These minutes are in draft form until ratified by the committee at the next meeting on 15th September

Nottinghamshire Area Prescribing Committee Meeting Minutes

APC meeting 21st July 2022: due to the COVID-19 Pandemic 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:

David Kellock (DK) From 3pm	SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Laura Catt (LC) From 3.30pm	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire ICB
Esther Gladman (EG)	GP Prescribing lead	City PBP, NHS Nottingham & Nottinghamshire ICB
Tim Hills (TH)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Claire Nowak (CN)	Deputy Chief Pharmacist	Nottinghamshire Healthcare NHS Foundation Trust
Jennifer Moss Langfield (JML)	GP	LMC representative
Katie Sanderson (KS)	Patient representative	
Ann Whitfield (AW)	Patient representative	
Steve May (SM) (Chair)	Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Jill Theobald (JT)	Senior Medicines Optimisation Pharmacist	NHS Nottingham & Nottinghamshire ICB

In attendance:
Mohamed Rahman, Chief Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust (observing)
Sue Haria, Senior Medicines Optimisation Pharmacist, Nottingham & Nottinghamshire ICB (observing)

Interface support (NHS Nottingham & Nottinghamshire ICB):
Nichola Butcher (NB), Medicines Optimisation and Interface Pharmacist
Hannah Godden (HG), Specialist Mental Health Interface Pharmacist

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH
Michalina Ogejo (MO), Medicines Optimisation and Pain Clinic Pharmacist
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH

Apologies:

Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB
Karen Robinson (KR), APC Interface & Formulary Pharmacy Technician
Susan Hume (SH), Advanced non-medical prescriber, Nottinghamshire Healthcare NHS Foundation Trust
Ankish Patel (AP), Head of PCN Workforce
Asifa Akhtar (AA), GP South Notts PBP, Nottingham & Nottinghamshire ICB
Sarah Northeast (SN) Advanced non-medical prescriber Nottingham CityCare
David Wicks (DW), GP Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB
Khalid Butt (KB), GP and LMC representative

1. Welcome and introduction of new members

2. Declarations of interest

Nothing declared by members or the interface support.

3. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and accepted as an accurate record, subject to minor amendments.

Palforzia

There was no update to the current situation at NUH. Feedback had been provided to RMOC and the NICE associates regional meeting about the local issues with implementation.

ACTION: Update to be provided at the next APC meeting.

Sick Day Rules Guidance

Work is in progress, and this will be brought to a future meeting.

ACTION: To bring back to September APC.

Hydroxychloroquine serous incident

NUH had sent a newsletter to primary care that contained recommendations from the Royal College of Ophthalmologists. TH highlighted that there was a slight discrepancy with current recommendations in the SCPs.

ACTION: LK to investigate further.

Aminosalicylates in inflammatory bowel disease

Updated NUH guidance was awaiting further discussion internally. Current recommendations for annual monitoring are in line with BNF and British Society of Gastroenterology guidance. They are also consistent with views from clinicians at SFH and some clinicians at NUH. APC agreed that APC guidance should recommend annual monitoring, but with a caveat that 6-monthly monitoring may be required in some patients.

ACTION: SW to finalise guidance and upload to APC website.

4. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES

- **Community-Acquired Pneumonia**

The antibiotic treatment recommendations for adults aged 18 years and over are still in line with the NICE guidelines. The recommended dose for amoxicillin for moderate severity CAP was amended to a range of 500mg to 1000mg three times a day in line with the NUH CAP guidelines. This recommendation is still consistent with the BNF. In addition, clarithromycin and erythromycin, respectively, are linked to the FDA QT interval warnings and to the MHRA warning in pregnancy.

An additional table was added for antibiotic treatment for children and young people over 1 month and under 18 years, in line with the treatment recommendation in NICE guidelines and BNF in children.

Suggestions were made for improving the formatting and using thicker border lines on the tables, for clarity. It was decided not to use abbreviations but, instead, write medication directions in full on this update and on every review thereafter.

The statement *“Consider immediate antibiotic administration for patients being referred to hospital if CAP is thought to be life-threatening or there is likely to be a delay >2 hours to admission” has* raised concerns due to the ambiguity of what is expected from GPs. The statement was not an update and was already on the original version of the guideline.

ACTION: SW to improve the formatting of the table for clarity and send via email for ratification. Seek opinion from Viv Weston regarding the statement and provide feedback via email.

