

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 10th September 2025 via MS Teams**

MEMBERS:

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| Erica Carmody (Chair) | Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (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 Kapil Kapur | Consultant Gastroenterologist (BHNFT) |
| Chris Lawson | Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) |
| Dr Munsif Mufalil (from 25/167.2.8 to 25/180.1) | General Practitioner (LMC) |

IN ATTENDANCE:

| | |
|-----------------------------------|---|
| Nicola Brazier | Medicines Optimisation Business Support Officer (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 (from 25/167.2.2) | Lead Pharmacist, Medicines Information and Cardiology (BHNFT) |

APOLOGIES:

| | |
|------------------|---|
| Dr Mehrban Ghani | Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) |
| Elizabeth Lock | Clinical Quality Assurance Lead/Wound Care Compliance Nurse (SY ICB Barnsley Place) |

| | ACTION BY |
|---|----------------------|
| APC 25/164 QUORACY The meeting was quorate from 25/167.2.8 to 25/180.1 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 |
| APC 25/165 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA There were no declarations of interest relevant to the agenda to note. | |
| APC 25/166 DRAFT MINUTES OF THE MEETING HELD ON 13th AUGUST 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/MM

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

APC 25/167 MATTERS ARISING AND APC ACTION PLAN

25/167.1 NICE TAs (April 2025)

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

- TA1054 Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over

25/167.2 Action Plan – other

25/167.2.1 Sulfasalazine

The Senior Pharmacist, SY ICB (DC) advised that sulfasalazine originally came onto the APC agenda when there was a vast price differential between the enteric coated and the plain tablets and consideration was being given as to whether a switch programme should be undertaken within primary care. Since then, there has been a change in the price, and both are now Category M in the Drug Tariff, noting that the plain tablets are still lower in price than the enteric coated. Information regarding the different formulations has since been incorporated into the shared care guideline and endorsed by the Committee. It was felt that at this time, no further work needed to be progressed, therefore suggesting that the action be removed from the action plan.

The Committee agreed with this being removed from the action plan.

NB

25/167.2.2 BHNFT D1 Issues

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) referred to discussions at the June APC meeting after been informed indirectly at an LMC meeting that BHNFT were planning to make changes to the discharge summary, to which we raised the medicines related issues associated with the discharge summary and in terms of development, BHNFT colleagues involved would try and change the setup of the discharge summary. This was a new opportunity that had potentially arisen that could help to resolve some of the medicines related issues that have been reported. It was however noted that APC members from BHNFT, and David Bryant, Chief Pharmacist were not aware of these changes. BHNFT colleagues had been asked, outside of the APC meeting, to obtain more background information and intelligence to the proposed BHNFT changes.

The Senior Pharmacist, SY ICB (DC) informed the Committee of further D1 issues that had been identified in the last few days.

The Senior Pharmacist, SY ICB (DC) informed the Committee that the MO team had received a number of reports from GP practices that they had suddenly received a backlog of various correspondence from Barnsley hospital including D1s and outpatient letters, with a practice reporting receipt of approximately 300, either delayed discharges or duplicates in the last couple of days, and another practice that normally receives around 15 a day, receiving 70.

There have been some emails exchanged and the Senior Pharmacist, SY ICB (DC) has contacted other colleagues in the ICB to check if they had been made aware of an issue, confirming that other ICB colleagues were aware and were notified at the end of last week

regarding the non-receipt of D1s/clinic letters in primary care and the resulting backlog/ influx which is now being experienced within GP practices.

We have been informed that the Director of ICT at BHNFT is looking into the issue and the Senior Pharmacist, SY ICB (DC) has asked if there is any further information that could be shared in relation to timeframes as the ICB was notified last week but the reports being received suggest that some of the D1s relate back to mid-August.

