These minutes are in draft form until ratified by the committee at the next meeting on 21st September 2023.

# Nottinghamshire Area Prescribing Guidelines Meeting Minutes

## APC Meeting Thursday 20th July 2023: The meeting took place as a web conference using Microsoft Teams

**All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet, with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.**

**Present:-**

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| **Laura Catt (LC)** (Chair) | **Prescribing Interface Advisor** | **NHS Nottingham & Nottinghamshire ICB** |
| **Susan Hume (SH)** | **Advanced Podiatrist** | **Nottinghamshire Healthcare NHS Foundation Trust** |
| **Georgina Dyson (GD)** | **Advanced Nurse Practitioner (ANP)** | **Nottingham Urgent Treatment Centre, CityCare** |
| **David Wicks (DW)** | **GP** | **Mid Notts PBP, Nottingham & Nottinghamshire ICB** |
| **Khalid Butt (KB)** | **GP & LMC Representative** | **Mid Notts PBP, Nottingham & Nottinghamshire ICB** |
| **Asifa Akhtar (AA)** | **GP** | **South Notts PBP, Nottingham & Nottinghamshire ICB** |
| **Tanya Behrendt (TB)** | **Senior Medicines Optimisation Pharmacist,** | **NHS Nottingham & Nottinghamshire ICB** |
| **James Sutton (JS)** (representing Debbie Storer) | **Lead Pharmacist Medicines Finance** | **Nottingham University Hospitals NHS Trust** |
| **Jennifer Moss Langfield** | **GP & LMC Representative** | **Mid Notts PBP, Nottingham & Nottinghamshire ICB** |
| **John Lawton (JL)** (representing Kuljit Nandhara) | **Clinical Pharmacy Manager** | **Nottinghamshire Healthcare NHS Trust** |
| **Katie Sanderson (KS)** | **Patient Representative** | **Nottingham & Nottinghamshire local population** |
| **Ann Whitfield (AW)** | **Patient Representative** | **Nottingham & Nottinghamshire local population** |

**In Attendance:**

Adam Stokes- Area Pharmacist – Offender Health (Nottinghamshire Cluster) Nottinghamshire Healthcare NHS Foundation Trust.

Dr Catherine Byrne – Consultant Nephrologist, Nottingham University Hospitals NHS Trust, for agenda item number 10

**Interface Support in Attendance (NHS Nottingham & Nottinghamshire ICB):**

**Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician**
**Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist** (in attendance)
**Nichola Butcher (NB), Medicines Optimisation and Interface Pharmacist** (in attendance for own agenda items only)
**Shary Walker (SW), Specialist Interface & Formulary Pharmacist** (in attendance for own agenda items only)
**Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist** (in attendance for own agenda items only)
**Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH** (in attendance for agenda item number 10)

**Apologies received from:**
Ankish Patel (AP), Head of PCN Workforce, Nottingham GP Alliance
David Kellock (DK), SFH Drug and Therapeutics Committee, Sherwood Forest Hospitals NHS Foundation Trust
Mark Clymer (MC), Assistant Chief Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Debbie Storer (DS), Medicines Information Pharmacist, Nottingham University Hospitals NHS Trust
Kuljit Nandhara (KN), Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services, Nottinghamshire Healthcare NHS Trust

1. **Welcome**
   LC stated that the meeting was not quorate due to no SFHT representation.

2. **Declarations of interest**
   Nothing was declared.

3. **Minutes of the last meeting/matters arising/amendments**
   The minutes from the previous meeting were reviewed and accepted as an accurate record, subject to minor grammatical amendments.

   All actions from the May meeting are complete except for the APC framework which will be finalised and ratified via email at a future date.

   The Headache Pathway was completed; however, NICE Technology Appraisals (TAs) are expected next month so it is likely that this will need to be revisited.

