Nottinghamshire Area Prescribing Committee Guidelines Meeting Minutes Thursday 19th March 2026: 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 Integrated Care Board (ICB)**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Ann Whitfield (AW)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
David Kellock (DK)	**Consultant in Sexual Health and SFHT, Drug and Therapeutics Committee (DTC) Chair**	**Sherwood Forest Hospitals NHS Foundation Trust**
Jennifer Moss Langfield (JML)	**GP**	**City Place-Based Partnership (PBP), Nottingham & Nottinghamshire ICB**
Khalid Butt (KB)	**GP**	**Local Medical Committee (LMC) Representative, Nottinghamshire.**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
David Wicks (DW)	**GP**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Gladys Maponese (GM)	**Deputy Chief Pharmacist and Head of Community Health Services and Forensic Health**	**Nottinghamshire Healthcare NHS Trust**
Jo Fleming (JF)	**Specialist Clinical Pharmacist (Pain) & Hospice Pharmacist**	**Primary Integrated Community Services Ltd**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**Nottingham CityCare Partnership**
Nicola Graham (NG)	**Senior Transformation Manager**	**NHS Nottingham & Nottinghamshire ICB**
Jacqui Toner Woods (JTW)	**Advanced Nurse Practitioner**	**Willowbrook Medical Practice, Ashfield North Primary Care Network**

In Attendance:
Dr Jonathan Evans, Consultant Neurologist, NUH, in attendance for agenda item 4
Dr Shayma Hosni, Clinical Oncology Consultant, NUH, in attendance for agenda item 5.

Observing:
Abdullah Raza Ammad, Pre-registration Pharmacist, SFHT.
Kelly Chung, Pre-registration Pharmacist, SFHT.
Sanaa Kahn, Pre-registration Pharmacist, SFHT.
Audrey Yip, Foundation Level Pharmacy student at The University of Nottingham.
Nichola Buxton, Pharmacy Technician, NHS Nottingham & Nottinghamshire ICB.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFHFT.
Karen Robinson (KR), Specialist Interface and APC 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.
Sue Haria (SH), Primary Care Pharmacist, NHS Nottingham & Nottinghamshire ICB.

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

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

Matters arising and action log

Matters arising

- **Thromboprophylaxis in Pregnancy and Management of Acute Thromboembolism in Pregnancy. Venous thromboembolism (VTE) management in pregnancy – treatment & prophylaxis**

JM explained that a new bundle for thromboprophylaxis in pregnancy is being finalised which aligns with national recommendations and only minor tweaks will be required. LC noted that both local trusts are considering changing the brand of enoxaparin used, which will require a minor update to the guideline to reflect this change.

ACTION: JML will update the final document with minor amendments and forward it to a member of the APC team to upload to the APC website.

- **Blepharitis and Roseacea Guidelines**

IV explained that the blepharitis guideline finalisation is delayed due to its connection with the rosacea guideline, which will be discussed in April.

- **HRT Guideline**

LK explained that the HRT guideline was almost ready and would be uploaded soon, marking the completion of this update.

- **Threadworms**

IV explained that Optimise RX self-care messages have been mooted for children under two years of age and care home patients, which allows clinicians to prescribe treatment without getting Optimise Rx message prompts.

- **Bacterial Vaginosis**

IV confirmed the Bacterial Vaginosis Guideline had been uploaded to the APC website and explained that a group had been formed to develop a guideline for swabbing and testing. This has been prompted due to the changes in the Nucleic Acid Amplification Test (NAAT/NAT) swab packs.

- **Guideline for Adults in the Last Year of Life**

VM confirmed that the end-of-life group meeting is scheduled for 25th March, where the guideline is expected to be finalised.

- **Vitamin D guideline amendment**

LB confirmed that the patient information leaflet had been finalised.

- **Barrier Preparation Formulary**

SH explained that she had received a request from the Tissue Viability Nurses (TVN) to move Mediderma Pro and foam and spray cleanser from the Specialist advice only category to second line, with some additional information for community nurses.