Another issue that we have been made aware of, by community pharmacy colleagues, is that some pharmacies have not been receiving DMS referrals, in some cases for over a period of a couple of months. It was noted that David Bryant, Chief Pharmacist, BHNFT has emailed advising that the BHNFT digital team did provide assurance that the DMS PharmOutcomes referral system is working as expected now, although they were still testing it last week. He advised that the Lead Pharmacist, BHNFT would be able to verbally confirm/have more information to add at today's APC meeting.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) noted that we have identified similar issues on several occasions and that there were plans to discuss and further consider the approach to the management and communication of any similar issues encountered in the future, because of the clinical risk associated with this information not being. Concern was raised that other ICB colleagues had been made aware of the issue but the MO team, who are directly affected and receiving all these reports, were not informed.

The Lead Pharmacist, BHNFT proposed separating the D1 issues on the APC action plan to sign specific actions off when complete.

The Lead Pharmacist, BHNFT confirmed that the DMS issue had been escalated to clinical systems, and they have now confirmed that they have resolved the issue. The Director of ICT at BHNFT is looking at the backlog of DMS referrals to identify what needs resending from a specific timeline. This needs to be IT led for a more streamlined approach and they are in the best position to identify these.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) understood ITs involvement and them leading on identifying the DMS referrals to be resent, however, to manage this over the interface it needs a collaborative approach to manage and communicate any similar issues encountered in the future.

It was recognised that we have limited time in the APC meeting to discuss these different issues, and that we have previously tried to meet separately to identify what the issues are and produce a separate action plan. A separate action plan was never produced, and it was therefore agreed that a meeting should be arranged to capture and break down the APC D1 issues action and collaboratively agree the actions on a standalone D1 issues action plan.

A meeting would be arranged with MO colleagues, the Lead Pharmacist, BHNFT and BHNFT IT colleagues. The Lead Pharmacist, BHNFT to check and advise who should be invited from a medical/clinical oversight systems perspective.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) summarised the actions, noting that BHNFT to determine who needs to be involved from a BHNFT clinical perspective. The MO Team would manage the D1 backlog issue as they have historically with a view to escalating it if there are issues outside of their control or things seem to be going in the wrong direction. This approach was agreed.

Agreed actions: -

- A meeting to be arranged with MO and BHNFT colleagues to consider the approach to the management and communication of any similar issues encountered in the future. The Lead Pharmacist to advise who should be invited from a clinical perspective.
- A separate D1 issues action plan to be produced.

NB

GT

**CL/DC/
GT**

25/167.2.3

Proposed APC Feedback to IMOC

The draft proposed APC feedback was ready to share with members.

Agreed action: -

- The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) to share the draft proposed APC feedback with members.

CL

25/167.2.4

Sheffield Testosterone Shared Care Guideline

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) reiterated that there is a commissioned service with Sheffield Hospitals (but not with BHNFT) around HRT specialist management.

Following requests from Barnsley hospital clinicians for primary care to prescribe testosterone for HRT, the APC reached out to the IMOC to see if the Sheffield Testosterone Shared Care Guideline could be developed into a South Yorkshire guideline.

It was noted that the Lead Pharmacist, BHNFT was to discuss the guideline with BHNFT clinicians for their views on following the shared care guideline, noting that little response had been received.

The Senior Pharmacist, SY ICB (DC) reported that she had not received any feedback recently to be able to confirm whether or not requests from Barnsley hospital clinicians were still being received in primary care. There were no GP members in attendance for this item to comment. It was noted that this had been a long standing item on the IMOC subgroup action plan, however in the recent meeting because no feedback had been received, it was removed from the action plan with a view to revisiting it when the guideline is due to be reviewed.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) agreed to discuss this further with LMC colleagues and requested that the data be checked for any issues with growth/volume. Based on this, at the next meeting the Committee would be able to decide whether to remove the action from the APC action plan and re-visit when the Sheffield guideline requires review or whether a Barnsley/South Yorkshire guideline was now required. This would be brought back to the next meeting.

Agreed actions: -

- The guidance to be discussed with LMC colleagues.
- Data to be checked for any issues with growth/volume.

