

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 13th November 2024 via MS Teams**

MEMBERS:

Erica Carmody (Chair)	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Chris Lawson	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil	General Practitioner (LMC)

IN ATTENDANCE:

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

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Chris Bland	Chair (Community Pharmacy South Yorkshire)
David Bryant	Chief Pharmacist (BHNFT)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Elizabeth Lock	Clinical Quality Assurance Lead/Wound Care Compliance Nurse (SY ICB, Barnsley Place)

**ACTION
BY**

APC 24/184 QUORACY

The meeting was quorate.

The Committee were advised that the chairperson role for future APC meetings would be shared between the Programme Director for MO, Strategy and Delivery (SY ICB) and the MO Senior Pharmacist (EC).

APC 24/185 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest relevant to the agenda to note.

APC 24/186 DRAFT MINUTES OF THE MEETING HELD ON 9th OCTOBER 2024

The minutes were approved as an accurate record of the meeting.

APC 24/187 MATTERS ARISING AND APC ACTION PLAN

24/187.1 SCG for the prescribing of DMARDS in rheumatology patients
(update) – LMC approval

The MO Lead Pharmacist, SY ICB advised that feedback had been received from the LMC GP (MM), including feedback around monitoring after dose changes until patients are stable. The LMC

would like this to be a responsibility for secondary care so that primary care is not carrying out monthly bloods, only 3 monthly. The current shared care guideline does not indicate that secondary care should monitor after dose change. Updating of the guideline is still in progress.

The updated guideline had previously been approved by the Committee subject to the comments being incorporated. If there are significant changes made to the guidance following comments received, it will be brought back to the Committee for approval. An update will be provided.

Agreed action: -

- An update will be provided to the Committee regarding comments being incorporated and whether these are significant changes that require the guidance to be brought back for approval.

JH

24/187.2

Amiodarone Shared Care Guideline

The Programme Director for MO, Strategy and Delivery (SY ICB) advised that following discussion at the last LMC meeting, GPs talked through the practice work involved in terms of undertaking ECGs and having the ability to organise and interpret the results, and they decided to take a pragmatic approach to include it within the primary care responsibilities within the shared care guideline, with practices taking forward this work. The challenge in terms of making referrals back in for patients that have been managed in primary care was recognised. At a previous meeting, seeking advice and guidance from the specialist service for support interpreting ECG results was discussed.

24/187.3

Sheffield Testosterone Shared Care Guideline

Following discussion at the last meeting around a GP practice being asked by BHNFT gynaecology to pick up the prescribing, the Lead Pharmacist, BHNFT agreed to follow up with specialists about whether the Sheffield Testosterone Shared Care Guideline should be updated to include Barnsley specialists if Barnsley specialists are asking GPs to pick up the prescribing.

The Lead Pharmacist, BHNFT has spoken with the specialists, but has not yet received any clarity from them. The Lead Nurse for gynaecology has asked for some examples of such requests, and these will be provided by the Senior Pharmacist, SY ICB (DC).

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that in terms of commissioning arrangements, confirmation had been received from the Barnsley Commissioning Lead that Sheffield is the only commissioned service for Barnsley in terms of support for specialist management of menopause patients. A copy of the specification is being obtained to see what advice and guidance support is available. It would then be a clinician's decision as to whether they take on the prescribing.

