These minutes are in draft form until ratified by the committee at the next meeting on 19th January2023.

Nottinghamshire Area Prescribing Committee Meeting Minutes

APC meeting 17th November 2022: 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**
Hannah Godden (HG), representative in Claire Nowak's (CN) absence	**Principal Pharmacist - Adult Mental Health Community Teams**	**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**
Lois Mugleston (LM)	**GP Prescribing Lead**	**City PBP, Nottingham & Nottinghamshire ICB**
Khalid Butt (KB),	**GP and LMC representative**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
David Wicks (DW),	**GP Prescribing Lead**	**Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB**
Asifa Akhtar (AA)	**GP Prescribing Lead**	**South Notts PBP, Nottingham & Nottinghamshire ICB**

In attendance:

Interface support (NHS Nottingham & Nottinghamshire ICB):
Nichola Butcher (NB), Medicines Optimisation and Interface Pharmacist
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH (in attendance for their own agenda items, matters arising, and AF guidance only)
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
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist
Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist

Apologies:
Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB
Claire Nowak (CN), Deputy Chief Pharmacist, Nottinghamshire Healthcare NHS Foundation Trust
Katie Sanderson (KS), Patient representative
Ankish Patel (AP), Head of PCN Workforce Nottingham & Nottinghamshire

1. **Welcome and introduction of new members**

Noted there were no new introductions.

2. **Declarations of interest**

Michalina Ogejo declared her employment as Pain Management Pharmacist for Primary Community Integrated Services Ltd, this was not felt to be relevant to any agenda items this time.

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. AW had returned some corrections which will also be considered.

Palforzia
TH explained although there was no further information requiring an action, progress was ongoing.
ACTION: TH will feed back any further updates at the next APC guidelines meeting.

Hydroxychloroquine serious incident
LC had received the Medicines Safety Officers (MSO) report, which had been completed following the Hydroxychloroquine serious incident. Members wished to know what action(s) had been made following the outcome of the report.
ACTION: LC will bring the actions to January's meeting.

Acute Diverticulitis
NB previously reviewed the guideline and presented the key changes (15th September 2022). Following ratification, the document had been uploaded. JML asked that further clarity was added to the document for those patients over 65 years of age.
ACTION: NB to review the current guideline statement for those over 65 years of age

Valproate medicines for patients of childbearing potential – shared care protocol
HG had presented the new SCP on the 15th of September 2022, and the SCP was agreed and uploaded.
One of the actions from this item was the recommendation for a valproate database and a named lead person at provider organisations. LK asked if there had been any updates regarding this at NUH as neurology patients are seen by NUH consultants at SFH.TH had passed the recommendation on and will feed back the outcome directly to LK.

All other matters arising have been completed or were on the agenda

4. FOR RATIFICATION - Type 2 Diabetes Mellitus (T2DM) Guidelines (Update)
LK presented the updated T2DM guideline, which had been developed by LK and Michelle Haigh, an ICB Medicines Optimisation Pharmacist. The guideline includes earlier use of SGLT2's to reduce cardiovascular risk in line with NICE guidance NG28, but restricts first line use to patients with established Cardiovascular Disease, Heart Failure or Chronic Kidney Disease as per discussions at the July APC meeting. Due to the potential financial implications of this development, a business case had been submitted to the ICB, but the outcome was awaited. In the meantime, the guideline had been updated to reduce further delays once financial clarification had been obtained. The guideline in current use was produced in March 2017 (with minor updates in July 2020) and was considerably out of date.

A summary of changes to the guideline was produced for the group and the updated guideline was well received by the APC. Some minor points of clarification were raised and it was requested that a section be added on pre-diabetes.

LC explained that delays to the business case were partially due to corporate changes. It was recognised that prescribing was already taking place, in some circumstances outside the agreed pathway and providing this guideline offered greater patient equity and safety.

In addition, a request has been received for the traffic light classification of SGLT2 inhibitors to be reviewed. The following has been suggested by clinicians:
Green -for Glycaemia control
Amber 3-for CKD and Established CVD.
Amber 2-for Heart failure
The APC were asked to consider this request.

A wider discussion took place around the traffic light list and the confusion experienced by primary care clinicians around the Amber 3 classification. Various suggestions for colour changes were put forward and it was highlighted that regional variations were also confusing. A request had been submitted to RMOC for consideration of harmonising traffic light classifications at a regional level. A decision was made to continue the discussion within the interface team and bring it back to a later APC meeting as an agenda item for further consideration. In the meantime the current traffic light classifications for SGLT2 inhibitors should remain.

The guideline was agreed subject to the changes noted.
ACTION: LK to update and finalise the guideline. The finalised guideline will then be uploaded to the APC website.
Traffic light classification review to be added to the forward work plan for further discussion.

5. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES

- **Urinary Tract Infection (UTI) in children**

SW presented the UTI in Children at the APC meeting on the 15th of September, members had requested the updated guideline be revisited in order to clarify a number of points.
Tables 2 and 3 had been amended to offer greater clarity, and more information about the collection of urine samples had been added in table 4.
Clinicians felt that sending a urine sample for culture was required and agreed to add a link regarding education on how best to obtain a urine sample from a child to prevent cross-contamination on the guideline.
Clinicians requested that the guideline is approved by a paediatrician prior to uploading.
ACTION: SW to obtain final ratification via email.

- **Recurrent UTI**

SW presented the recurrent UTI guideline at the APC meeting on the 15th of September. The most significant change to the guideline was the addition of methenamine as an alternative to antibiotics and members had requested the updated guideline be revisited to clarify several points:

- SW clarified that the "over-the-counter products" wordings in the conservative measures table are recommendations by NICE and were also historically available in the APC recurrent UTI guideline.
- Previously, there were concerns that methenamine might be used as a treatment for UTIs. This update highlighted methenamine as "NOT FOR THE TREATMENT OF UTI."
- Acidification of urine – there were discussions among the microbiology, urology and infectious diseases specialists, and they felt that the evidence isn't there yet to say whether to give supplemental urinary acidification with methenamine either routinely or if the pH is alkaline on the dipstick. PH can also change depending on factors such as when it was checked and the patient's diet. Additionally, the ALTAR study had not explored the value of urinary acidification. Their consensus was that, since methenamine was introduced based on the ALTAR findings, methenamine should still be recommended regardless of the documented urinary pH. The guideline will be reviewed when further studies regarding the need for urine acidification emerge. They have requested to remove the reference to testing pH on the updated guideline.

SM requested that an explanation of why urine acidification was not recommended should be included within the guideline to prevent any later questioning by prescribers.
Mid Notts clinicians expressed a general concern about laboratory reports from microbiology at SFH not providing relevant sensitivities for urine cultures; particularly pivmecillinam was not being included in recommendations/resistance details within the results. As a list of prescribed options was offered, it was felt the term 'single agent' should be added to the guideline to prevent multiple prescribing.

The guideline was ratified subject to these amendments being made.

ACTION: SW to update the guideline and formulary and upload to the APC website
LK to discuss concerns raised about antibiotic sensitivity reports with Microbiology at SFHT

- **Bacterial Vaginosis**

The Bacterial Vaginosis antimicrobial guideline has been updated because it had reached its review date and had been adapted using the NICE Clinical Knowledge Summary (CKS). SW reviewed the guideline and presented the key changes. Questions were raised around vaginal pH, and DK explained the Hays criteria would only be used within the Sexual Health Clinics (no longer termed GUM clinic). There was no expectation for this to be provided within primary care.

Members agreed to add a link regarding CKS Examination and Investigations within the guideline.

The guideline was ratified subject to these amendments being made.
ACTION: SW to complete minor amendments and upload to the APC website.

- **Chlamydia**

The Chlamydia antimicrobial guideline had been updated due to it reaching its review date. SW reviewed the guideline and presented the key changes in sexual abstinence advice and links to patient information leaflets.
Members approved the guideline with minor suggestions.
ACTION: SW to complete the minor amendments and upload to the APC website.

- **Trichomoniasis**

The Trichomoniasis antimicrobial guideline has been updated due to it reaching its review date. SW reviewed the guideline and presented additional information on sexual abstinence advice and links to patient information leaflets. Members approved the guideline.
ACTION: SW to upload to the APC website.

- **Crab lice**

The crab lice antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes, including adding a patient information leaflet (PIL).
APC members requested that the guideline be updated to include the following:

- Change of guideline name from crab lice to pubic lice.
- GUM clinic term changed to Integrated Sexual Health Services
- A statement saying the treatments can be bought over the counter.
- Information advising the person to self-examine for the presence of live lice one week after the completion of treatment.

The guideline was ratified subject to these changes being made.

ACTION: NB to finalise guideline and upload to the APC website.

- **Impetigo**

The Impetigo antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes. NB noted that fusidic acid resistance is low locally, and microbiology requested that it be retained on the guideline. NB also noted that doxycycline has been removed as a treatment option, as it is no longer in the national guidance, and that a patient information leaflet has also been added.
APC members requested that the guideline be updated to include the following:

- Further information on hydrogen peroxide (brand name, available as an over-the-counter pharmacy only medication).

The guideline was ratified subject to these changes being made.

ACTION: NB to finalise guideline and upload to the APC website.