**CL
DC**

25/167.2.5

Nebuliser review work across South Yorkshire

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) has reached out to Deborah Leese, SY MO Respiratory Clinical Lead about progressing this work across South Yorkshire, however there are no current plans to prioritise this for a pilot or any other review work. This would remain on the Strategy and Delivery action log to potentially consider prioritising this area of work going forward.

The Lead Pharmacist, BHNFT advised that they haven't been involved with any nebuliser review work due to workload capacity but advised that Henry Frankland, Lead Pharmacist (Cardiology & Respiratory) at BHNFT can be contacted along with the respiratory consultants when this work is revisited going forward.

It was therefore agreed to step this action down and keep it on the Strategy and Delivery action log to revisit it at a suitable point in the future.

The Committee agreed with this being removed from the APC action plan.

NB

25/167.2.6

Shortage of Sytron Liquid

Deferred, awaiting confirmation on timeframe.

25/167.2.7

Target Dates

Members to review and advise if any target dates need reviewing.

ALL

25/167.2.8

Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline

An update was requested for the long-standing action.

The Lead Pharmacist, BHNFT advised that following staffing issues and changes, work on the guideline had not been progressed.

In terms of clinical risk, it was confirmed that there are European Society of Cardiology (ESC) guidelines available that have clear recommendations on the combination post-MI/stenting, noting that it depends very much on whether the patient is considered standard risk or high risk. It was noted that a new combination initiated would always come through BHNFT pharmacy and be clinically checked. It was agreed that clarify would be sought on which national and/or

European guidelines are available for combination therapy in stroke patients.

In terms of removing the action from the action plan, the Lead Pharmacist, BHNFT advised she would discuss with Henry Frankland, Lead Pharmacist (Cardiology & Respiratory) and clarify whether there is a clinical risk and local guidance is considered necessary or whether, if the national and/or European guidelines available cover all the scenarios, that we remove the action from the action plan and follow the national/European guidance available.

The Senior Pharmacist, SY ICB (DC) advised that the now out of date guideline is currently on the website and asked if this should be removed. As the guideline does not match the current European Society of Cardiology (ESC) guidelines, it was agreed that this should be removed from the website. Should guidance be required, this could be sought from the prescribing consultant or the ESC guidelines.

Agreed actions: -

- The Lead Pharmacist, BHNFT to discuss with Henry Frankland, Lead Pharmacist (Cardiology & Respiratory) and clarify if a local guideline is needed or whether we follow the national/European guidance.
- The Lead Pharmacist, BHNFT to check national or European guidelines for combination therapy in stroke patients.
- The guideline currently on the website to be removed.

GT

GT

JH

25/167.2.9

Immunosuppressants - dermatology guidelines

An update was requested for the long-standing action.

The Lead Pharmacist, BHNFT advised that this is now on the Trust's governance agenda to discuss.

The MO Lead Pharmacist, SY ICB (JH) advised that an interim minor amendment has been made to the contact details information within the Immunosuppressants Drugs for the Management of Dermatological Conditions to remove the previous consultants and include the secretary number instead. This will be updated on the MO Website.

The Senior Pharmacist, SY ICB (DC) noted that this is a guideline that required updating, similarly from 2019, appreciating this is now with the governance team but noting there has been updated information published, for example MHRA information recently regarding intrahepatic cholestasis of pregnancy (ICP) with azathioprine, noting that the DMARD guideline has been updated to incorporate this information. It was queried if it would be appropriate to refer to this guideline, appreciating that whilst all the drugs within it won't be used in dermatology the information for the drugs which are used would be more up to date. As the drugs in the dermatology and DMARD guideline are different, it was agreed to wait for a response from the Governance Committee.

The LMC GP (MM) advised that GPs are prescribing medications such as Efudix® based on the Telederm advice, however noted there

is little information out there for GPs so guidelines on this would be appreciated and will help GPs and the whole system, potentially reducing impact on the hospital by avoiding referrals back to hospital. The Lead Pharmacist, BHNFT advised that the current iteration of the guideline does not include these drugs but advised that she could take this back and discuss with the specialist as many other guidelines around different dermatological conditions are in development, so it may not be appropriate to include these, but separate guidance may be needed.

