These minutes are in draft form until ratified by the committee at the next meeting on 18th September 2025.

Nottinghamshire Area Prescribing Committee Guideline Meeting Minutes Thursday 17th July 2025: 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 Integrated Care Board (ICB)**
Jo Fleming (JF)	**Specialist Clinical Pharmacist (Pain)**	**Primary Integrated Community Services Ltd (PICs)**
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 (SFH)**
Katie Sanderson (KS)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Jennifer Moss Langfield (JML)	**GP**	**City Place-Based Partnership (PBP), Nottingham & Nottinghamshire ICB**
David Wicks (DW)	**GP**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust (NUH)**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**Nottingham CityCare Partnership**
Susan Hume (SH)	**Advanced podiatrist**	**Nottinghamshire Healthcare NHS Trust (NHCT)**
Jacqui Burke (JB)	**Advanced Nurse Practitioner**	**Willowbrook Medical Practice, Ashfield North Primary Care Network (PCN)**

In Attendance:

There were no guest attendees present.

Observing:

There were no observers present.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.
Vimbayi Mushayi (VM), Specialist Interface Medicines Optimisation Pharmacist.
Lidia Borak (LB), Specialist Interface Medicines Optimisation Pharmacist.
Irina Varlan (IV), Specialist Interface Medicines Optimisation Pharmacist, for agenda item 5 only.
Sue Haria (SHa), Medicines Optimisation Pharmacist, for AOB only.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

APC members and the APC support team made no declarations of interest.

3. Minutes of the last meeting and matters arising

The minutes of the previous meeting were accepted as an accurate record, subject to minor amendments.

- Amiodarone Shared Care Protocol (SCP) queries.
  LB provided a verbal update on the questions raised during the May meeting and provided reassurance that patients suspected of having pulmonary toxicity will be triaged at secondary care as urgent.

- Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy. Venous thromboembolism (VTE) management in pregnancy – treatment & prophylaxis.
  At the March APC meeting, JML explained that hyperlinks to patient information leaflets (PILs) and training are still to be added.

ACTION: JML to add the additional information and forward to a member of the APC team for uploading.

- The Cows Milk Protein Allergy guideline will remain as ratified; however, work is ongoing to target efficiencies.

ACTION: No further action required at present.

- Asthma guidelines
  The Asthma in Adults guideline was ratified in May and has been uploaded to the APC website. The Joint Formulary still requires updating, and the authors of the guideline are to submit the changes to KR for completion.

ACTION: KR to work with the authors to update the Joint Formulary.

*****All other items were complete or on the agenda for discussion.*****

4. FOR INFORMATION – Medicines Optimisation Regional Advisory Group (MORAG) update.

LC explained that the MORAG meeting is scheduled to take place later in the month. Any relevant matters arising from this meeting will be fed back to APC members at a later date.

ACTION: No further action required at present.

5. FOR RATIFICATION – Antimicrobial Guidelines.

The following antimicrobial guidelines have been reviewed in consultation with Dr Rodric Francis, Consultant Microbiologist/Community Infection Control Doctor, South Nottinghamshire (NUH). IV presented all the antimicrobial guidelines:

Acute sinusitis

The Acute sinusitis guideline was due for review in May 2025. The National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summary (CKS) for Sinusitis was last updated in August 2024; however, the changes were minor and did not affect the treatment recommendations. The list of minor changes includes:

- Introduction reworded to encourage a conversation with the patient about education and expectation around antibiotic prescribing.
- Factors that may suggest bacterial infection have been included.
- Criteria for referral to ENT/Immunology Specialist added as per the NICE CKS.
- Information added that sinusitis can be managed in Community Pharmacy via the Pharmacy First scheme, as one of the 7 acute conditions.

APC members ratified the acute sinusitis guideline.

