These minutes are in draft form until ratified by the committee at the next meeting on 20th July 2023.

Nottinghamshire Area Prescribing Guidelines Meeting Minutes

APC Meeting Thursday 18th May 2023: 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)	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
David Kellock (DK)	**SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Debbie Storer (DS)	**Medicines Information Pharmacist**	**Nottingham University Hospitals NHS Trust**
Susan Hume (SH)	**Podiatrist non-medical prescriber**	**Nottinghamshire Healthcare NHS Foundation Trust**
Georgina Dyson (GD)	**Advanced Clinical Practitioner (ACP)**	**Nottingham Urgent Treatment Centre, CityCare**
Mark Clymer (MC) (not in attendance for the whole duration of the meeting)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
David Wicks (DW)	**GP Prescribing Lead**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
Tanya Behrendt (TB),	**Senior Medicines Optimisation Pharmacist,**	**NHS Nottingham & Nottinghamshire ICB**
Kuljit Nandhara (KN)	**Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services**	**Nottinghamshire Healthcare NHS Foundation Trust**
Katie Sanderson (KS)	**Patient representative**	
Ann Whitfield (AW)	**Patient Representative**	

In Attendance:

Beth Rushton (BR), Primary Care Network (PCN) Senior Clinical Pharmacist, PICS

Interface Support in Attendance (NHS Nottingham & Nottinghamshire ICB):

Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist
Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician
Nichola Butcher (NB), Medicines Optimisation and Interface Pharmacist (in attendance for own antimicrobial agenda items only)
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH (in attendance until agenda item 6)
Shary Walker (SW), Specialist Interface & Formulary Pharmacist (in attendance for own antimicrobial agenda items only)
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist (in attendance from agenda item 13 to the close of the meeting)

Apologies received from:
Khalid Butt (KB), GP and LMC Representative, Mid Notts PBP, Nottingham & Nottinghamshire ICB
Jennifer Moss Langfield (JML), GP and LMC Representative, Mid Notts PBP, Nottingham & Nottinghamshire ICB
Ankish Patel (AP), Head of PCN Workforce Nottingham GP Alliance

1. Welcome

2. Declarations of interest
Nothing was declared.

3. Minutes of the last meeting/matters arising/amendments
The minutes from the previous meeting were reviewed and accepted as an accurate record, subject to minor grammatical amendments and a job title error.

Enoxaparin
NB and JML had attended the NUH working group for venous thromboembolism but there was no update at present.

ACTION: NB and JML will provide an update once progress has been made.

Dexcom ONE Inclusion Criterion
The inclusion criterion had previously been updated and agreed on by APC; however, it had not been published as financial sign-off was required. LC explained that the document will be included in the next bulletin as the cohort had already been captured for finance. The document will be made available for use in primary and secondary care.

LC asked if the policy for Continuous Glucose Monitoring (CGM) and the principles guidance on CGM devices approved by APC recently could be hosted on the APC website so that both primary and secondary care could access them. Members agreed to this.

ACTION: LC to include the Dexcom ONE Inclusion Criteria in the next bulletin and upload the Dexcom ONE Inclusion criteria document to the APC website. The CMG policy and principles documents to be uploaded on the APC website.

Asthma- Children and Young People (CYP) Guideline
The CYP guideline was approved by APC in March; however, following publication it had been pointed out that AeroChamber plus Vu flow and budesonide Easyhaler were non-formulary products.

LK informed members that, although AeroChamber plus Vu flow had previously been rejected this was due to it being more expensive than the standard Aerochamber and the cost has since decreased. Therefore, no cost impact was expected from a switch to this device. Although budesonide easyhaler is more expensive than Clenil MDIs, it is much less expensive than Pulmicort Turbohaler currently the only DPI steroid inhaler on the formulary suitable for children; also, a DPI is the preferred device in line with the greener agenda. Members agreed with the addition of these products to the formulary.
ACTION: KR to update the formulary.

