These minutes are in draft form until ratified by the committee at the next meeting, on 18th May 2023.

Nottinghamshire Area Prescribing Guidelines Meeting Minutes

APC Meeting Thursday 16th March 2023: 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**
David Kellock (DK)	**SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Debbie Storer (DS)	**Medicines Information Pharmacist**	**Nottingham University Hospitals NHS Trust**
Jennifer Moss Langfield (JML)	**GP and LMC Representative**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
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**
Georgie Dyson (GD)	**Advanced Clinical Practitioner (ACP)**	**Nottingham Urgent Treatment Centre, CityCare**
Khalid Butt (KB)	**GP and LMC Representative**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
David Wicks (DW)	**GP Prescribing Lead**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
John Lawton representative in Claire Nowak's (CN) absence	**Clinical Pharmacy Services Manager**	**Nottinghamshire Healthcare NHS Foundation Trust**
Katie Sanderson (KS)	**Patient representative**	

In Attendance:

Kate Morris (KM), Medicine Optimisation Pharmacist, Nottingham and Nottinghamshire ICB, presenting agenda item 4.
Peter Richards (PR), Senior Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB, presenting agenda item 5.
Alex Molyneux (AM), Chief Pharmacy Officer for the South Yorkshire Integrated Care Board (ICB).

Interface Support (NHS Nottingham & Nottinghamshire ICB):

Nichola Butcher (NB), Specialist Medicines Optimisation Interface Pharmacist
Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician (left the meeting at 16:30)
Shary Walker (SW), Specialist Interface & Formulary Pharmacist - n attendance for agenda items 6 & 7
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH – in attendance for agenda items 8 & 9
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist– in attendance for agenda item 11 and until the meeting closed.

Apologies:
Claire Nowak (CN), Deputy Chief Pharmacist, Nottinghamshire Healthcare NHS Foundation Trust
Ankish Patel (AP), Head of PCN Workforce, Nottingham & Nottinghamshire
Tanya Behrendt (TB) Deputy Head of Medicines Management, NHS Nottingham and Nottinghamshire ICB
Tim Hills (TH), Assistant Head of Pharmacy, Nottingham University Hospitals NHS Trust

1. Welcome and introduction of new members
LC introduced Alex Molyneux, Chief Pharmacy Officer for the South Yorkshire Integrated Care Board (ICB). LC had recently attended a prescribing meeting in South Yorkshire, and it was hoped attendance at other future meetings would encourage collaborative working, particularly where commissioning issues and traffic light differences can create cross- border matters and difficulties for patients.

John Lawton, Clinical Pharmacy Services Manager for Nottinghamshire Healthcare NHS Foundation Trust, attended the meeting in CN's absence. LC informed members that CN had stepped down from the APC Committee; a permanent replacement member has not yet been decided on by Nottinghamshire Healthcare NHS Foundation Trust.

2. Declarations of interest
Nothing was declared by members.

3. Minutes of the last meeting/and matters arising
The minutes from the previous meeting were reviewed and accepted as an accurate record, subject to minor grammatical amendments.

AW suggested more clarification on the action points. Members agreed, and a suggestion was made to incorporate a progress tick box that would incorporate hyperlinks to the final uploaded versions of APC documents.

ACTION: LC to discuss further with the Interface Team.

Anticoagulants in AF guideline
IV had provided a progress update via e-mail, which LC fed back to the group.
The Orbit score is now available on the GP clinical systems (SystmOne and EMIS Web).
The Creatinine Clearance (CrCl) wording has been amended on the AF guidance, as suggested at the previous APC meeting. Patients with a high CrCl, above 95ml/min, are advised to receive a different DOAC from edoxaban. Questions about the guidance have been raised recently both within and outside our area. These questions are being addressed and feedback on the outcomes will be shared later with the APC committee.

ACTION: IV to review the AF guidance and feedback at a future APC guidelines meeting.

ACTION: IV to bring to a future meeting.

Parkinson's Disease Apomorphine Shared Care Protocol (SCP)
The committee was advised that this work is still in progress.

ACTION: VM to bring the SCP back to the May APC guideline meeting.

