

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 12<sup>th</sup> February 2025 via MS Teams**

**MEMBERS:**

Erica Carmody (Chair)	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani (from 25/21.8)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Chris Lawson	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Dr Jeroen Maters	General Practitioner (LMC)

**IN ATTENDANCE:**

Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)
Deborah Cooke (up to 25/27.2)	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)
Gillian Turrell (up to 25/29.5)	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Chris Bland	Chair (Community Pharmacy South Yorkshire)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil	General Practitioner (LMC)

**ACTION  
BY**

**APC 25/18 QUORACY**  
The meeting was quorate.

**APC 25/19 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
There were no declarations of interest relevant to the agenda to note.

The Programme Director for Medicines Optimisation, Strategy and  
Delivery (SY ICB) to update her declaration of interest now that some  
of the rebate agreements historically signed on behalf of the ICB have  
expired.

**CL**

**APC 25/20 DRAFT MINUTES OF THE MEETING HELD ON 8<sup>th</sup> JANUARY 2025**  
The minutes were approved as an accurate record of the meeting.

**APC 25/21 MATTERS ARISING AND APC ACTION PLAN**  
NICE TAs (October 2024)

25/21.1 The Lead Pharmacist, BHNFT advised that the following NICE TA  
**was not** applicable for use at BHNFT: -

- TA1010 Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria

25/21.2

NICE TAs (November 2024)

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

GT

- TA1012 Avapritinib for treating advanced systemic mastocytosis

25/21.3

NICE TAs (December 2024)

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

- TA1022 Bevacizumab gamma for treating wet age-related macular degeneration
- TA1026 Tirzepatide for managing overweight and obesity

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

- TA1021 Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer
- TA1024 (**terminated appraisal**) Toripalimab with chemotherapy for untreated advanced oesophageal squamous cell cancer
- TA1025 Ublituximab for treating relapsing multiple sclerosis

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

GT

- TA1023 Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments

25/21.4

GP Collective Action and Review of Shared Care Commissioning Arrangements

At the last meeting, the Programme Director for Medicines Optimisation, Strategy and Delivery, SY ICB agreed to seek further information regarding the timeline for the review of the shared care commissioning arrangements across South Yorkshire.

It was noted that a piece of work is ongoing across South Yorkshire to harmonise local shared care arrangements with the appropriate remuneration which may stave off some of the GP collective action around shared care.

The Programme Director for Medicines Optimisation, Strategy and Delivery, SY ICB advised that a 'Principles of Shared Care Approach Document' had been shared, and it was understood to have been shared with all Trust Medical Directors. This was a document about 'principles' going forward around how we work together over South Yorkshire to develop/harmonise shared care. Separately we have the national negotiation about remuneration within national contract around various aspects of work.

The Associate Medical Director, BHNFT had not seen the document, however wished to know the timeline to understand what will happen with the expiration of the 3 months' notice period. It was later

confirmed that the timeline is included in the document and a copy would be shared if permitted to share.

The Lead Pharmacist, BHNFT advised that she was attending an internal meeting with the Medical Director and Chairman about these issues.

In terms of local ICB footprint negotiations, it was noted that dialogue is ongoing with senior management, and it is understood that the ICB Chief Medical Officer is updating Trust Medical Directors on progress.

25/21.5

Amber Shared Care Guideline for the use of anticonvulsants as mood stabilisers

The MO Lead Pharmacist, SY ICB advised that the guideline has now been endorsed by the LMC, however they have made a request for the line where the GP is to give a reason for declining the shared care, be removed from appendix A so that they can reject the shared care request without giving a reason for declining. It was explained that the wording comes from the standard Barnsley shared care guideline template therefore the Committee were asked for their views on removing this sentence from this guideline, and future shared care guidelines.

Following discussion, it was felt helpful to see the reason for rejection as it may be something that can be rectified/considered for future requests.

The Senior Pharmacist (DC), SY ICB advised that on checking the national templates, appreciating that these have not been taken on at Place yet but it was noted that discussions are ongoing across South Yorkshire to consider having standardised wording/letters, and the IMOC has agreed in principle that we should be using letters and it is believed that discussions are underway as to whether we can have an IT solution. Looking at one of the national shared care guidelines as an example, it does include a box to provide the reason for declining a shared care request. As we're aware that conversations are going to be had across South Yorkshire, it was suggested that the sentence remains for the time being and reviewed again when we get further information from IMOC.

