

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 12th July 2023 via MS Teams**

MEMBERS:

Tom Bisset (Chair)	Community Pharmacist (LPC)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Kapil Kapur (up to 23/131)	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil (up to 23/133.3)	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)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
Chris Lawson	Head of Medicines Optimisation (SYICB, Barnsley)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

**ACTION
BY**

APC 23/115 QUORACY

The meeting was quorate up to 23/133. Any proposed decisions/approvals from 23/134 onwards will need to be ratified for endorsement either outside the meeting by email or at the next meeting.

NB

APC 23/116 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note but the Community Pharmacist advised that he would soon be updating his declaration of interest to register his attendance at the APC was on behalf of Community Pharmacy South Yorkshire.

APC 23/117 DRAFT MINUTES OF THE MEETING HELD ON 14th JUNE 2023

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

APC 23/118 MATTERS ARISING AND APC ACTION PLAN

23/118.1

Supply of COVID Medicines

An update has been added as a post meeting note to the June 2023 minutes, noting that information from the SYICB Chief Pharmacy Officer has been sent to GP practices and community pharmacies outlining new arrangements. The letter sent to GP practices notes that COVID treatments are currently red drugs in South Yorkshire and GP practices should not prescribe, patients should be referred to the local acute Trust for triage and treatment via the standard urgent

referral route. This position will be reviewed in due course. A small number of community pharmacies have expressed an interest to stock and dispense Paxlovid®.

The Community Pharmacist advised that these pharmacies are not yet holding stocks of Paxlovid® but this would soon be in place.

The LMC have raised that there is a lack of clarity in the letter out to primary care about where to refer patients, and this is being fed back to the ICB Chief Pharmacist. The Community Pharmacist has also fed this back from a community pharmacy perspective with concerns that the letter refers to a list of pharmacies holding COVID medicine supplies, but doesn't include the list, and as above, these pharmacies are not yet holding stocks of Paxlovid®.

The Community Pharmacist advised that as GPs stated at the last SY IMOC meeting that Paxlovid® is a red drug, SY IMOC are in the process of working through the commissioning arrangements for provision of Paxlovid® going forward.

23/118.2

NICE TAs (March 2023)

The Senior Interface Pharmacist (BHNFT) advised that the following NICE TAs **were not** applicable for use at BHNFT:-

- TA875 Semaglutide for managing overweight and obesity
- TA877 Finerenone for treating chronic kidney disease in type 2 diabetes

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.

TW/GT

23/118.3

NICE TAs (April 2023)

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

- HST25 Lumasiran for treating primary hyperoxaluria type 1
- HST26 Eladocagene exuparvovec for treating aromatic L-amino acid decarboxylase deficiency

23/118.4

NICE TAs (May 2023)

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

- TA882 Voclosporin with mycophenolate mofetil for treating lupus nephritis

GT

23/118.5

South Yorkshire Integrated Medicines Optimisation Committee (SY IMOC) Traffic Light Drugs List (feedback from the LMC)

Feedback was sought from the LMC regarding the proposal that drugs be removed from the Barnsley traffic light list and added to the IMOC traffic light list when a traffic light status is agreed by the IMOC. This was in line with other Places across South Yorkshire. It was encouraged that the Barnsley formulary be used as the central reference point to obtain the information as this will continue to be updated with any traffic light classification changes.

The LMC agreed with this proposal.

The GP representative (MM) advised that Barnsley LMC representation on the IMOC has been escalated for discussion at the next South Yorkshire LMC meeting to ensure that Barnsley has a GP representative at future meetings. It was acknowledged that the Head of Medicines Optimisation attends the IMOC and represents Barnsley LMC's interests, however GP representation is being discussed.

The Community Pharmacist, who attends the IMOC meetings, understood that the offer has now been put out to all LMCs for a GP to attend.

23/118.6

CyanocoMinn dual classification

At the last meeting, the traffic light classification changes assigned by the IMOC (May 2023), were approved by the Committee. As the meeting was not quorate, approval was obtained by email.

