Nottinghamshire Area Prescribing Committee Guideline Meeting Minutes Thursday 16th May 2024:

The meeting took place as a Hybrid Meeting in the Boardroom, Sir John Robinson House, Arnold, Nottingham.

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic

Present: -

Laura Catt (LC) (Chair)	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Ann Whitfield (AW)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
David Kellock (DK)	**Consultant in Sexual Health and SFHT DTC Chair**	**Sherwood Forest Hospitals NHS Foundation Trust**
Dr Khalid Butt (KB)	**GP**	**LMC Representative**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
Dr David Wicks (DW)	**GP**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Hannah Sisson (HS)	**Principal Pharmacist, Adult Mental Health Community Teams**	**Nottinghamshire Healthcare NHS Trust**
Beth Rushton (BR)	**Senior Clinical Pharmacist**	**Nottingham West PCN**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**CityCare**

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH.
Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.
Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist.
Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.
Nichola Butcher (NB), Specialist Medicines Optimisation and Interface Pharmacist.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

LC reminded the APC members of meeting etiquette. LC will circulate a document to be incorporated in the TOR.

2. Declarations of interest

Nothing was declared.

It was noted that for those who work within NHS organisations there was no need to complete additional declarations of interest forms if already done. However, forms will be sent to the patient representatives to complete for the 2024/2025 financial year.

ACTION: KR will send the declarations of interest forms to the patient representatives.

3. Minutes of the last meeting and matters arising.

The minutes of the previous meeting were agreed as correct, subject to minor amendments.

Treatment Options Hypoglycaemia; position statement.
KR informed the APC that the Treatment Options Hypoglycaemia position statement ratified by the APC in November 2023 had now reached approval by the Equality, Quality, and Inequality Impact Assessments (EQIA) board. The position statement has been uploaded to the APC website.

ACTION: No further action is required.

Heart Failure Guideline
TB gave a brief verbal update on the continuing work being carried out in obtaining a financial agreement for the heart failure guidance and explained that she had met with the ICS Cardiovascular Group, who have agreed to take the guideline through Finance for approval. TB/IV will provide further updates to the APC as these become available.

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

Drospirenone Information Sheet
At the March meeting, members approved the information sheet and agreed to the reclassification of drosperidone to AMBER 3, subject to final approval of the information sheet by the specialists. LK confirmed this had been done.

ACTION: No further action is required.

Conjunctivitis Antimicrobial Guideline.
NB explained that the Community Pharmacy Extended Care Service for Conjunctivitis has now been stopped. Over-the-counter (OTC) treatment remains available. It was also confirmed that there was already information available with the guideline for schools about the use of medicines.

ACTION: No further action is required.

Human and Animal Bites

At the March meeting APC members asked NB to confirm whether farm animals were classified as domestic. NB confirmed that farm animals were considered domestic, as they are bred to live alongside humans. This information is now included in the guideline.

ACTION: No further action is required.

Inflammatory Bowel Disease (IBD) Shared Care Protocol (SCP).
At the March APC meeting, APC members queried why live vaccines were listed as a contraindication and not a caution. NB explained that she was still awaiting confirmation from the gastroenterology team.

ACTION: NB will update the APC when this information becomes available.

Neuroinflammatory conditions SCP and patient information leaflet (PIL).
At the March APC meeting, members had queried the timeframe for the transfer of care in the SCP and asked for the blood testing regimen in the PIL to be less specific in terms of blood testing time intervals. VM confirmed the specialists had agreed to adopt RMOC SCP recommendations for the transfer of care timeframe. However, they had requested that the required blood testing regimen in the PIL be specified so that patients were aware of their schedule.

ACTION: The information from the specialist was accepted by the APC members. No further action is required.

All other actions were noted as complete or are on the agenda for this meeting.

4. For discussion, Mail Ratification Process

LC reminded the APC members that they needed to respond to emails sent to them for ratification, even if the response was no change/action requested. To prevent emails from being missed by members, the email subject will now state 'for ratification' and a deadline for responding will be included. Gaining agreement in this way will help to ensure quoracy of decision- making for items approved virtually approved. APC members accepted this process.

