

Nottinghamshire Area Prescribing Committee Guidelines Meeting Minutes Thursday 20th

November: 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 the 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)
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
Katie Sanderson (KS)	Patient Representative	Nottingham & Nottinghamshire ICB local population
Jennifer Moss Langfield (JML)	GP	City Place-Based Partnership (PBP), Nottingham & Nottinghamshire ICB
Khalid Butt (KB)	GP	Local Medical Committee (LMC) Representative, Nottinghamshire.
Asifa Akhtar (AA)	GP	South Notts 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
Mark Clymer (MC)	Assistant Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Gladys Maponese (GM)	Deputy Chief Pharmacist and Head of Community Health Services and Forensic Health	Nottinghamshire Healthcare NHS Trust
Jo Fleming (JF)	Specialist Clinical Pharmacist (Pain)	Primary Integrated Community Services Ltd
Georgina Dyson (GD)	Advanced Nurse Practitioner	Nottingham CityCare Partnership
Nicola Graham (NG)	Senior Transformation Manager	NHS Nottingham & Nottinghamshire ICB
Nicola Jay (NJ)	Deputy Medical Director	NHS Nottingham & Nottinghamshire ICB

In Attendance:

Nirlas Bathia, Medicine Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB, in attendance for agenda item 11.

Jill Theobald, Senior Medicine Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB, in attendance for agenda item 11.

Kate Morris, Medicine Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB, in attendance for agenda item 12.

Observing:

Tasnim Ali and Su-An Lee, pharmacy students at the University of Nottingham.

Nicola Buxton, Medicines Optimisation Pharmacy Technician, NHS Nottingham & Nottinghamshire ICB.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFHFT, in attendance up to agenda item 6.

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.

Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.

Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

Sue Haria (SH), Medicines Optimisation Pharmacist, interim support to the APC Interface Team.

1. Welcome and apologies.

APC members were introduced and welcomed; no apologies were noted.

2. Declarations of interest

JML for agenda item 11 declared an interest in other work streams that are in connection with Dr Stephen Willott.

No further declarations of interest were made by APC members, attendees or the APC support team.

3. Minutes of the last meeting

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

Matters arising and action log**Matters arising**

3(a) Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy. Venous thromboembolism (VTE) management in pregnancy – treatment & prophylaxis was ratified at the March 2025 APC meeting; however, publishing has been delayed. JML explained that she had been unable to obtain the hyperlinks mentioned in previous meetings and more recently had received updated contact details that need to be incorporated into the guideline. Once complete JML will forward the final document to a member of the APC team to finalise and upload to the APC website.

ACTION: JML to forward the final document to a member of the APC team to upload to the APC website.

3(b) Scabies guideline was ratified in September, subject to the requirement of additional information related to possible interactions between ivermectin and warfarin. IV had contacted the haematology pharmacist at NUH, who confirmed they had no further information related to this interaction but noted that more frequent International Normalised Ratios (INRs) would be advisable, similarly to when starting any other antibiotic treatment for a patient already taking warfarin. This was flagged in the latest AMS bulletin. OptimiseRx and the local formulary have been updated with the Amber 3 classification and the prescribing criteria, flagging the cost in addition to clinical indication for ivermectin initiation for scabies.

No further action needed.

3(c) C. difficile guideline – vancomycin liquid. IV informed the committee that the 125mg in 5ml strength of vancomycin liquid is now available on SystemOne, but that Emis only lists the 250mg in 5ml strength. IV will keep in contact with SystemOne, NUH, SFH, and the ICB, including Lincoln and Derby ICBs. Any subsequent developments of relevance will be brought back to the APC for review.

3(d) Pyridostigmine for orthostatic hypotension. There is currently nothing to take further; however, should SFHT develop a guideline, it will be presented to the APC for consideration for re-inclusion.

3(e) The SFHT ‘5 Asks’ document developed by SFHT has now been finalised and disseminated by their in-house communications team. A copy of the finalised document will be sent to LC.

ACTION: MC to send LC a copy of the finalised document for information.

3(f) Oxycodone brand change at NUH. KR confirmed that the MSO team within the ICB had been notified via email.

