

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 9th August 2023 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo (up to 146 & present for 155)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from 145.1)	Community Pharmacist (LPC)
Dr Mehrban Ghani (from 145.2 to 146 & present for 155)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters (up to 153.3.2)	General Practitioner (LMC)
Dr Munsif Mufalil (from 145.1 to 153)	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Matthew Tucker	Advanced Clinical Pharmacist (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
Mike Smith	Chief Pharmacist (BHNFT)

**ACTION
BY**

APC 23/142 QUORACY

The meeting was quorate up to 23/146 and including 23/155. The agenda items were reorganised to ensure that the meeting was quorate for all items requiring decision/approval.

APC 23/143 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 currently signs a variety of rebate agreements on behalf of the South Yorkshire ICB (Barnsley), none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebate schemes are re-invested into other local health services. The rebates are all in line with the recommended PrescQIPP guidance and the full list is available on the website. There were no further declarations of interest to note.

APC 23/144 DRAFT MINUTES OF THE MEETING HELD ON 12th JULY 2023

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

APC 23/145 MATTERS ARISING AND APC ACTION PLAN

23/145.1 Supply of COVID Medicines

The Head of Medicines Optimisation advised that South Yorkshire ICB have commissioned the services of a healthcare provider to facilitate the supply of COVID medicines. This has been

commissioned for 3 months until alternative arrangements within South Yorkshire are put in place.

Under this new pathway, patients will be referred to the provider by GPs and NHS111 for a comprehensive triage and clinical assessment. Upon completion of the assessment, eligible patients will be prescribed the first line antiviral treatment; Paxlovid® as per guidelines.

Several community pharmacies in Barnsley have been commissioned to hold and maintain stock of Paxlovid® and the full up to date list can be found on the NHS SY ICB website. These pharmacies will receive training to support safe supply and counselling of patients. The Head of Medicines Optimisation and Community Pharmacist to discuss the location of these pharmacies outside of the meeting.

The Community Pharmacist has escalated some concerns to the Community Pharmacy Clinical Lead, SY ICB regarding the prescribing process. It was raised that patients may request that a prescription be sent to their normal/local community pharmacy which is not signed up to the COVID Medicines Supply Service and therefore the whole service needs to be briefed on the new pathway.

The Head of Medicines Optimisation understood that supply of medicines and internal processes followed by secondary care and tertiary care remain unchanged, but awareness of the new pathway for primary care access to medicines was being highlighted to check that the communication links for referrals were correct.

The Lead Pharmacist, BHNFT confirmed that she has been asked for contact details to give to the new provider should they have any issues. The Lead Pharmacist, BHNFT to check with the clinical leads for the CMDU service for advice before responding.

The Advanced Clinical Pharmacist (SWYPFT) required further clarity around supply of medicines for mental health wards and departments. The Head of Medicines Optimisation would check and confirm.

Agreed actions: -

- The Head of Medicines Optimisation and Community Pharmacist to discuss the location of these pharmacies outside of the meeting. **CL/TB**
- The Lead Pharmacist, BHNFT to check the communication links for referral with the clinical leads for the CMDU service. **GT**
- The Head of Medicines Optimisation to obtain clarity around supply of medicines for mental health wards and departments. **CL**

23/145.2

NICE TAs (March 2023)

The Committee were advised at the last meeting that NICE TA875 and TA877 were not applicable for use at BHNFT, but in response to a query, it was agreed that this would be confirmed with the Lead Pharmacist (BHNFT) after the meeting before the formulary changes were made.

TA875 Semaglutide (Wegovy®) for managing overweight and obesity

The Lead Pharmacist, BHNFT has since checked, confirming that there are currently no plans to use Semaglutide within the obesity clinic, noting that Liraglutide (Saxenda®) is being used. However, as this has a positive NICE TA, this could potentially be required to be supplied and therefore it was agreed to add Semaglutide to the formulary, classified red as the 2nd line option with appropriate wording around clinician's decision to prescribe and that this is not currently commercially available.

Post meeting note: On the 4th September 2023 the manufacturer announced that Wegovy® will be available in the UK through a controlled and limited launch.

TA877 Finerenone for treating chronic kidney disease in type 2 diabetes

The Lead Pharmacist, BHNFT advised that this would be initiated by the Sheffield renal team, however as above, as this has a positive NICE TA, it would need to be added to the formulary as an option should we treat this cohort of patients.

