

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 9<sup>th</sup> October 2024 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Mehrban Ghani (from 24/167)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Munsif Mufalil (from 24/167.3 to 24/175)	General Practitioner (LMC)

**IN ATTENDANCE:**

Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)
Erica Carmody	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Deborah Cooke	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Chris Bland	Chair (Community Pharmacy South Yorkshire)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

**ACTION  
BY**

- APC 24/164 QUORACY**  
The meeting was quorate.
- APC 24/165 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
There were no declarations of interest relevant to the agenda to note.
- APC 24/166 DRAFT MINUTES OF THE MEETING HELD ON 11<sup>th</sup> SEPTEMBER 2024**  
The minutes were approved as an accurate record of the meeting.
- APC 24/167 MATTERS ARISING AND APC ACTION PLAN**  
24/167.1 BHNFT D1 Issues  
At the last meeting, it was agreed that BHNFT would reissue in tranches the TTO medicines information from the incident that occurred at the beginning of July.

The Lead Pharmacist, BHNFT advised that a meeting was held with Sarah Moppet, Director of Nursing, BHNFT following this being escalated as a risk. The original list of patients identified has been

reviewed and reduced in number where these were from departments not using EPMA/Care Flow to issue D1s. This has been escalated and the EPMA team are working on trying to pull together automated reporting to support with staff capacity issues. BHNFT are working to get the information ready to be sent out to GPs by 18<sup>th</sup> October. It was agreed this should be sent out Monday, 21<sup>st</sup> October.

The Lead Pharmacist, BHNFT would liaise with the MO Senior Pharmacists, SY ICB regarding confirmation of the plan going forward and the communication to be sent out to GP practices, clarifying who is sending out the communication and ensuring that information sent is clearly marked as a delayed D1 from July with a clear ask of what GP practices need to do with the information when received.

The LMC GP representative (MM) referred to recent delays with receiving D1s in practice from Barnsley and Sheffield hospitals. It was agreed that these instances would be reported through APC reporting. To ensure that future D1 issues reported into the LMC are captured through APC reporting, it was agreed that instances reported to the LMC would be copied into the APC reporting mailbox.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to the APC action plan in relation to reinstating of the BHNFT D1 Issues meeting to look at targets and trends around D1s and the quality of D1 information.

**Agreed actions: -**

- The Lead Pharmacist, BHNFT to liaise with the MO Senior Pharmacists, SY ICB to confirm the plan going forward.
- D1 issues reported into the LMC to be shared via the APC reporting mailbox.

GT/DC/  
EC  
MM

**Post meeting note:** Confirmation received from BHNFT that the TTOs and accompanying comms were sent to GP practices on 18<sup>th</sup> October 2024.

24/167.2

Primary Care Orlistat Prescribing and Review Guidelines for Adults (over 16 years of age) (update)

At the last meeting, the change of wording to monthly monitoring was queried, and it was agreed to take this back and request that the monitoring be changed to 3 monthly, in line with the Tier 3 weight management team monitoring requirement.

The MO Lead Pharmacist, SY ICB advised that this has been taken back, and that NICE guidance and other Place ICB guidance has been checked, noting that these guidelines do vary around the monitoring information.

Feedback was also sought from a Health Coach at a GP surgery who is regularly involved in the prescribing of orlistat, who found that in his practice that due to the dietary restrictions with orlistat side effects and motivational needs, that people benefit from the monthly follow ups, and advised that the 3 monthly monitoring may not be a cost effective way of prescribing as people may often not be taking it correctly.

Following further consideration and feedback from primary care clinicians with many years of experience in prescribing this it was agreed that if clear advice and instructions were given at the very beginning, then 3 monthly monitoring was reasonable. GP representatives expressed that it was not feasible for practices to undertake monthly monitoring.

The paragraph would be amended, changing it to 3 monthly reviews.

Subject to this amendment, the Committee approved the guidance.

**Agreed action: -**

- Guidance to be updated, changing it to 3 monthly reviews.

