

**Nottinghamshire Area Prescribing Committee**

**Minutes of the meeting held on Thursday 18<sup>th</sup> July 2019**  
**2:00pm Boardroom, Duncan MacMillan House**

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:**

Steve May (SM) (Chair)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Tanya Behrendt (TB)	Associate Chief Pharmacist, Medicines Management	NHS Nottingham City CCG
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Naveen Dosanjh (ND)	Deputy Chief Pharmacist	Nottinghamshire Healthcare Trust
Tim Hills (TH)	Lead Pharmacist Antimicrobials and Infection Control	NUH Trust
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Gladys Maponese (for Sarah Northeast)	Medicine Management Pharmacist	CityCare
Jenny Moss-Langfield (JM)	GP	Notts City CCG and LMC representative
Mike Jones (MJ)	Community Pharmacist	Local Pharmaceutical Committee (LPC)

**In attendance:**

Karen Robinson (KR), Prescribing Interface Technician  
 Nick Sherwood (NS), Mental Health Efficiencies Pharmacist, Nottingham CCGs/Notts HCT  
 Deepa Tailor (DT), City CCG Practice Pharmacist (covering Lynne Kennell's maternity leave)  
 Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Nottingham CCGs  
 Nick Sherwood (NS), Mental Health Efficiencies Pharmacist, Nottingham CCGs/NottsHCT

**1. Apologies**

Khalid Butt (KB), GP, LMC representative  
 Matt Elswood (ME), Chief Pharmacist, NHCT  
 Judith Gregory (JG), Chief Pharmacist NUH (represented by Tim Hills)  
 Sarah Northeast (SN), Advanced Nurse Practitioner, CityCare (represented by Gladys Maponese)  
 Ben Rush (BR), Public Health ST3, Nottingham City and County Councils  
 Paramjit Panesar (PP), GP, Nottingham East CCG  
 Amanda Roberts (AR), Patient representative

Matthew Prior (MP), Chief Pharmacist, Nottingham Treatment Centre - The committee noted that the Treatment Centre is now managed by NUH, so separate representation is no longer needed. The committee thanked Matt Prior for his attendance and support of the APC.

**2. Declarations of interest**

None declared.

**3. Minutes of the last meeting/matters arising**

The minutes from the previous meeting were reviewed and agreed as being accurate.

**Anti-coagulation in AF Guideline** – As requested, DT has raised the issue of inconsistency between creatinine clearance calculations for obese patients in EMISWeb and SystemOne nationally, but did not receive a clear response. Committee in agreement to continue to use EMISWeb and SystemOne creatinine clearance calculators.

**Glycopyrronium** –JT had monitored ePACT for glycopyrronium usage which showed that prescribing had increased for adult patients in Mid Notts in recent months. Prescribing for adult patients is mainly for patients with Parkinsons.

**ACTION: JT to contact Parkinson's team in Mid Notts to try and discover the reason for the increase.**

**Mexiletine hydrochloride**, (Namuscla<sup>®</sup> 167 mg capsules) – Formulary updated to RED for neurology following decision at NUH DTC. Cardiology indication removed from formulary (previously amber 2); TH thought that this was because all primary care cardiology patients have now been repatriated.

**ACTION: TH to confirm with DTC and provide update at next APC meeting.**

**JT to check EPACT to see if any primary care prescribing remains.**

**Annual report** – Completed and uploaded. TH noted that Sachin Jadhav is listed as DTC chair, this needs to be updated to Sophie Moore.

The committee discussed the potential regular attendance at APC of a clinician from NUH and TB offered to contact DTC to ask for a volunteer.

**ACTION: LC to update DTC chair in annual report.**

**TH to contact DTC members and request APC representation.**

\*\*\*\*\*All other actions were either complete or on the agenda\*\*\*\*\*

**4. FOR DISCUSSION - Document approval process**

LC informed the committee that a new front sheet for APC guidelines which are under review has been developed. It will be added to any guideline currently under review to allow viewers to know the guidelines is currently being updated and encourage them to submit any comments to the APC.

**Action: LC to add to the approval process**

**5. FOR RATIFICATION – Desmopressin information sheet (New)**

DT presented the Noqdirna<sup>®</sup> prescriber information sheet. Noqdirna<sup>®</sup> was classified as Amber 2 at May APC.

The committee felt that further clarity was required around the term “periodic” for the monitoring of blood pressure and weight and which changes are deemed to be clinically significant.

With regards to the patient information points, it was felt that it is important for prescribers to focus on counselling advice for fluid restriction and to leave other points for the patient to read in the patient leaflet.

DK asked that the word 'drug' was replaced with 'medicine'. To add clinical contact numbers for urology for both NUH and SFT.

**Action: DT to email BNF and obtain clarity around the term "periodic" and share response with the group via email.**

**DT to amend the information sheet and send via email for ratification.**

**6. FOR RATIFICATION – Osteoporosis guideline and bisphosphonate review (Update)**

JT presented the updated Osteoporosis Guideline.

**Bone protection for intermittent high dose oral steroid usage** – Previous versions of the guidance suggested bone protection for those individuals prescribed 3 or more courses of high dose steroids per year. JT noted that currently there is no national guidance regarding the number of steroid treatments that would require bone protection and local specialists advised reviewing patients on a case by case basis taking into account other risk factors.

