# Minutes of the Meeting of the Sheffield Area Prescribing Group
# 18th September 2025 via MS Teams

| Attendee present: | Time of attendance: (if not for full meeting) | Attendee name & initials: | Attendee title, organisation, and role (where applicable) |
|---|---|---|---|
| Yes | | Dr Andrew McGinty - AMc | GP, NHS SY ICB, and **joint Chair of APG** |
| No | | Dr Zak McMurray - ZM | Medical Director NHS SY ICB and **joint Chair of APG** |
| No | | Heidi Taylor - HT | Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB |
| No | | Hilde Storkes - HS | Lead Pharmacist (Formulary), MO Strategy & Delivery (Sheffield) NHS SY ICB |
| No | | Emily Parsons - EP | Medicines Safety Officer NHS SY ICB |
| Yes | | Abiola Allinson - AA | Chief Pharmacist. Sheffield Health & Social Care FT |
| No | | Dr Jonathan Mitchell - JM | Consultant representative. Sheffield Health & Social Care FT |
| No | | Joanne Wragg - JW | Chief Pharmacist, Sheffield Children's FT |
| Yes | Left at 14:56 | Andrew Moore - AM | Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist. |
| Yes | | Dr Laura Smy - LS | GP, NHS South Yorkshire ICB and Representative of Local Medical Committee (LMC). |
| Yes | | Dr Rhona Leadbetter - RL | GP, NHS South Yorkshire ICB |
| No | | Dr Trish Edney - TE | Lay member. Healthwatch representative |
| Yes | | Dr Craig Lawton - CL | GP, NHS South Yorkshire ICB |
| No | | Mr Veeraraghavan Chidambaram-Nathan - VN | Consultant representative STHFT |
| No | | Chris Bland - CB | Community Pharmacy South Yorkshire representative. |
| Yes | | Shameila Afsar-Baig - SA | Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB |
| Yes | | Jenni Bussey - JB | Lead MO Pharmacy Technician (Clinical Effectiveness) NHS SY ICB & **APG Secretary** |
| Yes | Left at 14:36 | Claire Stanley - CS | Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB |
| Presenting | | Diana Vasile -DV | Lead Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB |
| Presenting | | Kirsty Burdett – KB | MO Senior Pharmacist (SYICB Endocrine Lead; Clinical Effectiveness)<br>MO Lead Pharmacist (Trainee Pharmacists - Integration and Development Portfolio)<br>MO Lead Pharmacist (Bone Health, Strategy and Delivery - Townships 1 PCN Sheffield) |

## Summary Points and Recommendations from September 2025

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| **September APG approvals** | • Updated CKD guidance<br>• 3 new QIPP 25-26 switches from cost efficiency work stream |
| **IMOC approvals** | • Draft SY Self Care Guidance document<br>• SY ICB Guidance on Emollients document<br>• ICS Third party ordering position statement<br>• General Valproate SCP wording proposed change<br>• Valproate SY Primary Care factsheet |
| **IMOC TLDL approvals** | • Appendix 1 |