JH

Action Plan – other

24/167.3

Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG

At the January 2024 APC meeting, feedback had been received from GP practices around the requirement in the shared care guideline to perform an annual ECG, with primary care clinicians not wishing to undertake the ECG due to uncertainty around interpreting the ECG results. It was suggested that as the guideline was due to be reviewed, that it be taken to the IMOC subgroup for consideration as to whether a South Yorkshire guideline should be developed. At the September 2024 APC meeting, the decision to have guidance at Place and not move to South Yorkshire Shared Care Guidance was noted, and therefore the requirement to undertake annual ECGs was taken back to the LMC for discussion.

The LMC GP representative (MM) fed back on behalf of the LMC that the annual ECGs should be done by secondary care as primary care GPs are not specialists in reading/interpreting ECG results.

The Lead Pharmacist, SWYPFT referred to when this was raised a few months ago, where it was discussed whether it was possible for the mental health team to use Open Access for the ECGs, with ECGs being sent back to the consultant for review where requests were made by the consultant. He would check what the capacity was for ECG requests to be done this way.

As the Antipsychotic Shared Care Guideline was due to be reviewed, it was agreed that the Lead Pharmacist, SWYPFT and MO Lead Pharmacist, SY ICB would work together to agree the required amendments to the respective responsibility's sections in relation to ECG monitoring.

**Agreed actions: -**

- The Antipsychotic Shared Care Guideline to be reviewed and updated regarding secondary care responsibilities for performing ECGs.
- The Lead Pharmacist, SWYPFT to check regarding capacity for ECG requests to be made using Open Access.

PC/JH

PC

- 24/167.4 Update Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley  
The Lead Pharmacist, BHNFT to update the targets within the guidance following the change to the NICE targets. This was deferred to the November 2024 meeting. GT
- 24/167.5 Metolazone Amber G Guideline  
The Lead Pharmacist, BHNFT to progress this with the MO Lead Pharmacist, SY ICB when they meet to review action plan areas.
- It was noted that IMOC have previously approved the Amber G status for Metalozone and it has now been agreed by IMOC that a South Yorkshire guideline would be developed. Barnsley is currently the only Place across South Yorkshire to have an amber G guideline and the final version will be shared with other South Yorkshire colleagues.
- Post meeting note:** The updated Metolazone Amber G guideline was taken to the June 2024 APC meeting. It was agreed to make a minor amendment and the changes in the monitoring section were tracked. The June 2024 meeting was not quorate; therefore, endorsement of the updated guideline was obtained by email. The updated guideline was approved by the Committee.*
- 24/167.6 SGLT2 Inhibitors for Heart Failure Amber G Guideline  
The Lead Pharmacist, BHNFT to progress this with the MO Lead Pharmacist, SY ICB when they meet to review action plan areas. GT/JH
- Post meeting note:** The updated SGLT2 Inhibitors Amber-G guideline was taken to the June 2024 APC meeting. It was agreed to make a minor amendment and the changes in the dosage and monitoring section were tracked. The June 2024 meeting was not quorate; therefore, endorsement of the updated guideline was obtained by email. The updated guideline was approved by the Committee.*
- 24/167.7 Antimicrobial Stewardship  
Deferred to the next meeting. CL
- 24/167.8 Topical preparations – Amber G guidelines Imiquimod 5% cream (Aldara®), 5-Fluorouracil 5% cream (Efudix®)  
The MO Lead Pharmacist, SY ICB advised that these guidelines were close to completion, however due to staff changes, capacity, and lack of permanent dermatologists at BHNFT, these have not been finalised for approval. Given the length of time to progress these guidelines and considering the move to have South Yorkshire guidelines in place where appropriate, it was suggested and agreed that the development of these guidelines should go to the IMOC subgroup meeting to agree a South Yorkshire approach. The Committee agreed to remove this action from the action plan and refer through to the IMOC subgroup.
- Agreed action: -**
- Action to be removed from the action plan and referred to the IMOC subgroup to agree a South Yorkshire approach. JH

24/167.9 Actikerall® Amber guidance  
As above, this would be removed from the action plan and referred to the IMOC subgroup.

**Agreed action: -**

- Action to be removed from the action plan and referred to the IMOC subgroup to agree a South Yorkshire approach.

JH

24/167.10 Target Dates  
Any revisions to be advised.

