These minutes are in draft form until ratified by the committee at the next meeting on 17th July 2025.

Nottinghamshire Area Prescribing Committee Guideline Meeting Minutes Thursday 15th May 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 ICB**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Ann Whitfield (AW)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Katie Sanderson (KS)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Jennifer Moss Langfield (JML)	**GP**	**City PBP, Nottingham & Nottinghamshire ICB**
Khalid Butt (KB)	**GP**	**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**
Kuljit Nandhara (KN)	**Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services**	**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**
Jacqui Burke (JB)	**Advanced Nurse Practitioner**	**Willowbrook Medical Practice**

As the meeting was not quorate with no SFH representative, all actions have been approved by a representative after the meeting.

In Attendance:

Matt Lawson, Dietician, NHS Nottingham & Nottinghamshire ICB, in attendance for agenda item 7.
Peter Richards, Senior Pharmacist, NHS Nottingham & Nottinghamshire ICB, and Kate Morris, Pharmacist, NHS Nottingham & Nottinghamshire ICB, in attendance for agenda item 8.

Observing:

Emma Moncrieff, Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.
Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist.
Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

APC members, attendees 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 Specialist Pharmacy Service (SPS) minor update on monitoring.
A previous outstanding action was for LB to gather further information about the clinical systems and requests for CT scans for patients with suspected pulmonary toxicity secondary to amiodarone. LB explained it was agreed with cardiology that affected patients should be referred to the initiating Specialist, rather than requesting investigations in Primary Care. Cardiology would triage, evaluate and request CT scans as appropriate. GPs raised concerns about the urgency of seeing patients with suspected pulmonary toxicity and the need for timely referrals. LB explained that an urgent referral is advised for this cohort, as reflected within the SCP, and will ask specific questions about the timelines to provide reassurance. LB is awaiting clarification on baseline chest X-Ray from MHRA.

ACTION: LB to gain specific timeline information from the Cardiologists and circulate to APC members, and to share information from MHRA upon receipt.

VTE management in pregnancy – treatment & prophylaxis.
A previous outstanding action was for JML to add hyperlinks and visual clarity to the two newly ratified guidelines: Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy.

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

All other actions were either complete or on the agenda.

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

Due to time constraints, this item was not discussed during the meeting. The following summary was emailed to members post-meeting by LC:

- NHSE had recently sent a letter to all ICBs suggesting a clinical review of Biosimilar insulins and DPP4 inhibitors used in diabetes:

Biosimilar insulins – The ICS-wide medicines optimisation strategy group are currently in discussions to improve the uptake of biosimilars and the ICB Medicine Optimisation (MO) team have produced communication and a switch guide to support GP practices.

DPP4 inhibitors- The MO team are exploring the feasibility of incorporating switches into an incentive scheme for use in Primary Care.

- The Midlands respiratory group have developed Asthma and Chronic Obstructive Pulmonary Disease (COPD) guidelines, which are based on the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidance.

These are currently out for consultation and will be circulated to MORAG for comment. However, there will be a cost to adapting these for local use, and our local Asthma guidelines have only just been updated.

- Antimicrobial prescribing and medicines optimisation strategy and priorities:

Two documents have been published:
Digital framework for antimicrobial stewardship – which focuses on 'what good looks like'.
Digital vision for antimicrobial stewardship in England - NHS England » Digital framework for antimicrobial stewardship: what good looks like.
Guidance had also been provided for ICBs and providers on how to develop Outpatient Parenteral Antimicrobial Therapy (OPAT) services - Guidance to integrated care boards and providers on developing outpatient parenteral antimicrobial therapy (OPAT) services.
These have all been highlighted to the ICB antimicrobial group.

- In addition, out of area prescribing guidance was discussed; however, Nottingham and Nottinghamshire ICB already have this guidance in place, and it has just been updated.

ACTION: LC and TB will continue to update the APC at future meetings.

5. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES

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

Recurrent Urinary Tract Infection (UTI)

IV presented the recurrent UTI guideline update, which had been reviewed ahead of its review date due to the national guidance updates:

- NICE NG112 Urinary tract infection (recurrent): antimicrobial prescribing.
- NICE CKS Scenario: Recurrent UTI (no haematuria, not pregnant or catheterised), last revised Feb 2025.