It was agreed that the Lead Pharmacist, BHNFT would liaise with the NICE Guidance Group regarding applicability decisions and the potential requirements to supply at BHNFT.

It was agreed to document that finerenone was not applicable for use at BHNFT but to note that it was under review. The Lead Pharmacist (SYICB, Barnsley) advised that finerenone was to be discussed at a future IMOC meeting, noting that further information may come through that route which may help inform the formulary decision.

Agreed action: -

- The Lead Pharmacist, BHNFT to liaise with the NICE Guidance Group regarding clarification on decisions made.

GT

23/145.3

NICE TAs (May 2023)

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

- TA882 Voclosporin with mycophenolate mofetil for treating lupus nephritis

It was noted that Rheumatology may initiate treatment on advice from the renal physicians.

23/145.4

NICE TAs (June 2023)

The Lead Pharmacist, BHNFT **to advise** if the following NICE TA is applicable for use at BHNFT (awaiting further feedback from the specialists):-

- TA907 Deucravacitinib for treating moderate to severe plaque psoriasis

GT

The Medicines Management Pharmacist, (SY ICB, Barnsley) to follow up regarding the IMOC classification which may help inform the formulary decision. This would be brought back to the next meeting.

JH

Action Plan – other

23/145.5

Metolazone Amber G Guideline

The Lead Pharmacist, BHNFT to share the updated guideline with the Medicines Management Pharmacist for the next LMC meeting and therefore this was expected to come to the September APC meeting.

23/145.6

Ikervis (ciclosporin eye drop) amber G guidance

The Lead Pharmacist, BHNFT would follow up with the specialists for feedback, copying in the service managers and Associate Medical Director. This would be deferred to October 2023.

23/145.7

BHNFT D1 issues

The Head of Medicines Optimisation advised that all the medicines management clinical pharmacists have been given access to BHNFT hospital systems to allow them to obtain information to help resolve issues associated with incomplete D1s, potentially reducing the workload for the BHNFT pharmacy team. Positive feedback has been received from the clinical pharmacists.

The Lead Pharmacist, BHNFT advised that access for SWYPFT pharmacists is being progressed. The Head of Medicines Optimisation to follow up with Erica Carmody regarding a meeting with SWYPFT pharmacists and the clinical systems team to obtain access. Feedback to understand the benefits of having access to the system would be welcomed from SWYPFT pharmacists once access is given. The full list of staff that have been given access to BHNFT clinical systems to be shared with the Head of Medicines Optimisation, to assist with finalising the assurance process paper to be submitted to the Medical Director, BHNFT (deferred to October 2023 on the action plan).

The Head of Medicines Optimisation referred to a recent development with the Discharge Medicines Service (DMS). The pharmacy department are considering expanding the DMS but to manage it, and not to add additional pressure onto the pharmacy service in terms of queries going through to the hospital service, the community pharmacists should contact the clinical pharmacists about any issues, not BHNFT pharmacy team.

There was a lengthy discussion around clinical pharmacists having access to the BHNFT clinical systems, with concerns raised around transfer to work from secondary care to primary care, recognising the benefit of having real time access to the information to resolve issues quickly. However, it was highlighted that primarily the quality of the D1s needs to improve and this doesn't resolve the errors on D1s, and these errors still need to be reported through APC reporting and logged going forward to capture the issues and monitor if the quality is improving.

The Head of Medicines Optimisation advised that the aim of having the additional access to BHNFT clinical systems is to work together to improve safety about the decisions made during the medicines reconciliation process in primary care to get better outcomes for patients, with positive reports about being able to access the required information quicker therefore a more efficient way of working.

The Lead Pharmacist, BHNFT echoed the views that the issues still need to be monitored, noting the potential quality issue of the information put on the D1. However, access to the BHNFT clinical systems has been given in part due to the staffing capacity within the pharmacy team due to the increased volume of APC reporting, resulting in the patients and primary care teams having to wait longer for responses which is impacting on patient care. There were potentially some discussions internally to be had about redirecting D1 clinical information queries from the pharmacy team and looking at the appropriateness of the queries.

It was noted and acknowledged that primary care and secondary care have helped to reduce the workload impact on each other over the years by improving the quality of information within summary care records and the EPMA system, and that continuing to work together, issues can be recognised, worked through, and resolved without a shift in workload.