The Committee agreed that the reason for declining a shared care request would remain in the guideline.

25/21.6

SY ICB Shared Care Protocol for Lithium for adults within mental health services in Sheffield and Barnsley

The MO Lead Pharmacist, SY ICB advised that the LMC have provided further comments which have been sent to the Sheffield Pharmacist who developed the guidance. Some further changes have therefore been made in line with the comments received from the LMC GP (MM) but final endorsement following these changes was required from the LMC. The Lead Pharmacist, SWYPFT was happy to endorse the guidance when endorsed by the LMC.

**Agreed action: -**

- Endorsement required from the LMC.

MM/JH

25/21.7

South Yorkshire Summary of National Guidance for Lipid Optimisation in Primary and Secondary Prevention of CVD

At the last meeting, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that when the guidance was taken to the LMC for endorsement, it was not made clear to clinicians that it would replace the current Barnsley guidance, therefore this was taken back to the LMC for checking and to seek approval.

The MO Lead Pharmacist, SY ICB advised that the LMC have confirmed that they would like to retain the Barnsley guidance for lipid management. It was noted that we have separate guidelines for the primary and secondary prevention in line with feedback from clinicians, therefore we will now have the South Yorkshire guidance alongside the Barnsley guidance.

With regards to the action plan, the MO Lead Pharmacist, SY ICB advised that the Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley guidance will still need updating and should remain on the action plan. As the Barnsley guidance will continue to be used, the MO Lead Pharmacist, SY ICB advised that the Barnsley Severe Hyperlipidaemia Pathway can now be removed from the action plan as we no longer need to refer to the South Yorkshire Lipid Management guidance.

**NB**

25/21.8

Entresto Shared Care Arrangements

The MO Lead Pharmacist, SY ICB advised that it was raised at the IMOC sub-group, regarding whether we can continue to update the Entresto Shared Care Guidance at Place, or whether a South Yorkshire guideline can be developed. The IMOC subgroup have been made aware of the reports we have received around shared care being requested when Entresto is initiated rather than when the patient is stabilised at 12 weeks as stated in the guidance.

It was shared that the South Yorkshire cardiovascular leads are looking to develop a heart failure pathway and align the traffic light classifications of heart failure drugs across South Yorkshire, but this may take some time. It was agreed that we can continue to update the Entresto Shared Care Guideline at Barnsley Place where this is required. The traffic light classifications for Entresto at Doncaster, Rotherham and Sheffield were noted and should be kept in mind when updating the Barnsley guidance, as well as considering the future alignment of traffic light classifications across South Yorkshire. It was suggested to link in with the South Yorkshire cardiovascular leads when updating the Barnsley guidance.

In terms of following Place guidance and/or South Yorkshire/regional guidance, it was recognised that the preferred arrangement would be to have one guideline for all to follow, and the IMOC were working towards this, however until then, there will be some differences.

The Committee were therefore asked if they felt we were currently in a position where we could move to amber-G or whether we still needed to progress the development of the shared care guideline, looking towards the primary care view on this.

At the last meeting, the Senior Interface Pharmacist, BHNFT was going to seek clarity from SWYPFT about their process around Entresto and how the community heart failure nurses communicate with primary care, and when they request shared care. It had been reported that the consultant was asking for the GP to take on the shared care before Entresto had been titrated up, when the process should be that the titration information goes to the consultant, to then send the shared care request to the GP for primary care to pick it up.

The next step would be to make sure the shared care guideline is reflective of the process, as the way its worded currently in the guideline is not in line with what is happening in practice.

**Agreed action: -**

- Senior Interface Pharmacist to follow up to ensure the process and the wording in the shared care guideline is clear for consultant to request primary care to take over prescribing once titrated.

**TW**

25/21.9  
25/21.9.1

Action Plan – other  
BHNFT D1 Issues

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that she has met with and opened discussions with the new Chief Pharmacist at BHNFT and has agreed to document the issues we have seen to give him a clear position and background. The Chief Pharmacist, BHNFT will then look towards having internal discussions and agreeing a way forward. This will be brought back to this Committee.

**Agreed actions: -**

- A summary of the D1 issues will be documented and shared with the Chief Pharmacist, BHNFT, copied to the Associate Medical Director.
- An update will be brought back to the Committee.

**CL**

**CL/DB**

25/21.9.2

Proposed APC Feedback to IMOC

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to discussions at the October 2024 APC meeting and the view of Committee members that we did not feel there was enough collaboration at Place before decisions were being made by IMOC and there was a view that we needed to take those collective views of the APC back to the IMOC.

