

These minutes are in draft form until ratified by the committee at the next meeting on 17th November

Nottinghamshire Area Prescribing Committee Meeting Minutes

APC meeting 15th September 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:

Steve May (SM) (Chair)	Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Laura Catt	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire ICB
David Kellock (DK)	SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
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
Ann Whitfield (AW)	Patient representative	
Jill Theobald (JT)	Senior Medicines Optimisation Pharmacist	NHS Nottingham & Nottinghamshire ICB
Susan Hume (SH)	Podiatrist non-medical prescriber	Nottinghamshire Healthcare NHS Foundation Trust
Katie Sanderson (KS)	Patient representative	

In attendance:

Dr Lois Muggleston, GP, 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 (from 16:00 hrs)

Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH

Karen Robinson (KR), APC Interface & Formulary Pharmacy Technician

Michalina Ogejo (MO), Medicines Optimisation and Pain Clinic Pharmacist (not in attendance)

Apologies:

Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB

Asifa Akhtar (AA), GP South Notts PBP, Nottingham & Nottinghamshire ICB

Khalid Butt (KB), GP and LMC representative

Ankish Patel (AP), Head of PCN Workforce

David Wicks (DW), GP, Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB

Sarah Northeast (SN), Advanced non-medical prescriber, Nottingham CityCare

1. Welcome and introduction of new members

Introduction to Dr Lois Mugleston, a GP from Derby Road Health Centre, who will be taking over from Esther Gladman as GP Lead for Nottingham City. Dr Mugleston will be joining the APC as a member at the next APC Guidelines meeting in November.

2. Declarations of interest

Nothing was declared by members or the Interface support team.

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 grammatical amendments.

Palforzia

There were no further updates regarding capacity at NUH.

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

Hydroxychloroquine serous incident

The actions for the APC included adding patient leaflets to all shared care protocols, which is now complete. An audit has been carried out in primary care to identify missed monitoring and this will be reported via the MSO network.

Home oxygen for cluster headaches guideline.

JML had received an email from the home oxygen service, confirming that they would prefer neurologists to refer patients directly to them rather than a GP referring them.

ACTION: MO to update the home oxygen guideline.

Overarching Pain guideline

LC had received a request from MO to check that APC members were happy to ratify the overarching pain guideline. This had been emailed to members for final ratification. However, MO had received very few replies. All members present agreed to the ratification.

ACTION: MO to upload to the APC website.

Other discussions:

SM asked about the benefits of an action log to avoid items possibly being missed. LC explained that the team met prior to setting agendas to prevent this happening, and the team currently had no capacity to implement an action log.

4. FOR RATIFICATION – Amiodarone Shared Care Protocol (SCP)

SW presented the amiodarone SCP. The National SCP, 'Amiodarone for patients within adult services' was published on 4th July 2022 by NHS England. The standardised templates aim to improve patient safety, reduce duplication, and reduce inequity of patient access.

The national protocol has been cross-referenced against the APC shared care protocol for any differences. Minor amendments were made to the national protocols to reflect the locally agreed shared care, and all tracked changes were in the documents presented.

The clinicians requested clarification of the duration of the thyroid function monitoring, highlighting magnesium for U&Es and adding the chest X-ray in the monitoring section.

Discussions took place about how many of the patients currently not under the care of a cardiologist needed to be referred as this would lead to a demand on services. The Medicines Safety Officers (MSOs) were aware of this, and discussions with cardiology leads were underway to develop a procedure for identifying and referring patients.

Templates for an amiodarone review are currently available on SystmOne, and are much less wordy than the document presented. Ardens templates are also available for those practices subscribing to the service.

Discussions took place about the implementation of such resources, and it was felt that, although implementation was beyond the APC's remit, the APC did have a responsibility to ensure that any risks were recognised.

The APC had previously reached an agreement that a shared-care acceptance response in writing was not required by GPs; the return letter (that was included within the meeting papers) will therefore be removed from the document.