ACTION: VM to bring to a future meeting.

Enoxaparin Information Sheet
NB and JML had attended a meeting to review the differences in maternity guidelines and one area discussed was the proposed alignment of the enoxaparin treatment dose used in pregnancy at both SFHT and NUH. JML has concerns about the traffic light classification of enoxaparin and the monitoring requirements. NUH have set up a working group for venous thromboembolism; JML was hoping to attend this, together with either LK or NB, to raise and discuss the concerns.

Currently Inhixa® is the preferred brand in Nottinghamshire, but Clexane® is still available in primary care for existing patients. NB advised that neither Trust is planning an imminent switch from Inhixa® and that the secondary care contracts are due for review in August 2023.

ACTION: JML together with LK or NB will feedback on progress at the May APC guideline meeting.

ACTION: NB to feedback at a future meeting.

Dexcom ONE Inclusion Criteria

The inclusion criterion previously agreed is still awaiting uploading and publishing, pending financial sign- off, expected in April 2023.

ACTION: LC will give a progress update at the May APC guideline meeting.

APC development session

The feedback received from the APC development session was very positive and some good suggestions have been put forward. LC met with a small group who had attended the development session to look at what can be achieved and to generate an action plan. The committee acknowledged that capacity is currently limited so some development suggestions were aspirational for now but may be feasible in the future.

ACTION: LC will produce a spreadsheet of desirable outcomes and suggested initiation/achievement dates to feedback at the May APC guideline meeting.

4. FOR RATIFICATION – NEW Children and Young People (5-17 years) Asthma Treatment Algorithm and Information Sheet

KM attended the APC meeting to present the new Children's Asthma Guidance. The guidance was produced by the Nottingham and Nottinghamshire Integrated Care System (abbreviated to ICSm for the benefit of agenda items 4 & 5, to avoid confusion with the inhaled corticosteroids (ICS)) Children and Young People (CYP) Asthma Group, led by Dr Jayesh Bhatt. The new guidance was developed following requests from primary care clinicians across the ICSm.

The new guidance gives a stepwise approach to treatment and has an easy to follow one-page algorithm, together with a one-page prescribing information sheet.

KM explained that patients will move up and down the guideline steps, they should not be initiated on a SABA alone; the GINA guideline is due to be published and the use of an ICS together with a SABA will be documented in the guideline

Currently, Seretide® pMDI (50,125) is non- formulary, although it is the only licensed LABA/ICS pMDI for children aged 5-18 years. A change to the formulary status from GREY to AMBER 3 was requested, for CYP only.

A link to the Right Breathe website was included in the information sheet but was not named as Right Breathe. This will be altered, as Right Breathe is a website commonly used and familiar to clinicians.

In line with the MHRA warning, a request was made to change the classification of salbutamol nebules for rescue treatment of asthma at home from GREEN to RED (ie hospital paediatric asthma specialist initiation and management only).

Amendments were requested by members, including re-badging, formatting, removing abbreviations for dosing, and correcting broken links.

Easyhalers® have an expiry date of 6 months once opened, therefore having 2 inhalers a year was not necessarily an indication of poor control. The wording on this is to be clarified.

The decision had been taken not to include smoking cessation links, due to variations across areas.

Members approved the CYP Asthma Guidance, subject to the amendments put forward at the meeting. JML explained her involvement in the production of the guidance; members were happy for JML to review the changes prior to the uploading and publishing.

ACTION: Seretide® pMDI (50,125) to be amended to AMBER 3 for children only. Salbutamol nebules for rescue treatment of asthma at home to be changed from GREEN to RED (hospital paediatric asthma specialist initiation and management only). Link to be included to the MHRA alert.
KM to make the changes suggested to the guidance. JML to review prior to publishing and uploading to the APC website.

ACTION: In progress, Aerochamber Plus® Flow-Vu listed in the guideline and it was previously classified by APC as GREY based on the cost.

