Minutes of the Meeting of the Sheffield Area Prescribing Group
21st November 2024 via MS Teams

Attendee present:	Time of attendance: (if not for full meeting)	Attendee name:	Attendee title, organisation, and role (where applicable)
Yes		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
No		Sharron Kebell	Specialist Commissioning Pharmacist. NHS SY ICB
Yes		Emily Parsons	Medicines Safety Officer NHS SY ICB
Yes		Abiola Allinson	Chief Pharmacist. Sheffield Health & Social Care FT
Yes		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.
No		Dr Laura Smy	GP and Representative of Local Medical Committee.
Yes		Dr Rhona Leadbetter	GP, NHS South Yorkshire ICB
Yes		Dr Trish Edney	Lay member. Healthwatch representative
Yes		Barbara Obasi	Clinical Effectiveness Pharmacist NHS SY ICB
Yes		Mr Veeraraghavan Chidambaram-Nathan	Consultant representative STHFT
No	Left at 2:41	Chris Bland	Community Pharmacy South Yorkshire representative.
No		Richard Crosby	Head of Practice Support, 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	Left at 2:25	Miglena Fox	Clinical Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Dr Gareth McCrea	GP and Representative of Local Medical Committee.
Yes		Suhaanah Naaz	Trainee Pharmacist at SY ICB
Yes		Kieran Wootton	Trainee Pharmacist at SY ICB

Summary Points and Recommendations from November 2024

IMOC approvals	• Guidance for supporting woman with type 2 diabetes to prepare for pregnancy • Safety updates- Topiramate and valproate SCP word changes, medicines with teratogenic potential, SY valproate factsheet, Topiramate review flowchart • SY medicines adherence support pre- assessment & review form
IMOC TLDL approvals	• See appendix 1
Shared care/Prescribing Guidelines	• Lithium SCP
Other	• Adult ADHD medication supply issues

		ACTION
1.	**Apologies for Absence**	
	Apologies received from SK & JW The Chair declared the meeting to be quorate.	
2.	**Declarations of Interest**	
	RL shared that she will be joining the LMC in December 2024, AMc suggested that this would not be a conflict of interest & would pick up a conversation with RL outside the meeting.	
3.	**Draft minutes of the October APG meeting**	
	Apart from suggested amendments from HT, the minutes were accepted as a true record of the meeting.	
4.	**Matters Arising from the October APG meeting**	
	• Hyperprolactinemia – to be removed from matters arising & AA to bring the guidance back as a new document to be considered in February 2025. JB to add to forward planner for February's meeting.	**AA/JB**
	• Never events & SIs – EP fed back that 'never events' are still the same. A national consultation on the classification of never events has gone out, but there has been no conclusion from this yet. Regarding SIs, the serious incidents framework has changed to the Patient Safety Incident Response Framework. These are patient safety incidents that are defined as unintended or unexpected events including omissions in healthcare that could or did harm one or more patients. The main change is there is no longer a formal classification for what can be termed as a serious incident. JB to amend the standing agenda item to reflect this new framework & terminology.	**JB**
	• Immunisations outside of the routine immunisation schedule – RC fed back about Shingrix vaccine. This is being requested to be administered in primary care outside section 7A of the vaccination schedules. If this is done, then the primary care provider does not get paid through an item of service fee for administering the vaccine. The issue is very specifically around the Shingrix vaccine prior to commencement of biologics, existing guidance is for over 50s with severe immunosuppression as defined in the green book & these should be administered by secondary care only. New guidance from the Joint Committee on Vaccination and Immunisation (JCVI), released on 13th November, has changed the cohort age to anyone over 18 with severe immunosuppression prior to commencement of biologics. This guidance still needs to be adopted by NHSE & the SPC has been updated to reflect this. AMc responded that any work like this in general practice is not covered by indemnity insurance as it is outside contractual framework & therefore should not be undertaken, it was acknowledged that this issue may be short-lived and soon resolved.	
	• CKD guideline – DV is working on this document with reference to the West Yorkshire guidance on STH intranet & will be bringing this back to January's APG meeting.	**DV**