24/187.4	<p><u>NICE TA (September 2024)</u> The Lead Pharmacist, BHNFT provisionally advised that the following NICE TA was not applicable for use at BHNFT: -</p> <ul style="list-style-type: none"> • TA1008 Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments 	GT
24/187.5	<p><u>Action Plan – other</u> <u>Antimicrobial Stewardship</u> This item was deferred to a future meeting, where 20 minutes would be protected on the agenda to look at in detail the national 5 year strategy and a regional action plan.</p>	CL
24/187.6	<p><u>BHNFT D1 issues</u> The new Chief Pharmacist at BHNFT is now in post and it was agreed that a meeting would be arranged to discuss BHNFT D1 issues with him prior to the January 2025 APC meeting.</p> <p>Agreed action:</p> <ul style="list-style-type: none"> • Meeting to be arranged with the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Chief Pharmacist, BHNFT. 	NB
24/187.7	<p><u>Target dates (December 2024)</u> The draft updated amber shared care guideline for the use of anticonvulsants as mood stabilisers has been shared with the MO Senior Pharmacist, SYICB. Additional work was due to be undertaken to finalise the monitoring section and the final draft will then be circulated to the LMC for comments.</p> <p>The Senior Pharmacist, SYICB (DC) advised that additional wording agreed at IMOC in relation to valproate use in male patients would be sent to the Lead Pharmacist, SWYPFT for inclusion in the appendix.</p> <p>Agreed action: -</p> <ul style="list-style-type: none"> • The Senior Pharmacist, SYICB to send additional wording to the Lead Pharmacist, SWYPFT for inclusion in the appendix. 	DC/PC
APC 24/188	<p>EUCAST ANTIMICROBIAL SUSCEPTIBILITY TESTING UPDATE 2024</p> <p>The Senior Pharmacist, SY ICB (DC) presented the update on behalf of Dr Pang, who has advised that as part of laboratory reporting BHNFT have been releasing antimicrobial susceptibility testing with S, I and R, with the 'I' being intermediate susceptibility where a high dose may be required (clinical decision). Lab reports will direct clinicians to the local antimicrobial guideline and information would therefore need to be incorporated into the Barnsley antimicrobial supporting guideline.</p> <p>The enclosure circulated is a BHNFT document which has been prepared based on the EUCAST information, so does currently include a lot of IV antibiotics which will not be applicable in the primary care setting but there are a few oral antibiotics within the document which will be applicable. The document has been brought to the Committee at this point to raise awareness. It was proposed and agreed that information around high antibiotic doses for 'intermediate' susceptibility would be incorporated into the local</p>	

guideline in liaison with microbiology. The updated guideline will be brought back to the Committee in due course.

Agreed action: -

- The antimicrobial guideline summary document to be updated to incorporate information around high antibiotic doses for 'intermediate' susceptibility with reference to the EUCAST Antimicrobial Susceptibility Testing Update 2024 and brought back to the Committee.

DC

APC 24/189 BARNESLEY EMOLLIENT FORMULARY CHOICES GUIDANCE (MINOR REVISION)

The MO Lead Pharmacist, SY ICB presented guidance which has received a minor update, with the changes tracked.

The main changes include the addition of MHRA warning for Epimax® ointment and Epimax® paraffin-free ointment; recommendation for new patients to be prescribed fifty:50 ointment as first line ointment choice; change of wording on table from 'soap substitute' to 'body wash' and addition of note not to apply Epimax® ointment and Epimax® paraffin-free ointment to face or around eyes; and removal of 1st line, 2nd line choice on creams, as choice should be made on ingredients.

This was endorsed by the LMC with no concerns raised.

It was confirmed that the change for new patients to be prescribed fifty:50 ointment as first line ointment was in response to the MHRA alert, and the Lead Pharmacist, BHNFT would communicate this change to the dermatology team.

The Committee approved the updated Barnsley Emollient Formulary Choices Guidance.

Agreed action: -

- The Lead Pharmacist, BHNFT to communicate the change of first line ointment to the dermatology team.

GT

APC 24/190 YORKSHIRE AND THE HUMBER: A GUIDE TO SYMPTOM MANAGEMENT IN PALLIATIVE CARE (FOR INFORMATION)

The MO Lead Pharmacist, SY ICB presented the Essential Mouth Care Management and Mouth Care Information for Relatives and Carers on behalf of Katie Yockney, End of Life Care Clinical Lead at SWYPFT. These have been approved by SWYPFT and brought for information. These will be added to the BEST website with links added to the formulary. The previous version of the Mouth Care Management Guideline has already been removed from BEST.

APC 24/191 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 24/192 FORMULARY

24/192.1

Formulary and ScriptSwitch links to the BEST Website

The Senior Pharmacist, SY ICB (DC) noted that it had been highlighted at previous meetings that there has been an issue with a

number of the links not working following a change to the BEST platform. We have been in touch with the company that developed the website and we have now made some progress in arranging for some redirections to be set up. This work is still in progress, and we'll update again when the work is complete.

In relation to the clinical risk and clinicians being able to access documents, it was confirmed that awareness has been raised that documents can be accessed via the homepage of the Barnsley formulary to the prescribing guidelines and shared care guidelines pages of the BEST website. Awareness has been raised with the MMT and previously in APC memos, but it can be highlighted again in the next APC memo. Progress has been made in resolving the issue therefore this wouldn't be escalated as a clinical risk.

APC 24/193 NEW PRODUCT APPLICATIONS

None.

APC 24/194 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

24/194.1 SYICB IMOC Draft Minutes – 2nd October 2024

The minutes were shared for information.