Feedback and approval received has been added as a post meeting note to the June 2023 minutes, noting that additional wording will be added to the formulary to clarify that the green classification remains for patients who require treatment for clinical reasons such as non-diet related deficiency and the grey classification relates to use as a nutritional supplement in line with the NHS England guidance.

23/118.7

Action Plan – other

Metolazone Amber G Guideline, Ikervis (ciclosporin eye drop) Amber G Guidance, BHNFT D1 issues, Oxygen Incidents, Prescribing Oscillating Positive Expiratory Pressure (OPEP) Devices, and Nebuliser Guidance

Items deferred.

APC 23/119

ASTHMA AND COPD ALGORITHMS (MINOR UPDATE)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the algorithms following minor updates in line with the formulary changes agreed in a previous APC meeting. Fostair® in the asthma algorithm has been replaced with Luforbec®, and Braltus® has been replaced with Tiogiva® in the COPD algorithm.

Scriptswitch will be used to alert prescribers to these changes. Inhaler carbon footprint information will also be incorporated into the Scriptswitch profile as requested by the LMC.

Feedback has been received about the asthma algorithm and the use of objective tests, and as a result it was noted that the flow chart was to be amended slightly to reinforce that the objective tests are still recommended where there is a high probability of asthma.

It was confirmed that as part of the Medicines Optimisation Scheme work, any changes will be made gradually to be mindful of stock levels between now and February/March 2024. The MMT have been asked to liaise with community pharmacies prior to switching and this request would be resent to ensure patients nominated pharmacies are contacted.

It was noted that the LMC has endorsed the updated algorithms.

The Committee approved the updated Asthma and COPD Algorithms.

Agreed action: -

- The Lead Pharmacist (SY ICB, Barnsley) to send out a reminder to the MMT about liaising with community pharmacies prior to switching.

DC

APC 23/120 LIDOCAINE 5% MEDICATED PLASTER POSITION STATEMENT (UPDATED)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the position statement with minor amendments and additions following a routine update (tracked changes). This has been shared with the pain clinic and palliative care specialists for comment.

It was noted that the LMC has endorsed the updated position statement.

The Committee approved the updated Lidocaine 5% Medicated Plaster Position Statement.

APC 23/121 GUIDELINES FOR APPROVED CHOICE OF BLOOD GLUCOSE TESTING STRIPS, METERS AND LANCETS (MINOR UPDATE) AND SUMMARY OF CHANGES

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the guidelines following a minor update due to the discontinuation of GlucoFix Tech. GlucoFix Tech has been replaced by GlucoFix Tech GK which accepts both glucose and ketone strips. The changes were summarised in enclosure E2 and shared in the meeting.

The LMC has endorsed the updated guidance.

The Committee approved the updated Guidelines for Approved Choice of Blood Glucose Testing Strips, Meters and Lancets.

APC 23/122 INSOMNIA MANAGEMENT GUIDELINE (UPDATED)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the Insomnia Management Guideline with tracked minor amendments and additions following a routine update. This has been to SWYPFT for comment.

The LMC has endorsed the updated guidance.

The Committee approved the updated Insomnia Management Guideline.

APC 23/123 CRADLE CAP POSITION STATEMENT (NEW)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the Cradle Cap Position Statement, developed to support the 2023/24 Medicines Optimisation Scheme. This is one of the self-limiting conditions in the NHS England Self Care Guidance.

It was noted that the wording in the grey box on page 1 was to be slightly amended to read ...” routine prescribing...”

In addition, the ...” In line with NHS England guidance...” is to be reviewed to ensure that the wording is accurate and that any exceptions have been considered.

Subject to the above changes, the Committee approved the position statement.

APC 23/124 DANDRUFF POSITION STATEMENT (NEW)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the Cradle Cap Position Statement, developed to support the 2023/24 Medicines Optimisation Scheme. This is one of the minor conditions in the NHS England Self Care guidance.