ACTION: The APC team will include the term 'for ratification' and include a response by date.

5. Antimicrobials

The following antimicrobial guidelines have been updated, due to reaching their review date and to containing fluoroquinolone antibiotics.

NB presented the following key changes:

For ratification, Acute Exacerbation of COPD

- NUH guidance was reviewed in April 2024 and has been cross-referenced with the APC guidance.
- Link to Nottinghamshire COPD Self-Management Plan added.
- Statement added for clinicians to consider steroids for patients who might be wheezy but not requiring antibiotics. Suggested steroid doses were added as well as considerations on whether bone protection was required for patients who needed a regular dose of steroids.
- Information about when to initiate an antibiotic and what considerations to make added.
- No change to empirical treatment options.

- Warning added that clarithromycin should not be prescribed for patients taking azithromycin prophylaxis.
- Further information was added about the need to take a sputum sample if no improvement in symptoms after 2-3 days of treatment.
- There have been changes to the treatment options if there is a higher risk of treatment failure.
    - Order of treatment options changed, co-trimoxazole now preferred over levofloxacin.
    - Further information added to the levofloxacin entry about the risks and limitations on the prescribing of fluoroquinolones (recent MHRA alerts), especially the increased risk of tendon damage if prescribed both a corticosteroid and fluoroquinolonet. Statement also added about considering a patient's penicillin allergy status and whether this allergy status could be reviewed/challenged.

BR asked about the availability of rescue pack patient information leaflets; members of the APC were unaware of such a leaflet. BR will obtain further information from the PCN teams regarding the leaflet and return it to the APC for discussion only if required.
APC members ratified the updated guideline.

ACTION: NB will upload the Acute Exacerbation of COPD guideline to the APC website.

<u>For ratification, Bronchiectasis</u>

- NUH guidance was reviewed April 2024 and cross-referenced with the APC guidance.
- Link to Nottinghamshire Bronchiectasis Self-Management Plan added.
- No change to empirical treatment options. Order of antibiotic retained as per local preferences (co-amoxiclav remains third line above clarithromycin). Duration of treatment retained as 14 days.
- Warning added that clarithromycin should not be prescribed for patients taking azithromycin prophylaxis.
- Dose of ciprofloxacin when used as empirical treatment in adults with a previous growth of ciprofloxacin sensitive *Pseudomonas aeruginosa,* increased to 750mg twice a day. This is the recommended dose based on local sensitivity tests.
- Further information added to the ciprofloxacin entry about the risks and limitations on the prescribing of fluoroquinolones (recent MHRA alerts).
- Treatment table once culture results have been received has been removed. A summary of the sensitivity susceptibility results was added, with a link to the NUH webpage, which provides up-to-date information on antibiotic doses depending on sensitivity results.

APC members agreed that a link to the Colistimethate for Non-CF Bronchiectasis - Information sheet should be added to the guideline.

ACTION: NB will add the link to the Colistimethate for Non-CF Bronchiectasis - Information sheet and upload the bronchiectasis guideline to the APC website.

6. <u>For ratification, Prescribing Policy</u>

LC presented the updated APC prescribing policy and explained that this policy applies to all services commissioned by the Nottingham and Nottinghamshire Integrated Care Board (ICB) where contracts with Providers of NHS Services have been agreed.

The policy contained the following key changes:

- Rewording of the monitored dosage system (MDS) section.
- Addition of information about 'virtual' wards.
- Additional examples of pre-op medication.

The changes have previously been circulated to APC members and raised at NUH and SFH Drug and Therapeutics Committees (DTCs).

Discussion took place around the quantity of medication(s) provided in a compliance aid at discharge and the difficulties that only 7 days created for patients and Primary Care colleagues alike. However, this was outside the APC's decision-making remit.
Due to the new terminology used within the policy, it was agreed that the glossary of terms should be updated to include the term 'virtual' wards. It was unclear whether directions to administer should be part of this policy or a different policy and LC would get further information on this

APC members ratified the document, with the agreed changes.