Responsibility regarding ophthalmology/opticians requires clarification, such as which medications they routinely check for. It was suggested that opticians need to be informed of the new SCP and also that patients should be encouraged to request an annual eye test.

The specialist had agreed to a patient information leaflet (PIL) on amiodarone being used across the ICB for all identified patients, linked to the SCP. HG explained where the PILs were on the APC website; this information will be in the next bulletin, together with hints and tips for prescribing.

It was agreed not to use the NHS England logo and to add the statement "National shared care protocol adapted for local use".

ACTION: Ratified, subject to the changes discussed.

5. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES

- **UTI in children**

SW presented the UTI in Children - antimicrobial guideline, highlighting changes to the document that were in line with the recent NICE Guidance update (NG224). The updates were tracked in the document, and the summary of changes is as follows:

- Diagnosis section added: When to test and not to test the urine of babies, children and young people.
- Addition of a table of symptoms and signs that increase or decrease the likelihood that a UTI is present.

- Recommending dipstick testing in babies and children aged three months or older but younger than three years, including the course of action following dipstick results, in table format for ease of use.

- Minor amendments, e.g. medication directions written in full rather than using abbreviations.

The clinicians felt greater clarity was required between tables 2 and 3. Table 2 contained empty boxes and was open to misrepresentation.

The clinicians raised concerns over how to find the information on a patient having recurrent UTI if the current recommendation is not to send samples for testing unless the patient meets the criteria.

SM requested that it be brought back for ratification due to the amount of information that required greater clarity.

ACTION: SW to clarify and update the points raised and bring back to the APC meeting in November.

- **Recurrent UTI**

SW presented the recurrent UTI guideline, which was due for review. The major change to the guideline is the addition of methenamine as a first-line alternative to antibiotics.

An algorithm summarising the management of recurrent lower UTIs in non-pregnant females has also been included. The update considers the local experience of the use of methenamine and the alternatives to prophylactic antibiotics for treating recurrent urinary tract infections in women.

Although more expensive than the current choice of antibiotic, the use of methenamine supports a reduction in antimicrobial prescribing.

The following points were raised during the meeting:

- It was suggested that clinical monitoring and full blood count should be made clearer within the Nitrofurantoin section and move the flowchart further up the document.
- Clinicians felt that intra-vaginal oestrogens were a medicinal measure, not a conservative measure.
- Methenamine is currently on the formulary as Amber 2; if it was included in the guideline, an Amber 3 classification could be applied for a specific indication.
- Members felt that the supporting evidence should be reviewed, to add D-mannose as a recommendation in the guideline.
- The flowchart requires minor adjustments as there is a bias towards selecting the left arm first.
- The clinicians felt that clarification was needed on whether methenamine will be recommended as the first line to antibiotic prophylaxis.
- It needs to be highlighted that methenamine is ineffective for upper urinary tract infections. Methenamine is used for prophylaxis for UTI, not for treating UTIs.

ACTION: Due to the discussion points raised, this item will be brought back in November.

- **Acute Diverticulitis**

The acute diverticulitis antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes.

If the patient is systemically well, do not offer an antibiotic but recommend self-care management, including pain relief, hydration and diet for 48 hours, and then review. If the patient is systemically unwell or not responding to conservative treatment, offer antibiotics and self-care management. Self-care advice and PIL have been added. The treatment options have been updated, including removing ciprofloxacin, as this requires specialist recommendation. A statement about not offering prophylactic antibiotics to patients has been included.

Discussion took place about same-day assessment, with the conclusion that it should say 'consider' rather than 'arrange'. The clinicians also felt that arranging same-day hospital assessment for all patients over the age of 65 years was too extensive or unnecessary and should read 'over 65 years old with significant comorbidity or immunosuppression'. In addition, rather than highlighting the whole sentence ie 'People with acute diverticulitis who are systemically unwell but do not meet the criteria for referral for suspected complicated acute diverticulitis offer antibiotic', highlight only 'systemically unwell but do not meet the criteria'.

ACTION: Ratified. NB to make the agreed changes and upload.

