

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 10th November 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)
Tom Bisset (up to item 21/233.5)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Kapil Kapur (from item 21/233)	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
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:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
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**ACTION
BY**

APC 21/230 QUORACY

The meeting was quorate.

APC 21/231 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. There were no declarations of interest relevant to the meeting agenda, but 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 rebates 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.

APC 21/232 DRAFT MINUTES OF THE MEETING HELD ON 13th OCTOBER 2021

APC21/202.1 Phyllocontin to be updated as follows: –
..." The Lead Pharmacist, Barnsley CCG advised that the Lead Pharmacist, BHNFT produced some guidance at the time of alert which went to primary care which advised switching everyone over *until patients could be scheduled for treatment review...*"

Subject to this amendment, the minutes were accepted as an accurate record of the meeting.

NB

APC 21/233 MATTERS ARISING AND APC ACTION PLAN

21/233.1

NICE TAs (August 2021)

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

GT

- TA139 (updated from March 2008) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome

21/233.2

NICE TA (September 2021)

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

- TA725 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (drug 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)
- TA729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria

21/233.3

Iron Deficiency Anaemia Pathway

As agreed at the last meeting, feedback had been provided to Dr Atcha with a request to update the pathway document to ensure that the reason for referral rejections was sent back to the GPs.

Dr Atcha advised the Head of Medicines Optimisation that new guidance had been published around iron preparations and this needed to be reviewed in conjunction with the Iron Deficiency Anaemia Pathway. Dr Atcha to advise if significant amendments were required following review of the new guidance. Should significant amendments be required, the guidance would be brought back to the Committee.

It was noted that information had been shared in the latest APC memo advising that Ferric Maltol (Ferraccru®) has been changed to formulary green for use in line with Adult Iron Deficiency Anaemia (IDA) Pathway (previously formulary red). It was agreed to discuss outside of the meeting if any supportive information could be provided on the BEST website until the Adult Iron Deficiency Anaemia Pathway was finalised.

Agreed action: -

- MMT to look at what information could be provided to GPs until the Adult Iron Deficiency Anaemia Pathway was finalised.

DC/CL

21/233.4

Pen Needles Position Statement

At the last meeting, it had been agreed to take the guidance to the LMC for comment and to seek views from the SWYPFT neighbourhood nursing team to find out what the challenges were.

The Head of Medicines Optimisation reported no issues from the LMC.

Feedback from SWYPFT would be brought to the next meeting.

The Committee were updated about email correspondence in relation to what needles can be accessed by the nurses and queries received around choice of safety needles. The MMT were looking into this but needed to work in line with NHS England guidance which was included in the position statement.

Agreed actions: -

- Copies of the queries received by email to be shared with the Deputy Chief Pharmacist, SWYPFT.
- SWYPFT feedback to be brought to the next meeting.

CL/JH

SH/MP

21/233.5

Bempedoic Acid Traffic Light Status

At the last APC meeting, the Lead Pharmacist, BHNFT referred to the minutes from NHS Sheffield CCG (15th July 2021), and their decision to classify bempedoic acid as green following the NICE TA, noting this is currently classified red in Barnsley, potentially moving to amber when guidance is produced.

It was noted that this is now part of the AAC Lipid Management Pathway and that the AHSN were also promoting the use of inclisiran following the NICE TA for inclisiran.

The Lead Pharmacist, BHNFT advised that she was in the process of working up a commissioning proposal to be considered by the Trust's Commissioning Team, for a potential lipid clinic for the PCSK9's which are classified red and will remain classified red. Inclisiran is potentially being classed as a primary care drug. It was acknowledged that more work was to be done around management, process, and referral pathways, and further discussion was required about how the national pathway would be implemented in Barnsley.

It was decided that a meeting should be arranged to agree a way forward, with discussions around funding, Eclipse data and position.

Agreed action: -

- A meeting would be arranged to agree a way forward with representatives from the Trust, MMT/CCG, and primary care.

NB

21/233.5

Action Plan - other
Target Dates

Any amendments to target dates to be submitted outside of the meeting, prioritised around risk and need where possible.

