



**Minutes of the Meeting of the Sheffield Area Prescribing Group**  
**19<sup>th</sup> September 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 <b>joint Chair of APG</b>
No		Dr Zak McMurray	Medical Director NHS SY ICB and <b>joint Chair of APG</b>
Yes		Heidi Taylor	Deputy Director, Medicines Optimisation Team. NHS SY ICB
No		Sharron Kebell	Specialist Commissioning Pharmacist. NHS SY ICB
Yes		Emily Parsons	Medicines Governance Pharmacist NHS SY ICB
Yes		Abiola Allinson	Chief Pharmacist. Sheffield Health & Social Care FT
No		Dr Jonathan Mitchell	Consultant representative. Sheffield Health & Social Care FT
No		Joanne Wragg	Chief Pharmacist, Sheffield Children's FT
Yes		Andrew Moore	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
No		Barbara Obasi	Clinical Effectiveness Pharmacist NHS SY ICB
No		Mr Veeraghavan Chidambaram-Nathan	Consultant representative STHFT
Yes		Chris Bland	Community Pharmacy South Yorkshire representative.
Yes	14:45	Richard Crosby	Head of Practice Support, NHS SY ICB
Yes		Jenni Bussey	Clinical Effectiveness Pharmacy Technician, NHS SY ICB & <b>APG Secretary</b>
Yes		Hilde Storkes	Formulary Pharmacist, NHS SY ICB

		<b>ACTION</b>
<b>1.</b>	<b>Apologies for Absence</b>	
	Apologies for absence have been received from: SK, VCN, BO, JW The Chair declared the meeting to be quorate.	
<b>2.</b>	<b>Declarations of Interest</b>	
	LS informed that she attended the PLI on Tuesday 17 <sup>th</sup> September, which was sponsored by various Pharma companies. Chair was satisfied this would have no impact on today's agenda items for discussion.	
<b>3.</b>	<b>Draft minutes of the July APG meeting</b>	
	EP would like to add a post meeting note to clarify how Ogluo was minuted, she will liaise with JB to word this outside the meeting. The minutes were accepted as a true record of the meeting, except for the above.	<b>EP/JB</b>
<b>4.</b>	<b>Matters Arising from the July APG meeting</b>	
	<ul style="list-style-type: none"> <li>Ogluo – HT &amp; JW have had discussions around this to try to progress guidance; JW taking forward the suggestion to reduce the cohort Ogluo is suitable for. Therefore, patient numbers will reduce, along with the need to prescribe in primary care. It was agreed that Ogluo be <b>taken off matters arising</b> as it will come back as a new item to a future meeting. HT &amp; AMc to raise issues with clarifying prescribing numbers of devices back to IMOC &amp;</li> </ul>	<b>JW</b> <b>JB</b> <b>AMc/HT</b>



	<p>determine what Doncaster &amp; other places that already use Ogluo are doing. This will be fed back at a later APG meeting.</p> <ul style="list-style-type: none"> <li>• Hyperprolactinemia – AA sent the draft to Endocrinology at STH for comment in March, he is awaiting an amended draft back from them &amp; continues to chase for this.</li> <li>• Never events &amp; SIs – EP was going to find out what is the most up-to-date terminology for these items &amp; feed back to the group; this will be <b>carried forward to October’s meeting</b> &amp; EP will feed back then.</li> </ul>	<p><b>AA</b></p> <p><b>EP/JB</b></p>
<b>5.</b>	<b>Formulary Subgroup</b>	
	<p>Action Log of the August &amp; September meetings</p> <p><b>Matters for APG approval:</b></p> <ul style="list-style-type: none"> <li>• Progestogens for endometrial protection in HRT (see section 8)</li> <li>• Lithium SCP – this will be coming to APG in October</li> </ul> <p><b>Matters approved by FSG under delegated authority (for information):</b></p> <ul style="list-style-type: none"> <li>• Nutrition &amp; blood (Ch 9) formulary update – supplement name changed from Aymes complete to Aymes actagain 1.5 complete.</li> <li>• Cardiovascular (Ch2) formulary chapter update: metolazone added amber G on IMOC TLDL; finerenone for use in CKD in type 2 Diabetes, in line with NICE TA377 &amp; the SY SCP; dapagliflozin &amp; empagliflozin now licensed for treatment of heart failure with mildly reduced or preserved ejection fraction, in addition to HFrEF, and recommended by NICE TAs; updated link to NICE lipid modification guidance; choice of DOAC updated.</li> <li>• CKD guideline update – both dapagliflozin &amp; empagliflozin are now licensed for treatment of CKD progression and recommended by NICE TA; empagliflozin added to guideline to reflect this change.</li> </ul> <p><b>Matters approved by virtual agreement under delegated authority (for information):</b></p> <ul style="list-style-type: none"> <li>• SPAF guideline update – choice of DOAC updated in line with latest NHSE operation note (Sept 24), addition of SPC link for generic rivaroxaban and PILs.</li> </ul>	
<b>6.</b>	<b>Medicines Safety Update</b>	
	<ul style="list-style-type: none"> <li>• <b>Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury</b> - An Optimise Rx alert has been enabled which warns prescribers that use on the face is contraindicated.</li> <li>• <b>Class 2 Medicines Recall: Desitin Pharma UK Ltd, Lamotrigine Desitin 10mg/ml Oral Suspension, EL(24)A/20</b> - OpenPrescribing indicates that there has been no prescribing of lamotrigine 10mg/ml</li> </ul>	