   The Dexcom One Inclusion Criteria was approved previously but LC stated that the Freestyle Libre 2, initially classified as a flash glucose monitoring device was now classified as a continuous glucose monitoring device (CGM). The eligibility criteria has been amended to reflect this change.

**4. FOR RATIFICATION – Management of Psoriasis (update)**

NB presented the management of psoriasis guideline which had been updated due to reaching its review date. The guidance had been reviewed by consultants representing SFHT and NUH, as well as by the head of service for NUH.

NB presented the key changes, which included the following:

• Added the option to prescribe Dovobet® generically as this is the most cost-effective option in Primary Care.

• Dithranol has now been discontinued in all forms other than as a special. Dithranol has been removed from the guideline and treatment for solitary treatment-resistance plaques changed to "Potent steroid with salicylic acid combination [Diprosalic® ointment]."

• Emulsifying ointment is no longer first line on the emollient formulary, it has to be prescribed with the brand name Ovelle® in Primary Care. Emulsifying ointment has been removed and replaced by Hydromol® ointment.

• Alphosyl® 2 in 1 shampoo has been discontinued and has been removed from the guideline.

• Daktacort® ointment was discontinued in December 2022 and supplies are now exhausted. The cream is still available, and the guideline recommendation has been changed to Daktacort® cream. The dermatologists requested that Trimovate® cream be added to the guideline, as this is AMBER 2 on the formulary, it was agreed to add the wording "If ineffective contact dermatology (via Advice & Guidance) for further options.
e.g., clobetasone butyrate/nystatin/oxytetracycline (Trimovate® cream). Trimovate® cream is AMBER 2. Note, GPs with a special interest may initiate."

It was noted by the APC members that community-based dermatology clinics also need to be consulted. NB will contact them for comment.

APC ratified the Management of Psoriasis update, subject to no changes being requested by the community-based dermatology clinics.

**ACTION: Ratified by APC (following consultation with the community-based dermatology clinics). NB to format and upload to the APC website.**

**5. FOR RATIFICATION – Nausea and Vomiting in Pregnancy**

NB presented the nausea and vomiting in pregnancy guidance which had been updated due to reaching its review date. Comments had been invited from gynaecology leads and had been received from Miss Corah Ohadike the Lead for Emergency Gynaecology and Early Pregnancy (SFHT). NB explained that no changes were made to the overall local pathway or clinical content and presented the key changes, as below:

• Added the standard version format, all links and patient information leaflets have been checked.

• Statement added that it is common for women to be prescribed a combination of anti-emetics. Initially one anti-emetic should be used each time and for 24 hours before trying or adding another.

• Link to Royal College of Obstetricians and Gynaecologists and NICE Clinical Knowledge Summery (CKS) added.

- Treatment options put into tabular format and all doses now written as words.
- Salt of promethazine added as per NICE CKS.
- Ranitidine removed as a treatment option due to withdrawal and supply issues.

JS queried the addition of salt name to promethazine, NB explained that this was added as it was specified in the NICE CKS. JS thought that the guideline did not align with current practice at NUH. NB to liaise with JS to obtain NUH feedback. Ideally, both SFHT and NUH guidance should be aligned to ensure continuity across Nottinghamshire.

TB noted that the guidance did not explain the suitability for pregnant women who are still breastfeeding. NB will collect further information for this cohort of women.

**ACTION: NB to email JS to gain NUH input and to consider sending to the guideline review group which reviews Trust guidelines differing from each other. NB also to explore the guideline's suitability for women breastfeeding.**
**APC agreed that final ratification could be obtained via email.**

**6. FOR RATIFICATION – Preferred Prescribing List**

NB presented the updated Preferred Prescribing List (PPL), which is reviewed six monthly. The PPL is a list of preferred brands and forms to be prescribed in Primary Care, from both cost- effective and safety perspectives. A version without prices is linked to the medicine monographs on the joint formulary. The updated PPL has been circulated to pharmacy teams at NUH and SFHT.

