

**SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE**  
**Monday 7<sup>th</sup> March 2022 at 13:00 held via MS Business Teams**

**ATTENDEES:**

Tracey Gaston (TG) – Senior Head of Medicines Optimisation – NHS Bradford District and Craven CCGs and Chair  
Helen Foster (HF) – Head of Medicines Optimisation – NHS Calderdale CCG  
Lindsay Greenhalgh (LG) – Head of Medicine Optimisation – NHS Kirklees CCG  
Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – SWYAPC  
Lyndsey Clayton (LC) – Medicine Safety Officer - NHS Wakefield CCG  
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – SWYAPC  
Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG  
Helen Taylor (HT) – Pharmacy Technician, LTHT Pharmacy Lead – Best Value Medicines - Leeds Teaching Hospital NHS Trust  
Pat Heaton (PH) – Medicines Management Advisor and Practice Pharmacist - NHS Kirklees CCG  
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust  
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust  
Dr Bert Jindal (BJ) – Y&H LMC Alliance and Medical Secretary Kirklees LMC (*joined at 11am*)  
Veronica Hirst (VH) – Medicines Commissioning Coordinator – SWYAPC (Minute Taker)

**APOLOGIES**

Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team - NHS Leeds CCG  
James Gray (JG) – GP, Governing Body - NHS Calderdale CCG  
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust  
Samiullah Choudhry (SC) – Head of Medicines Optimisation – NHS Wakefield CCG  
Jane Otter (JKO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust  
Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health  
Jaspreet Sohal (JS) – Chief Pharmacist – Bradford District Care NHS Foundation Trust  
Prabhdeep Sidhu (PS) – Deputy Chief Pharmacist - Bradford District Care NHS Foundation Trust

ITEM	AGENDA ITEM	LEAD
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1	<p><b><u>Welcome and Apologies</u></b></p> <p>Apologies were received and recorded as above. The Chair requested that for questions and comments to raise the 'hands' function and to use the 'chat' box for additional comments, as this will be checked throughout the meeting.</p> <p>The chair confirmed that as this was the last meeting of the SWYAPC minutes from this meeting would be signed off by those present at today's meeting, with all actions passed onto other meetings/groups. Existing documentation on the SWYAPC website is still legal until it has been superseded as we merge classification and guidelines as part of the ICS APC.</p>	
2	<p><b><u>Declaration of Interests</u></b></p> <p>No declarations made in relation to the agenda items.</p>	
3	<p><b><u>Minutes of the last meeting held on 29<sup>th</sup> November 2021</u></b></p> <p>Minutes from the last meeting approved as a correct record.</p>	
4	<p><b><u>Updates to Action Log</u></b></p> <p>Both outstanding actions in relation to treatment breaks – CLOSED.</p>	
5	<p><b><u>SWY Updates:</u></b></p> <p><b><u>Draft SWY APC Annual Report</u></b></p> <p>Draft annual report has been completed and comments to be submitted by Friday 11<sup>th</sup> March 2022. As recognition that this will be the last meeting, a statement is to be added to the annual report to reflect what actions will be taken in relation to the website and on the legal aspects of existing guidelines and policies. Final version to ICS APC for information.</p> <p><b>ACTION: Add statement and forward final version to ICS APC for information.</b></p> <p><b><u>SWY classifications being matched and processed through PAG</u></b></p> <p>MS gave an update in relation to the existing SWY classifications that have been matched against Leeds. Those that require no changes or non-contentious will go for information to the ICS APC. The remaining will be broken down by BNF chapter, setting up individual groups that may include specialist input to go through and recommend a classifications. There will be a proposed timeline set up for each category.</p>	VH

	<p>The existing SWY GSI will no longer be a classification but will remain for existing drugs for historical purposes, until they are gone through and given an updated classification from the new ICS definitions – specialist recommendation or specialist initiation.</p> <p>The ‘grey’ definition is also being changed to ‘restricted’ which has been sent out for consultation.</p> <p>Once all the definitions have been agreed, communications will be sent out to primary care and stakeholders</p> <p><b><u>ACTION:</u> An extraordinary PAG to be set up to go through each batch of SWY classifications, including specialist input, until the list is complete by the proposed timeline.</b></p>	<b>MS/VH</b>
<b>6</b>	<p><b><u>Commissioning Statements</u></b></p> <p>None to report.</p>	
<b>7</b>	<p><b><u>Shared Care Guidelines</u></b></p> <p><b><u>Methotrexate</u></b></p> <p>The methotrexate shared care has been updated in relation to the monitoring and is on the next PAG agenda.  <b>ACTION: Updated methotrexate shared care guideline add to PAG agenda.</b></p> <p><b><u>RMOC published 18 shared care protocols</u></b></p> <p>RMOC has confirmed that by spring all 18 shared care protocols will be published. They will then be transferred onto the ICS template and reviewed under the ICS process before going for consultation. Each one will be checked and any that are controversial will go for discussion, documenting any discrepancies or changes that differ from RMOC’s guidance.</p> <p><b>ACTION: Published RMOC guidance onto ICS template and then through ICS governance.</b></p> <p><b><u>Leflunomide</u></b></p> <p>Leeds have updated their guidance but it doesn’t match SPC, which is being checked by Leeds Trust. Mid Yorks will add the updated renal guidance to the existing SWY guidance and send round for approval. TG and HF would sign off</p>	<p><b>JKO/VH</b></p> <p><b>JKO</b></p>

