

**Nottinghamshire Area Prescribing Committee Guidelines Meeting Minutes Thursday 18<sup>th</sup> September 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: -**

<b>Laura Catt (LC) (Chair)</b>	<b>Prescribing Interface Advisor</b>	<b>NHS Nottingham &amp; Nottinghamshire Integrated Care Board (ICB)</b>
<b>Tanya Behrendt (TB)</b>	<b>Senior Medicines Optimisation Pharmacist</b>	<b>NHS Nottingham &amp; Nottinghamshire ICB</b>
<b>Ann Whitfield (AW)</b>	<b>Patient Representative</b>	<b>Nottingham &amp; Nottinghamshire ICB local population</b>
<b>David Kellock (DK)</b>	<b>Consultant in Sexual Health and SFHT DTC Chair</b>	<b>Sherwood Forest Hospitals NHS Foundation Trust</b>
<b>Katie Sanderson (KS)</b>	<b>Patient Representative</b>	<b>Nottingham &amp; Nottinghamshire ICB local population</b>
<b>Jennifer Moss Langfield (JML)</b>	<b>GP</b>	<b>City Place-Based Partnership (PBP), Nottingham &amp; Nottinghamshire ICB</b>
<b>Khalid Butt (KB)</b>	<b>GP</b>	<b>Local Medical Committee (LMC) Representative, Nottinghamshire.</b>
<b>Asifa Akhtar (AA)</b>	<b>GP</b>	<b>South Notts PBP, Nottingham &amp; Nottinghamshire ICB</b>
<b>Tim Hills (TH)</b>	<b>Assistant Head of Pharmacy</b>	<b>Nottingham University Hospitals NHS Trust</b>
<b>Mark Clymer (MC)</b>	<b>Assistant Chief Pharmacist</b>	<b>Sherwood Forest Hospitals NHS Foundation Trust</b>
<b>Kuljit Nandhara (KN)</b>	<b>Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services</b>	<b>Nottinghamshire Healthcare NHS Trust</b>
<b>Jo Fleming (JF)</b>	<b>Specialist Clinical Pharmacist (Pain)</b>	<b>Primary Integrated Community Services Ltd</b>
<b>Georgina Dyson (GD)</b>	<b>Advanced Nurse Practitioner</b>	<b>Nottingham CityCare Partnership</b>
<b>Susan Hume (SH)</b>	<b>Advanced podiatrist</b>	<b>Nottinghamshire Healthcare NHS Trust</b>
<b>Nicola Graham (NG)</b>	<b>Senior Transformation Manager</b>	<b>NHS Nottingham &amp; Nottinghamshire ICB</b>
<b>Jacqui Burke (JB)</b>	<b>Advanced Nurse Practitioner</b>	<b>Willowbrook Medical Practice, Ashfield North Primary Care Network</b>

**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.

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

Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist (present until 14:40).

Vimbayi Mushayi (VM), Specialist Interface Medicines Optimisation Pharmacist.

**1. Welcome and apologies.**

APC members were welcomed, and apologies were noted.

**2. Declarations of interest**

KN completed a questionnaire sponsored by Teva (unpaid).

No other declarations of interest from APC members, attendees or the APC support team

**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.**

- 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. JML explained that she had been unable to obtain any hyperlinks and requested that the guidelines be published without them.

**ACTION: A member of the APC team will upload the Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy. Venous thromboembolism (VTE) management in pregnancy – treatment & prophylaxis guideline on the APC website.**

A small discussion took place around the cost-effective low molecular weight heparin choices within Nottinghamshire Healthcare NHS Trust. SH and KN will discuss this outside of the meeting. Any relevant actions requiring APC input will be brought back to APC.

**• Scabies guideline.**

At the previous meeting, the APC felt that additional narrative needed to be included to increase awareness of the possible medication interactions, particularly those associated with warfarin. As this alert does not appear on SystmOne, haematology will be contacted for their opinion with a view to creating an OptimiseRx pop-up message to alert prescribers. IV has provided feedback to NICE regarding the discrepancy between the dosing recommendation for oral ivermectin in scabies, in the SPC and NICE CKS (one dose vs two doses), vs the recommendations in other guidelines such as BASH, WHO and European guidelines. NICE have acknowledged the comment and confirmed they will update the topic accordingly. If further communication is received, IV will update the committee.

In the meantime, the guideline has been uploaded with the two-dose regimen, in line with recommendations from WHO and European guidelines.

**ACTION: IV to contact haematology to discuss the interaction with warfarin and develop an OptimiseRx message if required. IV will provide feedback to the committee if further communication is received from NICE.**

- C. difficile guideline – vancomycin liquid.  
IV continues discussions with SystmOne, NUH, SFH and the ICB. Any developments will be brought back to a future APC for discussion.
- SFHT has noticed an increase in the use of pyridostigmine for orthostatic hypertension. This is an off-label indication, and the prescribing generally follows trial of fludrocortisone and midodrine. Internally, SFHT are investigating the volume of such usage. Both SFHT and NUH will raise this with their frailty leads to discuss between them. If there is an appetite for the off-label use of pyridostigmine for orthostatic hypertension, a submission would be required.