24/194.2 SYICB IMOC Verbal Key Points – 6th November 2024

The Senior Pharmacist, SY ICB (DC) provided an update from the last meeting.

Several guidelines were approved and the links to those will be included in future APC memos when added to the IMOC website. These can be brought to this Committee for information to raise awareness if helpful to members.

Guidance approved included the South Yorkshire Guidance for Supporting Women with Type 2 Diabetes to Prepare for Pregnancy, highlighting that there was nothing new in the guidance but was summarising the lengthy NICE guideline.

There was a new flowchart approved regarding topiramate which supports with the implementation of the MHRA guidance around the pregnancy prevention programme.

There was standard wording agreed for the topiramate shared care guidelines in a similar way to what has been prepared for valproate.

Additionally, there was extra wording as mentioned above (24/187.7) for the valproate shared care guidelines in relation to valproate use in male patients.

There was a guideline endorsed summarising key medicines that can have teratogenic potential.

There was a South Yorkshire Medicines Adherence Support Tool endorsed, a pre-assessment and review form to support in reviewing patients who are currently receiving their medication in MDS or for patients where MDS may be being considered. This is an optional

support tool but was to try and challenge inappropriate use of MDS. The MDS Task & Finish Group are looking at ways at how this can be implemented and rolled out further.

There were other guidelines discussed but not endorsed and these will come back to a future meeting.

There was a complex and lengthy discussion around Rimegepant including traffic light classification. The Senior Pharmacist, SY ICB advised that IMOC had previously classified Rimegepant green in acute treatment and red for prevention but with the direction of travel being amber G for prevention when the amber G guideline is approved. IMOC considered various supporting guidelines/information including an Amber G guideline for prevention, prescribing information for acute treatment and a patient information leaflet. The LMCs have provided feedback on the traffic light classification and guidelines, and it was agreed that the guidelines would be taken back to a future IMOC meeting for further consideration.

There was concern raised at APC that there was currently no supporting information to support prescribers in taking up medication and safely prescribing medication for either condition/classification.

The LMC GP (MM) referred to Sheffield LMCs response about this, and would echo their response, proposing an amber classification, not green. The LMC GP (MM) to check that the proposed amber status feedback from Barnsley has been emailed to the IMOC.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised she would send an email to IMOC with concern regarding the need for supporting information to be available.

During the meeting, the Senior Pharmacist, SY ICB rechecked the transcript from the IMOC meeting and advised that the feedback from the LMCs was acknowledged in the meeting and that the guidance was not approved as further work and discussion was needed with LMC representatives following receipt of that feedback. In response to a query, the Senior Pharmacist, SY ICB confirmed that there were no changes made to the green classification for acute treatment within the IMOC meeting, however the supporting guideline was not approved because it was noted that further work and discussions needed to take place, noting that 3 out of 4 LMCs did not support the green classification.

Agreed actions: -

- The LMC GP (MM) to check that the proposed amber status feedback from Barnsley has been sent through to the IMOC.
- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to email IMOC with concern regarding the need for supporting information to be available for primary care prescribers.

MM

CL

together in the future. A summary paper was drafted; however, it is understood that there has since been a meeting between the ICB, IMOC representatives and the LMCs and there has been a decision that representation will go from the Places into IMOC. Last evening at the LMC, there appeared to be a commitment from the Barnsley LMC to try and get an attendee there and reopen working relationships with the IMOC.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to engage with LMC representatives before finalising a position statement that will be brought back to the next meeting.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to engage with LMC representatives and bring a draft position statement to the next meeting.

CL

APC 24/195 BARNSELY APC REPORTING

24/195.1

APC Reporting September 2024

The Senior Pharmacist, SY ICB (DC) referred to the reports circulated with the agenda, showing APC reports received via the APC reporting mailbox and the additional interface queries received directly within the BHNFT pharmacy team. These were shared for information and/or comment,

The main theme of the reports received was D1 related. There were no specific reports highlighted this month.

APC 24/196 NEW NICE TECHNOLOGY APPRAISALS

24/196.1

NICE TAs October 2024

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

- TA1009 Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension

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

- TA1013 Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia

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

- TA1010 Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria
- TA1011 Belzutifan for treating tumours associated with von Hippel-Lindau disease

GT

The provisional decisions for NICE TA947, TA949, TA954, TA979, TA984, TA986, TA991, TA996 and TA1005 were yet to be confirmed by the BHNFT NICE Group.