3(g) Acute bronchitis: The committee suggested reducing the recommended antibiotic course for acute cough from **5 days to 3 days**, aligning it with updated NICE guidance for **Community Acquired Pneumonia (CAP)** in certain paediatric groups.

- **IV** contacted NICE, Conor Jamieson (Regional Antimicrobial Stewardship Lead, Midlands), NUH paediatric respiratory specialists, and Microbiology for advice on local adoption.

Responses:

- **NICE:** No plans to update recommendations for acute cough. Current evidence supports CAP only. Ideally, antibiotics should not be prescribed for acute cough.
- **Conor Jamieson:** Confirmed the same position as NICE.
- **NUH Paediatric Respiratory Consultant:** No objection to the proposed change.
- **Dr R Francis:** While antibiotics should generally not be used for acute cough, a short course may benefit patients at risk of CAP. Concern raised that a 3-day course might be more readily prescribed in Primary Care to patients who do not need antibiotics. Guidance wording adjusted to reflect this.

Additional Concern:

- **NJ** highlighted that the treatment table does not state clearly that **children under 3 months who are systemically unwell should be referred to Secondary Care**. Risk noted that such children might be sent home with antibiotics instead of being seen by a specialist.

ACTION: IV to liaise with KB, JMP and NJ to ensure that the guidance states clearly the referral requirements for children under 3 months and upload the final document to the APC website.

3(h) Otitis Externa: The otitis externa guideline was ratified via email. Further comments were received via email, that were addressed, and no further comments have been received since.

ACTION: IV to upload the final document to the APC website.

Action log:

The action log was noted by members.

All the other items from the previous meeting(s) have been actioned or are on the agenda for further discussion or feedback.

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

LC and TB provided APC members with a verbal update from the November MORAG meeting.

• **Medicines Value and Access Team Update - Single National Formulary (SNF)**

The National Team are currently working on local formulary standardisation to address key variations and standardise the RED, AMBER, GREEN (RAG) classifications. Guidance for local systems is expected to be published by June 2026.

The National Team plan to ask for expressions of interest for involvement in the Task and Finish (T&F) groups for this work. Once the therapeutic areas for phase one of the SNF have been decided upon, the T&F meetings will commence between December 2025 and January 2026.

• **SGLT2 uptake in CKD**

National Health Service England (NHSE) Specialised Commissioning team presented a proposal to support Primary Care in increasing the uptake of SGLT2 inhibitors for patients with CKD, aiming to reduce progression to renal replacement therapies. LC noted that there may be centralised funding available for this initiative. A timescale has not yet been confirmed; however, LC will provide updates to the APC Committee as further information becomes available.

5. FOR RATIFICATION – GROWTH HORMONE SHARED CARE PROTOCOL (SCP) - update

LK presented the SCP for Management of Growth Failure in Children and Young People with growth hormone (somatropin), which has been in existence for several years and was last reviewed in 2022. There are currently a small number of patients who receive Growth Hormone via Primary Care, so a routine review has been undertaken. There are no changes that will affect clinical practise.

For consistency with other SCPs, the information has been moved into the NHS England standard SCP template. Other changes are minor and include:

- Nutropin Aq and Humatrope products removed as discontinued.
- Pregnancy section expanded to include information about use during lactation,
- Advice added about management of additional adverse effects as per updated BSPED SCP (British Society for Paediatric Endocrinology and Diabetes).
- Added reference to somatogon and somapacitan (both of which are classified as RED).

APC members ratified the update and requested a three-year review date. The appropriateness of Shared Care was questioned by some GP members given that Primary Care is not required to undertake any monitoring responsibilities. However, it was agreed to continue with the historical

arrangements given the current patients established on this locally and consistency with arrangements across the cluster.

ACTION: LK to finalise SCP and upload to the APC website.

6. FOR RATIFICATION - ANTIMICROBIAL GUIDELINES

The following antimicrobial guidelines presented by IV have been reviewed due to reaching their respective review dates and have been reviewed in consultation with Dr Rodric Francis, Consultant Microbiologist/Community Infection Control Doctor, South Nottinghamshire (NUH) and/or Dr Cristina Parente - Consultant Medical Microbiologist (NUH).