ACTION: SH to update the Joint Formulary with the changes.

- **ICB restructure**

LC provided an update about the ongoing restructuring as Derbyshire, Lincolnshire and Nottinghamshire ICBs cluster and reduce staffing costs by almost 50%. All staff who requested Voluntary Redundancy (VR) consideration had been informed by Human Resources (HR), and most individuals would be leaving the ICB at the beginning of June. LC highlighted that APC may lose key staff, including GP prescribing leads (contracted up to the end of June). To mitigate some of the impact from the restructure, the team are reviewing the guidelines due for renewal before the end of the year to either extend expiry dates, retire the documents, or adopt NICE or other relevant national guidelines.

Action log:

Members noted the action log.

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

4. FORMULARY SUBMISSION – inhaled levodopa (Inbrija) and sublingual apomorphine (Kynmobi)

LK presented a submission for sublingual apomorphine and recapped on discussions at the December meeting about inhaled levodopa (Inbrija), where APC members felt that inhaled levodopa needed to be considered alongside sublingual apomorphine tablets which had recently become available for the same indication. Subsequently, an application for sublingual apomorphine and a

proposed treatment algorithm pathway had been received. Dr Jonathan Evans, Consultant Neurologist at NUH, was present for the discussions.

Clinical evidence for sublingual apomorphine and levodopa inhaler was reviewed, noting both therapy options have been compared against placebo, with Kynmobi additionally being compared to SC apomorphine with similar effectiveness demonstrated at the time period assessed. Kynmobi is less expensive than Inbrija, but requires initiation and dose titration in a clinical setting. Both products require some manual dexterity for use, but with the Inbrija inhaler requiring more manipulation of the device and potentially needing carer assistance for administration.

It was requested that both products be available for use as an alternative to SC apomorphine. Dr Evans explained that patient selection would be based on individual patient factors. There was a company sponsored support programme for Inbrija, but support for Kynmobi would be required to be done within existing service provision. SL apomorphine had been associated with oropharangeal side effects in trials that had resulted in a significant number of product discontinuations. It was suggested that this discontinuation rate was not dissimilar to that observed with other similar therapies. It was therefore felt appropriate to ensure patients were tolerating and obtaining benefit from the treatments before transferring prescribing to Primary care.

The potential cost impact from introduction of these therapies was discussed. It was noted that accurate predictions are difficult due to the variable doses used, but if used in patients that would otherwise receive SC apomorphine in line with predicted numbers given in the submission, this would be expected to be within the APC's delegated threshold for approval.

After discussion it was agreed to approve both inhaled levodopa and SL apomorphine for formulary inclusion with an AMBER 2, Specialist initiation classification for patients who would otherwise be considered for SC apomorphine. As the less expensive product, sublingual apomorphine should be considered first line, with inhaled levodopa being a second line product for patients where this is unsuitable. Prescribing responsibility should remain with Secondary Care until patients have been reviewed and benefit observed to minimise wastage. In addition a standard prescribing handover letter should be developed that includes information about the reasons for product choice and advice regarding acceptable usage thresholds and criteria for referring back to Specialist. It was requested that an audit of usage be carried out after 12 months and this be presented to DTCs.

ACTION: LK to feedback to submitters and update the formulary

5. FOR RATIFICATION – Osteoporosis prevention in early breast cancer

LB presented the osteoporosis prevention in early breast cancer guideline in attendance with Dr Shaymaa Hosni (SHH), Clinical Oncology Consultant, NUH.
Following an update to the local guidelines on fracture prevention and osteoporosis management, an additional section had been requested by Iqra Muzaffar (Chief Technologist, Bone Densitometry). The requested section aims to guide bone protection management for patients with early breast cancer when treated with aromatase inhibitors (AI). The current pathway provides an inconsistent approach to bone health, particularly for patients who have been discharged from the Breast Service Team, or do not receive adjunctive bisphosphonate.