	<p>SF oral suspension in the last 12 months therefore no impact on primary care.</p> <ul style="list-style-type: none"> <li>• <b>Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup</b> - Details of the alert have been promoted at the September APG learning lunch. An Optimise Rx alert has been enabled that triggers if Kay-Cee-L® syrup or the generic are prescribed, with details of the alert and recommended actions. Local advice regarding paediatric prescribing of potassium supplement has been added. If prescribing effervescent tablets for paediatric patients, refer to additional guidance, resources and PILs provided by SPS, NPPG and Medicines for Children.</li> <li>• <b>Yellow Card Biobank: call to contribute to study of genetic links to side effects</b> - Details of the alert have been promoted at the September APG learning lunch.</li> <li>• <b>Valproate use in men: as a precaution, men and their partners should use effective contraception</b> - Promote the updated advice and guidance at APG learning lunch and in the weekly practice bulletin. Update guidance documents and the Sheffield formulary when all national educational materials and supporting documents are updated and available online. Consider clinical systems support - nothing has been released on Optimise Rx yet, but it is expected that alerts will be published to support prescribing in men. Medicines Safety Officer to liaise with secondary care to clarify their processes for complying with the requirements. Clarity is needed as to what constitutes 'effective contraception' for female partners of child-bearing potential. There should be no assumptions made about an upper age limit on men potentially fathering children, 55 years was deemed as possibly too young.</li> </ul>	EP
7.	<b>Pharmacy and Prescribing Commissioning Group Feedback (PPGC)</b>	
	There hasn't been a meeting since the last APG so nothing to feed back for this meeting.	
8.	<b>Protocols/Prescribing Guidelines/TLDL applications pre-IMOC</b>	
	<ul style="list-style-type: none"> <li>• <b>Progestogens for endometrial protection in HRT guideline</b> – The guideline had been further updated by HS since distribution of papers, following comments from local experts. HS presented from the most recent updated version to the group. The guideline is applicable to individuals with an intact uterus receiving HRT for menopausal symptoms. It promotes best practice recommendations, in line with national guidance &amp; has been brought to APG as it is linked to Sheffield formulary choices. The SYB Cancer Alliance took a paper to IMOC on unscheduled bleeding on HRT, which is more focused on when to refer for investigation regarding cancer risks, which was endorsed; this guidance is an accompanying document for prescribers in primary care. Following discussion, APG suggested changes to the wording on use of micronised progesterone being given by vaginal route, which is an</li> </ul>	

