NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th May 2021 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Kerry Burns (item 21/96 only)	Lead Diabetes Nurse (BHNFT)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Mark Payne	Lead Pharmacist (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 21/92 QUORACY

The meeting was quorate.

APC 21/93 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 rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website.

A nil declaration of interest was received from Kerry Burns, Lead Diabetes Nurse at BHNFT in attendance for APC21/96 only.

APC 21/94 DRAFT MINUTES OF THE MEETING HELD ON 14th APRIL 2021

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

21/94.1 APC21/77 Anti-emetic Guidelines

In relation to the action around continued use of anti-emetic treatment beyond 5 days, the Medicines Management Pharmacist advised that no change would be made to the Barnsley guidance in relation to metoclopramide in pregnancy, in line with RCOG, NICE and SPS guidance which states that metoclopramide in pregnancy is for 5 days maximum use. This is also followed by other CCGs.

However, with ondansetron in pregnancy, there is guidance that states 5 days maximum use but RCOG do not limit the duration other than to undertake a risk benefit analysis, therefore the Barnsley guidance will be amended so that ondansetron can be used for longer than 5 days with full risk benefit analysis and specialist input. **JH**

The Committee approved this update.

APC 21/95 MATTERS ARISING AND APC ACTION PLAN

21/95.1 Dantrolene Amber G Guideline

The Head of Medicines Optimisation had emailed the Sheffield Head of Medicines Management Team to pick up the issue around LFT's and was awaiting a response. This would be brought back to the next meeting. **CL**

21/95.2 Barnsley Antibiotic Formulary Choices (2020/2021) Poster

At the last meeting, in feedback from the LMC, a request had been received for further information and examples of when a 5 day or 10 day course of penicillin in the treatment of sore throats would be prescribed.

The Medicines Management Pharmacist referred to additional information on the length of treatment with phenoxymethylpenicillin, in the treatment of sore throat within the NICE summary table of the antimicrobial prescribing guidance. It was agreed to add a link to this information on the poster and guidance which can then support individual clinical decisions.

Agreed action:-

- The Medicines Management Pharmacist to add the link to the NICE/PHE summary of antimicrobial prescribing guidance to the Barnsley Antibiotic Formulary Choices (2020/2021) poster. The full version of the adult primary care antimicrobial treatment guidelines will also be amended in due course. **JH**

21/95.3 NICE TA March 2021

The Lead Pharmacist, BHNFT confirmed that TA682 Erenumab for preventing migraine **was not** applicable for use at BHNFT. This would be reviewed at a later date should the specialists advise otherwise.

Action Plan – other areas

21/95.4 Biatain® and Kliniderm® silicone dressings

The Head of Medicines Optimisation advised that this action can be closed following the formulary update which was endorsed at the March 2021 APC meeting.

21/95.5 Podiatrist Protocol 9 Pathway

The Head of Medicines Optimisation reminded the Committee of the request received from the podiatrists for a separate podiatrist protocol 9 pathway within the protocol 9 section of the formulary. As there has been no further communication to progress this, the Committee agreed to remove the action from the action plan. Should this be raised again by the podiatrists then it will be brought back to the Committee.

The Lead Pharmacist, BHNFT spoke of a Stimulan® biocomposite which was a ready-made product for community use, advising that they were awaiting a new product application from the community podiatrist. Information on the product would be shared with the Head of Medicines Optimisation.

21/95.6 Ticagrelor Audit

This was expected to be presented at the July 2021 APC meeting and therefore the target date would be amended. **NB**

APC 21/96 FREESTYLE LIBRE PROTOCOLS (UPDATED)

Kerry Burns, Lead Diabetes Nurse at BHNFT was in attendance for this item and a nil declaration of interest was noted.