As above, it was noted that the wording in the grey box on page 1 was to be slightly amended to read ...” routine prescribing...” and the ...” In line with NHS England guidance...” is to be reviewed to ensure that the wording is accurate and that any exceptions have been considered.

Subject to the above changes, the Committee approved the position statement.

APC 23/125 OPTIMISING LIPID MANAGEMENT FOR SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE IN BARNSELEY (NEW)

The Senior Interface Pharmacist (BHNFT) presented the guidance, developed by a working group, for discussion and approval.

The guidance has been shared with the LMC, who were in general support subject to a couple of points to note. The LMC queried who would be administering Inclisiran, and it was confirmed that Inclisiran has an amber classification and will be administered in primary care and funded through the primary care Specialist Drugs Scheme. It was noted that the amber classification for Inclisiran would be added to the guidance.

The LMC requested that in ‘step 2’ it be noted that GPs can prescribe Ezetimibe and the traffic light classifications included for the drugs in ‘step 3’ (Bempedoic acid amber G, Inclisiran amber and PCSK9i red).

The Community Pharmacist shared feedback from the LMC on behalf of the Head of Medicines Optimisation. The LMC were in agreement that secondary prevention guidance needs to be in place, and it was agreed that this would be updated in light of national guidance changes if and as received.

The Senior Interface Pharmacist (BHNFT) would feedback the comments to the Lead Pharmacist (BHNFT).

Subject to the above amendments, the Committee approved the Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley Guidance.

Post meeting note: an Inclisiran amber guideline will be developed.

GT

APC 23/126 GUIDANCE ON ANTIVIRALS FOR CARE HOME INFLUENZA OUTBREAK

The Lead Pharmacist, (SY ICB, Barnsley) presented enclosures J1 and J2.

Enclosure J1 has been produced by the MMT to provide supporting information on the prescribing and dispensing of antiviral medicines to Barnsley care home residents, including the process for issuing antivirals in and out of flu season, following an influenza outbreak.

Antivirals can only be prescribed in primary care on the NHS during the period when the Chief Medical Officer and Chief Pharmaceutical Officer have confirmed that circulating levels of influenza have risen to a level which defines the 'flu season'. GPs will be notified of this via the Central Alerting System (CAS), and during the flu season antivirals can be prescribed on the usual FP10 and dispensed by a community pharmacy. The community pharmacy should be contacted as soon as possible with information on expected numbers to ensure adequate stocks can be obtained within the required 48/36 hour time period. In the event that supplies cannot be obtained within this timeframe the UKHSA stock held at Rotherham Hospital Pharmacy can be accessed. Out of flu season, arrangements are in place to obtain antivirals from UKHSA stock held at Rotherham Hospital Pharmacy department following authorisation of the release of the stock by UKHSA. The antivirals will be issued by the pharmacy against either a Patient Specific Direction (PSD) or prescription from a doctor or other non-medical prescriber. Various PSD templates can be found in the appendices to support with this.

Enclosure J2 is an updated version of an existing guideline, produced by BMBC colleagues in consultation with stakeholders.

The guidance has been to the LMC and endorsed.

The Lead Pharmacist (SY ICB, Barnsley) advised that since circulating the guidance, a very minor change has been made to the process in relation to taxis and contact details have also been included.

The Committee approved the guidance.

APC 23/127 GLP-1 SHORTAGE UPDATE (FOR INFORMATION)

The Lead Pharmacist, (SY ICB, Barnsley) presented the NHS England Medicines Supply Notification, noting that the ABCD guidance referenced within the notification has now been published.

It was noted that local meetings have taken place, looking at additional actions to support. Within the alert, there are several actions for clinicians until supply issues have resolved, including not initiating new patients. The Lead Pharmacist (SY ICB, Barnsley) has however received feedback that practices have been receiving requests to initiate GLP-1s in recent weeks and months just prior to this, therefore we need to ensure that this is no longer happening.

There are other actions for clinicians, and these were shared in the meeting, and with agreement from the APC, it was suggested, until

the guidance being developed in liaison with the specialists is available, that an interim update be sent out to GP practices and community pharmacies with key actions.

