

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 12th October 2022 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo (from 22/207)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (up to 22/212.2)	Community Pharmacist (LPC)
Dr Mehrban Ghani (to up 22/213.3)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst (from 22/202)	Palliative Care Consultant (Barnsley Hospice)
Dr A Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

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

APOLOGIES:

Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

**ACTION
BY**

APC 22/197 QUORACY

The meeting was quorate from APC 22/207 therefore any proposed decisions/approvals made prior to this will be ratified for endorsement outside of the meeting by email.

APC 22/198 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 a variety of rebate agreements on behalf of the South Yorkshire ICB (Barnsley), 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 was shared and noted for information. This list is available on the website.

APC 22/199 DRAFT MINUTES OF THE MEETING HELD ON 14th SEPTEMBER 2022

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

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

NB

Post meeting note: approval was received by email, therefore the minutes were accepted as an accurate record of the meeting.

APC 22/200 MATTERS ARISING AND APC ACTION PLAN

- 22/200.1 ED Antibiotic Prescribing
The Lead Pharmacist, BHNFT to follow up with the antimicrobial stewardship group regarding clinical audit. **GT**
- 22/200.2 NICE TA (July 2022) - TA808 Fenfluramine for treating seizures associated with Dravet syndrome
The Lead Pharmacist, SWYPFT to follow up for a response to advise if TA808 Fenfluramine for treating seizures associated with Dravet syndrome is applicable for use at SWYPFT. **MP**
- In the meantime, as this was likely to only be started by the outreach team from Sheffield Children's Hospital, the Committee agreed that this would be added to the formulary, for specialist use only, until a formal response was received from SWYPFT. **JH**
- 22/200.3 CQC Report (drug monitoring requirements)
The Head of Medicines Optimisation advised that the issue discussed at the last meeting had been raised at the Primary Care Quality Improvement Group and would be progressed through that group.
- The Head of Medicines Optimisation had been invited to attend the next meeting with the Primary Care Team and Barnsley place CQC inspector and would build and maintain a relationship with the inspector to ensure the CQC are aware of what we offer in Barnsley to support all GP practices and what impartial knowledge about practice prescribing we can share with them prior to CQC visits.
- 22/200.4 NICE TAs (August 2022)
The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT: -
- TA813 Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors
- The Lead Pharmacist, BHNFT advised that the following NICE TA **was not** applicable for use at BHNFT: -
- TA821 Avalglucosidase alfa for treating Pompe disease
- 22/200.5 Action Plan - other
Entresto® Pathway
The Head of Medicines Optimisation advised that she had been informed of decisions made around Entresto® by the ICB Cardiovascular Network. BHNFT and SWYPFT colleagues were unaware and have had no input to this. Barnsley GPs were receiving requests from Rotherham to initiate Entresto®, with requests for support declined.
- The Lead Pharmacist, BHNFT would liaise with Trust colleagues around any possible involvement in these discussions and would share any information and contact links with the Head of Medicines Optimisation. Contact would also be made with the formulary lead pharmacist at Rotherham FT.

Agreed action: -

- The Lead Pharmacist, BHNFT to liaise with Trust colleagues and the formulary lead pharmacist at Rotherham FT, sharing information with the Head of Medicines Optimisation.

GT

APC 22/201 LEAFLET AND POSTER TO SUPPORT SWITCHING FROM VENTOLIN® MDI OR GENERIC SALBUTAMOL MDI TO SALAMOL® MDI (NEW)

The Medicines Management Pharmacist presented the enclosures which have been adapted for Barnsley from those produced by the Sheffield place team. The changes were minor, adding that the Salamol® may look and feel slightly different with a softer spray. The leaflet and poster will be used to support the Medicines Optimisation Scheme work when switching from Ventolin® to Salamol®.

Endorsement had been received from the LMC.

The Committee approved the leaflet and poster to support switching from Ventolin® MDI or generic salbutamol MDI to Salamol® MDI.