ALL

**APC 24/168 BARNSELY PUBLIC HEALTH NURSING 0-19 SERVICE PRESCRIBING FORMULARY (UPDATE)**

The MO Lead Pharmacist, SY ICB presented the updated formulary, which has been to the consultant paediatricians and the public health nursing 0-19 service lead for comment. All the changes are tracked and include updated prices; links to recent MHRA alerts; the addition of a dandruff section and a link to the APC approved position statement; a change to the emollient section in line with the new emollient guidance and the change to using Epimax® products.

No feedback had been received from the LMC on the updated guideline however in the meeting, the GP LMC representative (MM) advised there were no issues to note from the LMC.

The Committee approved the updated Barnsley Public Health Nursing 0-19 Service Prescribing Formulary.

**APC 24/169 BARNSELY LIPID MANAGEMENT FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE IN ADULTS (UPDATE)**

The MO Lead Pharmacist, SY ICB presented the guidance which has been updated in line with the national guidance on lipid management that was updated in March 2024. All the changes were tracked, and this has been to the cardiologists for comment, with no comments received. The guidance has been shared with members of the Barnsley MO team and clinicians that were originally involved in developing the guidance, who have given feedback and approval of the changes. The updated guidance was endorsed by the LMC.

The Committee approved the updated Barnsley Lipid Management for Primary Prevention of Cardiovascular Disease in Adults.

*Post meeting note: the contact email for advice and guidance has been updated.*

**APC 24/170 BARNSELY SEVERE HYPERLIPIDAEMIA PATHWAY (UPDATE)**

The MO Lead Pharmacist, SY ICB presented the guidance noting that, as above at 24/169, the guidance has been updated in line with the national guidance on lipid management that was updated in March 2024. All the changes were tracked, and this has been to the cardiologists for comment, with no comments received. The guidance has been shared with members of the Barnsley MO team and clinicians that were originally involved in developing the guidance, who have given feedback and approval of the changes. The updated guidance was endorsed by the LMC.

The Committee approved the updated Barnsley Severe Hyperlipidaemia Pathway.

**Post meeting note:** the contact email for advice and guidance has been updated.

**APC 24/171 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

24/171.1 Draft Ciclosporin 1mg/ml Eye Drops (Ikervis®) Amber G Guideline (new)

The MO Lead Pharmacist, SY ICB thanked BHNFT colleagues for their assistance with obtaining specialist feedback, who fed back that they consider this to be an important addition to their practice and they were happy with the guidance and the monitoring section within the guidance.

The Chair wanted it recognised that this information is to support prescribers in terms of the amber G guidance status. It was noted that the need to produce this guidance was originally identified some time ago, as practices were prescribing without any guidance, noting that sign off had been delayed awaiting feedback from specialists.

Following discussion and clarification that this was guidance for an amber G classification that was previously made rather than for a newly assigned amber G drug, the guidance was endorsed in the meeting by the GP LMC representatives on behalf of the LMC, subject to rewording of the document from guideline to guidance.

Subject to this amendment, the Committee approved the guidance.

**Agreed action: -**

- The document title to be reworded from guideline to guidance.

JH

**Post meeting note:** subject to the document title being changed from guideline to guidance, approval of the guidance was also received from the LMC GP representative (MM) by email.

24/171.2 SCG for the prescribing of DMARDS in rheumatology patients (update)

The MO Lead Pharmacist, SY ICB presented the updated guidance, noting the main changes are the new format (in table form); the addition of the patient/carer responsibilities in line with the new templates; and updates to each monograph as needed. An additional amendment was to be made around the methotrexate liquid weekly dose, noting the maximum weekly dose for methotrexate is now 25mg orally in line with the national shared care; and information about the red traffic light classification for higher doses was to be removed.

It was noted that due to the size of the document, additional time was required for the LMC to review the guidance.

The Chair noted that, as discussed at previous meetings, the Committee are aware of the GP collective action, but that we have a duty of care to keep patients safe in terms of any amendments to shared care guidelines that are currently in place, and we need to keep them patent and current.

The Senior Pharmacist, SY ICB advised that there may be future changes required to be made to the sulfasalazine section, noting that the section currently states that the enteric coated tablets are preferred as better tolerability (licensed for use in rheumatoid arthritis). The Committee were informed that discussions are ongoing, but that Salazopyrin® brand, which is currently on the formulary as it was significantly more cost effective than prescribing generically, has been rebranded as a generic resulting in a big increase in cost. Discussions are ongoing as to whether it is appropriate to consider prescribing the plain tablets first line instead of the enteric coated, noting that this would be an off-label indication in rheumatology, where most of the prescribing is. The plain tablets are only licensed in gastroenterology, and there is only a small proportion of prescribing that is gastroenterology.

