NHS
South Yorkshire
Integrated Care Board

Minutes of the Meeting of the Sheffield Area Prescribing Group
16th January 2025 via MS Teams

Attendee present:	Time of attendance: (if not for full meeting)	Attendee name:	Attendee title, organisation, and role (where applicable)
No		Dr Andrew McGinty	GP, NHS SY ICB, and **joint Chair of APG**
No		Dr Zak McMurray	Medical Director NHS SY ICB and **joint Chair of APG**
Yes		Heidi Taylor	Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB
Yes		Sharron Kebell	Specialist Commissioning Pharmacist. NHS SY ICB
Yes		Emily Parsons	Medicines Safety Officer NHS SY ICB
no		Abiola Allinson	Chief Pharmacist. Sheffield Health & Social Care FT
Yes	Left at 14:40	Dr Jonathan Mitchell	Consultant representative. Sheffield Health & Social Care FT
No		Joanne Wragg	Chief Pharmacist, Sheffield Children's FT
Yes		Andrew Moore	Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist.
Yes		Dr Laura Smy	GP, NHS South Yorkshire ICB and Representative of Local Medical Committee (LMC).
Yes		Dr Rhona Leadbetter	GP, NHS South Yorkshire ICB
No		Dr Trish Edney	Lay member. Healthwatch representative
Yes		Dr Craig Lawton	GP, NHS South Yorkshire ICB
Yes		Barbara Obasi	Clinical Effectiveness Pharmacist NHS SY ICB
Yes		Mr Veeraraghavan Chidambaram-Nathan	Consultant representative STHFT
No		Chris Bland	Community Pharmacy South Yorkshire representative.
Yes		Shameila Afsar-Baig	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Jenni Bussey	Lead MO Pharmacy Technician (Clinical Effectiveness) NHS SY ICB & **APG Secretary**
Yes		Claire Stanley	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Diana Vasile	Lead Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB

Summary Points and Recommendations from January 2025

IMOC approvals	December's meeting: • SY Lipid pathway January's meeting: • No new guidance or SCP approved
IMOC TLDL approvals	• See appendix 1
Shared care/Prescribing Guidelines	• Sulfasalazine SCP • Sheffield formulary chapter 6 (minor update) • Sheffield formulary chapter 4 (minor update) • Progestogens for endometrial protection

		ACTION
1.	**Welcome, Apologies for Absence & Quoracy**	
	Apologies received from TE, HS, JW & AMc. Heidi (acting chair) wished everyone a happy new year & welcomed new members to the meeting including those joining from the FSG meeting that has now merged with this APG. Heidi is kindly acting as chair in Dr McGinty's absence, he is expected to return for March's APG meeting. It was also noted that Sharron Kebell has a new role within SYICB Medicines Optimisation team which will mean she is retiring as a core member of the APG after this meeting, she was thanked for her valuable input into both FSG & APG. Sharron will of course come back to future meetings to present papers from her new role as and when required. Barbara Obasi will also be transitioning into her new role within SYICB Medicines Optimisation team and will therefore be retiring as a core member of APG too, but this will not take immediate effect. Shameila Afsar-Baig was welcomed to the APG, in her new role as Senior Pharmacist with Sheffield place Clinical effectiveness as part of her focus. Dr Craig Lawton (former member of FSG) was welcomed to APG in his Sheffield GP capacity. The Chair declared the meeting to be quorate.	
2.	**Declarations of Interest**	
	No new declarations from existing APG members and no declarations made by new members joining the APG from January 2025 onwards.	
3.	**Draft minutes of the November APG meeting**	
	EP has suggested 3 minor amendments to November's minutes, subject to these being made the minutes were accepted as a true record of the meeting. JB to make amendments & publish finalised minutes on Sheffield intranet as usual.	**JB**
4.	**Matters Arising from the November APG meeting**	
	• **Never events & PSIs** – the standing agenda item title has been updated on the agenda template for all future meetings • **Lithium SCP final sign off** – this sign-off has been completed, supported by Dr Gareth McCrea as LMC rep, Dr Jonathan Mitchell, Heidi Taylor with Miglena Fox as per minutes for the last meeting. The SCP is now ready for uploading to the Sheffield intranet. • **APG ToR/administrative notes –** a poll was circulated by the Secretary regarding preferred time/day of future APG meetings. From the responses it was deemed that the existing day & time was most convenient & therefore meeting appointments were circulated to attendees for dates up until July 2025 for 3rd Thursday of the month at 13:30. At the November meeting, all members were tasked with going back to their membership organisation for confirmation of continued presence at APG of their organisation & if they as individuals continue to be the most	**JB** **ALL**