ACTION: LC will update on directions to administer, the glossary of terms, correct a typographical error, circulate the Prescribing Policy widely across the ICB and upload it to the APC website.

7. For ratification, Dermatological Conditions – Methotrexate SCP

NB presented the methotrexate SCP and explained that it had been updated due to reaching its review date. The standardised national templates (RMOC) aim to improve patient safety, reduce duplication, and reduce inequity of patient access. The national template has been cross-referenced against the APC overarching dermatology SCP and the individual information sheet for methotrexate. Minor amendments to the national protocol have been made to reflect the locally agreed shared care arrangements. The existing local overarching SCP and individual information sheets will be retired once all the dermatology shared care protocols have been ratified.

The following significant points were noted:

- Specialist, Primary Care, community pharmacy and patient/carer responsibilities have been aligned with the existing locally agreed SCP and standardised in all dermatology shared care protocols.
- It was agreed that the appendices would not be included. The national template provides proformas for specialists to use when requesting shared care and letters of acceptance for primary care use. It was agreed with the specialists that the current process works and that adopting this aspect of the RMOC template was unnecessary.
- Transfer of care – local processes align with the RMOC guidance. Patients remain under the care of Secondary Care for the first three months and if they are stable at that point they will be transferred to Primary Care for their ongoing monitoring and medication supply.
- It was agreed to follow the RMOC listed cautions, contraindications and reference values for review and monitoring. Height, weight, and blood pressure are not monitored in Secondary Care and have been removed from baseline investigations.
- Concomitant use of a Proton-pump inhibitors (PPI) with high-dose methotrexate added as a significant medicine interaction.
- Maintenance dose changed from 7.5mg-25mg weekly to 5mg-25mg weekly to reflect local practice.
- Type III procollagen peptide (PIIINP) monitoring has been removed as it is not considered a reliable measure of liver disease. This has been discussed with hepatology at NUH and both NUH and SFH dermatology teams request its removal. The statement 'It is the responsibility of the specialist team to investigate any potential for metabolic dysfunction-associated steatotic liver disease (MASLD) as part of baseline investigations' has been added.

- Pregnancy information updated to reflect British Association of Dermatologists (BAD) guidance.

APC members agreed with the decision to follow RMOC and requested that the term 'high dose' be defined and that full words not abbreviations were used. Subject to these changes, the document was ratified.

ACTION: NB will make the agreed changes and upload the SCP to the APC website.

8. <u>For ratification, Emollient Formulary</u>

NB presented the updated emollient formulary, which had been updated due to reaching its review date; the format of the document had been changed to meet reader accessibility requirements.

The following significant points were noted:

- The information about the choice of emollient, quantities and considerations has been moved from the third page to the first page.
- The information about allergens in infants before weaning has been updated.
- The information about the quantities required has been updated.
- The soap substitute symbol has been removed as most leave- on emollients can now be used as a soap substitute. Information on how to use them has been added.
- There is no change to the preferred brands and no significant change to prices. Prices and availability have been checked with the Drug Tariff (April 2024) and the Dictionary of Medicines and Devices (DM&D).
- The Ovelle brand is no longer available and has been removed and replaced by Emulsifying Ointment (Ennogen).
- It was requested that emollient ingredients were added as this helps with allergy assessments. Ingredients for all emollients have been added and, as a result, the layout of the current formulary list has had to be changed.
- Statement removed: 'Epimax Original® cream and Zerobase® creams are comparable to Diprobase® cream (discontinued Feb 2022)'.
- Statement removed: 'Eucerin Intensive® 10% urea lotion was discontinued April 2022'
- Links to further patient information added.

APC members ratified the emollient formulary and requested that the District Nurse teams be notified.

ACTION: NB will upload the Emollient Formulary to the APC website and disseminate it to the wider teams, including the District Nurse Teams.