IV provided a summary of the changes, which included the following:

- Changes to the order of medicines recommended for recurrent UTI, in line with NICE.
- Vaginal Oestradiol is the first-line in peri- and post-menopausal women, trans men and non-binary people with a female urinary system.
- Post-coital antimicrobials are renamed Single-dose antimicrobials.
- Methenamine is now the first-line for continuous prophylaxis rather than antimicrobials, which are second-line.

- The stand-by antimicrobials are now the last option recommended in the guideline, only in certain patients, with less than 1 UTI per month and only after sending the sample for cultures.
- No change to the antimicrobials recommended after methenamine trial: trimethoprim or nitrofurantoin.
- Other small changes: UTI prophylaxis will now be called Recurrent UTI to align with the name adopted by the national guidelines.

Clinicians enquired about the availability of patient information leaflets (PILs) for trans men requiring treatment with vaginal oestrogen. IV will complete an internet search for an appropriate PIL if one is found, it will be hyperlinked to the guideline. If a PIL cannot be found, a line will be added to offer reassurance that feminisation would be unlikely to occur due to the topical nature of the product.
The guideline recommends discussions with the patient about choosing their preferred formulation of vaginal oestradiol. The Joint Formulary lists all the suitable options classified as GREEN. Clinicians asked for the product choices to be included in the guideline to give Primary Care prescribers a visual list of options.

APC members ratified the recurrent UTI guideline, subject to the changes discussed being completed.

ACTION: IV will update the guideline following discussions with Microbiology and circulate it to the APC GP members. IV to upload the guideline to the APC website.

UTI in pregnancy

IV presented the UTI in pregnancy guideline, which had been updated due to reaching its review date. NICE have also updated their guideline: Scenario: UTI in pregnancy (no visible haematuria), last updated February 2025.

IV provided a summary of the changes, which included the following:

- Changes made to Asymptomatic bacteriuria, with an emphasis on educating patients on Mid-Stream Urine (MSU) collection.
- Advice on pivmecillinam and cefalexin slightly reordered and reworded to explain the choice locally.
- The antimicrobials recommended and their doses remain unchanged.
- Further links added to NICE guidance on antenatal care and Asymptomatic bacteriuria to support the stance on screening.

APC members agreed that the guideline should read ‘patients’, not ‘women’.
The clinicians enquired about the interval between the first positive urine sample for Asymptomatic bacteriuria and collecting the second sample, as well as the need for timeliness in prescribing antimicrobials for pregnant patients. They requested that this information be added to the guideline, along with the appropriate communication method.

APC members approved the UTI in pregnancy guideline, subject to the additional information being added. Final ratification will be achieved via email.

ACTION: IV to update the guideline with the agreed changes, gather appropriate response time information and circulate to APC members for ratification prior to uploading it to the APC website.

Dental Abscess

IV presented the Dental Abscess guideline, which had been updated due to reaching its review date. The NICE CKS Dental abscess was last revised in May 2023; however, at that time, it was felt that the changes were minor and did not affect the treatment recommendations.

IV provided a summary of the changes, which included the following:

- Reference to gingivitis and the link to Public Health England removed , as there was no longer information included in that resource.
- link to NICE CKS dental abscess removed in line with the rest of the antimicrobial guidelines.

APC members requested that the need to see a dentist be made more prominent to ensure proper clinical documentation and patient compliance.

APC members ratified the Dental Abscess guideline, subject to the agreed changes.

ACTION: IV to update the guideline with the agreed changes and upload to the APC website.

6. FOR RATIFICATION – Monitoring update to DOACS affecting anticoagulants in AF and DOACS in DVT & PE guidelines

The OptimiseRx team flagged that the national messages have changed to 4-monthly monitoring in patients over 75 years or with frailty. This is due to the NICE CKS update in July 2024 based on recommendations by the European Heart Rhythm Association *Practical Guide on the Use of Non-Vitamin K Antagonist Oral Anticoagulants in Patients with Atrial Fibrillation* (2021). Following discussions with the Specialist Pharmacists in Anticoagulation, Stroke and Cardiovascular disease, the guidelines have been updated to align with the NICE recommendation of 4-monthly monitoring.