	appropriate representative to sit on APG. **This item is to come back to February's meeting as not all members had been able to complete this action.** The use of 'virtual proposals' to handle minor updates to papers that do not have major significant clinical or cost implications (a process previously used by FSG) using delegated authority, by a small number of APG members as appropriate to each proposal was agreed to be an acceptable process by members present and will be implemented by APG meeting administration going forward. Post meeting note: Details of any virtual proposals will be reported at the next APG meeting for information. The agenda will be amended to add this section in for future meetings. • Papers on Sheffield intranet/IMOC webpages (for information) – Jenni reported that the following papers were now on the Sheffield intranet pages & IMOC web page: Lipid management (on both), Hybrid Closed Loop FAQs (on both), IMOC annual report (on IMOC web page) & SY meds support assessment review form (on both). When papers are made available for use on the intranet etc., they will need to be publicised for primary care clinician use at a APG Learning Lunch.	**JB** **SA/JB**
5.	**Formulary Subgroup**	
	The Action Log of the December meeting was brough to the APG as a final round-up from FSG. Sheffield Formulary Chapter 7 update around the urinary and erectile dysfunction sections will be coming to February's APG for approval. Sulfasalazine SCP development will be picked up in section 8 of the APG agenda today. RL fed back that the excel format of the FSG action log was difficult to read. This comment was taken on board, however, it was noted that this is a document that will no longer be reported on at the APG meetings. The FSG meetings ceased in December 2024 and have been merged with APG from January 2025 onwards.	
6.	**Medicines Safety Update January 2025**	
	Folic Acid Supplementation - Continued advice for those who are planning a pregnancy or newly pregnant: Legislation has changed to mandate the fortification of non-wholemeal wheat flour with folic acid on a UK-wide basis to reduce the number of Neural Tube Defects (NTDs) in foetuses. Industry has a 24-month transition period to fully implement the changes by December 2026. However, the current UK guidelines still apply and women who could become pregnant are advised to take a daily supplement of 400 micrograms of folic acid before conception and up until the 12th week of pregnancy to reduce the risk of NTD-affected pregnancies. Primary care is generally the first contact for patients planning a pregnancy or in early pregnancy. HCPs should continue to advise on and promote this important supplementation to women of child-bearing potential to reduce the risk of NTDs in foetuses.	

	Action: Details of the alert have been promoted at the December APG learning lunch. The letter will also be shared in the January SYICB Primary Care Bulletin and Community Pharmacy SY circulated it in a Weekly Round Up email in November. **Influenza season 2024/25: Use of antiviral medicines:** UKHSA surveillance data indicates that influenza is circulating in the community. Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza at NHS expense. Antiviral medicines may be prescribed for patients in clinical at-risk groups as well as anyone at risk of severe illness and/or complications from influenza if not treated, in line with NICE and UKHSA guidance. Clinical diagnosis of influenza may be challenging given its similarity in presentation to COVID-19. UKHSA guidance advises testing to rule out COVID-19 as a minimum before prescribing. Action: Details of the alert have been promoted at the December APG learning lunch. Information has been circulated in the Sheffield practice bulletin on 9th December and in the SYICB Primary Care Bulletin on 18th December. It has also been shared in the Community Pharmacy SY Weekly Round Up on 6th and 13th December. A discussion regarding the availability of respiratory testing swabs for Flu took place, it was noted that there is a default on ICE for respiratory requests which includes testing for COVID. HT shared that there is a pathway document about COVID treatment for eligible patients who should be able to get COVID tests from their community pharmacies that may be of use HT will share with the group. **Class 2 Medicines Recall (Patient level recall): Wockhardt UK Limited, WockAIR 160 microgram/4.5 microgram, inhalation powder:** One batch of WockAIR 160mcg/4.5mcg inhalation powder has been recalled as a precautionary measure following the identification of a low number of units which may have a defect in the 'top case' resulting in a dose not being able to be dispensed. Patients should continue to take medicines from this batch as prescribed by their HCP - whilst a defect has been identified, it does not affect all inhalers within this batch. If a patient were to receive an inhaler with a defect, the defect would be obvious from the first attempted use of the product as the inhaler would not provide a dose. **For information** - Open prescribing shows 7 items prescribed in SY ICB in September 2024: 60 items in the last 12m. Patients using an inhaler from this batch should continue to use the inhaler as the defect would not impact a working device. Patients that have an unopened inhaler from the batch in the table are advised to test the inhaler is working before their current inhaler runs out. Any inhalers affected by the defect should be returned it to the pharmacy. Action: Consider promoting details of the alert to primary care clinicians.	**HT**

