# Nottinghamshire Area Prescribing Committee Meeting minutes

**APC meeting 21st August 2021, 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:**

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| **David Kellock (DK) Chair** | **Chair SFH Drug and Therapeutics Committee** | **Sherwood Forest Hospitals NHS Foundation Trust** |
| **Tanya Behrendt (TB)** | **Senior Medicines Optimisation Pharmacist** | **NHS Nottingham & Nottinghamshire CCG** |
| **Laura Catt (LC)** | **Prescribing Interface Advisor** | **NHS Nottingham & Nottinghamshire CCG** |
| **Matt Elswood (ME)** | **Chief Pharmacist** | **Nottinghamshire Healthcare NHS Foundation Trust** |
| **James Sutton (deputising for TH)** | **Acting Lead Pharmacist for High Cost Drugs** | **Nottingham University Hospitals NHS Trust** |
| **Jennifer Moss Langfield (JML)** | **GP** | **LMC representative** |
| **Sarah Northeast (SN)** | **Advanced non-medical prescriber** | **Nottingham CityCare** |
| **Asifa Akhtar (AA)** | **GP – South Notts, ICP** | **NHS Nottingham & Nottinghamshire CCG** |
| **Susan Hume (SH)** | **Advanced non-medical prescriber** | **Nottinghamshire Healthcare NHS Foundation Trust** |
| **Esther Gladman (EG)** | **GP, City ICP** | **NHS Nottingham & Nottinghamshire CCG** |
| **Amanda Roberts** | **Patient representative** | |
| **Khalid Butt (KB)** | **GP – Mid Notts ICP** | **LMC Representative** |

**Interface support:**
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH
Hannah Godden (HG), Specialist Mental Health Interface and Efficiencies Pharmacist
Michalina Ogejo, Medicine Optimisation Pharmacist and Pain Pharmacist, PICS

**Apologies:**
Steve May (SM) Chief Pharmacist Sherwood Forest Hospitals NHS Foundation Trust
Tim Hills (TH) Assistant Head of Pharmacy Nottingham University Hospitals NHS Trust
David Wicks (DW) GP – Mid Notts ICP Nottingham & Nottinghamshire CCG

## Declarations of interest (DOI)

MO (author of updated Neuropathic Pain Guidance) declared that she works for PICS, a provider of pain management services.

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

The minutes from the previous meeting were reviewed and subject to the correction of minor typographical errors, they were accepted as being accurate.

**Ibandronic acid for adjuvant treatment of breast cancer**
TB informed the APC that the business case is progressing through the CCG. Further feedback will be provided at the next meeting.

**ACTION: TB to provide feedback at the October APC.**

**Guideline on the Management of Sleeping Difficulties in Childhood**
LC stated that this guideline has now been finalised and published, but further work on melatonin is in progress due to changes in the availability and prices of unlicensed melatonin preparations. This will be discussed at JFG.
**ACTION: LC to take to September JFG**

**Amiodarone Shared Care Protocol**
This had been approved previously but had been held whilst waiting for the RMOC to publish the draft national template. The RMOC draft was however similar to the local guidance so it was felt appropriate to publish and review further once the final RMOC guidance was published.
**ACTION: IV to finalise and upload current SCP. IV to review further once RMOC has published.**

**Lithium Shared Care Protocol**
HG informed the APC that this had been discussed at NottsHC Trust Medicines Optimisation group and the overall feeling is that the justification for moving lithium back to shared care is unclear in terms of patient safety and outcomes. HG and ME have done some initial scoping work on patient numbers which has shown that the workload involved with recalling all patients on lithium back to secondary care would be significant for community mental health teams. It would also carry commissioning implications. There is no current data that suggests medicines safety concerns with the management of lithium in primary care in Nottinghamshire. ME had discussed the intention of the RMOC SCP development work with the SPS and had been informed that the protocols were being developed to reduce duplication rather than recommending the formulary status of a medicine. It was requested that written confirmation of this be obtained as different advice had been given previously during working group meetings. JML suggested that there may be safety concerns regarding older patients and frailty; a specialist review or guidelines for this patient cohort may be beneficial. ME and HG to look at developing some guidance regarding clinical scenarios when it would be appropriate to refer patients taking lithium back into the specialist service.