Although there may be no definitive answer, the committee requested local guidance be offered for example *"Three or more high dose oral steroid courses in a year is a trigger to consider the need for bone protection. However, note that some patients who have had fewer than three courses a year may also be at risk if other risk factors are present"*.

**Strontium ranelate** – A formulary application was invited from Dr Masud (no interest from other NUH clinicians), but not yet received. Committee agreed to leave as grey for now and will review if a submission is received.

**DXA scans:** JT highlighted that the specialists would not agree to reducing the need for DXA scanning in the guideline, but did agree to adding clarification that DXA scans may not be appropriate for frail and elderly people. JM asked that a sentence be added to state that the patient must be able to lay down flat on their back.

The committee ratified the guidelines subject to the above changes.

**ACTION: JT to discuss with osteoporosis specialists and try to get steroid wording agreed.**

**JT to run an ePACT search to check for patients currently prescribed strontium in primary care.**

**JT to add in sentence about being able to lie flat for DXA scans.**

**JT to make amendments and upload**

**7. FOR RATIFICATION – Antidepressant prescribing guidance (New)**

NS presented the new Antidepressant prescribing guidance. The group discussed the replication of information from some other sources, but felt making the information applicable to Nottinghamshire meant there was some useful information.

A few amendments were required:

- hyperlinks (sleep hygiene) to be updated and added (traffic lights),
- CCG logos now all one.
- Link for Social Prescribing.

**ACTION: NS will email to all for ratification and upload when agreed**

**8. FOR DISCUSSION - Unlicensed Specials database and licensed liquids – cost analysis**

JT presented the latest cost analysis since adding licensed alternatives to specials to the formulary and creating the "specials database". The analysis showed that there had been a

reduction in spend on unlicensed specials and an increased spend on licensed alternatives, but overall there had been a net saving.

It was well received by the group as a good piece of work.

#### **9. FOR RATIFICATION – Primary care alcohol detox guideline (Update)**

NS presented the updated Nottinghamshire Primary Care Alcohol Dependence Guidelines due for update in September. Some points were raised with regards to midazolam – the recommendation of its use raised questions regarding legality of prescriptions, safety of storage, and suitability of the guidelines to promote it.

NS highlighted the updated section on thiamine and vitamin B compound strong prescribing, including clearer guidelines on how long to continue treatment. The committee asked that these key messages be shared via prescriber newsletters and Optimise Rx messages.

Awaiting appendices from specialists on how to manage cravings and advice on addiction.

**ACTION: JT to author paragraph for newsletter and create Optimise message for Thiamine/Vitamin B compound strong.**

**NS will speak to the specialists and confirm points on midazolam and chase outstanding appendices.**

**NS to send via email for ratification once complete.**

#### **10. FOR RATIFICATION – Out of area requests (New)**

JT presented the out of area request guide. It had previously been circulated to APC members via email and the CCG medicines management teams. There had been some changes made to the Amber and Red columns since APC members reviewed it therefore it has been brought back to the APC meeting for ratification. The committee ratified it with no further changes.

**ACTION: JT to upload to APC website**

#### **11. FOR RATIFICATION – Rheumatology DMARD summary of monitoring (Update)**

JT presented the updated the rheumatology DMARD summary of monitoring with the following changes:

- Added hyperlinks to prescribing information sheets.
- Myocrisin<sup>®</sup> (sodium aurothiomalate) removed as it has been discontinued.
- Visual check column removed as only applied to hydroxychloroquine – advice for visual check updated to match SCP.

Practice based teams have been informed of the Myocysin patients.

Committee approved the guide with minor changes.

**ACTION: JT to make minor changes and upload to APC website**

#### **12. RMOC update (verbal)**

No meeting had taken place, next meeting August 2019

#### **13. Formulary Amendments and Horizon scanning**

##### **a. Formulary amendments**

Formulary amendments were accepted with the exception of:

Melatonin oral solution will be discussed in more detail at JFG. It is on the RMOC forward work programme. TB has been in contact with RMOC to request an update

##### **b. Horizon scanning**

All horizon scanning recommendations were accepted.

**ACTION: SJ to add ertugliflozin triple therapy to the APC type 2 diabetes guideline as per NICE TA 583.**

**c. MHRA drug safety alert:**

DOAC alert, increased risk of recurrent thrombotic event in patients with antiphospholipid. There was discussion with regards to monitoring requirements and whether additional information was needed on relevant guidelines. DT has contacted haematology for advice and is awaiting a response.

**ACTION: DT to share advice provided by haematology.**

**14. APC forward work plan**

New items for JFG:

- Melatonin
- Anastrozole for Gynecomastia

**15. Declaration of compliance with NICE TAs**

Noted

**16. Dates of Future Meetings**

- Thursday 19th September 2019, 2pm – 5pm (Boardroom, Duncan Macmillan House)
- Thursday 21<sup>st</sup> November 2019, 2pm – 5pm (Boardroom, Duncan Macmillan House)

**17. Any Other Business**

JM asked about the feasibility of a document to aid prescribers for alternative hormone replacement therapy products as there have been a number of stock shortages.

**Action: JT to look at the feasibility**

**Meeting finished at 1610hrs**