GT

24/196.2 Feedback from BHNFT Clinical Guidelines and Policy Group

The meetings were bi-monthly, therefore there was nothing to report.

24/196.3 Feedback from SWYPFT NICE Group
There was nothing to report.

APC 24/197 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
24/197.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
The group has been stepped down following the reorganisation, noting that a financial oversight group for the system has been established, therefore there was nothing to report.

24/197.2 BHNFT
The Lead Pharmacist, BHNFT advised that the group discussed the GP collective action and the impact on shared care as previously discussed at the APC.

It was noted that BHNFT are working up pathways for a worst case scenario to ensure they can manage the additional workload, both from a clinical team's perspective, sending comms to the clinical teams making sure everyone is aware, and from a pharmacy perspective making sure to adjust stock levels and that processes are in place. A generic inbox has been set up for different directives to report where shared care, and/or any work has been declined by primary care teams. At this time, no reports have been received other than PSA testing for urology which has been escalated, however formal letters about medicines shared care have been received from a couple of GP practices and from the LMC, therefore reports of work being declined are expected in the New Year following the 3 months' notice period should individual practices choose not to continue prescribing.

The LMC GP (MM) spoke about the frustration with GPs not receiving proportionate funding for undertaking work, giving an example of a funding variation between funding given to GP practices compared with funding secured by a hospital trust to undertake the same work.

Although it was difficult to comment on this instance, as said at previous meetings, committee members are supportive in terms of wanting to support primary care as colleagues as we understand the issues around the workload and that move of work. This is a national problem that needs to be addressed and resolved. It was noted there is the lobbying happening centrally to try and find a solution about primary care investment.

24/197.3 SWYPFT Drug and Therapeutics Committee (D&TC)
It was noted that a paper is being discussed at today's meeting around smoking cessation and varenicline and SWYPFT would work with community pharmacy representatives regarding the local and national guidance and the PGD.

SWYPFT are currently reviewing the Zyban® Shared Care Guidance, which Barnsley do not currently use, but other areas in Yorkshire do presently. The shared care has been recently updated however the commissioning side of the payments for community pharmacies would need to be discussed.

24/197.4 Community Pharmacy Feedback
There was no representative in attendance.

24/197.5 Wound Care Advisory Group
The group have some new products and are in the process of completing the new product applications that will come to the Committee for consideration/approval.

APC 24/198 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (21st NOVEMBER 2024)

It was agreed to escalate the standing updates on IMOC and APC Reporting (D1 issues) to the Barnsley Place Quality and Safety Committee, reporting that the D1 incident that occurred at the beginning of July is now closed.

CL/EC

APC 24/199 FORMULARY ACTIONS

24/199.1 SPS Newsletter- September 2024 (for information)

These were received and noted for information.

24/199.2 RDTC Horizon Scanning Document – September 2024 (for information)

These were received and noted for information.

24/199.3 IMOC Horizon Scanning November 2024

The MO Lead Pharmacist presented enclosure L detailing the traffic light classifications agreed at the November 2024 IMOC meeting.

The formulary changes for Barnsley were highlighted as follows: -

- Aztreonam + avibactam – non-formulary red (Lead Pharmacist, BHNFT to confirm)
- Elacestrant – non-formulary grey
- Ivermectin 3mg tablets – formulary green for scabies, formulary red for other indications
- Zolbetuximab – non-formulary grey
- Crovalimab – non-formulary grey
- Exagamglogene autotemcel – formulary red
- Iptacopan – formulary red
- Linzagolix – formulary red

GT

24/199.4 TLDL Sub-group List October 2024

The MO Lead Pharmacist presented enclosure M highlighting the formulary changes for Barnsley, which included changes to the formulary required from the October 2024 IMOC minutes, and a couple of other changes required to the formulary due to IMOC decisions: -

- Bupropion - add as formulary green for smoking cessation in combination with motivational support in nicotine-dependent patients
- Axitinib - add as non-formulary red
- Dactinomycin - change from non-formulary to non-formulary red
- Dalbavancin - add as non-formulary red
- Daunorubicin - change daunorubicin from non-formulary to non-formulary red (Cytarabine/daunorubicin combination is already non-formulary red).
- Decitabine - add as non-formulary red

From October 2024 IMOC Minutes

- Ryeqo® (Relugolix, estradiol and norethisterone) - change from formulary red to formulary amber once the SCP is available on IMOC website

Other

- Aciclovir 3% eye ointment - remove the following wording on the Barnsley formulary now that this has been classified green by SY IMOC: 'Only for use where Ganciclovir 0.15% eye gel is not the most suitable choice (e.g. children under the age of 18 years for treatment of herpes simplex keratitis)'
- Alimemazine - change the wording on the Barnsley formulary to: 'Liquid Alimemazine should be prescribed under the brands of Itzenal® (which is a sugar-free solution) or Alfresed® (contains sugar). Both of which come as 7.5mg/5ml liquid and 30mg/5ml liquid'

The formulary changes were approved by the Committee.