• Acute Diverticulitis

There were no significant changes to the recommendations, but the guideline has been rearranged to enhance its readability. The main changes include:

- The table detailing features of complicated diverticulitis (previously noted in the guideline but without further details on the symptoms of complicated diverticulitis).
- The wording around uncomplicated vs complicated was strengthened (in line with the NUH acute diverticulitis guidelines).
- Patients with immunosuppression or significant comorbidities were included in the group where antibiotics should be offered, as per the NICE guideline/Clinical Knowledge Summary guideline and to provide consistency with the NUH acute diverticulitis guideline.

APC members ratified the Acute Diverticulitis Guideline.

ACTION: IV to upload the Acute Diverticulitis Guideline to the APC website.

• Amoebiasis Guideline

There are no changes to recommendations following the review against NICE CKS, however, more information was added to the following:

- The microorganism causing the infection.
- Areas in the world with high rates of infection.
- Incubation period.
- Further tests required if continued suspicion after negative stool sample.
- Microbiological clearance needed to confirm treatment success, 1 week after completing treatment.
- The link to self-care has been added.

APC members ratified the Amoebiasis guideline, subject to the replacement of the word 'drug' by 'medication'.

ACTION: IV to amend accordingly and upload the Amoebiasis Guideline to the APC website.

• Blepharitis

IV explained that discussions about retiring the Blepharitis antimicrobial guideline had taken place due to evidence for the use of oral antibiotics in blepharitis being scarce. Antibiotic prescribing

appears to be recommended only for patients with posterior blepharitis associated with meibomian gland dysfunction and rosacea; hence the NICE CKS guideline links to the rosacea guideline for antibiotic prescribing for this indication.

The GPs on the committee expressed a preference for the guidance to remain in place with the necessary updates in wording regarding appropriateness of starting antibiotics in the above-mentioned diagnoses.

ACTION: IV to relay the APC discussions with Dr Cristina Parente, Consultant Medical Microbiologist, NUH. If Cristina agrees, IV will email back the final draft for ratification.

- **Cryptosporidiosis**

There are no changes to recommendations following the review against NICE CKS, however, more information was added about:

- Transmission of Cryptosporidiosis, incubation period and duration of infection.
- Further investigations.
- Links have also been added to:
Self-care advice (NICE CKS).
Public Health advice on how to avoid getting and passing the infection.
Where to report the disease.

APC members ratified the cryptosporidiosis guideline, with the 'no treatment available' line being enhanced in bold and the replacement of the word 'drug' by 'medicine'.

ACTION: IV to amend the Cryptosporidiosis Guideline accordingly and upload to the APC website.

- **Giardiasis**

The Giardiasis guideline reached its review date in September 2025. There were no significant changes to the recommendations, but the guideline has been rearranged to improve readability.

APC members ratified the Giardiasis guideline

ACTION: IV to upload the Giardiasis guideline to the APC website.

- **Infectious Diarrhoea**

There were no changes to recommendations following the review against NICE CKS, however, the guideline was slightly reformatted to include investigations and management as per NICE CKS.

The main changes include:

- Further information on when to consider a stool sample and what other investigations to order, depending on clinical scenarios and travel history.
- Links to the APC Sick day rules guidance and the patient information leaflet (PIL).

APC members ratified the Infectious Diarrhoea guideline

ACTION: IV to upload to the APC website.

- **Influenza**

IV explained that for this update Dr Nancy Allen consulted the following resources:

- UKHSA guidance (Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK) and guideline for selection of anti-virals updated to reflect these changes.
- Added a section for when a patient on post-exposure prophylaxis (PEP) becomes symptomatic with influenza-like illness (ILI),
- Green Book Chapter 19 Influenza
- NICE CKS Treatment of Influenza (April 2024).

Main changes include:

- The recent change in regulations for prescribing of influenza anti-virals to allow year-round prescribing.
- Inclusion of a paragraph on empirical treatment and diagnostic testing.
- Table colour-coded to make the first- and second-line options more visible.
- Treatment and PEP doses have been moved to separate tables for clarity.

NJ suggested IV contact the infection prevention and control (IPC) team to clarify if any additional explanation is needed for including the 'flu-season'. IV to liaise with JML to add clarity about the new change in legislation and to ensure this information is disseminated promptly in Primary Care.

