These minutes are in draft form until ratified by the committee at the next meeting on 16th March 2023.

Nottinghamshire Area Prescribing Committee Meeting Minutes

APC meeting 19th January 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) - Chair	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
David Kellock (DK)	**SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Hannah Godden (HG) representative in Claire Nowak's (CN) absence and left the meeting at 15:30	**Principal Pharmacist - Adult Mental Health Community Teams**	**Nottinghamshire Healthcare NHS Foundation Trust**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Jennifer Moss Langfield (JML)	**GP**	**LMC representative**
Ann Whitfield (AW)	**Patient representative**	
Jill Theobald (JT)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Susan Hume (SH)	**Podiatrist non-medical prescriber**	**Nottinghamshire Healthcare NHS Foundation Trust**
David Wicks (DW)	**GP Prescribing Lead**	**Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB**
Georgie Dyson (GD)	**Advanced Clinical Practitioner (ACP)**	**Nottingham Urgent Treatment Centre, CityCare**
Katie Sanderson (KS)	**Patient representative**	
Claire Nowak (CN) Attended from 15:30	**Deputy Chief Pharmacist**	**Nottinghamshire Healthcare NHS Foundation Trust**

In attendance:
Mark Clymer, Assistant Chief Pharmacist, SFHT
Shabnum Aslam, Medicines Optimisation Pharmacist, Nottingham & Nottinghamshire ICB - in attendance for item 11
Sunny Dhain, Medicines Optimisation Pharmacist Nottingham & Nottinghamshire ICB – in attendance for item 7
Kate Morris, Medicines Optimisation Pharmacist, Nottingham & Nottinghamshire ICB– in attendance for item 15
Bhavika Lad, Medicines Optimisation Pharmacist Nottingham & Nottinghamshire ICB

Interface support (NHS Nottingham & Nottinghamshire ICB):
Nichola Butcher (NB), Specialist Medicines Optimisation Interface Pharmacist
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH
Shary Walker (SW), Specialist Formulary Interface & Medicines Optimisation Pharmacist
Karen Robinson (KR), APC Interface & Formulary Pharmacy Technician
Michalina Ogejo (MO), Medicines Optimisation and Pain Clinic Pharmacist
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist
Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist

Apologies:
Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB
Ankish Patel (AP), Head of PCN Workforce Nottingham & Nottinghamshire
Lois Mugleston (LM), GP Prescribing Lead, City PBP, Nottingham & Nottinghamshire ICB
Khalid Butt (KB), GP Prescribing Lead and LMC representative, Mid Notts PBP, Nottingham & Nottinghamshire ICB
Asifa Akhtar (AA), GP Prescribing Lead South Notts PBP, Nottingham & Nottinghamshire ICB

1. Welcome and introduction of new members

2. Declarations of interest
Nothing declared by members or the interface support team.

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

Palforzia
TH explained that a business case had been submitted for funding for the next financial year.

ACTION: TH will feed back any further updates at future APC guideline meetings.

Hydroxychloroquine serous incident
Medicines Safety Officers (MSO) were continuing to audit hydroxychloroquine prescribing and monitoring in City PBP GP practices. LC had received no further results for the audits other than confirmation that they were still ongoing.

Acute Diverticulitis
NB had reviewed the guideline statement for those over 65 years of age and uploaded the guideline.

ACTION: No further action was required.

Type 2 Diabetes Mellitus (T2DM) Guidelines
LK had finalised and uploaded the guideline to the APC website. There had been questions about gaining financial approval, so there had been a slight delay in the guideline being published. LK and LC had met with commissioners, who confirmed that, because the medications are already available for prescribing and SGLT2s are being prescribed as recommended by NICE, a financial risk projection was required rather than approval of a business case. Further work will be conducted by the ICB to demonstrate how the financial risk may be managed and contained. Now that confirmation of the funding process had been received, communication about publication of the guideline can follow.

ACTION: LC/LK to work with the finance team on financial risk prediction and management.

Traffic light classifications for SGLT2s were discussed and the decision was made to keep an AMBER 3 classification. An AMBER 3 classification allows GPs to initiate SGLT2s in line with the guideline and this was felt to be the most appropriate classification. TH suggested that the APC provide assurance to secondary care that an AMBER 3 classification does not restrict primary care initiation.