	<p>off-licensed use. Clarification was also sought on the use of oral HRT products in those with risk factors for thrombosis. HS to work with LS, &amp; HT on the revised wording outside the meeting as further clarity was needed. This document will then be virtually approved outside the meeting.</p> <ul style="list-style-type: none"> <li>• <b>Medicines with teratogenic potential</b> – changes to the document have been highlighted in yellow for ease of identification. Not a comprehensive list of teratogenic drugs but is updated with information from <a href="#">TOXBASE®</a> when new drug alerts come out. Topiramate interactions with contraceptives linked to new FSRH (Faculty of Sexual and Reproductive Health) document. All antiepileptic drugs have also been added by EP, phenytoin having been given its own box on this version. Links to the aide-memoire have also been updated. TE noted that there used to be a list compiled nationally available at the front of the old hard-backed BNFs. She asked if a nationally, centrally compiled list could be made available again to stop duplication of work in this area. This was a well-received suggestion by the group, HT suggested we share the good work from Sheffield with other places by taking it to IMOC. <b>Updated version approved &amp; will be uploaded to the Sheffield intranet.</b></li> </ul>	<p>HS/LS/HT/ AMc</p> <p>EP/JB</p>
9.	<p><b>Integrated Medicines Optimisation Committee (IMOC)</b></p>	
	<p>From August’s meeting, the following documents were approved:</p> <ul style="list-style-type: none"> <li>• Denosumab SCP – updated re: removal of requirement of PINP monitoring</li> <li>• SYB CA Guidance for patients on HRT with unscheduled bleeding document</li> <li>• Alimemazine SCP – SY wide to eliminate inconsistency of access across SY</li> <li>• SY Interim Position Statement on Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 diabetes and FAQ paper – holding statement for primary care. Working on prioritisation of patients (under secondary care).</li> <li>• Liothyronine SCP – there has been some push-back regarding narrow cohort of patients where wider patient groups would benefit from use; national guidance now suggests it can be prescribed under shared care. No monitoring needed in primary care for liothyronine.</li> </ul> <p>September’s meeting was a development session for IMOC members to discuss future working of the IMOC group. HT is working on collating feedback from the session which will be grouped into themes. The top feedback was around inconsistency in clinical decision-making versus commissioning arrangements. This was already flagged as an issue with 4 places having big differences in ways of working with shared care arrangements. A small working group has been set up to bring together colleagues from Finance, Contracting, etc. to discuss who the stakeholders</p>	

	may need to be going forward to bring about alignment across SY. Another theme was around decision-making; the terms of reference and IMOC voting need to be looked at again to ensure there is a robust process for appeal. Other themes were where we have different pathways that are beyond the remit of IMOC to be able to deal with, such as ADHD or lithium, which are managed so differently across SY so to try and align all these pathways is a challenge. Change to standardisation may be a process over several years due to the way commissioning operates, making working collaboratively in these areas challenging. Workforce is another theme; can we make better use of the wider primary care workforce. For secondary care, can we make better use of electronic prescribing systems. Also, how do we handle out of area private providers or 'right to choose' NHS commissioned service providers where continued aftercare may be different from locally available guidance.	
<b>10.</b>	<b>NICE Guidance</b>	
	IMOC also considers all technology appraisals going forward.	
<b>11.</b>	<b>APG Mailbox.</b>	
	Nothing for this month	
<b>12.</b>	<b>Reports from Neighbouring Committees</b>	
	Nothing of note	
<b>13.</b>	<b>Never Events and SIs.</b>	
	None reported – EP to clarify new terminology as per matters arising	<b>EP</b>
<b>14.</b>	<b>Any Other Business</b>	
	<ul style="list-style-type: none"> <li>Immunisations – ongoing issue of difficulties when requests come from specialist clinicians that aren't covered by the existing national immunisation programme. Do these need to be traffic lighted at IMOC? There are then questions on how these injections would be remunerated; there is a need for a pathway to be developed SY wide to allow patients to get the vaccines they have been recommended clinically. APG were not sure that they were the appropriate group to bring the issue to, it was suggested that PPCG may be the right group to approach with this issue. It was noted that there may be an impact on Bassetlaw, Derbyshire &amp; other neighbouring ICBs. RC to liaise with HT on this outside of the meeting.</li> </ul>	RC/HT
<b>15.</b>	<b>Date of the next meeting:</b> 1:30-3:00pm 17 <sup>th</sup> October 2024. Virtual meeting via MS Teams	

### Summary Points and Recommendations

#### September 2024

<b>IMOC approvals</b>	<ul style="list-style-type: none"> <li>Denosumab SCP</li> <li>SYB Cancer Alliance Guidance for patients on HRT with unscheduled bleeding</li> <li>Alimemazine SCP</li> </ul>
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	<ul style="list-style-type: none"> <li>• SY Interim Position Statement on Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 diabetes and FAQ paper</li> <li>• Liothyronine SCP</li> </ul>
<b>IMOC TLDL approvals</b>	<ul style="list-style-type: none"> <li>• Red TLDL still in progress</li> <li>• Mycophenolate amber for SCP &amp; red for all other indications</li> </ul>
<b>Shared care/Prescribing Guidelines</b>	<ul style="list-style-type: none"> <li>• Progestogens for endometrial protection in HRT guideline (following minor amendments)</li> <li>• Medicines with teratogenic potential</li> <li>• SPAF guideline update</li> </ul>
<b>Sheffield Formulary Updates</b>	<ul style="list-style-type: none"> <li>• Nutrition &amp; blood (Ch 9) formulary update</li> <li>• Cardiovascular (Ch2) formulary chapter update</li> </ul>
<b>Other</b>	