APC members ratified the Influenza guideline.

ACTION: IV to amend accordingly and circulate to APC members for noting, finalise and upload to the APC website.

• Oral Candidiasis

IV explained that for this update, the following resources had been reviewed, updated or included:

- Pragmatic antimicrobial prescribing guidelines for children & young people in Primary Care- NHS England 2025.
- Nice CKS Candida - oral | Health topics A to Z | CKS | NICE last updated March 2025
- BNF and CBNF
- Healthier Together website.

Main changes include:

- Added clear sections for when referral is needed for children and adults.
- Information added about sterilising feeding equipment and dummies.
- Information about treating the breastfeeding parent if the baby has a candida infection.
- Added section with treatment considerations for children.
- Further information added in the table about topical treatment, to help with patient counselling.
- In the Oral treatment table, the Fluconazole dose and duration has been updated as per BNF and NICE CKS.

It was requested that this document is shared with midwives and health visitors. IV will also ensure the key messages are in bold font.

APC members ratified the Oral Candidiasis guideline.

ACTION: IV to amend accordingly, finalise and upload to the APC website.

NEW antimicrobial guideline(s)

• Treatment Considerations in Children NEW

This is a new document, produced following the review of the Pragmatic Antimicrobial Prescribing Guidelines for Children & Young People in Primary Care, published by NHS England earlier this year. The intention is to support adherence, encourage pill swallowing in children and label penicillin allergy appropriately. Once ratified, it will be uploaded to the APC website at the beginning of the antimicrobial section and hyperlinked to all the antimicrobial guidelines that make recommendations for treatment in children.

IV stated that an outstanding action is to check Royal College of Paediatrics and Child Health (RCPCH) and to contact Rob Wise (Bassetlaw) to discuss the suitable age for pill swallowing in children. Rob Wise has previously worked on Pill Swallowing in Children guidance.

APC members ratified the Treatment Considerations in Children document, subject to clarifying the best age from which children are taught to swallow solid forms of medication safely.

ACTION: IV to finalise, upload to the APC and link to all the required documents.

7. FOR RATIFICATION – HEART FAILURE GUIDELINES – (update)

IV updated the APC committee with a few points about the Heart Failure Guideline:

- Following communications from NHS England, the HF guideline will state that dapagliflozin is the first-line SGLT2 inhibitor to be used locally.
- Following consultation with Dr Bara Erhayiem, HF Consultant at NUH, there is no need for changes to our local guidance following the NICE update in September.
- The author also requested that the term 'quick' be removed from the Heart Failure Guideline, as it was thought to imply that a longer version was available. APC members recognised the potential confusion it implied and agreed to the removal of the term 'quick'.
- IV also informed the committee that the recording form PLT session in June has now been uploaded on the APC website under the Cardiology section.

ACTION: IV to update the Heart Failure Guideline and upload to the APC website.

8. FOR RATIFICATION – SICK DAY RULES - update

LB presented the Sick Day Rules Guideline, which has been reviewed due to its approaching review date. The proposed updated version of this document has been shared for review with the consultant nephrologist at NUH, Dr Charlotte Bebb and the specialist renal pharmacist at NUH, Ian Hogg. The update presented no significant changes to current clinical practice, and the corresponding PIL required no amendments.

The following minor amendments have been incorporated:

- Included hypertension and chronic kidney disease as significant common chronic conditions utilising the high-risk medications.
- Table 1 containing the high-risk medications was modified to reverse the presentation order, listing the associated risks in the last column – for clarity and ease of navigation.

- Added safety advice to check the blood ketones for patients with type 2 diabetes (T2DM) on SGLT2 inhibitors and presenting with intercurrent illness, with a caveat of no routine prescribing being advised based solely on SGLT2 inhibitors.
- The risk is only associated with oral non-steroidal anti-inflammatory medications (NSAIDs), as clarified in the table.
- Ketoprofen was removed from the list of oral NSAIDs – no local prescribing.
- Added advice on preventing dehydration in patients with renal impairment and on GLP1-receptor agonists, as per the manufacturer's advice.
- Document formatting was reviewed to align with current accessibility requirements.
- Hyperlinks have been checked and updated.

