



Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)

Sections 1&2 (Area Prescribing and Formulary)

Thursday 19th December 2024

Hybrid meeting : Face to face and Via MS Teams

Minutes

Committee Members:	✓ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✓	✓
Ewa Gabzdyl (Deputy Chair)(1 representative from Doncaster Place)	EG	✓	✓
Erica Carmody (only when EG cannot attend)	EC	x	x
Charlotte McMurray (SY ICB MO Team)	CMcM	x	x
Rob Wise Bassetlaw Place	RW	✓	✓
Lee Wilson DBTHFT (1 representative from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (Area Prescribing only when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 representative from RDaSH FT)	SD	✓	
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	✓
Rumit Shah LMC (1 representative from LMC)	RS	✓	x
Dean Eggitt LMC	DE	✓	✓
Prakash Navaneetharjah (PCD Doncaster North)	PN	✓	✓
Sonia Griffiths (PCD Doncaster 4D) On Mat Leave until June 25	SG	x	x
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Ashley Hill Doncaster MOT (only when needed)	AH	x	x
Jen Cox Doncaster MOT (Only when needed)	JC	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
In attendance:			

✓ x – Indication of attendance to each section of the meeting (where required to attend)

X – Not required to attend this section of the meeting

SY ICB – South Yorkshire Integrated Care Board

IMOC – Integrated Medicines Optimisation Committee

PMOC – Place Medicines Optimisation Committee

MOT – Medicines Optimisation Team

TLS – Traffic Light System

MPD- Medicines and Product Directory

SCP – Shared Care Protocol



Agenda Ref	Subject / Action Required	Action Required By
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A	
	Apologies for Absence: There were apologies received from Sonia Griffiths (Mat Leave until June 2025) and Charlotte McMurray. Attendance in person Rao Kolusu Rachel Hubbard Dean Eggitt Steve Davies Ewa Gabzdyl Karen Jennison Attendance via teams Rob Wise Prakash Navaneetharajah Mallicka Chakrabarty Lee Wilson Rumi Shah (at the beginning of the meeting) Rumi Shah informed the group that he would no longer be able to attend the PMOC meeting on a regular basis, and would occasionally attend to represent LMC if Dean Eggitt was unavailable. Rao Kolusu led the group in thanking Rumi Shah for the many years of work and support that he had given the MOT in attending the various meetings and working with the MOT in Doncaster to build strong links between GPs and the MOT. It was agreed that Rumi Shah would stay on the distribution list for all papers and could send in any comments where appropriate to do so.	
	Declarations of Interest ICB Register of Interests	
	Notification of Any Other Business Ewa Gabzdyl – Pylora Lee Wilson - General Surgery Discharge Protocols Ewa Gabzdyl - Legislative changes to widen access to naloxone and more Ewa Gabzdyl - Insulatard Penfill discontinuation information Rao Kolusu – Transgender LES and Testosterone LES update	
	Minutes and actions of the last Meeting The minutes of the meeting held in November 2024 were approved as a true record Action:	



	<ul style="list-style-type: none"> Karen Jennison will distribute the ratified minutes to the appropriate list. <p>Action log The action log was discussed and updated accordingly.</p> <p>MO Bulletin The latest MO Bulletin was attached for information, and is embedded on the MO website.</p>	KJ
	Matters arising not on the agenda	
	N/A	
12/24/1	Section 1 Prescribing functions	
12/24/1.1	<p>1. TLS IMOC December 2024</p> <p>Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise. The committee received the TLS list that was agreed at the December 2024 IMOC meeting.</p> <p>The following have been agreed as Grey:</p> <ul style="list-style-type: none"> Fruquintinib (new medicine)- Fruzaqla®-Treatment of adults with metastatic colorectal cancer who have been previously treated with available therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without an anti-VEGF therapy, and, if RAS wildtype and medically appropriate, an anti-EGFR therapy- Rationale 6 Lecanemab (new medicine)- Leqembi®▼, Eisai - Indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adult patients that are apolipoprotein Eε4 (ApoEε4) heterozygotes or non-carriers- Rationale 6 Vamorolone (new medicine) - Agamree®▼, Santhera Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients aged 4 years and older.- Rationale 6 Somapacitan (new medicine) - Sogroya® - Replacement of endogenous growth hormone (GH) in children aged ≥3 years, and adolescents with growth failure due to GH deficiency (paediatric GHD), and in adults with growth hormone deficiency (adult GHD)- Rationale 6 <p>The following have been agreed as Red:</p> <ul style="list-style-type: none"> Artesunate (new medicine) Artesunate Amivas® - Initial treatment of severe malaria in adults and children- Rationale 1 Quizartinib (new medicine) - Vanflyta® - Use in combination with standard cytarabine and anthracycline induction and standard cytarabine consolidation chemotherapy, followed by Vanflyta single-agent maintenance therapy for adults with newly diagnosed acute myeloid leukaemia that is FLT3-ITD positive - Rationale 1,6 Levodopa + carbidopa + entacapone (new intestinal gel formulation) - Lecigon® - Treatment of advanced Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available oral combinations of Parkinson medicinal products have not given satisfactory results - Rationale 1,6 Elafibranor - Iqirvo® - Treatment of primary biliary cholangitis in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA <p>The following have been agreed as Amber :</p> <ul style="list-style-type: none"> Midazolam (licence change from use only in infants, children and adolescents)- Buccolam®- Treatment of prolonged, acute, convulsive seizures in adults, adolescents, children and infants aged ≥3 months – Rationale 1,3 <p>The following have been agreed as Green</p>	