- **Amoebiasis**

The Amoebiasis guideline has been updated due to it reaching its review date. NB had reviewed the guideline and presented the key changes, including advice on self-care and the need to diagnose via a stool sample.

After consultation with infectious disease specialists at NUH, it was agreed to remove all treatment options. This is due to long-term supply issues with diloxanide and the risk of over-treatment of non-pathogenic cysts. Discussion or referral with a specialist is required for advice on treatment.

ACTION: Ratified. NB to update the guideline with a microbiology contact telephone number and upload.

Post-meeting discussion with Infectious Diseases confirmed that they can be contacted via 'Advice and Guidance' or by telephoning the on-call infectious diseases specialist. This information has been added to the guideline.

- **Cryptosporidiosis**

The Cryptosporidiosis guideline has been updated due to it reaching its review date. NB had reviewed the guideline and presented the key changes, including advice on self-care and the need to diagnose via a stool sample. Additional information includes the notifiable diseases link and advice not to go swimming for 2 weeks after the last episode. There is currently no licensed treatment available.

ACTION: Ratified. NB to upload.

- **Giardiasis**

The Giardiasis guideline has been updated due to it reaching its review date. NB had reviewed the guideline and presented the key changes, including advice on self-care and the need to diagnose via a stool sample. Additional information includes the notifiable diseases link and advice not to go swimming for 2 weeks after the last episode.

Clinicians requested that a line be added to include contacting paediatricians for cases in children of under one year.

ACTION: Ratified. NB to make the agreed changes and upload.

- **Infectious Diarrhoea**

The Infectious Diarrhoea guideline has been updated due to it reaching its review date. NB had reviewed the guideline and presented the key changes, noting no significant changes other than the change of terminology from HPA to UKHSA for reporting cases of suspected food poisoning.

ACTION: Ratified. NB to upload.

- **Threadworms**

The Threadworm guideline has been updated due to it reaching its review date. NB had reviewed the guideline and presented the key changes, including enhanced hygiene advice and additional patient information leaflets.

The point was made that NHSE list threadworms as a condition for which over-the-counter (OTC) items should not be routinely prescribed in primary care; a clear over-the-counter/ Pharmacy First message will therefore be added. Mebendazole is available to buy OTC (or obtain via Pharmacy First) for adults and children over 2 years of age. It was noted that as the Pharmacy First provision will be reviewed in May 23, the guideline might require a further update, depending on the outcome of the review.

ACTION: Ratified. NB to make the agreed changes and upload.

6. FOR RATIFICATION – Adult ADHD Shared Care Protocols (SCP)

HG presented the updated Adult ADHD SCPs, reviewed following the publication of the national protocols by NHS England. The national protocols have been reviewed and adapted for local use by specialists and the mental health Interface pharmacist. Some minor adaptations were made; these include changes reflecting the locally agreed shared care pathway, links to patient information leaflets on choice and medication, the addition of specialist contact details and the removal of narcolepsy information.

The 4 protocols will replace the current Nottinghamshire APC adult ADHD shared care protocol and prescribing information sheets.

HG noted that as there is currently no national protocol for children with ADHD, the Nottinghamshire protocol has not been changed.

APC ratified the shared care protocols.

ACTION: HG to upload to the APC website.

7. FOR RATIFICATION – Desmopressin Prescribing Information Sheet (Update)

JT presented the desmopressin prescribing information sheet, which had been updated due to it reaching its review date. There were no major changes to the information sheet but information relating to possible fluid and/or electrolyte imbalance during acute illness had been added. This review and the changes had been approved by Dr Richard Parkinson, consultant urologist at NUH.

For readability, the term 'before administration' was replaced by 'before taking'.

ACTION: Ratified with minor amendments. JT to upload to the APC website.

8. FOR RATIFICATION – Freestyle Libre Inclusion Criteria and CGM Holding Statement (Update)

LC presented the update, explaining that several NICE guidelines were updated in June 2022, broadening patients' eligibility criteria for real-time Continuous Glucose Monitoring (rtCGM) or flash (Libre) CGM. An ICS-wide working group is reviewing the guidelines and is putting forward a business case for the additional resources required to implement them.

