



**Minutes of the Meeting of the Sheffield Area Prescribing Group
 21st May 2026 via MS Teams**

Attendee present:	Time of attendance: (if not full meeting)	Attendee name & initials:	Attendee title, organisation, and role (where applicable)
No		Dr Andrew McGinty - AMc	GP, NHS SY ICB, and joint Chair of APG
No		Dr Zak McMurray - ZM	Medical Director NHS SY ICB and joint Chair of APG
Yes		Heidi Taylor - HT	Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB
Yes		Abiola Allinson - AA	Chief Pharmacist. Sheffield Healthcare Partnership University NHS Trust (SHPU) To present Hyperprolactinaemia Guidelines.
No		Dr Jonathan Mitchell - JM	Consultant representative. Sheffield Healthcare Partnership University NHS Trust (SHPU)
No		Joanne Wragg - JW	Chief Pharmacist, Sheffield Children's FT
Yes		Andrew Moore - AM	Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist.
Yes		Dr Laura Smy - LS	GP, NHS South Yorkshire ICB and Representative of Local Medical Committee (LMC).
No		Dr Rhona Leadbetter - RL	GP, NHS South Yorkshire ICB
Yes		Dr Trish Edney - TE	Lay member. Healthwatch representative
Yes		Dr Craig Lawton - CL	GP, NHS South Yorkshire ICB
Yes		Mr Veeraraghavan Chidambaram-Nathan - VN	Consultant representative STHFT
No		Chris Bland - CB	Community Pharmacy South Yorkshire representative.
Yes		Shameila Afsar-Baig - SA	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
No		Claire Stanley - CS	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Alex Molyneux	Chief Pharmacy Officer, SY ICB
Yes		Sharron Kebell	Senior Pharmacist, High Cost Drugs, Pathways, SY ICB To present update to Mycophenolate SCP.
Yes		Becca Walsh	Lead Pharmacist, Anticoagulation & Thrombosis Prevention, STH. To present Enoxaparin SCP.

Summary Points and Recommendations from May 2026

APG approvals	<ul style="list-style-type: none"> Updated Mycophenolate SCP, approved subject to minor amendments suggested by LS. Enoxaparin SCP subject to amendments suggested by LS, group to see amendments prior to final approval. Hyperprolactinaemia Guidelines, group to feedback to AA. Otherwise approved.
IMOC approvals	<ul style="list-style-type: none"> Guidance on switching children from liquid antibiotics to tablets/capsule medication - this was approved and is now live on the MO website - SY ICB Medicines Optimisation Updates to documents - IMOC application forms have been updated - new versions to be updated on the MO website shortly Gluten-Free FAQs and example practice letters are now available on the MO website to support consistent responses to gluten-free prescribing queries: SY ICB Medicines Optimisation

IMOC SY TLDL approvals		• Enc J and M – April and May updates	ACTION
1.	Welcome, Apologies for Absence & Quoracy		
	<p>Apologies from AMc, ZM, JW and RL were received in advance of the meeting. The chair declared the meeting to be quorate.</p> <p>Presenting attendees: Sharron Kebell- Senior Pharmacist, High Cost Drugs, Pathways, SY ICB To present update to Mycophenolate SCP. Becs Walsh- Lead Pharmacist, Anticoagulation & Thrombosis Prevention, STH. To present Enoxaparin SCP. Abiola Allinson- Chief Pharmacist. Sheffield Healthcare Partnership University NHS Trust (SHPU) To present Hyperprolactinaemia Guidelines.</p>		
2.	Declarations of Interest		
	No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting for core members.		
3.	Draft minutes of the May 2026 APG meeting		
	Any amendments were requested virtually post meeting, as the meeting over ran. No feedback was received, therefore accuracy assumed.		
4.	Matters Arising from the February 2026 APG meeting		
	<ul style="list-style-type: none"> • Query on tamoxifen impact on primary care workload- currently in discussion at STH. Quality meeting/Med Safety Group. (Outstanding) • PILs for co-codamol MSN (Was sent to a reading group for feedback, parked by MO as no queries received from Primary Care and reduced capacity) • Daridorexant pathway query (No commissioning in place for CBT) • Feedback to LMC re: prometrium in sensitive cohort • Same day warfarin requests (Patient safety concerns) Query from CB from previous meeting in March (Outstanding)- IMOC/CPSY • Dr Alex Rawlings query- Carterknowle surgery clinical incident, Diabetes team (SCH) requesting prescribing via a task rather than a clinic letter. (Interface issue- Outstanding) <p>May 2026- Above matters not discussed at the meeting in March or May, due to time constraints. I have added updates in bold.</p>	<p>SA</p> <p>SA</p> <p>SA</p> <p>LS</p> <p>CB</p> <p>HT/AM</p>	
5.	Papers on MO website		
	<p>South Yorkshire:</p> <ul style="list-style-type: none"> • Guidance on switching children from liquid antibiotics to tablets/capsule medication - this was approved and is now live on the MO website - SY ICB Medicines Optimisation • Updates to documents - IMOC application forms have been updated - new versions now live on the MO website Can be found on the South Yorkshire Notice Board • Gluten-Free FAQs and example practice letters are now available on the MO website to support consistent responses to gluten-free prescribing queries: SY ICB Medicines Optimisation 		

