County Durham and Darlington Area Prescribing Committee

Thursday 4th May 2017
11.30am – 2.30pm
Board Room, Appleton House

Present

Dr James Carlton, Medical Advisor, DDES CCG (chair to item 3b)
Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair from Item 3b)
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Brewis Henderson, Patient Representative
Chris Cunnington-Shore, Patient Representative
Dr Shafie Kamaruddin, Consultant, CD&D FT
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Lisa Howarth, TEWV (representing Sarah McGeorge)

In attendance

Michelle Henderson, Bowel Specialist Nurse, CD&DFT – for item 4b

The meeting was quorate.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

Part 1 (11.30)

1a Apologies for absence:
Claire, Jones, Peter Forster, Mike Leonard, Jamie Harris,

1b Declarations of Interest

Declarations of interest:
The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.
Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/

Declarations of interest from sub committees:
None declared

Declarations of interest from today's meeting:
No declarations of interest relating to the agenda were raised.

1c Minutes of the previous APC meeting held 2nd March 2017
The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from March 2017 meeting not on the agenda or action log
Nil

Action Log

Lisdexamfetamine Shared Care Protocol
Final version has now been published on website. ITEM NOW CLOSED.

Psychotropic Drug Monitoring Guideline
Final version has now been published on website. ITEM NOW CLOSED.

RAG Status of Drugs in Chapter 5 of Formulary
On today's agenda.

Issues with Transfer of Prescribing from Secondary Care to GPs
Agreed to remove from action log as individual issues now being raised with appropriate CCG Medicines Optimisation Teams as they arise. ITEM NOW CLOSED.

CD&D Drug Monitoring Recommendations – updated
Final version has now been published on website. ITEM NOW CLOSED.

Anticoagulation Patient Decision Aid
Approved via email and final version has now been published on website. ITEM NOW CLOSED.

Magnesium Supplements in Primary Care Guideline
Suggested changes made and final version has now been published on website. ITEM NOW CLOSED.

Blood Glucose Testing
Suggested changed made and final version has now been published on website. ITEM NOW CLOSED.

Historic Actions

Subcutaneous methotrexate
An audit of current patient numbers in both primary and secondary care is currently underway to inform the commissioning process for the new contract. There is meeting of the contracting team in May 2017 to progress this issue.

CDDFT Representatives to APC
To continue to review CDDFT consultant membership vacancies on APC with Medical Directors Office and chair of CSTC. No further update at this stage.

Osteoporosis Guideline
Draft still in progress. Expected to be approved at July 2017 APC.

Guanfacine
Shared care guideline is still in development. Expected to be approved at July 2017 APC.

Ciclosporin Eye Drops
A full year of prescribing data will be presented to APC in July 2017.

Analgesia Formulary Choices
Task & Finish Group has now been formed and met for the first time in February 2017.Guidelines for use of lidocaine patches, strong opioids and neuropathic pain in progress.

Stopping Over-Medication in People with Learning Disabilities
Data on potential number of patients is still being verified before a Task and Finish group meets to take this issue forward.

Transanal Irrigation
Guideline on today's agenda for approval.
Directorate management team continue to look at most cost-effective procurement options for irrigation systems.

TEWV Communications with GPs
Next update due September 2017.

New C&D Formulary Website
Went live on 3rd April 2017. ITEM NOW CLOSED.

Issues with Nursing/Care Homes & Labelling of Medicines
Agreed to remove from action log as no specific examples have been raised. ITEM NOW CLOSED.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – March 2017
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.
The following issues were highlighted to the group:

- Psychotropic Drug Monitoring Guideline - updated
- Dementia Care Pathway – this has been updated with need for 6 monthly reviews by specialist changed to annual review, as 6 monthly review no longer a NICE requirement.
- Antipsychotic Induced Constipation – a draft guideline is in progress in particular focussing on clozapine.

2b TEWV Formulary & Prescribing Transfer – A Quick Reference Guide – Primary Care version
Final version approved by TEWV D&T circulated to members for information only.

ACTION:

- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**
- **KH/DN/JS to circulate document to primary care.**

2c SBARD – Max Doses of ADHD Drugs
Final version approved by TEWV D&T circulated to members for information only.

ACTION:

- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**
- **KH/DN/JS to circulate document to primary care**

2d Lithium Safe Prescribing Guidelines – updated
The Lithium Safe Prescribing Guidelines and associated shared care guideline expire at the end of May 2017. It has been agreed to extend the review date by 2 months with the expectation that an updated version will be approved at the July 2017 APC.