Asthma- adults guidelines
The asthma treatment summary was approved by APC in March; however, following its publication and delivery to GP practices, it has been pointed out that the inhalers listed are not currently in both parts of the document. The authors have been contacted and are in the process of updating the document.

ACTION: KR to upload once the corrections have been completed.

Dronedarone
As requested at the previous meeting, LK had contacted the specialists to establish what proportion of patients cease treatment during the first twelve months due to abnormal LFTs. Patient numbers for this medication are small, but only one patient had been highlighted as having treatment stopped and this was within the first month of treatment. The NHS England Shared Care template recommends that patients may be transferred to Primary care after one month, but GP members did not feel this was appropriate. It was suggested that Specialists retain patients for the first six months of treatment when monthly monitoring is required; this was agreed by the APC.
ACTION: LK to finalise the Shared Care Protocol and send via email for final ratification prior to uploading it to the APC website.

Primary Care Governance Ratification
This had been agenda item 12 at the previous meeting. LC explained that this month there were no guidelines to pass to Primary care for ratification.

ACTION: Items will be added to the agenda when an APC review is required.

All other actions were either on the agenda or completed.

4. FOR RATIFICATION – Cinacalcet information sheet LK
LK presented the updated cinacalcet information sheet. Cinacalcet was classified as Amber 2 in May 2020 and an information sheet was produced to support prescribing. This had now reached its review date and it has been reviewed and updated. The updated version has

been reviewed by Dr Kamal Chokkalingam and Rosa Bell, Specialist Pharmacist at NUH and the Endocrinologists at SFH.

Changes in the update include more detail added to monitoring requirements, criteria for review and management of out-of-range calcium levels. Recommendation for calcium monitoring to be reduced from 3- monthly to 6-monthly for the first two years and then to annually.

Endocrinologists at SFH had requested an earlier transfer of patients to Primary care and had suggested this should be after a month of stabilisation by secondary care. The clinicians at the meeting felt that this was an insufficient period to determine a stable dose and ensure the patient had been reviewed prior to Primary care transfer. It was therefore agreed that secondary care should retain responsibility for the patient for the first 3 months of treatment.

APC members ratified the updated information sheet, subject to minor amendments.

ACTION: LK to finalise the information sheet and upload the information sheet to the APC website.

5. FOR RATIFICATION – Liothyronine patient information sheet

LK presented the patient information leaflet. The liothyronine position statement was discussed and approved at the March 2023 APC meeting. The previous version of the position statement directed patients to the patient information produced by NHSE. This was no longer felt to be sufficient and, with input from AW, LK had adapted with their permission a leaflet produced by Hertfordshire and West Essex ICB it has since been reviewed by Rosa Bell, Specialist Pharmacist at NUH.

It was suggested at the meeting that the NHS Medicines A to Z information for levothyroxine be reviewed for consistency. APC members agreed to ratify the leaflet, subject to minor amendments.

ACTION: LK to make the changes and upload to the APC website.

6. FOR RATIFICATION – Antimicrobial Guidelines

This was the last set of guidelines.

Following this meeting, all the antimicrobial guidelines have been reviewed in conjunction with the microbiologist, Dr Vivian Weston.

- **Antimicrobial Appendices**

SW presented the appendices and briefed members on the changes that had been made to this section of the guidelines, which included links to MHRA safety alerts and the addition of Pregnancy and Breastfeeding links. The clinicians requested more clarity about the prescribing of antimicrobials in pregnancy and breastfeeding for premature and term babies as well as clarity on what was classified as high dose metronidazole. DS explained that NUH had produced a guideline, SW will check the NUH guidance for relevant information and add where appropriate.

A few minor terminology requests were made, and final ratification to be via email was agreed upon.

ACTION: SW to make the required amendments, email members for final ratification and upload them to the APC website.

- **Antimicrobial to retire**

SW presented a small number of antimicrobial appendices which it was felt needed to be retired.
These included the following:
Appendix 1. Table of Contents
Appendix 2. References and Guidelines
Appendix 3. Consultees
Appendix 4. Delayed Prescription of Antibiotics.