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

Chronic bacterial sinusitis

The Chronic bacterial sinusitis guidance was due for review in May 2025. The NICE CKS for Sinusitis was last updated in August 2024; however, the changes were minor and did not affect the treatment recommendations. The list of minor changes includes:

- Second paragraph changed to reiterate the inflammatory aspect of this condition.
- Link to NICE sepsis guidance added.
- Criteria for when to seek specialist advice added as per the NICE CKS.

APC members ratified the acute sinusitis guideline.

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

Diagnosis of Urinary Tract Infection (UTI) – quick reference guide – proposal to retire

At the end of May 2025, the UK Health Security Agency (UKHSA) and NHS England (NHSE) published an update of the UTI diagnostic quick reference tools. IV and Dr Rodric Francis are comparing these to what is carried out locally. They will be brought to the APC meeting after review, along with the other UTI guidelines that need to be reviewed.

The Local Diagnosis of UTI – Quick Reference Guide was due for an update in May 2025. APC members agreed to the request to retire this guideline.

ACTION: IV to remove the Diagnosis of UTI – Quick Reference Guide from the APC website.

Skin and soft tissue infections: Scabies

Although the Scabies guideline was updated in June 2024, so was not due for a review, it has been reviewed following updated publications from UKHSA and NICE in April and May 2025.

The main changes are as follows:

- Added use of emollients, topical anti-inflammatory treatments and antihistamines to manage symptoms. Also added sedating antihistamines to manage night itching.
- Added that washing clothes bedding etc should take place after first treatment.
- Added that ivermectin should be taken on an empty stomach, as per SPC, as well as information about crushing ivermectin tablets in children.
- Clarified when to seek specialist advice.
- Information about how to manage scabies outbreaks and links to UKHSA (detailed, with information re settings: care homes, schools, prisons etc).
- Ivermectin treatment added to a table format as per template used in other antimicrobial guidelines.
- No changes to doses or treatment interval for topical agents.

- Proposal to amend the traffic light status to AMBER 3 to allow appropriate initiation without the need for referral.

The APC members discussed the single-dose versus two-doses courses of Ivermectin. Because ivermectin is not an ovicide it has previously been included as a two-dose schedule. IV has contacted the manufacturers and NICE to request evidence for single-dose treatment. Any responses will be circulated to the APC members.

The APC approved Ivermectin for scabies with an AMBER 3 classification. The guideline was ratified subject to the strengthening of some of the messages, such as the information about when to contact the infection control teams, linking to more information on crusted scabies, highlighting the appropriate management of itching so as not to lead to unnecessary ivermectin prescribing and clear criteria to follow before deciding to prescribe ivermectin. Additional narrative needs to be included to increase awareness of the possible medication interactions, particularly those associated with warfarin. The possibility of integrating pop-up notifications into SystmOne to flag interaction to Warfarin, to remind users of the prescribing criteria for ivermectin and associated cost of treatment will be discussed with the OptimiseRx team.

ACTION: IV to make the suggested changes, consult with the OptimiseRx Team about the possibility of pop-up messages for SystmOne, update the Joint Formulary with the AMBER 3 classification, finalise and upload the guideline to the APC website. IV to feed back to the committee any responses from the manufacturers and NICE regarding the recommendation to treat scabies with one dose of ivermectin only.

Tuberculosis

The guideline was due for review in July 2025. NICE NG33 Tuberculosis was last updated in February 2024 but the changes were minimal and did not prompt any major changes to current guidelines.

The following minor amendments have been incorporated:
• Added additional information about TB symptoms and the risk factors to be considered.
• Links to PILs in English and other languages were added, as well as an information link to the BCG (*Bacillus Calmette-Guérin*) vaccine.
• Added link to the Tuberculosis and pregnant women page from Public Health England (PHE).
• The contact information has been updated.

APC members ratified the guideline.

ACTION: IV to finalise the Tuberculosis guideline and upload it to the APC website.