| | | ACTION |
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| **1.** | **Welcome, Apologies for Absence & Quoracy** | |
| | The chair welcomed everyone to a shorter meeting, timed 2pm-3pm due to NHS SY ICB colleagues attending an organisational change webinar 1:30-2pm.<br>Apologies from HT, TE, JW, ZM, EP, HS, JM.<br>The chair declared the meeting to be quorate. | |
| **2.** | **Declarations of Interest** | |
| | No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting. | |
| **3.** | **Draft minutes of the July APG meeting** | |
| | The draft minutes were approved as accurate. | |
| **4.** | **Matters Arising from the July APG meeting** | |
| | • **GLP-1 prescribing guidance from secondary care** – RL had raised this at the previous meeting and in the meantime had received information that a resolution was in hand and LS confirmed that this will be addressed in an LMC newsletter shortly. **The chair suggested this matter can now be closed.** | **JB** |
| | • **June APG typo located & corrected -** JB reported that this was now complete & **the matter closed**. | |
| | • **July's safety report circulated via email in EP's absence, questions/comments to EP direct** – JB sent this email & had received no queries/EP had not reported any queries either. **This matter will now be closed.** | |
| | • **Hydroxychloroquine Shared Care Protocol (SCP) update** – suggestions from July APG actioned & agreed virtually. LS had some late comments that have been emailed directly to the author & **update will be actioned outside the meeting**. | **LS/SK** |
| | • **July's IMOC minutes included in this meetings papers distribution** – JB confirmed this had been actioned. **This matter is now closed.** | |
| | • **Monitoring of DOACs, follow up with NICE CKS and SPS** – HS was not in attendance at today's meeting so this matter will be included in **October's agenda**. | **JB/HS** |
| | • **Patient-facing resources for lack of tier 3 weight services** – HT was not in attendance at today's meeting so this matter will be included in **October's agenda**. | **JB/HT** |
| | • **List of Covid treatment patient eligibility criteria to be shared** - HT was not in attendance at today's meeting so this matter will be included in **October's agenda**. | **JB/HT** |
| **5.** | **Papers on MO website** | |
| | The new website was highlighted to the attendees via the agenda, feedback on the use/functioning of the website was discussed under Any Other Business (AOB) section.<br>No comments were made about the individual papers that had been recently added to the South Yorkshire (SY) page of the website. | |
| **6.** | **Virtual Proposals agreed under delegated authority** | |
| | No new items have been submitted for approval outside the meeting. | |
| **7.** | **Medicines Safety Update** | |
| | EP was not in attendance at today's meeting, SA offered to answer any questions that the group had on reading the September safety report paper, of which there were none. SA also reported that this edition of the safety report had been publicised at September's APG Learning Lunch/prescribing updates session.<br>In case EP was not able to attend another APG meeting before her departure from NHS SY ICB, AMc wanted to formally thank her for all her hard work on medicines safety and for her role within the APG meeting. This sentiment was echoed by the whole group. | |
| **8.** | **Pharmacy and Prescribing Commissioning Group Feedback (PPGC)** | |
| | AMc reported that the meeting that was scheduled for 16th September was stood down and therefore there was nothing to report for today's meeting, The next PPCG meeting is scheduled for October so the next potential update will be at October's APG meeting. | |
| **9.** | **Protocols/Prescribing Guidelines/TLDL applications pre-IMOC** | |

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| | • **QIPP 2025/26 additional switches for agreement –** CS presented the new cost efficiency switches proposed as an addition to the existing agreed 'bag of switches' some of which are more cost-effective choices for medicines that are not in the Sheffield formulary. Previously these have been agreed via other governance routes (MOSG and FSG) however a review of the process has been undertaken, and it has been agreed that all proposed switches should now have sign-off by APG.<br>The switches are Venlafaxine 37.5 mg MR capsules to Vencarm® XL 37.5 mg MR capsules, Venlafaxine 150mg MR capsules to Vencarm® XL 150mg capsules and Betamethasone valerate 0.1% cream to Betnovate® 0.1% cream.<br>CS explained that these drug options are not in category M and therefore are eligible for selection as cost efficiencies as branded generics. An explanation of what category C drugs was requested by LS, CS gave a brief overview and a link was shared in the meeting chat on MS Teams to the Drug Tariff for more information.<br>AMc asked for clarity the Betnovate cream switch did not include the RD preparation, CS confirmed that it did not.<br>AMc also suggested that the specialists at the Sheffield Health & Social Care FT should be using the Vencarm® XL on discharge to assist the cost efficiency, CS & AA will liaise outside the meeting on developing appropriate communications to prescribers.<br><br>**Decision:** The suggested additional QIPP cost efficiency switches were approved. | **CS/AA** |
| | • **CKD Guideline update** – DV attended the meeting to present these minor updates to the guidance document.<br>Dapagliflozin and empagliflozin have now got the same prescribing criteria for SGLT-2 inhibitors in CKD therefore the flowchart has been updated to reflect this, dapagliflozin is presented in bold to encourage this to be used first line due to current pricing arrangements.<br>AMc noted that a patient of his who intermittently self-catheterises was started on dapagliflozin and suffered increased trauma from number of times needing to self-catheterise increasing. The flowchart does reflect the ability to tolerate the polyuria, so this does address the issue to some extent.<br>LS commented that the updates had been done well, very concise and clearly on the flowchart.<br>DV & KB suggested that an update to the formulary chapters for Endocrine, CKD & heart failure would be needed as they are also indicated for both dapagliflozin and empagliflozin use and to encourage dapagliflozin to be used first line due to current pricing arrangements.<br><br>**Decision:** The suggested updates to the guidance documents were approved.<br>**Post meeting note:** The updated guidance has been uploaded to the MO website. | |
| | • **Vitamin B12 STH guidance update** – Hannah Delaney (HD) (Consultant, Clinical Chemistry, STH) who is the main author of the guidance was unable to attend today's meeting. Kirsty Burdett (KB) who has collaborated on the medicines side brought the paper for discussion in her absence.<br>Up until March 2024 there was no national guidance on how to treat vitamin B12 deficiency, then NICE published guidance and our local guidance was developed from that. The medicines part has been taken from the NICE guidance & BNF.<br>LS suggested that this version is an improvement on the previous one, however some issues remain. Under box 3 management in primary care – this information needs to be clearer that it is not primary care work. Also, on the costings paper, this underestimates the actual cost of a Health Care Assistant's time and difference in delivery of vitamin B12.<br>KB asked LS to put these points into an email that she can share with HD. | **LS** |