Members felt the contents page should remain as it was useful in practice. It was agreed to retire all the other appendices.

ACTION: SW to remove appendices 2,3 and 4.

- **Diabetic foot ulcer**

The Diabetic foot ulcer guideline had been updated due to it reaching its review date. SW presented the key changes, listed in the meeting papers, including:

- Defined diabetic foot ulcers
- Clindamycin dose increased to 450mg four times a day as per the recommended doses for "I" susceptible to increased drug exposure
- Superscripts for clarithromycin, erythromycin and doxycycline
- Patient information links
- Minor corrections and formatting updates
  Other important points:
- The email addresses for referral were confirmed as still valid and up to date.
- Treatment duration is still 7 to 14 days
- Statements regarding local audit results, outcome data, and resistance patterns are still relevant.

LC asked what the dose of clindamycin was based on and whether this was a dose recommended in the BNF. During the meeting, SW provided the link below from NUH on how to interpret sensitivity results:https://www.nuh.nhs.uk/interpreting-sensitivity-results
Members ratified the guideline.

ACTION: Upload the guideline to the APC website.

- **Eradication of *H. pylori***

The Eradication of *H. pylori* guideline had been updated due to it reaching its review date. NB presented the key changes, all of which reflect national guidance. Historically the guideline had been based on local NUH guidance. The NUH guideline has reached its review date and NUH has now adopted national guidance. NB presented the key changes listed in the meeting papers, which include:

- Information on testing and that confirmation of *H.pylori* is required before treatment is initiated.

- Antibiotic choice must consider a patient's antibacterial history. Resistance to macrolides and quinolones is an important factor in treatment failure.
- Treatment regimens have been updated and the guideline provides first- and second-line options for patients with or without a penicillin allergy and also considers a patient's *C.diff* history.
- All treatment regimens are for 7 days and any extension to this or the need for a third-line option requires the involvement of a specialist.

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The clinicians discussed the availability of non-invasive testing for H. pylori across the ICB. As testing is a commissioned service and varies from area to area, it was agreed that a generic statement including all forms of testing should be included in the guideline.
Members approved the guideline, subject to a small number of typographical changes.
The guideline was ratified.

ACTION: NB to make the changes, include the various *H. pylori* tests and upload the guideline to the APC website.

- **Leg ulcers and pressure sores**

The leg ulcers and pressure sores guideline had been updated due to it reaching its review date. NB presented the key changes listed in the meeting papers, which include:

- Information about not routinely swabbing for bacteria.
- Addition of a link to the CityCare guideline on management of lower limb.
- No changes to treatment options.

Members approved the guideline, with one small typographical change.
The guideline was ratified.

ACTION: NB to make the changes and upload the guideline to the APC website.

- **Mastitis and breast abscess**

The mastitis and breast abscess guideline had been updated due to it reaching its review date. NB presented the key changes listed in the meeting papers, which include:

- The guideline now considers both lactational and non-lactational mastitis.
- Self-care information relevant to both forms of mastitis was added.
- Treatment options for lactational mastitis remain the same as in the old guideline, with the addition of clarithromycin as an alternative in penicillin allergy.
- All patients with non-lactational mastitis must be treated with an antibiotic and the first-line option is co-amoxiclav.
- Treatment duration has been agreed as 14 days.

Several changes were discussed, and it was agreed that final ratification should be given via email once the guideline had been updated. The clinicians asked for the inclusion of a statement saying that erythromycin is preferred in pregnancy. The inclusion of fluconazole in mastitis treatment was raised, especially with regard to its serious interaction with erythromycin and clarithromycin.
NB agreed to check and email the conclusion to all members as part of the ratification process.

ACTION: NB to clarify the position of fluconazole in mastitis treatment and email the final guideline for ratification. If members agree, NB to upload the guideline to the APC website.

