



Minutes of the Meeting of the Sheffield Area Prescribing Group
17th October 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
Yes		Sharron Kebell	Specialist Commissioning Pharmacist. NHS SY ICB
No		Emily Parsons	Medicines Governance Pharmacist NHS SY ICB
Yes	1:30-1:53, 1:55-3:40	Abiola Allinson	Chief Pharmacist. Sheffield Health & Social Care FT
No		Dr Jonathan Mitchell	Consultant representative. Sheffield Health & Social Care FT
Yes	1:30-2:57	Joanne Wragg	Chief Pharmacist, Sheffield Children's FT
Yes	1:30-3:39	Andrew Moore	Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist.
Yes		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	1:30-3:27	Barbara Obasi	Clinical Effectiveness Pharmacist NHS SY ICB
Yes	1:30-3:11	Mr Veeraraghavan Chidambaram-Nathan	Consultant representative STHFT
No		Chris Bland	Community Pharmacy South Yorkshire representative.
No		Richard Crosby	Head of Practice Support, NHS SY ICB
Yes		Jenni Bussey	Lead Pharmacy Technician (Clinical Effectiveness - Sheffield) NHS SY ICB & APG Secretary
Yes		Claire Stanley	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes	1:45-2:45	Jill Rigby	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes	1:30-3:02	Diana Vasile	Clinical Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes	2:00	Miglena Fox	Clinical Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes	1:30-2:50, 3:32-3:40	Ashley Hill	Senior Pharmacy Technician (Clinical Effectiveness) NHS SY ICB

Summary Points and Recommendations from October 2024

IMOC approvals	<ul style="list-style-type: none"> Ryeqo SCP Type 2 Diabetes in young people
IMOC TLDL approvals	<ul style="list-style-type: none"> Red TLDL still in progress Green TL listing for smoking cessation drugs (standardise across SY)
Shared care/Prescribing Guidelines	<ul style="list-style-type: none"> Lithium SCP (see section 8) CKD guideline (see section 8)
Other	<ul style="list-style-type: none"> ADHD medication supply information for children ADHD medication supply information for adults



		ACTION
1.	Apologies for Absence	
	No apologies for absence have been received by the Secretary. The Chair declared the meeting to be quorate.	
2.	Declarations of Interest	
	No new declarations made	
3.	Draft minutes of the September APG meeting	
	The minutes were accepted as a true record of the meeting.	
4.	Matters Arising from the July APG meeting	
	<ul style="list-style-type: none"> Hyperprolactinemia – AA received the final draft of this guidance paper back from STH on 16/10/24 & will bring this to the November APG meeting. Never events & SIs – EP was going to find out what is the most up-to-date terminology for these items & feed back to the group; this will be carried forward to November's meeting due to her absence from today's meeting & EP will feed back then. Sulfasalazine – There is a difference of agreed approach to switching from branded EC to generic plain formulations. Doncaster Rheumatologists are happy to switch patients to plain tablets, whilst Sheffield Rheumatologists maintain that their RA patients need to keep the gastroprotective qualities of the EC tablets. The cost implications of switching from the branded EC version, which is out of stock, to generic EC is approximately £360k in Sheffield alone. The issue is being looked at nationally, with a potential change to medication category for pricing to counter this. It was agreed to adopt a 'watch & wait' approach in Sheffield to see how the switch from EC to plain tablets is received by patients in Doncaster before action is rolled out in Sheffield place. <p>SK to contact the Doncaster specialists & ask if they could keep a track of the number of patients that switch back from plain to GR / any issues and then after a period of approximately four months, we can then review the situation at Sheffield. Also, SK to ask if the Drug and Therapeutics committee at DBTH found any literature / evidence to support off label use & if they would be willing to share it with us.</p> <ul style="list-style-type: none"> Immunisations outside of the immunisation schedule – RC not at the meeting. HT to email & ask for update for November meeting 	<p>AA</p> <p>EP/JB</p> <p>SK</p> <p>HT/RC</p>
5.	Formulary Subgroup	
	Action Log of the October meeting	
	Matters for APG approval: <ul style="list-style-type: none"> Lithium SCP (see section 8) CKD guideline (see section 8) 	