	• Haloperidol tablets to liquid QIPP switch – agreed that each patient needs to be looked at on an individual basis. AMc suggested there was no role for GPs to be switching to alternative antipsychotics & that this should be undertaken by specialist. He also suggested liaising with the palliative care team to address tablets prescribing as they are heavily involved with haloperidol prescribing in end-of-life care, which is a large cohort of patients. CB reported that there is training delivered to patients in community pharmacy on drawing up correct small doses with appropriately sized oral syringes where patients have been prescribed liquid formulation. AA & JM to work with HelT to look at SHCS patients' haloperidol prescribing. • ADHD in Adults – Brought back with amendments suggested from October APG meeting including details of weekly GP line from AA. The accompanying leaflet drafted by nurses from Ryegate, and it needed working on/screening by comms at the ICB before use. HT reported on behalf of JW that it is being looked at internally at SCFT. MF liaise with JW & will bring this document back to a future meeting for approval for use across primary care in South Yorkshire. • Lithium SCP – Brought back with amendments suggested from October's APG around purple books & practicalities around their use, including using NHS app as an alternative. Wording around this updated in SCP wherever the purple book is mentioned. AA comment on starting dose for patients under 50kg weight has been taken on board & amended. Appendix 3 & 4 have been merged for agreement or refusal of shared care. There is now a tick box to indicate acceptance or refusal of shared care & a box for voluntary sharing of reasons why shared care refused. It was noted that there is no obligation for GPs to provide this feedback, just that there was a facility to share if so desired. There is a 14-day period for response to request for shared care from GP to specialist but not clear if this response is chased after the 14 days or if consent is assumed unless otherwise notified. The section on p3 where GPs are asked to notify specialist of abnormal results on monitoring patients' needs to reference the table further down the document on which specific circumstances are appropriate to report. Appendix 4 also specifies Barnsley in relation to discharge of patients after periods of stability in line with NICE guidelines, this also applies to Sheffield, so MF needs to remove specific reference to Barnsley in that section. APG were happy to support this document, subject to amendments suggested above & HT, MF, JM & LMC rep will work on this & give final sign-off outside the meeting.	**HelT/JM/ AA** **MF/JW** HT, MF, JM & LMC rep
5.	**Formulary Subgroup**	
	Action Log of the November meeting **Guidelines for detection & management of blood glucose in end of life –** This document has been taken off the agenda for FSG/APG until STH have finished working on updating guidance and other related documents. EP is working with STH	

	on this & will bring updated guidance to a future meeting when it is ready for comment & approval.	
6.	**Medicines Safety Update**	
	National Patient Safety Alerts: **Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup** • this NatPSA supersedes NatPSA/2024/008/DHSC (July 2024) • Kay-Cee-L® syrup will be discontinued from late November 2024 due to manufacturing and commercial issues. • The updated NatPSA contains the following new required action: Part-dosing of Sando-K® effervescent tablets is not routinely recommended but can be done if unlicensed specials are not available. • In exceptional circumstances, when unlicensed specials are not available, clinical teams should ensure that patients and/or carers are trained on how to administer the correct dose and can demonstrate safe administration of part-doses. Each patient should also receive a completed copy of the Medicines for Children leaflet *'How to give calcium, phosphate or potassium using effervescent tablets'*. • The NPPG have produced an updated position statement and guidance on unlicensed oral potassium liquid products. **MHRA and other national alerts:** **GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse** • it is important that patients are aware of the potential ADRs associated with these GLP-1RAs when used for weight loss. • Patients should also be warned of the risk of falsified GLP-1RA medicines for weight loss if not prescribed by a registered healthcare professional. • All suspected ADRs, even those known to occur, should be reported to the Yellow Card Scheme. Ensure as much detail as possible is recorded, including details if suspicion of inappropriate use or misuse and where the product was obtained (i.e. NHS prescription, private prescription, including online prescriptions, or illegitimate supplier). **Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme** • Insulin pumps and CGM devices are complex devices with the potential to result in serious harm in the event of error. • The MHRA have produced new guidance, aimed specifically at device users and their families, care givers and representatives, on why reporting concerns is important, what information they should include, and step-by-step instructions on how to create a Yellow Card report. • The MHRA requests that HCPs bring the guidance to the attention of patients using insulin pumps and CGM devices. A poster is available with a direct link to the guidance (QR code) which can be printed to display in clinic waiting rooms. **Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation** • A safety review has highlighted that blood pressure monitoring of patients prescribed with this drug is essential especially during the first days of treatment. It should only be prescribed for the prevention or	