- **MRSA**

The MRSA guideline has been updated because it has reached its review date. Comments were invited and received from NUH microbiology and CityCare Infection Prevention and Control leads. NB presented the key changes listed in the meeting papers, which include:

- Previous use of a broad-spectrum antibiotic added as a risk factor.
- Statement about following boils or wound infection guideline removed to reduce the risk of patients being treated inappropriately with empirical flucloxacillin or co-amoxiclav.
- Information added about MRSA skin and soft tissue infections and treatment options.
- For all other infection sites, treatment must be guided by the sensitivity report and discussed as required with the duty microbiologist.

Members agreed that the term 'skin and soft tissue' should be removed from the guideline and that this guideline will replace the APC MRSA infection control and empirical antibiotic treatment guideline. The committee agreed that links to this updated MRSA guideline should be added to the APC boils guideline and to the wound infection guideline.
Members ratified the guideline, subject to a small number of formatting amendments.

ACTION: NB to make the changes agreed to the guideline and upload it to the APC website. NB to add links to the boils and to the wound infection guidelines.

- **Otitis Media**

The Otitis Media guideline has been updated because it has reached its review date. NB presented the key changes listed in the meeting papers, which include:

- Self-care information and a patient information leaflet added.
- As the majority of cases are viral in origin, information added about when to consider prescribing an antibiotic for a patient.
- No changes to treatment options.

Members ratified the guideline, subject to a small typographical amendment.

ACTION: NB to make the changes and upload the guideline to the APC website.

7. FOR RATIFICATION – Testosterone therapy in male children patient information sheet

VM presented the Testosterone in Children patient information sheet. In January 2023 the shared care protocol (SCP) was updated but the patient information sheet was not ready, and an action was to bring this to a later meeting. The patient information leaflet presented has been adapted, with permission, from Birmingham Children's Hospital. It has been reviewed by Dr Tabetha Randell (Consultant Paediatric Endocrinologist) and AW.
Several changes to the patient information sheet were discussed:
Font type and size
Rephrasing hypogonadism definition as patients still have two gonads. The general readability required further consideration.

The title of the leaflet needed to reflect that it was a patient information sheet.
Phraseology needed to be considered such as ‘useful pump’; some parts of the leaflet were superfluous and created an excessively wordy leaflet.
The pictures in the leaflet did not match and many were considered unnecessary.

Members felt that patient information leaflets and information sheets from other areas should be compared and considered.

KN noted that NHCT had gender clinics that might wish to comment; however, it was felt this might create some confusion because the leaflet was for children born biologically as male.

AW offered to review in detail the patient information sheet with VM.

ACTION: VM and AW to review the patient information sheet again, including the changes and considerations noted, and bring it back to the next APC meeting in July.

8. FOR RATIFICATION – Narcolepsy prescribing information sheets

The narcolepsy prescribing information sheets have been updated as they had reached their review date. Comments had been invited from the neurology and respiratory specialists who were authors of the current information sheets and had also been received from Sumeet Singhal, Consultant Neurologist, NUH.
VM explained that in July 2022 NHS England published a shared care protocol for both Narcolepsy and ADHD (in the same document). However, prior to this, a decision had been made locally not to have narcolepsy under shared care. VM cross-referenced the current information sheets against the NHSE shared care protocol to ensure that recommendations such as monitoring were consistent. VM explained that currently there was no national shared care protocol for modafinil. VM presented the key changes to the guideline. The monitoring time frame in Primary care had not changed and is is still 6 months. However, the methylphenidate and dexamfetamine information sheets now included more information eg on managing side effects, monitoring requirements, pregnancy and breastfeeding with links; and advice to patients as well as links to patient information sheets. Additional information regarding potential misuse, choice of formulation, alcohol use and effects on blood test results and advice on doses omitted was added. A comprehensive list of changes was available in the meeting papers.