- **Whooping Cough**

This guideline has changed significantly following the recent update of the NICE CKS Whooping Cough guideline in April 2022. As whooping cough is a notifiable disease, a link to the appropriate form was added for use in suspected and confirmed cases. Additionally, information on hospital referral criteria was added, including antibiotic treatment and prophylaxis recommendations in table format. SW emphasised that antibiotic treatment should only be prescribed if the onset of a cough was within the previous 21 days, and that macrolide antibiotic is the recommended first-line therapy. Patient advice information, such as when to return to school or nursery, immunisation information, and awareness of the likely occurrence of a non-infectious cough (protracted cough) that may last for 3 months or more, were included in the updated guideline.

The APC agreed that the definitions of the priority groups were confusing. They have requested that these be simplified for ease of understanding. Finally, there was also a suggestion to include the warning for co-trimoxazole: “only use if macrolide is contraindicated and not tolerated”.

ACTION: SW to seek help from Viv Weston to simplify the definition of the priority groups. Update the minor amendments and send via email for ratification.

- **Tuberculosis**

No major update apart from the version control.
ACTION: SW to upload to APC website.

- **Blepharitis**

The APC antimicrobial guideline for Blepharitis is still in line with the NICE CKS. The only addition would be the patient information leaflet link.
JML suggested placing emphasis on “antibiotics not routinely required” and “eyelid hygiene”. JT suggested including pregnancy and off-licence warnings of oral doxycycline.

ACTION: SW to finalise guidance and upload to APC website.

- **Influenza**

NB presented the updated influenza guideline, which is still in line with NICE CKS and UKHSA guidance. JML requested that the information about when GP prescribing could start should be enhanced. Details of children's doses for both treatment and post-exposure prophylaxis were added. JT highlighted that the wording in the treatment table should be changed from prophylaxis to post-exposure prophylaxis. It was agreed that doses for pre-term babies was not required as specialist advice would be sought. It was agreed to retain the guidelines used by NUH for oseltamivir doses in renal impairment, which are as per the National Renal Handbook.

APC approved and ratified the guideline, with minor changes made.
ACTION: NB to make changes, upload to the APC website and make any formulary changes.

- **Otitis Externa**

NB presented the updated otitis externa guideline. This guideline has been changed significantly following the recent update of the NICE CKS Otitis Externa guideline in February 2022. The CKS discusses both acute and chronic otitis externa and it was agreed to change the guideline name to reflect this. Information and leaflets about self-care measures and the use of over the counter (OTC) acetic acid 2% spray/drops as the first-line treatment for both acute and chronic conditions was added. The table of treatments has been developed and the topical products have been grouped by active ingredient. JML requested that 'second choice' be added to the table and that the order of treatments should be by cost. JML asked if clotrimazole solution 1% was available OTC and, if it was, to add this to the treatment table. Post-meeting note: this is available OTC for both adults and children. JML queried why ciprofloxacin 0.2% ear drops were Amber 2 on the formulary. It was agreed to link to the cellulitis guideline for oral antibiotic doses. TH raised the point that the links for erythromycin and clarithromycin do not work. SW advised that it is known that the clarithromycin links are broken and that there is work underway to correct all guidelines.

APC approved and ratified the guideline, with minor changes made.
ACTION: NB to make changes, upload to the APC website and make any formulary changes.

- **Oral Candidiasis**

NB presented the updated oral candidiasis guideline. This guideline has been changed following the recent update of the NICE CKS Oral Candidiasis guideline in May 2022. Lifestyle and self-care information has been added to the guideline. There has been no change to the treatment options, but children's doses have been added, together with warnings regarding concomitant use of miconazole oral gel with warfarin (link to MHRA alert added), statins and sulphonylureas. NB asked whether it was appropriate to add the children's doses for oral fluconazole as this was not listed in the CKS as a treatment option. The CKS advises that specialist advice should be sought after two weeks of topical treatment. It was agreed to remove children's doses for oral fluconazole. The committee requested that the unlicensed doses for miconazole oral gel be added. JML requested that information about the use of miconazole oral gel during breast feeding be added. CN suggested the Breastfeeding Network was an appropriate source of information. NB to review this and add the link to the guideline.

APC approved and ratified the guideline, with minor changes made.
ACTION: NB to make changes, upload to the APC website and make any formulary changes.

5. **FOR RATIFICATION – Testosterone for women information sheet**

The APC had discussed a formulary submission for testosterone gel for low libido in postmenopausal women at the previous meeting. An Amber 2 classification had been provisionally agreed, but guidance for prescribers was requested. An information sheet had been developed and reviewed by the original submitter. Some comments had been received and minor amendments were planned to simplify the monitoring section and decrease the recommended frequency of monitoring to 12 months, with a caveat that monitoring should take place more frequently if there are concerns about adverse effects or overuse. Clarity was requested about optimising oestrogen levels prior to testosterone initiation and a target level was suggested.

ACTION: LK to finalise information sheet and circulate for email ratification.

