# Minutes of the Meeting of the Sheffield Area Prescribing Group
# 20th February 2025 via MS Teams

| Attendee present: | Time of attendance: (if not for full meeting) | Attendee name: | Attendee title, organisation, and role (where applicable) |
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| 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** |
| No | | Heidi Taylor | Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB |
| Yes | | Hilde Storkes | Formulary Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB |
| Yes | | Emily Parsons | Medicines Safety Officer NHS SY ICB |
| No | | 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 | 13:37-14:49 | 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). |
| No | | Dr Rhona Leadbetter | GP, NHS South Yorkshire ICB |
| Yes | | Dr Trish Edney | Lay member. Healthwatch representative |
| No | | 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. |
| No | | 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 | Arr. at 13:40 | Jill Rigby | Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB |
| Yes | Left at 14:20 | Kirsty Burdett | MO Senior Pharmacist (SYICB Endocrine Lead; Clinical Effectiveness) - Temporary until end of March 2025 |

## Summary Points and Recommendations from February 2025

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| **IMOC approvals** | February's draft minutes not available for this meeting |
| **IMOC TLDL approvals** | • February's approvals to be reported at March APG |
| **Shared care/Prescribing Guidelines** | • Sulfasalazine SCP |
| **Other** | • Gliptin place formulary application<br>• Tirzepatide position statement |

| | | ACTION |
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| **1.** | **Welcome, Apologies for Absence & Quoracy** | |
| | Apologies received from AMc, HT, SA, CL, CS, RL & JW.<br><br>Barbara (acting chair) welcomed members to the meeting, especially Hilde Storkes joining as a core member of APG. Hilde previously attended FSG and now joins this combined meeting of APG and FSG.<br>Barbara kindly acted as chair in both Dr McGinty's & Heidi Taylor's absence.<br><br>The Chair declared the meeting to have quorate representation and therefore able to approve papers. All members are in receipt of the papers circulated and the Secretary has not received any comments or objections to either paper from those not in attendance at today's meeting. | |
| **2.** | **Declarations of Interest** | |
| | No new declarations reported from APG members | |
| **3.** | **Draft minutes of the January APG meeting** | |
| | The minutes were accepted as a true record of the meeting. | |
| **4.** | **Matters Arising from the January APG meeting** | |
| | • GP query on ME medications to prescribe on NHS<br>SA has drafted a response to this query on behalf of APG which has been forwarded to the originally requesting GP/practice. It has been noted that the response has not adequately addressed the prescribing of ivabradine as this was not discussed in the meeting and as such, a new letter is needed to expand on this point. The new letter is to be approved by the meeting chair before being forwarded on to the requesting GP/practice. **The group were happy with the suggested action & approval of chair before sending updated response.**<br>**Post meeting note: SA has discussed with HT and have emailed the GP practice regarding this.**<br><br>• APG ToR – membership<br>This was a carry-over action from the previous meeting and was an ask that all members of APG go back to their member organisations to ensure that the organisational membership was still appropriate, and in addition, that they as representative of the member organisation remained the most appropriate person to continue to attend APG. Mr Nathan asked for another copy of the ToR to be emailed to him.<br>**Post meeting note** – this was not needed as Mr Nathan located a copy of the ToR from a previous email trail during the meeting.<br>**Action:** JB asked that if there were any changes needed that could this be communicated via the APG mailbox, along with any updated job titles etc. for amendment on the membership list, minutes & agendas etc.<br><br>• Virtual Proposals<br>This has been added as a standing agenda item for future meeting agendas after being agreed as a tool for approving minor changes to documents etc. outside the monthly meeting structure, under delegated authority.<br><br>• Safety update – guidance document regarding COVID testing<br>HT was not present at the meeting so this matter will be carried forward to March's meeting<br>Action: JB to add to matters arising for March agenda. | **SA/Chair**<br><br>**JB**<br><br>**ALL** |