APC members ratified the Sick Day Rule Guideline, subject to verification and possibly adding spironolactone to Table 1, the SADMAN mnemonic.

ACTION: LB to implement the requested changes and upload to the APC website.

9. FOR RATIFICATION – OXYGEN CLUSTER HEADACHE PATHWAY – update

LB presented the Oxygen Cluster Headache Pathway, which contained some significant changes to previous practice. The following updates have been incorporated:

- Referrals for new oxygen patients are to be sent directly from Neurology/Specialist to the oxygen supply company (BOC), who will then report the new patient to the local home oxygen team (HOS).
- Request from GP/Primary Care to generate referral to local home oxygen team (HOS) has been removed for any patients to be newly initiated on oxygen therapy. This is to reduce workload for neurology consultants associated with generating a request to the registered GP for onward referral to HOS and also aims to reduce non-clinical workload within the GP practice.
- GPs may occasionally be advised to generate a referral to the local HOS following advice and guidance from the Neurology Specialists, especially in cases of any pre-existing patients already established on oxygen for cluster headache management (i.e. relocated/new to the area), or when requesting initiation advice for new patients.
- Individual medical records are to be flagged up in clinical systems (i.e. SystemOne/EMIS) with safety alerts to inform clinical staff that the patient receives HOS. This is to be completed by the local HOS team.
- Ongoing review of oxygen effectiveness has been clearly assigned in the updated pathway to HOS, advising referral to the initiating consultant if deemed ineffective, rather than to a GP.
- Oxygen flow rates and maximum dosing updated as per national guidelines (NICE 2025 and British Association for the Study of Headache (BASH) 2019).

APC members ratified the Oxygen Cluster Headache Pathway with no further changes.

ACTION: LB to upload the Oxygen Cluster Headache Pathway to the APC website.

10. FOR RATIFICATION – DEPRESCRIBING GUIDELINES

LC presented the new de-prescribing guidelines. These documents have been created by the Nottingham and Nottinghamshire ICB Medicines Optimisation Pharmacist, Shabnum Aslam and Dr Helen Kirby-Blount GP partner, PCN clinical lead and GP training director (Bassetlaw area) and have been designed as education and decision tools to support clinicians when reviewing the regular medications taken by older patients, especially those living with frailty. It is hoped they can be utilised during a structured medication review (SMR) or as part of a routine or opportunistic medication review. They will also be a useful adjunct to the existing APC guidance and form part of the suggested resources for tackling inappropriate polypharmacy within our older population.

APC members asked for consideration to be given to the following:

- The term “older person” is preferred over “elderly”
- The Healthy Rotherham Proton Pump Inhibitors de-prescribing guidance flow chart was shared, and it was felt by APC members to be a useful tool. LC will feed this back to the authors.
- APC members agreed that the PPI guidance should concentrate on de-prescribing only and ideally be reduced to a 2-page document.
- Development of Podcasts or a Protected Learning Time event (PLT)

APC ratified the guidelines, subject to the agreed changes. The final version of the guidelines presented will be circulated to APC members by email for noting only.

ACTION: LC to feed the APC members' comments back to the authors. KR will help to support any required formatting adjustments. Once the requested changes have been implemented, LC will email the final versions to the APC members for noting only and upload the documents to the de-prescribing section of the APC website.

11. FOR RATIFICATION – PRIMARY CARE ALCOHOL USE GUIDELINE

The Primary Care Alcohol Use guideline reached its review date and has been reviewed in collaboration with Nottingham City and Nottinghamshire County Drug and Alcohol Treatment services. Jill Theobald and Nirlas Bathia presented the updated guideline for ratification.

The following updates have been included:

- The previous guideline will be retired as it was not aimed solely at Primary Care Prescribers and contained specialist services guidance.
- The reviewed guideline aims to support Primary Care practitioners in reducing the harms from alcohol by improving identification, providing advice, facilitating referral for specialist intervention and accessing education for healthcare professionals.
- Medicines, which are prescribed to support planned alcohol withdrawal, are for specialist prescribing either within an inpatient setting or within the specialist service only.
- The advice on vitamin prescribing (e.g. thiamine and vitamin B Compound Strong) remain largely unchanged.