5. FOR RATIFICATION – Adult Asthma Treatment Summary

PR, Senior Medicines Optimisation Pharmacist, attended to present the most recent update to the Adult Asthma Treatment Summary and the new Guidance on Maintenance and Reliever Therapy (MART).
Several changes had been made to the Asthma Treatment Summary. These included:

Addition of:
- Link to the new MART guideline.
- Text 'This guideline is a summary of first- line choices but is not an exhaustive list. Please refer to the Nottingham APC formulary'.
- Pictures of SABA inhalers.
- Trimbow® (both strengths) to the add-on therapy section.
- Green symbol to indicate which preparations are preferred in line with the greener agenda.

Removal of:
- Fostair® pMDI preparations (replaced by Luforbec® pMDI)
- Four ICS/LABA combination inhalers; replaced by '+ High Dose ICS/LABA combination inhaler'

Amendments to:
- Replace Fostair® MART with Luforbec® MART.
- Easyhaler® Beclometasone DPI to be the first-choice regular preventer.
- Change wording 'OR ADD a regular LABA' to 'OR SWITCH to a regular LABA'.
- Amendment to price of Aerochamber® to £5.21.

Amendments were also suggested by members, including:
- adding Trimbow® to the table of inhaled corticosteroid potencies.
- enhancing the readability of this table through the introduction of colour.
- removing the wording 'low dose ICS' in the visual treatment summary, due to some ICS doses stating 'PRN (as required) for the MART regimen'.

MART guidance
Members felt the wording needed to be consistent with the wording used in the CYP asthma guideline, in addition the title should also reflect the inclusion of CYP.
PR explained MART in CYP aged 11 years and younger fell outside the product license, but that the recommendation was in line with NICE guidance.

ACTION: All documents were agreed as ratified on completion of the amendments suggested. PR to make the required changes and send to the team for uploading to the APC website.

ACTION: Complete

6. FOR RATIFICATION – Antimicrobial Guidelines

- **Cellulitis**

The Cellulitis antimicrobial guideline had been updated due to it reaching its review date. NB presented the key changes, included in the meeting papers.
A few minor amendments were requested by members, including adding a link to the CityCare Guidance for the assessment and management of lower limb inflammation and highlighting the deterioration sentence, to include sepsis. There was discussion about the dosing schedules for erythromycin and pregnancy, NB will confirm the dosing with Dr Vivian Weston (Consultant Microbiologist, NUH) and update the guideline accordingly.
AM explained that South Yorkshire were aware that the linked Bassetlaw guideline was out of date and confirmed that Bassetlaw would be considering the Nottinghamshire guideline.

The guideline was ratified, subject to the above changes being made.

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

ACTION: Complete

- **Dermatophyte infection of the skin**

The Dermatophyte infection of the skin guideline had been updated due to it reaching its review date. NB presented the key changes, listed in the meeting papers.
Members approved the guideline with no changes.

The guideline was ratified.

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

ACTION: Complete

- **Head Lice**

The headlice guideline had been updated due to it reaching its review date. NB presented the key changes. NB advised that the Over the Counter statement included had been agreed previously for the threadworm guideline. DS requested that the APC self-care leaflets be linked to the guideline. LC explained that the patient information leaflets (PIL) were due to be updated; a link would be added at a future date, when they were available. JTwas overseeing the review of the Self-care documents and would keep APC informed on progress.
The guideline was ratified, subject to the above changes being made.

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

ACTION: Complete

- **Mould infections of the nail**

The mould infections of the nail guideline had been updated due to it reaching its review date. NB presented the key changes.
NB will clarify the dose of terbinafine and include this in the guideline and will add a link to a PIL if a suitable link is available.
The guideline was ratified, subject to the above changes being made.

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

ACTION: Complete

- **Osteomyelitis**

The Osteomyelitis guideline had been updated due to it reaching its review date. NB presented the key changes. Members ratified the guideline with no changes.

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

ACTION: Complete

- **Epidymitis +/- Orchitis**

SW presented the Epididymitis +/- Orchitis Antimicrobial Guideline. This guideline had undergone substantive changes and a list of these was included in the meeting papers. Members discussed the removal of co-amoxiclav as a second-line treatment option its removal had been recommended by Dr Vivienne Weston, due to high resistance locally. However, it was felt that it was still required within the guideline as a second-line choice to offer a treatment safety net for patients presenting with symptoms out of normal working hours.
SW will add the central booking number for the Integrated Sexual Health Service (ISHS).
The guideline was ratified, subject to the above changes being made.