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| | • **Pancreatic enzyme replacement therapy** (PERT) supplies<br>EP reported that talks with individual places are on hold at the moment, as there is a move to look at a route for Community Pharmacy to obtain PERT via Oxford Pharmacy Stores. This is a scheme that has been used by an ICB in Hampshire and the Isle of Wight and is an example given in the NPSA alert of an arrangement that can be organised at regional level. This would be a solution that would work across all South Yorkshire rather than each place needing to secure a separate source of PERT for patients in their area.<br>LS enquired as to whether there was any change to the current advice to use the Wicker Pharmacy for supplies for Sheffield patients. EP confirmed this was still the appropriate advice to follow as well as the option of a phone line (for which details have already been circulated).<br>The only issue with the Oxford Pharmacy Stores option is that the Pangrol product they supply is not suitable for use in children. Children would need to remain under the Children's Hospital to obtain supplies.<br><br>• Chapter 4 updates – embedding of pregnancy prevention programme (PPP) forms into clinical systems for both topiramate and valproate.<br>EP reported that there is a direct link to the template embedded within the Optimise Rx alert for practices to use. If individual practices are wanting these forms embedding into the clinical system this would need to be done on a practice level to ensure it was appropriate for use individually.<br><br>• Sulfasalazine SCP<br>HS presented the updated SCP on behalf of Sharron Kebell.<br>The approval for use is coming from Sheffield APG & Rotherham APC not IMOC, as Doncaster and Barnsley have their own arrangements, so this will be updated on the cover sheet of the final document before publication.<br>The contact details for Rotherham secondary care clinicians are also still needed to complete that section before publication.<br>One of the previously raised points was that the primary care responsibilities to report abnormal results to the specialist needed clarification; this has been updated with cross reference to section 10.<br>Another was the difference in assays due to sulfasalazine, which has been simplified to refer only to LFTs.<br>Rheumatology has confirmed that the statement we had in previous SCP is still applicable – that the monitoring can be stopped in patients who have had stable blood results for a year, and they will notify primary care of any patients that still require monitoring; so, the default position is to stop unless otherwise notified.<br>There was also an ambiguity in the shingles vaccination section due to the column heading of 'frequency' not being in view. A statement has been added to clarify 'when eligible under the national schedule', i.e. not every patient would get vaccinated.<br>The section on when to contact the specialist also needed clarification, this has been discussed with Dr Rachel Tattersall, Consultant Adolescent and Adult Rheumatologist at STH and her advice has been included under the general heading 'action for primary care' in section 10. She was keen for the GP themselves to contact the specialist team if they required urgent advice or an email to be sent to the generic mailbox where non-urgent advice is sought (section 13). In line with this, the word 'discuss' has been changed to 'communicate' in section 10.<br>Albumin results have been moved to the more logical LFTs section, as spotted by RL.<br>**Action/Approval:** The SCP was approved by the group for use in Sheffield. | **JB** |
| **5.** | **Papers on Sheffield intranet/IMOC webpages** | |

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| | JB informed the group that the following documents have been published on IMOC webpages/Sheffield intranet page for use in primary care prescribing.<br><br>Sheffield intranet:<br>• Formulary Chapter 4<br>• Formulary Chapter 6<br>• Lithium SCP<br><br>Sheffield intranet linked to IMOC webpages:<br>• Migraine Management in Primary Care<br>• Rimegepant guidance & patient letter<br>• Ibandronic Acid in early breast cancer<br><br>IMOC webpages:<br>• Ryeqo SCP (IMOC webpages)<br><br>EP mentioned that the Migraine management document was also hosted on PRESS Portal and a form needs to be completed for them to change to the updated document.<br>Action: EP to send JB a copy of the appropriate form to request update to PRESS Portal. | **EP/JB** |
| **6.** | **Virtual Proposals agreed under delegated authority** | |
| | None for this meeting | |
| **7.** | **Medicines Safety Update February 2025** | |
| | • **Shortage of Pancreatic enzyme replacement therapy (PERT) – Additional actions** NatPSA/2024/013/DHSC Dec 24<br>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.<br>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)<br>**February update:** EP working with Claire Thomas and Vicki Roberts (CPSY) to investigate if supplies can be made available to all SY community pharmacies for adult patients via Oxford Pharmacy Stores.<br>Sheffield patients are still able to obtain Creon via Wicker Pharmacy (after trying all other options).<br><br>• **GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation**<br>GLP-1 and dual GIP/GLP-1 receptor agonists are known to cause delayed gastric emptying, which may increase the risk of residual gastric contents despite preoperative fasting.<br>Healthcare professionals should be aware of the potential risk of pulmonary aspiration in patients using GLP-1 or dual GIP/GLP-1 receptor agonists who undergo surgery or procedures with general anaesthesia or deep sedation.<br>Details of the alert have been promoted at the January APG learning lunch.<br>Encourage clinicians to record any GLP-1 and dual GIP/GLP-1 receptor agonists they are aware are prescribed or purchased privately in the 'Specialist Issued Drugs' section of the patient record so it will be visible on the summary care record.<br><br>• **TriOnPharma recalls Vitamin D3 2000iu/ml supplements (AactiveD3) because of excess levels**<br>A series of children were admitted to hospital in Greater Manchester with significantly raised vitamin D and calcium levels due to potential overdosing of colecalciferol. Each patient had been prescribed the food supplement AactiveD3. | |