NB presented the key changes which included the following:

- Alfuzosin 10mg XL – Besavar® XL moved to the preferred brand (only remaining low-cost brand).
- Estradiol 10mcg vaginal tablets – generic price reduced so included as a preferred option.
- Fluoxetine 10mg – 20mg/5ml oral solution removed from preferred strength section due to significant price increase.

Additions:

- Co-codamol 30mg/500mg – moved from the preferred formulation section to the main table as there is no longer a significant price difference between tablets and capsules. Zapain® and Emcozin® added as preferred tablet brands.
- Calcipotriol 0.005% / Betamethasone dipropionate 0.05% ointment – generic added as preferred option to the brand Dovobet®.
- Glycopyrronium bromide tablets – Assicco® added as the preferred brand.
- Melatonin 2mg MR – generic added as the preferred option to the brand Circadin® MR.
- Metformin 500mg sachets added as the preferred alternative to metformin 500mg/5ml oral solution.
- Zolmitriptan – orodispersible tablets added as more cost-effective than tablets.
- Link to the APC blood glucose and ketone meter formulary added.

NB explained that the PPL was used to update the optimise messages to aid clinician prescribing choices. The clinicians present agreed with the benefits the PPL offers.

It was noted that colecalciferol 800mg should read as units, not milligrams. The preferred Vitamin D brand should be written as Valupak® Vitamin D3 in the document, as the brand Valupak® has several other multivitamins available. APC ratified the PPL subject to the amendments noted.

**ACTION: APC ratified the PPL, NB to make the amendments and upload to the APC website.**

**7. FOR RATIFICATION – Rheumatology – shared care protocol (SCP) (update)**

NB presented the SCP update, explaining that the national templates had been cross-referenced against the APC overarching rheumatology SCP and the individual information sheets for azathioprine and methotrexate. Minor amendments to the national protocols have been made to reflect the locally agreed shared care. The local rheumatology overarching shared care protocol will be retired once all the rheumatology medication information sheets have been reviewed.

NB explained that the injectable gold and penicillamine information sheets would now be retired. The local Trusts had audited them to ensure that there were no local patients who might be affected by this decision.

NB explained that the patient information leaflets will be available on the APC website and additional thought would be given on how to make them accessible for more patients.

**Azathioprine for Patients within Adult Services (Non-transplant Indications)**

The SCP included Rheumatoid arthritis and Systemic Lupus Erythematosus (licensed), Psoriatic arthritis, Polyarteritis, Giant Cell Arteritis and other Connective Tissue Diseases (unlicensed). It excluded patients under the age of 18 years and those with indications of transplant or oncology.

NB gave an overview of the following changes:

- All the references to mercaptopurine were removed as this is not used locally.
- All references to azathioprine use other than rheumatology were also removed.
- There were no updates on the recommendations from the National Rheumatology
- Guidelines.
- The APC Azathioprine Information Sheet (Rheumatology) contents that are not within the RMOC shared care was transferred to the Azathioprine for Patients within Adult Services (Non-transplant Indications).
- Concurrent use with allopurinol: it was agreed to remove the information about reducing the dose due to the risks involved.
- Concurrent use with co-trimoxazole/trimethoprim: it was agreed that this combination should be avoided.
- Additional information and recommendations from RMOC reviewed and accepted for local use.

**Oral Methotrexate for Rheumatological Conditions in Adults**

Shared care protocol included Rheumatoid arthritis and Psoriatic arthritis (Licensed), Systemic Lupus Erythematosus (SLE), myositis, and vasculitis (Unlicensed). It excluded those patients on more frequent doses than once a week, 10mg tablets and subcutaneous therapy.