The rtCGM implementation will require additional capacity and funding. However, the Freestyle Libre criteria for Type 2 patients are more straightforward. A task and finish group are working through this, due to the anticipated cost involved. Various costing models are available, but the task and finish group has used a model suggested by NHSE which predicted a cost impact of £67k in Year 1 and £84K in year 2 for the increased Type 2 cohort.

LC suggested an Amber 3 classification for Type 2 patients, with restrictions to ensure that those initiating treatment were fully trained. A training module is available.

ACTION: LC to update the statement and upload.

9. FOR RATIFICATION – Valproate medicines for patients of childbearing potential – shared care protocol (New)

HG presented the new SCP published by NHS England, with minor adaptations made for local use. HG explained that the changes made for use locally include information reflecting local shared care pathways and specialist contact details. The specialists also requested a caveat that, although all patients will be reviewed annually, valproate will be withdrawn only if alternative treatments are available and deemed appropriate for the individual patient. All patients of childbearing potential should be under a specialist, and those that are not should be referred to secondary care (neurology or psychiatry). This work is being undertaken via an ICB medicines optimisation audit.

It was pointed out that the shared care protocol recommends a valproate database and lead per institution (provider). This will be made clear to the NUH medicines safety officer.

Discussion took place about the MHRA pregnancy prevention programme (Prevent) and whether personal reasons for refusing contraception are justifiable for exclusion from Prevent, as is stated in the national protocol. It was agreed that refusing contraception for "personal" reasons was not an acceptable reason for exclusion from Prevent, and that it should be removed from the shared care protocol.

JML and EG requested that a sentence be added to section 8 of the shared care protocol to indicate that an annual review by the specialist should include a review of the patient's clinical condition. It was also pointed out that patients who are prescribed valproate medicines for a severe mental illness (SMI) require additional on-going monitoring of other parameters (HbA1C and lipid profile) as part of the SMI annual health check. It was agreed that a comment should be included in section 9 to remind primary care clinicians of this.

APC ratified the shared care protocol, subject to minor amendments.

ACTION: HG to make the changes, upload to the APC website and liaise with NUH MSO regarding the recommendation for the valproate database and lead.

FOR RATIFICATION – Specials Database

NB presented the updated specials database, which provides information on alternative options to prescribing unlicensed liquid specials. NB pointed out that this is reviewed 6-monthly and that there were no significant changes or additions. Members approved of the update.

ACTION: Ratified. NB to upload.

10. FOR RATIFICATION — Antidepressants in Primary Care Guideline (New)

HG presented the guideline as a new document on account of it being a significant update based on the publication of NICE Guidance 222 (Depression in adults: treatment and management) in June 2022. The guideline has been developed in conjunction with specialists from Nottinghamshire Healthcare, Dr Neil Nixon, Consultant Psychiatrist, and John Lawton, Clinical Pharmacy Services Manager.

In addition to updating the guideline in line with NG222, the following changes have been made:

- Removal of information on Let's Talk Wellbeing (no longer accepting referrals).
- More detailed information on deprescribing antidepressants.
- New section on patient information, with links to useful leaflets.
- Clinical information added on agomelatine and bupropion (both now Amber 2 on the formulary).
- Antidepressant switch examples added to Appendix 2.

Discussion took place about the inclusion of maximum doses to Appendix 1, members agreeing that these did not need to be included. A link to the MHRA alert for citalopram and escitalopram will be added to Appendix 1. SM pointed out that the doses in Appendix 2 needed to be changed from abbreviations.

APC ratified the guideline, subject to minor amendments.

ACTION: HG to make the changes and upload to the APC website.

FOR DISCUSSION -- Cow's Milk Allergy Guideline (Update)

LC presented the Cow's Milk Allergy Guideline. The referral process previously varied across Nottinghamshire, depending on where you were in the county. The process has been updated county wide and will be included in the F12 function.