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| | TriOnPharma is recalling AactiveD3 Drops and AactiveD3 Solution because they contain higher levels of vitamin D3 than stated on the label. Customers are advised not to take them, and to return them to the store from where they were bought.<br>OpenPrescribing data indicates that no AactiveD3 products have been prescribed in SY.<br>The potential for significant deviation from the labelled concentration when using Vitamin D products marketed as food supplements has previously been described (https://pubmed.ncbi.nlm.nih.gov/32803772/). It is recommended that only licensed medicinal products are used for the administration of treatment doses of Vitamin D. The use of food supplements to administer maintenance or prophylactic doses is generally lower risk due to a much wider margin of error.<br>Details of the alert have been promoted at the January APG learning lunch. Clinical systems are optimised to promote prescribing of formulary products (where appropriate).<br><br>• **Medikinet® XL▼10mg capsules and Medikinet® XL▼20mg capsules (methylphenidate hydrochloride) - Voluntary Notification Defective Medicine**<br>A small number of defects in the colouring of Medikinet® XL 10mg and 20mg capsules has been identified. As a result of strong light exposure, the "mauve" colour of the capsules may appear as a "blue" colour in a limited number of batches. The defect in the identified batches does not have any effect to the medicinal product's efficacy and tolerability.<br>OpenPrescribing shows 39 items prescribed in SY ICB in November 2024; 383 items in the last 12m.<br>In the event of being notified of a defective capsule, reassure the patient that the defect is cosmetic only and there is no impact to the efficacy of the active ingredient. They can continue to take the capsule as prescribed.<br>If the patient is not willing to take the colour affected capsule, advise them that there is the option to open it up and sprinkle the contents onto soft food such as apple sauce, which should then be swallowed immediately, without chewing, to take the Medikinet XL dose. The capsule contents should not be crushed.<br>If the patient is dissatisfied with this option, and the pack is listed in the batches noted above, Medice UK may agree to replace the pack free of charge - the alert provides full details.<br>**Actions:**<br>Promote details of the alert at the next APG learning lunch.<br>EP to check this has been circulated to all community pharmacies.<br><br>• **Valproate: review by two specialists is required for initiating valproate but not for male patients already taking valproate**<br>Review by two specialists remains in place for patients initiating valproate under 55 years of age but the Commission on Human Medicines (CHM) has advised that it will not be required for men currently taking valproate.<br>Three infographics have been produced to clarify in which situations review by two specialists may be required:<br>- for female patients under 55 years old<br>- for male patients under 55 years old<br>- for male and female patients 55 years and older<br>List of who qualifies as a 'specialist' has been updated. Confirms specialist pharmacists are included.<br>**Actions:**<br>Links to infographics to be incorporated into local guidance.<br>Promote details of the alert at the next APG learning lunch. | **EP**<br><br>**EP** |
| **8.** | **Pharmacy and Prescribing Commissioning Group Feedback (PPGC)** | |