The proposed pathway is to guide all clinicians involved in the patients' care to the appropriate follow-up schedule and clarify the requirements that need to be undertaken by Primary Care.

SHH clarified that only a low number of patients are discharged on AI treatment, and this pathway allows these patients to be captured for follow-up Dual-Energy X-ray Absorptiometry (DXA) scans.

APC members ratified the additional section to the Osteoporosis prevention guideline.

ACTION: LB to finalise and upload the updated guideline to the APC website.

6. FOR NOTING – Type 2 Diabetes NICE guidance update – holding statement

LC presented the holding statement for the NICE Guideline 28 (Type 2 Diabetes) that was being presented across the Derbyshire, Lincolnshire and Nottinghamshire (DLN) footprint and explained DLN are collaborating to review NG28 and evaluate its impact on local pathways and workforce, to ensure it can be adopted within the available budget. There was a request to add a statement regarding not requesting IFR until a local pathway has been developed.

APC members acknowledge the holding statement developed by the ICS Diabetes Group.

ACTION: LC to upload the position statement to the APC website.

7. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES (IV)

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

- **Lymes Disease**

The Lymes Disease guideline had reached its review date, and was reviewed against the following publications:
Overview | Lyme disease | Guidance | NICE last updated Oct 2018
Lyme disease | Health topics A to Z | CKS | NICE last updated March 2024
Lyme disease: signs and symptoms - GOV.UK last updated April 2022.

IV explained that although there had been no changes to the treatment pathway, additional information had been added as follows:

- prevalence information,
- link to Public Health England leaflet ‘Enjoy the outdoors but be 'tick aware',
- when to refer,
- possible allergic reactions that may occur once starting treatment for Lymes disease.

APC members ratified the updated guideline, incorporating an additional statement noting that cases have been recorded in Nottinghamshire.

ACTION: IV to make the minor change and upload the guideline to the APC website.

- **Panton-Valentine Leukocidin (PVL)**

The PVL guideline had reached its review date, and was reviewed against the following publications:

- Causes | Background information | Boils, carbuncles, and staphylococcal carriage | CKS | NICE, last updated Feb 2025,
- PVL Staphylococcus aureus from the British Association of Dermatologists (BAD) last updated Dec 25.
- PVL guidance, data and analysis - GOV.UK, has not been updated since April 2013.
- Folliculitis and furuncles/carbuncles (boils) last updated July 2025.

IV explained that the presented update brought minimal changes, noting only the following:

- More clarity was added to the advice that for PVL treatment, the patient requires oral antibiotics as per cultures, and that only after finishing the course and the wound has healed, the patient should be offered decolonisation treatment.
- Link added to the local Boils guideline for systemic treatment options.
- Links work and the doses are as per the British National Formulary (BNF).
- It was proposed to merge PVL with Boils guideline; however, due to time constraints, a decision was made to keep them as two separate documents.

APC members discussed the feasibility of a second-line product to future-proof the guideline in case of supply issues. IV will discuss the additional options with the microbiology specialist and include these within the guideline.

APC members ratified the updated guideline, subject to the additional product(s)

ACTION: IV to check product selection with Microbiology, any changes will be discussed as matters arising at the May meeting. IV to upload the guideline to the APC website.

- **Boils**

The Boils guideline had reached its review date and was reviewed against the following publications:

- Causes | Background information | Boils, carbuncles, and staphylococcal carriage | CKS | NICE last updated Feb 2025,
- PVL Staphylococcus aureus from BAD last updated Dec 25,
- Panton-Valentine Leukocidin (PVL): guidance, data and analysis - GOV.UK not updated since April 2013,
- Folliculitis and furuncles/carbuncles (boils) updated July 2025.

IV explained that the presented update brought minimal changes, noting only the following:

- The addition of Group A Streptococcus to the causative microorganisms list and to the scenario where oral antibiotics are required.
- Links work and the doses are as per BNF.