6. **FOR RATIFICATION – Nottinghamshire home oxygen pathway for cluster headaches**

MO presented the updated home oxygen pathway for cluster headaches. Some minor amendments were suggested and it was agreed that this guidance is useful as a stand- alone guideline which can be hyperlinked into the Headache pathway and Pain guidelines. It was questioned whether neurology could refer directly to the home oxygen service, rather than involving GPs.

ACTION: MO to finalise document and upload to APC website.

JML to raise issue regarding neurology referring direct to home oxygen service.

7. **FOR RATIFICATION – Overarching pain guideline**

MO presented the new overarching pain guideline, which aims to combine existing neuropathic pain guidance, with the addition of guidance on assessing patients with pain, guidance on chronic primary and secondary pain, a flowchart for the management for osteoarthritis and guidance on appropriate use of buprenorphine patches in patients unable to tolerate NSAIDs. Some information was added about reporting controlled drugs incidents, together with a summary of NICE guidance, Do Not Do statements and a patient leaflet about converting opioids.

Discussion followed regarding the use of pregabalin in women of childbearing potential. Pain clinics will advise on the need for adequate contraception, together with recommendations to initiate pregabalin. A position statement has been issued by the MSO group and audit work of gabapentinoid prescribing is planned, which will encompass a review of existing patients who may be of childbearing potential.

Some minor amendments were suggested and points of clarification requested regarding counselling patients at initiation, reviewing and deprescribing gabapentinoids and weak opioids.

It was agreed that, although the combined document is very useful, it may be preferable to keep the neuropathic guideline and osteoarthritis guideline separate, but with links into this document.

ACTION: MO to finalise guidance and circulate for email ratification.

8. **FOR RATIFICATION – Naltrexone information sheet**

HG presented the updated naltrexone information sheet. This was reviewed because it had reached the expiry date. The monitoring section was updated to clarify that liver function tests (LFTs) should be monitored at baseline, 4 weeks, annually and when clinically indicated. JML asked for clarification on how recent the baseline LFTs should be. The APC asked for the monitoring table to make it clear that baseline renal function is also required. Other changes included a new section on pregnancy and breastfeeding and re-wording the guideline to be more concise. APC approved the guideline, subject to clarification on baseline monitoring.

ACTION: HG to clarify with specialists how recent baseline monitoring results should be, make the changes and upload to APC website.

9. FOR RATIFICATION – Out-of-area prescribing requests

NB presented the updated out-of-area prescribing request guideline, which had been reviewed as it had reached its review date. NB had consulted neighbouring CCGs, PCN pharmacists, GPs, and medicine optimisation pharmacists to confirm that there have been no concerns with the current format. The only alterations made were changing medicine "management" to medicine "optimisation". NB confirmed that the information/user guide associated with this guideline had also been reviewed and updated and had been ratified by the ICB CPMT (Chief Pharmacist Management Team).

APC approved and ratified the guideline.

ACTION: NB to upload to the APC website.

10. FOR RATIFICATION – Alcohol dependence guidelines

HG presented the updated alcohol dependence guideline. This was reviewed because it had reached the expiry date. HG explained that changes were minor and included updated contact details for specialist midwives and the addition of appendix N (city alcohol pathway summary). Appendices I, J and K have new sections on pregnancy and breastfeeding. Appendix J (chlordiazepoxide) was updated with the current MHRA advice in relation to the summary of product characteristics (SPC) update on the risk of genotoxicity. The UK Teratology Information Service consensus statement has been linked to the guideline. SM highlighted that appendix F (patient information) was complicated and queried whether this could be simplified into shorter statements. HG explained that another member of the ICB medicines optimisation team may be looking at the alcohol guideline as a bigger piece of work. It was agreed to ratify the guideline but to update appendix F as part of the next review.

ACTION: HG to upload to APC website.

11. FOR RATIFICATION – Gastroprotection (with PPI) for patients on NSAID or antiplatelet

NB presented the new guideline on gastroprotection (with PPI) for patients on NSAID or antiplatelet. The APC had previously been asked to host the NUH guidance on gastroprotection with antithrombotic medication. However, national guidance had changed since the guideline was written, so it was removed from the APC website. This new guideline about gastroprotection for patients on NSAIDs or antiplatelets was developed as a response. NB advised that permission was sought from Derbyshire JAPC to adapt their guidance, which was produced in January 2020. NB advised that the Derbyshire guidance had been reviewed together with current national guidelines. The CKS guideline on Secondary Prevention of CVD (April 2022) was reviewed and added, as it gives specific reference to the prevention and treatment of dyspepsia. EG requested that the recommended dose of omeprazole be added; there was also discussion about the need to add alternative options for patients unable to take a PPI. JML raised the point that the appropriateness and need for ongoing NSAID and antiplatelet treatment needed to be enhanced. SH and TH queried the formatting of the table and NB agreed to review this.