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| | Nothing to report for this meeting | |
| **9.** | **Protocols/Prescribing Guidelines/TLDL applications pre-IMOC** | |
| | • Gliptins formulary application<br>The proposal brought by Kirsty Burdett was that all four places align their formulary recommendations to position sitagliptin as first line choice, with linagliptin as second line if a patient has unstable renal or hepatic function and to remove alogliptin from the formulary altogether as it is not licensed as monotherapy and has no additional benefits over sitagliptin.<br>LS wanted to clarify that there was no current ask for primary care to undertake any additional work switching patients currently prescribed a gliptin to sitagliptin, this was confirmed by KB as there is an MO Team (MOT) action sheet being developed to allow MO Team members to prioritise this area of work under the QIPP workstream for 2025/6. The detail of this workstream will be brought to the March APG meeting for approval. JR asked if there was an appetite for the group to see all the MOT action sheets relating to the QIPP workstream, the consensus from the group was that this was unnecessary as the work is undertaken by the MOT in agreement with individual GP practices.<br>HS has spotted a typo on the table in the proposal form and will liaise with KB outside the meeting to suggest an appropriate correction.<br>LS also asked when the patents for the gliptin drugs other than sitagliptin were due to expire. KB had investigated this and was able to share that linagliptin comes off patent in 2027 and saxagliptin was November 2024. However, the Drug Tariff price of saxagliptin has not fallen and there is low usage of this product.<br>In primary care, part of the QIPP 2025/6 workstream will be that MOT work with primary care clinicians to review patients currently prescribed a gliptin to ensure that in the first 6 months the gliptin has adequately reduced HbA1c levels and therefore remains appropriate treatment (to be stopped where this is not the case) and, if appropriate, to be changed to sitagliptin. It is suggested that this be done as part of the patient's Diabetic review and as such an educational session will be arranged for practice nursing staff to upskill them in this area.<br>HS suggested that the proposal form needed to clarify that secondary care specialist diabetologists, and specialist nurses are in support of the unification of formularies making sitagliptin first line.<br>AM reported that there would be no issue from a secondary care pharmacy point of view on taking this stance.<br>KB has also taken this proposal to Doncaster's PMOC today and they were in support of the order of prescribing of gliptins as proposed.<br>BO summarised the ask of the group today was to approve the use of sitagliptin as first line choice, with linagliptin as second line if a patient has unstable renal or hepatic function and to remove alogliptin from the formulary altogether as it is not licensed as monotherapy and has no additional benefits over sitagliptin.<br>**Approval:** the group agreed with the above change to the Sheffield formulary and therefore the formulary application was approved with the caveat that there is no work for practices to be done on this at this time.<br>**Post meeting note:** Clarification of patent expiries -<br>Saxagliptin - patent expired October 24<br>Saxagliptin / Metformin - patent due to expire March 26<br>Linagliptin - patent due to expire February 27.<br>Alogliptin – not on the SPS list yet, so the patent for this is presumed to expire beyond 2027.<br><br>• SY ICB Tirzepatide position statement<br>Hilde Storkes presented this on behalf of Heidi Taylor. It was noted that there was an error on the document relating to an approval date which has come from the use of a previous | HS |

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| | document as a template for the tirzepatide position statement and this will be rectified before finalisation and publication.<br>HS suggested perhaps a summary at the start of the document maybe beneficial for primary care clinicians. LS commented that a one-line summary at the beginning of the document would be useful to consolidate the advice for primary care clinicians that they are not to prescribe until wraparound services are in place.<br>LS also asked about 'right to choose' as GPs have been discouraged from using this in another context. EP responded by explaining that she has been asked to produce some guidance on this which is currently being worked on.<br>Hilde and Barbara had checked prior to the meeting to see if the NHSE national guidance had been published, this has not so the SY ICB position statement will stand in its current form in the interim.<br>HS asked if the current tier 2 service fulfilled the wraparound criteria, LS thought it may do so. It seems to have all the elements required - dietary, nutrition and physical activity - but it is only a 12-week programme. Tier 2 services aren't mentioned in the NICE TA nor in the position statement but perhaps it could be qualified in the position statement whether Tier 2 would meet the wraparound criteria - we may need to await the NHSE guidance to clarify this. LS also shared that the Sheffield tier 3 service wasn't taking any new referrals.<br>**Action/Approval:** subject to the suggested summarising one-liner proposed by HS/LS, the group were happy with the position statement and supported it going to IMOC for approval in March. | |
| **10.** | **Integrated Medicines Optimisation Committee (IMOC)** | |
| | January's ratified minutes were distributed prior to today's meeting, February's draft minutes were not available in time for the meeting & will therefore be distributed ahead of March's meeting. | |
| **11.** | **NICE Guidance** | |
| | • TA1026 - Tirzepatide for managing overweight and obesity<br>SY ICB position statement discussed in section 9 above.<br><br>• TA697 (Update) - Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban<br><br>Update information:<br><br>Recommendation 1.2 was updated and replaced by NICE's technology appraisal guidance on andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal).<br>NICE state this guidance is applicable: Secondary Care – Acute<br>Commissioner: ICB<br><br>NICE TAs are given a traffic light status agreed at IMOC and will be reported on in February's IMOC draft minutes when they become available. | |
| **12.** | **APG Mailbox.** | |
| | Nothing to report | |
| **13.** | **Reports from Neighbouring Committees** | |
| | Nothing to report | |
| **14.** | **Never Events and Patient Safety Incidents.** | |
| | None reported | |