9. <u>For ratification, SCP Azathioprine in Children</u>

LK presented the SCP for azathioprine for the Management of Inflammatory Bowel Disease (IBD) in Children and Young People over 12 years old. The SCP had been reviewed as it had passed its review date at the end of June 22. Currently, there is no National SCP for this use of azathioprine in children. In line with other SCPs, the standard NHS England template has been adopted.

The following significant points were noted:

- There have been no changes to the clinical management of this patient group, but the main content changes are as follows:
- Advice has been added about transition of care which mirrors the information in the children's ADHD SCPs.

- Current practice is for the management of these patients to be retained by Secondary Care for the first 4 months of treatment, so the SCP has been amended to reflect this (the current version does not state a timeframe).
- The oral suspension has been added for those unable to take tablets.
- Advice about the interaction with trimethoprim/ co-trimoxazole has been clarified as this combination may be used in this cohort e.g., for Pneumocystis jirovecii pneumonia (PCP) prophylaxis.
- Advice clarified about management if antibiotics are required.
- Advice about live vaccines clarified- specialist team advise avoiding live vaccines. Intranasal influenza vaccine was added as an example of a commonly used live vaccine in this age group.

The updated SCP had been reviewed and approved by the Specialist team at the NUH's tertiary centre for the paediatric IBD service.
The APC clinicians explained that, although children aged 12 years and over can have their blood testing carried out in Primary Care, the children's phlebotomy service varied across the ICB.
APC members requested that discussions with patients/carers about the blood testing requirement be documented.

ACTION: LK will add a further line to the SCP to ensure the blood testing requirement is documented. LK to upload to the APC website.

10. <u>For ratification: Adult and Children Vitamin D Guidelines and Patient Information Leaflet</u>

LB presented the updated adult and children vitamin D guidelines and the corresponding patient information leaflet (PIL), all of which have been reviewed due to reaching their review dates.

<u>Prescribing Guidelines – Adults</u>

The Vitamin D management in adults guideline has been reviewed, in collaboration with Secondary Care specialists from both local Trusts, Primary Care clinicians, local Pathology consultants and the Medicines Optimisation dietitian and the pharmacy team. The comments and contributions in the review process were received and incorporated into the final draft. The following specialist teams from NUH and SFH were involved: endocrinology, healthcare of older people, rheumatology, osteoporosis, metabolic medicine, and renal.

The updated guideline contained four major key changes to the current clinical practice:

- Routine vitamin D testing in "at high risk" cohorts advice was removed – no longer recommended by NICE. Instead, indications listed where vitamin D testing is recommended.
- Vitamin D level deficiency threshold changed from 30nmol/L to 25 nmol/L – updated as per current NICE and national recommendation; local pathology labs at NUH and SFH have agreed to update the test ranges and descriptors accordingly, following APC ratification of this update. DBHT (Doncaster and Bassetlaw) – no need to action.
- For patients with deficiency (vitamin D levels below 25nmol/L) or patients with insufficiency (levels 25-50nmol/L) who are symptomatic of low vitamin D levels, the corrective treatment is proposed only as rapid regimen *with 50,000iu weekly over 6 weeks. This would discard the current slow correction regimen with 1,000iu daily if vit D below 50 and asymptomatic, reducing initiation of prescribing of the maintenance vitamin D dose for correction of deficiency and reduce ongoing vitamin D prescribing where not indicated. NICE does not stipulate which correction regimen should be prescribed and when.
- Where, in exceptional circumstances, NHS prescribing of maintenance/ preventative dose is required (currently Valupak 1,000iu tablets 1 OD, unlicensed) added, as an additional option;

25,000iu once monthly dose as a licensed product (Colextra and Invita – the most cost-effective brands).

The clinicians asked for clarity about where the pregnancy referrals should be sent to; LB explained that previously there was no named referral place but this will be investigated and added to the guideline. It was queried why the inpatient rapid loading doses of vitamin D are different, depending on the Trusts; LB explained that this was based on internal protocols within the Trusts . LB will tell the Optimise Team to develop corresponding SystmOne messages to mirror the prescribing options for vitamin D.