There was discussion regarding campaigns to return inhalers to community pharmacies so that they can be incinerated to dispose of the CFC gases with plans to progress work through the Greener Prescribing Group across the ICB. This would be discussed further outside of the meeting.

Agreed actions: -

- Inhaler disposal campaigns to be discussed further outside of the meeting.
- As the meeting was not quorate, approval of the leaflet and poster will be obtained outside the meeting by email.

CL/TB

JH

Post meeting note: approval was received by email.

APC 22/202 MDS BARNESLEY POSITION STATEMENT (NEW)

The Head of Medicines Optimisation referred to discussions held in the Chief Pharmacists meeting and wider around the appropriate use of Monitored Dosage Systems.

Work undertaken across Barnsley highlighted the pressures of monitored dosage systems on the whole system with the amount of work involved in putting together these devices, therefore it is important that patients are only started on MDS where there is a genuine need and it outweighs the risk. There is only a need to have MDS where it helps the individual maintain their independence and enables them to manage their own medicines. A stakeholder group was formed prior to COVID but stepped down due to COVID.

The capacity issues with community pharmacies taking on any more MDS patients was acknowledged and at the moment it is optional whether pharmacies supply MDS and some pharmacies are charging or reviewing their lists and making changes to services provided. The position statement has been pulled together from another area and minor amendments have been made. It has been brought to the Committee for a general discussion about having a position statement

across Barnsley for MDS.

The Committee were supportive of a Barnsley wide position but given the high demand for this type of scheme as patients find it useful, it was suggested that the position statement be shared with a patient group. The Head of Medicines Optimisation would seek advice from the Head of Communications around Barnsley wide engagement. Links would also be made with the IPMO working group and the wider ICB work being undertaken.

The Chief Pharmacist, BHNFT was supportive of the position statement to help manage new referrals going forward but was concerned that it doesn't address reviewing the existing cohort of patients currently on MDS devices, some of which may be inappropriate legacy patients.

It was agreed that a piece of work needed to be undertaken to review the current cohort of patients on MDS devices and that the stakeholder group put on hold due to COVID would be reinstated to progress this work and look at capacity available to undertake MDS.

It was noted that pharmacies can decline to provide MDS due to capacity regardless of the position statement and that it would need to go with an offer of support to work with community pharmacies wanting to undertake MDS. Communication would also need to be provided to patients around expectations and community pharmacy capacity to provide MDS.

Due to technical issues during the meeting, the Head of Medicines Optimisation would contact Dr Hirst outside of the meeting for her views.

Agreed actions: -

- The Head of Medicines Optimisation to seek advice from the Head of Communications around Barnsley wide patient engagement.
- The Head of Medicines Optimisation to discuss with Dr Hirst outside of the meeting for her views
- The position statement would be brought back to the next meeting.

CL

CL

CL

APC 22/203 BUPRENORPHINE QIPP DETAIL AID AND SUPPORT DOCUMENT (UPDATE)

The Medicines Management Pharmacist presented the enclosures which have been updated with input from Ruth Lister and Dr Hirst. All the changes were highlighted, and these were mostly changes to costs and preferred brands.

The Chair, Barnsley Healthcare Federation CIC, representing the PCN raised a point similar to one raised at the last meeting, around people started on oral analgesics then being discharged on patches following a hospital admission, noting that the default for the health and social care system should be to continue with the tablets, appreciating the treatment needs for palliative care. This message

should be communicated to all when sharing the guidance.

The Committee approved the buprenorphine QIPP detail aid and support document.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: *approval was received by email.*

APC 22/204 FENTANYL QIPP DETAIL AID AND SUPPORT DOCUMENT (UPDATE)

The Medicines Management Pharmacist presented the enclosures which have been updated with input from Ruth Lister and Dr Hirst. The changes were highlighted, with changes to costs and preferred brands, and an amendment to the approximate dosage equivalents of oral morphine and fentanyl patches to those within the Barnsley palliative care formulary.