Discussions centred around the classification of frailty and how it was coded on the GP clinical systems. CQC use the frailty coding in line with NICE for their searches. IV will determine the definition of frailty and how it relates to a frailty score.

Clinicians confirmed that the CQC search is for those aged 75 or frail. A suggestion was made to change the creatinine clearance interval from 30-60 to 31-60; this will be updated in the guideline.

Members ratified the two guidelines, subject to the changes discussed.

ACTION: IV to update the guidelines and upload them to the APC website. In addition, information will be gathered around the definition of frailty.

7. FOR RATIFICATION – Cow's Milk Allergy

The updated Cow's Milk Protein Allergy guideline has undergone an extensive review process over the last six months, bringing together specialists from the following areas:

- Nottingham CityCare Paediatric Dietitians
- Sherwood Forest Hospital Paediatric Dietitians
- Nottingham Allergy Service
- Nottingham County Paediatric Dietitians

• Nottingham ICB Medicines Optimisation Dietetics

Although no major changes have been made to the guideline, it has been restructured to offer more concise pathways.

Members queried the use of Nutramigen first-line rather than more cost-effective products. Matt Lawson clarified that a cost analysis had been completed, and the price differential was not significant when other elements were taken into consideration. Nutramigen is considered a superior product due to its lower lactose content, which supports its use as a first-line product.
Clinicians asked if goat's milk products had been considered for older/weaned children. Additionally, the clinicians felt the guideline needed to be overseen by a consultant paediatrician. Matt Lawson will consult on both points with the authors and provide feedback to members via email.

APC members ratified the guideline, subject to clarification of the above points and some minor wording amendments.

ACTION: Matt Lawson to circulate the feedback to members via email, make the agreed changes to the guideline and send to a member of the APC team for uploading.

8. FOR RATIFICATION – Asthma in Adults

Peter Richards and Kate Morris presented updates to the asthma guidelines for adults and children aged 12 and over. These revisions reflect the November NICE guidance, which introduced updated terminology and acronyms, particularly around Single Inhaler Therapy (SIT) and Anti-Inflammatory Reliever Therapy (AIR). The guideline now applies to patients aged 12 and above, rather than 18+, and focuses on new patients and those with uncontrolled asthma. The presenters explained the benefits of SIT and AIR in patient management and noted that relevant licensing information has been included. Further work is planned to develop referral criteria, acute asthma guidance, and patient information leaflets.

The committee discussed the importance of clear communication, development of patient information leaflets, and education for Primary Care, which is already underway, with PLT sessions scheduled. It was suggested that guidance from the Primary Care Respiratory Society could support implementation and help to avoid duplication. There was also a need to clarify treatment regimens during exacerbations using maintenance and reliever therapy (MART) and to ensure consistent language throughout the document.

Concerns were raised about the 4-month expiry of Fobumix, with clinicians noting potential risks and cost-effectiveness issues.

APC members ratified the document, subject to additional information being added to highlight to prescribers the consideration of the longer expiry to reduce waste. Clarity will also be added to the AIR and MART elements of the flow diagram to ensure that the ‘when required’ reliver therapy is applied to AIR, low-dose MART and moderate-dose MART.

ACTION: Peter Richards and Kate Morris to update the guideline with the additional information requested and send to KR for uploading.

9. FOR RATIFICATION – Behavioural & psychological symptoms of Dementia (BPSD)

KN presented the guideline, Managing Behavioural and Psychological symptoms in People with Diagnosed or suspected Dementia in Primary Care, on behalf of the author, Patricia Mabeza.