Members ratified the guideline, with the additions and actions discussed.

ACTION: LB will add clarity to the referral process in pregnancy and contact the Optimise Team to ask for prescribing messages to be updated with the treatment choices. LB to upload the document to the APC website.

Prescribing Guidelines – Children

The Vitamin D management in children guideline had been reviewed in collaboration with Secondary Care paediatric specialists from NUH and SFH; Primary Care clinicians had been approached for comments and contributions.

The updated guideline contained four major key changes to current clinical practice:

- Vitamin D level deficiency threshold changed from 30nmol/L to 25 nmol/L (same as for adults) – updated as per current NICE and national recommendation; local pathology labs at NUH and SFH have agreed to update the test ranges and descriptors accordingly, following APC ratification of this update. DBHT (Doncaster and Bassetlaw) – no need to action.
- For children who are diagnosed with vitamin D insufficiency (level 25-50nmol/L) and who do not have associated symptoms of low vitamin D levels a daily maintenance/preventative dose of vitamin D via self-care is advised to prevent vitamin D deficiency. The previous version advised prescribing a treatment dose for this cohort, the same dose as for vitamin D deficiency.
- For children with deficiency (vitamin D levels below 25nmol/L) or children with insufficiency (levels 25-50nmol/L) who are at risk of, or have symptoms of, low vitamin D levels, or are due bone therapy, the corrective vitamin D treatment has been extended from 7 to 8 weeks, to deliver a total dose in line with nationally recommended treatment dose (NICE/BNF/NOS).
- To aid cost-effective prescribing, where in exceptional circumstances a maintenance/preventative dose is prescribed on NHS, suitable products were tabulated in order of cost, starting with the most cost-effective. The selection of products was limited to 4 only, for practical simplicity, to include: Valupak 1,000iu tablets, Fultium drops, Abidec and Dalivit.

LB noted that the guideline had received poor stakeholder engagement; BR added that she would contact her PCN colleagues for comments which she would circulate to members via email. APC members requested the opinion of Secondary Care Paediatric Teams so that the guidelines can be ratified. Once received, the APC members agreed to ratify the document via email unless the Primary Care teams or Paediatric Teams raised a significant matter.

ACTION: LB will collate any responses received and email the Vitamin D management in children guideline to the APC members for final ratification.

Patient Information Leaflet

The Vitamin D information leaflet was reviewed with a APC Patient Representative to ensure the readability and ensure the information aligns with the proposed vitamin D prescribing guidelines.
The PIL has received the following updates:

- The all-year-round vitamin D supplementation advice has been updated to include the following additional cohorts: patients who were previously deficient and have completed a corrective course of high-dose treatment to replenish vitamin D levels; patients aged 65 and over.
- Updated advice on the availability of low-cost vitamin D supplements, including discount stores.
- A dose unit conversion to help patients to identify suitable products for self-care.
- Document formatting was reviewed to align with current accessibility requirements.

APC members ratified the PIL (already checked).

ACTION: LB will upload it to the APC website.

11. For ratification, SCP Riluzole

LK presented the updated SCP for riluzole, which had been updated due to reaching its review date. In line with other SCPs, the standard NHS England template has been adopted during this review. A shared care agreement has been in place for this medication for many years.
LK explained that, apart from the format, the changes are minimal. Riluzole orodispersible films have been added for use in exceptional circumstances, following a multidisciplinary team (MDT) recommendation when crushed tablets are not suitable; this addition was agreed at the APC meeting in February 2024.
The updated version has been reviewed and approved by Erica Littleworth, Nottingham Motor Neurone Disease (MND) Care Centre Coordinator/ Clinical Nurse Specialist and Dr Vincent Crosby, MND Care Centre Director.
The Primary Care clinicians asked for additional information to be included which would enable Primary Care prescribers to see where the patient was within their treatment regimen.
LK will update the SCP to include the additional request.
APC members ratified the SCP, subject to the changes.