ACTION:

- **CW to update Lithium Safe Prescribing Guidelines and associated shared care guideline for approval at July 2017 APC.**

Part 3 – General (12.30)

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for May 2017 APC
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since March 2017 APC for approval including RAG changes
Approved with suggested changes to RAG recommendation as follows:

NICE Topic Decision	Date Issued	Formulary status	Action taken following April 2017 FSG meeting
TA434 Elotuzumab for previously treated multiple myeloma (terminated appraisal) NICE was unable to make a recommendation about the use in the NHS of elotuzumab for previously treated multiple myeloma because no evidence submission was received from Bristol–Myers Squibb, but will review this decision if the company decides to make a submission.	22.3.2017	Not listed in formulary.	Suggest no action required
TA435 Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal) NICE was unable to make a recommendation about the use in the NHS of tenofovir alafenamide for treating chronic hepatitis B because no evidence submission was received from Gilead, but will review this decision if the company decides to make a submission.	22.3.2017	Not listed in formulary.	Suggest no action required
TA436 Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal) NICE was unable to make a recommendation about the use in the NHS of bevacizumab for treating epidermal growth factor receptor mutation-positive non-small-cell lung cancer because no evidence submission was received from Roche, but will review this decision if the company decides to make a submission.	22.3.2017	Listed as RED drug in Chapter 8.1.5 as per other NICE TA approved indications.	Suggest no action required
TA437 Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal) NICE was unable to make a recommendation about the use in the NHS of ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy because no evidence submission was received from Janssen-Cilag, but will review this decision if the company decides to make a submission.	22.3.2017	Listed as RED drug in Chapter 8.1.5 as per other NICE TA approved indications.	Suggest no action required
TA438 Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal) NICE is unable to make a recommendation about the use in the NHS of alectinib for anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer previously	29.3.2017	Not listed in formulary.	Suggest no action required

treated with crizotinib because no evidence submission was received from Roche. We will review this decision if the company decides to make a submission.			
TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer 1.1 Cetuximab is recommended, within its marketing authorisation, as an option for previously untreated epidermal growth factor receptor (EGFR)-expressing, RAS wild-type metastatic colorectal cancer in adults in combination with: • 5‑fluorouracil, folinic acid and oxaliplatin (FOLFOX) or • 5‑fluorouracil, folinic acid and irinotecan (FOLFIRI). 1.2 Panitumumab is recommended, within its marketing authorisation, as an option for previously untreated RAS wild-type metastatic colorectal cancer in adults in combination with: • FOLFOX or • FOLFIRI. 1.3 The drugs are recommended only when the companies provide them with the discounts agreed in their patient access schemes.	29.3.2017	Cetuximab listed in Chapter 8 as RED drug. Panitumumab not listed in formulary.	Suggest add Panitumumab to formulary as RED drug and add link to formulary.
TA432 Everolimus for advanced renal cell carcinoma after previous treatment Everolimus is recommended within its marketing authorisation as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy, only if the company provides it with the discount agreed in the patient access scheme.	22.2.2017	Listed as RED drug in Chapter 8.1.5 as per other NICE TA approved indications.	Suggest no action required except to add link to formulary.
TA433 Apremilast for treating active psoriatic arthritis Apremilast, alone or in combination with disease-modifying antirheumatic drugs (DMARDs), is recommended as an option for treating active psoriatic arthritis in adults only if: • they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and • their disease has not responded to adequate trials of at least 2 standard DMARDs, given either alone or in combination and • the company provides apremilast with the discount agreed in the patient access scheme. Stop apremilast at 16 weeks if the psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis response Criteria (PsARC), defined as an improvement in at least 2 of the 4 PsARC criteria (including joint tenderness or swelling score) with no worsening in any criteria. If the disease has a Psoriasis Area and Severity Index (PASI) 75 response, a dermatologist should decide whether to continue treatment with apremilast after 16 weeks based on skin response.	22.2.2017	Listed as NOT APPROVED in Chapter 10.1.3	Suggest change to RED drug and add link to formulary. Note: excluded drug available via PAS scheme.