The Medicines Management Pharmacist presented the Adult and Children's FreeStyle Libre® protocols which have been updated to make reference to FreeStyle Libre 2® and to clarify the process when switching a patient from FreeStyle Libre 1® to FreeStyle Libre 2®. It was noted that all new patients will be started on FreeStyle Libre 2®, and when switching existing patients from FreeStyle Libre 1® to FreeStyle Libre 2®, the specialist will be required to send a proforma to the patients GP to request that the patient is transferred to FreeStyle Libre 2®. The specialist will educate the patient on the use of FreeStyle Libre 2® and the requirement to order a new reader or use the FreeStyle Libre® link app. The specialist will also advise the patient to use up their current stock of FreeStyle Libre 1® sensors where appropriate before moving onto FreeStyle Libre 2®, and providing the patient has been on the FreeStyle Libre® device for 3 months, the GP will be responsible for prescribing FreeStyle Libre 2® sensors.

The selection criteria has been updated to include patients with type 1 diabetes or insulin treated type 2 diabetes who are living with a learning disability and recorded on the GP disability register, which is in line with NHS England guidance.

The updated protocols have been shared with the specialist consultants and nurses and no further comments have been received. It was noted the updated protocols were accepted by the LMC.

The Committee approved the updated Adult and Children's FreeStyle Libre® protocols.

Kerry Burns was in attendance to discuss the use of, and initiation of Freestyle Libre® in patients with learning disabilities and insulin treated type 2 diabetes.

There was a discussion as to how best to identify and manage the initiation of Freestyle Libre 2 in this group of patients.

The Head of Medicines Optimisation advised of a discussion at the LMC, noting that some patients will be coded as per the learning disability register, acknowledging that this may vary across practices. If coded, patient numbers can be obtained from the GP systems quickly and this information can be shared with the diabetes team. It

was acknowledged that some practices may have GPs with specialist interests that are confident to initiate in this group of patients.

The Head of Medicines Optimisation advised that funding would be available if prescribed in primary care.

The Lead Pharmacist, SWYPFT shared what support the SWYPFT LD team may be able to offer in terms of identifying patients that they see and they may be able to support people by providing training. It was acknowledged that the SWYPFT LD team do not see all LD patients as some don't need additional support but they will see a significant proportion and the nurses are used to supporting patients with other physical health issues. Kerry advised that she has made links with SWYPFT LD team members and will discuss further support options with them.

In summary, it was agreed that the diabetes team would progress this work by linking with SWYFT to identify patients in order to take them through the screening criteria.

APC 21/97 CHLORAMPHENICOL EYE DROPS IN CHILDREN UNDER 2 YEARS

Following queries received in primary care, the Lead Pharmacist (DC) presented Enclosure D to the Committee to raise awareness and to agree local approach around guidance.

The Committee were advised that following advice from the European Medicines Agency (EMA), preparations containing boric acid above a certain threshold level must now include a warning about the associated future risk of impaired fertility Any preparation with potential to result in exposure to more than 1mg daily of boron daily in children under 2 years are now contraindicated. Most manufacturers of chloramphenicol eye drop preparations have now updated their SPCs to include a warning contraindicating use in children less than 2 years old, due to boron content.

The BNF for Children is yet to be updated. The Royal College of Ophthalmologists recently published a safety alert statement in response to this and the key points from the statement have been summarised in Enclosure D.

Following discussion and in line with other areas, the Committee agreed to add a note to the formulary advising of this contraindication with a link to the position statement.

It was noted that chloramphenicol eye ointment does not contain boron.

Agreed action:

- A note would be added to the formulary with the link to The Royal College of Ophthalmologists safety alert statement. **DC/JH**

APC 21/98 UPDATED BARNSLEY PRESCRIBING GUIDANCE FOR DILTIAZEM 2% CREAM/OINTMENT FOR ANAL FISSURES (UPDATED)

The Senior Interface Pharmacist, BHNFT presented the updated guidance with minor amendments to the wording around breastfeeding. The LMC approved the guidance.

The Committee approved the guidance.

APC 21/99 ORAMORPH® DOSING INCIDENTS (NATIONAL)

The Lead Pharmacist (DC) shared information to raise awareness of a couple of incidents nationally we have been made aware of via the CD LIN that resulted in patients taking incorrect Oramorph® doses.