The Senior Pharmacist, SY ICB (DC) advised that a guideline with these products for actinic keratosis is in development via IMOC, and she agreed to obtain an update and feedback at the next meeting.

Agreed actions: -

- The Lead Pharmacist, BHNFT to provide update/feedback from the Governance Committee.
- An update to be provided at the next meeting about the guideline in development via IMOC.

GT

DC

APC 25/168 LAUNCH OF NEW CENTRAL SY ICB MEDICINES OPTIMISATION WEBSITE

The Senior Pharmacist, SY ICB (DC) informed members that following previous updates, the SY ICB Medicines Optimisation Website was launched on 1st September 2025 and comms has been circulated centrally to all stakeholders. A copy of the information circulated was included with the agenda. A short video demo walking users through the new site and its features is available on the homepage, along with a feedback form about the new website.

the Medicines Optimisation Team will be uploading shared care guidelines and prescribing guidelines that have been approved by the APC/IMOC and similarly Place based colleagues across South Yorkshire will be doing the same. This is a central point where all documents will be saved going forward.

The links to guidelines within the Barnsley formulary and ScriptSwitch are in the process of being updated to link to the new website, moving away from direct links to specific guidelines and moving to using pre-populated searches that will bring up a list of all associated guidelines available on a clinical area so that when new guidelines are developed they will still be accessible via that search.

MO colleagues have met with BEST website colleagues, recognising that whilst the BEST website is separate it does host lots of information. MO colleagues are notifying BEST website colleagues when guidelines are developed or updated.

Any feedback on the new site can be submitted using the form on the SY MO website homepage.

APC 25/169 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

There were no guidelines to approve this month.

APC 25/170 FORMULARY

There was nothing to report regarding general formulary updates.

25/170.1

Dapagliflozin

The Senior Pharmacist, SY ICB (DC) advised that following the patent expiry, dapagliflozin has moved into Category M in the Drug Tariff and the price has reduced. It is expected to reduce significantly in the future therefore it was proposed that wording be updated on the Barnsley formulary to note that generic dapagliflozin has a lower acquisition cost than other SGLT2 inhibitors and should be considered as a first line option when an SGLT2 inhibitor is indicated.

The current formulary wording was agreed when only the brands were available, and the costs were similar and three SGLT2 inhibitors had been listed as first line options.

This is expected to be a QIPP area across South Yorkshire in the future.

The Lead Pharmacist, BHNFT advised that the usage figures indicate that BHNFT use more dapagliflozin than empagliflozin but would send out comms internally to advise that dapagliflozin should be considered first line.

The Committee approved the proposed wording being added to the Barnsley formulary to note that dapagliflozin is now the more cost-effective option and should be considered first line.

Agreed actions: -

- Wording on the Barnsley Formulary to be updated.
- Comms to be sent internally at BHNFT regarding using dapagliflozin first line.

**JH
GT**

APC 25/171 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 25/172 SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

25/172.1 SYICB IMOC Ratified Minutes – 2nd July 2025

The minutes were received for information.

25/172.2 SYICB IMOC Draft Minutes – 6th August 2025

The minutes were received for information.

25/172.3 SYICB IMOC Verbal Key Points – 3rd September 2025

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

25/172.3.1 SY ICS Third Party Prescription Ordering Position Statement (new)

This was approved, bringing together the approaches of the existing South Yorkshire Places who have adapted this stance, including Barnsley, and unifies across South Yorkshire, a shared position where the third-party ordering is not supported or recommended.