The Lead Pharmacist (SY ICB, Barnsley) advised that although still quite early days, we haven't yet seen an overall reduction in the number of APC reports, but the reports received are where the information hasn't been able to be found by the clinical pharmacists accessing the hospital system, therefore agreeing that the ones that clinical pharmacists have resolved may not currently be captured within APC reporting. This can be looked at further.

Following discussion around capturing evidence of clinical pharmacists accessing BHNFT clinical systems, it was agreed that the Lead Pharmacist (SY ICB, Barnsley) would ask at the next D1 Issues Group if data could be provided to show the number of times the clinical pharmacists have accessed the BHNFT clinical systems, however it was noted that for various reasons the D1 Issues Group has been stepped down on several occasions. Additionally, a request for information from the hospital system on the number of duplicates and the number of D1s not sent, has not yet been met. This is still a wider issue with D1s which is impacting on practice workload having to look through the duplicates.

The Head of Medicines Optimisation raised concern around the frequent cancellation of the D1 Issues Group meeting. The Associate Medical Director agreed to escalate this concern to the Medical Director and asked the Head of Medicines Optimisation for a summary of the key points.

Agreed actions:

- The Head of Medicines Optimisation to follow up with Erica Carmody regarding a meeting with SWYPFT pharmacists and the clinical systems team. **CL**
- The full list of staff that have been given access to BHNFT clinical systems to be shared with the Head of Medicines Optimisation. **GT**
- The Head of Medicines Optimisation to send a summary of the key points to the Associate Medical Director. **CL**

23/145.8	<u>Target Dates</u> It was agreed that the Head of Medicines Optimisation would meet with the Lead Pharmacist, BHNFT to update the action log with revised target dates.	NB
23/145.9	<u>Guidance on how to manage patients on existing GLP-1 treatment</u> It was agreed that this action would be removed, noting that the Lead Pharmacist (SY ICB, Barnsley) had issued an update following the last APC meeting, noting that national guidance is now available which includes algorithms to support the review of patients.	NB
APC 23/146	NEFOPAM POSITION STATEMENT (UPDATED) The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated position statement with minor changes highlighted.	
	The position statement has been shared with the pain clinic for comment. As there was no August meeting, it has not been to an LMC meeting but has been shared with LMC members for comment, who were happy to endorse it.	
	The Committee approved the updated Nefopam Position Statement. This would be taken to the September 2023 LMC meeting for information.	JH
APC 23/147	SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES No guidelines to approve this month.	
APC 23/148	FORMULARY REVIEWS <u>Formulary Review Plan</u> There were no changes to note.	
23/148.1		
APC 23/149	NEW PRODUCT APPLICATION LOG There were no changes to note.	
APC 23/150	REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)	
23/150.1	<u>SYICB IMOC Draft Minutes, 7th June 2023</u> The minutes were shared for information.	
	The Head of Medicines Optimisation referred to CGM for paediatrics, children and young adults, noting the agreement to work on a South Yorkshire footprint with each area feeding in. Dr Low is the Barnsley lead, and this work will report back into the IMOC.	
23/150.2	<u>SYICB IMOC Draft Minutes – 5th July 2023</u> The minutes were shared for information.	
	The Lead Pharmacist (SYICB, Barnsley) advised that it was agreed there would be a South Yorkshire Denosumab guideline which shouldn't have any significant implications as Barnsley currently use the Sheffield guideline.	

There were lengthy discussions regarding the traffic light list criteria, and the other key decisions were in relation to the Horizon Scanning and NICE TAs as noted at 23/155.

APC 23/151 BARNSELY APC REPORTING

23/151.1 APC Reporting June 2023

The Lead Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 31 APC reports received for the month of June 2023.

23/151.2 APC Reporting June 2023 Key Themes

The summary report was presented, showing 61 reports in total, including 31 received directly into the APC reporting mailbox and 30 interface queries received directly to the BHNFT pharmacy team for the month of June 2023 (removing any duplicates sent via both routes).

From the category breakdown, again the largest key theme this month relates to D1 communication issues, with the vast proportion of those relating to medication changes being unclear or other medicines or clinical information missing. There were some reports where the D1 wasn't received by the pharmacy and one where it wasn't received by the practice.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related issues, other hospital communication, GP communication, other communication, amber guideline related, prescribing and dispensing issues/error and other (carer/DN not reinstated for a patient post discharge).