ACTION: LK to publish notification of the guideline in the next APC bulletin to raise awareness for clinicians.
LK/LC to consider how assurance could be provided that the AMBER 3 classification is not prompting referrals to secondary care.

Anticoagulants in AF guideline
The guideline had not been uploaded as IV was waiting for the F12 team to update her on progress regarding accessing the ORBIT score on SystmOne.
The wording for the CrCl calculator section of the guidance was still under discussion.
One of the primary care Medicines Optimisation pharmacists had completed an in-practice audit and found that several patients who were prescribed edoxaban also had a high creatinine clearance. Currently, the guidance offers no advice on how these patients should be managed.
IV was liaising with clinicians and will bring an update on progress to the next APC meeting.

ACTION: IV to provide a progress update for the March APC guidelines meeting.

Dronedarone SCP
The audit results requested at the previous meeting are yet to be finalised. Once they have been collated, LK will bring them back to a future APC guideline meeting.
The results of the audit will also be provided for JML and KB, to raise funding issues with the Local Medicines Committee (LMC).

ACTION: LK to provide APC with the results of the audit at a future APC guideline meeting.
JML and KB to raise funding issues with the LMC.

The Monitoring and Medication after Bariatric Surgery Guideline
This was approved and uploaded to the APC website. However, further clarification was required regarding monitoring adolescents and pregnant patients who underwent bariatric surgery. Matt Lawson, Senior Medicines Optimisation Dietician, kindly advised on monitoring adolescents, as follows '*patients are supported for 2 years post-op, which should be enough time to get the afterward behaviours established and so on. Patients who long term have issues can be re-referred to Derby Bariatric Unit*.' MO explained that monitoring pregnant patients required further consideration. MO had contacted SFH and NUH midwives to seek further guidance. Contacting the Derby Team was also a consideration. MO will feed back their replies at March's APC guideline meeting.
JML requested that further information be sent to both her and Sara Salam.

ACTION: MO to provide additional information to JML and Sara Salam and provide a progress update at the next APC guidelines meeting.

Lithium Prescribing Information Sheet
LC presented the Lithium prescribing information sheet update (not included in the papers). HG had updated this paper. The changes were minor.
APC members agreed to the changes.

ACTION: LC to upload the updated Lithium prescribing information sheet to the APC website.

DOAC position statement
The DOAC position statement had reached its review date. IV had reviewed the information and confirmed that there had been no changes. The position statement's review date had been extended by a year.

ACTION: IV to upload the newly dated position statement to the APC website.

4. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES

Scabies
The Scabies antimicrobial guideline had been updated, due to it reaching its review date. NB reviewed the guideline and presented the key changes. These were aligned with the most recent NICE Clinical Knowledge Summary (CKS).
NB advised that additional prescribing advice for institutions had been added, together with Infection Prevention Control contact details, the latest UKHSA guidance and patient information leaflets. NB advised that a statement about the use of ivermectin has been added, but as this is red on the joint formulary, prescribing must be retained by the prescribing specialist and not passed to primary care.TH wanted confirmation that 'over the counter' and 'P' medications could be provided by other members of staff within the institutions.
MC asked what the action was if a patient was under 2 months of age. NB advised that scabies is rare in that age group, but that clarification would be sought and added to the guideline.
Further information on the use of malathion was requested by the committee, together with the suggested quantities required for the treatment of children and adults.
Scabies treatment could previously be provided via the Pharmacy First scheme. However, this service is being discontinued, so there was an expectation that individuals could purchase their own treatment. In addition, it was agreed that the patient information section needed to be made clearer.
Due to the number of questions raised, it was agreed to collate these and obtain final ratification by email.

ACTION: NB to circulate the questions and answers via e-mail to facilitate final ratification. NB to finalise the guideline and upload to the APC website.