HG raised that a shared care arrangement is also being considered for valproate for females of childbearing potential. These patients are already under a specialist for annual review so the commissioning implications will be less and as this will add another level of safety assurance in this patient group. A move to shared care for this population would be more desirable.
**ACTION: ME to obtain written confirmation from RMOC about expectations regarding shared care guidance implementation.**
**HG/ME to develop guidance for referral of patients taking lithium back into secondary care**

**PCN pharmacist representation**
This was in progress.
**ACTION: LC to review the ToR for a future APC meeting.**

**Hydroxychloroquine**
LC informed the APC that there had been a serious untoward incident at NUH whereby a patient wasn't monitored as recommended per national recommendations and local SCP and subsequently experienced permanent vision loss. The APC had previously highlighted issues with patient monitoring to commissioners and it was discussed whether the APC could have worked differently to prevent such an issue arising. It was understood that the commissioning issues were being dealt with by contracting leads and a business case had been developed, so it was felt that the APC acted appropriately.

****Other actions were completed or on the agenda for today's meeting****

**Neuropathic pain guideline**
MO presented the updated Neuropathic Pain Guideline which had been updated in line with NICE guidance. Main changes included a restriction of opioid prescribing to Specialist recommendation with the exception of tramadol for acute rescue therapy, simplification of the flowchart, the addition of a resource table and de-prescribing advice for gabapentinoids. It was requested that further warnings about the misuse of gabapentinoids be added and some dosing discrepancies were highlighted.

The guidelines had been widely circulated to specialist pain specialists but no comments had been received. APC ratified subject to clarification of minor points raised.
**ACTION: MO to finalise and upload guidance.**

**Fentanyl Patches and brand choice**
MO informed the APC about potential savings that could be obtained from a brand switch of fentanyl patch to Opiodur® brand. This had been discussed at JFG and it had since been clarified that the patches were comparable in terms of release rates, skin adherence and application instructions. NUH had indicated that they would continue to use their current brand but prescribing across the interface would be generic. APC agreed on a switch to the more cost-effective brand of the patch.
**ACTION: MO to pursue a switch in primary care to Opiodur®. Trusts to ensure fentanyl is prescribed generically on transfer of care.**

**Bassetlaw integration into the ICS**
Previously, with the exception of Mental Health, Bassetlaw has followed South Yorkshire prescribing guidance and formulary. LC raised that as they will becoming part of the Nottinghamshire ICS, some scoping work will be done with Bassetlaw Medicines Management to identify potential prescribing issues and discrepancies between local guidance.
**ACTION: LC to provide further feedback at the October APC meeting.**

**APC FAQs for patients**
SW presented the updated APC FAQs document which had been reviewed with input from AR. Subject to the correction of minor typographical errors and the clarification of minor points raised, the APC ratified the document.
**ACTION: SW to finalise and upload to APC website.**

**Phosphate binders for the treatment of hypophosphatemia in adults SCP (LC)**
LC presented the updated SCP which had been reviewed by the renal pharmacist at NUH. No

significant changes had been made, but it was highlighted that criteria for review had been made less explicit. Members felt that this was acceptable due to the ease of obtaining advice from the specialists when needed. Patient and community pharmacist responsibilities will be added.
**ACTION: JS to feedback points raised to the author. LC to finalise and upload to APC website.**

**Agomelatine information sheet**
HG presented the agomelatine information sheet which was requested following approval of agomelatine with an Amber 2 classification. It was requested that a note was added to the smoking interaction to be cautious if a patient stops smoking. Some comments were raised regarding the recommendation for annual LFT monitoring as part of an annual physical health check. EG queried whether patients on agomelatine would be added to a practice severe mental illness (SMI) register with a diagnosis of major depression. Subject to the clarification of minor points raised, the APC ratified the document.

