

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 13th August 2025 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)
Chris Bland (up to 25/155.1)	Chair (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Kapil Kapur (from 25/149)	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil (from 148.01 to 25/157.4)	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)
Deborah Cooke (from 148.01)	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)

APOLOGIES:

Erica Carmody	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Gillian Turrell	Lead Pharmacist, Medicines Information and Cardiology (BHNFT)

**ACTION
BY**

APC 25/144 QUORACY

The meeting was quorate from 25/148.1 to 25/157.4 therefore any proposed decisions or approvals made whilst the meeting was not quorate will be ratified for endorsement either outside of the meeting by email or at the next meeting.

JH/NB

As some members were expected to arrive late to the meeting, it was noted that the agenda would be slightly reorganised to ensure that members representing the provider organisations were present for the ICB Organisational Change and APC Terms of Reference items.

APC 25/145 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest relevant to the agenda to note.

APC 25/146 DRAFT MINUTES OF THE MEETING HELD ON 9th JULY 2025

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

Agreed action: -

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

NB

Post meeting note: approval received by email; therefore, the minutes were approved by the Committee.

APC 25/147 MATTERS ARISING AND APC ACTION PLAN

25/147.1 NICE TAs (April 2025)

In the absence of the Lead Pharmacist, BHNFT, this item was deferred to the next meeting.

GT

25/147.2 Action Plan – other

The action plan was received, noting that all items with an August target date were listed on the agenda.

APC 25/148 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

25/148.01 Barnsley Shared Care Guideline for Antipsychotics in Adults (update)

The Lead Pharmacist, SWYPFT presented the updated guideline, noting updates made following feedback received. The agreed approach of the APC and LMC to have a signed shared care agreement in place as opposed to an implied shared care agreement in place has been included. The traffic light system section remains within the guideline and a full list of antipsychotics, including green drugs has been included for completeness.

Updates have been made following feedback about annual prolactin levels and ECGs, noting concerns from some GPs about interpreting results of ECGs. Other minor updates have been made to the guideline.

There were some new medications added to the guideline. Their use would be limited within the Trust and requests to use them must be taken to the Drug and Therapeutics Committee and requests be approved by the Medical Director. In terms of their safety and how they would differ from other drugs in the shared care, there were no safety concerns to note and had the same monitoring. Individual monographs for each individual drug were included in the guideline.

The Associate Medical Director (Medicines Optimisation), BHNFT had no objections with the updated guideline but asked if there was any update on the wider shared care issue across the ICB following the GP collective action. The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that in regard to these guidelines, we have an agreement/principle that where we already have shared care guidelines in place and they are up for review, we make a decision about whether that is something we can harmonise across SY or need to review at Place, and following that decision, we undertake SY wide or Place base consultation. As the Mental Health providers are different across the SY Places for these, a Place review is best around the management of patients therefore this guideline has been brought to the APC rather than the IMOC. In terms of the introduction of drugs that historically were not within the shared care guidance, there may be some push back from GP practices, and we appreciate that, but in the best interests of the patients in terms of producing/reviewing the guidance, we need to review the guidance as a very minimum.

Regarding the wider shared care issues, we still have the SY piece of work being progressed, looking at a SY wide shared care remuneration framework in terms of a commissioned service for shared care for primary care. There was a document about principles of shared care, that was taken and endorsed, and it is understood negotiations are ongoing around how it can be taken forward within the funding envelope allocated.

The Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB) raised that the new medications added to the guideline, namely asenapine, cariprazine, paliperidone and lurasidone, currently have red formulary or non-formulary classifications within the Barnsley formulary, noting that an application would need submitting to the IMOC to request any change in traffic light classification. It was noted that the IMOC determines traffic light status across SY, and the formulary or non-formulary status is agreed at Place.

The Lead Pharmacist, SWYPFT advised that as the numbers are small with strict set criteria for starting patients on these, the traffic light classifications could remain red however it was agreed that the non-formulary status would be changed to formulary status, recognising that they will be used by SWYPFT.

It was agreed that asenapine, cariprazine, and lurasidone would be changed from non-formulary red to formulary red on the Barnsley formulary. Paliperidone is already formulary red on the Barnsley formulary. It was noted that paliperidone and lurasidone have not yet been discussed at the IMOC and have therefore not been given a traffic light classification on the IMOC traffic light drug list.