Feedback has been received from the rheumatologists, and it was discussed at IMOC in relation to a consensus and it was agreed that Places can make that individual decision.

It was proposed and agreed that further information including feedback that has been received from the consultants would be brought to a future meeting to agree the next steps. Additionally, the formulary does currently note that Salazopyrin® is the preferred brand therefore this will need removing from the formulary.

The Committee approved the updated guidance, subject to any amendments required by the LMC, and any immediate amendment required to the sulfasalazine section.

**Agreed actions: -**

- Further information regarding sulfasalazine to be brought back to a future meeting.
- Salazopyrin® to be removed from the formulary as the preferred brand.

DC

JH

24/171.3

Melatonin Amber SCG (minor update)

The MO Lead Pharmacist, SY ICB presented the guidance following minor updates, and the changes were tracked.

The Circadin® 2mg PR tablets have been replaced with the generic melatonin 2mg MR tablets which are more cost effective. The addition of the Ceyesto® melatonin 1 mg/ml oral solution was noted, for use in children over 6 years which is a cost effective brand of the oral solution.

An additional minor amendment was to be made on page 4, to say that the melatonin PR 2mg tablets should be prescribed generically, not the liquid.

The Lead Pharmacist, SWYPFT referred to the Horizon Scanning document shared with the agenda, noting that more melatonin liquid products were to become available, noting that with the frequency of these new products it is hard to keep the guidelines up to date, noting that if these products should bring significant cost savings, the guidelines will need to be reviewed again.

It was noted that this is an update to a guideline that is currently in use, with patients who are managed under shared care on this drug therefore we need to keep it patent and current. There were no objections to the endorsement of the guideline, therefore, subject to the minor amendment on page 4, the Committee approved the updated Melatonin Amber Shared Care Guideline.

**APC 24/172 FORMULARY**

**24/172.1 Formulary Review Plan**

It was agreed at the last meeting that a desk based review would be undertaken therefore the plan will be reviewed to plan for this and brought back to a future meeting. The potential risk around the formulary with the BEST website move was noted.

**24/172.2 Formulary and ScriptSwitch links to the BEST Website**

The Senior Pharmacist, SY ICB advised that because of the changes with the BEST website (moving platform), all the links on the formulary and on ScriptSwitch will need updating. We had understood initially that when the new website was launched that work would go on behind the scenes to automatically link to the guidelines on the new platform but there is a risk when the new website launches that the links on the formulary and on ScriptSwitch to the various guidelines and shared care guidelines on BEST will not work.

This has been escalated to try and find a solution to the issue but the considerable risk, and significant amount of work potentially involved was highlighted to the Committee. An update will be brought back to next meeting.

**DC**

**24/172.3 Amiodarone Shared Care Guideline**

The LMC GP (MM) advised that at the October 2024 LMC meeting, there was a consensus that the cardiology department should undertake the recall, calling for yearly ECGs so that they can monitor any changes. The LMC therefore wanted to reopen discussion around this guideline, for cardiology to take responsibility for the ECGs, noting the legal requirement and liability implications for GPs who are not specialists in ECGs. If the cardiologists reject this requested amendment to the guideline, GPs may hand back the entire shared care to secondary care to manage amiodarone completely.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) would take this away and discuss with Heidi Taylor, Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety), SY ICB in terms of IMOC and add under matters arising at the next APC meeting.

**Agreed action: -**

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to discuss with Heidi Taylor and feedback at the next meeting.

**CL**



## **APC 24/173 NEW PRODUCT APPLICATIONS**

### **24/173.1 Mepilex Post Op Border**

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) firstly apologised for the application presented, noting this has been submitted on old paperwork and is not currently signed.

There was an acute request to have Mepilex Post Op Border for use within BHNFT as the surgeons have had some issues around IPC and wanted to bring in this dressing as it is flexible, has super absorbency and is felt to be the best dressing to use after hip and knee surgery. This would be for hospital use only, noting that in primary care/community nursing they have alternative options that are more cost effective and of the same quality.