	Shortage of Pancreatic enzyme replacement therapy (PERT) – **Additional actions:** This alert contains actions which are in addition to those outlined in the National Patient Safety Alert (NatPSA/2024/007/DHSC) issued on 24th May 2024. Supplies of PERT remain limited. There are additional actions for primary care and ICBs to carry out by 31st January 2025. These actions must remain in place only until supply issues have resolved (anticipated re-supply date for Creon is 2 January 2026) Prescribers and clinicians in Primary care should continue to follow the actions set out in the National Patient Safety Alert (NatPSA/2024/007/DHSC) issued on 24th May 2024. To ensure that patients are not left without PERT, Integrated Care Boards (ICBs) should: a. put in place a local mitigation plan for instances when patients are unable to obtain stock from their community pharmacy or dispensing GP. b. cascade any local management plan to all community pharmacies and GP practices within the region, as well as local trust pharmacy teams. The ICB should appoint an executive lead to coordinate the response to the alert. Actions: To be directed by the ICB Executive Lead. The following advice was provided in the Sheffield Practice Bulletin in August: - Pharmacists and patients can call the Viatris customer service line to help locate community pharmacies in their locality with potential stock or for advice when stocks are due for delivery on 0800 808 6410. Patients prescribed Creon could be signposted to this telephone number by adding it to the script notes. - If you have exhausted all options for being able to dispense a prescription for Creon® (i.e. no supplies available from the wholesaler and following communication about an alternative) you may advise patients to obtain Creon® from the Wicker Pharmacy who have been allocated a small supply sourced from STH Pharmacy. SK added that the Wicker Pharmacy were going to do some research and report back on patients from outside Sheffield attending their pharmacy for supplies. EP informed that there was some guidance being developed to assist the process of obtaining medication where unable to obtain through normal channels, she will circulate this when it becomes available. LS asked for clarification on whether patients can be directed to the Wicker where they are unable to obtain supplies through their usual pharmacies, the response was yes. HT informed that the system we have in place for Sheffield is that there is sufficient stock for patients to access, with the back-up of access via the Wicker Pharmacy and STH, there will be more updates as this situation continues to unfold.	**EP**
7.	**Pharmacy and Prescribing Commissioning Group Feedback (PPGC)**	
	HT was at January's PPCG meeting and reported that it was not quorate, therefore not a decision-making meeting. There were conversations around the newly released NICE TA on Tirzepatide (23rd December) for obesity & around supporting wider work happening to try and understand local commissioning arrangements across the ICS to support shared care prescribing arrangements. This was an internal discussion that still needs understanding from the four places as a baseline, LMCs will be a part of future discussions.	

8.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	
	Sulfasalazine SCP – Sheffield's existing SCP has reached its review date, and it was previously agreed we will move towards the national RMOC shared care protocol templates, so SK proposed that we adopt the national template for sulfasalazine, with minor adjustments. There will be a motion to adopt this SCP across SY at February's IMOC meeting. SK outlined the proposed adjustments to the SCP document for agreement by the group including the addition of plain tablets, the removal of orange suspension which included alcohol as this has been reformulated. RL, CL, HT & LS suggested amendments to the proposed document wording for clarification around initial and ongoing monitoring requirements included: • To clarify which abnormal results primary care need to communicate to secondary care and the timeframe for this. • To include clear clinical information when abnormal results are sent to secondary care. • To clarify frequency of monitoring. • To remove info around assays for clarity. Sulfasalazine is known to interfere with some assays but not the extended LFTs. • To clarify info around shingles vaccine. SK will update the SCP to reflect these suggestions prior to the document's submission to February IMOC. **Action: Everyone was thanked for their contributions to the finalisation of the SCP & the final document will go forward for endorsement at February's IMOC meeting.** **Sheffield formulary chapter 6 (minor update)** – DV outlined the minor amendment that was required to the formulary chapter regarding the discontinuation of Insulatard insulin effective from March 2025 with the prediction that stock will be exhausted by June 2025. Patient numbers currently prescribed Insulatard are quite small, and patients are already being changed to alternatives. STH Diabetes specialists & Diabetes Specialist Nurses are on board and there has been an update to the Optimise Rx messages to stop initiation of Insulatard in GP practices. **Action: the removal of Insulatard from the formulary chapter was supported.** **Sheffield formulary chapter 4 (minor update) –** EP outlined that she has been updating all documentation that have topiramate and valproate in them with the pregnancy prevention programme (PPP) in line with MHRA requirements which were issued last year, which includes this chapter of the formulary despite it not being her clinical lead area. JM voiced support for the update from a safety point of view and informed that there are tightened high level checks for new initiation and dose changes within SHSC FT. CL asked if there was a way that the topiramate annual risk awareness form could be embedded in the clinical system (EMIS) to assist population of relevant data for completion of forms where appropriate in primary care. **EP to investigate this further and bring back to the group**.	 DV EP