suppression of postpartum lactation where medically indicated, in cases such as intrapartum loss, neonatal death, or a mother with HIV infection.

- If patients prescribed bromocriptine present with signs and symptoms of hypertension, treatment should be discontinued, and the patient evaluated promptly by a HCP.

Class 2 Medicines Recall: Tillomed Laboratories Limited, Labetalol 200mg Tablets, EL(24)A/52

- A limited number of labetalol 200mg tablets (Batch Number 240537) cartons may contain a blister strip of Vera-Til SR 240mg Tablets, (verapamil), PL 11311/0078 (Batch Number 240750) with the blister strips of labetalol 200mg tablets.
- Pharmacists should identify and immediately contact all patients who have, or could have, been dispensed the impacted batch and, where appropriate, consider contacting the patient's GP. Any patients who may have taken verapamil instead of labetalol, should be contacted by their prescriber directly to ensure that their treatment is reviewed, and a suitable alternative product is prescribed.

Medroxyprogesterone acetate: Risk of meningioma and measures to minimise this risk.

There is a small increased risk of developing meningioma with high doses of medroxyprogesterone acetate (all injectable and ≥100 mg oral formulations), primarily after prolonged use (several years).

Depot medroxyprogesterone acetate (DMPA) injections are indicated for long-term female contraception.

For contraception or non-oncological indications:

o Medicines containing high doses of medroxyprogesterone acetate are contraindicated in patients with a meningioma or a history of meningioma.

o If meningioma is diagnosed in a patient treated with high doses of medroxyprogesterone acetate, treatment must be stopped.

The product information for all relevant medroxyprogesterone acetate containing medicines will be updated accordingly and meningioma will be added as an adverse reaction with a frequency 'not known'.

Actions is Sheffield:

Details of the alert to be promoted at a future APG learning lunch.

DMPA injections are contraceptive options on the Sheffield formulary. There are also PGDs for IM (e.g. Depo-Provera®) and SC (e.g. Sayana Press®) DMPA injections authorised locally for Sheffield practice nurses. Consider adding details of the risk and contraindication to the formulary. The PGD national templates produced by SPS have been updated - consider the need to update local PGDs in line with this.

	Company led medicines recall: Leeds Trading Company LTC Ltd T/A LTC Healthcare, EXS Delay Spray Plus
	
	LTC Healthcare has informed the MHRA that they have been selling a medicinal product containing lidocaine without authorisation from the MHRA. EXS Delay Spray Plus is being sold as a spray to delay ejaculation. There is limited information on the quantity of lidocaine present, therefore as a precautionary measure the product is being recalled on safety grounds.
	
	For information - Patients who experience adverse reactions or have any questions about the medication should seek medical attention. Any suspected adverse reactions and any suspected defects should also be reported via the MHRA Yellow Card scheme.
	
	#MedSafetyWeek is a global social media campaign to encourage the reporting of suspected side effects.
	
	Details of the alert to be promoted at a future APG learning lunch.
	The theme for 2024 is 'preventing side effects'
	The focus is on the importance of reporting suspected ADRs to medicines and vaccines as well as suspected problems with medical devices or other healthcare products to the Yellow Card scheme.
	