The summary of changes:

- First-line drug options for management of BPSD removed and replaced with advice to refer to a specialist at the Community Mental Health Team.
- Amisulpiride for agitation and psychosis removed.
- Mirtazapine for the treatment of emotional lability and depression in dementia removed.
- Acetylcholinesterase inhibitors and/or memantine to be considered for all patients with Dementia with Lewy Bodies, Parkinson's disease dementia, and Mixed Dementia unless specifically contraindicated, tried with no benefit, or stopped because of adverse effects.
- As-required lorazepam for aggression and severe agitation added.
- Trazodone for severe anxiety, agitation and aggression added.

KN will review the Joint Formulary classifications of lorazepam and trazodone to ensure they align with the guideline and to add information about the off- label use of trazadone in this way.

APC members ratified the guideline.

ACTION: KN to clarify the above points and send to a member of the APC Team for uploading to the APC website.

10. FOR RATIFICATION – Male Lower Urinary Tract Symptoms (LUTs)

IV presented the Male Lower Urinary Tract Symptoms guideline on behalf of the reviewer, Umema Adamjee (UM)

The main changes include:
The consideration of tadalafil for patients with LUTS symptoms with or without erectile dysfunction (ED). Mr Alvaro Bazo, consultant urologist highlighted that tadalafil is now licensed for this group of patients and is cost-effective as it has come off-patent. NICE (2015) does not support the use of tadalafil for the sole use of LUTS, whereas the European Association of Urology makes a strong recommendation for this use. This is also reflected in the American Urological Association.
Tadalafil 5mg once daily is licensed for use in men with moderate to severe LUTS with or without ED.

Mr Alvaro Bazo clarified that tadalafil is only for men with LUTs and ED and confirmed that no additional Prostate-Specific Antigen (PSA) monitoring will be required.

Clinicians queried the addition of tadalafil in the LUTs guideline. Members agreed that additional clarity regarding daily tadalafil prescribing in LUTs was required from Mr Alvaro Bazo and Umema Adamjee.

ACTION: UM to clarify the place in therapy for 5mg tadalafil in LUTS, consider changing the terminology 'male' to 'patients' and enhance the red box PSA warning to make it more visible. Once clarity has been received from Mr Alvaro Bazo, UM to email APC members for final email ratification.

11. FOR RATIFICATION – Neuropathic pain guideline update

LB presented updates to the neuropathic pain guidelines, developed in consultation with PICS Community Pain Team and the Pain Specialist Nurse Consultant from SFH. Gabapentinoids have been moved to second-line due to clinical risk and to help to reduce current high prescribing. LB highlighted updated safety information and review timescales, and a new section on dose tapering and treatment switching.
The committee discussed the classification of lidocaine plasters and agreed to maintain the current classification with Advice & Guidance.
TB asked if the guideline was shared with CityCare Pain Team for comments. LB explained that CityCare was not previously involved but will be approached for relevant feedback. The guideline was ratified, subject to consultation with CityCare.

ACTION: LB to contact CityCare Pain Team for comments and upload if no changes.

12. FOR RATIFICATION – Osteoporosis guideline renal referral removed update

LB presented a minor update to the osteoporosis guidelines to remove the renal referral for patients with CrCl below 30mL/min. This has been discussed previously and agreed with the key ICS stakeholders within the Bone Health Task & Finish Group. These patients are to be referred by Primary Care to a Specialist, but clarity was requested as to which Specialist this should be. LB highlighted the limited fracture liaison service (FLS) provision in the area and Specialist capacity. APC suggested specifying the Specialist as Bone Health, Health Care of Older People (HCOP) or Metabolic Medicine within the guideline.

The guideline was ratified.

LB also discussed the osteoporosis prevention pathway for early breast cancer patients on Aromatase Inhibitors (AIs) as an extension to the osteoporosis guidelines. This was proposed by the DEXA department at NUH to guide Primary Care on DEXA results and any management and follow-up. LB explained that there are outstanding queries awaiting clarification from Secondary Care. APC members discussed that currently GPs are advised by the Specialist on DEXA f/u timescales and management, utilising Primary Care recall systems. APC suggested that a recall system could potentially be established within the Trust or DEXA department to reduce an influx of administrative work to Primary Care.

ACTION: LB to upload and notify the relevant ICS stakeholders.