	CL also raised concern about a patient newly prescribed valproate and the practice had not received the necessary PPP documentation for this. As it was Neurology that had prescribed this CN was asked to ensure appropriate processes were in place at STH to support this. CN confirmed necessary forms are usually highlighted by the pharmacy team and completed prior to discharge but would check with the department. The Top Ten Tips (circulated as a late paper) was also brought to be approved/supported by the group for use in primary care. **Action: the formulary chapter update was supported & the top ten tips paper was also supported by the group.** **Progestogens for endometrial protection** – BO brought this paper on behalf of Hilde Storkes for approval after the 2 amendments suggested at September's APG have been resolved, which were: • the statements of no thrombosis risk in connection with the oral HRT products and • the request for further guidance on the off label prescribing of vaginal micronized progesterone. **Action: this guidance was approved by the group.**	CN
9.	**Integrated Medicines Optimisation Committee (IMOC)**	
	From December's meeting, the following documents were approved: • **Lipid Modification guidance** Rimegepant & Migraine Management documents are requiring LMC input and can be signed off by IMOC chair outside meeting. Traffic lighting of Alimemazine as grey, to come back to next month's meeting. January's minutes are not yet ready for circulation, no documents were approved at January's meeting. Please see appendix 1 for list of TLDL approvals.	
10.	**NICE Guidance**	
	The significant update from NICE that we have been waiting for is the asthma guidance. There are two guidelines that have been updated in collaboration with the British Thoracic Society containing more of a move towards using the MART regimen. We have already started to work towards this in South Yorkshire, although there is scope for more work to ensure we are in line with all the updated guidance. Deborah Leese is the Respiratory lead and will be working to coordinate this. A Meningitis quality standard has been released which brings into line what is already in the existing clinical guideline. Urinary tract infections guideline that recommends the use of methenamine hippurate a non-antimicrobial option for patients with recurrent UTIs., a small amount of work will be needed at the four places to ensure that we have those available on formularies, existing clinical guidelines and look to promote through clinical pathways.	

	The antimicrobial stewardship campaign is trying to make the best use of antimicrobials and non-antimicrobials to try and prevent resistance. We can look at local guidance to ensure we have captured this. All the reference drugs have been through the traffic-lighting process already. The TAs contained on this recent update are all NHS England commissioned, apart from one relating to bevacizumab gamma, of which there are other bio-similar biologics already in the system, so no significant cost impact anticipated. As this latest NICE summary was produced on 23rd November, the terzapatide for obesity TA was published after this date. This will need to come back to February's IMOC meeting for decisions on traffic light status and indications for use. It comes with a funding variation that gives six months implementation period rather than the standard three so this will still be dealt with in good time. However, where we have existing weight-management services in place, they can start to implement within the usual three-month implementation period.	
11.	**APG Mailbox.**	
	Nothing to report	
12.	**Reports from Neighbouring Committees**	
	A one stop pharmacy service to initiate from the 6th of February. The community pharmacy will dispense depot injections for patients at SHSC to be administered back at their usual clinic. (cost saving exercise)	
13.	**Never Events and Patient Safety Incidents.**	
	None reported	
14.	**Any Other Business**	
	GP query seeking opinion of APG to support their decision not to prescribe on NHS. ME/CFS patient currently getting private prescription for valaciclovir and ivabradine wanting to get these on NHS prescription. SA to investigate this further and bring back to February's meeting.	SA
15.	**Date of the next meeting:** 1:30-3:00pm 20th February 2025. Virtual meeting via MS Teams	