The authors explained that the specialist alcohol treatment services are commissioned and funded by the Councils; therefore, all patients requiring treatment should be referred to these specialist services. The medicines used to support alcohol withdrawal and relapse will be traffic light changed to RED, to allow for use only within the specialist commissioned services. The specialist services are expecting referrals to come from Primary Care.

TH noted the clinical differences in prescribing of vitamins within NUH, Nirlas had raised this with Secondary Care, and unfortunately, an impasse was reached; therefore, the prescribing recommendations within this guideline relate only to patients within the Primary Care setting.

APC clinicians requested that a table be added to the vitamin prescribing section to summarise the prescribing advice.

It was acknowledged that many GPs are unable to offer 7-day services, and IM thiamine would be required for 5 days for higher-risk patients. Additional wording was suggested to state that GPs are allowed, but not expected to provide this treatment as part of their routine services.

APC members ratified the Primary Care Alcohol Use Guideline, subject to the additional wording and the prescribing table being added. The final document will be circulated to APC members for noting only before uploading.

One of the authors will continue to pursue the alignment of vitamin prescribing between Primary and Secondary Care, and any further updates will be brought back to the APC for discussion.

ACTION: Jill Theobald and Nirlas Bathia will discuss the proposed changes with the specialist services, implement and circulate the revised document to APC members for noting only. A member of the APC team will upload the document to the APC website.

12. FOR RATIFICATION – ASTHMA IN CHILDREN aged 5-11 years.

Kate Morris, Medicines Optimisation Pharmacist for the Nottingham and Nottinghamshire ICB attended to present the Asthma in Children guideline for children aged 5 to 11. The Nottinghamshire APC guideline has been updated in line with the national guideline NICE NG245. This provides a visual summary of the first-line treatment options and dosing, current licensing, prescribing tips, asthma review, non-pharmacological and greener NHS considerations.

The following changes have been incorporated:

Page 1.

- To mirror the NICE guideline structure, the guidance for young people aged 12 to 17 has been removed from this guideline; this is now included in the current Nottinghamshire APC Asthma 12 and over guideline.
- Maintenance And Reliever Therapy (MART) is positioned as a default 2nd line option for a child with the ability to use it. NICE recommends: 'Consider paediatric low-dose MART (for children with asthma not controlled on paediatric low-dose Inhaled Corticosteroid (ICS) plus Short Acting Beta-Agonist (SABA) as needed, as long as they are assessed to have the ability to manage a MART regimen.
- In November 2025, only 1 budesonide/formoterol dry powder inhaler (100 micrograms/6 micrograms per inhalation) was licensed for MART in children aged 6 to 11. The use of any other ICS/formoterol inhalers for MART in children under 12 would therefore be off-label.

- In Nov 2025, NICE [NG245 asthma: Inhaled corticosteroid doses 12/11/2025](#) was updated to include paediatric MART doses for Symbicort 100/6 DPI and Symbicort MDI 100/3. Paediatric respiratory consultants were consulted via email and asked that the NICE recommended doses were used for Symbicort and other inhalers.
- Conventional Pathway Inhalers. Fobumix Easyhaler is now licensed for children 6 years and older and has therefore been added as an option for conventional/regular therapy.

Page 2.

- Referral information: amended to remove 'specialist asthma' and reads 'refer to paediatrician' to reflect the current pathways. Patient referrals are assessed and referred to the appropriate team.
- Maximum regular ICS doses per day table refers to Children's British National Formulary (CBNF) and NICE doses and is updated to include Symbicort MDI.
- Assess symptoms – now reads consider lung function, Fractional Exhaled Nitric Oxide (FeNo), spirometry, peak flow as per NICE.

Whole document

- Agreed to use: 'Loss of control = using reliever more than twice a week or using ≥ 2 SABA inhalers a year' in all relevant sections.

During the consultation phase of the update, the addition of Luforbec/Bibecfo 100/6 (beclomethasone/formoterol) as an alternative MDI was discussed and rejected because the 1 puff twice a day of the ultrafine beclomethasone powder delivers a paediatric moderate ICS dose, and it would be difficult to step down. However, the Fobumix (budesonide/formoterol 80/4.5) Easyhaler (DPI) was added to the conventional pathway because it had gained a license for 6 years and over and it is already Nottinghamshire APC 1st-line cost-effective option.