**ACTION: HG/ME to confirm whether patients with a diagnosis of major depression are added to practice SMI registers**
**HG to finalise the document and upload it to the APC website.**

*Post-meeting note- it had since been confirmed that major depression was not included in the criteria for the Severe Mental Illness register. The NICE depression guideline draft update (due to be published in 2022) advises minimum annual review for patients prescribed antidepressants. Agreed that it will be appropriate to advise annual LFTs on the agomelatine information sheet in line with annual review of therapy in primary care.*

**Benzodiazepine and hypnotic guidance**
HG presented the Benzodiazepine and Hypnotic Guidance which is an amalgamation of current local guidance. The updated guidance is aimed at primary and secondary care and is anticipated to be more user friendly than the current documents. The guidance was commended and agreed upon by the APC.

**ACTION: HG to finalise the document and upload it to the APC website.**

**Shared care communication**
LC raised that as part of the RMOC recommendations on shared care it is recommended that a confirmed acceptance system is adopted. Such an approach had been previously utilised by APC but for many years, assumed acceptance has been in operation and primary care is expected to respond within 14 days if shared care is not agreed. Some risk is acknowledged, but this system appears to work locally. Local consultation with specialists and GPs has indicated a strong preference to remain with the current system because of the workload implications of requiring written confirmation before care is transferred.

The APC agreed that continuing with the current system is appropriate, but it was requested that a standard template reply letter be developed for cases where Primary Care have concerns with accepting a patient for shared care. This would facilitate communication and Secondary Care should be requested to add a link to this in letters requesting Shared Care. AR emphasised that patients need to understand who is responsible for their care at all times so patients need to be informed if such a request is being made.

**ACTION: LC to develop a standard template letter.**

**Lactose intolerance guideline and PIL - update**

LC presented the updated guideline and PIL which had been reviewed and updated by Neelam Ali, Medicines Optimisation pharmacist. Changes were minor. Members approved.

**ACTION: LC to finalise and upload to APC website.**

**Antimicrobial prescribing**

SW updated the group with recent antimicrobial changes.

A NICE guidance for Clostridioides difficile infection was published recently so local guidance had been reviewed. The antibiotic choice was in line with the NICE guideline, but the advice was added regarding practical management for patients and medications that can cause problems in patients with dehydration. It had been questioned whether prebiotics and probiotics should be advised but NICE specifically advise against this. It was highlighted that re-testing recommendations vary between acute trusts and it was suggested that trusts be requested to review this with a view to harmonising guidance. The requirement to reconstitute vancomycin injection was raised as a potential problem for some patients and it was questioned what is done in practice. APC agreed on the guidance subject to clarification of minor points raised.

NICE Acne guidance was published in June 2021 and the local guidance has been rewritten in order to align with this. Local dermatologists and microbiologists have been involved. Some reformatting and grammar correction was requested, but the guidance was ratified subject to these changes being actioned.

**Action: SW to finalise and upload guidelines to the APC website.**
**SW to investigate vancomycin preparation used for patients with swallowing difficulties locally.**
**SW to discuss *Clostridioides difficil*e re-testing recommendations with microbiologists and request a standard approach. To feedback progress at October APC.**

**Antimicrobial prescribing**

The BNF age bands for antibiotic dosing have been amended and local guidelines have been updated to reflect the changes. This was agreed upon by the APC.

**Action: SW to finalise and upload guidelines to the APC website.**

**Formulary amendments**

All formulary amendments were agreed as per the Joint Formulary recommendations on the 15th July 21, with the exception of the following which was discussed in more detail:

Levothyroxine liquid- local specialist opinion did not support MHRA advice about switching patients to liquid formulations if symptoms are not controlled. Therefore advice should be added to the formulary to reflect that patients should not be switched formulation due to poor control without being discussed with a specialist. It was highlighted that liquid preparations are not used locally by paediatricians, due to the risk issues associated with different strengths.

Red Traffic light Status definition- It was agreed that the definition be amended to state 'No new patients to receive prescriptions in primary care. Patients already receiving Red Medicines in primary care should be handled on a case by case basis with the support of the Medicines Optimisation team.