APC members ratified the updated guideline.

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

- **Pityriasis Versicolor**

The Pityriasis Versicolor guideline had reached its review date and was reviewed against the following publications:

- Pityriasis versicolor | Health topics A to Z | CKS | NICE last revised March 2025
- BAD: Pityriasis versicolor last revised June 2023
- PCDS: Pityriasis versicolor June 2023

IV explained that the presented update brought a few changes to the treatment options and included more advice as follows:

- the aspect of the P versicolor rash,
- more patient advice,
- oral treatment recommendations are now in a table, in line with other guidelines,
- new topical treatment option added as per NICE CKS: Terbinafine 1% cream: apply BD for 2 weeks, review after 2 weeks,
- fluconazole was also added as a systemic treatment option, as per CKS. Locally, we decided to keep only the weekly dose (not the once-daily dose): 300mg once weekly for 2 to 3 weeks. Relapse rates are lower with weekly fluconazole treatment. Previously, only itraconazole was a systemic option.
- New section added on relapse, referral and taking skin samples as per CKS.
- Links work and the doses are as per BNF.

APC members ratified the updated guideline.

ACTION: IV to check the prices of the fluconazole and develop a message for the Optimise Team if required. IV to finalise and upload the guideline to the APC website.

8. **FOR DISCUSSION – Liothyronine – potential adoption of NHSE guidance**

LK informed the APC that the current liothyronine position statement had reached its review date and proposed adoption of the NHS England (NHSE) guidance for liothyronine prescribing instead. Whilst the currently local position supports prescribing of liothyronine in exceptional circumstances, there is currently a requirement for agreement of its use as part of a multi- disciplinary discussion and its GREY classification has been a source of patient and patient group complaints. Derby & Derbyshire ICB are in the process of updating their liothyronine prescribing criteria and recent JAPC discussions were in support of adopting the NHSE recommendations. It was planned to also produce prescribing guidance to support Primary Care prescribers in Derbyshire. Whilst NHSE guidance suggests that primary care prescribing would be reasonable on a shared care basis in line with any local shared care arrangements, it was not planned to develop a formal shared care protocol.

APC members were in support with aligning with the approach of Derbyshire and Derbyshire ICB if local endocrinologists were also in agreement. It was highlighted that there may be a cohort of patients currently obtaining the medicine privately and it should be emphasised that prescribing in Primary Care would only be supported after a review by an NHS endocrinologist.

ACTION: LK to discuss with the Derby & Derbyshire ICB and contact local Endocrinologists for comment. This item will be returned to the APC for further discussion.

9. FOR INFORMATION – Post-bariatric surgery guidelines – Derby – update

LB presented the Post-bariatric surgery guideline and explained that the guideline had originally been produced and reviewed in November 2025 by the Derby ICB Policy Team in consultation with the Tertiary Centre for bariatric surgery at University Hospitals of Derby and Burton (UHDB). LB explained she had now obtained permission to host the guideline on the Nottingham APC website. The guideline update includes clarification on annual blood tests for nutritional status and supplementation and will be linked to the APC website for local access.

APC members agreed that the Derby guideline should be linked to the APC website.

ACTION: LB to add the link to Derby ICBs Post-bariatric surgery guidelines on the APC website.

10. FOR DISCUSSION/RATIFICATION – Gynaecomastia in adults' guideline – update/adoption of national statement

LB presented the Gynaecomastia in adults' guideline and explained that it had been reviewed in consultation with Eleanor Gutteridge, Consultant Oncoplastic Breast Surgeon, Head of Breast Service for SFHT, Manas Dube, Consultant Oncoplastic Breast Surgeon at SFH, and Nadia Gilani, Head of Breast Service for NUH.
The local guideline is based on the national recommendations contained in the Association of Breast Surgery (ABS) statement, which has not been changed since 2019. The only identified difference in the local guidance is the recommended dose of tamoxifen, 20mg every other day; ABS recommend a tamoxifen dose of 10mg daily. The recommendation on course duration is the same as the local guidance, and the Specialists consulted have agreed a preference to simplify this and align local advice to that recommended by the ABS i.e. 10mg daily.