Boils
The Boils antimicrobial guideline had been updated, due to it reaching its review date. NB reviewed the guideline and presented the key changes. These had been made in line with the most recent NICE CKS and British National Formulary (BNF). NB noted that clindamycin had been removed as it was no longer listed in the CKS as a treatment option.
NB advised that additional clarity would be made to the treatment table i.e., using doxycycline only if a macrolide is not suitable.
Follow-up with Dr Vivian Weston was requested by the APC members about the number of days of treatment, and whether it could be either 5 days' treatment or 7 days' treatment rather than 5-7 days. JT asked whether clarithromycin MR would be used in the treatment of boils.
Due to the number of questions raised, it was agreed to collate these and obtain final ratification by email.

ACTION: NB to seek further advice from Dr Vivian Weston and circulate the questions and answers via e-mail to facilitate final ratification.
NB to finalise the guideline and upload to the APC website.

Cutaneous Candidiasis
The Cutaneous Candidiasis antimicrobial guideline had been updated, due to it reaching its review date. NB reviewed the guideline and presented the key changes. These had been made in line with the most recent NICE CKS. NB advised that there were no significant changes; self-care advice had been added and itraconazole had been removed as a treatment option as it was no longer listed in the most recent CKS.
The committee requested that systemic treatment (fluconazole) be added to the treatment table.

The guideline was ratified, subject to the changes being made.

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

Gonorrhoeae
SW presented the updated Gonorrhoeae antimicrobial guideline and highlighted the main changes. These had been made following the recent NICE CKS update.
A small number of minor amendments were suggested. These included specifying the ciprofloxacin preparation and clarifying that it should not be given in pregnancy. The BASHH hyperlink needed a specific link to the page. The MHRA warning required a separate link, for greater clarity.

The guideline was ratified, subject to the changes being made.

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

Vaginal Discharge in Children
SW presented the updated Vaginal Discharge in Children antimicrobial guideline and highlighted the main changes.
Links to recurrent UTI, threadworms and candida were added as possible underlying causes to be considered. A statement was also added to highlight the safeguarding of patients with suspected STI indications.
The committee suggested a small number of additional amendments, for clarity, particularly about swabbing.

The guideline was ratified, subject to the changes being made.

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

Pelvic Inflammatory Disease
SW presented the updated Pelvic Inflammatory Disease antimicrobial guideline and highlighted the main changes.
DK explained that triple swabs were not routinely used in the Integrated Sexual Health Service (ISHS). Further clarity will be added to the guideline to define the various tests. SW to consult with DK.

The guideline was ratified, subject to final email ratification.

ACTION: SW to consult with DK on changes and upload to the APC website.

5. FOR RATIFICATION – Vortioxetine Prescribing Information

LK presented the new Vortioxetine Prescribing Information Sheet. A traffic light reclassification of vortioxetine from AMBER 2 to AMBER 3 had been discussed at the December APC meeting. Members had agreed to an AMBER 3 classification in principle but requested a

supporting information sheet. Following on from this discussion, the prescribing information sheet now presented had been produced by Notts HCT.

ACTION: The Vortioxetine Prescribing Information sheet was ratified by members. LK to provide feedback to the author and, with their agreement, upload it to the APC website.

6. FOR RATIFICATION – Overactive Bladder Guideline

The Overactive Bladder Guideline had been updated, due to it reaching its review date. NB had reviewed the guideline and presented the key changes. NB advised that the guideline had been reviewed with a urology consultant and that the majority of the content remained the same. NB advised that the oestrogen products had been changed to reflect changes to the Joint Formulary and that all medicine prices had been updated. The committee queried whether prices should be included in the guideline, or a link added instead to a cost comparison chart on the Joint Formulary. NB advised that SFHT had been contacted about the overactive bladder cost comparison chart and this had now been updated, but that she was unsure about the frequency with which they were routinely updated.
Primary care members felt prices should be incorporated. MC will discuss with Steve Haigh to establish how cost comparison charts are maintained and updated on the Joint Formulary.
NB advised that urology specialists had requested the inclusion of an option for initiating a combination therapy (mirabegron + solifenacin) prior to referral. The guideline has been changed to incorporate this:

- Step 1 (existing steps 1 and 2 have been merged) – choice of generic anticholinergic. If not effective or tolerated, select another anticholinergic from the list.
- Step 2 – mirabegron 50mg alone.
- Step 3 – mirabegron 50mg + solifenacin 5mg in combination and then refer.