Linked to the BHNFT D1 discussion at 23/145.7, many members felt that APC reporting was pivotal given the errors summarised in the APC report, with a strong view that APC reporting continues alongside capturing those issues resolved by clinical pharmacists through accessing BHNFT clinical systems.

It was suggested that those actively involved with the APC are submitting APC reports, therefore other practices should be further encouraged to report, however the Head of Medicines Optimisation acknowledged that not everything is reported but what is reported is representative, recognising the importance of the APC reporting to give a snapshot of the level of risk in the system and identifying the themes, recognising the value of all working in the shared space to shut down the issues.

In relation to BAPC23/06/22 and the refusal to prescribe an amber G drug, it was clarified that GPs can refuse to prescribe but that the reason is usually that the patient was not considered to be stable or has other complexities, and in this case, it was refusal to prescribe a drug per se that is part of the Specialist Drugs Service which all Barnsley GP practices are signed up to. More reports submitted about refusal to prescribe amber G drugs are due to be brought to the next meeting.

The Community Pharmacist advised the Committee that examples of some of the incidents reported are shared every couple of months at the Pharmacy BEST meetings to learn from the identified themes, and LPC members are encouraged to APC report issues. The LMC may wish to encourage more reporting through the GP BEST meetings.

In relation to a report with colleagues being unable to contact Recovery Steps, this was echoed by the Community Pharmacist who asked that he be involved with any follow up regarding how best to communicate with them. The Lead Pharmacist (SY ICB, Barnsley) advised that Recovery Steps have been contacted and the outcome would be shared.

The Lead Pharmacist (SY ICB, Barnsley) referenced a report that would be brought to the next meeting about GLP1s and the BHNFT advice and guidance given to a GP practice, which was against the current national guidance and recommendations to manage the GLP-1 receptor agonist (GLP1 RA) shortage. The Lead Pharmacist, BHNFT confirmed that the guidance had been circulated to all consultants but would obtain acknowledgement that they have seen it.

It was shared that feedback has been received from GP practices that some community pharmacies have advised that they cannot obtain the prescribed GLP1 RA but have stocks of an alternative GLP1 RA, again against the guidance. The Community Pharmacy Clinical Lead, SY ICB was to resend information out to the community pharmacies.

Agreed action:-

- The Lead Pharmacist, BHNFT to obtain acknowledgement from the consultants that they have seen the GLP1 RA guidance and recommendations.

GT

23/151.3 APC Reporting June 2023 Interface Issues
The enclosure detailing the interface queries received directly within BHNFT pharmacy team was received and noted.

APC 23/152 NEW NICE TECHNOLOGY APPRAISALS

23/152.1 NICE TAs July 2023
The Lead Pharmacist, BHNFT advised that the following NICE HST/TAs **were not** applicable for use at BHNFT: -

- HST27 Afamelanotide for treating erythropoietic protoporphyria (**not recommended**)
- TA908 (partial review of TA620) Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy
- TA909 Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer
- TA910 Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (**terminated appraisal**)
- TA911 Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer

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

- TA906 Rimegepant for preventing migraine

23/152.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

23/152.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 23/153 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
23/153.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

23/153.2 BHNFT
There was nothing relevant to report.

23/153.3 SWYPFT Drug and Therapeutics Committee
23/153.3.1 Greenlight Alerts (for information)
The Advanced Clinical Pharmacist (SWYPFT) presented Greenlight Alerts for Propranolol and Cannabidiol.

The Propranolol alert was to highlight the potential significant risk to toxicity in overdose and the limited benefits for its use in anxiety. Further work is to be carried out in the future but the general advice to note was about trying to avoid initiating and if initiated, only prescribe a short course and review regularly; consider stopping propranolol; and patients should be encouraged to safely dispose of any propranolol tablets they are no longer using.

This alert was shared for information only but there may be further work introduced in terms of identifying and reviewing patient on Propranolol and de-prescribing.

The alert relating to Cannabidiol (CBD) containing medicines and foodstuffs was shared for information/awareness.

It was agreed that the Greenlight Alerts would be circulated with the APC memo.

23/153.3.2 Morphine
The Advanced Clinical Pharmacist (SWYPFT) presented the SWYPFT paper for information regarding SWYPFTs proposal to remove morphine oral solution from the formulary, replacing with the oral dispersible tablets (Actimorph®).