Subject to the NPA paperwork being updated as highlighted, the Committee approved the new product application for Mepilex Post Op Border for hospital use only and this would be added to the formulary.

#### **Agreed actions: -**

- NPA to be transferred onto the current paperwork if required.
- NPA signatures to be obtained from the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Lead Pharmacist).
- Mepilex Post Op Border to be added to the formulary, for hospital use only.

**NB  
NB**

**JH**

## **APC 24/174 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

### **24/174.1 SYICB IMOC Ratified Minutes – 7<sup>th</sup> August 2024**

The minutes were shared for information.

### **24/174.2 SYICB IMOC Verbal Key Points – 2<sup>nd</sup> October 2024**

#### **24/174.2.1 Feedback from September 2024 IMOC Timeout Session**

There was a commitment that feedback from the timeout event would come back for discussion, but it wasn't brought back in full to the October IMOC meeting.

#### **24/174.2.2 South Yorkshire Wound Care Group**

A South Yorkshire group has been set up and TVNs and a procurement lead were in attendance to discuss how the group was working, with a commitment to link the work of that group with the governance for wound care within each of the Places.

#### **24/174.2.3 Liothyronine Shared Care Protocol**

Following approval of the shared care guideline in the August 2024 IMOC meeting, this was discussed again and the feedback received from the LMCs acknowledged. It was noted that wider discussions, including commissioning discussions, were ongoing

#### **24/174.2.4 Hybrid Closed Loop Guidance**

This was approved with no issues raised from Place feedback.

- 24/174.2.5 Metolazone and Sulfasalazine  
These were briefly discussed as discussed above at 24/167.5 and 24/171.2.
- 24/174.2.6 Ryego® Shared Care Protocol  
This is with regards to moderate severe symptoms for fibroids and IMOC endorsed the guideline which currently includes contact details of the Sheffield specialists and are seeking feedback from Places on this with a view to making this a South Yorkshire guideline.
- 24/174.2.7 T2 Diabetes – young people management guideline  
This guideline was approved however in terms of the financial considerations around use, it needed to be flagged to finance and commissioning leads. There were also some amendments to the GLP1 section, not specifying order of GLP1s. It was noted that the guidance was approved from a clinical perspective with this amendment but in terms of the financial impact it would be brought back for further discussion.
- The LMC GP (MM) queried why this guideline went to IMOC for approval prior to going to LMCs to discuss and accept first, noting the statutory requirement that it should go to LMCs first when it involves work to be undertaken by GPs, noting that the LMC do not approve the guidance.
- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) spoke about where we can get guidance out and we can harmonise what we're doing across the patch, that should be applauded if we can do it. IMOC do acknowledge that where the pathways/providers are different, they are being flexible around the need for local guidance and that there will be differences. The T2 guidance is to provide wider recognition of the treatment patients require.
- It was agreed that the LMC GP (MM) would send the LMCs comments through to the IMOC for discussion at the next IMOC meeting.
- Agreed action: -**
- The LMC GP (MM) to send the LMCs comments through to the IMOC for discussion at the next IMOC meeting.
- 24/174.2.8 DOAC Guidance  
Local position statements/guidance to be amended at Place following the price reduction of rivaroxaban.
- 24/174.2.9 LMC attendance at IMOC meetings  
The LMC GP (MM) advised that like Sheffield and Rotherham LMCs, Barnsley LMC are not attending IMOC meetings but are providing any feedback/responses required by email. The LMC feel that IMOC are going ahead with pathways despite safety, funding and workforce capacity concerns raised by clinicians, and despite rejection of proposed pathways and guidance from the LMC.

MM

JH

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that IMOC are responding to new guidance

that is being issued by NICE, recognising there is insufficient resource, in both secondary care and primary care services to undertake the work. There is work going on behind the scenes in terms of responding to LMC concerns which IMOC recognise and are taking seriously, with issues fed back strongly at the September IMOC event coming back to the next IMOC meeting to be addressed. It was recognised that this is a national steer, and areas are pushing back to NHS England and NICE.

There was a lengthy discussion around IMOC and concerns were expressed that the economies of scale and savings were not being seen, additional concerns were also raised regarding the dilution of MMT in Places due to individuals undertaking additional work on behalf of South Yorkshire for IMOC, with concern also raised for colleagues with the extra demands placed on them. The work of Barnsley APC was applauded, and it was felt that IMOC was delaying work progressing at a local level and taking up time unnecessarily on the APC agenda.