It was noted that some changes have since occurred, and that some LMC representatives are now attending IMOC meetings, but it was noted that decisions are still being made about representation and IMOC were reviewing this. The Committee were asked if views have since changed, or do we still need to take a collective view to the IMOC about how we want to work with it and how we want to be represented in it.

The Lead Pharmacist, BHNFT advised that secondary care representation has been quite ad hoc due to other diary commitments but may also be potentially affected as the agenda currently seems quite primary care focussed, questioning the value of secondary care attendance.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted the difficulty with getting the processes right when setting up a new committee, and there was an acknowledgment at the IMOC timeout meeting that some changes were needed. The IMOC do now have processes of collaboration, with documents being shared with key people in each of the Places to link with clinicians to try and collaborate and get feedback. The differences across the four Places were recognised by the IMOC but decisions about traffic light status of medicines needed to be made.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) had raised concerns in October 2024 regarding the pull of medicines management staff centrally and the impact it had on Barnsley Place but wasn't sure if that situation had improved. It was felt that feedback should be sought from the LMC GP (MM) regarding the issues raised by LMC members.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) acknowledged that issues have been raised by LMC members about how the IMOC is working but this was separate to how APC members felt the IMOC were collaborating with the APC. This would be followed up with the LMC to provide an update at the next APC meeting.

**Agreed action: -**

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to discuss with the LMC members and provide an update under matters arising at the next meeting.

**CL**

25/21.9.3 Sheffield Testosterone Shared Care Guideline  
Deferred to the next meeting.

**CL**

25/21.9.4 Update Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley  
The Lead Pharmacist, BHNFT to follow up for a progress update.

**GT**

25/21.9.5 Icosapent Ethyl Amber Shared Care Guidance  
The Senior Pharmacist (DC), SY ICB advised that this was taken to the IMOC subgroup for a view on whether a South Yorkshire guideline could be developed. This has been added to the IMOC subgroup action plan and the guideline when produced would be progressed across South Yorkshire. It was felt that this item could now be removed from the APC action plan. The Committee agreed with this approach.

**NB**

**APC 25/22 SMOKING CESSATION GUIDELINES**

The MO Lead Pharmacist, SY ICB advised that following receipt of additional information, further changes were needed to the draft Smoking Cessation Guideline. This item was therefore deferred until the updated draft guideline has been shared with the LMC for comments.

**APC 25/23 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

There were no guidelines to approve this month.

**FORMULARY**

Update on hyperlink issue (hyperlinks to guidelines on the BEST website)

The Senior Pharmacist (DC), SY ICB advised that the majority of the hyperlinks on the Barnsley formulary to the BEST website have now been fixed. However, we have been informed that the old BEST website on the old Sitekit platform will be taken down. Clinicians will not notice any change however some old links have been found that link to the old Sitekit platform which will stop working, but these have been identified on the formulary and within Scriptswitch and there is a plan to update these.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs), noted that the Senior Pharmacist (DC), SY ICB is aware that concerns about the BEST website migration have been raised, and wanted to highlight the issues with APC members.

Concern has been raised at Barnsley Place and with the ICB Chief Pharmacist by Dr Atcha with the operability of the new website and the links transferring across and how user friendly it will be, noting concerns about clinicians not currently being able to click on the BEST website and be directed immediately to the required document, creating problems for primary care and those who follow guidelines and need to access them on a regular basis.

The Senior Pharmacist (DC), SY ICB explained to the Committee that in terms of the links from the BEST website to the guidelines on the IMOC website, currently we do not link directly to the guideline due to how the guidelines are updated (by the Comms team), and any minor amendment made results in the hyperlink changing, so to avoid clinicians inadvertently accessing an older version of a guideline, as an interim measure, we link to the IMOC section of the ICB website, but include additional information detailing which sub-section the guideline is located in. This will be a short term measure and when the South Yorkshire Medicines Optimisation website is up and running, the IMOC guidelines will be added there, and the Medicines Optimisation team will be involved in uploading guidelines and can ensure they link directly.