Clostridioides Difficile (C.diff)

A minor update to the *C.diff* guidance was triggered by communication from Primary and Secondary Care regarding the availability of vancomycin liquid. SystmOne only has 50mg/5ml available to prescribe within Primary Care, and this strength is not readily available from the specials manufacturers in Community or in Secondary Care. SFH holds vancomycin oral solution 250mg/5ml, ordered from a specials manufacturer, that costs approximately £600 per 500ml bottle. SFH does not have a licence to issue FP10 prescriptions from their pharmacy, nor can they receive FP10 prescriptions issued electronically in Community. NUH manufactures vancomycin oral solution 250mg/10ml in-house and always keeps a bottle in stock. The Trust pharmacy at NUH has a licence to dispense against FP10 prescriptions issued in Primary Care.

Various permutations of supply were discussed, and clear contact details and instructions for how to obtain a supply are required. There is interest from SFH in using vancomycin oral solution 250mg/10ml manufactured by NUH, as it is more cost-effective than the current product and the local supply process would be simplified.
There was also a suggestion for all prescriptions to be fulfilled and delivered by NUH, though the logistics and financial implications of this option would need to be clarified with ICB representatives. These discussions will be taken outside the APC meeting, and IV will provide feedback on the outcome of the discussions.

In the interim, the following changes have been made to the Joint Formulary:

• Formulary entry to vancomycin liquid has been updated to include cost and availability at NUH and SFH Trusts.
• Temporary advice was added to the formulary to contact the local community pharmacy to confirm what strength of vancomycin liquid is available for ordering, before a prescription is issued to patients.

This information will be updated when SystmOne make the other strengths available to prescribe electronically (currently they are free-typed) or when there is a consensus for supply between the two Secondary Care Trusts.

• SystmOne have been contacted to enquire about the addition of 250mg/5ml and 250mg/10ml strengths.
• There will be a temporary line added to the guideline explaining the process required for supplying vancomycin liquid, as soon as this is agreed with NUH and SFH.

A suggestion was to add an OptimiseRx message to the vancomycin liquid 50mg/5ml entry (until the other strengths become available), to flag the same message. This will need the NUH pharmacy postcode and the telephone number to send prescriptions electronically from Community.

APC members suggested enquiring with neighbouring counties to obtain an idea of their process for supplying vancomycin liquid.

APC ratified the guideline as a temporary position.

ACTION: IV will continue conversations outside the meeting to establish whether orders could be filtered through to NUH for delivery to patients on the Nottingham and Nottinghamshire footprint. IV to feed back the outcomes of the conversation between Trusts with regard to supplying the 250mg/10 ml oral solution manufactured by NUH. Once all the points raised are clarified, IV to finalise and upload the *C. Diff* guideline to the APC website.

6. FOR RATIFICATION – Aminosalicylates for Inflammatory Bowel Disease (IBD)

LB presented the updated prescribing information sheet, which had been updated due to it approaching its review date. The review had been completed in collaboration with the Gastroenterology department at NUH.

- The review made no major changes to the current clinical practice, and monitoring recommendations remain the same.
- Recently updated national monitoring advice for mesalazine suggests “to consider”, rather than “offer” full blood counts, and liver function tests are to be completed at all stages of the treatment.
- Some recommendations within the document have been reworded to highlight their importance.
- The list of available products has been extended to separate oral and rectal formulations for clarity.

Some discussion took place about shared care and the locally enhanced service (LES), including current arrangements for sulfasalazine use for IBD. However, as monitoring is only required annually, it would not be eligible for additional funding under an LES.

APC members ratified the guideline.

ACTION: LB to finalise the guideline and upload it to the APC website.