	<p>on behalf of SWYAPC.  <b>ACTION: Update SWY SCG and email out for approval.</b>  <b>ACTION: HF/VH to sign off on behalf of SWYAPC.</b></p>	<p><b>KN</b>  <b>HF/VH</b></p>
8	<p><b><u>RAG Classifications</u></b></p> <p><b><u>TLL classifications approved at ICS APC</u></b></p> <p>A table of drug classifications that have already been set out for consultation to the ICS APC, were noted for information. The SWYAPC website will be updated accordingly.</p>	
9	<p><b><u>Local and National Guidelines</u></b></p> <p><b><u>Treatment Breaks</u></b></p> <p>SG gave an update regarding the comments received which have been actioned and are reflected in the treatment breaks guidance. To add a review period of 2 years to the document. PrescQiPP have also been sent a copy and have been asked to include as part of their consultation workplan for next year.</p> <p>It was agreed to start using this locally as an SWYAPC with any issues or comments back to the ICS APC and for adding to the ICS work plan for future development.</p> <p><b>ACTION: Add to the ICS work plan.</b>  <b>ACTION: Add to SWYAPC website once review date has been added.</b></p>	<p><b>VH</b>  <b>VH</b></p>
10	<p><b><u>ICS Updates:</u></b></p> <p><b><u>T&amp;F Groups</u></b></p> <p><b><u>Secondary Care/Acute Trusts – Amber Guidance</u></b></p> <p>MS gave an update on the process and governance agreed at the Secondary Care/Acute Trust meeting for amber guidance, with local Drug &amp; Therapeutics committees forwarding requests for new/revised classification for drugs to PAG. This same process will also be used when horizon scanning new drugs and for any requests from consultants etc.</p> <p>Using a project support online tool, WRIKE, to assist in what drugs are coming through PAG, and to ensure they follow</p>	

	<p>the correct governance path. It was also noted that mental health teams across the ICS are also part of this process, aligning drugs under the same definitions and following the same governance path, avoiding duplication and working better together.</p> <p><b><u>ICS APC TLL classification definitions</u></b></p> <p>The ICS traffic light classification definitions have been agreed with only the grey category to agree and approve.</p> <p><b><u>ICS Core Team</u></b></p> <p>Update given by LG on the ICS Core team, its functions and line management. The core team have met face to face and been through the functions for year 1 prioritising what needs to be done, who to lead on each of the functions and in setting up a work plan. JA and LG meet on a regular basis as well as with the ICS Core Team, comprising of staff from Leeds and the SWYAPC team.</p> <p><b><u>ICS Website</u></b></p> <p>SG is leading on this and has written up a specification for the website but needs input from the IT and comms teams at the ICS. T&amp;F group to be set up to go through what the options are and what the website should include etc.</p> <p>The chair added that the existing SWYAPC website will remain for 12 months. A statement is to be added explaining that the content is still valid with any updates to existing content to go through the ICS APC for ratification. Leeds will also do the same now that their APC no longer operational.</p>	
11	<p><b><u>Updates/Queries from ICS and APC/s sub groups</u></b></p> <p>None to report.</p> <p>The chair added that the ICS Medicine Safety Group will now report to the ICS APC with all other sub groups of the SWYAPC now closed. The exception being the Antimicrobial Resistance Group (AMR) where clarity is needed on where this group will report too. A new AMR Lead was appointed last week and once the ICS Chief Nurse has been appointed will need to review where AMR sits at an ICS level.</p> <p>Leeds have a Antimicrobial Stewardship Group that will continue to meet until ICS have a structure in place.</p>	

	Meeting is taking place this week regarding ICS AMR and for the short term the SWYAPC AMR sub group will continue to meet.	
12	<p><b><u>Minutes from other groups</u></b></p> <p>Just for information.</p>	
13	<p><b><u>Any Other Business</u></b></p> <p>The Chair stated for the record that this being the last meeting of the SWYAPC, that any outstanding actions will be documented and forwarded to the relevant group; the website will be maintained with a statement added regarding the ICS and that any other decisions will continue through the ICS APC.</p> <p>It was proposed that at each ICS a local group may be needed, all with the same title and to share ToR which will feed into the ICS APC and ICS COMG. JA to follow up with DW regarding ToR and for reviewing at the ICB Medicines Optimisation Committee (ICBMOC).</p> <p><b>ACTION: To share ToR from local groups.</b></p> <p>The LMC representative agreed with the decisions and recommendations made at the meeting.</p>	CCGs