Trials have been conducted to consider the use of the combination. The combination appears to be more effective than the component medicines alone. NB advised that this combination is currently classified GREY, so a reclassification to AMBER 3 would be required.
Committee members felt that an anticholinergic calculator link should be added to the guideline.
Mirabegron requires blood pressure monitoring before and during treatment. Committee members requested that this information should be included in the guideline.

The guideline was ratified, subject to the changes being made.

ACTION: MC will feed back to NB the conclusion of pricing update discussions.
It was agreed to add mirabegron with solifenacin as AMBER 3 for this indication.
NB to finalise the guideline and upload to the APC website.

7. FOR RATIFICATION – Blood Glucose Test Strip Formulary and Criteria (Update)

Sunny Dhain joined the meeting at 15.30 for the discussion.

<u>Frequency of Blood Glucose Self-Monitoring: Adults</u>
Due to escalating costs, the frequency of self-monitoring blood glucose and ketones had been highlighted by the medicines optimisation teams and PrescQIPP as a potential area for efficiencies.
The ICS Diabetes Group had discussed the document, and specific comments from this group were detailed in the papers. Clinicians agreed with the appropriateness of the content but felt the document was too wordy and required consistency of terminology and abbreviations. The glossary needs to include the meanings of all terminology and abbreviations.
SD confirmed that the document was not intended for use by patients but was a guideline for the clinician, to enable discussions between patient and clinician.
The sick day rule link appeared to be broken and will be corrected before it is uploaded.

LC will work with Sunny Dhain to update the guideline, once amended the final document will be circulated for final ratification.

ACTION: LC and SD will update the document, obtain ratification from the GP members by email and once agreed, upload to the APC website.

Nottingham and Nottinghamshire ICB Adults Blood Glucose & Ketone Meter Formulary Self-Monitoring Blood Glucose (SMBG) Criteria

GPs, DSNs and practice nurses across the ICB had been consulted, and certain meters had been added in response to their requests.
The keyword search needed to be made clear that this applies to the clinical system searches on SystmOne. Abbreviations within the document required clarity, including the title of the guideline.
Clinicians felt a patient information leaflet on how to obtain calibration control solution would be beneficial, particularly as poor use of the quality control solution had been identified. It was noted, however, that this is likely to be included in the manufacturers' information leaflet.

The criteria document was ratified, subject to the changes being made.

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

8. FOR RATIFICATION – Topical Tacrolimus for Facial Vitiligo information sheet

SW presented the information sheet for topical tacrolimus for facial vitiligo approved by the APC in December 2022, when a request had been made for practical guidance.
The committee now requested that the standard information sheet template be used for the header stating the traffic light classification.
The committee also requested the removal of the reference to new biologics being used in future.
The information sheet was ratified, subject to these changes being made.

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

9. FOR RATIFICATION – Urticaria and Angioedema Primary Care Pathway (Update)

JT presented the updated Urticaria and Angioedema Primary Care Pathway stating it had been produced in discussion with the Clinical Immunology and Allergy Team at NUH. The title of the pathway had been changed, and it now included angioedema. JT highlighted the main changes to the pathway; a full list of changes had been included in the papers.
It was felt that the section about tranexamic acid needed further guidance for those patients with an eGFR of less than 50mL/min. JT will discuss this with the specialist pharmacist at NUH and add it to the pathway.
Clinicians requested that the descriptions of the different types of urticaria be highlighted along with introducing some colour to the flow diagram to enhance readability.
Clinicians also requested the addition of dose-specific warnings to the clinical systems. JT will forward this request to the medicine optimisation teams for consideration**.**
JT will update the author with the suggestions from APC committee.

The updated pathway was ratified, subject to the changes being made.

ACTION:
JT to feed back the changes to the author and upload the finalised guideline to the APC website.