It was agreed that the Committee would summarise the issues to feedback to IMOC and propose suggestions of what would be helpful from the IMOC going forward. This would be brought back to the next meeting, with a view to sending it to IMOC for discussion. Views of the other South Yorkshire Place APCs/PMOCs to be sought.

It was recognised that there are challenges and that with the restructuring, there is additional work to do to harmonise everything which is impacting on staff, and this has been fed back.

**Agreed actions: -**

- A summary of the views of the APC to be drafted and brought back to the next meeting with a view to sending to IMOC.
- Engage with other APCs/PMOCs regarding their views.

**CL/MG/  
MM  
CL/DC**

**APC 24/175 BARNSELY APC REPORTING**

**24/175.1 APC Reporting August 2024**

The Senior Pharmacist, SY ICB presented the report, noting there were 25 APC reports received via the APC reporting mailbox plus the additional interface queries received directly within the BHNFT pharmacy team that were detailed in enclosure K2.

A significant proportion of the reports received were D1 related.

Several reports were highlighted including BAPC24/08/04 regarding a patient that had contacted a GP practice to ask for warfarin prescribing. The D1 had been received and processed by the practice which stated apixaban but not warfarin. It was noted that 2 D1s had been sent from BHNFT but only 1 had been received by the practice. This is still being investigated.

BAPC24/08/05 was highlighted and related to a patient that was admitted to BHNFT on pregabalin and discharged with a dose that was above the licensed maximum daily dose. Initial feedback has been received but we are awaiting further feedback from the consultant to clarify why the dose exceeded the licensed maximum daily dose.

BAPC24/08/16 was highlighted, which was in relation to testosterone therapy and a GP practice being asked by BHNFT gynaecology to pick up the prescribing, with the feedback received that the hospital have declined to do the monitoring or stabilise the dose. It was noted that Sheffield has a Shared Care Guideline, that this Committee have endorsed previously, and it was understood at the time that most of the requests would come from the menopause clinic in Sheffield.

The Committee had previously been asked to consider whether the guideline should be updated to include Barnsley specialists if Barnsley specialists are asking GPs to pick up the prescribing and it had been agreed that the feedback would be sought from the specialists. No feedback has yet been received from the specialists but the Lead Pharmacist, BHNFT agreed to chase as clarity was needed from the specialists.

There was general concern raised around prescribing for menopause outside of the license, with concern that GPs are asked to continue the prescribing, therefore taking on the risk. There are guidelines in place that should be followed, and whilst GP practices are within their rights to reject the request to prescribe where these aren't being followed, it was noted that this may adversely affect the GP/patient relationship.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that in terms of commissioning arrangements, the follow up and patient management, these are with the Sheffield service therefore we would need to get that clarity and work on this outside of the meeting.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) advised that Barnsley Healthcare Federation have been successful with their funding application for a women's hub for the next 12 months. This will improve menopause prescribing, looking to get women suffering with menopause symptoms the drugs they need within the guidelines, working with GPs that are working locally in Barnsley practices.

The Associate Medical Director (Medicines Optimisation), BHNFT shared the concerns raised noting there needs to be ongoing research, noting his involvement with research groups who will be wanting to work with GPs and colleagues to try and improve the evidence base in this area.

**Agreed actions: -**

- Clarity to be sought from specialists.
- Clarity to be sought on commissioning arrangements.

**GT  
CL**

24/175.2

APC Reporting August 2024 – Interface Issues

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

## APC 24/176 NEW NICE TECHNOLOGY APPRAISALS

### 24/176.1 NICE TAs May 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'applicable' decision, advising that the following NICE TA **was** applicable for use at BHNFT: -

- TA967 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over

### 24/176.2 NICE TAs July 2024

The Lead Pharmacist, BHNFT confirmed the provisional 'not applicable' decision, advising that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA990 Tenecteplase for treating acute ischaemic stroke
- TA993 Burosumab for treating X-linked hypophosphataemia in adults

The remaining NICE TAs given a provisional status are still under review, and the longstanding ones have been escalated by Jeremy Bannister.