The quick reference guide will remain a stand-alone document. The clinicians wanted this to also include the flowchart, with the initial prescribing quantities made clearer to avoid waste.

Aptamil Pepti Syneo

LK presented the submission for Aptamil Pepti Syneo (Nutricia). This request had been submitted by Lisa Waddell to offer an additional second-line option for Extensively Hydrolysed Formulas (EHF). There are currently issues with the availability of EHF, and an additional option may prevent the unnecessary prescribing of more costly Amino Acid formulas

It had been suggested that, due to it containing the probiotic Bifidobacterium Breve M16V, Aptamil Pepti Syneo may offer advantages over other EHF in improved gastrointestinal symptoms and infection risk. However, there is a lack of evidence to support this and it is not being promoted locally for this.

The request is for Aptamil Pepti Syneo to be given an Amber 3 classification, but the updated guidance specifically states only Nutramigen with LGG and SMA Althera, with a link to the formulary for full details of alternative EHF. Members agreed that a link to the formulary was sufficient, rather than listing all the brands, but requested that this was made clear in the guidance and that the formulary entries contain sufficient detail.

The addition of Aptamil Pepti Syneo to the formulary as an additional second-line option alongside Atamil Pepti and SMA Althera was agreed.

ACTION: LC to make the agreed changes to the Cow's Milk Allergy Guideline and upload. LK to update the formulary entry for Aptamil Pepti Syneo.

11. FOR RATIFICATION – Vitamin B12 Guideline (Update)

LC presented the updated vitamin B12 guidance. New NICE guidance is due in November 2023; this will cover diagnosis and management of vitamin B12 deficiency, including dose, frequency and route of administration, and optimal frequency of follow-up. The need for this guidance has been identified as it is currently unclear who should be tested for vitamin B12 deficiency, how often, and which further investigations should be carried out.

MHRA recently issued an alert advising that B12 levels are checked in all Metformin patients. This has been hyperlinked in the guideline.

A licensed 1mg high dose cyanocobalamin tablet has recently become available but currently should be prescribed only on haematology advice. As the classification was GREY, members felt prescribing was not appropriate and suggested it be removed.

DW (not present) had sent a comment requesting that the number of tablets per dose be specified within the flowchart, which at present reads 'If DIET related advise on-going purchase of oral cyanocobalamin 50 mcg tabs 1-3 tabs daily'. It was felt that the guidance could not be prescriptive as it was an over-the-counter product, and the dose was variable.

The guideline should be updated to read micrograms not mcg.

Discussion took place about care home patients receiving tablets rather than having home visits to provide the IM injection. LC will discuss this with wider groups, such as the self-care group, and will email to members the results of these further discussions.

ACTION: LC to feed back the discussion points to the author. Kyla Twigger. APC members will be emailed to ratify the document.

12. FOR RATIFICATION – Sick Day Rules (New)

Not discussed as not completed.

13. FOR INFORMATION - APC forward work plan

The following items were discussed:

The dronedarone SCP was currently under review, following the RMOG publication. Members agreed to extend the document expiry date to December 2022.

ACTION: Update the dronedarone review date.

The Urticaria primary care pathway was ready. However, the specialists had made some significant last-minute comments. Members agreed to extend the expiry date to December 2022

ACTION: Update the Urticaria review date.

MO (not present) had been working on the Bariatric medication prescribing; decisions on self-care and the purchasing of vitamins had not been concluded, so this guideline had been delayed.

ACTION: No further action at present.

14. AOB

- **Team update:**

Irina Varlan has returned from maternity leave.

NB will remain within the APC team, following her successful appointment to the post.

HG will, sadly, be leaving the APC team to lead a team of community-based mental health pharmacists.

- **APC Chair**

SM has agreed to continue as chair until December 2022 and expressions of interest are being sought. Some discussions had taken place about having a non-executive chair, but it was felt the role needed to be filled by somebody with a clinical role.

- **Christmas meal**

Options were discussed, and LC will email dates.

The meeting closed at 17:05