- 25/172.3.2 Updated Valproate Guidance Document
This has been updated and is in line with the recent changes to the MHRA educational material. The shared care protocol wording has also been updated and when we receive the final version, the Barnsley Shared Care Guideline for the use of anticonvulsants as mood stabilisers, will need updating with that updated information.
- 25/172.3.3 SY Emollients and Risk of Severe and Fatal Burns (new)
The Sheffield document has been adapted for South Yorkshire, and this will be available soon.
- 25/172.3.4 SY Selfcare Guidance - Update
There was a minor update to the guidance. It now refers to the Pharmacy First Service instead of the Community Pharmacist Consultation Service.
- 25/172.4 IMOC Approved Guidelines
Links to the following guidelines, approved by IMOC were shared with the agenda for information: -
- Lipid Modification for the primary prevention of CVD in younger adults (18-39) with type 2 diabetes. This is to be used alongside the existing Lipid Modification Guidelines.
 - SY Dental Position Statement (new)
- For the above guidelines, the links shared with the agenda are to the SY IMOC section of the ICB website, noting that these guidelines are now available on the new SY MO website, and this should be used going forward as the SY IMOC section of the ICB website will not be updated with new versions.
- South Yorkshire Children and Young People's Asthma Guideline 2025 (new)
 - Updated SY SCP for Sublingual Immunotherapy (SLIT) (Grazax/Acarizax) - includes information around the NICE TA

APC 25/173 BARNSELY APC REPORTING

25/173.1 APC Reporting - July 2025

The Senior Pharmacist, SY ICB (DC) presented the July 2025 reports, noting there had been 20 reports received directly to the ICB APC reporting mailbox. Thanks were extended to the Lead Pharmacist, BHNFT for her help with the first report listed, as the practice team had been struggling to obtain information from the hospital to resolve the issue, in relation to duration of therapy for a patient on apixaban.

There were several reports relating to D1s not being received by the pharmacy, linked to the DMS issue discussed at 25/167.2.2.

Reports in relation to the first line DOAC were highlighted, noting that there have been emails exchanged outside the meeting, and the Lead Pharmacist, BHNFT was thanked for the action taken with raising awareness in secondary care. We have asked for feedback if this continues to be an issue noting there is a significant amount of work being undertaken in Barnsley and across South Yorkshire in reviewing patients on edoxaban and considering rivaroxaban or apixaban where appropriate.

A report in relation to ticagrelor was highlighted, and the lack of information about duration of treatment. This was flagged in connection with the outstanding ticagrelor audit action on the action plan, confirming that although smaller in number, a report had been received in July.

APC 25/174 NEW NICE TECHNOLOGY APPRAISALS

25/174.1 Provisional Decisions Confirmed

25/174.1.1 NICE TAs April 2025

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

- HST33 Leniolisib for treating activated phosphoinositide 3-kinase delta syndrome in people 12 years and over

25/174.1.2 NICE TAs May 2025

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

- TA1059 (updates and replaces TA594) Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma

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

- TA1062 Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor

25/174.1.3 NICE TAs June 2025

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

- TA1070 Spesolimab for treating generalised pustular psoriasis flares

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

- TA1074 Sparsentan for treating primary IgA nephropathy

25/174.2 NICE TAs – July 2025

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

- TA753 (Update) Cenobamate for treating focal onset seizures in epilepsy
- TA1075 (Updates and replaces TA775) Dapagliflozin for treating chronic kidney disease
- TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over
- TA1080 Mirikizumab for treating moderately to severely active Crohn's disease
- TA1081 Zanubrutinib for treating relapsed or refractory mantle cell lymphoma

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

- TA988 (Update) Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis
- TA1073 (Slight amendment) Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies
- TA1076 (**Terminated appraisal**) Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
- TA1079 Fruquintinib for previously treated metastatic colorectal cancer
- TA1082 (**Terminated appraisal**) Letemovir for preventing cytomegalovirus infection after a kidney transplant
- TA1083 (**Terminated appraisal**) Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable
- TA1084 (**Terminated appraisal**) Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments
- TA1085 Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over

25/174.3

NICE TAs – August 2025

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

GT

- TA1086 Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence
- TA1087 Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen
- TA1088 Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over
- TA1089 (Terminated appraisal) Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments
- TA1090 Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma
- TA1091 Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments
- TA1092 Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer
- TA1093 Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over
- TA1094 Guselkumab for treating moderately to severely active ulcerative colitis
- TA1095 Guselkumab for previously treated moderately to severely active Crohn's disease

25/174.4

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

25/174.5

Feedback from SWYPFT NICE Group

There was nothing to report.