The LMC GP (MM) was happy with the inclusion of the requirement for a signed shared care agreement, as opposed to implied, and supportive of retaining the red traffic light classification for the new medications added to the guideline. However, it was agreed that the updated guideline would need to be taken to the next LMC meeting for discussion (September).

There were no objections to the content of the guideline from other members, therefore the updated guideline was approved by the Committee, subject to the traffic light classification information of the additional drugs being aligned with the Barnsley formulary and subject to approval from the LMC. The LMC decision would be fed back to the APC and the guideline only brought back if significant changes were required.

Agreed action: -

- The updated guideline to be discussed at the next LMC meeting and the decision to be fed back to the APC.

CL/MM

APC 25/149 ICB ORGANISATIONAL CHANGE/NHS ENGLAND CHANGES

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to governance supporting the APC was establishment in 2003, noting a number of functions that the APC were tasked with, mainly around managing medicines across the Barnsley Health Community, with a lot of emphasis placed on the

'working together'; making medicines use across Barnsley safer, and consistency of patients access to medicines across pathways i.e. The Medical Director and Chief Executive of each of the provider organisation are signed up to staff from each organisation attending APC meetings and the staff of all organisations following APC guidance and recommendations, acting together for the benefit of Barnsley patients and the Barnsley healthcare community. The APC had been functioning for over 20 years and there had been a consistency with the people who meet together who have an enormous medicines expertise around shared decision making, and evidence-based medicine and that has resulted in a consistent and robust decision making across Barnsley to the benefit of patients. The value of the Committees work is in the shared implementation of decisions and processes which are in place to support this.

The Committee has continued its work through two NHS transformations, and in each of these reorganisations it took itself through fitness for purpose exercises, (2009 and 2016), assuring the Committees organisational commitment, skills, processes and ways of working, particularly in its engagement and communication.

The SY IMOC has been established, and the APC has integrated its working arrangements to align with IMOC and recognised that where we can, we should harmonise but recognise we have different providers in different areas, and the challenges of agreeing one SY formulary across all SY Providers has been acknowledged.

We are now coming into the new world with the ICB organisational change and the 10-year plan. The MO Blueprint has been shared, and it is very clear that the ICB functions will change and that there are some important functions undertaken by this Committee that will transfer in the new world but currently the new model/world is yet to be established. The ICBs are moving from being a system convener to a strategic commissioning role and will be much leaner as we're aware of the organisational changes which will reduce staff resource and capacity.

From the 10-year plan, there is very much a vision of Place partnerships, including community pharmacy, working together to become integrated organisations (IHPs) and health partnerships and how they function across an integrated network. Presentations that we have had shared about the 10-year plan can be shared with members.

Functions including formulary, traffic light status, medicines shortages, safety notices, medicines value plans, interface activities etc will transfer, therefore in the new world, in terms of overseeing formulary and implementation of the joint work, there would still be a need for the functions of this Committee to exist in some form.

In light of the ongoing NHS organisational change, the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) recommended that we review the Terms of Reference (TOR) briefly, making only the necessary changes required but maintain working collaboratively, making decisions that are best for patients until we are

clear which APC functions will move to in reorganised NHS. The APC ToR can be reviewed again when the future direction is known. Support and commitment were sought from members that in the interim until we are advised about any change in process of the Committee, we maintain the working of the group for the benefit of patients.

The Associate Medical Director (Medicines Optimisation), BHNFT spoke of the good work of this committee, noting our alignment to the 10-year plan in relation to patient safety as a priority. The work of this group around cost effectiveness was recognised, with all cost savings identified being reinvested back into services. From a secondary care perspective, they were very much supported the work of the Committee continuing.

In terms of a timeframe for the changes, this was currently unknown, however the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) spoke about pilots for the Multi-Partnership Neighbourhoods (MPNs); there are 43 pilots across the country and work is ongoing nationally. Clarity is being sought about points made within the 10-year plan in relation to a national formulary.

The Chair (Community Pharmacy South Yorkshire) noted that with all the neighbourhoods being established that CP appreciated the shift may return to Place (from region) and CPSY are considering how they cover this centrally and at Place. There have been frustrations from the centralised working in terms of how communication and information has flowed. There was an ask to feed back to CPSY that, generally in terms of this Committee continuing to function, there has been a firm commitment from members that they want to continue, and that the TOR have been lightly reviewed.