Appendix 1

From IMOC draft minutes (section 9):

TLDL December

Traffic Light status	**Drug/Product**	**Brand name**	**Rational / criteria**	**Indication**
Grey	Fruquintinib ***(new medicine)***	Fruzaqla®	6	Treatment of adults with metastatic colorectal cancer who have been previously treated with available therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without an anti-VEGF therapy, and, if RAS wildtype and medically appropriate, an anti-EGFR therapy
Red	Levodopa + carbidopa + entacapone ***(new intestinal gel formulation)***	Lecigon®	1,6	Treatment of advanced Parkinson´s disease with severe motor fluctuations and hyperkinesia or dyskinesia when available oral combinations of Parkinson medicinal products have not given satisfactory results
Grey	Lecanemab (new medicine	Leqembi®▼, Eisai	6	Indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adult patients that are apolipoprotein Eε4 (ApoEε4) heterozygotes or noncarriers
Grey	Vamorolone ***(new medicine)***	Agamree®▼, Santhera	6	Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients aged 4 years and older.
Grey	Somapacitan ***(new medicine)***	Sogroya®	6	Replacement of endogenous growth hormone (GH) in children aged ≥3 years, and adolescents with growth failure due to GH deficiency (paediatric GHD), and in adults with growth hormone deficiency (adult GHD)
Red	*Artesunate **(new medicine)***	*Artesunate Amivas®*	*1*	Initial treatment of severe malaria in adults and children
Amber	*Midazolam **(licence change from use only in infants, children and adolescents)***	*Buccolam®*	*1,3*	Treatment of prolonged, acute, convulsive seizures in adults, adolescents, children and infants aged ≥3 months
Red	*Quizartinib **(new medicine)***	*Vanflyta®*	*1,6*	Use in combination with standard cytarabine and anthracycline induction and standard cytarabine consolidation chemotherapy, followed by Vanflyta single-agent maintenance therapy for adults with newly diagnosed acute myeloid leukaemia that is FLT3-ITD positive
Green	*Vibegron **(new medicine)***	*Obgemsa®*	*N/A*	Symptomatic treatment of adults with overactive bladder syndrome
Red	*Elafibranor **(new medicine)***	*Iqir+C5:C14*	*1,6*	Treatment of primary biliary cholangitis in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA
Red	*Avapritinib*		*1,6*	for treating advanced systemic mastocytosis (already traffic lighted)
Red	*Alectinib*		*1,6*	for adjuvant treatment of ALK-positive non-small-cell lung cancer
Red	*Teclistamab*		*1,6*	for treating relapsed and refractory multiple myeloma after 3 or more treatments
Red	*Elafibranor*		*1,6*	for previously treated primary biliary cholangitis
Red	*Pembrolizumab*		*1,6*	with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer
Red	*Fedratinib*		*1,6*	for treating disease-related splenomegaly or symptoms in myelofibrosis
Red	*Crovalimab*		*1,6*	for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over

TLDL January

Traffic Light status	Drug/Product	Brand name	Rational / criteria	Indication
Grey	Fosdenopterin	Nulibry®		Treatment of patients with molybdenum cofactor deficiency Type A
Grey	Donanemab	Kisunla®	6	Treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adults that are apolipoprotein E ε4 heterozygotes or non-carriers
Red	Thiamine hydrochloride injection		1	Thiamine deficiency conditions where oral therapy is not possible; treatment of Wernicke´s encephalopathy associated with alcohol addiction and/or alcohol withdrawal syndrome and prevention of Wernicke-Korsakoff syndrome; treatment of peripheral neuropathy (dry beriberi) and heart failure (wet beriberi) due to thiamine malabsorption; treatment of anorexia – refeeding syndrome
Red	Eplontersen			Treatment of hereditary transthyretin-related amyloidosis
Red	Crizotinib			Treatment of ROD1-positive advanced non-small-cell lung cancer
Red	Bevacizumab gamma			Treatment of wet age-related macular degeneration
Red	Elranatamab			Treatment of relapsed and refractory multiple myeloma after 3 or more treatments
Red	Ublituximab			Treating relapsing multiple sclerosis