**Action: Interface team to update the formulary**

## Horizon scanning

All the horizon scanning entries were noted as per the Joint Formulary recommendations on the 15th July 21, with the exception of the following which was discussed in more detail:

Alimemazine Sugar-Free solution- The JFG had recommended a switch to the most cost-effective version which was a syrup preparation, subject to confirmation that the sugar content was acceptable. Paediatric pharmacists had indicated that the sugar-free preparation should be used for long term use, but the Zentiva preparation was considered acceptable so this should be adopted as a product of choice locally.

Action Reliever Knee Brace- Local orthopaedic opinion was in agreement that this was not appropriate for prescription in primary care. Offloading knee braces would be offered very rarely by specialists and only after a thorough assessment. To be classified as GREY.

**Action: Interface team to update the formulary and action changes**

## New applications

a) Budesonide orodispersible – NICE TA708
This medication is currently on the formulary so NICE compliance is met, but a Red classification was assigned whilst the NICE TA was awaited. Now the NICE TA had been published, an Amber 2 classification had been requested. Following discussions at JFG, further information from clinicians had been requested but as this had not been received from NUH, this item was deferred.
**Action: LK to take to JFG.**

b) Elecare Milk
The JFG had discussed a formulary application for this infant formula indicated in cases of Cow's Milk allergy. An Amber 2 classification had been recommended subject to clarification that the Medicines Optimisation dietician agreed with the recommendation. An agreement had been confirmed and the APC agreed with an Amber 2 classification.
**Action: LK to inform submitters and update formulary.**

c) Safinamide

Safinamide is currently restricted to use for patients with dyskinesia. A formulary application to extend the use to patients with motor fluctuations without dyskinesia had been discussed at the JFG. Dr Sare had joined the JFG meeting and had explained that current alternatives are limited in that rasagiline was ineffective in clinical practice and selegiline was not well tolerated, particularly in the elderly patients. It had been suggested that selegiline could remain the first-line MAO-B inhibitor in patients younger than 70 years old, but safinamide was requested as the first-line agent in older patients.

SW had sought clinical opinions from elsewhere and had received differing views. Although it was agreed that selegiline is often not well tolerated, some other trusts use rasagiline routinely. The use of safinamide appears limited in the areas where responses were received from.

The APC expressed concern that increasing use of safinamide does not appear in line with other areas and suggested that this should be discussed further with Dr Sare. It was highlighted that Nottinghamshire is a high user of safinamide already and the cost implications of increasing usage

further could be significant. The APC agreed that if the current restriction was to be removed, then a flowchart indicating where it would be used would be required.

**Action: SW to discuss with Dr Sare and take to JFG**

## APC forward work plan

It was agreed that the homeopathy treatment position statement could be removed as this information is available elsewhere.

The hypertriglyceridemia guideline had been reviewed but no changes were required. It was agreed that no further review by the APC was required and to extend the review date.

The Cow's Milk Protein Allergy guidance review date will be extended to allow specialists to gain experience with Elecare.

LC informed the APC that work is being done on the Type 2 diabetes guideline, but a business case is required due to the cost implications.

The glycopyrronium switch document will be retired.

**Action: LC to action changes**

## AOB

Patient representative- LC informed the APC that following AR's resignation from the committee, recruitment for patient representatives is in progress.

Covid FAQs- HG informed the APC that the Covid FAQs had been reviewed and some had been stood down as monitoring recommendations for shared care and high risk medicines have now reverted to normal practice. It was highlighted that there is currently a national shortage of blood bottles which could potentially affect therapeutic drug monitoring.
**Action: HG/LC to discuss outside the meeting**

*Post-meeting note- agreed that monitoring of shared care and high risk medicines should remain as per APC guidelines unless there is specific local or national guidance in relation to the blood bottle shortage that states otherwise.*

Adult ADHD Shared Care- HG highlighted that it is not always possible for specialists to provide baseline results of physical health monitoring (pulse, blood pressure, weight) as some patient's care has been transferred from elsewhere. In these situations, it has been requested that the reason the specialist can not provide these baseline results is stated on the shared care request letter to GPs.

**Date of next meeting –21st October 2021**

The meeting finished at 16:50pm