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| | RL asked for more clarity on the guidance to ensure its intended use for treating B12 anaemia, and not simple B12 deficiency which would usually be managed with dietary changes. KB and AMc will feed this back to HD.<br><br>**Decision:** This guidance still requires more work and therefore will need to come back to a future APG meeting for endorsing. JB to add to future planner. | **KB/AMc**<br><br>**JB** |
| **10.** | **Integrated Medicines Optimisation Committee (IMOC)** | |
| | HT was unable to able to attend today's meeting, so SA spoke about the most relevant information on her behalf.<br>Regarding the self-care paper, LS asked what the current position was for provision of the minor ailments scheme within Sheffield as cost of treatment is often a barrier for some patients receiving required medication. SA will speak to Claire Thomas who looks after Community Pharmacy for the ICB and feed back to the group.<br><br>**Post meeting note**: The current LCS minor ailment scheme has NOT changed and continues as before. Pharmacy First has replaced the previous Community Pharmacy Consultation Service (CPCS) which includes minor illnesses, which may have caused some confusion. Referrals are required to use the Pharmacy first scheme. | **SA** |
| **11.** | **NICE Guidance** | |
| | HT was unable to able to attend today's meeting, so SA spoke about the most relevant information on her behalf.<br><br>TA1087 - Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen<br><br>Recommendations:<br><br>1.1 Betula verrucosa can be used as an option to treat moderate to severe allergic rhinitis or conjunctivitis caused by pollen from the birch homologous group of trees in adults with:<br>• symptoms despite using symptom-relieving medicines<br>• a positive sensitisation test (skin prick test or specific immunoglobulin E) to a member of the birch homologous group.<br><br>NICE state this guidance is applicable: Secondary care – acute and Primary Care.<br>Commissioner: ICB (90 days implementation period)<br>Tools and Resources available include:<br>• Resource impact summary report<br>• Resource impact template | |
| **12.** | **APG Mailbox.** | |
| | Nothing to report for this meeting | |
| **13.** | **Reports from Neighbouring Committees** | |
| | Nothing of note for this meeting | |
| **14.** | **Never Events and Patient Safety Incidents.** | |
| | Nothing reported | |
| **15.** | **Any Other Business** | |
| | **New MO website** – The discussion around use of new website commenced in section 5 when the new papers added were discussed, the chair suggested that the wider discussion around using the new website would be better under any other business. AMc gave a summary as to why the website has been developed and how the CCG intranet is currently a 'snapshot' frozen as it stood back in March 2025 to allow continued access to documents | |