APC 25/175 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

25/175.1 BHNFT

It was noted that the Associate Medical Director, BHNFT did request that the MO Committee discuss the issue around the DOACs and this will be monitored and brought back if the problem continues, to take action.

The Lead Pharmacist, BHNFT advised that comms has been sent out about first line DOACs and gliptins, and the pharmacists have been asked to challenge initiations during admissions, flagging at the point of prescribing before patients are discharged into primary care.

25/175.2 SWYPFT Drug and Therapeutics Committee (D&TC)

The Lead Pharmacist, SWYPFT advised that they were in the process of updating the Varenicline PGD, mainly on the commissioning aspect but also in relation to trying to improve the SOP, mostly in relation to higher risk drugs and interactions and how to do that safely through community pharmacy without putting patients at risk. This is expected to be completed next week, and that service can then be rolled out.

25/175.3 Community Pharmacy Feedback

There was no representative present for this item, therefore no update provided.

25/175.4 Wound Care Advisory Group

The group have not met since the last APC, therefore there was nothing to report.

APC 25/176 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (13th NOVEMBER 2025)

It was agreed to escalate the recent D1 issue and APC reporting to the Barnsley Place Quality & Safety Committee. The D1 issue would be escalated immediately to the SYICB Director of Nursing for Patient Safety and IPC and the Medical Director (Barnsley Place) given the date of the next Committee meeting.

CL/EC

The LMC GP (MM) voiced concern with reduced numbers of D1s being received in practice, asking for this to be escalated from an APC and safety point of view.

As the LMC GP (MM) was not present for the earlier discussion, the Senior Pharmacist, SY ICB (DC) gave an update on the issue identified following feedback from several GP practices which has resulted in a backlog of information now coming through the GP practices.

APC 25/177 FORMULARY ACTIONS

25/177.1 SPS Newsletter July 2025

Received and noted for information.

25/177.2 IMOC Horizon Scanning September 2025

The MO Lead Pharmacist, SY ICB presented enclosure K detailing the traffic light classifications agreed at the September 2025 IMOC meeting, noting the suggested Barnsley formulary status below: -

- Pegzilarginase (new medicine) – non-formulary grey (NICE TA in development)
- Zolpidem (new orodispersible tablet formulation) – zolpidem at chemical substance level is formulary green. Suggest adding to the formulary and ScriptSwitch a high-cost warning for the orodispersible tablet formulation compared to the standard generic tablets.
- Deutivacaftor + tezacaftor + vanzacaftor (new medicine) – non-formulary red
- Chikungunya vaccine (new medicine) – already non-formulary grey
- Liothyronine (new oral solution formulation) – liothyronine (chemical substance level) already formulary amber. It was noted that the oral solution has a lower cost compared to the tablets.
- Sildenafil citrate (new oromucosal spray formulation) – Sildenafil at chemical substance level has a green classification. Suggest adding to the formulary and ScriptSwitch a high-cost warning for the oromucosal spray formulation compared to the standard generic tablets.
- Sparsentan (new medicine) – already non-formulary red.

The Barnsley formulary changes were approved by the Committee.

25/177.3

TLDL Sub-Group List August 2025

The MO Lead Pharmacist, SY ICB presented enclosure L, noting that no formulary changes for Barnsley were required this month.

APC 25/178

SAFETY UPDATES

25/178.1

MHRA Safety Roundup (August 2025)

Received for information. There was nothing specific to note this month.

25/178.2

IMOC Safety Paper (September 2025)

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

25/178.2.1

Shortage of Antimicrobial Agents Used in Tuberculosis (TB) Treatment

ScriptSwitch is being updated to alert prescribers to the shortage and to the details contained in the national patient safety alert.