NG64 Drug misuse prevention: targeted interventions	22.2.2017	n/a	Suggest no action required
CG164 Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (updated) Recommendations about chemoprevention for women at high risk of breast cancer - updated Recommendations about chemoprevention for women at moderate risk of breast cancer - updated Recommendations for all women taking drugs for chemoprevention- updated	22.3.2017	Raloxifene = not listed in 8.3 Tamoxifen = Green+ in 8.3 Anastrazole = Green+ in 8.3	Suggest no action required except to add link to start of Chapter 8 of formulary and to add Raloxifen to chapter 8.3 as a Green+ drug.
NG65 Spondyloarthritis in over 16s: diagnosis and management	22.2.2017	All drugs included on formulary	Suggest no action required except to add link to start of Chapter 10 of formulary.
NG66 Mental health of adults in contact with the criminal justice system	22.3.2017	n/a	Suggest no action required as no specific drugs included.
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following April 2017 FSG meeting**
Hyoscine butylbromide (Buscopan) injection: risk of serious adverse effects in patients with underlying cardiac disease Prescribing information has been updated to help to minimise the risk of serious adverse reactions in patients with cardiac disease.	Feb 2017	Listed as Green drug in Chapter 1.2.1	Suggest no action required except to add link to formulary.
Letters sent to healthcare professionals in January 2017 A summary of letters sent to healthcare professionals in January 2017 to inform of safety for: • Insuman (human insulin): end of supply shortage (letter to healthcare professionals and letter to patient organisations) • Mirena (levonorgestrel intrauterine delivery system): batch insertion tube defect • Ulipristal acetate (ellaOne): pregnancy registry • ERWINASE: notice of special handling instructions—vials of ERWINASE from batch 180G should be used with a 5-micron filter needle	Feb 2017		No action required except to ensure Mirena letter circulated to primary care.
SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes) Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.	March 2017	All listed as Green alt drugs in Chapter 6.1.2	Suggest no action required except to add link to formulary.
Launch of pilot reporting scheme for harms associated with illicit drugs, particularly new psychoactive substances We are launching a pilot scheme for healthcare professionals in the UK to report suspected adverse reactions to illicit drugs, particularly new psychoactive substances.	March 2017	n/a	No action required
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following April 2017 FSG meeting**
Dimethyl Fumarate for moderate to severe chronic	28.2.2017	Fumeric acid	Suggest add dimethyl

plaque psoriasis The Northern (NHS) Treatment Advisory Group recommends the use of dimethyl fumarate for those patients who are not suitable for a biologic and in whom conventional first and second line treatment options have failed and who would otherwise have been given Fumaderm®. Dimethyl fumarate has not yet been launched and this recommendation will apply once it's available and licensed.		esters listed as RED in Chapter 13.5.2	furmate to formulary as RED drug in place of unlicensed Fumaderm® N.B. CCG funded tariff excluded drug
Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following April 2017 FSG meeting**
Colomycin injection for nebulisation for non-CF bronchiectasis.	Currently not clear what the RAG status is for this indication. Respiratory team have indicated should be Green+ as no special monitoring required. This mirrors North of Tyne & Gateshead APC plus Tees formulary.	5.1.7	Suggest add to formulary as Green+ drug for this indication subject to GP information leaflet being required and that patient remains under specialist review to ensure duration and effectiveness of treatment is regularly reviewed.
Desmopressin acetate 25microgram and 50 microgram oral lyophilisate (Noqdirna®) Indicated for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults	Requested by urologists for nocturia due to idiopathic nocturnal polyuria in adults. It is the licensed formulation for this indication. Only in line with NICE guidelines (CG171, CG97)	7	Suggest add to formulary as per Green+ drug as per Sunderland JFC recommendation. Sunderland to produce a GP info leaflet to support use.
Carbocisteine sachets	New oral liquid formulation that may offer a small cost advantage compared to standard oral suspension	3.7	Suggest add to formulary as Green drug alongside capsules and oral suspension
Lidocaine Plasters **Addition to the formulary & Grey List of the following wording:** Lidocaine patches are only licensed for the treatment of postherpatic neuralgia (PHN). In addition, they are approved locally for use in the following: • the treatment of chronic neuropathic pain on the advice of pain specialists only, subject to an appropriate trial of efficacy in each individual patient and as part of a directed management plan • the treatment of multiple rib fractures on the advice of pain specialists only, in line with the procedure for pain management and rehabilitation following multiple rib fractures	Proposed by Analgesia Task and Finish Group as further prompt to try and control use.	4.7.3	Suggest updated formulary & Grey List wording as proposed.

• palliative care – please note that prescribers in primary care can initiate prescribing in palliative care patients.			
New Drug Applications for Formulary	**Reasoning**	**BNF Chapter**	**Action taken following April 2017 FSG meeting**
None			
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following April 2017 FSG meeting**
None			

ACTION:

- **GM to update the online formulary with the approved changes.**
- **GM to work with Respiratory Team to produce a GP Information Leaflet to support Green+ RAG status for Colomycin nebules for non-CF patients.**
- **GM to chase Sunderland JFC for GP Information Leaflet to support formulary inclusion of Desmopressin acetate 25microgram and 50 microgram oral lyophilisate (Noqdirna®)**

3c New Drug Applications

None received for this meeting.