APC 21/234 ONS IN DYSPHAGIA GUIDELINE (NEW)

The Medicines Management Pharmacist presented the guidance, produced following the addition of the pre-thickened ONS Slo Milkshakes® (IDDSI level 1, level 2, level 3, and level 4) to the formulary with an amber-G classification. The guidance has been agreed with the specialist dieticians and the Speech and Language Therapists.

Reference was made to information included in the guidance around the similar product packaging, previously discussed at this meeting, advising patients and carers to double check the packaging before

consuming the product, ensuring that the IDDSI 'Level' specified aligns with the IDDSI 'Level' recommended by SLT. The LMC accepted the guidance, with no amendments required.

The guidance was approved by the Committee.

APC 21/235 PKU PRESCRIBING GUIDELINE (NEW)

The Medicines Management Pharmacist presented the guidance which had been produced in consultation with the specialist dietitians at Sheffield Children's Hospital.

It was noted that all PKU patients will be under the care of the specialists at Sheffield.

It was acknowledged that NICE TA729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria, published in September 2021 is included in the guidance, noting there is no prescribing in primary care. As discussed at 21/233.2, this is not applicable for use at BHNFT.

It was suggested that wording be added to the guideline to acknowledge NICE TA729.

Subject to this amendment, the Committee approved the guideline.

Agreed action: -

- Additional wording to be included to acknowledge NICE TA729, noting prescribing is in line with the NICE TA but is not undertaken in Barnsley.

JH

APC 21/236 BARNSELY COPD ALGORITHM (UPDATE)

The Medicines Management Pharmacist presented the guidance with minor updates including: -

- The separation of Fostair® MDI and DPI within the guideline to detail the carbon footprint of each device
- The addition of Trimbow Nexthaler® DPI, in addition to Trimbow® MDI
- The removal of Fostair® 200/6 as this is not licensed for COPD
- Salamol® MDI has replaced generic salbutamol MDI

The LMC accepted the algorithm update.

To avoid misinterpretation, it was agreed to change the header of the table to 'formulary choices' to clarify prescribing be done by the respective brand detailed.

Subject to this amendment, the updated Barnsley COPD algorithm was approved by the Committee.

Agreed action: -

- The header of the table to be changed to 'formulary choices'.

JH

APC 21/237 NEUROPATHIC PAIN GUIDANCE (UPDATE)

The Medicines Management Pharmacist presented the updated Drug Management of Neuropathic guidance with tracked changes highlighted. Comments from the specialists have been incorporated.

The LMC accepted the updated guidance, and this was approved by the Committee.

APC 21/238 RANITIDINE LIQUID SHORTAGE: BARNSELY GUIDANCE ON ALTERNATIVES TO RANITIDINE LIQUID FOR GORD IN BABIES AND CHILDREN GUIDANCE (UPDATE)

The Medicines Management Pharmacist presented the guidance which was updated following comments that other areas advise against dispersing the omeprazole MUPS tablet in water and drawing off a portion as a non-uniform mixture can be produced. Advice was sought from the paediatric pharmacist at BHNFT, and it was agreed by the paediatric pharmacist and the paediatricians that the guidance should be updated.

The suggested dose was noted, along with the change to the licensing information for omeprazole capsules and tablets.

BHNFT advised that they would be looking at this practice at the Trust but in the meantime, they would use the liquid in doses under 2.5 mg and for administration via feeding tubes. There had been no response received from paediatricians, but the paediatric pharmacist would share the guidance with them if approved.

The Medicines Management Pharmacist highlighted a comment from the LMC about the section on NICE guidance, noting that it states 'treatment with ranitidine/PPI should only continue beyond 4 weeks in endoscopy proven reflux oesophagitis'. Clarity was required around continuation and advice would be sought from the specialists, and wording agreed in line with how patients are being managed now.

Subject to advice from the specialist and agreed additional information around continuation beyond 4 weeks, the guidance was approved by the Committee.

Agreed action: -

- Advice to be sought from the specialists and wording to be agreed with the LMC in line with how patients are being managed now.

JH

APC 21/239 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 21/240 FORMULARY REVIEWS

21/240.1

Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information, noting that the remaining sections were expected to be presented at the December 2021 or January 2022 meetings.

APC 21/241 NEW PRODUCT APPLICATION LOG

The log was received for information and noted.

