

Nottinghamshire Area Prescribing Committee Guideline Meeting

Minutes 21st March 2024

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: -

Laura Catt (LC) (Chair)	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire ICB
Tanya Behrendt (TB)	Senior Medicines Optimisation Pharmacist	NHS Nottingham & Nottinghamshire ICB
Ann Whitfield (AW)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Katie Sanderson (KS)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Dr Jennifer Moss Langfield (JML)	GP	LMC Representative
Dr Khalid Butt (KB)	GP	LMC Representative
Dr Asifa Akhtar (AA)	GP	South Notts PBP, Nottingham & Nottinghamshire ICB
Mark Clymer (MC)	Assistant Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Kuljit Nandhara (KN)	Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services	Nottinghamshire Healthcare NHS Trust
Beth Rushton (BR)	Senior Clinical Pharmacist	Nottingham West PCN
Tim Hills (TH)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust

In Attendance:

Dr Nicola Jay, Deputy Medical Director, Nottingham and Nottinghamshire ICB, left the meeting during agenda item 6.

Dr Catherine Byrne, Consultant Nephrologist, NUH, attended for agenda item 8.

Selina Ladak, Lead Pharmacist for Medication Safety & Governance, NUH, attended for item 11.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH.

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.

Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist.

Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

Nichola Butcher (NB), Specialist Medicines Optimisation and Interface Pharmacist.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

None were declared.

3. Minutes of the last meeting and matters arising.

The minutes of the previous meeting were accepted as an accurate record, subject to minor grammatical amendments.

- **Heart Failure Guideline update**

IV provided members with a verbal update on the progress of the Heart Failure Guideline. IV advised the committee that SFH had agreed with the proposed changes suggested by Dr B Erhayiem (Heart Failure Specialist) and NUH consultants. Further meetings are being held to further discuss this and the associated costs. All members expressed frustration around the delays to patients when trying to obtain a heart failure diagnosis. TB will relay these concerns and the predicted cost impact of Entresto and SGLT2 prescribing to the ICS Cardiovascular Group. LC explained to Dr Nicola Jay that there was no clear process for obtaining approval for medication(s) when the funding exceeds the APC's mandate. Clinicians present felt that the ICB needed to provide a decision and a decision-making process.

ACTION: IV will keep the APC informed of any progress.

4. For ratification: Drospirenone (Slynd®) information sheet.

LK presented the drospirenone information sheet which had been co-produced with Dr Harriet Lantham-Cork, Sexual and Reproductive Health Consultant and contraception lead for NUH. APC had previously given drospirenone a temporary classification of AMBER 2, intending to reclassify it to AMBER 3 once an information sheet had been approved. LK advised the committee that the information sheet was based on the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance. Members approved the information sheet and agreed to the reclassification of AMBER 3, subject to final approval of the information sheet by the SFHT specialist.

ACTION: AMBER 3 classification and drospirenone information sheet ratified, subject to final approval by the specialist. LK to contact specialist, update the Joint Formulary and upload the information sheet to the APC website.

5. For ratification: Antimicrobial Guidelines.

The following antimicrobial guidelines have been reviewed in conjunction with Dr Nikunj Mahida, Consultant Microbiologist/Community Infection Control Doctor, South Nottinghamshire (NUH).

- **Conjunctivitis**

The Conjunctivitis antimicrobial guideline has been updated, due to it reaching its review date. NB presented the following key changes:

- Further information about viral and bacterial conjunctivitis added, including self-care measures to ease symptoms.

- Statement added, as per UKHSA, that exclusion from school, nursery, and childminders is not normally recommended (for both viral and bacterial infections).
- APC patient information leaflet (PIL) added.
- Statement about gentamicin eye drops removed as it is currently RED on the formulary.
- No changes to treatment options. Statement added that chloramphenicol can be bought over the counter for ≥ 2 years of age.