The Lead Pharmacist, SWYPFT advised that attending the APC meetings is very beneficial and would wish to continue with the group, to discuss and understand the work being undertaken locally including formulary and guidelines, which as a mental health trust impacts their service including SRU, NRU and the hospice. It was fed back that in terms in feeding into the development and review of local guidelines, for mental health, the IMOC universal shared care guidelines have worked less well, recognising the differences in other areas across SY, but having a Barnsley specific guideline has been beneficial, and it was noted that the pathways in place over the Barnsley area, and how patients were managed on their medicines around the providers across the patch was the primary focus of why the Committees were established and this hasn't been lost and can add value.

Members expressed their concerns for this group with plans to streamline the process, with all recognising the benefits of the work undertaken by the group and the wish for it to continue, and to work as functionally as it has done when any changes are required to be made.

It was recognised that there is a firm commitment from members for the APC to continue and the TOR have been lightly reviewed until the future direction is known.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that a timeframe for the proposed changes has not been confirmed but that updates on the changes would be given at intervals. Members were thanked for their feedback on the organisational changes, and for their continued support.

APC 25/150 APC TERMS OF REFERENCE

The updated terms of reference were presented, with minor tracked changes showing updates to job titles and the movement of some non-core members into the list of core membership.

The Committee approved the interim update to the terms of reference.

APC 25/151 FORMULARY

The Senior Pharmacist, SY ICB (DC) fed back that we are undertaking a process of high level desk-based reviews, as agreed in previous meetings, checking that there are no major changes to be made to the formulary at this time, and checking links etc are still valid, with a view to potentially bringing back a full review plan when there is more information known about the ICB organisational change.

It was reported that the Respiratory and Endocrinology sections have been reviewed, and a small number of minor updates have been identified. It was agreed in a previous meeting that where changes were minor, these would be made outside of the APC meeting, only bringing back sections to the Committee for approval where major changes are required to be made.

Acknowledging the challenge with work pressures and reduced workforce in the MO team and BHNFT pharmacy team, thanks were expressed to colleagues for reviewing and progressing work around the formulary.

APC 25/152 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 25/153 NEW PRODUCT APPLICATIONS

25/153.1

Linzagolix (Yselty®)

The Senior Pharmacist, SY ICB (DC) advised that a formulary application for linzagolix (Yselty®) to be added to the formulary with a red classification for the treatment of fibroids and endometriosis has been received, noting that it is currently positioned on the formulary with a non-formulary red status.

It was noted that linzagolix is licenced for both fibroids and endometriosis. There are positive NICE TAs for both.

NICE TA996 (linzagolix for treatment of moderate to severe symptoms of uterine fibroids) was published in August 2024 and at that time it was fed back that the NICE TA was not applicable to BHNFT therefore linzagolix was assigned a non-formulary red traffic light classification.

At the July 2025 APC meeting, it was noted that NICE TA1067 (linzagolix for treating symptoms of endometriosis) was applicable to

BHNFT. and the formulary classification will therefore change to formulary red. Endorsement from the Committee was sought to update the formulary entry to note that both NICE TAs are applicable to BHNFT. The formulary application was for both indications therefore this is a minor change. As linzagolix been assigned a traffic light classification and NICE TAs are available it was agreed that the application did not need to be considered in depth. The application will be shared with members for information.

The Committee gave approval for the wording to be updated on the formulary.

Agreed actions: -

- The wording on the formulary would be updated to state that both NICE TA996 and NICE TA1067 were applicable to BHNFT and positioned with a formulary red status.
- The application would be shared with members for information.

JH

NB

APC 25/154 SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

25/154.1 SYICB IMOC Ratified Minutes – 2nd July 2025

The minutes were received for information.

25/154.2 SYICB IMOC Verbal Key Points – 6th August 2025

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) and Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB) provided an update on key points from the August 2025 meeting.

25/154.2.1 Electronic Shared Care Protocols (SCP) Update

A member of the MO Pathways Team has been working on an electronic solution to transfer proformas used between secondary and primary care and provided an update about a pilot in the Doncaster area using the Accu Rx GP system. There were some issues raised, and it was agreed that more work around the rollout and pilot needed to be undertaken. An update would be taken back to the IMOC.

25/154.2.2 Risankizumab Update

There were discussions around the doses STH were using, particularly the higher doses in IBD (tertiary therapy). This would be taken to the ICB Executive for decision.

