report.

23/30.4

Community Pharmacy Feedback

The continued pressures associated with the out of stock situation was noted.

The Head of Medicines Optimisation has requested that out of stocks be discussed at a future Chief Pharmacist meeting.

23/30.5

Wound Care Advisory Group

There was nothing to report.

APC 23/ ISSUES FOR ESCALATION TO THE BARNSELEY PLACE QUALITY & SAFETY COMMITTEE

It was agreed to escalate the out of stock position, antimicrobial stewardship work, and D1 issues to the Barnsley Place Quality & Safety Committee.

CL

APC 23/31 SPS NEW MEDICINES NEWSLETTER (DECEMBER 2022)

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

- Hydrocortisone (*Hisone*®) 5mg, 10mg and 20mg dispersible tablets – non-formulary provisional green
- Smallpox vaccine (*Imvanex*®) – formulary green

APC 23/32 MHRA DRUG SAFETY UPDATE (JANUARY 2023)

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

Xaqua® (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations

Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product. Follow good practice in prescribing medicines by considering the licensed formulation (Xaqua®) in preference to unlicensed imported metolazone preparations in new patients. The product information for Xaqua® has been updated to clarify that references to comparative bioavailability with other metolazone products relate specifically to Metenix® and not to any other metolazone preparations.

The Medicines Management Pharmacist noted the action on the APC action plan to discuss the newly licenced tablet with the cardiologists and heart failure team and to make any adjustments necessary to the amber G guideline.

Topical testosterone (Testogel®): risk of harm to children following accidental exposure

Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.

Electronic Prescribing and Medicines Administration Systems: report adverse incidents on a Yellow Card

We ask healthcare professionals to be vigilant to adverse incidents involving software, apps, and artificial intelligence (AI) as medical devices and to report incidents to us via the Yellow Card scheme.

APC 23/33 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

The minutes of the SYICB IMOC meeting held on 7th December 2022 were received for information. SYICB IMOC had agreed that draft

minutes could be shared at future APC meetings to be able to discuss information in a timelier manner.

The Head of Medicines Optimisation planned to have a more detailed discussion at the next meeting including the traffic light criteria agreed by SYICB IMOC.

APC 23/34 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Doncaster (24th November 2022) and NHS South Yorkshire ICB Sheffield (17th November 2022) were received and noted.

APC 23/35 ANY OTHER BUSINESS

23/35.1

Ken McDonald

Following the sad news of Ken McDonald's death, his contribution to the Barnsley Health Community (primary care, CCG, and secondary care) was acknowledged by the Committee, and had been acknowledged by the BHNFT Medical Staffing Committee.

He was amongst other things, a GP, LMC Secretary, Medical Director, and a previous chair of the APC, and he will be sorely missed.

APC 23/36 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th March 2023 at 12.30 pm via MS Teams.