NB and SW gave an overview of the following changes:

- All the references to methotrexate injections were removed.
- All references to methotrexate use other than rheumatology were also removed.
- No updates on the recommendations from the National Rheumatology Guidelines.
- The contents of the APC Methotrexate Information Sheet (Rheumatology) that are not within the RMOC shared care transferred to the Oral Methotrexate for Rheumatological Conditions in Adults Services.
- Contraception: previously 2 methods of contraception – the information source was unavailable (historical information). Other guidelines and SPC do not specify methods; therefore, the wording "effective contraception" was suggested.
- Additional information and recommendations from RMOC reviewed and accepted for local use.

The APC clinicians felt that the monitoring requirement for methotrexate had been reduced in Secondary Care and that this could lead to non-stabilised patients attending Primary Care for additional monitoring. It was also felt that the transfer of care should not be introduced suddenly as it could potentially lead to patients not having an adequate supply of medication. It was suggested that a letter from Secondary Care informing the GP about patients starting methotrexate treatment could help alleviate the potential silo of care.

APC agreed that the monitoring requirements and method of adopting the transfer of patients could be clarified via email. Final APC ratification can also be completed via email

**ACTION: NB and SW to liaise with the Secondary Care Specialist and APC members to draw up an agreement for the monitoring and transfer of care; when this is in place, final ratification of the SCP's can be completed via email**

**8. FOR RATIFICATION – Actinic (solar) Keratosis – Primary Care pathway (update)**

SW presented the updated Actinic (solar) Keratosis Primary Care pathway which had been produced in conjunction with Dr R Sowjanya Ayyalaraju, Consultant Dermatologist Nottingham NHS Treatment Centre, and Dr Justine Killingley, GPSI, Mid Nottinghamshire Community Dermatology Service.

SW explained that the guideline had been completely changed and simplified for Primary Care use and now provided up-to-date information on the products currently available.

The key changes are as follows:

1) Pictures and descriptions to differentiate between AKS grades.
2) Pictures to identify malignancy transformations
3) General advice about treating AKS
4) Different patient information leaflets available (PILs)
5) Treatment Options – important notes to consider
6) Further reading

SW noted that APC members had agreed to the AMBER 3 Klysiri® (tirbanibuline) submission at the June formulary APC meeting.

**ACTION: Ratified by APC. SW to update the formulary and upload the guideline to the APC website.**

## 9. FOR RATIFICATION – Antimicrobial Guidelines (Update)

All the antimicrobial guidelines have been reviewed in conjunction with Dr Vivienne Weston, Consultant Microbiologist/Community Infection Control Doctor South Nottinghamshire

### Chlamydia trachomatis (CT)

SW presented the updated CT antimicrobial guideline. The guideline was being updated in response to a query from a GP. Many GPs treat CT in Primary Care, and it was agreed by the Integrated Sexual Health Services (ISHS) to include this as an option.
A further change made to the guideline was that, as opportunistic screening for 16-25- year-olds is not generally available locally, this has been removed from the guideline.

APC members ratified the updated guideline.

**ACTION: SW to upload to the APC website.**

### Splenectomy

SW presented the updated Splenectomy antimicrobial guideline.

**Updates**

a. Under the Emergency antibiotics section: added the statement, "following the two-year prophylaxis course, an emergency supply of oral amoxicillin or, if allergic, oral clarithromycin can be prescribed for use at home prior to seeking urgent medical attention. This should be kept at home, taken on holiday, and used immediately should patients develop any signs of infection. Patients and their carers should regularly be reminded of the ongoing risk of infection and be encouraged to seek medical advice if patients become febrile (≥38ºC) and/or develop symptoms of infection.
b. Link changed to Immunisation of individuals with underlying medical conditions – more specific to chapter 7 than to the generalised link to the green book.
c. Oral emergency antibiotic supply table – added clarithromycin dosage regimens as an alternative to patients allergic to penicillin.

**Other important Points**

a. Emergency treatment duration of 5 days changed to 7 days, in line with the NUH guideline and local agreement.
b. An emergency supply of amoxicillin dosage for 12 – 17 years and adults changed to a dose range of 500mg to 1g three times a day.

