

County Durham and Tees Valley Area Prescribing Committee

Thursday 11th November 2021

9am – 10.40 am

Held Via Microsoft Teams

Present

Name	Job Title	Membership Capacity	Organisation	May 2021	Jul 2021	Sep 2021	Nov 2021
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley CCG	✓	✓	✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley CCG	✓	✓	✓	Deborah Giles
Peter Foster	GP Prescribing Lead	Clinician	County Durham CCG	✓	✓	✓	Apols
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham CCG	✓	✓	✓ (from Item 7) Rachel Berry until item 7.	✓
Tim Rider	GP Prescribing Lead	Clinician	North Yorks CCG				
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks CCG	Chris Ranson	Chris Ranson	Chris Ranson	Chris Ranson
Rupert Smith	GP Prescribing Lead	Chair of FSG	Tees Valley CCG	✓	✓	✓	✓
Ian Davidson (Chair)	Medical Director	Clinician	County Durham CCG	✓	Apols	✓	Apols
Janet Walker	Medical Director	Clinician	Tees Valley CCG	✓	✓	Apols	✓
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT		✓	✓	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	✓	✓	✓
		Clinician	NTHFT				
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	Apols	Confirmed happy with decisions via email	✓	
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT	✓	Apols	✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	✓	Tracy Percival	Tracy Percival	Tracy Percival
Baxi Sinha		Clinician	TEWVFT	Apols	✓	Apols	✓
Chris Williams	Chief Pharmacist	Pharmacist	TEWVFT	✓	✓	✓	✓
Julie Birch or Tanya Johnston	GP	LMC Rep		Tanya Johnston	Apols	Tanya Johnston	
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		Apols	✓		Apols
Brent Foster	Community Pharmacist	LPC Rep – Tees					
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓	✓	✓	Apols
Chris Cunnington - Shore		Service User Rep – County Durham		✓	✓	Apols	✓
		Service User Rep - Tees					

Mark Pickering	Chief Finance Officer for Tees Valley CCG	Commissioning & Finance Rep	Tees Valley CCG	✓	Apols	✓	Apols
Rosie England	Chief Pharmacist	NEAS	NEAS				
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓	✓ + Dan Newsome	✓	✓

In attendance

Emily Brown – RDTTC Admin Support – sharing papers via screen on MS Teams.

The meeting was chaired by Dr Shafie KAMARUDDIN.

The meeting was quorate and remained quorate throughout.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision-making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary to ensure confidentiality is maintained.

Part 1

1. Apologies for Absence:

Ian Davidson, Mark Pickering, Helen Jones, Claire Jones, Peter Foster

2. Declarations of Interest

Declarations of interest:

The chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.

Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at:

<http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/>

Declarations of interest from sub committees:

None declared.

Declarations of interest from today's meeting:

Shafie Kamaruddin – professional interest only in inclisiran and SGLT2i.

3. Minutes and Decision Summary of the Previous APC Meeting Held on 9th September 2021

The minutes were accepted as a true and accurate record.

The decision summary of the September 2021 meeting was accepted as a true and accurate record.

4. Matters Arising Not On the Agenda

Nil.

5. Action Log

TEWV Deprescribing Guidelines – dosulepin, trimipramine, promazine

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

TA715: Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed

RDTG to confirm actions have been completed.

CD&T Do Not Prescribe/Grey List

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

County Durham & Darlington Primary Care DVT Pathway- amendment

Link to approved version added to APC pages of NECS website and the formulary, and GP practices in County Durham and Darlington have been notified of the update. ITEM NOW CLOSED.

CD&T Guidelines on Defining RAG Status - updated

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

List of AMBER SI/SR drugs to aid discussion on further defining the difference between AMBER SI and AMBER SR drugs on today's agenda.

CD&T APC Declarations of Interest Policy – reviewed.