10. FOR RATIFICATION – Parkinson's Disease Apomorphine Shared Care Protocol

VM presented the updated shared care protocol (SCP). A new Apomorphine formulation (cartridges) has been recently approved on the formulary and Britannia pharmaceuticals will

be initiating a phased switch of all patients from the current device (and from pre-filled syringes) to the new device and APO-go® PODs (new formulation) over the next few years. Britannia pharmaceuticals were still in the process of verifying guidance on how to set up the new device and the infusion rates. VM explained that the review of the overarching shared care protocol and information sheet, due in April 2023, had been brought forward. VM highlighted the main changes; a full list of changes had been included in the papers. Unfortunately, no comments had been received from the relevant specialists.
Members felt there was a need for clarity in the current SCP about the referral criteria regarding GPs being expected to prescribe the first prescription for patients at home on the intermittent injection. The SCP was not clear about who would be initiating and titrating this at home and reassurance was required that there was no expectation that district nurses would do it.
Regarding the new device and formulation, members felt that there were two groups of patients, new patients who were being initiated on apomorphine and patients who were being switched from the current device. The SCP needed to be clear on the roles and responsibilities in starting new patients and in switching patients from the current device. If the switching of patients happened within a year, a separate document was needed for the switching process.
Clarity was requested by the committee on whether a stabilisation period was required before a patient was transferred to the GP. GPs would require documented reassurance from a specialist, due to the current lack of knowledge about the new device.
MC and CN suggested that specific links need to be in place before GPs prescribe as the initial prescribing should be completed by specialists.

ACTION: VM to seek clarification from specialists and bring back to the APC guidelines meeting.

11. FOR RATIFICATION – Falls- Medicines which Increase Risk

JT presented the falls information chart. This had been updated by the medicine optimisation pharmacist, Shabnum Aslam, and agreed in context by Notts HCT Medicines Optimisation Group (TMOG) on 16th January 2023. CN explained that work with the falls group will be continuing.
Clinicians requested that hyperlinks were added to the chart from other relevant APC guidelines.
Zopiclone requires drowsiness to be ticked, and the word “drug” needs to be replaced by “medicine”.

The information chart was ratified, subject to these changes being made.

ACTION: JT to feed back the changes to the author; there is no need for individual review of the hyperlinks as these already have APC approval. JT to upload the finalised chart to the APC website.

12. FOR RATIFICATION – Testosterone Shared Care Protocol

VM presented the updated Testosterone SCP. This was reviewed due to it reaching its review date. VM highlighted the main changes; a full list of changes had been included in the circulated meeting papers.
The instructions for self-administration of Sustanon® had been removed as they were surplus to requirement, due to it being the same as for other IM injections. JM requested that the administration guide be left in as that promotes the ability to choose.
The term “children and adolescents” required a change to make it clear that this SCP is for cis-gender males only. Further clarity is also needed to confirm the smooth transition of service once the age of 18 years old is reached.
It was agreed to remove the GP initiation statement, as patient counselling needs to be completed by the endocrinology team. However, it was felt that a caveat needed to be included, to allow prescribing to cover instances where counselling had been provided but the initial injection was unable to be administered by secondary care.
A patient leaflet is in progress; this will be brought to the March APC guideline meeting for review.

VM highlighted that there was a national shortage of Sustanon®. The endocrine team was working on an alternative and VM would email APC members for approval of this.

The Shared Care Policy was ratified, subject to the changes being made.

ACTION: VM to finalise the Shared Care Policy and upload to the APC website.
VM to bring the patient leaflet to the March APC guidelines meeting.

Post APC : A link to MHRA advice on risk of harm to children following accidental exposure to topical testosterone added to prescribing information sheet.

13. FOR RATIFICATION – Enoxaparin Information Sheet

NB presented the updated Enoxaparin Information Sheet. NB had reviewed the information sheet because it has reached its review date. Comments had been received from haematology specialists and pharmacy leads at the acute trusts.
NB highlighted the main changes, and a full list of changes had been included in the meeting papers circulated.

NB highlighted that there is currently a difference between the two Trusts in the treatment doses of enoxaparin used in pregnancy. Clinicians present felt it was an unwanted clinical variation, which had the potential to generate risk. JML advised the committee that she was aware of the discrepancies and would raise it at the Shared Guidelines Group. MC advised members that the two Trusts had aligned their VTE guidelines for adults, but that this was still needed for the maternity guidelines.