Several changes to the prescribing information sheets were discussed:
The Methylphenidate sheet needs ADHD removed from the baseline investigations.
Suggestion to rephrase statement regarding high risk of methylphenidate abuse and using MR preparations to minimise this.
The methylphenidate sheet uses the phrase ‘should not’; ‘do not’ is more explicit.
Removal of the asterisk in the on-going monitoring table and suggested rephasing of the table.
Referral to haematology ‘may be warranted’; ‘is recommended’ is more explicit.
The use of MAO, which should be MAOI.
Formatting and abbreviated terms need consistency throughout.

The clinicians felt Primary care needed added clarity as they would only do routine follow-up, not baseline or dose changes. The joint formulary entry did not appear in line with the

information sheets for methylphenidate and modafinil. It was also felt there was too much information to give to patients and requested a printable one-page document that patients could take away to read.

ACTION: VM to make the amendments to the prescribing information sheet and bring it back to the next APC meeting in July.

9. FOR RATIFICATION – SGLT2i in CKD pathway for Primary care

VM presented the SGLT2i in CKD pathway for Primary care and gave the following background information.

Over the past two years, guidelines have been produced by NICE recommending SGLT2i use in CKD: NICE NG203 (chronic kidney disease: assessment and management), NG28 (Type 2 diabetes in adults: management) and NICE TA 775 (Dapagliflozin for treating chronic kidney disease). There had been ongoing discussions with nephrologists at NUH to see if a local pathway could be developed to support implementation of this. The Midlands Kidney Network (MKN) has developed a regional clinical pathway for the use of SGLT-2 inhibitors in chronic kidney disease in Primary care and Dr Catherine Byrne, nephrologist from NUH, advised that the department would be using this instead of developing a local pathway. In addition, MKN is offering training in CKD management in Primary care to Primary care healthcare professionals.

A number of discussions took place about the impact on Primary care, both financially and on human resource, due to the interpretation that everyone with eGFR over 25 ml/min and below 60 ml/min would need an SGLT2i, which is almost everyone who is elderly. In addition, an arrow was missing for patients with Type 2 diabetes as there was no recommendation of ACE inhibitors or of ARBs titrated to maximum tolerated dose before starting an SGLT2i, as per NICE diabetes recommendations. Clarity was also required on how many repeat UACRs and eGFRs were required and on the time interval between them before initiating SGLT2i. It was noted that NICE is usually prescriptive in its recommendations. Where there is clear and strong evidence of benefit, the word 'offer' is used by NICE. Where the benefit is less certain, the word 'consider' is used by NICE. However, in the TA for Dapagliflozin in CKD, the word ‘recommend’ is used by NICE and members felt that this could be open to interpretation. Local expert interpretation on the suitable cohort of patients to be prescribed SGLT2i was therefore required. In addition, members suggested finding out from MKN if there have been any concerns in other areas within the network regarding the number of patients to be initiated on this. LC noted that this pathway was due to the NICE TA; the cost impact had already been highlighted to ICB and APC needed to implement something. VM explained that the training offered might be able to provide additional details.

Clinicians and the senior ICB team members all agreed that there was a need for education at ICB level. TB will pursue this.

ACTION: TB will look into the possibility of organising a specific PLT or ICB event. VM to feed the comments back to the Midlands Kidney Network and, if possible, ask for someone from Midlands Kidney Network to come and speak at an APC meeting. To be discussed again at the next APC meeting in July.

10 FOR RATIFICATION – Parkinson's Disease SCP and information sheet

VM presented the Parkinson's Disease SCP and information sheet and provided the following summary.

The management of Parkinson's Disease with Apomorphine overarching shared care protocol and information sheet was due for review in April 2023 but that was brought forward, as an alternative Apomorphine formulation had been approved by the JFG, and the updated guidance was discussed at the January 2023 APC guidance meeting. However, due to lack of specialists' input, it was not ratified at the January meeting.