**ACTION: MC and TH will raise this item with their Trusts' respective frailty leads for discussion. Any relevant findings will be brought back to APC for further discussion.**

- The SFHT 5 asks document (previously discussed) is currently being finalised by their communications team.

**ACTION: MC will email the final version to LC for dissemination to Primary Care colleagues.**

- At the July APC meeting, TH explained that NUH were reviewing the brand prescribing of oxycodone (specifically the brand Shortec). The Medicines Safety Officers (MSOs) at NUH and SFHT were aware of and supported the change. TH wished to clarify that the Primary Care MSOs were aware of the proposed change. It was noted that this has now become a more substantial piece of work, following the withdrawal of the licence for modified-release opioids in the management of post-operative pain.

**ACTION: KR to check with the Medicine Safety Officers (MSOs) to ensure they are aware of the change to the brand prescribing of oxycodone (Shortec).**

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

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

- COVID-19 treatment is currently being reviewed, and an options paper will be produced.
- Various insulins have recently been discontinued, and the ICB diabetes group are aware and are continuing to track the prescribing data.
- Staffordshire and Oxfordshire have completed a de-prescribing project around Oral Nutritional Supplements (ONS). The outcome of this will be shared once it becomes available.
- Dapagliflozin is now available as a generic and offers significant cost savings.
- Rybelsus (oral semaglutide), a new formulation, is now available; however, they are not bioequivalent and cannot be switched like-for-like. Both strengths will be available on SystmOne, OptimiseRx alerts messages have been added to the clinical systems, and communication has been disseminated to all local Primary Care prescribers.

- As part of the NHS 10-Year Plan a single national formulary is to be developed; there is no further update at this time.

## **5. FOR RATIFICATION – ANTIMICROBIALS**

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

### **a) Acute cough bronchitis**

The Acute Bronchitis guideline has been updated due to reaching its review date. IV presented the updated guideline, noting the main changes:

- The term 'delayed antibiotics' was changed to 'back-up' to align with National Institute of Clinical Excellence (NICE) terminology.
- Links to the Treat Antibiotics Responsibly, Guidance, Education and Tools (TARGET) tools have been added. This aims to support the conversations around the back-up antibiotic prescription.

IV briefly explained that the Pragmatic Antibiotic Prescribing Guidelines for Children and Young People in Primary Care had been published in February 2025. Endorsed by NHS England, this publication aims to support the prescribing of solid forms of medications in children by offering workable solutions. We are currently reviewing the publication with a view to adopting a standard statement to incorporate into the APC-approved antimicrobial guidelines. IV will bring to the APC any suggested changes.

Following the discussion of the Community Acquired Pneumonia (CAP) guideline update below, the clinicians asked for microbiology to be contacted for their opinion regarding having 3-day antibiotic prescribing for CAP versus the 5-day regimen for acute cough. There seemed to be a unanimous opinion that if it is suitable to reduce the duration to 3 days in pneumonia, a similar reduction in antibiotic treatment duration could be suitable in acute cough/bronchitis as well.

IV will contact NUH microbiology, paediatric specialists and Conor Jamieson, the Regional Antimicrobial Stewardship Lead (Midlands), for an opinion as well as NICE to enquire when an update will be produced.

**ACTION: IV to investigate the 3 days vs 5 days treatment duration and to feed back to the APC committee via email, with a view to updating the duration if agreed.**

### **b) Community Acquired Pneumonia (CAP)**

The CAP guideline has been updated due to it reaching its review date. IV presented the updated guideline, noting the main changes:

- NICE recommendation of 3-day treatment for certain age groups of children.
- Content restructuring to allow the content to flow better into definition, causes, diagnosis, and treatment.
- When to refer and the addition of patient and parent/carer advice.
- Additional information added for children and young adults, advice around prescribing capsules and tablets. Hyperlinks to the supporting materials aimed to educate parents/carers/children/young people on how to swallow capsules and tablets have been included.

- Removed the hyperlink for managing CAP during the COVID-19 outbreak.
- Additional advice added regarding the recovery timeframe for CAP.

A few minor changes were suggested to improve clarity, such as removing repetitions and differentiating the age and treatment options in the tables to improve readability.

APC members ratified the CAP guideline.