Details of the two incidents were shared. Following on from this, it was noted that information has been included in the MMT newsletter and information has or is planned to be included in the LPC newsletter. Primary care are undertaking a piece of work to identify patients on Oramorph® and oxycodone liquid to check that the doses are expressed in both milligrams and millilitres. The Primary Care Prescribing Guidelines: Advisory, Minimum and Gold previously endorsed by this Committee state that for liquid formulations clinicians should always specify the strength of the formulation, the dose in milligrams/micrograms and also the volume.

It was suggested this this would be included as a general point in the APC memo to raise awareness and this was brought to the Committee for information and learning.

The Community Pharmacist advised that as part of the Discharge Medication Service, the next cohort of patients that will be looked at are patients being discharged from hospital on liquid medication(s). This work was expected to begin in June 2021.

The Palliative Care Consultant reiterated issues with prescribing of liquid medications and offered support to look at any reports from a controlled drug perspective.

APC 21/100 ANTIBIOTIC PRESCRIBING FROM ED

The Lead Pharmacist, BHNFT presented Enclosure F showing antibiotic prescribing levels in ED for the last 12 months.

The data presented did show high usage of co-amoxiclav and this has been flagged with microbiology, the ED clinical lead and the CB1 clinical lead and the clinical leads have been asked by the microbiologists for a response.

The previous recommendation to record details on the ED discharge paper work of antibiotics issued to the patient was noted and GPs had been asked to monitor communication received from the Trust.

The GP (AM) advised that information on which antibiotics have been supplied to the patient by ED is still not provided and similarly there is a lack of information regarding medication changes. It was noted that in terms of patient care and antimicrobial stewardship, it was

important to know which antibiotics have been prescribed to enable the information to be recorded in the primary care systems. It was however noted that no APC reports have been received in relation to antibiotics and that primary care should continue to raise any communication issues in order for investigation to take place.

The Lead Pharmacist, BHNFT would feedback the reports of lack of information on ED letters again but it was noted that a lot of antibiotics issued in ED are pre-packed and there is no way to mandate it on the current paperwork. The Head of Medicines Optimisation suggested discussing this again through the D1 Task and Finish Group, with the possibly of undertaking a brief audit.

The Chief Pharmacist, BHNFT advised that additional functionality was being worked up with Refine, supported by Define to allow more detailed audits to be undertaken.

It was agreed that this information would come back again in 12 months.

Agreed action: -

- The Lead Pharmacist, BHNFT to present antibiotic prescribing levels in ED in 12 months. **GT**
- The Lead Pharmacist, BHNFT to feedback the reports of lack of information on ED letters again **GT**
- The Head of Medicines Optimisation to discuss the lack of information on ED letters at the next D1 Task and Finish Group. **CL**

APC 21/101 AK PATHWAY (NEW)

The Senior Interface Pharmacist, BHNFT presented the AK Pathway designed to describe the management of patients with actinic keratosis (AK) in primary care in order to improve patient care and aid GPs in the prescribing process.

The Head of Medicines Optimisation advised that the LMC had concerns with the management algorithm in the guideline which shows primary care management of what would have been historically secondary care activity.

The Lead Pharmacist (DC) advised that since the papers were circulated, changes had been made to clarify that the initial diagnosis of AK should be performed by a specialist, via Dermatology, Tele-dermatology or a GP with specialist interest. The prescription would then be issued by GPs following advice from the specialists.

It was also highlighted that when the traffic light classification change for the topical AK preparations was brought to this Committee in early 2020, an Amber G classification had been agreed with the GP issuing the first script following the advice of the specialist. One of the reasons for the proposed traffic light classification change was because of the issues with the Tele-Dermatology service and that they weren't in a position to issue the script.

It was noted that the Tele-dermatology service had previously been

included in the PDA and that the algorithm may need to be amended accordingly if changes were made to the service.

It was agreed that further work would be undertaken with the dermatologists and the pathway would brought back to the Committee.

Agreed action: -

- Further work would be undertaken with the dermatologists and the pathway would be brought back to the Committee. **LC/DC**

APC 21/102 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/102.1 Actikerall® Amber-G guideline (new)

The Medicines Management Pharmacist presented the guideline, noting the change of wording within the header for the Amber G guidelines. The wording states that Amber G guidance is to be initiated by primary care on the advice of a specialist, either from pre-referral via the Barnsley Advice and Guidance pathway, tele-dermatology service or via a GP with special interest, with monitoring to be undertaken by primary care.