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

Vitamin B12 Guideline

AD/RS to look at updating previous Tees Vitamin B12 guideline for use across CD&T – no update available.

Letter re Prescribing of THC:CBD spray (Sativex®) in line with NICE NG144

STHFT are still awaiting an application to use THC:CBD spray (Sativex®) in line with NICE NG144 from their neurologists.

RMOC Liothyronine Guidance

Has been agreed in Nov 2021 that within NENC each Trust would appoint a link endocrinologist to whom all queries/patients requiring review could be referred

ACTION:

- **SK to identify link endocrinologist in CDDFT, STHFT and NTHFT.**

Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes

NICE update of type 2 diabetes guidelines underway and is expected to be published in February 2022. Draft is currently out for consultation.

Review of CD&T APC Terms of Reference

No further update available on identifying clinical representation from NTHFT to APC.

Hydroxychloroquine SCG

Awaiting final RMOC South Guidance, which was out for consultation in Oct 2020. Noted ongoing work within CCGs with providers on this and that RMOC draft shared care template for hydroxychloroquine in development this summer.

Rivaroxaban in Preventing atherothrombotic events in people with Coronary or Peripheral Artery Disease (CAD/PAD)

SK still to discuss Lambeth CCG Rivaroxaban in Preventing atherothrombotic events in people with Coronary or Peripheral Artery Disease (CAD/PAD) guideline with cardiology to consider local adoption.

Postcode/Interface Issues with other Formularies in Region

RDTc to work with NuTH Formulary Pharmacist to agree RAG position for an agreed list on tertiary centre drugs, and include the other APCs/Trusts as necessary. Emailed 7.7.21 & response awaited. In the meantime have begun a check against North of Tyne Formulary to try and identify any issues.

TEWV STOMP medication pathway - draft

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

TEWV Depression pathway (updated)

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

TEWV Anxiety pathway (updated)

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

Part 2 – Mental Health

6. **TEWV Drug & Therapeutics Committee Feedback – September 2021**

CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

7. **TEWV Depression Pathway Handy Hints – updated**

A reviewed and updated version of the TEWV Depression Pathway Handy Hints document was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T.

The APC noted that this document will be embedded in the TEWV Depression Pathway rather than being a standalone document.

8. **TEWV Aripiprazole LAI - shared care guidelines – updated**

A reviewed and updated version of the TEWV Aripiprazole LAI - shared care guideline was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. The only significant change has been the addition of an alternative dosing schedule for initiation.

ACTION:

- **RDTc to arrange for links to approved versions to be added to APC pages of NECS website and the formulary.**

9. **TEWV Paliperidone LAI - shared care guidelines – updated**

A reviewed and updated version of the TEWV Paliperidone LAI - shared care guideline was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. No significant changes have been made.

ACTION:

- **RDTc to arrange for links to approved versions to be added to APC pages of NECS website and the formulary.**

10. **TEWV Safety Guidance Antipsychotic Depot injections on Admission to an Acute Hospital Ward**

This new document aimed at Acute Trusts was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. The APC felt this was a very useful document

ACTION:

- **RDTG to arrange for links to approved versions to be added to APC pages of NECS website.**

Part 3 – Formulary Issues

11. Appeals Against Previous APC Decisions

Nil for this meeting.

12. NICE TAs and MHRA Drug Safety Update – August & September 2021

These were presented to the group and the following actions were approved by the APC:

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
<u>TA720: Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma</u> Commissioning: NHSE	18/08/21	Not listed in chapter 8.1.5	Add as a RED drug for this indication and add link to NICE TA.
<u>TA721: Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer</u> Commissioning: NHSE	18/08/21	Listed as RED drug in chapter 8.3.4.2	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
<u>TA722: Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement</u> Commissioning: NHSE	25/08/21	Not listed in chapter 8.1.5	Add as a RED drug for this indication and add link to NICE TA.
<u>TA723: Bimekizumab for treating moderate to severe plaque psoriasis</u> Commissioning: CCG, tariff excluded	01/09/21	Listed as RED drug in chapter 13.5.3	Discussed and approved as RED drug at September 2021 APC.
<u>TA724: Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer</u> Commissioning: NHSE	08/09/21	Listed as RED drug in chapter 8.2.4	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
<u>TA725: Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy</u> Commissioning: NHSE	15/09/21	Listed as RED drug in chapter 8.1.5.	Add as a RED drug for this indication and add link to NICE TA.
<u>TA726: Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)</u> Commissioning: NHSE	22/09/21	Listed as RED drug in chapter 8.1.5.	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
<u>TA727: Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)</u> Commissioning: NHSE	22/09/21	Listed as RED drug in chapter 8.1.5.	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
<u>TA728: Midostaurin for treating advanced systemic mastocytosis</u> Commissioning: NHSE	22/09/21	Listed as RED drug in chapter 8.1.5.	Add as a RED drug for this indication and add link to NICE TA.

TA729: Sapropterin for treating hyperphenylalaninaemia in phenylketonuria Commissioning: NHSE	22/09/21	Listed as RED drug in chapter 9.4.1	Add as a RED drug for this indication and add link to NICE TA.
TA730: Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (terminated appraisal) Commissioning: NHSE	29/09/21	Not listed in chapter 8.1.5	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
TA731: Vericiguat for treating chronic heart failure with reduced ejection fraction (terminated appraisal) Commissioning: CCG, in tariff	29/09/21	Not listed in chapter 2	Add as a NOT APPROVED drug for this indication and add link to NICE TA.
TA733: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia Commissioning: CCG, tariff included	06/10/21	Not listed in chapter 2.12	Approved via email outside of APC meeting as a GREEN drug for this indication and add link to NICE TA. Holding statement to be issued to primary care that not to be prescribed locally until supporting lipid pathway and AHSN/ACC toolkit for primary care to support roll out in place.
NG201: Antenatal care	19/08/21	All relevant drugs on the formulary.	For information
NG202: Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s	20/08/21	n/a	For information
NG203: Chronic kidney disease: assessment and management	25/08/21	All drugs on formulary but not recommendation on SGLT2 inhibitors in patients with CKD and type 2 diabetes. NICE TA for Dapagliflozin for treating chronic kidney disease expected March 2022 – this will include people with diabetes. Canagliflozin and dapagliflozin have now received marketing authorisation in the UK for this indication. This recommendation may lead to a substantial change in practice and these drugs being prescribed more widely.	To wait to add SGLT2 to the formulary for this indication until NICE TA available – expected March 2022.
Drug Safety Advice	Date issued	Current formulary status	Recommended action for APC
COVID-19 vaccines: updates for August 2021	16/08/21	-	For information only.
Letters and medicine recalls sent to healthcare professionals in July 2021	16/08/21	-	For information only.