APC members ratified the updated guideline.

**ACTION: SW to upload to the APC website.**

## 10. FOR RATIFICATION – SGLT2i's in CKD pathway for Primary Care

VM introduced the sodium glucose co-transporter- 2 inhibitors (SGLT2is) in chronic kidney disease (CKD) clinical pathway, created for Primary Care by the Midlands Kidney Network (MKN) in consultation with Primary and Secondary Care colleagues in the network. Consultant Nephrologist and chair of MKN, Dr Catherine Byrne of NUH, attended the meeting and presented the clinical pathway.
Dr Byrne explained that the pathway was developed for patients with CKD, whether or not they had diabetes. CKD is defined as eGFR <60 or uACR 3 and new NICE guidelines state that only one uACR >3 is needed in order to say that someone has albumin urea. She explained

further that, since ACE inhibitors, this was the first time in many years for anything to appear that helps reduce the rate of decline in people with kidney disease and protein urea. SGLT2is are not currently licensed for patients with Type 1 diabetes, hence this cohort is excluded from the pathway. Empagliflozin does not currently have a license for treatment of CKD and is excluded from the pathway. VM highlighted the fact that canaglifozin is licenced only for patients with diabetes and with eGFR > 30ml/min and is not licensed for non-diabetes with CKD.

There had been concerns in the previous meeting around the financial implications as a large cohort of patients would be potentially eligible. LC underlined to the committee that the cost pressures had been highlighted to ICB and as this pathway is adapted from a Technology Appraisal (TA) it was a legal requirement to implement it. LK explained further that when this was flagged up to finance last year at the time the TA was published, it was predicted that about 130 patients in Nottinghamshire with CKD would require SGLT2is in the 1st year; growth was being monitored and finance were aware of the increasing indications of SGLT2is. Dr Byrne commented that she had similar figures of about 150 non-diabetic patients with CKD with an uACR greater than 22.6 in Nottinghamshire. Dr Byrne also explained that the numbers of CKD patients without other co-mobilities were very low as about 95 % of patients with CKD had another co-mobility, which is usually diabetes, hypertension or heart disease. In addition, this treatment would save money in the medium to long term as it reduces decline in kidney function, hence saving on costs such as dialysis which are likely to be commissioned by ICBs, according to current plans. In answer to a question about the origin of the uACR value of 22.6mg/mmol, Dr Byrne explained that this was from the trials. Some of the trials were in North America and the conversion from American units to British units resulted in the uACR of 22.6mg/mmol.

MKN had done some training in Primary Care but were happy to provide more formal training if needed. There were recorded webinars discussing the pathway as well as kidney failure risk equation (KFRE). KFRE is a risk prediction tool for kidney replacement therapy (KRT, the need for dialysis or a kidney transplant), in the next two or five years for adults with CKD and the new NICE guidelines recommends using KFR for referral rather than eGFR of <30 ml/min/1.73m$^{2}$…Links to the recorded webinar will be disseminated via the APC bulletin, podcast, and other avenues.

Dr Byrne requested the presence of a GP representative for the MKN. LC will promote this via the APC bulletin.

APC ratified the guideline.

**ACTION: VM to upload the SGLT2is in CKD clinical pathway to the APC website. LC to include in the bulletin a request for GP representation at the MKN.**

**11. FOR RATIFICATION – Narcolepsy prescribing information sheet**

VM presented the Narcolepsy prescribing information sheet which had been presented previously at the May 2023 APC meeting due to having reached its review date. The clinicians had felt that Primary Care needed additional clarity regarding the monitoring requirements. This had now been included and the only variation to this would be in exceptional circumstances.

APC members ratified the guideline, subject to formatting amendments.