25/154.2.3 Children and Young People's Asthma Guideline

This has been approved across South Yorkshire, and this will supersede any Children's and Young People's sections in the current Place based guidelines. There is a note in the guideline to advise using this guidance in conjunction with the local formulary, and the costs are also listed within the document. There will be training provided on the launch, due around September 2025, and a South Yorkshire Adult Asthma Guideline will follow.

25/154.2.4 Gliptins Position Statement Update

There was a minor amendment to the position statement following feedback that some SPCs for the DPP-4 inhibitors use creatinine clearance rather than eGFR for dosing, so the position statement now clarifies that the eGFR is considered clinically appropriate for this

group of drugs, and in the meeting it was decided to add additional information from the BNF to support this, and also the BNF information does list exceptions to that.

25/154.2.5 Hydroxychloroquine Shared Care Protocol
Sheffield and Rotherham will have a joint shared care protocol for hydroxychloroquine. Barnsley and Doncaster will remain with the disease specific guidelines for now. In Barnsley we have the DMARD Shared Care Guideline for Rheumatology patients, noting that we will be adding information around adding the SNOMED code for retinal screening to patient records when the patients have had their screening, and the Scriptswitch prompt has also been updated. The DMARD guideline has been amended and will be published soon.

25/154.3 IMOC Approved Guidelines
A link to the following guideline, approved by IMOC was shared with the agenda for information: -

- SY Metolazone (Xaqua®) for Oedema related to Kidney Disease and Congestive Heart Failure (CHF) Amber-G guideline

This is on the IMOC website and will replace the Barnsley Amber G guideline for metolazone. Any links will be updated accordingly.

APC 25/155 BARNSELY APC REPORTING

25/155.1 APC Reporting - June 2025

The Senior Pharmacist, SY ICB (DC) presented the June 2025 reports received directly to the ICB APC reporting mailbox only, whilst BHNFT are recruiting to the Interface Pharmacist post.

There were 9 reports received in June 2025, with reports relating to communication issues and lack of discharge information provided around medication changes/medication issued in A&E, which has been highlighted before.

There was a report relating to DOACs which was referenced in the last APC meeting. Other similar reports have been received relating to edoxaban being started in BHNFT as a first line DOAC instead of generic apixaban or generic rivaroxaban for non-valvular AF as documented in the APC position statement. The MO team are undertaking a lot of work within primary care, including across South Yorkshire, and it is included in the Primary Care Medicines Optimisation Scheme and wider SY QIPP plan where practices are reviewing patients on DOACs for AF and considering a switch from edoxaban to generic apixaban or generic rivaroxaban. Details regarding this report were shared with members and this has been shared with the Lead Pharmacist, BHNFT, noting that the Lead Pharmacist, BHNFT agreed at the last meeting to action the request to raise awareness within secondary care of the position statement and of the work being undertaking in primary care, appreciating that she wasn't present today to give an update on that, but highlighting that reports are still coming through reporting that edoxaban is being initiated in the hospital first line for AF, adding additional cost pressures.

It was agreed that the Lead Pharmacist, BHNFT would be contacted for a response regarding this and the agreed action to raise awareness within secondary care. The Associate Medical Director (Medicines Optimisation), BHNFT would assist should we come up against barriers.

Agreed action: -

- The Lead Pharmacist, BHNFT to be contacted for an update on raising further awareness within secondary care of the position statement and work being undertaking in primary care.

DC/GT

APC 25/156 NEW NICE TECHNOLOGY APPRAISALS

25/156.1 In the absence of the Lead Pharmacist, BHNFT, this item was deferred to the next meeting.

GT

25/156.2 Feedback from BHNFT Clinical Guidelines and Policy Group
In the absence of the Lead Pharmacist, BHNFT, there was no update reported.

25/156.3 Feedback from SWYPFT NICE Group
There was nothing to report.

APC 25/157 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

25/157.1 BHNFT
In the absence of the Lead Pharmacist, BHNFT, there was no update reported.

25/157.2 SWYPFT Drug and Therapeutics Committee (D&TC)
There was nothing to report.

25/157.3 Community Pharmacy Feedback
There was no representative present for this item, therefore no update provided.

25/157.4 Wound Care Advisory Group
There was nothing to report.

APC 25/158 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (4th SEPTEMBER 2025)

The updated APC Terms of Reference would be reported to the Barnsley Place Quality & Safety Committee.

CL

APC 25/159 FORMULARY ACTIONS

25/159.1 SPS Newsletter June 2025
Received and noted for information.