NB advised that NUH would be adopting this approved guideline in their cardiology guidelines and that she had been asked by secondary care colleagues if DOACs should be added to the guideline. NB advised that there is currently no national guidance on this, but Julian Holmes (Specialist Haemostasis and Thrombosis Pharmacist, NUH) and Joe Morris, (Lead Pharmacist – medicine,

SFHFT) felt it would be appropriate to treat patients on a DOAC in the same way. NB had not been able to obtain any comments from a cardiology or gastroenterology specialist, despite several requests. Due to limited evidence regarding DOACs, it was agreed to leave the document as it is.

APC approved and ratified the guideline, with minor changes made.

ACTION: NB to make changes, upload to the APC website and make any formulary changes.

12. FOR DISCUSSION – Diabetes Guidelines update

LK updated the APC with progress on the update of the Diabetes Guidelines. As previously suggested, a business case had been submitted for expanding the use of SGLT2 inhibitors in line with updated NICE recommendations. However, there are ongoing discussions within the ICB about the appropriate route for financial decisions associated with APC recommendations and at present the financial situation is unclear.

In the meantime, work is in progress on updating the clinical content of the guidelines. Updated NICE guidance has a two-tier recommendation for SGLT2 inhibitors for reducing cardiovascular risk. For patients with Heart Failure or established cardiovascular disease, NICE recommends that an SGLT2i is offered as first-line therapy. For those without an established disease, but at a high cardiovascular risk, NICE recommends that a SGLT2i is considered. LK requested that the APC consider these recommendations and provide an opinion on how they should be incorporated into the local guidelines. LK explained that NICE makes a “consider rather than offer” recommendation when the evidence of benefit is less certain and the evidence for the use of these medications in primary prevention is less compelling. Only dapagliflozin has trial evidence to support benefit in primary prevention and the Number Needed to Treat (NNT) for CV death or hospitalisation from Heart Failure was considerably more for the primary prevention subgroup than the secondary prevention group. According to the NICE costing template, there are a significant number of potentially eligible patients locally and adopting use for patients at risk of cardiovascular disease as well as those with established disease is expected to increase numbers considerably.

LK highlighted that, in addition, there is recent NICE TA guidance on the use of these medications for Chronic Kidney Disease and there will be some cross-over of patient cohorts.

The APC discussed the potential implications of adopting the NICE recommendations, both completely and partially. However, it was concluded that because of the poorer supporting evidence and potential financial implications of adopting the use of SGLT2i’s in primary prevention, initial focus should be on implementing the use for patients with established cardiovascular disease or heart failure (the “offer” recommendation) and for patients with Chronic Kidney Disease in line with the TA guidance.

ACTION: LK/LC to continue to seek clarity on the route for financial approval.

LK to continue work on the guideline update and bring a final draft to a subsequent APC.

13. **FOR RATIFICATION – Shared care patient information leaflets**

This item was not discussed due to the extensive agenda. This agenda item will be discussed at the Formulary APC in August.

14. FOR RATIFICATION - Steroid card letter

This item was not discussed due to the extensive agenda. This agenda item will be discussed at the Formulary APC in August.

15. **FOR RATIFICATION – Transgender collaborative care protocol and prescribing information sheet**

This item was not discussed due to the extensive agenda. This agenda item will be discussed at the Formulary APC in August.

16. **FOR RATIFICATION – Stoma ancillary's formulary**

The item was not discussed due to the extensive agenda. This agenda item will be discussed at the Formulary APC in August.

17. **FOR RATIFICATION – Transgender position statement**

The item was not discussed due to the extensive agenda. This agenda item will be discussed on the Formulary APC in August.

18. **FOR RATIFICATION – Midodrine information sheet**

Item withdrawn as not yet finalised.

19. **FOR RATIFICATION – Asthma - Greener inhalers position statement**

LC discussed the item briefly. The guideline and feedback had already been circulated via email, the committee is happy to ratify the documents.

ACTION: Upload the guideline to the APC website.

20. **RMOC – Medicines Repurposing Programme (LC/SM)**

The Item was not discussed due to the extensive agenda. It will be sent via email. It was confirmed that the RMOC guidelines are being reviewed and that existing guidelines must be used until this process has been completed.

21. **FOR INFORMATION - APC forward work plan**

22. **AOB**

- **Dosages.** It was agreed that all dosages in guidelines would be written as words and not as the Latin abbreviation.
- It was agreed to extend the APC Formulary meeting on 17th August 2022 to allow the guidelines not discussed to be considered.
- LC emphasised that e-mail responses are required from all members to ensure that quorate response can be assured.

Meeting closed at 17:20