| 15. | **Any Other Business** | |
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| | • **Gluten Free Foods**<br>Gluten Free Foods Ltd has gone into liquidation, the list of the brands of GF products was shared at the meeting along with local intelligence that no prescribing has been recently seen in Sheffield (or other 3 place localities). LS requested an alert on Optimise Rx to inform prescribers of discontinued product(s) on attempted prescribing, which would be helpful.<br>**Action:** JB to distribute information to the group via email, liaise with Clinical Systems team regarding Optimise Rx alert. | JB |
| | • **Change to reporting of urine culture sensitivities for lower Urinary Tract Infections**<br><br>A letter has been received from Dr Iolanthe Fowler, Clinical Director for Community Integrated Care at STH, with the following text:<br><br>Main message: From now on, for gram negative non-*E. coli** UTIs, there will be no nitrofurantoin or fosfomycin sensitivity reporting.<br><br>*We will still report for S. saprophyticus and some other gram-positive organisms.<br><br>Clinical consequences;<br><br>○ If prescribing empirically continue to follow NICE lower UTI guidance (NG109 Visual summary)<br><br>○ For **non-*E. coli* gram negative UTIs** we would support the use of alternative antibiotics including trimethoprim, amoxicillin, cefalexin, pivmecillinam, and co-amoxiclav, depending on sensitivities, and to support prescribing we will release sensitivities to these antibiotics on the antibiotic report.<br><br>○ If a patient has been prescribed nitrofurantoin empirically as per NICE guidelines, for what turns out to be a **gram-negative non-*E. coli* UTI**, on urine microbiology culture, the report will have a comment from microbiology "Susceptibility to nitrofurantoin and fosfomycin cannot be confirmed for non-*E. coli* urinary pathogens. If patient has not responded to empirical treatment with these antibiotics an alternative is recommended." This should trigger a review of the patient's clinical progress and consideration of an alternate antibiotic if lack of clinical improvement.<br><br>○ If nitrofurantoin or fosfomycin are the only oral options available for non-*E.coli* gram-negative UTIs (i.e. resistant to co-amoxiclav, pivmecillinam, ciprofloxacin, cefalexin, trimethoprim), we would support using them, with a low threshold for alternative IV antibiotics via OPAT if the patient is systemically unwell.<br><br>There were many concerns raised from members of the group; what are the implications for primary care, how has this been decided, how has/will it be communicated to practices? It was decided that more information and discussion are needed on the rationale & safety concerns following this decision.<br><br>**Action:** JB to distribute information to the group via email, HS to liaise with Ian Hutchison & Antimicrobial Stewardship group for more information & bring back to a future APG meeting. | |
| | • Polite meeting administration request – please **wherever circumstances allow**, can all members send apologies for APG meeting attendance in response to the email | JB/HS |

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| | sent by the Secretary (requesting papers/agenda items & apologies) two weeks prior to each monthly meeting for quoracy checking purposes. | ALL |
| **16.** | **Date of the next meeting:**<br>1:30-3:00pm 20th March 2025. Virtual meeting via MS Teams | |