	<ul style="list-style-type: none"> Vibegron (new medicine)- Obgemsa®- Symptomatic treatment of adults with overactive bladder syndrome - Green <p>Action:</p> <ul style="list-style-type: none"> Karen Jennison to make the agreed amendments to the MPD 	KJ
12/24/1.1.2	<p>NICE Guidance</p> <p>The NICE guidance report was received that was discussed at the December 2024 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of December's NICE guidance updates.</p> <p>Action:</p> <p>Rachel Hubbard to review local menopause guidance in line with the recent update of NG23 and bring back to a future meeting for discussion and approval.</p>	RH
12/24/1.1.3	<p>MHRA - Drug Safety Update & NHS England Patient Safety alerts</p> <p>The MHRA Safety update report was received that was discussed at the December 2024 IMOC meeting.</p> <p>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).</p> <p>Rachel Hubbard suggested that it would be helpful for clinicians to be informed of what practical actions Doncaster place feel is proportional and appropriate to ensure consistency in approach across the patch.</p> <p>Because GPs may ask the question: should we be routinely counselling patients about the risk of meningioma when they have the Depo Provera injection? There does not currently appear to be a clear answer to this, but if anyone was to develop a meningioma the treatment should be stopped immediately.</p> <p>Going forward, Rachel Hubbard explained to the group that she felt it is important to receive the MRHA updates in this forum, and then perhaps take important areas for primary care to PMOC to develop further practical guidance on suggested implementation in General Practice locally to ensure consistency of response. For example, whether central searches are to be created, whether practices need to do this on a local level, and with the level of urgency to which patients are to be contacted e.g immediately or at the next review.</p> <p>Action:</p>	All: as and when items



	<p>For future meetings the group can forward relevant MRHA safety alerts to be further discussed at PMOC section 3 to establish a safe and standardised process for GPs to follow.</p> <p>Post meeting note:- <i>Claire Thomas and Vicky Roberts have assured the group that any MHRA medication recalls are actioned by community pharmacies in line with their individual governance procedure and there is no action required from PMOC. GP practices would also receive these recalls and would action if any of the medication in the recalls are kept in stock in the GP practice. The group are satisfied that any future medication recalls will be acknowledged as being processed as per this information.</i></p>	arise
11/24/1.1.4	<p>IMOC Update Karen Jennison updated the group on items that have been approved at IMOC for information. The following documents are now available on the IMOC website and also the Doncaster MO website and MPD</p> <ul style="list-style-type: none"> • IMOC annual report • Hybrid Closed Loop V2 • SY Lipid Management pathway 	
12/24/1.3	Matters Arising	
08/24/1.5.1	<p>Direction to Administer during pre-emptive medication supply. There was a discussion to clarify the pathway when a patient is discharged on pre-emptive medication and how long does the discharge instruction cover, and when is a new instruction from the GP required to advise on administration of the medication. Another question was: Is there a different process for out of hours and could the process be standardised / clarified?</p> <p>It was agreed that Steve Davies would discuss at RDaSH FT and bring back to the group at the next meeting for further development.</p> <p>Action:</p> <ul style="list-style-type: none"> • Steve Davies to discuss at RDaSH FT and bring back to the group at the next meeting for further development. 	SD
10/24/1.4.3	<p>Vitamin B12 deficiency management summary Rao Kolusu has developed a condensed version of the NG239 guidelines on B12 deficiency management in primary care. This is still in development and the inclusion of medication doses for treatment will be added. This will be brought back to the meeting once it is in final draft form.</p> <p>It was agreed that this requires further discussion and it was suggested that there should be some input from Haematologist and Biochemist from DBTHFT. The group suggested that consulting the secondary care specialists on a couple of patient scenarios would be useful to establish the level of information to include in the document.</p>	