7. FOR RATIFICATION – Dapagliflozin for treating chronic kidney disease (CKD) in adults

VM presented the Dapagliflozin for treating CKD in adults following the publication of NICE Technology Appraisal (TA) 1075, published on 2 July 2025, which has replaced the NICE TA 775. This appraisal aligns use of dapagliflozin with that of empagliflozin. NICE concluded that indirect treatment comparison suggests similar effectiveness and safety for both. In addition, dapagliflozin and empagliflozin are currently cost- equivalent, priced at £36.59 for a pack of 28 tablets. Both agents work via the same mechanism and are used at similar points in the CKD treatment pathway, supporting clinical flexibility, simplifying prescribing and removing the unnecessary complexity associated with selection of SGLT2 inhibitor.
APC members noted the updated TA.

ACTION: See agenda items 8 and 9.

8. FOR RATIFICATION – Management of CKD in adults – update following NICE TA1075: Dapagliflozin

VM presented the Management of CKD in adults guidance following the publication of NICE Technology Appraisal TA1075 on 2 July 2025. Bringing dapagliflozin in line with empagliflozin will ensure consistency in clinical application, as discussed in agenda item 7.

Summary of changes:
NICE TA1075 removes the previous eGFR restrictions associated with dapagliflozin under TA775, expanding its use and aligning its eligibility criteria with those of empagliflozin. Both agents are now recommended for:

- eGFR 20 to <45 ml/min/1.73 m², **or**
- eGFR 45 to 90 ml/min/1.73 m² **and** either:
- uACR ≥22.6 mg/mmol, **or** type 2 diabetes.

This alignment simplifies prescribing by unifying the criteria across both drugs and broadens access to treatment.

- All other clinical recommendations remain unchanged.
- Dapagliflozin and empagliflozin currently have the same requisition cost. However, a note has been added recommending that the least costly option be used to future-proof the pathway in case of price changes.

APC members ratified the changes to the Management of CKD in adults guideline.

ACTION: VM to update the Joint Formulary, finalise and upload the CKD in adults guidelines to the APC website.

9. FOR RATIFICATION – SGLT2 inhibitors in CKD and Type 2 diabetes pathway

VM presented the SGLT2 inhibitor pathway for managing CKD and Type 2 Diabetes, which had been revised to incorporate the latest NICE TA1075 guidance on dapagliflozin, bringing dapagliflozin in line with empagliflozin NICE TA942 (2023) and ensuring consistency in clinical application, as discussed in agenda item 7.

Summary of Changes:
NICE TA1075 removes the previous eGFR restrictions associated with dapagliflozin under TA775, expanding its use and aligning its eligibility criteria with those of empagliflozin. Both agents are now recommended for:

- eGFR 20 to <45 ml/min/1.73 m², **or**
- eGFR 45 to 90 ml/min/1.73 m² **and** either:
- uACR ≥22.6 mg/mmol, **or** type 2 diabetes.

All other clinical recommendations remain unchanged.

This alignment simplifies prescribing by unifying the criteria across both drugs and broadens access to treatment.

APC members ratified the changes to the SGLT2 inhibitors in CKD and Type 2 Diabetes pathway.

ACTION: VM to update the Joint Formulary, finalise and upload the SGLT2 inhibitors in CKD and Type 2 Diabetes pathway to the APC website.

10. FOR RATIFICATION – Midodrine prescribing information sheet

VM presented the Midodrine prescribing information sheet document which had been reviewed due to it reaching its review date. VM presented on behalf of the authors, Fiona Powderley, Specialist Clinical Pharmacist, Acute Frailty Medicine, NUH and Nirlas Bathia, Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB. The review was completed in collaboration with the Acute Frailty Medicine Team at NUH.

Updates to the guideline include:

- Initial weekly monitoring of blood pressure is off license and based on local Specialist opinion, whereas manufacturers recommend twice- weekly monitoring.
- Section on monitoring and responsibilities changed to mirror the approach agreed in the fludrocortisone information sheet. The initiating Specialist will review the appropriateness of midodrine and the associated risk in treatment. The initiating prescriber will facilitate monitoring until care can be handed safely to Primary Care.
- Updated the cautions, to include history and risk factors for cerebrovascular accident (CVA) and the rationale for caution in patients with diabetes.
- Added clarification that the third dose should be 4 hours before bedtime.