	What healthcare professionals can do to support #MedSafetyWeek:
	• **Follow MHRA social media channels** during the week – retweet, comment, like and share safety messages using #MHRAYellowCard, #MedSafetyWeek, #PatientSafety and #ReportSideEffects
	• **Report suspected ADRs to medicines** to the MHRA Yellow Card Scheme or via the Yellow Card app (download from the Apple App Store or Google Play Store)
	• **Also report ADRs** where harm occurs due to adverse incidents with **medical devices (including software, apps, and artificial intelligence)**, safety concerns about **e-cigarettes and their refill containers (e-liquids),** adverse reactions to **herbal or homeopathic medicines** and defective, low-quality, or **falsified (fake) healthcare products**
	• **Have conversations patients** about:
	  • the importance of taking the right medicine, at the right time, in the right way and at the right dose and of carefully following instructions for use of medical devices
	  • the importance of reading the PILs
	  • what to do if they experience problems with a healthcare product, such as contacting a healthcare professional and self-reporting to the Yellow Card scheme.
	• **Accredited e-learning modules** are available for doctors, pharmacists and nurses which count for CPD credits. See https://yellowcard.mhra.gov.uk/resources/elearning
	• **For more detailed information**, see the MHRA Drug Safety Update, the Yellow Card website and the Uppsala Monitoring Centre's website	

7.	**Pharmacy and Prescribing Commissioning Group Feedback (PPGC)**	
	Nothing of note from last meeting relevant to APG.	
8.	**APG ToR**	

	The Terms of Reference (ToR) required a review in response to significant changes in the landscape, including the establishment of IMOC and the reorganisation of the Medicines Optimisation team across South Yorkshire. BO and HT emphasised the need to streamline meeting structures in Sheffield to align with practices in other areas and ensure consistent implementation of IMOC decisions at the Sheffield place level. It was acknowledged that variations exist across the four areas, necessitating harmonisation across the South Yorkshire footprint. The proposed ToR recommends merging the FSG and APG meetings, with selected FSG members being integrated into the APG membership. Membership representation across organisations, NHS Trusts, and stakeholder groups will be reviewed, with feedback requested on continued attendance and representation. Members are tasked with consulting their respective organisations and providing input, which will be discussed during the January meeting to ensure the efficient use of time and resources. The ToR will undergo a three-month review to confirm its continued relevance. APG will serve as Sheffield's place-based implementation group, evaluating pre-submission papers for IMOC and considering their impact on the Sheffield place. Additionally, as the formulary will remain at the place level for the foreseeable future, APG will retain responsibility for overseeing and approving formulary applications for the Sheffield place. The final FSG meeting is scheduled for 3rd December 2024. FSG members were formally thanked for their substantial contributions to formulary and guideline implementation in Sheffield and were commended for their thorough work in scrutinising papers. This acknowledgment will be shared with the FSG committee during its December meeting. To support future planning, a survey will be conducted to determine members' preferred days and times for APG meetings starting in January 2025.	ALL JB/HT/BO
9.	**Integrated Medicines Optimisation Committee (IMOC)**	
	From November's meeting, the following documents were approved: **Shared care/Prescribing Guideline** • Guidance for supporting woman with type 2 diabetes to prepare for pregnancy • Safety updates- Topiramate and valproate SCP word changes, medicines with teratogenic potential, SY valproate factsheet, Topiramate review flowchart • SY medicines adherence support pre- assessment & review form Please see appendix 1 for list of TLDL approvals.	
10.	**NICE Guidance**	
	IMOC also considers all technology appraisals going forward. Nothing for APG consideration currently.	
11.	**APG Mailbox.**	
	Routine enquiry from a drug rep anti-epileptic drug for consideration in QIPP cost savings. Not currently prescribed in Sheffield. BO looking into this.	**BO**
12.	**Reports from Neighbouring Committees**	
	Nothing of note for Sheffield APG.	
13.	**Never Events and Patient Safety Incidents.**	

	None reported – EP clarified the new terminology for SIs (as per matters arising) & the future agenda/minutes will be updated accordingly to reflect this.	**JB**
14.	**Any Other Business**	
	None for this meeting	
15.	**Date of the next meeting:** 1:30-3:00pm 16th January 2025. Virtual meeting via MS Teams	