	<p>Action:</p> <ul style="list-style-type: none"> • Lee Wilson / Karen Jennison will invite the appropriate people from DBTHFT to the January / February meeting (depending on availability) • All clinical attendees to think of some scenarios to put to the secondary care specialists for comment and discussion 	<p>LW/KJ</p> <p>All Clinical attendees</p>
10/24/1.4.4	<p>Melatonin SCP & Proforma</p> <p>This was deferred to the new year and Faiza Ali will bring it back.</p> <p>Action:</p> <ul style="list-style-type: none"> • Faiza Ali will continue to work on this and bring it back to a meeting in the new year. 	FA
12/24/1.4	New Business	
12/24/1.4.1	<p>Gluten free formulary guidance</p> <p>The group held a discussion around how to ensure adherence to formulary guidance in Doncaster / Bassetlaw. It was noted that in Doncaster some bread / bread products are still on the formulary but in other areas there is no prescribing of GF products on the formulary. It was suggested that Doncaster and SY ICB could follow national guidance. It was suggested that this could be a work stream for the next QIPP agenda.</p> <p>Action:</p> <ul style="list-style-type: none"> • Ewa Gabzdyl to take this to the LST to suggest being included in the next QIPP agenda. 	EG
12/24/1.4.2	<p>Methotrexate SCP & Proforma</p> <p>This SCP and proforma has been updated by Dr Yee and formatted with current logos. Injectable MXT will be remaining RED until further notice.</p> <p>It was noted that there needs to be some minor amendments to the proforma before circulating, and has been approved with these changes.</p> <p>It was noted that the Gastro specialists at DBTHFT are considering using the same system as the rheumatologists and could be included in future Shared Care arrangements, but it was thought that this could not be included in the existing SCP the current situation with collective action as it may not be well received by GPs. It was agreed that Karen Jennison will forward final rheumatology SCP documents to Lee Wilson who will share with gastro specialists for them to potentially use the SCP as template for their SCP.</p> <p>Action:</p>	



	<ul style="list-style-type: none"> Karen Jennison to make the minor amendments to the proforma and will replace the existing documents on the website / MPD. Karen Jennison to forward final documents to Lee Wilson who will share with gastro specialists for them to review the SCP and use as template for their SCP, unless 	<p>KJ</p> <p>KJ/LW</p>
12/24/1.5	Any Other Business	
12/24/1.5.1	<p>Pylora</p> <p>Ewa Gabzdyl informed the group that this item is indicated in combination with omeprazole for the eradication of Helicobacter pylori and prevention of relapse of peptic ulcers in patients with active or a history of H. pylori associated ulcers. This item is hospital only on MPD.</p>	
12/24/1.5.2	<p>Adult inpatient acute pain management guide</p> <p>Lee Wilson presented a poster that has been developed to help with dihydrocodeine use after surgery to adhere to national guidance. On discharge patients would be given a short supply but should not be continued on repeat.</p> <p>Action:</p> <ul style="list-style-type: none"> Karen Jennison to ensure that Dihydrocodeine is Amber-G with Blue background on MPD, with a message saying not for inclusion on repeat medication from Lee Wilson. Karen Jennison to add poster onto website and MPD 	<p>KJ/LW</p> <p>KJ</p>
12/24/1.5.3	Legislative changes to widen access to naloxone and more Brought for information only and this item is being discussed at IMOC in January 2025. Any further information will be cascaded from IMOC.	
12/24/1.5.4	<p>Insulatard Penfill discontinuation information</p> <p>Ewa Gabzdyl informed the group that Insulatard Penfill is being discontinued. This is for information.</p> <p>Melissa Goodlad will be liaising with diabetic nurses at DBTHFT and will communicate any developments to the group in due course.</p>	
12/24/1.5.5	<p>Rao Kolusu gave an update on the Testosterone LES as this has now been discontinued due to a low number of patients being treated.</p> <p>Transgender LES will soon be launched with Lakeside Practice covering any patients where their GP has not signed up to the LES. Nabeel Alsindi will be sending information out in the coming weeks to inform every one of the details.</p>	



12/24/1.6	Minutes from other groups															
	SY ICB IMOC The minutes from the meeting held in November2024 were received for information.															
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in November 2024 were received for information.															
	RDASH FT Medicines Management Committee (Monthly) There were no minutes available for this meeting.															
	Barnsley Place APC There were no minutes available for this meeting.															
	Rotherham Place MMC There were no minutes available for this meeting.															
	Sheffield Place APG The minutes from the meeting held in October 2024 were received for information.															
	Nottinghamshire The Bulletin including the information from the meeting held in November 2024 were received for information.															
	Close Section 1 and Open Section 2															
12/24/2.2	Section 2 Formulary functions															
12/24/2.2.1	New Product request - N/A															
12/24/2.2.2	<div>Formulary and MPD (Medicines and Products Directory) review December 2024</div> <table><tr><td>Formulary Section</td><td>Item</td><td>Indication</td><td>PMOC Action</td></tr><tr><td>1.6.6</td><td>Naldemedine</td><td>Opioid -induced constipation</td><td>Change from Amber-G to Green Non-formulary</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <div>Action:<ul style="list-style-type: none">Karen Jennison to make the agreed amendments to the MPD</div>			Formulary Section	Item	Indication	PMOC Action	1.6.6	Naldemedine	Opioid -induced constipation	Change from Amber-G to Green Non-formulary					KJ
Formulary Section	Item	Indication	PMOC Action													
1.6.6	Naldemedine	Opioid -induced constipation	Change from Amber-G to Green Non-formulary													
12/23/2.3	Matters Arising															
12/24/2.4	New Business															
12/24/2.5	Any Other Business															
	Date and Time of Next Meeting The next PMOC meeting will be held on Thursday 23rd January 2025 at 12:00 Via MS Teams															