Clinicians wanted to know what the evidence or rationale was for not carrying out twice-weekly monitoring, as recommended in the summary of product characteristics (SPC).
Colleagues in Primary Care described difficulties in monitoring frequent blood pressures, and it was noted that blood pressure monitoring can be done at home by a range of people and does not require someone from the GP practice to record this. Community pharmacies also offer blood pressure monitoring services.

ACTION: VM to clarify with the authors why the monitoring is different from the SPC and feed the information back to the APC members via email. In the event that there is no evidence, the Midodrine prescribing information sheet might need to return to the APC for further discussion.

11. FOR RATIFICATION – Continence formulary

LC presented the updated Continence Formulary on behalf of Jill Theobald, Medicine Optimisation Pharmacist, Nottingham and Nottinghamshire ICB. The selected section of the Continence Formulary presented has been reviewed and updated by the Continence Formulary Group. Any changes to products have received input from patients (as clarified by Jill Theobald during the meeting)

Summary of changes:

Indwelling catheters:
- Added Prosys All Silicone Foley Catheter and removed FlexiCath All Silicone Catheter and Unoquip
- GmbH All Silicone Catheter added – less expensive than Prosys.

Urinals and Urine directors:
Added Flexifunnel (male) and Uriwell (unisex) – less expensive than the existing options.

Sheaths:
- Added Spiritcare Incontinence Sheath (self-adhesive) as first-line choice - less expensive than existing first-line choice. Clinisure Silicone Sheath remains as an alternative first-line choice.
- Added Urimed Vision self- adhesive silicone sheath as second- line choice – less expensive than

Prosys Flofit. Prosys remains as an alternative second- line choice. Removed InView Silicone and GB Libra sheaths.

Updated prices (DT May25) for all the sections reviewed.

APC member ratified the updated section of the Continence Formulary.

ACTION: LC to provide feedback to the author and ensure the Joint Formulary is updated with the approved changes and upload the updated Continence Formulary to the APC website.

12. FOR RATIFICATION – Salbutamol inhalers – prescribing in adults

LB presented the new one-page Salbutamol Inhaler Prescribing in Adults and Children ≥ 12 years with Asthma guideline on behalf of the author, Emma Moncrieff, Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB. This was developed in collaboration with the ICS medicines optimisation respiratory group, with some input from respiratory consultants and specialist pharmacists from both local Trusts.

The NICE/BTS/SIGN asthma guidelines for adults and children ≥ 12 years old have recently been updated. One of the major changes is the move away from using short-acting bronchodilators (i.e. salbutamol). This one-page guideline has been produced to help clinicians review existing patients who are currently prescribed salbutamol to, determine whether to change their therapy in line with the new guidance or maintain them on their existing regimen.

PILs are being sought, and if a suitable PIL is found, a link will be added to the one-page summary.

APC clinicians suggested replacing ‘using ≥ 2 salbutamol inhalers a year indicates poor control’ with ‘Using more than 1 inhaler a year is an indicator that their asthma might not be well controlled and review should be considered’ and the incorporation of some reference to those people who have multiple locations.
Additionally, version control needs to be incorporated.

APC members approved the guideline with the proposed changes incorporated.

ACTION: LB to provide feedback to the author. Once the changes have been made, LB will check and upload the document to the APC website.

13. FOR RATIFICATION – APC Terms of Reference (ToR)

LC presented the updated APC ToR. This was a minor interim update due to the potential changes to the APC process when more clarity around ICB functions and structure is published.

APC members ratified the APC ToR.

ACTION: LC to upload to the APC website.

14. FOR INFORMATION – Forward Work Programme

- The Children's Asthma guideline was not ready for review at present. APC clinicians felt the guideline ideally needed to be completed before the children return to school in September. JML offered the authors her clinical support.