6.	Medicines Safety Update	
	<p>EP was not present at the meeting, HT looked at October's report & fed back for the group that there was nothing significant to raise today.</p> <p>There are some counterfeit weight-loss drugs in the system that patients are accessing flagged up nationally, so some local communications to raise awareness should be developed.</p> <p>LS reported that she had had 2 patients in practice who had obtained these counterfeit drugs & suffered side effects. It was suggested that these side effects be reported via the Yellow Card reporting system with as much supporting details as were available, even if these details were sparse or minimally available. AMc suggested LS letting EP know about this in her medication safety role.</p> <p>The other alerts were around Lacri-Lube & secondary care specialist drugs, details of which are on the report circulated with the agenda for this meeting.</p>	LS/EP
7.	Pharmacy and Prescribing Commissioning Group Feedback (PPGC)	
	<p>PPCG met 16/10/24 – HT fed back there was a reduced attendance at the meeting, but the main points of note were:</p> <p>HT is currently leading on reviewing and trying to align future locally commissioned arrangements involving shared care across the system. Any new SCPs coming out will be considered along with associated workload, to aid future discussions on the impact on the basket of services covered by existing SCPs in Sheffield.</p> <p>Tirzepatide – there is an impending obesity technology appraisal, the funding NHSE have put in will give us longer to produce a plan for delivery, then a 12-year variation to then deliver on it. The first 3 years will concentrate on extremely high priority patients but is going to need significant investment. There are 5 NHSE models proposed, so decisions need to be made as to which to adopt in Sheffield.</p> <p>DOACs - regarding the reduction in price of rivaroxaban, this has been picked up via the updated SPAF guidance. Ebun Ojo is having conversations with specialists on the ground in her SY wide role, but wherever we can, we should be putting people on either generic apixaban or rivaroxaban as first line as these are both significantly more cost effective than other DOACs.</p>	
8.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	
	<ul style="list-style-type: none"> • CKD guideline update (Diana Vasile) – Update for the management of CKD in adults with the addition of finerenone as an option for treating stage 3 & 4 in line with NICE TA877. <p>This guideline is supported by the SY Finerenone SCP, which was ratified at IMOC in June '24. Tablet form of finerenone recommended, Bayer make a 10mg & 20mg strength also known as Kerendia.</p> <p>Finerenone is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:</p> <ul style="list-style-type: none"> ○ ACEi/ ARBs and ○ SGLT2 inhibitors and • the person has an eGFR of 25 ml/min/1.73 m² or more. 	

	<p>Patients will be monitored as per existing CKD arrangements therefore there is no extra workload monitoring implications to primary care clinicians.</p> <p>HT suggested the contraindications section be incorporated with the SGLT2i section & expanded?</p> <p>BO – asked if this guidance will this replace the West Yorkshire document hosted on STH intranet? DV to link with Dr Arif Khwaja who is regional clinical director for CKD to inter-weave any links to local shared care arrangements into or potentially combining documents with the existing WY version.</p> <p>The decision to adopt has been put on hold until DV clarifies which documents are going to be used. To come back to a future meeting for consideration.</p> <ul style="list-style-type: none"> <p>ADHD medication supply update (Miglana Fox & Jill Rigby) –</p> <p>Due to the recent MSN methylphenidate MR tablets supply issue, it was proposed a summary table of methylphenidate caps/tabs preps bioequivalent to IR tablets is made available to Sheffield prescribers as guidance for prescribing alternative formulations in children and adults if prescribers feel comfortable to prescribe these themselves. It was highlighted that this is not an expectation and would be available to use as a guide in primary care if so desired. It was suggested that this point needs to be made much clearer i.e. that there is no expectation for changes to be made in primary care.</p> <p>A discussion was had that the document needs to make it clear as to who primary care can refer both adults and children to should a change in formulation or drug be needed, so that it was not the responsibility of primary care to do this.</p> <p>It was suggested that these context needs to be added into the document, i.e. here is how to refer to SHSHC/ Ryegate.</p> <p>It was agreed that Miglena was to make the changes and then agree with LS before final sign-off.</p> <p>Information for Patients Carers, produced by Ryegate nurses received some significant feedback; it needs to be made more clear, easier to read and was suggested that headings need to be added. MF to work with SCH colleagues to update documents & circulate for agreement virtually ahead of November’s meeting.</p> <p>Lithium SCP update (Miglana Fox) –</p> <p>Lithium is currently in the Bipolar SCP. There is a national SCP template for lithium that we want to adopt/adapt for use in Sheffield and Barnsley, so the plan is to take lithium out of the bipolar SCP and put a link within the Bipolar SCP to the new lithium SCP.</p> <p>Feedback on the document from AA was that the starting dose of 400mg needs clarifying in relation to weight and age in the section on initiation.</p> <p>Also, appendix 4, relating to refusal of shared care – it was queried whether use of these letters and the need for primary care to positively respond to shared care requests from specialists needs further consultation.</p> 	<p>DV</p> <p>MF</p> <p>MF</p> <p>MF</p> <p>MF</p>
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	<p>It was acknowledged that this is relevant to other shared care drugs and not just lithium.</p> <p>Barnsley will need to approve use of the SCP in their place, the group are only being asked to approve for Sheffield place use.</p> <p>Purple book usage should still be referred to until there is another alternative in place such as using the NHS app as an information source for monitoring.</p> <p>MF to bring the lithium SCP with the above amendments back to a future APG for approval.</p> <p>As an aside, it was suggested that the continued use of patient paper record books for lithium, DMARDs, etc. may need to be reviewed from a safety perspective. EP to raise this via national meds safety network.</p> <p>AA & CS to work together on wording for patient information regarding purple book and NHS app use for information/monitoring results in lithium.</p>	<p>AA/CS</p> <p>EP</p>
9.	Integrated Medicines Optimisation Committee (IMOC)	
	<p>From October's meeting, the following documents were approved:</p> <ul style="list-style-type: none"> • Ryeqo SCP (new SCP) • Type 2 Diabetes in young people (note this is an update to the guidance already in use in Sheffield, now adopted across SY) 	
10.	NICE Guidance	
	IMOC also considers all technology appraisals going forward.	
11.	APG Mailbox.	
	Nothing for this month	
12.	Reports from Neighbouring Committees	
	Nothing of note	
13.	Never Events and SIs.	
	None reported – EP to clarify new terminology as per matters arising	EP
14.	Any Other Business	
	None for this meeting	
15.	Date of the next meeting: 1:30-3:00pm 21 st November 2024. Virtual meeting via MS Teams	