In terms of the Medicines Optimisation website, the Senior Pharmacist (DC), SY ICB advised that she has been attending the planning meetings and has highlighted that it is important that the BEST website links in with it, highlighting on numerous occasions that Barnsley clinicians are familiar with the BEST website and need to be able to access guidelines via the BEST website. The Senior Pharmacist (DC), SY ICB has been advised by the ICB Chief Pharmacist that conversations are taking place to look at how the functions/search functions will link together and there will be a further meeting set up, to which she has requested that Dr Atcha and Emma Smith be invited to join that meeting.

**NEW PRODUCT APPLICATION LOG**

The new product application log was received for information.

The new product applications for wound care dressings were expected to be brought back to the next meeting for consideration.

The Senior Pharmacist (DC), SY ICB noted that information has been obtained that sunscreens have been assigned a grey classification with exception for use under the ACBS criteria. There was concern initially as IMOC do not now agree the traffic light classifications, and we need confirmation from IMOC before proceeding to put this product on the formulary, therefore we are going to propose producing a short summary, detailing proposed wording for the formulary and information about the product. There are only a couple of sunscreens that are within the drug tariff and ACBS and this is a cost effective option, so it does seem reasonable to add this product. More detail will be brought back to the March/April APC meeting.

- APC 25/26 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**
- 25/26.1 SYICB IMOC Ratified Minutes – 4<sup>th</sup> December 2024  
The minutes were received for information.
- 25/26.2 SYICB IMOC Draft Minutes – 8<sup>th</sup> January 2025  
The minutes were received for information.
- 25/26.3 SYICB IMOC Verbal Key Points – 5<sup>th</sup> February 2025  
The Senior Pharmacist (DC), SY ICB provided an update on key points from the February 2025 meeting.
- 25/26.3.1 Alimemazine Traffic Light Classification  
The classification was discussed. This currently has an amber classification for use in sleep disorders in children under the Sheffield clinic, and this will stand. It was agreed that it would be classified grey for indications outside of that. Historically in Barnsley this was classified grey so minimal change. The exception in line with the shared care guideline was noted. It was confirmed that this would be added to the Barnsley formulary as non-formulary grey.
- 25/26.3.2 Sulfasalazine Shared Care Guideline  
This is likely to be a Sheffield and Rotherham guideline. This was discussed but not approved. Further work was needed but it was noted that in Barnsley we do have the disease specific shared care guideline. The Barnsley DMARD guideline includes around 8 drugs, and we will keep with that for now, and feedback was sought from the specialists, and they were supportive of that. When the guideline is approved, we will still refer to it for any patients that are under the Sheffield services.
- 25/26.3.3 Tirzepatide Amber G Guideline for Diabetes  
This was endorsed. The classification was assigned some time ago and it was brought to the APC, and feedback was sought as to whether a guideline was felt to be helpful, which it was.
- 25/26.3.4 Salamol  
It was noted that comms has gone out regarding the shortage of salamol with advice around other options to consider (generic scripts,



dry powders). The shortage is more due to demand outstripping supply rather than a manufacturing issue.

25/26.3.5

#### Rimegepant

Feedback from the Barnsley LMC was noted, and it was agreed that a response will be provided to that feedback. The migraine pathway has now been added to the IMOC section of the ICB website. There is extra wording noting that whilst rimegepant is green, not all GPs will be familiar with it and may choose not to prescribe it. There is information about contacting the Sheffield hospital headache clinic for advice, and additionally a patient information leaflet has been added and prescribing information for clinicians.

25/26.4

#### IMOC approved guidelines (for information)

Links to the following guidelines, approved by IMOC were shared with the agenda for information and these are on the IMOC website: -

- Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing needed? Guidance for primary care clinicians.
- Topiramate Guidance: Assessing female patients of childbearing potential in Primary Care.
- Relugolix-estradiol-norethisterone acetate (Ryego®) for moderate to severe symptoms of uterine fibroids in adult patients
- SY Valproate Guidance in Primary Care (updated November 2024)

The MO Lead Pharmacist, SY ICB advised that the formulary classification for Ryego® will change from formulary red to formulary amber, in line with the South Yorkshire classification.

It was confirmed that links to these guidelines will be added to the BEST website and the Barnsley formulary.

**APC 25/27**

#### **BARNSLEY APC REPORTING**

25/27.1

#### APC Reporting November & December 2024

The Senior Pharmacist (DC), SY ICB presented the November and December 2024 reports, noting there were a total of 49 reports in November 2024 and 46 reports in December 2024 received via a combination of the APC reporting inbox and BHNFT interface route.