APC21/242 BARNSELEY APC REPORTING

21/242.1 APC Reporting September 2021

The Lead Pharmacist, Barnsley CCG presented the reports relating to the month of September 2021. There were 21 reports received with varying key themes and 4 significant issues highlighted.

21/242.2 APC Reporting September 2021 Key Themes

Information relating to the 4 significant issues was noted, with additional information provided in relation to BAPC21/09/04 relating to the general issue when patients are discharged from A&E on dalteparin without adequate follow up and as a result GPs being asked to prescribe without a shared care agreement. There was an issue with which specialist takes ownership of the shared care agreement and GPs are having to make decisions regarding treatment for conditions they haven't diagnosed.

Clarity was sought around processes for sending information through to the GP when patients self-discharge. BHNFT advised that discharge information would usually be sent, noting also that patients would routinely be monitored by the anticoagulant clinic and that this was an exceptional case. It was agreed that there needed to be clear guidance regarding the management/ follow up patients commenced on anticoagulants.

The Palliative Care Consultant advised that hospice patients started on LMWH would be referred to the anticoagulation clinic when discharged home.

The Lead Pharmacist advised that the incident has been reported via Datix and she would request that this be flagged from a CBU perspective around ED communications and treatments. The lack of detail provided about medications prescribed would be raised again.

It was acknowledged that although delays could potentially be encountered in processing some APC reports, APC reporting is an additional reporting mechanism, looking at trends to reduce reoccurring issues, in addition to individual organisational incident reporting processes.

21/242.3 APC Reporting September 2021 Interface Issues

The report was presented showing interface issues reported directly to BHNFT. These were in addition to the APC reporting issues in enclosure K1.

The Lead Pharmacist, BHNFT noted that the summary report, enclosure K2, logging the number of cumulative reports does not reflect the workload undertaken at BHNFT looking into and resolving a significant number of queries that are raised directly with the BHNFT Pharmacy Team (enclosure K3). It was agreed that this would be recorded going forward to demonstrate the amount of workload on all sides.

The Lead Pharmacist (DC) and Interface Pharmacist, BHNFT would look to standardise the categories of reports received to help identify trends.

The positive work being undertaken in relation to APC reporting was applauded, acknowledging how well the system works with quick responses, helping to benefit patient care and significantly reducing risk by looking at trends to then make changes to processes to reduce the risk of those issues reoccurring.

Agreed actions: -

- The Sub-Group meeting to look at trends/learning to be arranged.
- The Lead Pharmacist (DC) and Interface Pharmacist, BHNFT would look to standardise the categories of reports received.

DC

DC/LC

APC 21/243 **NEW NICE TECHNOLOGY APPRAISALS (OCTOBER 2021)**
21/243.1 NICE TAs October 2021

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

- TA733 Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (further discussions to take place)
- TA734 Secukinumab for treating moderate to severe plaque psoriasis in children and young people

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

- TA732 Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)
- TA735 Tofacitinib for treating juvenile idiopathic arthritis
- TA736 Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy*
- TA737 Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer*
- TA739 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable*

* These 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.

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

- TA738 Berotralstat for preventing recurrent attacks of hereditary angioedema

GT

21/243.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

21/243.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 21/244 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
21/244.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

21/244.2.1 BHNFT
There was nothing relevant to report, however the Chief Pharmacist advised that the Trust had entered the pilot stage for the new discharge module on Well Sky. The APC would be kept updated on progress if moving out of pilot into rollout.

21/244.2.2 Virtual Smartcards
The Head of Medicines Optimisation fed back on behalf of the LMC about issues with outpatient clinics and clinicians within the Trust not being able to access the SCR, with a suggestion that this could be an issue with using a virtual smartcard.

The Chief Pharmacist, BHNFT advised that virtual and non-virtual smartcards allow access to the SCR however acknowledged possible issues when using the virtual smartcard as an authenticator prescriber, with the requirement for a specific version to provide that authentication on any electronic prescribing system.

Following discussion, it was agreed that this would be addressed through the clinical systems team and escalated to the next Medicines Management Ops Group.

Agreed action: -

- Issue to be addressed through the clinical systems team and escalated to the next Medicines Management Ops Group.

MS/GT

21/244.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

21/244.4 Community Pharmacy Feedback
Update deferred.