In response to a comment about patients often having severe reactions with these products, tips to help patients have been included in the guideline. It was noted that Dr Baxter, Consultant Dermatologist, is liaising with GPs with specialist interest to develop an electronic diagnosis tool pathway and there will be signposting and links to all the Amber G guidelines and the pathways with the option to contact dermatology via advice and guidance.

Comments have been received from the LMC and these have been incorporated.

The Committee approved the Actikerall® Amber-G guideline.

21/102.2 SYB Shared Care Guidance for the treatment of Parkinson's disease (updated)

The Medicines Management Pharmacist presented the draft SYB Shared Care Guidance for the treatment of Parkinson's disease which has been shared with Dr Madi, Parkinson's Lead Consultant. No comments had been received.

It was noted that there would be a few traffic light classification changes on the Barnsley formulary to bring it in line with the classifications in the guideline and these were listed.

The Committee approved the guidance.

21/102.3 DOAC Amber G Guidance (updated)

The Medicines Management Pharmacist presented the updated guidance, noting that in August 2020 the Committee agreed to include the same monitoring information detailed within the AF guidance which is based on Sheffield's guidance. It was noticed when updating the monitoring information, that the frequency of renal function monitoring in the AF guidance differs slightly from the NICE and UKMi

guidance. The NICE and UKMi guidance recommends renal function monitoring every 6 months in patients over 75 years or frail patients if the creatinine clearance is >60ml/min for all DOACs.The Barnsley AF guidance only recommends renal function monitoring every 6 months in patients with a creatinine clearance>60ml/min who are over 75 years and/or frail for dabigatran only. Sheffield has confirmed that the frequency of monitoring is from ESC guidance and was agreed by the specialist.

The information has been shared with Barnsley specialists in acute medicine and haematology to ask if they agree with the monitoring but no response has been received.

The Committee agreed with the monitoring section being updated in line with the monitoring of DOACs within the Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance.

The Committee approved the guidance.

Agreed action:

- The Amber-G guideline header will be updated/standardised. **JH**

Post meeting note: *the Amber-G header has been amended as follows: Amber with Guidance =To be recommended or initiated by a specialist* with follow up prescribing and monitoring by primary care clinicians. *Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice.*

21/102.4 Camouflage cream Amber-G guideline (updated)

The Senior Interface Pharmacist, BHNFT presented the amber-G guideline noting updates only to the references.

The Committee approved the guidance.

Agreed action:

- The Amber-G guideline header will be updated/standardised. **JH**

Post meeting note: *the Amber-G header has been amended as follows: Amber with Guidance =To be recommended or initiated by a specialist* with follow up prescribing and monitoring by primary care clinicians. *Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice.*

21/102.5 Prucalopride SCG (updated)

The Senior Interface Pharmacist, BHNFT presented the updated shared care guideline noting the update within the “cautions and contraindications” section on women of child bearing potential.

There were no further comments received and the Committee approved the updated prucalopride Shared Care Guideline.

APC 21/103 FORMULARY REVIEWS

21/103.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information, noting that the cardiovascular section was expected to be discussed at the next meeting.

21/103.2 Chapter 3: Respiratory

The Lead Pharmacist (DC) presented the respiratory formulary review which has been updated by the respiratory lead pharmacists at the CCG and BHNFT, and shared with the clinicians for comment.

The updates mostly include updated links and additional information in relation to local and national guidance. A suggested changed was highlighted on page 17, noting the list of preparations currently non-formulary with a provisional green classification. The proposal to move these to provisional grey was approved.

There were no further comments and the Committee approved the respiratory formulary review presented.

APC 21/104 NEW PRODUCT APPLICATION LOG

The log was received and noted.

The Lead Pharmacist, BHNFT referred to the ferric maltol pathway which was circulated last month for comment, noting that she had since met with Dr Atcha and Kate Lawson who are currently working on an iron deficiency pathway within primary care. It had been agreed that the two algorithms will be combined and the place in therapy of ferric maltol will be included in the iron deficiency pathway being developed in primary care.