ACTION: LK will incorporate the additional information and upload the SCP to the APC website.

12. For discussion: Management of Type 2 Diabetes in Young Adults Guideline

LK presented the new Management of Type 2 Diabetes in Young Adults Guideline and gave background information about the NHS England T2DAY programme which was launched at the end of 2023 and which aims to improve the management of Early Onset Type 2 Diabetes (EOT2D). LK explained that the draft guidance for T2D in young adults has been developed to support the delivery of the T2DAY programme locally. It is anticipated that this will be an appendix to the current T2D guidance. The service specification from NHS England for the programme recommends that NICE guidance (NG28) is followed, including that SGLT2 inhibitors should be offered in line with NICE NG28 for addressing cardiovascular risk (and renal protection in chronic kidney disease (CKD)). Although NG28 recommends that an SGLT2 inhibitor is considered as a first-line option, alongside metformin for those with a high cardiovascular risk, including those under 40 years with a cardiovascular risk factor, this recommendation was not adopted locally. Therefore, it was proposed that this be re-considered for this patient cohort.

The APC members discussed the motivational aspect of the guideline for patients and recognised the value a holistic approach can bring to encourage patients to adopt lifestyle changes. However, it was noted that currently the Nottinghamshire ICB does not offer a Tier 3 Weight Management Service

LK noted that a NICE TA for Tirzepatide for managing overweight and obesity was expected in June 2024.

The guideline was not ratified. It will be returned to the APC for consideration later, potentially after the launch of the NICE TA. Due to the high costs involved, Finance approval would be required to add SGLT2s as requested.

ACTION: No further action at present; await the findings of the Tirzepatide for managing overweight and obesity NICE TA. LK will return the guideline for consideration by the APC at a later date.

13. For ratification, Information & Guidance Transgender Health (TB)

TB presented the Information and Guidance on Prescribing in Transgender Health Position Statement, which was under review due to reaching its review date.
TB explained that only minor changes had been carried out to sections 1 and 3. However, section 2 'Children and Young People's Gender Services' had been completely rewritten. This follows the publication of the Cass Review in April 24 and the implementation of the advice by NHSE. This includes publication by NHSE of a new interim service specification; clinical policy on puberty- suppressing hormones and the prescribing of gender-affirming hormones. This section now reflects the advice and policies from these documents.
Overall,APC members felt the position statement offered direction to prescribers and approved the position statement.

ACTION: Interface team to upload the final version to the APC website

14. For information:APC forward work programme.

The forward work programme was noted by the APC members.

15. Any Other Business.

- LC explained that, due to capacity issues within the team, some guidelines might be retired once they reach their review date. The team would use website analytics to assess the use of such guidelines, as well as consideration of available national versions such as NICE.
- VM reminded members that Tresiba additional wording was still awaiting APC member ratification by email. VM will re-email members.

ACTION: VM will send the email to APC members for ratifying.

- NB explained that Daktacort had been discontinued and Dermatology wished to move to Timodine, and asked if this change would be acceptable to APC members. APC members agreed to the change.

ACTION: NB will update the Dermatology guidelines that refer to Daktacort with Timodine and upload them to the APC website.

- NB explained that there were 6 Antimicrobial guidelines which needed the addition of the fluoroquinolone allergy update and local guidance, and asked if these could be approved as AOB rather than returning as an agenda item at a future meeting date. Members approved the 6 antimicrobial guidelines being updated with the information as discussed.

  ACTION: NB to update the relevant antimicrobial guidelines and upload them to the APC website.

- The APC meeting on the 20th of June will be chaired by TB.

16. <u>Following meeting dates:</u>

Date of the next Formulary meeting: Thursday 20th June 2024 (2pm to 5pm Microsoft Teams)
Date of the next Guideline meeting: Thursday 18th July 2024 (2pm to 5pm Microsoft Teams)

The meeting closed at 5pm.