NHS
South Yorkshire
Integrated Care Board

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 14th September 2022 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (up to APC 22/191)	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith (up to APC 22/191)	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 22/176 QUORACY

The meeting was quorate.

APC 22/177 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 a full list is available on the website.

The full list of rebate agreements in place would be brought to the next meeting for information.

Agreed action: -

- The full list of rebate agreements in place to be brought to the next meeting for information. **CL**

APC 22/178 DRAFT MINUTES OF THE MEETING HELD ON 10th AUGUST 2022

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

22/178.1 Patient Sharps Bin Disposal Points

The Head of Medicines Optimisation advised that a lead within BMBC was yet to be identified. The LMC were following this up and the

Head of Medicines Optimisation would continue to support the LMC and make the links with the primary care team to progress this.

Patient sharps bin disposal information within the DMARD guideline to be discussed at APC 22/184.1.

22/178.2 ED Antibiotic Prescribing

The Lead Pharmacist, BHNFT to follow up with the antimicrobial stewardship group regarding clinical audit. **GT**

22/178.3 SY ICB APC Coordination Group

Awaiting the terms of reference for the group.

APC 22/179 MATTERS ARISING AND APC ACTION PLAN

22/179.1 Mucolytic Prescribing Guidance (new)

As agreed at the last APC meeting, a note of caution had been added to the guidance regarding sodium content and link to hypertension. The guidance was endorsed by the LMC.

22/179.2 NICE TAs (July 2022)

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

- HST21 Setmelanotide for treating obesity caused by LEPR or POMC deficiency
- TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease

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 SWYFPT. **MP**

Action Plan - other

22/179.3 D1 Letter/Audit

The Chief Pharmacist, BHNFT advised that the D1 Task and Finish Group, primarily concerned with the quality and legibility of the information and resolving some of the IT issues, had met. In addition to this group, the Care Flow Steering Group are also expediting a piece of work around discharging with some modifications being made to the discharge platform being used on Care Flow.

The Lead Pharmacist, SY ICB (Barnsley) advised that the main continuing issues relate to D1s not being received and duplicate D1's being received which continue to be reported through APC reporting and then brought to the Committee.

The Head of Medicines Optimisation fed back from the LMC meeting about issues with D1s being sent with no medicines information included. The Lead Pharmacist, BHNFT advised that this was due to an IT problem.

22/179.4 Lurasidone

Following discussion, it was agreed that as there was currently no clinical pressure to amend the shared care protocol to include lurasidone, the target date would be extended to March 2023. **NB**

22/179.5 Empagliflozin for chronic heart failure with reduced ejection fraction Amber-G Guidance
This was deferred to the October 2022 meeting. **GT**

22/179.6 Dalteparin Shared Care Guidance
It was agreed to change the target date to March 2023. **NB**

APC 22/180 SOOLANTRA® (IVERMECTIN CREAM) INDEPENDENT REVIEW

The Lead Pharmacist, SY ICB (Barnsley) advised that following a number of APC reports where primary care had received requests to prescribe Soolantra®, which currently has a provisional non-formulary classification, and following feedback from GPs where they have fed back that at times it would be appropriate to prescribe but felt unable to do so due to the non-formulary red status, it was agreed to look at the evidence to review its classification.

The independent review, prepared by one of the clinical technicians within the MMT was presented for consideration.

Soolantra® was launched in the UK 7 years ago in June 2015 and is indicated for the topical treatment of inflammatory lesions of rosacea (papulopustular) in adult patients. Soolantra® should be applied daily over the treatment course with one application a day for up to 4 months. The treatment course may be repeated but in case of no improvement after 3 months, the treatment should be discontinued.

Trials have compared its efficacy with placebo and with topical metronidazole cream and Soolantra® was found to be superior to metronidazole cream reducing lesion count and symptom severity count as well.

Adverse effects are mainly skin related and do often resolve with continued use.

Soolantra® is slightly more expensive, and an error in the costing information presented was verbally corrected.

In other reviews, Soolantra® has been approved in Wales and Scotland, and included as a first line treatment option in the NICE Clinical Knowledge Summaries and within the British Association of Dermatologists (BAD) guideline and the Primary Care Dermatology Society guideline.