21/244.5 Wound Care Advisory Group
The Head of Medicines Optimisation advised at the last meeting that the lymphoedema service was moving from the hospice to another provider. It was noted that lymphoedema patients are receiving support from the MMT via the stoma telephone line and the wound care specialist nurses until the service moves to the new provider.

Expansion of the ONPOS service is working well.

APC 21/245 **ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**

The Head of Medicines Optimisation advised that at the last Q&PSC meeting, the D1 audit was raised, acknowledging the pressures that the Trust are under but with a request for this work to be prioritised when possible.

It was agreed to escalate the ONS in Dysphagia Guideline and the Iron Deficiency Anaemia Pathway to the Q&PSC. An update on APC

CL

Reporting is given at each meeting when presenting the minutes of the meeting.

APC 21/246 SPS NEW MEDICINES NEWSLETTER (SEPTEMBER 2021)

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

- Beclometasone +formoterol +glycopyrronium (Trimbow NEXThaler®) - formulary green
- Bemiparin (Zibor®) - non-formulary provisional amber
- Bimekizumab (Bimzelx®) - formulary red
- Casirivimab + imdevimab (Ronapreve®) - formulary red restricted
- Fostemsavir (Rukobia®) - non-formulary red.
- Hydrocortisone (Efmody®) - non-formulary provisional grey
- Meningococcal groups A + C + W135 + Y vaccine (MenQuadfi®) - general formulary green entry for Meningococcal ACWY vaccine for use in line with national recommendations.
- Relugolix + estradiol + norethisterone (Ryeqo®) - non-formulary provisional red
- Roxadustat (Evrenzo®) - non-formulary provisional red
- Tirbanibulin (Klisyri®) - non-formulary provisional amber
- Velmanase alfa (Lamzede®) - non-formulary provisional red

Other

- Ingenol mebutate gel - remove from formulary as discontinued (previously formulary red)
- Dapoxetine (Priligy®) - currently non-formulary provisional red

A query had been received as to whether the traffic light classification for dapoxetine (Priligy®) should be reviewed. Information relating to the indication; feedback from the East of England Priorities Advisory Committee (a function of the PrescQIPP programme) Guidance March 2014; NICE summary; safety information; and traffic light classifications from other CCGs were shared with the Committee.

There was a small amount of local prescribing and costs were provided. The option of long-acting SSRI taken daily (off-label use) was noted.

Considering the associated risks and specialist initiation, it was agreed to classify dapoxetine (Priligy®) as non-formulary provisional amber.

Agreed action: -

- The Medicines Management Pharmacist to find out what services there are and find out if there are plans to use dapoxetine (Priligy®).

JH

APC 21/247 MHRA DRUG SAFETY UPDATE (OCTOBER 2021)

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

Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric Indication (non-formulary in Barnsley)

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12

years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

COVID-19 vaccines: updates for October 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the September 2021 issue of Drug Safety Update, up to 1 October 2021.

APC 21/248 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation referred to the draft shared care guidelines currently out for consultation (closing date 9 December 2021). It was noted again that feedback will be provided advising that Barnsley shared care guidelines are developed around therapeutic areas rather than individual guidelines for individual drugs, but that we would use the information within the RMOC guidelines as part of reviewing our guidelines.

APC 21/249 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (24th June 2021 and 29th July 2021) and NHS Sheffield CCG (16th September 2021) were received and noted.

APC 21/250 ANY OTHER BUSINESS

21/250.1

SY&B Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy in Adults (update)

The updated protocol was circulated for comment, with a view to adopting it as an SY&B wide guideline. It was noted that shared care guidance is in place in Barnsley for the drugs mentioned within the guidance, for other indications, therefore primary care would be familiar with prescribing these drugs.

The Committee would be happy to adopt the guideline. The final draft guideline would be brought back to the APC for endorsement.

21/250.2

Omeprazole Liquid

The Head of Medicines Optimisation fed back reports from the LMC that omeprazole liquid was being routinely requested from GPs, noting that guidance in line with the ranitidine shortage needed to be followed earlier in line of therapy. The Lead Pharmacist, BHNFT was aware of an incident but understood that any confusion had been resolved.

It was agreed that APC reports should be submitted so that incidents can be investigated appropriately.

APC 21/251 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th December 2021 at 12.30 pm via MS Teams.