ACTION: DK will provide SW with the ISHS contact details. SW to finalise the guideline and upload to the APC website.

ACTION: Complete

- **Prostatitis**

SW presented the Prostatitis antimicrobial guideline, updated due to it reaching its review date. NICE CKS recommendations had been reviewed and incorporated into the guideline and a list of the specific changes was included in the meeting papers.
The guideline was ratified

ACTION: SW to upload the guideline to the APC website.

ACTION: Complete

7. FOR RATIFICATION – Phosphate Binders Shared Care Protocol and Information Sheet

SW presented the updated Phosphate Binders Shared Care Protocol (SCP) and Information sheet. This had been updated in consultation with Dr Simon Roe, NUH Consultant Nephrologist. No significant changes had been made to the SCP or information sheet.
The SCP and information sheet were ratified.

ACTION: SW to upload the SCP and information sheet to the APC website.

ACTION: Complete

8. FOR RATIFICATION – Dronedarone Shared Care Protocol

LK presented the updated Dronedarone SCP. This update had been waiting for the publication of the NHSE national SCP template. The current local SCP includes the requirement for cardiology specialists to keep patients under their care for the first year of treatment. The national template suggests transfer of care can be after 4 weeks of treatment and local cardiology specialists requested that the SCP be in line with the national template. LK had completed a bench- marking exercise which found that other local areas had yet to adopt the new national template.
Previously, APC clinicians had been concerned that patients might not be receiving the appropriate monitoring and a primary care audit had been carried out. The audit identified twenty patients who had been prescribed dronedarone and showed that half of these patients had not received an ECG as per the SCP monitoring schedule. Members asked about the significance of omitting the ECGs, LK explained that this had not yet been discussed with the specialists.
More intense monitoring is required during the first year of initiating dronedarone, due to the risk of liver toxicity. There is a need for regular Liver Function Tests and members felt that the specialists should continue to review the patients for the first year of treatment.
Due to liver toxicity, it was thought that several patients might cease treatment within the first twelve months. LK will contact the specialists to establish what proportion of patients cease treatment during this period, to establish whether transfer of care at 4 weeks should be adopted.

LK will circulate the findings so that members can agree an appropriate time period for handing over from secondary to primary care.

The Amiodarone SCP was also raised as neither SCP specifically mentions a requirement an annual review with a specialist. It was felt that patients on either dronedarone or amiodarone should remain under secondary care, not be discharged, and that there should be an annual oversight of the patient. This may not need to be a face-to-face appointment. It was agreed that the same wording could be adopted for both the amiodarone and the dronedarone SCPs to advise that patients 'remain under specialist overview'. NB and LK will review the statement options and incorporate similar statements into the dronedarone and amiodarone SCPs.

ACTION: LK to email to members the number of patients ceasing treatment within the first twelve months. NB and LK to produce a statement regarding remaining under specialist overview. LK to seek email consensus on the handover period and finalise the SPC.

ACTION: Complete LK to feed back at the May meeting

9. FOR RATIFICTION – Position Statement on Liothyronine

LK presented the updated Liothyronine Position Statement. Liothyronine is currently classified as GREY and is only supported locally on the NHS in exceptional circumstances, and only on the recommendation of an NHS endocrinologist after a multidisciplinary discussion. The GREY classification of liothyronine has been subject recently to criticism both in several patient complaints to the ICB and in a report written by Thyroid UK in June 2022, where the Nottingham and Nottinghamshire CCG (now ICB) was listed as non-compliant with National Guidance.

The APC discussed the appropriateness of the GREY classification at the February meeting as ongoing prescriptions may be required in some patients. It had been agreed to maintain the GREY classification as continued prescribing was supported only in exceptional circumstances. It was agreed that a mechanism should be included for providing ongoing prescriptions in appropriate cases; this has been detailed in the position statement. In addition, monitoring requirements have also been included in the position statement.