3d RAG Status of Drugs in Chapter 5 of Formulary

Following the March 2017 APC a revised list of RAG status for antimicrobials was presented to and approved by the group. The list has been put together in consultation with the antimicrobial pharmacist at CDDFT and the Formulary Subgroup.

ACTION:

- **GM to update the online formulary with the approved changes.**

3e Shared Care Guidelines for Approval

None received for this meeting.

3f NTAG Update

A verbal update on the NTAG recommendations following their February 2017 meeting was given.

- Dimethyl fumarate for moderate to severe chronic plaque psoriasis
- Transcutaneous vagus nerve stimulation for treatment of cluster headaches and migraine
- Lycra garments for the management of cerebral palsy
- Home iontophoresis for hyperhidrosis

The formulary website will be updated accordingly with the recommendation for dimethyl fumarate. The RAG status of dimethyl fumarate for this indication will be RED as it is a NHSE commissioned tariff excluded drug.

ACTION:

- **GM to update the online formulary with the approved changes.**

3g CDDFT Update April 2017

A verbal update on the recent CTSC was presented to the group.
The following documents were circulated to the group for information:

- Protocol for dispensing bowel prep for endoscopic procedures
- End of life variable dose policy
- Accessing palliative medicines via the urgent care centre - it was agreed to add to this an updated list of pharmacies and their opening hours plus which hold stocks of palliative medicines.

ACTION:

- **DN/LPC/BW to update list of pharmacies and their opening hours plus which hold stocks of palliative medicines.**

3h New C&D Formulary Website

The new CD&D Formulary Website went live on the 3rd April 2017 and to date feedback has been positive.

3i Regional Medicines Optimisation Committee

A verbal update on progress with the creation of the new Regional Medicines Optimisation Committees was presented to the group.
It was noted that the first meeting of the North committee had taken place at the end of April 2017.
The operating model together with information on how to apply to be member of the RMOC was circulated to the group for information.

3j APC New Product Application Form – updated

An updated APC New Product Application Form with the addition of section for Declarations of Interest from departments/organisations as well as individuals was presented to and approved by the group.

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS**

3k Annual Review of APC Terms of Reference

The APC Terms of Reference were reviewed and approved by the group for a further 12 months with the addition of a section on maintaining confidentiality of meeting papers and discussions at APC.

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS**

3l APC Declarations of Interest Form – updated

The APC Declarations of Interest Form was reviewed and approved by the group with the addition of a section on maintaining confidentiality of meeting papers and discussions at APC.

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS**

3m CD&D APC Annual Report 2016/17

This was presented to and approved by the group.

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS website.**

3n CD&D APC Workplan 2017/18

This was presented to and approved by the group.

3o NHSE Specialised Commissioning Drugs Briefing –Spring 2017

Circulated to the group for information.

3p Letter for Clinicians Across County Durham re Prescribing Savings

The APC discussed a request from the CCG/CDDFT Financial Recovery Group to write a letter to all clinicians across County Durham with a reminder about ensuring cost-effective prescribing to continue to support the management of NHS resources locally.
After discussion the group felt to was important to highlight to the CCG/CDDFT Financial Recovery Group all the work that had already been done to date to ensure cost-effective prescribing and efficient use if NHS resources locally. It was felt that any letter to clinicians should thank them for their efforts to date and highlight that the CD&D Medicines Optimisation agenda had already helped to manage prescribing costs, and these efforts should be maintained.

ACTION:

- **JC/ID to feedback on discussion to CCG/CDDFT Financial Recovery Group and draft a suitable letter to go out.**

Part 4 – Physical Health (13.30)

4a Type 1 Blood Glucose Testing – choice of meters, strips and needles

In County Durham and Darlington we have not had agreed formulary for type 1 diabetics and Blood Glucose and Ketone machines and associated test strips.
Many type 1 patients have different clinical needs and need meters with additional features. It was recognised that a formulary choice would ensure that all clinicians across the interface would become familiar with the machines and the associated test strips.

Agreement of recommendation to APC for formulary status of meters/test strips for type 1 diabetics:-
Within the three groups agreed:-

1. Those with the inbuilt ability to measure ketones
   - 1st choice Care sens duo which uses Keto sens (£9.95 for 10 - ketones) and then for Blood Glucose ,Care Sens Pro Strips (£9.95 for 50)
   - 2nd choice Gluco RX which uses Gluco HCT (9.95 for 10 – ketones) and then for Blood Glucose, Gluco Rx (9.95 for 50).