To help prevent unnecessary exclusion from school or nursery, it was agreed that the above statement should be formatted in bold. NB will discuss with Rebecca Dickenson (Community Pharmacy Clinical and Assurance Lead) whether similar wording/guidance is in the community pharmacy Conjunctivitis Patient Group Directive (PGD); however, it was acknowledged that PGDs for Community Pharmacy have been developed at a national level. Dr Nicola Jay suggested disseminating the information to schools as this had been well received where she had previously worked, in South Yorkshire. Members ratified the guideline, subject to minor change(s).

ACTION: NB will format the guideline as agreed and upload it to the APC website. NB will contact Rebecca Dickenson for comment on the Conjunctivitis PGD. NB and LC will discuss ways to disseminate the guideline information to schools.

- **Human and Animal Bites**

The Human and Animal Bites antimicrobial guideline has been updated, due to it reaching its review date. NB presented the following key changes:

- Link to NHS patient information leaflet added.
- No changes have been made to the treatment options.

Members enquired whether farm animals were domestic or non-domestic animals and whether further information should be incorporated into the guideline. It was suggested that NB could contact the University of Nottingham School of Veterinary Medicine and Science for advice. Members ratified the guideline, subject to minor change(s).

ACTION: NB to confirm whether farm animals are domestic, add further information to the guideline and upload the guideline to the APC website.

6. For ratification: Dermatology Shared Care Protocols (SCPs)

NB presented the dermatology SCPs, which had been updated in consultation with NUH and SFHT dermatology specialists due to reaching their expiry date. The Regional Medicines Optimisation Committee (RMOC) templates have been cross-referenced against the APC overarching dermatology SCP and the individual information sheets for azathioprine and hydroxychloroquine. Minor amendments to the national protocols have been made to reflect the locally agreed shared care agreements. The existing local overarching SCP and individual information sheets will be retired once all the dermatology SCPs have been ratified. NB highlighted the following significant points which related to both azathioprine and hydroxychloroquine:

- The specialist, primary care, and patient/carer responsibilities have been aligned with the existing locally agreed shared care protocol and standardised in all dermatology shared care protocols.
- Community pharmacist responsibilities have been added.
- Information from the existing SCP regarding referral to a specialist nurse has not been transferred as this is no longer relevant to either NUH or SFHT.
- It was agreed to follow the RMOG listed cautions and contraindications as well as the reference values for review and monitoring. Height and blood pressure are not monitored in Secondary Care and have been removed from baseline investigations.
- It was agreed that the appendices would not be included. The national template provides proformas for the specialists to use when requesting shared care and letters of acceptance for Primary Care use. It was agreed with the specialists that the current process works well and that adopting this aspect of the RMOG template was unnecessary.
- The shingles information has been updated in line with changes to The Green Book September 2023.
- All patient information leaflets have been removed, other than the British Association of Dermatologists (BAD) and Bumps range as these have been approved previously for ease of reading and patient use.

Additions to the points above are the individual changes:

Azathioprine

- Psoriasis has been removed as an indication.
- Information added about considering the azathioprine dose relative to the thiopurine methyltransferase (TMPT) levels.

APC clinicians felt that the references and cautions related to TPMT should be placed together or linked together via a hyperlink. It was also agreed to link the information in the APC news bulletin.

Hydroxychloroquine

- Dose calculation is now based on actual body weight (ABW) rather than ideal body weight, which correlates with the rheumatology SCP.

Methotrexate

It was noted that it was not possible to present the methotrexate updated SCP as there are ongoing discussions about the monitoring of Type III procollagen peptide (PIIINP) levels. NB will bring this item back to a future APC meeting once the discussions have been concluded.

ACTION: NB will update the SCP and information sheets and upload them to the APC website. NB will bring the updated methotrexate SCP to a future meeting for discussion.

7. For ratification: Inflammatory Bowel Disease (IBD) Shared Care Protocols.

NB presented the SCPs, which have been updated due to reaching their review date. The RMOG templates have been cross-referenced against the APC's overarching IBD SCP and the individual information sheets for azathioprine and mercaptopurine. Minor amendments to the national protocols have been made, reflecting the locally agreed shared care. The existing local overarching SCP and individual information sheets will be retired once the IBD SCPs have been ratified.