It was noted that supplies are intermittent, with local pharmacies reporting that it is taking longer to get the drugs in.

The alert identifies groups of patients to prioritise should the drug not be available, and searches have been set up on the clinical systems for the MMT to support practices in identifying these cohorts of patients. This information can be used in conjunction with local intelligence on stock availability from local pharmacies to aid prioritisation of patients. Local intelligence is being collated centrally and will be shared in due course.

Patients are being encouraged to order 10 days in advance of the medication running out, being mindful of any potential over ordering which will be monitored. Separately, the MMT are being asked to support in reviewing prescribing to check it's in line with NICE guidance (after 6 months there should be a HbA1c reduction of 1% and a 3% weight loss, identifying patients who are perhaps not getting the clinical benefit and could be reviewed).

The SPS Medicines Supply Tool is a good source of information and provides the current position with guidance on alternatives that can support an uplift (used alongside the local intelligence). We have contacted the local specialists and are awaiting feedback.

The Committee supported the proposal to prescribe no more than a 28 day supply where possible and it was agreed that the key messages together with links to relevant supporting information would be circulated.

The Community Pharmacist agreed with the plan outlined to manage the shortage, noting key areas to monitor such as not overprescribing and patients stock holding. It was agreed that should community pharmacy have any awareness of this, it would be fed back to the Lead Pharmacist (SYICB, Barnsley).

Agreed action: -

- The Lead Pharmacist (SYICB, Barnsley) to send out an update.

DC

APC 23/128 OUT OF STOCKS AND PRICE CONCESSIONS

The Chair referred to enclosure L, a letter that has been sent to GP practices and community pharmacy teams regarding the unprecedented number of medicine shortages that continue to be adversely impacting community pharmacy and general practice teams. This is to assist them with local communication around out of stocks.

The letter has been shared with the APC for information, but it was discussed and agreed that this would be shared again via the APC memo.

The Community Pharmacist advised that the MMT Clinical Pharmacists contact details have been shared again recently with the community pharmacists for them to be contacted direct by email.

Agreed action: -

- The Lead Pharmacist (SY ICB, Barnsley) to include a link to this information in the APC memo.

DC

APC 23/129 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

23/129.1 Toujeo® Amber G Guideline for use in adults and children over 6 years (update)

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the updated guidance with tracked changes. The changes include a change from use in 'adults only' to 'adults and children over 6 years' in line with the license; and the addition of Appendix A, which is the Toujeo® prescribing initiation checklist.

This has been to the specialists for comment, and the LMC have endorsed the updated guidance.

The Committee approved the updated Toujeo® amber G guideline for use in adults and children over 6 years.

APC 23/130 FORMULARY REVIEWS

23/130.1 Formulary Review Plan

There were no changes to note.

The Lead Pharmacist (SY ICB, Barnsley) advised that the traffic light list work being undertaken with South Yorkshire ICB colleagues is currently taking priority. The formulary review plan will be brought back to a future meeting.

APC 23/131 NEW PRODUCT APPLICATION LOG

There were no changes to note.

APC 23/132 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

23/132.1 SYICB IMOC Draft Minutes, 7th June 2023

The minutes were shared for information.

23/132.2 SYICB IMOC – Verbal key points – 5th July 2023

The key points, update on COVID medicines and LMC/GP representation on the IMOC, have already been discussed.

The Lead Pharmacist (SY ICB, Barnsley) advised that the traffic light changes brought to the last APC meeting were taken back to the IMOC and were approved. These will be updated on the Barnsley formulary.

APC 23/133 BARNESLEY APC REPORTING

23/133.1 APC Reporting May 2023

The Lead Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 27 APC reports received for the month of May 2023.

23/133.2

APC Reporting May 2023 Key Themes

The summary report was presented, showing 59 reports in total, including 27 received directly into the APC reporting mailbox and 32 interface queries received directly to the BHNFT pharmacy team for the month of May 2023.

From the category breakdown, again the largest key theme this month is D1 communication.