- **Lyme Disease**

The Lyme Disease antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes. NB noted that a patient information leaflet

had been added. The treatment options have been reviewed and azithromycin is not included as it is not currently in the Public Health England guidance. Doses have been added for children as well as adults. NB advised that the use of doxycycline in children has been confirmed with microbiology; for children over the age of 8 years and only on the recommendation of a specialist.
APC members requested that the guideline be updated to enhance the statement on seeking advice before prescribing doxycycline in children.

The guideline was r**atified subject to these changes being completed.**

ACTION: NB to finalise guideline and upload to the APC website.

- **Pityriasis Versicolor**

The Pityriasis Versicolor antimicrobial guideline has been updated due to it reaching its review date and in line with the NICE CKS. NB reviewed the guideline and presented the key changes. NB advised that ketoconazole 2% shampoo has been added as a treatment choice for when an extensive skin area is involved. Selenium 2.5% shampoo was removed as it was discontinued in September 2022. The dose of clotrimazole was changed to twice a day for two to three weeks as per the CKS guidance. A patient information leaflet has been incorporated.
APC members approved the guideline with the addition of noting sun-tanning skin colour changes.

ACTION: NB to finalise guideline and upload to the APC website.

- **Panton-Valentine Leukocidin (PVL)**

The PVL antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes. NB advised that there had been no significant changes to the main body of the guideline. Infection Prevention and Control contact details have been updated and now include Bassetlaw. Information on making ICE requests on clinical systems has been added along with a statement saying treatment recommendations would be made after specialist involvement.
APC members requested that the options in the skin decolonisation treatment table are made clearer.

The guideline was ratified subject to these changes being made.

ACTION: NB to finalise guideline and upload to the APC website.

- **Travellers' diarrhoea**

The travellers' diarrhoea antimicrobial guideline has been updated due to it reaching its review date. NB reviewed the guideline and presented the key changes. NB advised that links to the NaTHNaC website have been added to provide advice to clinicians, patient information leaflets and safe travel guidance. NB advised that a standby antibiotic prescription should only be considered if a patient was at high risk and also travelling to a high-risk area. Discussion took place between the prescribers around offering a private prescription for stand-by use. Private prescription provision is not an expectation of an NHS GP, and it was agreed to highlight this and add a statement that patients could be referred to a travel clinic.
The symptomatic treatment table has been updated to include advice that such items should be purchased over the counter. NB advised that there is a long-term manufacturing problem with Pepto-Bismol. The prescribers requested a statement on when it is safe to use loperamide. NB will contact the infectious diseases team to confirm an appropriate statement and add this to the guideline.

The guideline was ratified subject to these changes being made
ACTION: NB to finalise guideline and upload to the APC website.

6. FOR RATIFICATION - Sick Day Rules guideline (New)

MO presented the Sick Day Rules guideline; this was a new guideline originally developed by Deepa Baxi (Senior ICB Medicines Optimisation Pharmacist, Mid Notts PBP).
This guideline had been approved by Nephrology at NUH. The PIL included as appendix 1 had been adapted with kind permission from Chesterfield Royal Hospital (to be acknowledged within the guideline version control).
The clinicians approved the guideline and requested the leaflet be adapted so that actual individual names could be added in addition to ticking the therapeutic box.

ACTION: Ratified with the minor changes. MO to upload to the APC website.
LK to add links to this guidance in the T2D guidelines.

7. FOR RATIFICATION - Anticoagulants in AF guideline (Update)

IV presented the updated Anticoagulants in AF guideline. This update was started in 2021, and this guideline was a collation of updates and recommendations, NICE Guidance NG196 and the current SPS guidance for DOAC monitoring have been incorporated.
The main changes to the guideline are:

- the recommendation to use the ORBIT score to assess bleeding risk, previously the HASBLED score was used.
- consideration to prescribe DOACs first line over warfarin (with no preference between the DOACs).
- changes to the monitoring requirements, in particular the changes for renal function (as recommended by SPS).

Clinicians noted that the HASBLED score was still used within SystmOne, so felt that information about both scores would need to be incorporated. However, many believed it would be best to keep only one to avoid confusion.
The committee agreed that adding the switching principles to edoxaban as an appendix would be useful. NUH has updated their DOAC interactions document, and the changes recommending against using DOACs with enzyme inducers will be included in the APC guidance. SFH have also adopted the same recommendations as NUH.
There were discussions around the monitoring recommended by SPS, “4 monthly in elderly”, in the sense that tests were normally ordered 3 or 6 monthly and elderly was not determining the age.
It was noted that the DOACs were not listed in a particular order in the guideline, and it was agreed that we should align them to the choice order recommended within the Joint Formulary.
Creatinine clearance and the use of ideal body weight (IBW) v’s actual body weight (ABW) was discussed at length. It was not felt possible to dictate that either should be used over the other due to a lack of guidance or consensus. It was noted that clinical trials used Actual Body Weight, but these were not thought to include patients at extremes of body weight. LK suggested a disclaimer explaining the differences to allow prescribers to make a clinical decision.
ACTION: IV to investigate if the ORBIT score could be incorporated in SystmOne and update the APC. IV and LK to clarify the wording around calculating CrCl and to confirm if OptimiseRX messages are in place for Page 7 of the guideline.
IV to incorporate the comments and suggested changes from members and email out for ratification.