The Committee approved the fentanyl QIPP detail aid and support document.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: *approval was received by email.*

APC 22/205 CHOOSING MEDICINES FOR PATIENTS UNABLE TO TAKE SOLID ORAL DOSAGE FORMS GUIDANCE (UPDATE)

The Medicines Management Pharmacist presented the guidance with minor changes highlighted.

The Committee approved the updated guidance.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: *approval was received by email.*

APC 22/206 HYPERTENSION IN ADULTS; DIAGNOSIS AND TREATMENT GUIDELINES (UPDATE)

The Medicines Management Pharmacist presented the guidance which had been updated with input from Dr Atcha. The update covers diagnosis, monitoring and drug treatment and is based on the NICE guidance. No feedback had been received from the specialists.

The updated guidance was endorsed by the LMC.

The Committee approved the updated guidance.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval was received by email.

APC 22/207 OUT OF STOCKS AND PRICE CONCESSIONS

The Community Pharmacist advised the purpose for bringing this to the Committee was to provide some background information and to advise what work is underway to look at possible solutions to support community pharmacies and primary care.

Over the last few months there has been an increasing number of out of stocks, creating additional workload for community pharmacies, GP practices, and patients. The situation is worsening, and we need to look at how we manage out of stocks.

The Community Pharmacist provided an update on the price concession mechanism and number of concessions imposed, leaving pharmacies in a vulnerable position around the affordability to purchase medication. There was a request for understanding that pharmacies are genuinely struggling and a request that should pharmacies be unable to obtain medication and a patient be advised by the GP to go elsewhere, that this be communicated to the pharmacy to enable the script to be cancelled so that any associated follow up work can be closed.

The Head of Medicines Optimisation spoke of a great deal of anxiety from patients, with both community pharmacies and GP practices responding to that anxiety. The Head of Medicines Optimisation and the Community Pharmacist have discussed getting communication out to primary care about the situation with key messages around communication and tolerance. This would be discussed further in the Pharmacy Leads meeting, which has representation from all organisations on the group, and output from these discussions will be brought back to the APC.

The Lead Pharmacist, SWYPFT welcomed being involved in producing guidance as and when out of stock issues arise, noting that for some shared care drugs there isn't an equivalent drug that can be offered and therefore additional guidance may need to be issued or a process may need to be put in place. The Lead Pharmacist, SWYPFT advised that he would discuss the challenges faced by community pharmacists with the SWYPFT Drugs and Therapeutic Group.

Agreed actions: -

- Pull together communication that can be sent out to primary care about the situation with key messages around communication and tolerance and discuss further in the Pharmacy Leads meeting.
- Bring back the output of discussions from the Pharmacy Leads meeting to the APC.

CL

CL

APC 22/208 DENOSUMAB GUIDANCE FOR PRIMARY CARE CLINICIANS (NEW)

The Medicines Management Pharmacist presented the guidance which had been developed by one of the BHNFT Consultant Rheumatologists following a number of referrals associated with the 5-year treatment review for well patients. The guidance was developed to advise primary care clinicians on the safe use of denosumab when people receiving it are not under an osteoporosis service or rheumatology. It outlines when a referral would be necessary.

The LMC sought clarity around the bone density scan recommended at 5 years and what to do after the bone density scan depending on the results. The Consultant Rheumatologist had responded and provided clarity, and the guidance would be expanded to provide clearer guidance to primary care GPs.

It was noted that the brand name would be included in the title.

Professor Adebajo gave his thanks to the Head of Medicines Optimisation for progressing this work.

The Chair, Barnsley Healthcare Federation CIC, representing the PCNs advised of increased numbers of otherwise well patients over the last few months presenting in GP practices with hypocalcaemia and queried if there were any issues with the agent being used or the way they check calcium levels in the hospital setting as this would impact on the giving of this drug. It was agreed this query would be directed to chemical pathology colleagues at the Trust.

Subject to the amendments discussed to clarify required action after the bone density scan, the Committee approved the Denosumab Guidance for primary care clinicians.