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| | whilst a new solution was implemented, due to SiteKit (intranet developer company) going into voluntary liquidation.<br>CS fed back that she had noticed that not all the formulary chapters were available on the website, JB & SA fed back that not all documents made it across in the developers transfer and that work was ongoing cross-checking to ensure all appropriate documents are uploaded and available for use.<br>AMc fed back that he preferred an indexed website, like the old CCG intranet, would be easier to navigate. This point was echoed by the group.<br>CL has completed the formal feedback form to raise his concerns over the new website, especially as you need to know what search terms to use rather than just being able to view all the documents in an index list like the CCG intranet.<br>SA shared how the AI search tool works to help assist understanding of its use. JB and SA were thanked for their hard work in the background on the new website. SA also informed that work would be happening to fix the links within the documents that linked to other guidance/SCPs/etc. this may take some time due to volume of workload involved. JB explained how the links would not always be direct to another document; they would be to a search with those terms to future-proof any new links for any new updates etc.<br>AMc encouraged the group to keep feeding back around their experiences as this will help shape future website development. | |
| **16.** | **Date of the next meeting:**<br>1:30-3:00pm Thursday 16th October 2025. Virtual meeting via MS Teams. | |

Appendix 1 – September TLDL updates on next page.

| Drug/Product | Rational / criteria | Indication | Date Considered | Comments |
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| Pegzilarginase | 6 | Treatment of arginase 1 deficiency, also known as hyperargininaemia, in adults, adolescents and children aged ≥2 years | Sep-25 | NICE TA in development |
| Zolpidem ***(new orodispersible tablet formulation)***- traffic light as Zolpidem | N/A | Short-term treatment of insomnia in adults in situations where the insomnia is debilitating or is causing severe distress for the patient | Sep-25 | 5mg and 10mg orodispersible tablets. **Costs of zolpidem generic tablets Drug Tariff August 2025:** 5mg x 28 =£1.45, 10mg x 28 = £1.10. **Costs of zolpidem orodispersible tablets MIMS August 2025**: 5mg x 28 =£31.48, 10mg x 28 = £34.80. ***Add high cost warning for the orodispersible tablet zolpidem formulation compared to standard generic zolpidem tablets to Optimize Rx and ScriptSwitch and add note to SY TLDL. Formulary position to be decided at place.*** TLCs/formulary status of zolpidem at place level: Barnsley - Formulary green, Doncaster - formulary green, Sheffield - in the Sheffield Formulary - not on TLDL (assume green), Rotherham - not on TLDL. |
| Deutivacaftor + tezacaftor + vanzacaftor ***(new medicine)*** | | Treatment of cystic fibrosis in people aged ≥6 years who have at least one F508del mutation or another responsive mutation in the cystic fibrosis transmembrane conductance regulator gene | Sep-25 | |
| Chikungunya vaccine ***(new medicine)*** | 6 | Active immunisation for the prevention of disease caused by chikungunya virus in individuals aged ≥12 years. | Sep-25 | |