The British Association of Dermatologists (BAD) guideline recommends ivermectin, metronidazole or azelaic acid as first-line topical treatment options to people with papulopustular rosacea.

The Primary Care Dermatology Society guideline recommends Soolantra® first line then the other topical options as second line.

A Cochrane review stated that topical ivermectin appeared to be slightly more effective than topical metronidazole for papulopustular rosacea. There are no published studies that directly compare the efficacy of ivermectin and azelaic acid.

This information has been shared with Dr Kay Baxter, Consultant Dermatologist, who is in support of adding this to the formulary, proposing it be added with a green classification.

The Committee approved Soolantra® being added to the formulary with a green classification.

APC 22/181 ONS PRESCRIBING GUIDELINES IN PRIMARY CARE FOR ADULTS (UPDATE)

The Head of Medicines Optimisation fed back on behalf of the LMC that there appeared to be a lot more Ensure coming out of hospital than previously, querying whether requests need to be challenged or reported.

The Lead Pharmacist, SY ICB (Barnsley) presented the updated guideline, prepared by the MMT dietitian. This has been shared with the local dietitians.

The main changes to note included updates to the review algorithm around the Compact preparations following the approval of Aymes® Actagain 600 at a previous APC meeting. It was noted that if a Compact preparation is indicated then Aymes® Actagain is preferred to Ensure® Compact and is more cost effective. Aymes® Shake Compact remains the first line supplement if a powder is appropriate for the patient. Other changes include routine updates to contact details and costs.

It would be fed back regarding the review date (2020) on the food first leaflet to ensure a reviewed leaflet was included in the guidance.

Agreed action: -

- The review date on the food first leaflet would be fed back to the MMT dietitian for checking. **DC**

The Committee approved the guidance.

Post meeting note: - *The food first leaflet within appendix 1 has been updated. A minor amendment has also been made to the Compact algorithm in appendix 3b.*

APC 22/182 PRESCRIBING OF SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITORS (SGLT2 INHIBITORS) AND RISK OF DIABETIC KETOACIDOSIS (INCLUDING IN PATIENTS WITH COVID-19) (UPDATE)

The Lead Pharmacist, SY ICB (Barnsley) presented the updated guidance which has been shared with the specialists. The changes were tracked, and the main changes were noted in the meeting.

The main changes to note are the inclusion of previous MHRA guidance for completeness and updated information around dapagliflozin and ketone meter testing.

It was confirmed that the updated ketone testing and glucose testing guideline approved in a previous APC meeting, no longer recommended routine ketone testing for these patients unless there is

another specific indication. More detailed information is included within the full guideline, and this is supplementary guidance updated in line with the full guideline.

The Head of Medicines Optimisation referred to some incidences relating to care home residents having access to ketone testing meters and this would be picked up outside of the meeting. **CL**

The Committee approved the guidance.

APC 22/183 SHORTEC® LIQUID DISCONTINUATION

The Lead Pharmacist, SY ICB (Barnsley) brought this to the Committee for information and as the formulary currently recommends Shortec® for all immediate release preparations including the liquid. The Shortec® liquid, but not other formulations is being discontinued this month. It was proposed to update the formulary and recommend that oxycodoneliquid is prescribed generically. There would be no change to the recommendation regarding prescribing the solid dose forms, standard release, and prolonged release, as Shortec® and Longtec®.

It was noted that particular care should be exercised when prescribing oxycodone liquid to ensure that the intended preparation is selected (standard solution or the concentrated solution) and additional wording is on Scriptswitch around this.

APC 22/184 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

22/184.1 <u>DMARD Amber guideline (update)</u>

The Lead Pharmacist, SY ICB (Barnsley) presented the updated guideline noting changes only to the hydroxychloroquine and sulfasalazine sections, as requested and agreed by the specialists.

Considering the discussion above regarding patient sharps bin disposal points, it was proposed that appendix C be removed and replaced with brief wording reflective of the current situation which can be updated accordingly. The wording would be shared with the LMC for endorsement and with the LPC to ensure consistency with the information on the respective websites.