This was shared with the APC for information, noting the possibility that patients could be discharged from SWYPFT services to the community on oral dispersible morphine tablets, currently non-formulary grey in Barnsley.

Following discussion and concern raised regarding a one provider approach and potential impact on primary care, it was requested that a position statement be presented to the APC to review the traffic light classification and consider adoption across the whole Barnsley health community.

It was agreed that the IMOC traffic light classification would be checked given that the IMOC are currently reviewing the grey list.

Agreed actions: -

- The Lead Pharmacist/Medicines Management Pharmacist (SYICB, Barnsley) to check the IMOC traffic light classification and/or obtain clarity around reviewing the traffic light classification. DC/JH
- The Advanced Clinical Pharmacist (SWYPFT) to request SWYPFT put this change on hold until clarity obtained from the IMOC. MT

23/153.4 Community Pharmacy Feedback
There was nothing relevant to report.

23/153.5 Wound Care Advisory Group
The update from the last meeting was deferred due to limited time on the agenda.

APC 23/154 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (7th SEPTEMBER 2023)
There were no issues for escalation to the Barnsley Place Quality and Safety Committee other than the standing APC Reporting issues. CL

APC 23/155 FORMULARY ACTIONS

23/155.1 SPS New Medicines Newsletter June 2023
Received for information, noting that the traffic light classification of new products on here will be added to the September Horizon Scanning document and will go to the September 2023 IMOC meeting.

23/155.2 Formulary actions from IMOC meeting 5th July 2023
IMOC Traffic Light Sub-Group list July 2023
The Medicines Management Pharmacist presented enclosure K detailing the traffic light classifications agreed by the IMOC Traffic Light Drug List Subgroup in July 2023. These have been approved by the IMOC. The formulary changes for Barnsley were highlighted as follows: -

- Chondroitin (all salts, all strengths) - non-formulary grey (not currently listed)
- Ciprofibrate - non-formulary grey (currently non-formulary)
- Cobimetinib - non-formulary grey (change from non-formulary red) – NICE TA not recommended
- Co-careldopa intestinal gel - non-formulary red (change from non-formulary grey)

23/155.3 NICE TAs/Other
The NICE TAs discussed at the July 2023 IMOC meeting were the NICE TAs brought to the July 2023 APC meeting, therefore there were a few changes that needed to be made to the Barnsley formulary: -

NICE TA893 Brexucabtagene autoleucl for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over

Not on the Barnsley formulary and not applicable to BHNFT but classified red by the IMOC. To be added to the Barnsley formulary as non-formulary red.

NICE TA898 Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer

Not on the Barnsley formulary and not applicable to BHNFT but classified red by the IMOC. To be added to the Barnsley formulary as non-formulary red.

NICE TA900 Tixagevimab plus cilgavimab for preventing COVID-19

Not recommended by NICE, not applicable to BHNFT but classified grey by the IMOC. Currently formulary red on the Barnsley formulary, to be changed to non-formulary grey.

NICE TA902 Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

Classified amber G by the IMOC. This indication to be added to the amber G entry on the Barnsley formulary and a link to this NICE TA. The amber G guideline to be updated accordingly.

APC 23/156 MHRA DRUG SAFETY UPDATE (JULY 2023)

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

Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia (green traffic light classification on the Barnsley formulary)

There have been a small number of reports of serious and life-threatening anticholinergic side effects associated with hyoscine hydrobromide patches, particularly when used outside the licence. Healthcare professionals, patients, parents and carers should be aware of the signs and symptoms of serious side effects and the need to seek medical help if they occur.

Codeine linctus: public consultation on the proposal to reclassify to a prescription-only medicine

We have launched a public consultation on the proposal to reclassify codeine linctus to a prescription-only medicine. If, following consultation between the patient and a healthcare professional, use of a systemic NSAID after week 20 of pregnancy is considered necessary, it should be prescribed for the lowest dose for the shortest time and additional neonatal monitoring considered if used for longer than several days. This is in addition to giving advice to discontinue use of any NSAID in the last trimester of pregnancy.

APC 23/157 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (15th June 2023) were received and noted.

APC 23/158 ANY OTHER BUSINESS

23/158.1

Deputy Chair

The Community Pharmacist was thanked for Chairing the June and July 2023 APC meetings.

APC 23/159 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th September 2023 at 12.30 pm via MS Teams.

ADOPTED