	<p>Sheffield</p> <ul style="list-style-type: none"> • Ratified minutes from March's APG added 17/06/2026 (post meeting note) 	
6.	Virtual Proposals agreed under delegated authority	
	None for this meeting.	
7.	Medicines Safety Update	
	Due to time constraints, the April and May safety report details and associated actions were addressed by exception. If any members have any queries/feedback they were asked to email these to SA. No query/ feedback was received post meeting.	ALL
8.	Pharmacy and Prescribing Commissioning Group Feedback (PPCG)	
	Nothing reported as no recent meeting.	
9.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	
	<p>Due to time constraints, the two papers that needed to be approved were brought forward to the beginning of the meetings and addressed first.</p> <p>Sheffield Mycophenolate in Adults SCP update</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Minor amendments made following December 2025 guidance. • Clarifications added regarding: <ul style="list-style-type: none"> ○ Pregnancy and conception. ○ Requirement for two pregnancy tests. ○ Updated guidance for male patients in line with MHRA (2018). • Query raised regarding duplication in contraception guidance. <p>Decision:</p> <ul style="list-style-type: none"> • Update supported. • Duplicate paragraph on female partners highlighted by LS, to be removed. <p>Actions:</p> <ul style="list-style-type: none"> • SK to remove duplicate paragraph • SK to review and align protocols across South Yorkshire (Barnsley, Rotherham, Doncaster). <p>Becs Walsh- Lead Pharmacist, Anticoagulation & Thrombosis Prevention, STH. Presented Enoxaparin (Inhixa) SCP.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Proposed switch from dalteparin to enoxaparin biosimilar Inhixa for cost savings. • Key issues raised: <ul style="list-style-type: none"> ○ Lack of clarity on monitoring (renal function, potassium). ○ Need for defined minimum monitoring intervals. ○ HIT monitoring: <ul style="list-style-type: none"> ▪ Should remain secondary care responsibility. ○ Concerns regarding workload for GPs. ○ Community phlebotomy arrangements unclear. <p>Additional Points:</p> <ul style="list-style-type: none"> • Acceptance/decline form: <ul style="list-style-type: none"> ○ To be available via electronic system (Accurx). ○ Brand name to be included. 	

	<ul style="list-style-type: none"> ○ Declining shared care is voluntary; reason optional. <p>Decisions:</p> <ul style="list-style-type: none"> ● Protocol to be amended as above before approval. <p>Actions:</p> <ul style="list-style-type: none"> ● BW and SA to: <ul style="list-style-type: none"> ○ Revise protocol. ○ Circulate for virtual feedback. <p>Abiola Allinson- Chief Pharmacist. Sheffield Healthcare Partnership University NHS Trust (SHPU) To present Hyperprolactinaemia Guidelines.</p> <p>Key points discussed</p> <ul style="list-style-type: none"> ● Some amendments to the guideline were mentioned and appeared to be agreed in principle. ● Specific points mentioned included: <ul style="list-style-type: none"> ○ Setting the prolactin monitoring threshold/window at 2,500. ○ Lower threshold for escalation relating to visual changes/shifts. ○ Adding wording to clarify the timing around visual impairment review, specifically: <ul style="list-style-type: none"> ▪ “after three months” to be included in the relevant section. <p>Actions / Next Steps</p> <ul style="list-style-type: none"> ● Due to time constraints and members having to leave/finish the meeting promptly SA asked that members fed back any comments to AA via email. ● Feedback/comments to be provided electronically ahead of final approval. 	
10.	Integrated Medicines Optimisation Committee (IMOC)	
	<p>April 2026 meeting: Minutes – ratified minutes from March 2026 Traffic Light Drugs List: From April '26 (see attachment for details)</p> <ul style="list-style-type: none"> ● NICE TA's and IMOC subgroup- all RED <p>Horizon Scanning document: from April '26 (see attachment for details)</p> <ul style="list-style-type: none"> ● Pneumococcal polysaccharide conjugate vaccine (new vaccine)- GREEN for active immunisation for the prevention of invasive disease and pneumonia caused by <i>Streptococcus pneumoniae</i> in individuals aged 18 years and older ● Potassium citrate (<i>modified-release tablet formulation Renodyra®</i>)- RED for use in adults for the treatment of patients with kidney stones and hypocitraturia, or chronic calcium oxalate stones <p>Guidance approved:</p> <ul style="list-style-type: none"> ● None for April 26 <p>Stock shortages:</p> <ul style="list-style-type: none"> ● None for April 26 <p>May 2026 meeting: Minutes- ratified minutes from April 2026 Traffic Light Drugs List: From May '26 (see attachment for details)</p> <ul style="list-style-type: none"> ● Prasterone pessaries GREEN for menopause symptoms, see attachment and NG23 for details 	