The Committee were informed that following a recent GP practice CQC visit, the practice was criticised in their report for not using a specific national website to check drug monitoring requirements. It was noted that if this referred to the Specialist Pharmacist Service (SPS) website this was one of the resources used when developing and reviewing Barnsley shared care guidance. Reference was also made to the NHS England shared care guidelines. It was agreed that the Head of Medicines Optimisation would pick this up outside of the meeting to support the practice with any challenge around local governance processes.

Subject to the update regarding patient sharps bin disposal points, the Committee approved the update to the DMARD amber guidance.

Agreed action: -

- The Head of Medicines Optimisation to obtain further information regarding the CQC report discussed and feedback at the next meeting. **CL**

APC 22/185 FORMULARY REVIEWS

22/185.1 Formulary Review Plan

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

The Lead Pharmacist, BHNFT proposed that due to capacity issues, information such as links and discontinuations etc be checked and updated by a technician for any outstanding formulary reviews with a full clinical check done at the next review. It was agreed to progress with this for the outstanding formulary reviews.

Agreed action: -

- The Lead Pharmacist, BHNFT to progress. **GT**

22/185.2 Co-careldopa (Sinemet®)

The Lead Pharmacist, SY ICB (Barnsley) advised that the formulary currently recommends prescribing co-careldopa as the brand Sinemet® following a previous QIPP workstream. Due to tariff changes it is no longer more cost effective to prescribe as Sinemet® across all the strengths. It was therefore proposed that the formulary be updated to remove the recommendation and prescribe generically.

The Committee approved this request.

APC 22/186 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

The Lead Pharmacist, BHNFT to look at usage of Ensure Plus Advance to see if the new product application still needed to be progressed.

Agreed action: -

- The Lead Pharmacist, BHNFT to bring Ensure Plus Advance usage data to the next meeting. **GT**

APC 22/187 BARNSLEY APC REPORTING

22/187.1 APC Reporting July 2022

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 33 APC reports received for the month of July 2022.

Attention was drawn to report BAPC22/07/20 and further detail was shared. The MMT consensus was that a new shared care agreement was not considered necessary for brand changes, however this was brought to the Committee to discuss and agree on an approach which would be communicated via APC memo and/or medicines management newsletter.

The Committee agreed that a new shared care agreement was not required in this situation, however where the practice insisted, it was

felt to be a reasonable compromise to fulfil the request and provide a new shared care agreement.

Concern was raised from primary care regarding the increasing number of requests to GPs from private ADHD clinics for adults, asking GPs to take over prescribing once the patient is stable, due to the current NHS waiting times.

The gap and long waiting lists between the transition from paediatric to adult services as noted.

The Lead Pharmacist, SWYPFT spoke of some pressures in CAMHS and ADHD services around ongoing physical health monitoring for people which is taking up clinic time.

There was a discussion around staff resource and appropriate staffing to pick up height and weight checks to free up the pathway.

The Lead Pharmacist, SWYPFT would feed back to the ADHD team that if they are changing the medication brand, it would be helpful if they could issue a new shared care agreement with the details of the new prescription to reduce confusion and reduce the likelihood of requests for new shared care agreements being received from GP practices., however this was not subject to secondary care having to prescribe this for any period. **MP**

GP practices were also receiving requests for prescriptions following remote hospital outpatient appointments which could be eased if each organisation took responsibility for their prescribing and supply of medicines.

The Committee noted the additional pressure on primary care from these remote requests.

22/187.2 <u>APC Reporting July 2022 Key Themes</u>

The summary report was presented, showing 76 reports in total, including 33 APC reports and 43 interface queries received directly within BHNFT for the month of July 2022.

The common key themes reported this month are similar to previous months including D1 communication, dispensing errors, prescribing errors, medication supply issues, other hospital communication and shared care issues and a small number of summary care record and other GP communication issues.

Details relating to several significant issues were shared and noted.

This month there were a number of reports relating to discharge supply issues in addition to previously reported formatting issues. Reports were coming through related to GP communication to community pharmacy when medicines are changed. A couple of reports had been submitted relating to venalinks, and the details associated with BAPC 22/07/01 were highlighted. A cluster of issues reported around medication and palliative related discharges was noted.