APC 24/200
24/200.1

SAFETY UPDATES

MHRA Drug Safety Update (October 2024)

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

GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse

Healthcare professionals are reminded to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs).

Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme

We ask healthcare professionals to support new guidance for users of diabetes management equipment, their families, care givers and representatives. It explains how to report safety concerns to the MHRA using the Yellow Card scheme and describes the information we need to support our device investigations.

Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation

A safety review has been conducted by the MHRA following a Yellow Card report concerning a patient who was taking bromocriptine. The review concluded that blood pressure monitoring of patients prescribed with this drug is essential especially during the first days of treatment.

24/200.2

IMOC Safety Paper (November 2024)

The MO Lead Pharmacist presented the IMOC Safety Paper, which includes all the above MHRA safety alerts. The following was also highlighted: -

- Field Safety Notice - Lacri-Lube: A packaging /sterility breach has resulted in potentially microbially contaminated product. Clinicians to be alert to the potential for adverse reactions in patients using Lacrilube.

- Discontinuation of Kay-Cee-L (potassium chloride 375mg/ml) (potassium chloride 5mmol/5ml) syrup: The updated NatPSA includes a new required action. Add a note to the Barnsley formulary to say that the Kay-Cee-L has been discontinued with a link to the recent alert and links to the NPPG position statement and the guidance on Unlicensed oral potassium liquid products. There is also a Medicines for Children leaflet if effervescent tablets are to be used. Checking that ScriptSwitch is also up to date. In line with the actions suggested.
- Class 2 patient level recall for a limited number of labetalol 200mg tablets, where a limited number of labetalol 200mg tablet cartons may contain a blister strip of Vera-Til SR 240mg Tablets, (verapamil).

The safety alerts were noted.

APC 24/201 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (19th September 2024) and NHS South Yorkshire ICB Sheffield Area Prescribing Group (19th September 2024) were received and noted for information.

APC 24/202 ANY OTHER BUSINESS
24/202.1 Melatonin Shared Care Guideline

The MO Pharmacist, SY ICB advised of minor amendments to the guideline, noting that the price has been amended for the Ceyesto® liquid, and there has been an amendment to the licensed indication for the Ceyesto® liquid and the Consilient Health melatonin 1mg/ml oral solution. The guideline will be updated and uploaded to the BEST website.

The Committee approved the amendments, however the LMC GP (MM) highlighted that when transitioning to adults, there needed to be a safe way to continue the medication and it was not the responsibility of GPs to continue this, acknowledging that we do not have a service for adults. The LMC GP (MM) would respond by email with the LMC feedback to the melatonin shared care guideline.

24/202.2 Icosapent Ethyl Amber Shared Care Guidance (on action plan)

The Lead Pharmacist, BHNFT asked if this should be progressed if the LMC were not currently considering/signing off new shared care guidelines.

It was agreed that this should be progressed in readiness for when LMCs are able to consider/accept new shared care guidance.

Post meeting note: To be taken to a future IMOC sub-group for further consideration.

DC/JH

24/202.3 Access to BHNFT IT System

The Lead Pharmacist, BHNFT asked if the primary care team have had their access to BHNFT IT systems reinstated. The MO Senior

Pharmacist, SY ICB (EC) advised this was in progress, but the Lead Pharmacist would follow up internally to resolve.

24/202.4

Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG (on action plan for January 2025)

The Lead Pharmacist, SWYPFT advised he was currently updating the guidance but noted that newer drugs will be included, checking if sign off from the LMC would be affected by including them.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that we agreed as a principle that we would review shared care guidance as we have a duty of care to individuals who are being managed on the drug. The guidance is managing a therapeutic condition and not the individual drugs therefore the guidance should be reviewed, and the newer drugs included to make the decision about any new drugs when it comes to the Committee.

APC 24/203 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th December 2024 at 12.30 pm via MS Teams.

ADOPTED