8. FOR NOTING - Continuous Glucose Monitoring (CGM) Policy and formulary implementation

LC presented the CGM Policy and formulary implementation document. LC explained the Regional Diabetes Group had produced these documents and that the Nottinghamshire ICS Task and Finish group had adopted them to form part of the CGM business case. The business case requires financial sign off by the ICB due to the cost pressures associated with increased use of CGM devices.

The committee were asked to support the documents to give assurance that clinical oversight of the process had been included for the purpose of the business case

ACTION: APC members should email any comments regarding the document to LC for collating and feeding back to the Task and Finish group

9. FOR RATIFICATION - Dronedarone Shared Care Protocol (SCP)

LK presented the updated dronedarone SCP. This had reached its review date, but following the publication of the NHS England National shared care protocol: dronedarone for patients within adult services and a plan to adopt the National Protocols where possible, the current SCP had been reviewed and cross reference against that version.

Currently, it is specified that secondary care should retain prescribing responsibility for the first year of treatment. The standardised NHS England template now supports ongoing prescribing and monitoring being undertaken by primary care after the first 4-weeks of treatment. Specialists are in support of patients being transferred to primary care earlier. Primary Care members were not in agreement and felt that patients should only be transferred once stable. LK explained the NHS England template recommends 6-monthly renal and hepatic function monitoring whereas the current protocol recommends annual monitoring in line with SPS monitoring guidance. LK has asked for clarification on the basis of this recommendation from NHS England but had yet not received a response.

The issue of funding for additional primary care activities was raised by the clinicians present. KB and JML will raise funding issues with the Local Medical Committee (LMC) whom it was suggested should lobby the ICB for a resolution.

Some concerns were raised regarding whether appropriate monitoring is currently being undertaken in Primary Care, given the lack of funding and small patient numbers. EPACT2 data indicates that there are currently approximately 23 patients being prescribed dronedarone by primary care and it was requested that an audit be done to ascertain this before making a decision on the most appropriate prescribing solution.

It was questioned how other ICBs have approached the implementation of the National Protocol for dronedarone. Surveillance of local ICBs had found no action had been taken to date.

ACTION: JML/KB to raise funding issues for monitoring with LMC

LK to request an audit to ascertain whether monitoring is being undertaken appropriately for patients currently prescribed dronedarone in primary care. SCP to be brought back to a future meeting

10. FOR RATIFICATION - Repatriation letter

Due to time constraints within the meeting, the repatriation letter will be emailed to members by NB for comment and ratification.

ACTION: NB to email APC members for ratification.

Post meeting note – there were comments from TH and EG regarding the appropriateness of refusing prescribing in primary care based only on the medication being unlicensed. It was agreed to remove that sentence and instead highlight the non-formulary status as the main reason to query such requests. Information added about formulary submission process.

Guideline ratified via e-mail. NB to upload to APC website

11. FOR RATIFICATION - Urticaria primary care pathway

Due to time constraints within the meeting, the urticaria primary care pathway will be brought to the next meeting.

12. FOR RATIFICATION - Vitamin D PIL

Due to time constraints within the meeting the vitamin D PIL will be emailed to members by NB for comment and ratification.

ACTION: NB to email APC members for ratification.

Post meeting note – no further comments received.

Guideline ratified via e-mail. NB to upload to APC website

13. FOR RATIFICATION - Actinic (Solar) Keratosis Primary Care Treatment Pathway

Due to time constraints within the meeting the Actinic (Solar) Keratosis guideline will be emailed to members by NB for comment and ratification.

ACTION: NB to email APC members for ratification.

Post meeting note – no further comments received.

Guideline ratified via e-mail. NB to upload to APC website

14. FOR INFORMATION

The monitoring and Medication after Bariatric Surgery Guideline has been updated, and new recommendations and resources have been added.

ACTION: MO to email APC members and collate any comments for further discussion.

15. FOR INFORMATION – APC work Programme

Not discussed due to time constraints within the meeting.

16. AOB

None discussed due to time constraints within the meeting, only the future actions were noted.

ACTION: Testosterone for women traffic light classification, will be added to the agenda for December's meeting for discussion

ACTION: LC will email with potential dates for Development session by Robert Treadwell.. These dates will also be available via Microsoft Teams.

17. Date of next Formulary meeting Thursday, 15th December 2022

18. Date of next Guideline meeting Thursday, 19th January 2023

The meeting closed at 17:10