22/187.3 APC Reporting July 2022 Interface Issues

The enclosure detailing the interface queries received directly within BHNFT was received and noted.

22/187.4 APC Reporting Summary Report April 2021 – June 2022

A summary report produced for the APC Reporting Sub Group meeting last week was shared, looking at the number of reports and themes between April 2021 and June 2022. Over the 15 months, there was an average of 23 APC reports per month. Since recording the number of interface queries received directly into BHNFT, over a 9 month period, there was an average of 54 reports per month.

The Lead Pharmacist, BHNFT referred to discussion at the sub group meeting about mitigating issues at the Trust and MMT colleagues obtaining access to the Trust IT systems. It was confirmed that forms were being completed and would be returned asap for processing. A copy of the form would be sent to the Lead Pharmacist, SWYPFT for completion and return.

The Chair of Barnsley Healthcare Federation CIC stressed the importance of the key issues within the APC reports being on the risk register for the whole of Barnsley Health and Social Care community, with all asked to ensure that the medicines related agenda, D1 and interface issues are flagged in all committee members organisations.

The Head of Medicines Optimisation confirmed that this was included on the SY ICB risk register and agreed with the need to ensure it has a key focus over health and social care locally as well as a wider regional view.

The Head of Medicines Optimisation advised that the SY ICB were currently reviewing governance structures, advising that the Quality and Patient Safety Committee (Q&PSC) would continue and issues from the APC would be escalated to that group at Barnsley place. As yet, a meeting had not been coordinated and therefore any issues for escalation to the Q&PSC would be held until a meeting takes place.

Agreed action: -

- The Lead Pharmacist, BHNFT to send an IT access form to the Lead Pharmacist, SWYPFT for completion and return. **GT/MP**

APC 22/188 NEW NICE TECHNOLOGY APPRAISALS (AUGUST 2022)

22/188.1 NICE TAs August 2022

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

- TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
- TA815 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA820 Brolucizumab for treating diabetic macular oedema

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

- TA812 Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer

- TA816 Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer*
- TA817 Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence
- TA818 Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma
- TA819 Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies

* These drugs will be stocked in the hospital for use in the Weston Park outreach clinics at BHNFT and this would be clearly stated on the formulary.

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

- TA813 Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors
- TA821 Avalglucosidase alfa for treating Pompe disease

22/188.2 Feedback from BHNFT Clinical Guidelines and Policy Group
The group have not met therefore there was nothing to report.

22/188.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 22/189 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

22/189.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

22/189.2 BHNFT
The Chief Pharmacist fed back that the Trust were standardising the internal process relating to medicines supply notifications, looking to standardise how they deal with supply issues for medicines.

The Committee were advised that the Trust, who have treated Oramorph® as a full controlled drug, are looking at deregulating Oramorph® 10mg/5ml. Benchmarking information shows that the Trust are an outlier to other organisations, who treat it as prescription only. In line with recommendation from the CQC, expecting that it shouldn't seed MST usage into primary care but suggested this be monitored. Patients to be reviewed prior to discharge.

The Lead Pharmacist, SWYPFT confirmed that SWYPFT still treat Oramorph® 10mg/5ml as a full CD with no current plans to review this.

22/189.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

22/189.4 Community Pharmacy Feedback
The Community Pharmacist advised that he may be the LPC representative at the SY APC.

Information was noted for the upcoming bank holiday.

22/189.5 Wound Care Advisory Group

The next meeting is planned for October 2022, however, the Head of Medicines Optimisation reported back around some significant issues relating to management of patients in primary care and across interfaces associated with their wound care dressings.

A Wound Care Summit was held in August 2022, led by the Chief Nurse and a business case is to be submitted to close the gaps identified in the service.

Meetings continue to be held with the tissue viability nurses at the hospital around supply of dressings including discussions around stocks of vacuum dressings. Committee members were asked to report any issues to the Head of Medicines Optimisation. **ALL**

APC 22/190 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

As noted above, issues for escalation would be taken to the Committee when the new governance structures are in place and a meeting has been arranged.

There was nothing relevant to escalate other than APC Reporting which is taken routinely to the meeting.