Appendix 1

From IMOC draft minutes (section 9):

TLDL

Traffic Light status	Drug/Product	Brand name	Rational / criteria	Indication
Red	Aztreonam + avibactam ***(new medicine)***	Emblaveo®	1	Treatment of the following infections in adults: Complicated intra-abdominal infection; hospital-acquired pneumonia, including ventilator-associated pneumonia; complicated urinary tract infection, including pyelonephritis. Also, treatment of infections due to aerobic Gram-negative organisms in adults with limited treatment options.
Grey	Elacestrant ***(new medicine)***	Korserdu®	6	Use as monotherapy for the treatment of postmenopausal women and men with estrogen receptor-positive, HER2-negative, locally advanced, or metastatic breast cancer with an activating ESR1 mutation who have disease progression following at least one line of endocrine therapy including a CDK 4/6 inhibitor
Green / Red	Ivermectin 3mg tablets (new licensed products) (dual traffic light status)	Red 1 - indications other than scabies		Treatment of gastrointestinal strongyloidiasis (anguillulosis), suspected or diagnosed microfilaremia in patients with lymphatic filariasis due to Wuchereria bancrofti, and human sarcoptic scabies in adults and children weighing ≥15kg
Grey	Zolbetuximab ***(new medicine)***	Vyloy®	6	Use in combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic HER2negative gastric or gastro-oesophageal junction adenocarcinoma whose tumours are Claudin 18.2 positive
Grey	Crovalimab ***(new medicine)***	Piasky®	6	Indicated for the treatment of adult and paediatric patients 12 years of age or older with a weight of 40 kg and above with paroxysmal nocturnal haemoglobinuria (PNH): • In patients with haemolysis with clinical symptom(s) indicative of high disease activity. • In patients who are clinically stable after having been treated with a complement component 5 (C5) inhibitor for at least the past 6 months.
Red	Exagamglogene autotemcel ***(new medicine)***	Casgevy®	1,6	Treatment of transfusion-dependent β-thalassemia in patients aged ≥12 years for whom a human leukocyte antigen-matched

				related haematopoietic stem cell donor is appropriate, and a human leukocyte antigen matched related haematopoietic stem cell donor is not available
Red	Iptacopan ***(new medicine)***	Fabhalta®	1,6	Use as monotherapy in the treatment of adults with paroxysmal nocturnal haemoglobinuria who have haemolytic anaemia
Red	Linzagolix ***(new medicine)***	Yselty®	1	Treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age
Amber G	Dexcom One +		1	
Amber G	Freestyle Libre 2+		1	
Amber	Dapsone (dual classification)		1,2,3	Refer to Place based SCP - all other indications are traffic lighted Red
Red	Dapsone (dual classification)			Red for all other indications Note also traffic lighted as Amber
Amber	Dalteparin		1,2,3	
Red	Pretomanid			TB in >14-year-olds
Green	Empagliflozin			Type 2 diabetes
Green	Canagliflozin			Type 2 diabetes
Green	Dapagliflozin			Type 2 diabetes
Green	Ertugliflozin			Type 2 diabetes
Red	Dasabuvir		1,6	Chronic hepatitis C
Red	Dasatinib		1,6	In line with positive NICE TA's
Red	Daunorubicin		1,6	In line with positive NICE TA's
Red	Deferasirox		1	
Red	Deferiprone		1	
Red	Delamanid		1,6	Pulmonary multi drug resistant TB
Grey	Decitabine (including combinations)		2	Decitabine NICE Information
Red	Latanoprost–netarsudil	Roclanda	1	for previously treated primary open-angle glaucoma or ocular hypertension
Red	Danicopan with ravulizumab or eculizumab		1,6	for treating paroxysmal nocturnal haemoglobinuria
Red	Belzutifan		1,6	for treating tumours associated with von Hippel-Lindau disease
Red	Quizartinib		1,6	for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia
Red	Ritlecitinib		1.6	indicated for the treatment of severe AA in adults and adolescents 12 years of age and older i**n line with BAD**