**ACTION: Ratified, subject to formatting corrections. VM to upload to the APC website.**

**12. FOR RATIFICATION – Testosterone Leaflet**

VM presented the testosterone leaflet previously presented at the May 2023 APC meeting. VM, in conjunction with AW, had made the changes requested:

- Font type and size.
- Rephrasing of the definition of hypogonadism as patients still have two gonads.
- Overall readability had been adjusted.
- The title of the leaflet now reflected the fact that it was a patient information sheet.
- The phraseology was updated and superfluous text had been removed, together with the pictures.

Due to potential copyright issues, the main titling picture will be removed prior to uploading the leaflet to the APC website.
APC ratified the patient information leaflet on testosterone treatment for hypogonadism and constitutional delay in growth and puberty (CGDP)in children born biologically male.

**ACTION: Ratified by APC, subject to the picture being removed. VM to upload to the APC website.**
Post APC: LC suggested using Canva to look for images. Canva is a graphic design platform with some free and paid images. VM found an image on Canva which has replaced the one on the leaflet.

**13. FOR RATIFICATION – Managing Behaviour and Psychological Problems in Patients with Diagnosed or Suspected Dementia (BPSD) in Primary and Secondary Care - interim update**

The representative for NHCT, John Lawton, presented the BPSD update, which included the addition of an appendix for managing dementia in Primary and Secondary Care to support clinicians.
AW asked if family members could act as informers. JL felt that this would be a valid addition and he will feed that back to the authors.
For clarity, JL will email the changes to the APC members.

**ACTION: APC ratified. Interface team to upload to the APC website once the final version has been received.**

**14. FOR INFORMATION – APC forward work programme**

APC members noted the APC forward work programme.
The heart failure guideline had been slightly delayed, due to the late publication of NICE TAs in Heart Failure with Reduced Ejection Fraction and an issue over engaging specialist input.

**14. Any Other Business**

- **SCP for phosphate binders**

LC fed back a query from Ian Hogg, Specialist Renal Pharmacist for NUH, regarding switching to alternative phosphate binders and whether a new shared care agreement would be required. The APC felt that once shared care was agreed for one medicine, if switched to another also covered in the SCP, no additional paperwork would be required other than a standard GP letter.

- **Nottinghamshire Area Prescribing Committee statement regarding prescribing of Gonadorelin analogues (GnRH) and degarelix in Primary Care for Prostate and Breast Cancer**

The Licenses section had been updated as Zoldex (goserelin) 10.8mg is now licensed for breast cancer. The entire document had been reviewed and the changes made included the following:

- hyperlinks to SPC updated;
- indications for Zoladex LA updated as per SPC.

Feedback was awaited from NUH and KR will email JS to obtain their comments.
TB will email a transgender statement for inclusion in the document.

**ACTION: Await the statement from TB and consider any NUH feedback. KR will email the final document to members for final ratification and on agreement will upload it to the APC website.**

- **Supporting guideline for the prescribing of nebulised colistimethate (Colomycin®) in the treatment of *Pseudomonas aeruginosa* lung infections in adult patients with non-Cystic Fibrosis Bronchiectasis**

The supporting guideline for the prescribing of nebulised colistimethate (Colomycin®) in the treatment of *Pseudomonas aeruginosa* had been reviewed due to reaching its review date. The entire document had been reviewed and the changes made included the following:

- updating references;
- correcting broken hyperlinks;
- clarify that ciprofloxacin 500-750mg twice daily or IV antibiotics for 2 weeks followed by colistimethate for three months is recommended now. Previously, ciprofloxacin was recommended for the duration of treatment.

Feedback was awaited from NUH and KR will email JS to obtain their comments.
APC members agreed with the supporting guideline, subject to any further comments being received from NUH.

**ACTION: KR will email the final document to members for final ratification prior to uploading it to the APC website.**

**15. Date of next APC Formulary Meeting – Thursday 17th August 2023**

**16. Date of next APC Guideline Meeting – Thursday 21st September 2023**

**The meeting ended at 16:05.**