	<ul style="list-style-type: none"> • Ospemifene tablets GREEN for menopause symptoms, see attachment and NG23 for details • (Pylera) Bismuth subcitrate potassium, metronidazole, tetracycline hydrochloride 14mg/125mg/125mg GREEN for Helicobacter Pylori eradication • (Cytisine) Cytisinicline GREEN for smoking cessation <p>Horizon Scanning document: from May '26 (see attachment for details)</p> <ul style="list-style-type: none"> • Micronised Progesterone vaginal preparations- RED for Supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles. AMBER for Prevention of preterm birth. <p>Guidance approved:</p> <ul style="list-style-type: none"> • Guidance on switching children from liquid antibiotics to tablets/capsule medication - this was approved and is now live on the MO website - SY ICB Medicines Optimisation • Updates to documents - IMOC application forms have been updated - new versions to be updated on the MO website shortly • Gluten-Free FAQs and example practice letters are now available on the MO website to support consistent responses to gluten-free prescribing queries: SY ICB Medicines Optimisation <p>TL status application:</p> <ul style="list-style-type: none"> • Pylera application to change traffic light status from Grey to Green approved - there will be some training/ education for primary care but due to MO changes unsure when this will be. • Cytisinicline application - to change traffic light status from Grey to Green was approved. <p>Stock shortages:</p> <ul style="list-style-type: none"> • Pentasa® 1 g suppositories have recently been re-branded by Ferring Pharmaceuticals as a generic (Mesalazine 1g suppository Ferring). Ferring brand of mesalazine 1g suppository is still not available to prescribe on SystemOne or EMIS <p>AOB- DISCUSS AT PLACE: whether to develop an IMOC bulletin - recorded learning at lunch, expand the Monthly IMOC update to PCN & GPs- not discussed, forward to June's meeting.</p>	
11.	NICE Guidance	
	<p>NICE TA document – from May'26 IMOC meeting (see attachment for details)</p> <p>NG23 Menopause (April 2026): NICE have amended recommendation 1.8.4 and added a new recommendation (1.8.5) to align with the advice on unscheduled vaginal bleeding while taking systemic HRT.</p> <p>NICE TA1142 Dupilumab (already traffic lighted) RED for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils. Significant system work required, HCD will need escalating.</p> <p>NICE TA 1143 Fezolinetant (previously traffic lighted as Grey) RED whilst we await experienced support for treating moderate to severe vasomotor symptoms associated with menopause.</p>	
12.	APG Mailbox.	
	Nothing for this meeting	

13.	Reports from Neighbouring Committees	
	Nothing was raised from this information from this meeting.	
14.	Never Events and Patient Safety Incidents.	
	Nothing reported	
15.	Any Other Business	
	<p>Organisational change and future of APG, this was discussed at great length towards the start of the meeting after SK presentation of her SCP update as AM had to leave the meeting by 14:30.</p> <p>In Summary:</p> <p>ICB Organisational Change, Future of APG & IMOC</p> <p>There was a wider discussion around the significant changes happening across the ICB, including staffing reductions and the move towards a single South Yorkshire commissioning approach. As part of this transition, the ICB advised that it will no longer be able to organise or administer APG meetings, including agendas and minutes.</p> <p>IMOC is expected to become the main decision-making group for commissioning decisions, formulary positions and traffic light classifications, with a stronger focus on South Yorkshire-wide and future national alignment rather than place-based working.</p> <p>A number of concerns were raised by members, particularly around:</p> <ul style="list-style-type: none"> • Losing local clinical voice and place-based influence. • Decisions becoming slower or more bureaucratic. • Potential duplication of meetings and workstreams. • Disconnect between system-level decisions and practical implementation locally. <p>The group reflected on the future role of APG and whether its focus may need to shift away from formal approval processes towards:</p> <ul style="list-style-type: none"> • Supporting implementation of IMOC decisions. • Raising and resolving interface issues. • Sharing feedback from frontline services. • Monitoring how guidance lands in practice. <p>There was agreement that further discussion is needed to clarify:</p> <ul style="list-style-type: none"> • The future purpose and remit of APG. • Governance and accountability arrangements. • Administrative support and ownership of outputs. • How local clinicians and patients continue to have a voice. <p>The importance of maintaining strong communication between primary and secondary care was highlighted throughout, particularly as some existing forums and mailboxes may change or close. Members were keen to avoid duplication while ensuring there remains a practical route for raising interface concerns and local prescribing issues.</p> <p>The current Sheffield traffic light system will remain in use where IMOC guidance is not yet available, with a gradual move towards a single South Yorkshire-wide system over time.</p> <p>Actions / Next Steps</p>	