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, formulary or guideline related, prescribing and dispensing issues/errors.

A report relating to a potential shared care issue, and a GP practice considering stopping prescribing quetiapine for a patient new to the practice after secondary care rejected the referral was highlighted, noting that additional information is being sought.

The Advanced Clinical Pharmacist (SWYPFT) echoed the view that patients that are newly transferred into the area wouldn't necessarily be automatically referred into SWYPFT to obtain an updated shared care agreement and the service wouldn't have capacity to take on every stable patient that has been transferred from out of area for a new shared care. If there were any complexities with the prescription or any concerns that the patients mental state had deteriorated, then the patient would need to be referred in.

The Community Pharmacist referred to BAPC23/05/09 regarding oxycodone supply. He agreed with the recommendation included in the report, proposing that information regarding generic prescribing is included in the MMT newsletter and information circulated to community pharmacies participating in the on-demand scheme.

The Community Pharmacist referred to BAPC23/05/10 which relates to the lack of provision of pre-emptive medication out of normal working hours of pharmacies. The Lead Pharmacist (SY ICB, Barnsley) advised that this has been discussed with the Head of Medicines Optimisation and BHNFT have been asked whether this could potentially be accessed via the on-call pharmacist should this occur again. A response was awaited.

23/133.3

APC Reporting May 2023 Interface Issues

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

APC 23/134

NEW NICE TECHNOLOGY APPRAISALS

23/134.1

NICE TAs June 2023

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

- TA878 (Update) Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19
- TA896 Bulevirtide for treating chronic hepatitis D
- TA897 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma

- TA902 Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
- TA905 Upadacitinib for previously treated moderately to severely active Crohn's disease

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

- TA893 Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over
- TA894 Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma (not recommended)
- TA895 Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy
- TA898 Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
- TA899 Esketamine for treating major depressive disorder in adults at imminent risk of suicide (terminated appraisal)
- TA900 Tixagevimab plus cilgavimab for preventing COVID-19 (not recommended)
- TA901 Cemiplimab for treating recurrent or metastatic cervical cancer (terminated appraisal)
- TA903 Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer
- TA904 Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer

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

- TA907 Deucravacitinib for treating moderate to severe plaque psoriasis

GT

- 23/134.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.
- 23/134.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.
- APC 23/135** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
23/135.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.
- 23/135.2 BHNFT
There was nothing relevant to report.
- 23/135.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report, however it was noted that the group will be discussing at the next meeting, prescribing of propranolol for anxiety, and the risk of overdose.
- 23/135.4 Community Pharmacy Feedback
There was nothing relevant to report.

23/135.5 Wound Care Advisory Group
There has been no meeting, therefore there was nothing to report.

APC 23/136 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (7th SEPTEMBER 2023)

It was noted that an APC report would be taken to the next Barnsley Place Quality and Safety Committee meeting, which will be shared at the next APC meeting. The Serious Incident Case Study: Infant Morphine Overdose Investigation Summary and Learning will also be escalated to the Barnsley Place Quality and Safety Committee for information.

CL

APC 23/137 FORMULARY ACTIONS

23/137.1 SPS New Medicines Newsletter May 2023

Received for information.

23/137.2 IMOC Horizon Scanning July 2023

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the IMOC Horizon Scanning document, noting traffic light classifications assigned and agreed by the IMOC. The Committee assigned the following formulary classifications to the products listed below: -

- Bulevirtide – formulary red
- Voclosporin (awaiting NICE TA status) – non-formulary red or formulary red - to be confirmed (awaiting NICE TA status)
- Clobetasol propionate/neomycin sulphate/nystatin 0.5mg/5mg/100,000 IU/g Cream/ointment – formulary grey
- Eflornithine cream – formulary amber G

JH

Agreed action: -

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

JH

APC 23/138 MHRA DRUG SAFETY UPDATE (JUNE 2023)

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

Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy

We want to remind healthcare professionals that use of systemic (oral and injectable) NSAIDs such as ibuprofen, naproxen, and diclofenac is contraindicated in the last trimester of pregnancy (after 28 weeks of pregnancy). A review of data from a 2022 study has identified that prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of oligohydramnios (low levels of amniotic fluid surrounding the baby) and fetal renal dysfunction. Some cases of constriction of the ductus arteriosus (narrowing of a connecting blood vessel in the baby's heart) have also been identified at this early stage. 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.