APC 21/105 BARNSLEY APC REPORTING

21/105.1 APC Reporting April 2021 (for information)

The Lead Pharmacist (DC) presented the reports for information, noting 23 reports submitted during April 2021.

The Head of Medicines Optimisation advised that a couple of reports will be presented in next month's report associated with MDS. A piece of Medicines Ordering Safety and Waste work is being undertaken looking at MDS processes.

21/105.2 APC Reporting April 2021 Key Themes

The Lead Pharmacist (DC) presented the summary noting D1 communication issues, SCR, GP communication related issues and dispensing errors as key themes this month.

Details of a significant report were highlighted.

21/105.3 APC Reporting April 2021 Interface Issues

The Lead Pharmacist (DC) presented enclosure P3 showing 40 additional interface issues that are directly raised and resolved by email between the clinical pharmacists and the Trust. It was noted that over half of these were issues relating to clinical or medication changes information missing on the D1.

The D1 Task and Finish Group meeting was in the process of being arranged.

APC21/106 NEW NICE TECHNOLOGY APPRAISALS (APRIL 2021)

21/106.1 NICE TAs April 2021

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

- TA689: Acalabrutinib for treating chronic lymphocytic leukaemia (red formulary classification)
- TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia

***Post meeting note**: the traffic light classification to be discussed in the next meeting* **GT**

- TA695: Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma (red formulary classification)

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

- TA690: Teduglutide for treating short bowel syndrome *(terminated appraisal)*
- TA691: Avelumab for untreated metastatic Merkel cell carcinoma
- TA692: Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA693: Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer

21/106.2 Feedback from BHNFT Clinical Guidelines and Policy Group

The group have not yet met therefore there was nothing to report.

21/106.3 Feedback from SWYPFT NICE Group

There was nothing relevant to report.

APC 21/107 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/107.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)

There was nothing relevant to escalate.

21/107.2 BHNFT

There was nothing relevant to escalate.

21/107.3 SWYPFT Drug and Therapeutics Committee

There was nothing relevant to escalate.

21/107.4 Wound Care Advisory Group

There was nothing relevant to report.

APC 21/108 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate FreeStyle Libre to the Q&PSC and it was noted that a summary position of APC Reporting will be also be presented to the Q&PSC. **CL**

APC 21/109 SPS NEW MEDICINES NEWSLETTER (MARCH 2021)

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

- Autologous anti CD19 transduced CD3+ cells (Tecartus®) - **non-formulary provisional red**
- Metreleptin (Myalept®) powder for solution for injection - **non-formulary provisional red**
- Trastuzumab deruxtecan (Enhertu®) **- non-formulary provisional red**

APC 21/110 MHRA DRUG SAFETY UPDATE (APRIL 2021)

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

Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration

Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration.

It was noted that the MMT are building searches to identify any patients affected by this for review.

The Lead Pharmacist, SWYFT, advised that the majority of patients seen by SALT services in Barnsley are not on starch based thickeners but are on gum based thickeners. However it was acknowledged that there are potentially people not seen by that service that it may affect. The Lead Pharmacist (DC) reported that initial searches had revealed approximately 20patients being prescribed polyethylene glycol (PEG) laxatives and starch-based thickeners and the clinical pharmacists will be asked to review patients and link in with SALT where necessary.

COVID-19 vaccines: updates for April 2021

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 21 April 2021.

APC 21/111 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

21/111.1 RMOC Shared Care Work Plan

The work plan was presented for information.

21/111.2 Buprenorphine Long-acting Injection Guidance published

The guidance was received for information and the Head of Medicines Optimisation advised that this had been shared with Recovering Steps.

APC 21/112 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (18th February 2021) and NHS Doncaster & Bassetlaw CCG (25th February 2021) were received and noted.

APC 21/113 ANY OTHER BUSINESS

21/113.1 COVID-19 Vaccine Clinical Trial

The Chief Pharmacist, BHNFT advised the Committee that the Trust have started the Valneva COVID-19 clinical trial.

APC 21/114 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th June 2021 at 12.30 pm via MS Teams.