25/159.2 IMOC Horizon Scanning August 2025
The MO Lead Pharmacist, SY ICB presented enclosure J detailing the traffic light classifications agreed at the August 2025 IMOC meeting, noting the suggested Barnsley formulary status below: -

- Chikungunya vaccine (new medicine) – non-formulary grey (the traffic light classification will be reviewed when this is included in the Green Book)
- Escitalopram (new orodispersible tablet formulation) – already formulary green (the non-formulary grey entry for the

Escitalopram oral drops to be removed and instead add wording to the formulary green entry to note the high cost of both the orodispersible and oral drop formulations compared to the standard generic tablets)

- Sotatercept (new medicine) – non-formulary grey
- Marstacimab (new medicine) – classified red by IMOC, awaiting confirmation if applicable to BHNFT to decide non-formulary or formulary status
- Aflibercept (new 6-monthly dosing regimen) – already formulary red

GT/JH

The Barnsley formulary changes were approved by the Committee.

Agreed action:-

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

JH

Post meeting note: - it was confirmed at the July 2025 meeting that Marstacimab TA1073 was not applicable to BHNFT therefore has a non-formulary red formulary status

25/159.3

TLDL Sub-Group List July 2025

The MO Lead Pharmacist, SY ICB presented enclosure K highlighting the following suggested formulary changes for Barnsley: -

- Fingolimod - change from non-formulary to non-formulary red
- Follitropin alfa, beta, delta & Follitropin alfa/lutropin alfa - change Follitropin Alfa and Follitropin alfa + beta from non-formulary to non-formulary red. Follitropin alfa/lutropin alfa is already non-formulary red (remove provisional status). Add Follitropin delta as non-formulary red.

The Barnsley formulary changes were approved by the Committee.

Agreed action:-

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

JH

APC 25/160

SAFETY UPDATES

25/160.1

MHRA Safety Roundup (July 2025)

The update was noted with the following information highlighted: - Abrysvo ▼ (Pfizer RSV vaccine) and Arexvy ▼ (GSK RSV vaccine): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults

There is a small increase in the risk of Guillain Barré syndrome following vaccination with Abrysvo and Arexvy in adults (aged 60 years and older), and healthcare professionals should advise all recipients of these vaccines to be alert to signs and symptoms of the syndrome and if they occur to seek immediate medical attention as it requires treatment in hospital.

25/160.2

IMOC Safety Paper (August 2025)

The MO Lead Pharmacist, SY ICB presented the August 2025 IMOC Safety Paper, highlighting the following alerts: -

- 25/160.2.1 Class 2 Medicines Recall: Depo-Medrone 80 mg in 2 mL
The vial over label incorrectly states that the total vial content is 40 mg in 1 mL, and patients should be contacted to make them aware and provide any relevant clinical advice.
- 25/160.2.2 Potential Contamination of Non-Sterile Alcohol-Free Skin Cleansing Wipes including those used for wound care and included in first aid kits, and healthcare professionals should be aware that skin cleansing wipes not marked as 'sterile' may present a risk. Non-sterile alcohol-free wipes should not be used for cleaning of intravascular devices or for care of broken skin including wounds.
- 25/160.2.3 Shortage of bumetanide 1mg tablets
It was noted at the IMOC that this is now resolved.
- 25/160.2.4 Abrysvo▼ (Pfizer RSV vaccine) and Arexvy▼ (GSK RSV vaccine): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults
Noted above at 25/160.1.

APC 25/161 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (19th June 2025) were received and noted for information.

APC 25/162 ANY OTHER BUSINESS

25/162.1 South Yorkshire Medicines Optimisation Website (SY MO)

The Senior Pharmacist, SY ICB (DC) advised at the last meeting about moving towards a SY MO website and that it was in the process of being developed, and the plan going forward was for all guidelines across SY to be hosted on this one website. The proposed timeframe for the launch of the website is early September and comms are due to be sent out widely to publicise access to it.

The Barnsley MO team are due to have further conversations with BEST website colleagues about how we work together going forward, and further discussions are needed around Scriptswitch and the formulary, and the links on there.

It was noted that whilst there may be some issues to work through and resolve, there is an overall commitment from the developers and ICB MO personnel leading on the new website to get feedback and make necessary changes in the future. The website has been developed following issues with other Place websites, therefore there was a need over SY to establish quite quickly the central website to protect the documents across SY for those Places in terms of changes to their previous hosting arrangements.

APC 25/163 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th September 2025 at 12.30 pm via MS Teams.