NB highlighted the following significant points which related to both azathioprine and mercaptopurine:

- The information in both the azathioprine and mercaptopurine SCPs is similar as mercaptopurine is a metabolite of azathioprine. Some people who cannot tolerate azathioprine can take mercaptopurine. It was agreed to retain two separate SCPs rather than merge the two, for ease of use and clarity.
- The specialist, primary care, and patient/carer responsibilities have been aligned with the existing locally agreed shared care protocol and standardised in all dermatology shared care protocols.
- Community pharmacist responsibilities have been added.
- It was agreed to follow the RMOc listed cautions and contraindications as well as the reference values for review and monitoring. Concomitant administration of live vaccines is listed as a contraindication. Further information has been added about the steps to take if neutrophils are less than $1 \times 10^9/l$.
- It was agreed that the appendices would not be included. The national template provides proformas for specialists to use when requesting shared care and letters of acceptance for primary care use. It was agreed with the specialists that the current process works well and adopting this aspect of the RMOc template was unnecessary.
- The shingles information has been updated in line with changes to The Green Book September 2023.
- All patient information leaflets have been removed, other than the Crohn's and Colitis UK and Bumps ranges, as these have been approved previously for ease of reading and patient use.

APC members queried why live vaccines were listed as a contraindication and not a caution. NB will contact the gastroenterology teams for further clarification. APC members ratified the updated SCP, subject to minor changes.

ACTION: APC members ratified the SCPs, subject to minor changes (ie list all TPMT information together and contact gastroenterology regarding live vaccines). NB will make the amendments and upload them to the APC website.

8. For ratification: Finerenone Prescribing Guidance.

VM and Dr Catherine Byrne presented the finerenone prescribing guidance, which has been produced by the Midlands Kidney Network (MKN) to support the AMBER 3 classification decision made at February's APC meeting. The Kidney Failure Risk Equation (KFRE) link will be included in the guideline as this is currently not available on SystemOne or EMIS due to its classification as a device. This might change in the coming year but until then KFRE was requestable on the Integrated Clinical Environment (ICE).

The committee requested that the dosing information for patients with an eGFR $>60\text{ml}/\text{min}/1.73\text{m}^2$ be removed to align the guidance with the NICE TA877. The TA states that finerenone is used for treating stages 3 and 4 chronic kidney disease associated with Type 2 diabetes in adults. By definition, this would exclude those with an eGFR $>60\text{ml}/\text{min}/1.73\text{m}^2$. A committee member asked how Primary Care clinicians would know who was prescribed a chelating agent as they are all RED on the Joint Formulary, as knowledge of this was required before initiating finerenone. It was noted that a postcode lottery is in place nationally for chelating agents and Dr Catherine Byrne is in the process of raising the inequitable situation with NHSE. APC members requested clarification of Lokelma[®] (chelating agent) prescribing and agreed to limit the eGFR range to align with TA877. It was noted that this edit would only apply to the Nottinghamshire version.

ACTION: APC members ratified the guidance, subject to the changes noted, VM will make the changes to the prescribing guidance, including the version control and upload it to the APC website.

9. For ratification: Neuroinflammatory conditions Shared Care Protocol and patient information leaflet

VM presented the Neuroinflammatory conditions SCP and the corresponding PIL, which had been developed in consultation with Dr Christopher Allen, Neurology Consultant, NUH, Dr Bruno Gran, Neurology Consultant, NUH, and Alisha Brown, Neurology Specialist Pharmacist, NUH. VM highlighted the following significant points:

- The specialist, primary care, and patient/carer responsibilities have been aligned with the existing locally agreed SCP and standardised in the neurology SCP.
- RMOC recommendations for transfer of care were not adopted by the specialists as the time frame is dependent on a variety of factors such as the condition being treated, stabilisation on steroid therapy with or without other adjunct treatments etc. Current local practice is that the specialist will discuss with clinicians in Primary Care and will only transfer when it is agreed by the patient's primary care prescriber. It was felt that it is better to use the wording in the existing local SCP, which reads: "Prescribing responsibility will only be transferred when it is agreed by the specialist and the patient's primary care prescriber. The patient will be stabilised on steroid therapy with or without other adjunct treatments (such as intravenous immunoglobulins) before the initiation of steroid-sparing agents."
- It was agreed to follow the RMOC listed cautions and contraindications as well as the reference values for review and monitoring.
- Information regarding the contraindication of contraceptive devices was added, as per local information sheet ABN guidelines.
- For adverse effects management, it was decided to adopt RMOC wording.
- Appendices from the national template were not included. The national template provides proformas for specialists to use when requesting shared care and letters of acceptance for primary care use. Current RMOC- adopted SCPs do not use these as the current process works well and adopting this aspect of the RMOC template was unnecessary.
- The shingles information has been updated in line with changes to The Green Book September 2023.
- All patient information leaflets have been removed as they are not relevant to neurology, and a link to local PIL is to be added once ratified.

VM presented the following PIL changes:

- Dose frequency changed to once or twice a day.
- Monitoring requirements updated as per RMOC and local policy.
- Updated vaccination information.

The APC committee queried why the duration of transfer of care was different to RMOC and stated that they felt the wording suggested was too vague. VM will contact the specialists to discuss reinforcing the wording. VM will circulate the final wording via email for final ratification.

ACTION: VM to circulate the final wording for ratification via email.

10. For ratification: Unlicensed Special Database

NB presented the updated Unlicensed Specials Database; several changes have been made and these are in line with the previously agreed joint formulary changes.

APC members agreed with the update.

ACTION: NB to upload the Unlicensed Specials Database to the APC website.

11. For ratification: Strong Opioid patient information leaflet

Selina Ladak, Lead Pharmacist for Medication Safety & Governance, NUH, attended the meeting to present the updated Opioid PIL. Selina had updated the leaflet with linguistic support from AW. APC members requested greater clarity for the clock faces giving the duration of action of immediate and modified release preparations. The patient contact numbers were also felt to require an additional check to ensure they were relevant and appropriate for patients to access (both Primary and Secondary Care details were required). As Bassetlaw had not been consulted on the leaflet, LC offered to contact the Bassetlaw Medicine Optimisation lead for further comment. All PILs need to be accessibility-checked; KR will ensure the PIL is compliant before uploading to the APC website.

APC members approved the leaflet, with the assurance that there will be agreed confirmation from Bassetlaw and an update to the patient contact details included.

ACTION: Selina Ladak to update the PIL with the amendments requested. LC to contact Bassetlaw and feed any comments back to Selina. KR to accessibility- check and upload the PIL to the APC website.

12. For information, APC forward work programme.

The APC forward work programme was noted by APC members.

13. Any Other Business.

The APC Interface Team have been informed that all patient-facing website materials need to comply with accessibility checks. Many documents on the APC website are flow diagrams, which will not comply with accessibility checks. LC explained that these non-compliant documents will be reviewed and worked through.

TB advised the committee that there has been a request to review whether a classification change from RED to AMBER might be possible for PCSK 9 inhibitors. These are currently initiated in Secondary Care and supplied via HomeCare. TB advised the committee that there is work underway to review the current service for the ongoing supply to stable patients. The committee considered that a change from RED to AMBER 1 would not be supported without a LES and that an EQIA may be required.

JML informed the APC that the LMC have appointed a new Medical Director, James Hopkinson. KB and JML will continue to be LMC members but their representation at APC might change and this might be their final meeting. KB and JML will keep LC updated regarding the decisions made by the LMC.

ACTION: KB and JML to update LC of any membership changes.

14. Next meeting dates.

APC Formulary meeting: Thursday 18th April 2024 (2pm to 5pm Microsoft Teams).

APC Guideline meeting: Thursday 16th May 2024 (2pm to 5pm Hybrid meeting with face- to-face option at Sir John Robinson House).

The meeting closed 16:45.