The main change was the updating of the information sheet with details regarding the new APO-go® POD formulation and device such as costs, pack sizes, what will be provided by the manufacturer and what will need to be prescribed. Information was added regarding initiating and switching patients to the new apomorphine formulation (which will be managed by the specialist and Apo-go nurses) as well as the roles and responsibilities of Apo-go nurses. A full list of changes was included in the meeting papers. Comments since sending out the APC papers were received from Dr Silva, a neurologist at NUH supporting the shared care protocol and the prescribing information sheet.

On behalf of the PCN pharmacists in Primary care, Beth Ruston explained that there is uncertainty about what administration sets need to be prescribed. VM to check this and include the information sheet. DS asked what the difference was between the current and new apomorphine product. VM explained that the new formulation lasts for up to 48 hours whereas the prefilled syringes only last 24 hours. The shared care protocol stated that in the community when a patient was being transferred from an injection to an infusion, the first prescription should be done by the GP. Members felt that this should be the responsibility of the specialist. There was an expectation that patients would be stabilised prior to transfer to Primary care, therefore the wording in the shared protocol needed to be rephrased.

It was also felt by members that the roles or responsibilities of the specialist nurses provided by the pharmaceutical companies needed to be more generic. DS gave VM the contact details for the specialist pharmacist at NUH to obtain their comments regarding the level of support provided by the two pharmaceutical companies manufacturing apomorphine.

ACTION: VM to circulate the SPC and information sheet for comments and ratify them via email unless something significant is raised.

11. FOR RATIFICATION – APC Framework - LC

LC had previously emailed the updated framework to the APC members.

No further discussions took place.

ACTION: LC to upload the framework to the APC website

Post- meeting note – DS has informed LC of some comments from NUH DTC, which will be sent to LC for review.

12. FOR RATIFICATION – Antipsychotic prescribing guideline update

KN provided a small update to the antipsychotic prescribing guideline, and noted the following changes:

New section on high dose antipsychotic treatment.

New section on management of hyperprolactinaemia.

Details of mental health pharmacy advisory line added.
Added information on new paliperidone depot formulations to Appendix 3.

A full guideline review is due in June 24.

ACTION – The update was ratified; a member of the APC team will upload to the APC website on behalf of KN.

13. FOR RATIFICATION – Adult Headache Pathway

IV presented the Adult Headache Pathway on behalf of the author, Michalina Ogejo, who had since left the team. The Adult Headache Pathway was co-authored by Richard Sheldrake (PCN Pharmacist in Mid Notts).
IV presented the key changes to the pathway, which included the following:

- Pizotifen was added again as 4th- line prophylactic option. This had previously been removed following the NICE clinical guideline CG150 which stated that pizotifen had limited evidence of efficacy. Despite the medication being traffic lighted as GREY, prescribing had continued, and a decision had been made to reinstate its use.
- Added information on the use of topiramate in renal impairment.
- Added reference and link to the BUMPS website.
- Removed domperidone as a prophylactic option.
- Added information on a specialist- only prophylactic options.
- Updated self-help resources.
- Added a headache diary (as an Appendix).

Members felt that the referral process needed to be clarified and expanded in the flowchart rather than simply mentioned on page 8 of the guideline, including the treatment options available from secondary care, potentially even off-label recommendations such as candesartan.
It was noted that a few of the hyperlinks appear to be broken and it was requested that links to NICE TAs on preventing migraine are given within the guidance.

ACTION: IV will make the requested changes, seek approval from the authors and upload to the APC website. Pizotofen traffic light will change from GREY to GREEN.

14. FOR RATIFICATION - Policy for the prescribing and supply of unlicensed and off-label medication (update)

IV presented the updated policy for the prescribing and supply of unlicensed and off-label medication, on behalf of the author Michalina Ogejo and co-author Richard Sheldrake.
The purpose of the document was to clarify the clinical, prescribing and supply responsibilities regarding the use of unlicensed medicines and off-label use of licensed medicinal products in Primary care.
Minor amendments to the policy were suggested and a request was made to ensure that it aligns with the secondary care policy for unlicensed and off-label medication.