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| Liothyronine ***(new oral solution formulation)*** | 1,2,3 | Use in adults and children for the treatment of coma of myxoedema, the management of severe chronic thyroid deficiency and hypothyroid states occurring in the treatment of thyrotoxicosis, and for the treatment of thyrotoxicosis as an adjunct to carbimazole to prevent sub-clinical hypothyroidism developing during treatment | Sep-25 | Already has SCP |
| Sildenafil citrate ***(new oromucosal spray formulation)*** | N/A | Use in adult men with erectile dysfunction, which is the inability to achieve or maintain a penile erection sufficient for satisfactory sexual performance | Sep-25 | Traffic lighted as green |
| Sparsentan ***(new medicine)*** | 1 | Treatment of adults with primary immunoglobulin A nephropathy with a urine protein excretion >1.0 g/day (or urine protein-to-creatinine ratio ≥0.75 g/g) | Sep-25 | |
| Human coagulation factor VIII, human Von Willebrand factor | 1,6 | Haemophilia A and Von Willebrand disease-prevention and treatment of bleeding | Sep-25 | |
| Human coagulation factor X | 1,6 | Prophylaxis of bleeding in patients with hereditary factor X deficiency | Sep-25 | |
| Human hepatitis B immunoglobulin | 1 | All licenced indications | Sep-25 | |
| Human Menopausal Gonadotrophins (Menotrophin) | 1 | All licensed indications | Sep-25 | |
| Human normal immunoglobulin | 1,6 | Multiple indications | Sep-25 | Immunoglobulin supporting information |
| Hydroxocobalamin | 1 | Emergency Treatment of Poisoning (cyanide) | Sep-25 | |
| Hydroxocobalamin | | Pernicious anaemia and other macrocytic anaemias (prophylaxis & treatment) | Sep-25 | |
| Hydroxycarbamide | 1 | All licensed indications | Sep-25 | |
| Icatibant | 1,6 | Acute attacks of hereditary angioedema in patients with C1-esterase inhibitor deficiency | Sep-25 | |
| Idarubicin | 1 | Acute non-lymphocytic leukaemia, advanced breast cancer. Acute myeloid leukaemia in children , in combination with cytarabine, for remission induction. | Sep-25 | |
| Idarucizumab | 1 | Rapid reversal of anticoagulant effect of dabigatran | Sep-25 | |
| Idebenone | 1,6 | Visual impairment in adolescent and adult patients with Leber's Heridetary Optic Neuropathy (LHON) | Sep-25 | |
| Idursulfase | 1,6 | Hunter syndrome (Mucopolysaccharidosis II) | Sep-25 | |
| Iloprost | 1 | All licensed indications | Sep-25 | |
| Imatinib | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Imatinib NICE information |
| Imiglucerase | 1,6 | Drugs used in metabolic disorders/Gauchers disease | Sep-25 | |
| Imlifidase | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Imiglucerase NICE information |
| Infliximab (Branded/ biosimilar) | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Infliximab NICE information |
| Inosine pranobex | 1 | Herpes simplex | Sep-25 | |

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| Inotersen | 1,6 | In line with positive NICE recommendations | Sep-25 | Inotersen NICE information |
| Interferon Alfa, Beta 1a & 1b, | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Interferon NICE information |
| Ipilimumab | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Ipilimumab NICE information |
| Isatuximab | 1,6 | In line with positive NICE TA recommendations | Sep-25 | Isatuximab NICE information |
| Isavuconazole | 1,6 | Invasive aspergillosis. Mucormycosis | Sep-25 | |
| Isocarboxazid | 1 | Depressive illness | Sep-25 | |
| Isoprenaline Sulfate | 1 | Inotropic Sympathomimetics | Sep-25 | |
| Isotretinoin | 1 | Acne | Sep-25 | |
| Betula verrucosa | 1 | treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen | Sep-25 | NICE TA1087 |
| Vanzacaftor-tezacaftor-deutivacaftor | 1,6 | treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over | Sep-25 | NICE TA 1085 |
| Ruxolitinib cream | 2 | treating non-segmental vitiligo in people 12 years and over- Grey for this traffic light status but Red for all positive NICE TA | Sep-25 | NICE TA1088 |
| Ruxolitinib | 1 | In line with recommended NICE TA | Sep-25 | Ruxolitinib NICE Information |
| Ribociclib | 1,6 | Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence<br>- Traffic light Red in line with positive NICE TA | Sep-25 | NICE TA1086 |
| Sacituzumab govitecan | 7 | treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments (terminated appraisal) Red for positive NICE TA's | Sep-25 | NICE TA1089 |
| Durvalumab with tremelimumab | 1,6 | untreated advanced or unresectable hepatocellular carcinoma<br>Already traffic lighted | Sep-25 | NICE TA1090 |
| Tarlatamab | 6 | extensive-stage small-cell lung cancer after 2 or more treatments- already traffic lighted | Sep-25 | NICE TA1091 |