Changes requested were:

- 1.To add a number of inhalers for the maximum dose of MART to enable searches/reminders to be set up.
- 2.Highlight in red the 'montelukast stop advice' on the front sheet.
- 3.Include the use of in-check device in the observe inhaler technique section.
- 4.Right Breath – to change to RightBreathe

Kate Morris will work with KR to complete the formulary changes. Clinicians asked for maximum quantities or a suggested usage to be assigned for inhalers, as well as the incorporation of de-prescribing information where appropriate.

APC members ratified the Asthma in Children guideline for ages 5 to 11 years, subject to the additions noted above.

ACTION: Kate Morris will implement the changes discussed and update the Joint Formulary with KR. Once the Asthma in Children guideline for ages 5 to 11 has been finalised by Kate Morris, KR will upload it to the APC website.

13. FOR RATIFICATION – Continuous Glucose Monitor (CGM) - INCULSION CRITERIA IN TYPE 2 DIABETES.

LC presented the updated inclusion criteria, which have been reviewed due to meeting the review date. LC explained that there have not been any updates from NICE regarding CGM.

Several new CGM sensors prescribable on FP10 have recently been launched. However, testing by the Diabetic Specialist Nurses (DSNs) concluded that there was no significant benefit over current choices regarding the functionality and cost efficiency. Therefore, the newly launched sensors and devices will not be reviewed for formulary inclusion at this time.

NHSE are working towards a standard CGM formulary, although a timescale for this is not yet confirmed.

The document has been reviewed by Abbott and Dexcom pharmaceutical representatives. Both Abbott and Dexcom confirmed that the criteria are aligned with the current product licence. All the links and terminology have been reviewed and confirmed as satisfactory. In addition, the criteria have been reviewed by Dr Rahul Mohan (GPwER).

Although no change has been made to the main NICE criteria for inclusion, clarity has been improved, with a specific section on CGM in pregnancy and CGM in dialysis. Ravi Gouni, consultant in Diabetes and Endocrinology at NUH, has also been consulted, and his comments have been incorporated into the dialysis section.

APC ratified the document

ACTION: LC to upload the final version to the APC website

14. FOR RATIFICATION – APC FORWARD WORK PROGRAMME

- Type 2 diabetes guideline (for review Nov 25) NICE guidance has been delayed, and it is now expected in February 2025. APC members agreed to extend the review date to May 2026.

ACTION: LK to extend the review date and bring back to APC following publication of NICE guidance

- SH requested a review date extension for the Proton Pump Inhibitors (PPI) in children algorithm. APC members agreed to extend the review date to November 2026.

ACTION: SH to update the review date

- SH gave a brief update related to the recent DVLA changes and explained that the new rule means bus, coach and lorry drivers with diabetes (Group 2) are now allowed to use CGM technology. This brings Group 2 drivers (bus and lorry) in line with car and motorcycle drivers

(Group 1), who have been allowed to use CGMS since 2018. The CGM monitoring information has been updated accordingly and APC members ratified the guidance, subject to one column adjustment.

ACTION: SH to make the slight adjustment, finalise and upload the guidance to the APC website.

15. ANY OTHER BUSINESS

- **Verbal update on progress – Post Bariatric Surgery Guidance**

LB explained that we currently host the Derbyshire Post Bariatric Surgery Guidance however, the Nottingham and Nottinghamshire patients are split across Derby and Sheffield in terms of their bariatric surgery. Derby and Sheffield are currently collaborating to produce a single guideline for this cohort of patients; the guidance is expected to be available for circulation by the end of January.

ACTION: LB will bring the Post Bariatric Surgery Guidance to the APC for discussion when it is available.

16. DATES OF NEXT MEETINGS

APC Formulary Meeting – Thursday 18th December 2025 – 2pm – 5pm, MS Teams with face to face option available at Sir John Robinson House

APC Guideline Meeting – Thursday 22nd January 2026 – 2pm – 5pm, MS Teams

The meeting closed at: **17:00.**