25/178.2.2

Yellow Card Biobank has launched a new topic recruiting patients experiencing acute pancreatitis while taking GLP-1 RAs

The Yellow Card Biobank, a collaboration between MHRA and Genomics England, is calling on all HCPs to report Yellow Cards on behalf of patients who experience acute pancreatitis whilst taking GLP-1 medicines.

APC 25/179

SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

There were no minutes to note.

APC 25/180 ANY OTHER BUSINESS

25/180.1

Supply of adrenal crisis emergency management kits

The Senior Pharmacist, SY ICB (DC) raised a query which has been referred to the APC by the endocrinology team at BHNFT via the pharmacy team. The query is in relation to patients obtaining emergency hydrocortisone kits, for patients with Addison's Disease for example. The enclosure circulated with the agenda is from the Specialist Pharmacy Service website and was included for background information as it details what NICE say should be included in the kit, however a kit cannot be prescribed, it would be a case of obtaining the individual constituents.

The kit consists of intramuscular hydrocortisone water injection which are both in the Drug Tariff, the issue seems to be in relation to the supply of the syringes and the needles that are not in the Drug Tariff. The Addison's website does say that the patient can ask the GP or the endocrinologist for supplies however information was needed about how patients can obtain these.

Feedback from the IMOC subgroup was shared, noting that other Place areas advised that patients obtain the needles and syringes from the specialist clinic and then they get further supplies from the specialist clinic as well when required.

The LMC GP (MM) advised that GPs will not issue them unless it's written by Endocrine in their letters.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that for other conditions where similar kits are needed, there is an agreement that the specialists would supply items that are not prescribable, noting that it is not possible to obtain these items in primary care therefore there needs to be an alternative supply route.

The Lead Pharmacist, BHNFT advised that the query came to the pharmacy team following discussion at an endocrinology governance meeting, asking if it was possible to purchase a standalone kit. Although it states in the SPS document that a kit can be purchased, BHNFT cannot find a supply route.

The Lead Pharmacist, BHNFT agreed to take this back and discuss further with the specialist nurse.

Agreed action: -

- The Lead Pharmacist, BHNFT agreed to take this back and discuss further with the specialist nurse.

GT

25/180.2

Calcium and Vitamin D, and Vitamin D Guideline

The MO Lead Pharmacist, SY ICB (JH) advised that the Calcium and Vitamin D, and Vitamin D guidance, a summary of formulary choices, is currently on the website but is out of date. This is now out of date because the Barnsley Adult Vitamin D Guidelines have been superseded by the South Yorkshire Guidelines. As all the necessary information is currently on the Barnsley formulary, it was proposed that this guidance be stepped down if all in agreement.

The Committee agreed to step down the Calcium and Vitamin D, and Vitamin D Guideline.

JH

25/180.3

ICB Organisational Change/NHS England Change

The Associate Medical Director, BHNFT asked if there was any update on the changes, following his appeal that this Committee should be prioritised going forward and that medicines management is not only good in terms of keeping our patients safe and giving them effective treatment, but it also saves money.

The Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB) advised that the ICB organisational change is still on pause as discussions are continuing centrally in relation to funding the redundancy programme. Further information is expected in October, but we could be in the same position for the remainder of the financial year.

A Model ICB MO Good Practice Guide has been published providing information around the MO function and its part at the ICB, and the new Model Region Blueprint has been published in respect of what the ICB will be responsible for going forward.

25/180.4

Healthy Start Vitamins

The Lead Pharmacist, BHNFT advised that following the Abidec® and Dalivit® shortage, the Trust have switched to the Healthy Start Vitamins, which are low cost and licenced from birth. A query from a parent following the switch was noted.

It was agreed that information circulated internally at BHNFT would be shared with the MO team to circulate with the APC memo.

Agreed action: -

- Information circulated within BHNFT to be shared for circulation with the APC memo.

GT/DC

25/180.5

New Dispensing System

The Lead Pharmacist, BHNFT advised that a new dispensing computer system went 'live' yesterday. This is not linked with D1s etc and no impact is expected outside of the Trust.

APC 25/181

DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th October 2025 at 12.30 pm via MS Teams.