A number of these reports were related to D1 communication issues as flagged in previous months, some where the D1s had not been received, some relating to duplicates, and some where information was incomplete or missing. There were a couple of reports relating to Entresto Shared Care that was touched upon earlier at APC25/21.8. There were several reports relating to issues with insulin or communication about insulin doses, and details from one report were shared with the Committee (BAPC24/12/11).

Details from BAPC24/12/16 were shared, noting issues with EMIS and electronic records not transferring. This issue has been flagged on several occasions to EMIS previously which was concerning.

The enclosure detailing the interface queries received directly to the BHNFT pharmacy team was received and noted.

**APC 25/28**

25/28.1

**NEW NICE TECHNOLOGY APPRAISALS**NICE TAs January 2025

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

- TA1028 (**terminated appraisal**) Bimekizumab for treating moderate to severe hidradenitis suppurativa
- TA1029 (**terminated appraisal**) Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage
- TA1030 Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer
- TA1031 Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over
- TA1032 (**terminated appraisal**) Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer
- TA1034 Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours
- TA697 (Update) Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban

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

- TA1035 Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease

**GT**

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

- TA1027 Tebentafusp for treating advanced uveal melanoma

**GT**

25/28.2

Provisional DecisionsNICE TAs January 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA947 Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments

NICE TAs February 2024

The Lead Pharmacist, BHNFT changed the provisional 'applicable' decision, advising that the following NICE TA **was not** applicable for use at BHNFT: -

- TA949 Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over

NICE TAs March 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA954 Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments

#### NICE TAs June 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TA **was not** applicable for use at BHNFT: -

- TA979 Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation

#### NICE TAs August 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA991 Abaloparatide for treating osteoporosis after menopause

The Lead Pharmacist, BHNFT changed the provisional 'applicable' decision, advising that the following NICE TA **was not** applicable for use at BHNFT: -

- TA996 Linzagolix for treating moderate to severe symptoms of uterine fibroids (provisional decision to be confirmed – applicable)

The remaining NICE TAs given a provisional status are still under review and have been escalated for a decision.

25/28.3

#### Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

25/28.4

#### Feedback from SWYPFT NICE Group

There was nothing to report.

### **APC 25/29**

#### **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

25/29.1

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

There was nothing to report.

25/29.2

#### BHNFT

There was nothing to report.

25/29.3

#### SWYPFT Drug and Therapeutics Committee (D&TC)

There was nothing to report but it was noted that a Greenlight Alert for Promethazine would be shared with primary care. It was agreed that the Lead Pharmacist, SWYPFT would check that the Greenlight Alerts are being shared with South Yorkshire Medicines Safety Officer, and her contact details would be shared.

#### **Agreed actions: -**

- The Lead Pharmacist, SWYPFT to check that the Greenlight Alerts are being shared with South Yorkshire Medicines Safety Officer.
- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to share her contact details.

**PC**

**CL**

- 25/29.4      Community Pharmacy Feedback  
There was no representative in attendance, however, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) raised that The National Pharmacy Association (NPA) are going out in terms of ballot for collective action for community services, asking pharmacies not to undertake work that is not contractual work. There are national negotiations going on, noting the parallels with the GP collective action.
- 25/29.5      Wound Care Advisory Group  
There are ongoing discussions about the new Wound Care Policy covering both primary care and secondary care and work is ongoing to complete this.
- 25/29.5.1    Wound Care Advisory Group Terms of Reference  
The Wound Care Advisory Group has been a subgroup of the APC since it was established, and the draft terms of reference were shared with the Committee for comment/approval, noting minor updates to the group membership. It was noted that Place Wound Care Advisory Groups are trying to link up as best they can across South Yorkshire, acknowledging that they all have differences.
- The terms of reference were endorsed by the Committee.
- APC 25/30      ISSUES FOR ESCALATION TO THE BARNSELEY PLACE QUALITY & SAFETY COMMITTEE (13<sup>th</sup> MARCH 2025)**  
There were no issues to escalate to the Barnsley Place Quality and Safety Committee.
- APC 25/31      FORMULARY ACTIONS**
- 25/31.1      SPS Newsletter- December 2024  
Received and noted for information.
- 25/31.2      RDTC Horizon Scanning Document – December 2024  
Received and noted for information.
- 25/31.3      IMOC Horizon Scanning February 2025  
The MO Lead Pharmacist, SY ICB presented enclosure M detailing the traffic light classifications agreed at the February 2025 IMOC meeting, noting the Barnsley formulary status below: -
- Erdafitinib – non-formulary grey
  - Lecanemab – non-formulary grey
  - Spironolactone – already formulary green (information to be added to the formulary and ScriptSwitch on the new licensed oral solutions, and information on the increased costs of the liquid compared to the tablets, and the difference in viability between the oral solutions and the tablets (there is further information in the SPC))
  - Crovalimab – already non-formulary red - classified red at December IMOC (NICE TAs)
  - Eplontersen – already non-formulary red - classified red at January IMOC (NICE TAs)
- The Barnsley formulary changes were approved by the Committee.