Agreed actions: -

- The Medicines Management Pharmacist to update the guidance with the agreed amendments in line with feedback received from the LMC.
- The Head of Medicines Optimisation to pick up the low calcium level query with chemical pathology colleagues at the Trust.

JH

CL

APC 22/209 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

22/209.1 Dapoxetine Amber G Guidance (new)

The Medicines Management Pharmacist presented the new guidance which has been to and endorsed by the specialists at the Mid-Yorkshire Hospitals who cover Barnsley. A slight change has been made to the guidance, since submission to the LMC, adding information around the quantity to prescribe, which is in line with other areas, to prescribe up to 6 doses every 1-2 months for the majority of patients. The specialists were happy with this addition.

A comment had been received around whether the primary care review could be carried out every 12 months instead of every 6

months, but the specialists felt that it should be every 6 months in line with the SPC.

The Committee approved the Dapoxetine Amber G Guidance.

22/209.2 Amiodarone Amber Shared Care Guideline (update)

The Medicines Management Pharmacist presented the guideline, noting a minor update to consider using a CT scan if pulmonary toxicity was suspected, in line with the MHRA alert, and information has been added regarding the Patient Alert Card. The updated guideline has been to the specialists with no comments received.

With reference to the RMOC shared care guidelines, it was confirmed that all monitoring in the RMOC amiodarone guideline is included in this guidance and a full review would be undertaken at the next review date.

The Committee approved the updated Amiodarone Amber Shared Care Guideline.

22/209.3 Melatonin in Children and Adolescents for sleep disorders Amber Shared Care Guideline (update)

The Medicines Management Pharmacist presented the guideline which has been updated in line with the new shared care guideline templates. The main changes were highlighted, noting that Adaflex® immediate release tablets are now first line when an immediate release preparation is indicated; and the Consilient Health melatonin oral solution replaces the Colonis Health brand as it doesn't have the excipient risk; and is the same price.

The Committee approved the updated Melatonin in Children and Adolescents for sleep disorders Amber Shared Care Guideline.

22/209.4 NHS England Shared Protocols for ADHD medication

The Lead Pharmacist, SWYPFT highlighted the NHS England shared protocols for ADHD medication, noting that the current Barnsley shared care guidelines cover all the medicines in one guideline and covers children and young people and adults, whereas the national guidelines are drug specific and only for adults.

The Head of Medicines Optimisation advised that the APC supported the view previously that as many of our shared care guidelines relate to therapeutic areas, we would ensure that when reviewing our shared care guidelines that the information within the national/RMOC guidelines was considered and included, noting that our guidelines include additional information such as specific lines of therapy and direction and link with the local formulary.

APC 22/210 FORMULARY REVIEWS

22/210.1 Formulary Review Plan

The formulary review plan was noted for information with no changes to note from last month.

As noted at the last meeting, the Lead Pharmacist, BHNFT was seeking support from BHNFT technicians to check information within

the outstanding formulary review sections, with a full clinical check to be done at the next review.

APC 22/211 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

The Lead Pharmacist, BHNFT to check if Ensure Plus Advance is being prescribed at the Trust to see if the new product application needs to be progressed.

It was noted in a previous APC meeting that the new product application for Estrin® Vaginal Ring would be looked at when the HRT guidance was produced, noting that this is currently in development. The log would be updated to reflect this.

Agreed action: -

- The Lead Pharmacist, BHNFT to check if Ensure Plus Advance is being prescribed at the Trust.
- An update regarding Estrin® Vaginal Ring would be added to the log.

GT

NB

APC 22/212 BARNSELY APC REPORTING

22/212.1 APC Reporting August 2022

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 13 APC reports received for the month of August 2022.

22/212.2 APC Reporting August 2022 Key Themes

The summary report was presented, showing 53 reports in total, including 13 APC reports and 40 interface queries received directly within BHNFT for the month of August 2022.

The common key themes reported this month relate to ongoing communication after discharge or referral. Details relating to these significant issues were shared and noted. Details relating to a medication supply and a formulary related issue were also highlighted.