A patient leaflet was being produced and LK had permission to adopt the leaflet created by Hertfordshire and West Essex ICB. LK and AW are reviewing the leaflet content, and this will be brought to the APC. Members asked that patients remain under the care of an endocrinologist as RMOC guidance recommends that treatment should be under a shared care arrangement.

The position statement was ratified, subject to the above changes being made.

ACTION: LK to finalise the position statement and upload to the APC website. LK to review the number of patients in 12 months' time.

ACTION: Complete

10. FOR RATIFICATION – Gynaecomastia in Adults

NB presented the updated Gynaecomastia in Adults Guideline, reviewed due to reaching its review date. NB had consulted breast specialists at NUH and SFHT. They had advised that no updates were required to the clinical content and the guideline was updated to incorporate the standard control version.

It was noted that SFHT are in the process of finalising a primary care SOP for gynaecomastia, which will be shared when it is completed, for consideration by the committee to be incorporated within the Gynaecomastia in Adults Guideline.

NB will review the statement referring to the prolactin levels in females and confirm whether this statement is required.

The guideline was ratified, subject to the above changes being made.

ACTION: NB to confirm the inclusion of the prolactin statement. NB to finalise the guideline and upload to the APC website.

ACTION: Complete

11. FOR RATIFICATION – Restless Legs Treatment Algorithm

IV presented the updated Restless Legs Treatment Algorithm, updated due to it reaching its review date. Dr Gillian Sare, the original author, had reviewed the algorithm and proposed the following changes:

- Changing the wording for Step 6 of the algorithm. Instead of 'Refer to movement disorder clinic (or sleep clinic) if symptoms remain troublesome', it now advises submitting an Advice and Guidance request to neurology for specialist support if the symptoms remain troublesome.

- NICE recommend that either gabapentinoids or dopamine agonists (DA) could be considered as first- line treatment options for restless legs. The previous local guidance had given DA as the first line treatment option, with pregabalin or gabapentin used off-label as a second-line treatment option. The local guidance is also supported by the July 22 update of the NICE CKS guidance on Restless Legs Syndrome management.

Dr Sare had explained that, in her experience, many patients initiated with DA treatment are subsequently changed to pregabalin or gabapentin due to side effects.

The committee requested minor changes, including a list of medicines and dose ranges.

The treatment algorithm was ratified, subject to the minor changes above being made.

ACTION: IV to add doses to the algorithm and arrange a second check by members of the APC team. IV to finalise the algorithm and upload to the APC website.

ACTION: Complete.

12. FOR INFORMATION

Following the APC development day, it had been decided that certain guidelines, focusing solely on primary care, could be ratified via a primary care governance route instead of by the APC. This would allow the APC to reduce its workload.
The proposal is to have a standing agenda item on the APC meeting agenda for guidelines ratified in this way. Members could request s reviews by the APC for specific items.
Committee members agreed to the proposal and suggested adopting criteria for deciding which items should go to which meeting for ratification.
Guidelines currently being worked on which have been proposed for primary care ratification are:

- Alternatives to using an unlicensed special database.
- Gluten Free Foods in Nottingham and Nottinghamshire – position statement.
- Emergency Supply and Retrospective Prescribing ICB – position statement.
- COPD Exacerbation Rescue Medication.

ACTION: LC to work with ICB governance leads to determine an appropriate ratification process

ACTION: LC to feedback at the next meeting

13. FOR INFORMATION – APC forward work programme
LC advised the committee of two NICE TA:

- Dapagliflozin and empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction. Delayed until June 2023.
- Semaglutide – the UK licensed product has not yet been launched and patients will be initiated via an MDT approach, rather than by a GP.

14. Any Other Business
KB asked if an alert could be added to the clinical systems to issue a separate prescription when HRT was prescribed. It was agreed by the committee that this is not an APC action, nor appropriate for an OptimiseRx message, but GP practices could contact the F12 or add a local protocol to the clinical system.

AW asked if the outcomes of e-mailed guideline queries could be made known. These will be recorded in the next minutes, and the APC team will look into making the process clearer.

Date of next APC Formulary Meeting – Thursday 20th April 2023.

Date of next APC Guideline Meeting – Thursday 18th May 2023.