APC 22/191 SPS NEW MEDICINES NEWSLETTER (JULY 2022)

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

- Angiotensin II (*Giapreza*®) - non-formulary provisional red

- Beclometasone + formoterol + glycopyrronium (*Trimbow*®) MDI 172micrograms/5micrograms/ 9micrograms inhaler

Trimbow® is currently included in the COPD algorithm but not the Asthma algorithm. Suggested wording is to be added to the formulary and it was noted that the specialist would be asked to whether any changes are required to be made to the asthma guidelines.

- Asciminib (*Scemblix*®) - non-formulary provisional red
- Bulevirtide (*Hepcludex*®) - non-formulary provisional red
- Catridecacog (*NovoThirteen*®) - non-formulary provisional red
- Ranibizumab biosimilar (*Ongavia*®) - non-formulary provisional red
- Trifarotene (*Aklief*®) 50microgram/g cream in 75g pump - non-formulary provisional grey

Other

- Fluticasone 50mcg/ Azelastine137mcg nasal spray (Dymista®) - formulary green (with agreed wording outlining it's place in therapy in line with the NICE CKS information and also included as an option in the BSACI guideline)

- Metolazone (Xaqua®) 5mg tablet

The Lead Pharmacist, SY ICB (Barnsley) advised that patients prescribed metolazone, which is amber G in Barnsley, have been on unlicensed imported products, however a licensed formulation

product was now available. The Specialist Pharmacy Service (SPS) have produced information highlighting that it is not bio-available to these unlicensed imported products and therefore patients should be maintained on a specific product rather than being inadvertently switched. Up to 2 fold difference in bioavailability with this and it was proposed that information was added to the formulary reflective of this advising brand prescribing. Separately there will be a need to look at what is used for new patients going forward with secondary care input and whether any changes need to be made to the amber G guideline.

The Lead Pharmacist, BHNFT advised that discussions would need to take place with the cardiologists and a holding position would need to be agreed for patients until they can be clinically reviewed.

Agreed actions:

- The Lead Pharmacist, BHNFT to discuss with the cardiologists and heart failure team and make any necessary amendments to the amber G guideline. **GT**
- The Lead Pharmacist at BHNFT and SY ICB (Barnsley) to pick up outside the meeting. **GT/DC**

APC 22/192 MHRA DRUG SAFETY UPDATE (AUGUST 2022)

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

<u>Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists</u>

Use of a nebuliser purchased independently of medical advice for use in the home to deliver nebulised asthma rescue medications to children can mask a deterioration in the underlying disease and may increase the risk of potentially fatal delays in seeking medical attention if asthma deteriorates. If home use of a nebuliser for the acute treatment of asthma in children under 18 years of age is considered necessary, this should be initiated and managed by an appropriate specialist. This is consistent with current clinical guidance.

<u>COVID-19 vaccines and medicines: updates for August 2022</u>

Recent information relating to COVID-19 vaccines and medicines that has been published since the July 2022 issue of Drug Safety Update, up to 19 August 2022. Approval of Spikevax bivalent COVID-19 booster vaccine.

We have approved Spikevax bivalent Original/Omicron COVID-19 Vaccine after it was found to meet our standards of safety, quality, and effectiveness.

APC 22/193 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

No update to note.

APC 22/194 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS Doncaster & Bassetlaw CCG (30th June 2022) were received and noted.

APC 22/195 ANY OTHER BUSINESS

22/195.1 Barnsley Medication Management Service (MMS)

The Associate Medical Director, BHNFT expressed his thanks to the Community Pharmacist for the service receiving national recognition.

There was a huge appreciation of the work undertaken over many years in developing TCAM, now known as DMS and the relationships between all pharmacy colleagues has contributed to the success of the service.

22/195.2 DOAC switch

The Lead Pharmacist, BHNFT advised that the cardiologists had been contacted about switching a patient that had been on warfarin for 6 years. Details would be shared with the Head of Medicines Optimisation and Lead Pharmacist to follow this up and signpost the individual to guidance in place. **GS/CL/ DC**

APC 22/196 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th October 2022 at 12.30 pm via MS Teams.