ACTION: IV to cross-check alignment with the secondary care policy and clarify via email the minor tweaks mentioned. The policy was considered ratified once the actions were completed. IV to upload to the APC website.

Post-meeting note: IV confirmed with the author and stated on the front sheet that the document had been crossed-checked with secondary care.

15. FOR RATIFICATION – Opioid deprescribing in non-cancer pain
No comments were received.

ACTION: The document on opioid deprescribing for persistent non-cancer pain was ratified and a member of the APC team will upload it to the APC website.

16. FOR RATIFICATION – Biosimilar FAQ (New)
KR presented the new Biosimilars FAQ sheet. The Biosimilars FAQ sheet has been developed to provide a quick reference point for prescribers in order to encourage their cost-effective prescribing.
Members suggested minor tweaks and the inclusion of a cost impact graph.

ACTION: Document considered ratified. KR to update and upload it to the APC website.

17. FOR INFORMATION – APC forward work programme
LC proposed the removal of the Palliative Care booklet; the proposal was rejected as many junior doctors use it, as well as several community-based teams (DN teams, McMillan, PICs and palliative care teams etc), all of whom find access to the booklet a useful resource.
LC had been concerned that the booklet encouraged printing and she would look into applying printing governance to the booklet.

ACTION: LC will plan what is required to update the Palliative Care booklet and feedback to the APC team.

Dementia medicines information sheets: request for expiry date extension
The above will be expiring in July and KN requested an extension until September due to capacity issues and no significant changes. LC informed the committee that she had made a request for volunteers to work on this.

ACTION: Expiry date extended to September.

18. Any Other Business

- **Smoking cessation position statement**

The updated smoking cessation statement had been emailed previously for ratification. It was agreed that members were happy with the updated position statement.

ACTION: KR to upload to the APC website.

- **APC podcast sharing via multiple platforms**

The APC podcast is currently hosted on Soundcloud. IT tends to restrict access to streaming platforms on NHS computers (including Soundcloud, Spotify, Podbean etc) so several people are unable to listen to the podcast from their work computer. Soundcloud is not as popular for listening to podcasts as Spotify, Apple Podcasts or Podbean are. Making the podcast available on more platforms than just Soundcloud would allow people to listen to it on their personal devices and they could automatically have access to the latest episode, without having to read the local bulletins. It would be an automated service.
IV was requesting permission from APC to open free accounts on other platforms such as Amazon, Apple, Spotify. The homepage will still be Soundcloud and the same governance process currently in place will still be followed.

ACTION: APC approved other accounts being opened for the podcast to be shared via multiple platforms.

- **Messages sent to patients by practices**

KN flagged up an issue discussed at NHCT DTC about communications going out to patients regarding medication changes; in this particular instance it was a text message about an inhaler change sent to a patient who was at end-of-life, which had an impact on the patient.
Members felt that these messages are developed by individual practices and different PCNs might have different processes, hence it would be better to speak to the practice involved. However, LC will send some communication out to practices or PCNs.

ACTION: LC to send some communication out to practices or PCNs.

- **Different- looking generics**

KN highlighted that there was concern at the NHCT DTC over whether patients are given information when a different brand of medication is issued as, in some cases, the colours would be different from what they are used to. Members felt that there was no easy answer to this as, whilst it is important to inform the patient of any brand changes, the prescriber would not know what is dispensed, hence responsibility lies with community pharmacists as they are better placed to inform patients about such changes. However, caution might also be required with regard to giving patients too much information as they should be empowered and supported to ask questions themselves about their medicines.

- **NICE CG181 Recommendation – not recommending aspirin for primary prevention**

KN asked if there was any work being done across the ICB regarding the above recommendation. The advice from members was that this should be done through annual medicine reviews as standard practice, rather than looking back and carrying out searches.

19. Date of next APC Formulary Meeting – Thursday 15th June 2023

20. Date of next APC Guideline Meeting – Thursday 20th July 202