**APC 25/32**  
25/32.1

## **SAFETY UPDATES**

### MHRA Drug Safety Update (January 2025)

The update was noted with the following information relating to secondary care highlighted: -

GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation

Healthcare professionals should be aware of the potential risk of pulmonary aspiration in patients using GLP-1 or dual GIP/GLP-1 receptor agonists who undergo surgery or procedures with general anaesthesia or deep sedation. GLP-1 and dual GIP/GLP-1 receptor agonists are known to cause delayed gastric emptying, which may increase the risk of residual gastric contents despite preoperative fasting.

25/32.2

### IMOC Safety Paper

There was no update taken to the February 2025 IMOC meeting.

**APC 25/33**

## **SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (19<sup>th</sup> December 2024) were received and noted for information.

**APC 25/34**  
25/34.1

## **ANY OTHER BUSINESS**

### GP/Community Pharmacy Collective Action

The Associate Medical Director, BHNFT spoke about the desire to support patients and putting patients first, expressing his concern on behalf of patients around patient safety, acknowledging that we all share the same concerns in primary care, secondary care, community pharmacy etc, and hoping that we can all agree and support our patients. As previously voiced, we stand shoulder to shoulder with GP colleagues in terms of their concerns around not being sufficiently valued, and similarly with concerns expressed in community pharmacy.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) spoke about the difficult position GP practices and community pharmacies are currently in, financially and with work pressures, and would appreciate those part of the 'NHS family' highlighting the pressures they are under. The only option they feel they have is to review their contract and deliver the essential/ mandated services. Negotiations continue.

25/34.2

### Medicines Traffic Light Drug List Application - Gliptins

The MO Lead Pharmacist, SY ICB advised that a Medicines Traffic Light Drug List application is going to IMOC to classify gliptins, DPP-4 inhibitor (gliptin) as green across South Yorkshire for initiation in primary care for those managing patients with type 2 diabetes, and to have one unified formulary stance across South Yorkshire on which DPP-4 inhibitor (gliptin) to use as first line and second line choice. It is proposed to have Sitagliptin first line as this is most cost effective choice with Linagliptin reserved as second line for those with unstable renal or hepatic function. This is not a significant change for Barnsley as we currently have them as green, but we do not have first and second line options. Any formulary changes will be brought to a future APC meeting after the proposal has been to the IMOC. It was

noticed in the proposal that opinion had been sought from Kerry Burns, BHNFT Diabetes Nurse Specialist, and for completeness, the MO Lead Pharmacist, SY ICB has circulated the proposal to all secondary care consultants.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) asked if the individuals who have given this information, and IMOC, have any declarations of interest in making this decision to position one over the other, any links with industry, and making sure those conflicts are managed appropriately.

It was noted that Linagliptin is a lot easier to use, a single dose and you're on it. It was queried if practices would be expected to switch patients that have been on Linagliptin for many years but the change to Sitagliptin as first choice would be for new patients only.

The LMC GP (JM) fully supported the Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs), noting also the patient safety issue and additional workload in primary care because Sitagliptin has multiple doses depending on the kidney function.

Regarding the planned work, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that there are cohorts of patients that we would be looking to, and it is one of the areas that we're looking to include within the local quality incentive scheme so that practices are funded for undertaking work. The work would be taken forward as normal with MO team staff leading on it and then the other aspect would be reviewing patients, but we will be coming out and engaging with stakeholders in terms of the detail before taking that work forward.

It was agreed that the MO Lead Pharmacist, SY ICB would take the Committees feedback to the IMOC, and that a verbal update would be brought back to the March APC meeting.

**Agreed action: -**

- The MO Lead Pharmacist, SY ICB to take the Committees feedback to the IMOC and give a verbal update at the March APC meeting.

**JH**

**APC 25/35**

**DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 12<sup>th</sup> March 2025 at 12.30 pm via MS Teams.