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions	15/09/21	Listed as GREEN drugs in chapter 13.4	Add link to MHRA DSU.
Letters and medicine recalls sent to healthcare professionals in August 2021	15/09/21	-	For information only.
Requested formulary amendments	BNF Chapter	Reasoning	Recommended action for APC
Tadalafil 5mg Once daily tablets – for erectile dysfunction Commissioning: CCG, tariff included	7.5.5	<p>Since generics of once daily 5mg tadalafil became available the cost has fallen from £715 per patient per annum in 2017 to £51 per patient per annum currently.</p> <p>Daily dose tadalafil can be helpful in salvaging patients that are non-responders to on demand treatment with on demand PDE5 inhibitors including sildenafil & Tadalafil, thereby preventing the need of more invasive/expensive treatment options e.g. intra-cavernosal injections.</p> <p>All the published studies comparing daily tadalafil with on demand tadalafil (20mg) the men with ED in the trials had no restrictions on the numbers of on demand tadalafil (20mg) prescribed and all the studies involved heterosexual couples in stable relationships for over 6 months. On average, they were taking an average of 2-3 tablets; so up to 50 mg tadalafil per week, i.e. more Tadalafil than on the daily regime (35mg).</p>	<p>Change once daily 5mg tadalafil from NOT APPROVED to AMBER SI as an option for the management of erectile dysfunction for patients the SLS criteria.</p> <p>Oral 2.5mg tadalafil is not recommended on the basis of cost.</p> <p>To remain as NOT APPROVED for BPH.</p>
Human Fibrinogen (Fibryga) Commissioning: NHSE	2.11	Request supported at Sept 2021 STHFT D&T.	Add as RED drug (Fibrinogen already listed on the formulary as RED)
Nabilone	4.7.1	Currently included in formulary as a RED drug.	Remove from formulary as not in current pain guidelines.
Meropenem/vaborbactam combination product. (Vaborem® 1 g/1 g powder for concentrate for solution for infusion) Commissioning: CCG, tariff included	5.1.2	Request supported at Sept 2021 STHFT D&T.	Add as RED drug.
Diazepam 2.5mg rectal tubes– to delete from formulary as discontinued	4.8.2	To delete from formulary as discontinued	To delete from formulary as discontinued.
Duloxetine 90mg and 120mg capsules Commissioning: CCG, tariff included		To add duloxetine 90mg and 120mg GR capsules to the formulary as “DNP” with the rationale “Products which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation”	Add as NOT APPROVED strengths.

Macroglol Laxatives	1.6.4	To approve adding Cosmocool to the formulary with sentence to use the product with the lowest acquisition cost.	Approve
NTAG Recommendations	Date issued	Current formulary status	Recommended action for APC
Buprenorphine prolonged release injection for opioid dependence.	07/09/21	Not listed in chapter 4.10.3	Add Buprenorphine prolonged release injection to the formulary as RED drug as per NTAG recommendation.
Lurasidone (Latuda®▼) for the treatment of schizophrenia in adults and adolescents aged 13 years and over.	07/09/21	Listed as NOT APPROVED in 4.2.1.2	Change from NOT APPROVED to AMBER SI to the as per NTAG recommendation, and only for use in schizophrenia not for bipolar depression.
Daily vs on-demand phosphodiesterase-5 (PDE-5) inhibitors for the management of erectile dysfunction following treatment for prostate cancer. – updated recommendation.	07/09/21	Listed as NOT APPROVED in 7.4.5	Change once daily 5mg tadalafil from NOT APPROVED to AMBER SI to the as per NTAG recommendation for the management of erectile dysfunction following treatment for prostate cancer.

ACTION:

- RDTCC to update the online formulary with the approved changes.

13. BAD List of Dermatology Specials

CDDFT are keen to have these products added to the formulary. Adoption of the BAD specials list was approved by County Durham & Darlington APC as was in January 2015. It was agreed at the time that the list of drugs should not be recreated in the formulary, but the formulary should link directly to the guideline and appendix with some brief narrative.

Currently there is no link to the BAD Specials List on the formulary, and there is mention of local appendix to the list but this is no longer on the APC website.

The APC approved adding a sub-chapter to the dermatology chapter of the formulary for the BAD Specialist List with a link to the current BAD list and table with the agreed RAG status for the specials that are prescribed locally.

ACTION:

- RDTCC to update the online formulary with the approved changes.

14. New Drug Applications

Nil this month.

15. NTAG Update

Formulary updates required following September 2021 NTAG meeting discussed under Item 12.

16. RMOG Update

RMOG Shared-Care Consultations

The APC noted the current shared care consultations on the RMOG website and members/stakeholder organisations were asked to submit any comments on particular shared care guidelines directly to RMOG, in particular for DMARDs.

The APC noted that the first set of RMOG Shared Care Guidelines are currently with NHSE awaiting approval to publish the final approved versions.