### 24/176.3 NICE TAs September 2024

**Post meeting note:** the Lead Pharmacist, BHNFT advised the applicability of the September 2024 NICE HST/TAs by email.

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

- TA999 Vibegron for treating symptoms of overactive bladder syndrome
- TA1001 Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment
- TA1004 Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion

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

- HST8 (Update) Burosumab for treating X-linked hypophosphataemia in children and young people
- TA1000 Iptacopan for treating paroxysmal nocturnal haemoglobinuria
- TA1002 Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over
- TA1003 Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over
- TA1006 (**Terminated appraisal**) Empagliflozin for treating type 2 diabetes in people 10 to 17 years
- TA1007 (review of TA611) Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

The Lead Pharmacist, BHNFT provisionally advised that the following NICE TA **was not** applicable for use at BHNFT: -

- TA1005 Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement

GT

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

- TA1008 Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments

24/176.4 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing to report.

24/176.5 Feedback from SWYPFT NICE Group  
There was nothing to report.

**APC 24/177 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
24/177.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
There had been no meeting therefore there was nothing to report.

24/177.2 BHNFT  
There was nothing to report.

24/177.3 SWYPFT Drug and Therapeutics Committee (D&TC)  
There was nothing to report.

24/177.4 Community Pharmacy Feedback  
There was no representative present.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that an issue was raised at IMOC around virtual out of stocks, explaining that this is where the drug is not actually out of stock, but where there is a cost differential between the purchase cost of the drug and what the community pharmacies are reimbursed. This will be discussed further outside of the meeting and again at IMOC, but it was raised today to log that there are significant numbers of these virtual out of stocks, which have always been an issue, but it is now growing, with apixaban being a key drug currently.

24/177.5 Wound Care Advisory Group  
There was nothing to report.

**APC 24/178 ISSUES FOR ESCALATION TO THE BARNESLEY PLACE QUALITY & SAFETY COMMITTEE (21<sup>st</sup> NOVEMBER 2024)**  
It was agreed to escalate the standing updates on IMOC and APC Reporting (D1 issues) to the Barnsley Place Quality and Safety Committee. A summary of the issues discussed around IMOC and around issues with NICE guidance and the implementation of NICE guidance would be produced for escalation.

**APC 24/179 FORMULARY ACTIONS**  
24/179.1 SPS Newsletter- July & August 2024 (for information)  
These were received and noted for information.

24/179.2 RDTC Horizon Scanning Document – July & August 2024 (for information)  
These were received and noted for information.

24/179.3 IMOC Horizon Scanning September & October 2024  
The Medicines Management Pharmacist presented enclosure O detailing the traffic light classifications agreed at the October 2024

IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

- Latanoprost + timolol – formulary green
- Estriol 1 mg/g vaginal cream – formulary green
- Palopegteriparatide – non-formulary grey
- Capivasertib – non-formulary grey
- Etranacogene dezaparvovec – non-formulary red
- Abaloparatide – formulary red
- Gefapixant citrate – already non-formulary grey

**APC 24/180 SAFETY UPDATES**

**24/180.1 MHRA Drug Safety Update (September 2024)**

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

Valproate use in men: as a precaution, men and their partners should use effective contraception

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate.

This is in addition to the information that was provided in January 2024 by the MHRA.

**APC 24/181 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster & Bassetlaw (15<sup>th</sup> August 2024) were received and noted for information.

**APC 24/182 ANY OTHER BUSINESS**

**24/182.1 Draft 2025 Meeting Dates**

Noted.

**24/182.2 Prescribing and Referral Issues**

The Lead Pharmacist, BHNFT raised an issue around the refusal by a GP to prescribe a paediatric omeprazole, and an issue following refusal of a lipid clinic referral. It was agreed that both issues should be reported via APC reporting.

**GT**

**24/182.3 Heart Failure Pathway**

The MO Lead Pharmacist, SY ICB advised of a minor amendment to the heart failure guidance. BNP is being replaced by NT-proBNP. The guideline has been updated with the latest references and values in line with the NHS SYB Pathology: Barnsley and Rotherham Laboratories Guidelines. The updated guideline will be uploaded to BEST.

**APC 24/183 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 13<sup>th</sup> November 2024 at 12.30 pm via MS Teams.