  ACTION: LC to provide feedback to the authors.

- The Nottinghamshire and Nottingham Guidelines for Care in the Last Year of Life. A Guide for Professionals had reached its review date. Following discussions with the working group, a decision was made to extend the guideline to December 2025. The new review date has been incorporated, and the document has been re-uploaded to the APC website.

- The Transgender Collaborative Care Protocols and the Transgender Prescribing Information Sheets were due for an update this month (July 2025). However, the local service providers have informed the APC that National Transgender Guidance will soon be available. A decision has been made to wait for that before reviewing the local documents.

- A Medicines Optimisation and Pharmacy Board, Transformation and Efficiency Group (MOPB-TEG) has been formed to oversee and provide new cash-releasing projects across the interface. The first projected aim is to align the Ophthalmology products used across the whole of Nottinghamshire. A call for expression of interest has been sent out to the Medicines Optimisation Team.

- Linzagolix and Ryeqo TAs for Endometriosis and Uterine fibroids have recently been discussed at the NUH Drug and Therapeutics Committee (DTC). Linzagolix and Ryeqo (combination therapy: relugolix, estradiol, and norethisterone) are both treatment options for moderate to severe symptoms of uterine fibroids and endometriosis. The ICB finance and pathway redesign teams have been informed.

15. Any Other Business

- A Single Wound Care Formulary for Nottingham and Nottinghamshire ICB has been agreed across the Nottingham and Nottinghamshire ICB. The NHS Supply Chain will supply the items that cannot be supplied on FP10. SHa and KR will update the Joint Formulary to correspond with the supply from the Single Wound Care Formulary. NB This update has not required the addition or removal of any products.

- MC shared his screen for the ‘5 Asks’ relating to medicines on discharge of patients for Mid Nottinghamshire and SFHT. TH explained the difference from the NUH’s ‘5 Asks’.
  JML declared her previous involvement in the document as part of her former Local Medical Council (LMC) role. The general principles of the ‘5 Asks’ were noted by members.
  MC will send the internal communication document to APC members and the LMC for information.

  ACTION: MC to email the document to APC members and the LMC.

- LC asked APC members to accept or decline the meeting invitation for the August APC, to establish whether the meeting would take place.

- AW raised the Did Not Attend (DNAs) appointment flagging and explained that some patients were distressed at being labelled as a non-attendee for appointments where letters had been received after their scheduled appointment date. APC clinicians assured the patient representatives that this is being reviewed at both NUH and SFHT, and other communication methods are being explored.

- TH explained that NUH were starting to review their brand prescribing of oxycodone. It is thought that brand prescribing for oxycodone originated from a safety aspect. However, the evidence suggests that brand prescribing of oxycodone makes no difference to safety but does increase the costs. This change will improve the supply problems and reduce costs. Initially, this will only affect immediate release (branded ShorTec).
  In terms of the medicine's safety, the Medicines Safety Officers (MSO's) at NUH and SFHT were involved in the discussions, and TH will link with in the Primary Care MSOs.

  ACTION: TH to link in with Primary Care MSOs and feed back to APC any updates

- LB referred to the new IBS guideline ratified by APC earlier in 2025 and explained that the term two-week wait was no longer used. Additionally, a local variation for suspected GI cancer referral criteria was identified between the Trusts. The pathway leads have been informed, and the guidelines on TeamNet have been updated to include relevant links to the local pathways.

- SHa was awaiting a quorate response for the Desmopressin prescribing information sheet. An email was sent to members by LC on July 9th, and members were urged to respond by July 27th.

  ACTION: APC members are to respond to the email.

Future meetings

- APC Formulary meeting: Thursday 28th August 2025 (2pm to 5pm, Microsoft Teams) – **To be confirmed**
- APC Guideline meeting: Thursday 18th September 2025 (2pm to 5pm, Microsoft Teams)

The meeting closed at 16:40.