17. CDDFT CSTC Update

Nothing to update the APC on.

18. NTHFT D&T Update

No update available.

19. STHFT D&T Update

A verbal update on the November 2021 D&T meeting was given.

20. Primary Care Prescribing Committee Updates

County Durham CCG – a verbal update was given

Tees Valley CCG – a written update was received.

Part 4 – Shared Care and Guidelines (non-Mental Health)

21. County Durham & Tees Valley CCGs Pain Prescribing Guidance for Non-Cancer Pain in Primary Care – updated

The existing local pain management guidelines have been reviewed and amended in light of new NICE Guideline – NG193. The reviewed and updated version was approved by the APC.

ACTION:

- **RDTG to arrange for approved version to be added to APC pages of NECS website.**

22. County Durham & Tees Valley Emollient Prescribing for Dry Skin Conditions Guideline

The APC approved the updated County Durham & Tees Valley Emollient Prescribing for dry skin conditions guideline, and the updated APC Emollient Switch Prescribing Guide within CD&T CCGs.

ACTION:

- **RDTG to arrange for approved version to be added to APC pages of NECS website.**

23. CD&T Guideline for the Use of Anticoagulants in Non-Valvular Atrial Fibrillation

The APC approved the updated County Durham & Tees Valley Guideline for the Use of Anticoagulants in Non-Valvular Atrial Fibrillation which incorporates the recent updates to NICE Guideline NG196 (June 2021). This guidance and decision pathway will ensure appropriate anticoagulant prescribing and monitoring for patients with atrial fibrillation.

The APC agreed that the sentence should be included regarding the use of DOACs in biological heart valves or TAVI as per recommendation from Dr Fuat. *(Note: subsequently discussed and agreed with County Durham MO Team not to include this sentence to avoid any confusion as the title of the guideline is Non-Valvular Atrial Fibrillation. Any use of DOACs in patients with biological heart valves or TAVI would be initiated by a specialist anyway).*

ACTION:

- **RDTG to arrange for approved version to be added to APC pages of NECS website.**

24. Top Tips and Recommendations for use of Sodium Glucose Co-transporter 2 inhibitors (SGLT2i) in people with Type 2 Diabetes (T2DM) for GPs

This document has been developed by the regional Diabetes Network as a precursor to larger regional work around an updated T2DM guideline. In lieu of updated NICE T2DM guideline it was felt a 'Top Tips' guide would help support the whole MDT with safe use of newer agents for T2DM. This was specifically developed in response to the needs of Primary Care colleagues, many of whom are rapidly restarting diabetes reviews and SGLT2i prescribing is increasingly, vastly in some areas. This document is not designed to act as a guideline or advise on place in therapy only to support safe prescribing when using an SGLT2i.

This document has been approved by Sunderland and South Tyneside APC and North of Tyne, Gateshead and North Cumbria APC and being hosted on their websites.

APC approved adding this document to the guidelines pages of the APC website to provide some supporting information for prescribers on the prescribing of SGLT2i's.

ACTION:

- **RDTCC to arrange for approved version to be added to APC pages of NECS website.**

Part 5 – Other Items of Business

25. Defining RAG Status for Amber SI and Amber SR drugs

The APC discussed further defining the difference between AMBER SI and AMBER SR drugs on the formulary. At the September 2021 it was discussed splitting the AMBER SI/SR (Green+ category) into two categories AMBER SI and AMBER SR for further clarity.

Amber SI requires first medication supply to be given by secondary care, but it was discussed and agreed that further work was required to define exactly the difference between AMBER SI and AMBER SR.

It was agreed to keep current the definition that:

- Amber Specialist Recommendation requires specialist assessment and recommendation to GP to prescribe in Primary Care.
- Amber Specialist Initiation – in addition to AMBER SR definition requires short to medium term specialist prescribing and monitoring of efficacy or toxicity, or titration depending on the drug until the patient's dose is stable.