13. FOR RATIFICATION – Vitamin B guideline update

LB presented the updated vitamin B12 guidelines, discussed previously at the APC meeting in November 2024. LB explained that the draft has undergone significant re-working to capture the action points from the previous meeting, additional feedback from local Specialists, Pathology, JML & AA, and pregnancy management advice published by Specialist Pharmacy Service. LB informed the committee that NUH and SFH laboratories are to continue with current B12 assays - both test total B12, whereas Doncaster and Bassetlaw test only active B12, hence both values needed to be captured within the guidelines. LB highlighted local variation from NICE guidelines for management in pregnancy, based on the advice from Haematology Specialist in Obstetrics. LB presented the promotion of self-administration of vitamin B12 intramuscular injections where IM treatment is indicated. Inclusion of oral hydroxocobalamin was added as an option for treatment of vitamin B12 deficiency secondary to co-prescribed medications, if unable to self-administer injections, or deficiency of dietary or uncertain origin. LB explained that the cause of deficiency determined the treatment choice as guided by NICE and that the total cost of the oral option would be cost-effective overall in comparison to IM injections, when including administration and admin times within GP and community services. APC members discussed the promotion of over-the-counter oral replacement where appropriate and this was requested to be highlighted in the treatment choice table. It was highlighted that oral cyanocobalamin is currently GREY, LB and LC will consider the classification outside of the meeting.

ACTION: LB to seek confirmation from the Specialist, if no B12 replacement is indicated in pregnancy for symptomatic patients. LB to implement minor changes and discuss traffic light classification of B12 preparations with LC. LB to circulate the final draft for ratification via email and to upload.

14. FOR RATIFICATION – Opioids for non-chronic cancer pain in adults (excluding end of life pain)

VM gave an overview of the updated opioid guidelines for non-cancer pain. The key changes, detailed in the circulated papers, reflect updated NICE guidance, which now recommends prioritising non-opioid treatments and non-pharmacological interventions. Evidence shows that only a very limited group of patients benefit from opioid therapy.
The guideline has been fully revised to reflect this shift, including a redesigned opioid dosing table to avoid suggesting a standardised or linear approach. Consultation was carried out with pain Specialists across the system; however, the CityCare Pain Team was unintentionally omitted.

The APC committee ratified the guideline, pending agreement from the CityCare Pain Team.

ACTION: VM to contact the CityCare Pain Team for comments and proceed with uploading the guideline if no changes are requested.

Post-Meeting Note: VM contacted the CityCare Head of Medicine Management but was informed that feedback could not be provided, due to the absence of a pain team in the area.

15. FOR RATIFICATION – Out of Area prescribing requests

Due to time constraints, this item was not discussed during the meeting. Post-meeting, an email was sent out by LC detailing the minor changes, and members were asked to respond with any comments by Friday, 23rd May.

ACTION: LC to finalise and upload the document to the APC website.

16. FOR RATIFICATION – APC Terms of Reference

Due to time constraints, this item was not discussed during the meeting. LC will bring this item to the June meeting.

17. FOR INFORMATION – APC Forward Work Programme

Due to time constraints, this item was not discussed during the meeting. Post-meeting, the following requests were sent out to APC members by LC:

- Domperidone for lactation stimulation – Prescribing Information and template letter (May 25) - Suggest retiring Information sheet and directing to SPS guidance, keeping the letter template.
- High-Cost Medicines Algorithms (April 24) – due to staff capacity, request to extend date to September 25.
- End of Life Guidance (May 25) – request to extend date to December 25 to incorporate guidance for all age groups and work with additional specialist groups.
- Testosterone for Postmenopausal Women- Information Sheet (May 25) – request to extend date to December 25 to coincide with review of BMS guidance.
- Alcohol Dependence Guideline (July 25) – request to extend to October 25, when national guidance should be out.

A deadline of 23rd May was given for comments.

18. Any Other Business

No matters were raised.

Future Meetings

APC Formulary meeting: Thursday 19th June 2025 (2pm to 5pm, Microsoft Teams)
APC Guideline meeting: Thursday 17th July 2025 (2pm to 5pm, Microsoft Teams)

The meeting closed at: 17:20.