The Lead Pharmacist, BHNFT advised the Committee about some project work being undertaken at ward level to help mitigate some of the issues by improving the information recorded in TTO lists around medication changes for example. Over a 4-week period, it was identified that a number of D1s hadn't been authorised on BHNFT systems which may have stopped communication being sent to the GP practice. This is being followed up to ensure these D1s are sent to the GP practices and the issue is being escalated to the D1 Task and Finish Group. In terms of duplicate copies of D1s being sent to GP practices, training has been undertaken with medical staff and the clinical systems team are investigating.

As discussed in previous meetings, and to discuss and try and resolve some of the recurring D1 issues seen in primary care, an invite to the D1 Task and Finish Group for MMT colleagues would be followed up by the Chief Pharmacist, BHNFT.

It was noted that progress was being made for MMT colleagues to obtain access to the Trust IT systems, and although it was reported at the last LMC meeting that discharge information could be accessed via ICE, the Chief Pharmacist advised that the majority of discharges are on the CMM platform therefore a significant proportion of D1s are not available to view on ICE.

Agreed action: -

- The Chief Pharmacist, BHNFT to request an invite for the D1 Task and Finish Group be sent to the Head of Medicines Optimisation.

MS

22/212.3 APC Reporting August 2022 Interface Issues
The enclosure detailing the interface queries received directly within BHNFT was received and noted.

APC 22/213 NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2022)

22/213.1 NICE TAs September 2022

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

- TA824 Dexamethasone intravitreal implant for treating diabetic macular oedema

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

- TA822 Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (**terminated appraisal**)
- TA823 Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer
- TA825 Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis
- TA826 Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (**terminated appraisal**)

22/213.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

22/213.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 22/214 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS
22/214.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

22/214.2 BHNFT
There was nothing relevant to report.

22/214.3 SWYPFT Drug and Therapeutics Committee
The Lead Pharmacist, SWYPFT advised that the Committee were looking at the possibility of starting people that are long term users of their services on liraglutide who wouldn't normally be able to access Tier 3 weight management services. This would be discussed further outside of the meeting.

Agreed action: -

- Discuss further outside of the meeting.

CL/MP

22/214.4 Community Pharmacy Feedback
There was nothing relevant to report.

22/214.5 Wound Care Advisory Group
There was nothing relevant to report.

APC 22/215 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The Head of Medicines Optimisation advised that a meeting was taking place this afternoon to determine, with the reorganisation, what will be taken and how it will be taken to future Q&PSC meetings. It was suggested that Denosumab guidance for primary care clinicians be escalated to the group, noting that APC Reporting/D1 issues was taken routinely for discussion at the meeting.

APC 22/216 SPS NEW MEDICINES NEWSLETTER (AUGUST 2022)

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

- Avacopan (Tavneos®) - non-formulary provisional red
- Botulinum A toxin (Dysport®) - non-formulary provisional red
- Tebentafusp (Kimmtrak®) - non-formulary provisional red
- Zanubrutinib (Brukinsa®) - non-formulary provisional red

APC 22/217 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2022)

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

About methylphenidate

Methylphenidate is used as part of a comprehensive treatment programme for attention deficit hyperactivity disorder (ADHD) in children and adolescents aged between 6 and 18 years and in adults. It is authorised only after other treatment measures, such as counselling and behavioural therapies, have proven insufficient to manage symptoms.

Methylphenidate is available in the UK in immediate-release and long-acting formulations taken orally (tablets or capsules). Long-acting medicines are those labelled as prolonged-release, modified-release, or sustained-release formulations.

It was noted that information is available on the Barnsley formulary advising that the different brands differ in clinical effect and brand prescribing as recommended. A link to the MHRA alert would be added to the formulary.

JH

APC 22/218 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

No update to note.

APC 22/219 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB, Sheffield (21st July 2022) were received and noted.

APC 22/220 ANY OTHER BUSINESS

22/220.1

Draft 2023 meeting dates

Received for information.

APC 22/221 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th November 2022 at 12.30 pm via MS Teams.

ADOPTED