	<ul style="list-style-type: none"> • HT to coordinate wider stakeholder discussions on the future structure and function of APG-style working. • Stakeholders to include Trusts, LMC, Community Pharmacy, PCNs/federations, patient representatives, GPs, non-medical prescribers and IMOC/ICB representatives. • ICB to continue refining IMOC processes, including improving efficiency, representation and impact assessments. • Further discussion planned to map existing meetings/forums and consider how best to streamline communication and interface working going forward. 	
16.	Date of the next meeting: Thursday 18th June 13:30-15:00	

Appendix 1 – May 2026 SY TLDL updates

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Date Considered	Review date	Comments	Agenda Item
Progesterone micronised vaginal preparations		1	Supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles	May-26		Different products have different licensed indications - refer to the SPC.	Horizon Scanning
Progesterone micronised vaginal preparations		1,2b	Prevention of preterm birth.	May-26		Different products have different licensed indications - refer to the SPC.	Horizon Scanning
Loteprednol eye drops		1	corticosteroid eye drops	May-26		-	IMOC subgroup
Glibenclamide suspension	(Amglidia®)	1	Treatment of neonatal diabetes mellitus, for use in newborns, infants and children.	May-26		-	IMOC subgroup
Copper histidinate injections	Copper histidinate injections	1	Presymptomatic neonates with classical Menkes disease	May-26		-	IMOC subgroup
Prasterone pessaries	Intrarosa		When prescribed in line with NICE NG23 1.5.10	May-26		NICE NG23	IMOC subgroup

Ospemifene tablets	Senshio		When prescribed in line with NICE NG23 1.5.11	May-26		NICE NG23	IMOC subgroup
Bismuth subcitrate potassium , metronidazole , tetracycline hydrochloride 14mg/125mg/125mg	Pylera ®		Helicobacter Pylori eradication	May-26		Green for first line or second line use only to treat H.Pylori in those with penicillin allergy. See link for clinical scenarios where consideration may be indicated. Note the licensed treatment is for 10 days.	IMOC application
Cytisinicline (cytisine)			To aid smoking cessation	May-26		Commissioned services must be used as the standard pathway. Primary care prescribing is only permitted in exceptional circumstances where these services are inaccessible. Please see CKS for supporting information (Cytisinicline Prescribing information Smoking cessation CKS NICE)	IMOC application
Dupilumab (already traffic lighted)		1,6	maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils	May-26		NICE TA1142	NICE TA

Fezolinetant (previously traffic lighted as Grey)		1,6	treating moderate to severe vasomotor symptoms associated with menopause	May-26		NICE TA 1143	NICE TA
Spesolimab		6	Subcutaneous spesolimab 1-ml formulation for preventing generalised pustular psoriasis flares in people 12 years and over (terminated appraisal)	May-26		NICE TA1144- Spesolimab has already been traffic lighted Red - will change wording to inline with positive NICE TA's	NICE TA
Pembrolizumab		1,6	neoadjuvant and adjuvant treatment of resectable locally advanced head and neck squamous cell carcinoma	May-26		NICE TA 1145- already traffic lighted inline with positive NICE TA's	NICE TA
Concizumab		6	treating haemophilia A or B in people 12 years and over with factor inhibitors (terminated appraisal)	May-26		NICE TA1124	NICE TA
Pembrolizumab with pemetrexed and platinum-based chemotherapy		6	untreated unresectable advanced malignant pleural mesothelioma (terminated appraisal)	May-26		NICE TA1125- already traffic lighted red inline with positive NICE TA's	NICE TA

Natalizumab	1,6	highly active relapsing-remitting multiple sclerosis after disease-modifying therapy	May-26	NICE TA1126- already traffic lighted Red inline with positive NICE TA's	NICE TA
Molnupiravir	1	treating COVID-19	May-26	NICE TA1056	NICE TA