SH explained that there is currently no guideline that fits with day-case surgery in the community and that Notts HCT are using the NUH guideline. The APC guideline is similar, and although it does not include day surgery as an indication, it is a useful source of other information.
SH explained that, in consultation with Dr Oakey, Notts HCT were currently reviewing and developing their own guidelines. It was agreed that SH would share these with CN and LC once they were written, so that a decision could be made as to whether APC approval was required.

It was requested that a review date of one year be added to the information sheet, in light of the differences in pregnancy doses.

JT requested that alternative brands be considered at the next review as some (e.g., Arovi®) appear to be more cost-effective. This will require an ICB- wide discussion.

The information sheet was ratified, subject to the changes being made.

ACTION: NB to finalise the information sheet and upload to the APC website. The maternity guidelines will be further reviewed by JML and NB.

Consider alternative brands such as Arovi®, at the next review.
SH will share the Day Case guideline with CN and LC once it becomes available.

14. FOR RATIFICATION – Dexcom ONE Inclusion Criteria

LC updated the group on the progress of Dexcom ONE®. Members had previously agreed that Dexcom ONE® should be classified as AMBER 2 for type I diabetes and classified as AMBER 3 for patients with type II diabetes.
Finance are due to review and sign off the business case shortly. For proactivity, LC had produced the inclusion criteria. This had been completed in collaboration with the ICS diabetes group and the paediatric endocrinologist.

The inclusion criteria document was ratified, although it will not be published until the financial agreement has been finalised.

ACTION: LC to upload to the APC website once the business case has been approved.

15. FOR RATIFICATION – Inclisiran Prescribing Information Sheet (New)

LC presented the Inclisiran prescribing information sheet. Inclisiran has been identified by NHS England as a medicine that it wishes to adopt systematically and at scale to help address sub-optimal lipid management in high-risk patient populations.
Inclisiran is, therefore, intended to be initiated in primary care, in accordance with the Accelerated Access Collaborative. To increase usage, a £10 incentive payment was being offered. Inclisiran was previously accepted with an AMBER 3 classification; primary care colleagues felt that a prescribing information sheet would also be useful.
CN asked if there was a community nurse pathway for patients who are housebound, as equity of access needs to be considered. LC will feed back to the authors to consider this inclusion.
GP clinicians present felt that it was a novel treatment, and for many, outside their comfort zone. Kate Morris explained that this was recognised across the ICS, and Protected Learning Time (PLT) sessions had been planned to address this.
Currently, the manufacturers do not recommend self-injection by patients. The reasons why the manufacturers do not support self-injection were not known.

The information sheet was ratified, subject to the changes being made.

ACTION: LC to feed back the changes to the author and upload the finalised information sheet to the APC website.

16. FOR INFORMATION APC Forward Work Programme

The Phosphate Binders SCP and information sheet had been given a short expiry date of 22nd October by the author. The author had been uncontactable, other means of obtaining engagement were being sought.

The Palliative Care Pocketbook expired in December 2022. This had originally been designed to be printed; this was no longer appropriate as most resources are electronic. Feedback regarding the ongoing need for it to be printed was being sought from the authors.

The Narcolepsy information sheets expire in January 2023. VM is in the process of updating these and will bring them to the March guideline meeting.

All the other items on the Forward Work Programme were noted by members.

17. AOB

APC development session:
LC had met with Robert Treadwell, and it was felt that face-to-face would be better for group activities. A room has been booked at Sir John Robinson House in Arnold. LC will send out a voting option for attendance. If there are enough people for a smaller virtual break-out group, this might be included. The agenda will be sent out shortly.

ACTION: LC to send out the voting options invite and the agenda.

LC had taken over as a temporary APC Chair, and options for a permanent APC Chair were still being explored.

ACTION: LC will update progress at a future APC guidelines meeting.

18. Date of next Formulary meeting: Thursday, 16th February 2023

19. Date of next Guideline meeting: Thursday, 16th March 2023

The meeting closed at 16:50.