**ACTION: IV to make the minor changes, finalise and upload the CAP guideline to the APC website.**

**c) Otitis Externa**

The Otitis Externa guideline has been updated due to it reaching its review date. IV presented the updated guideline, noting the main changes:

- Added information for children from Pragmatic antimicrobial prescribing guidelines for children & young people in primary care, Feb 25.
- Information in the guidelines is structured to include a new section on Urgent referral criteria to Ear, Nose and Throat (ENT) specialists.
- In the treatment options table, the information regarding Aminoglycoside antibiotic preparations moved to be visible at the point of prescribing rather than in the comments box - CONTRAINDICATED IN PERFORATED TYMPANIC MEMBRANE AND PATENT GROMMET.
- Changed Otomize brand to generic.
- Added Otosporin and Betnesol-N to the table of choices, which are already on the formulary.
- Ciprofloxacin drops are only available from the specialists, classified as AMBER 2, so the traffic light next to the medicine has been added.
- The combination of ciprofloxacin with dexamethasone drops to the table added already classified as Amber2 on the formulary.
- Treatment options were added again as they had been removed due to shortages. The additions are in line with NICE and mean that more options are available.
- The dose recommendations for some preparations do not give an age range for children. IV to clarify and add information to the table.
- Advice about giving children tablets or capsules has been added. Education on how to swallow solid forms of medication. Links to Specialist Pharmacy Services (SPS) and Medicines for Children website added.

Clinicians asked for the products to be listed in cost order and for the inclusion of additional information around swabbing and ENT advice.

A hyperlink to the 'how-to-use ear-drops' leaflet will be incorporated, and a link to a website which translates into different languages.

APC members agreed to ratify the final version via email.

**ACTION: IV to make the required changes and email to members for final ratification.**

**d) Urine sampling and result interpretation guideline**

IV presented the new Urine Sampling and Result Interpretation guideline, which replaces the Urinary Tract Infection (UTI) quick guidance that was retired in July 2025.

Members requested that the abbreviation CAUTI be used in full in the first use, ie, Catheter-Associated UTI (CAUTI). There was also a request for education (PLT sessions) around the treatment of asymptomatic patients based solely on MSU results, as treatment is often not required in such cases.

APC members ratified the guideline, subject to the acronym update.

**ACTION: IV to cross-check against the current care home advice and guidance, make the minor change and upload to the APC website.**

**e) Whooping Cough**

The Whooping Cough guideline has been updated due to it reaching its review date. IV presented the updated guideline, noting the main changes:

- The advice regarding antibiotic prescribing is 14 days vs 21 days from cough onset. (Not clear. Should be "to"?)
- Prescribe prophylaxis treatment to close contacts of the 'index case' when coughing in the 'index case' started within the previous 14 days and the close contact is in a priority group for public health action (Group 1 or 2 as described below). This is in line with the current UK Health Security Agency (UKHSA).
- More information added as per UKHSA guidance regarding exclusion from school/work of contacts with suspected/confirmed Pertussis.
- Added links to patient leaflets.

IV to add further clarification to the duration of antibiotic use.

APC members ratified the Whooping Cough Guideline, subject to the addition of further clarification.

**ACTION: IV to finalise with the minor changes and upload to the APC website.**

**6. FOR RATIFICATION – RESPIRATORY SELF-MANAGEMENT PLANS**

NG presented the COPD and Bronchiectasis self-management plans, which have been updated due to reaching their review date. NG explained that the APC-hosted self-management plans had received oversight and input from the ICS Respiratory group.

The only changes made to the plans are formatting, typographical and some external links to services.

KB offered to have them added to the F12 function on the clinical system. NG to liaise with KB to support this. GD requested an editable copy.

APC members ratified the two self-management plans.

**ACTION: LC to upload to the APC website. NG to liaise with KB and GD.**

**7. FOR INFORMATION – Osteoporosis Guidelines**

- LB provided a verbal summary on the minor update to the local Osteoporosis Guidelines. The reference values for C-terminal cross-linked telopeptide of type 1 collagen (CTX) have been updated to align with recently updated assays used by the local laboratory, to inform review of treatment effectiveness with oral bisphosphonates.  
APC members noted this update.

**ACTION: No further action required.**

**8. FOR INFORMATION – APC Forward Work Programme**

- **Allergic Rhinoconjunctivitis Primary Care Pathway.**  
APC agreed to an extension of the review date to December 2025 due to the redesign of the new pathway.

**ACTION: A member of the APC support team will update the review date for the Allergic Rhinoconjunctivitis Primary Care Pathway.**

- **Growth Hormone Shared Care protocol (SCP).**  
APC agreed to an extension of the review date to December 2025.

**ACTION: A member of the APC support team will update the review date for the Growth hormone SCP.**

**9. Any Other Business**

- Oxygen for cluster headache has been extended to Jan 2026.
- APC Christmas meal – the APC team will send some options to the APC members.

**10. Dates of next meeting.**

APC Formulary meeting: Thursday 16<sup>th</sup> October 2025 (2pm to 5pm, Microsoft Teams)

APC Guideline meeting: Thursday 20<sup>th</sup> November 2025 (2pm to 5pm, Microsoft Teams)

The meeting closed at: 15:45