It was also agreed to ask the FSG to review those drugs where AMBER SI or SR status is not clear and make a recommendation to APC.

ACTION:

- **FSG to review those drugs where AMBER SI or SR status is not clear and make a recommendation to APC.**

26. Formulary Subgroup Terms of Reference – reviewed & minor updates

The FSG Terms of Reference are reviewed on annual basis each September.

An updated version of the Terms of Reference with suggested changes was presented for approval. The only change is voting arrangements:

If there are conflicting opinions within the group, the recommendation will be put to a majority vote - Defined as a 75% majority of voting represented (quorate) members. – changed to:

If there are conflicting opinions within the group, the recommendation will be put to a majority vote.

The updated Formulary Subgroup Terms of Reference were approved for a further twelve months with the addition of need to consider de-prescribing when reviewing any formulary applications or guidelines for approval.

ACTION:

- **RDTCC to arrange for approved version to be added to APC pages of NECS website.**

27. Overprescribing Review – Sept 2021

This item was presented to the APC to raise awareness of the national report on overprescribing and how the APC can support the actions outlined in the national report. A regional presentation prepared for the ICS was also circulated to the APC for information.

The government commissioned Dr Keith Ridge, Chief Pharmaceutical Officer for England, to lead a review into the use of medication and overprescribing. The review was guided by a short life working group (SLWG), which brought together senior stakeholders from across the healthcare system, together with patient and third sector representation. It looked at reducing inappropriate prescribing, with a particular focus on the role of digital technologies, research, culture change and social prescribing, repeat prescribing and transfer of care.

On 22nd September 2021, the review was published - Good for you, good for us, good for everybody - A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions. The review sets out a series of practical and cultural changes to ensure patients are receiving the most appropriate treatment for their needs while ensuring clinicians' time is well spent and taxpayer money is spent wisely. This includes better use of technology, how to review prescriptions more effectively, and how to offer alternatives to medicines where they would be more effective.

The APC:

- Recognised that County Durham and Tees Valley are areas of overprescribing which are higher than national averages.
- Acknowledged that the responsibility to address overprescribing is across all organisations within the Area Prescribing Committee and members requested to raise awareness of the report internally within their own organisations.
- Requested that de-prescribing is included within all future prescribing guidance approved by the APC. It was suggested that the FSG consider a 'branding' for the de-prescribing as some local CCGs have developed to raise awareness.
- Agreed to update the APC guidance checklist to include de-prescribing

ACTION:

- **RDTC to update the APC guidance checklist to include de-prescribing.**
- **FSG consider a 'branding' for the de-prescribing as some local CCGs have developed to raise awareness.**

Part 6 – Standing Items (for information only)

28. Formulary Steering Group Minutes – August 2021

For information.

29. TEWV D&T Minutes – May 2021 and July 2021

For information.

30. CDDFT Clinical Standards and Therapeutics Committee Minutes – since April 2021

Not yet available.

31. North Tees & Hartlepool Hospitals D&T Minutes – July 2021

For information.

32. South Tees Hospitals D&T Minutes – September 2021

For information.

33. RDTC Horizon Scanning – September & October 2021

For information.

34. NTAG Minutes – June 2021

For information.

35. NE&C CCG Prescribing Forum Minutes – July 2021

For information.

36. NEAS Medicines Group Minutes – since November 2019

Not yet available.

37. South Tyneside & Sunderland APC Minutes – October 2021

For information.

Chairman's Action

Nil since last meeting.

Any Other Business

Molnupiravir for COVID-19

The noted the recent MHRA approval for Molnupiravir for COVID-19. National guidance on its use is awaited but it may need some local decisions before the next APC meeting. It was agreed to discuss outside of APC and take chair's action as necessary to ensure timely access locally. There will also be a number of operational issues (e.g. around accessing supply/dispensing) that will need to be addressed.

Date and time of next meeting:

Thursday 13th January 2022, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.