2. Smart meters with Carb counting
   - 1st choice: Dario – test strips priced at £14.95 per 50.
   - 2nd choice: Accucheck Aviva Expert- test strips priced at £15.96 per 50.

3. Those that could be compatible with insulin pumps

There were currently 4 choices of insulin pump that used different type of strips:-

- Medtronic-Contour next meter and uses Contour Next strips
- Roche-Expert meter/Accuchek aviva test strips
- Omnipod-Freestyle lite meter and freestyle strips
- Animas-Any meter and any strips.

These recommendations were approved by the APC and the CD&D Blood Glucose Monitoring will be updated accordingly.

The APC also approved a recommendation only to include 4mm Gluco RX pen needles and BD Viva pen needles on the formulary.

ACTION:

- **DN/KH to update CD&D Blood Glucose Monitoring with approved recommendations for meters and test strips in Type 1 diabetic patients.**

4b Durham Guidelines for Transanal Irrigation

A local guideline for transanal irrigation was presented to the group for comment. This guideline has been produced to support on the NTAG recommendation on the use of these products and to help manage costs.

The group noted the declaration of interest from the authors declaring the Durham Constipation Services receives some funding from Coloplast to cover staffing costs but there is no expectation that the service recommends only Coloplast products, and the service in fact uses all the available products.

The group asked for the following amendments to be made to the guideline before it could be approved:

- Update table of products to include all the available products
- Continence service to access initial complimentary stock from Constipation Service
- All patients being considered for transanal irrigation by Continence Service to first be reviewed at MDT with Constipation Service before transanal irrigation is initiated
- Include information on how/when patients need to be reviewed, when treatment should be stopped, and likely duration of treatment (e.g. Long-term)
- Attach the proforma that is used to initiate treatment/review patients as an appendix

ACTION:

- **Michelle Henderson to updated guideline with suggested changes prior to it being finally approved at July 2017 APC.**

4c Neuropathic Pain Guideline

A draft of these guidelines was presented to the group for comment. A final draft will be prepared for approval at the July 2017 APC.
Suggested amendments included:

- Review inclusion of nortriptyline as an alternative to amitriptyline given the cost differential.
- Addition of warnings around illicit use of pregabalin
- Further information on restrictions on use of lidocaine patches

4d NHS England Consultation on the Availability of Gluten Free Foods on Prescription in Primary Care

The group discussed the NHS England Consultation on the Availability of Gluten Free Foods on Prescription in Primary Care and agreed to submit a response from the APC. Individual members and stakeholder organisations were also encourage to submit a response.

ACTION:

- **GM to submit a response on behalf of the APC based on the discussion that had taken place.**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes February 2017

For information.

5b TEWV D&T Minutes January 2017

For information.

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes April 2017

For information.

5d CD&D D&T CAG April 2017 Minutes

None available – meeting cancelled.

5e High Cost Drugs Group Minutes December 2016 & February 2017
For information.

5f NTAG Minutes November 2016
For information.

5g RDTC Horizon scanning – March & April 2017
For information.

5h MHRA Drug Safety Update – March & April 2017
For information.

5i NICE NG5 Medicines Optimisation Subgroup Minutes
No further meetings of the subgroup been held since June 2016.

5j AHSN Medicines Optimisation Steering Group Minutes – April 2017
For information.

Chairman's Action
Nil

Any Other Business
Updated North East & Cumbria Antimicrobial Prescribing Guideline for Primary Care
The updated North East & Cumbria Antimicrobial Prescribing Guideline for Primary Care was approved for local implementation by the APC. The changes highlighted to the group were as follows:

UTI in adults (lower)
Treatment recommendations updated in line with Public Health England revised guidance published February 2017.
Nitrofurantoin recommended first line.
Trimethoprim recommended where nitrofurantoin contra-indicated and low risk of resistance.
Pivmecillinam added as empirical treatment choice where nitrofurantoin contraindicated, high risk of resistance or GFR <45ml/min.
Prescribers are encouraged to use the TARGET UTI patient information leaflet during consultations.

Acute prostatitis
New condition added.

Recurrent UTI
Defined as 2 in 6 months or ≥3 UTIs per year, as per Public Health England guidance.

Suggested doses and course lengths for nitrofurantoin (1st line) and pivmecillinam (2nd line) added for when antibiotics are indicated, in line with Public Health England guidance.

Date and time of next meeting:
Thursday 6th July 2017 11.30am – 2.30pm
Board Room, Appleton House