Adrenaline auto-injectors (AAls): new guidance and resources for safe use

Resources for the safe use of adrenaline auto-injectors (AAls)

On 19 June 2023, the MHRA, with the support of allergy awareness advocates, has launched a safety campaign to raise awareness of anaphylaxis and provide advice on the use of adrenaline auto-injectors (AAls). The launch coincides with the World Allergy Week, an annual initiative led by the World Allergy Organization. A toolkit of resources is now available for health and social care professionals to support the safe and effective use of AAls.

APC 23/139 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (18th May 2023) and NHS South Yorkshire ICB Doncaster & Bassetlaw (25th May 2023) were received and noted.

APC 23/140 ANY OTHER BUSINESS

23/140.1

Serious Incident Case Study: Infant Morphine Overdose Investigation Summary & Learning

Following a recent serious incident in our region where a 4-week-old baby was administered a dose of morphine sulphate oral solution 20 times higher than the intended dose, a summary case study prepared by NHS England North East and Yorkshire was shared as a learning tool to read, action and implement within organisations to help review processes and professional practice. The summary case study has been circulated to GP practices and community pharmacies.

The Barnsley Prescribing and Dispensing Gold Guidelines, developed following a previous serious incident, were also shared. The recirculation of these guidelines was discussed, and it was agreed to recirculate them to GP practices and community pharmacies as a reminder in relation to liquids.

The Community Pharmacist advised that these have also been shared with all pharmacies in South Yorkshire with the caveat that these are Barnsley developed guidelines, but maybe useful to use in their area of practice. The Community Pharmacist has shared them with the SYICB Chief Pharmacist for possible adoption across South Yorkshire.

The Lead Pharmacist (SYICB, Barnsley) noted that within the alert, the special, the concentration refers to it being a red drug, therefore it was suggested and agreed that wording regarding drug classification for that concentration product would be added to the Barnsley formulary and a Scriptswitch alert added if the product is listed. It was confirmed that ScriptSwitch alerts are active for oxycodone higher strength but the same would be done with the morphine if listed.

It was also agreed to include information in the MMT newsletter about how liquid CDs are prescribed.

Agreed action: -

- Information about how liquid CDs are prescribed to be included in the MMT newsletter.

DC

Furosemide Ampoules

The Advanced Clinical Pharmacist (SWYPFT) raised on behalf of the Lead Pharmacist for Palliative Care and Rehabilitation Services, a request for furosemide ampoules to be added to the B list for palliative care medication following a recent incident where community struggled to obtain furosemide ampoules from community pharmacy.

The Lead Pharmacist (SYICB, Barnsley) was aware of the recent incident and the suggestion to add this to the Specialist Drugs on Demand Scheme will be shared with the Head of Medicines Optimisation and MMT Senior Technician to respond and progress.

It was also raised if additional pharmacies could be added to the B list as currently there are only two, noting incidences when items from the stock list have not been in stock in one of those pharmacies. The Lead Pharmacist (SYICB, Barnsley) was aware of reports of this, noting this is being followed up to consider adding more pharmacies to the B list and/or review who is on the B list.

It was noted that now 100 hour pharmacies can reduce their opening hours, reducing provision, this may need consideration in relation to the scheme.

There was a request for the Lead Pharmacist for Palliative Care and Rehabilitation Services and the Head of Medicines Optimisation to meet separately about out of hours provision.

Agreed action: -

- The Lead Pharmacist (SYICB, Barnsley) to feedback these requests to the Head of Medicines Optimisation and MMT Senior Technician to action.

DC

Post meeting note: *Furosemide ampoules will be added to the B list.*

APC 23/141 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th August 2023 at 12.30 pm via MS Teams.