As all the remaining recommendations and information were aligned with the ABS guidance, APC members agreed that the local guideline should be retired.

ACTION: LB to retire the local Gynaecomastia in Adults guideline and create a link to the national statement.

11. **FOR RATIFICATION – Testosterone (Sustanon 250 injection and Tostran 2% gel) Therapy for Hypogonadism and Constitutional Delay in Growth and Puberty in male children and adolescent Shared Care Protocol (SCP) and information sheet**

VM presented the updated Testosterone (Sustanon 250 injection and Tostran 2% gel) Therapy for Hypogonadism and Constitutional Delay in Growth and Puberty in male children and adolescent SCP and information sheet. The updates have been made in consultation with Dr Tabitha Randell, Consultant Paediatric Endocrinologist, NUH, and Andrew Wignell, Divisional Lead Pharmacist, NUH.
VM explained there have been no changes to the overall clinical approach, dosing schedules, or shared care pathways. The British Society for Paediatric Endocrinology and Diabetes (BSPED) guidance referenced within the protocol remains unchanged, as there have been no updates since the previous review. The main updates relate to alignment with the current Summary of Product Characteristics (SPC), particularly within the sections on precautions, adverse effects, and drug interactions.

APC members suggested adding a time limit to the topical transfer risk message or the addition of applying it to areas covered with clothing.

Additionally, VM had reviewed the PIL, and concluded nothing had changed. APC agreed this could be rolled over to align with this update of the SCP and information sheet.

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

12. **FOR RATIFICATION – Management of Chronic Pain in patients above 16 years of age – The overarching Pain guideline for Primary Care clinicians – update**

VM had aimed to present the updated Management of Chronic Pain in patients above 16 years of age – The overarching Pain guideline for primary care clinicians. However, feedback is still being awaited from the Specialists. VM explained that the maximum recommended morphine equivalent dose for opioids has been reduced from 120mg to 90mg per day, and the guideline will be updated accordingly with this information.

Due to not having the editorial rights to edit the visual appendix it was agreed that it could be removed.

APC members acknowledged the suggested changes to the overarching pain guideline.

ACTION: VM to update the Management of Chronic Pain in patients above 16 years of age – The overarching Pain guideline for Primary Care clinicians, with the agreed changes. The final guideline will be returned to APC for ratification in May '26.

13. FOR RATIFICATION – Opioid Deprescribing for Persistent Non-cancer Pain Guideline – update

VM presented the updated Opioid Deprescribing for Persistent Non-cancer Pain Guideline. Which had been updated following its review. The review was undertaken in consultation with the Nottinghamshire Community Pain Team (PICs). PICS specialists suggested the following changes:

- Statement added that opioid deprescribing is usually appropriate to manage within primary care, with referral to specialist chronic pain services reserved for complex cases.
- Statement added to reflect that the recommended oral morphine equivalent (OME) threshold has been reduced from 120 mg/day to 90 mg/day, with an ideal target of 50 mg/day. These thresholds are presented as guidance rather than absolute limits, recognising that exceptions may be clinically appropriate. This change is based on emerging evidence indicating increased harm at higher opioid doses without proportional additional benefit, as reflected in national guidance from the Faculty of Pain Medicine (Opioids Aware)

APC members ratified the updated guideline, subject to a small element of formatting. Consideration will be given to reduce the guidelines' wordiness without affecting the content.

APC ratified the guideline, subject to the completion of the minor changes.

ACTION: VM to update, finalise and upload the guideline to the APC website.

14. FOR RATIFICATION – Continence formulary update

LC presented the updated Continence formulary. This formulary continues to be updated on a rolling basis by Jill Theobald, Senior Medicines Optimisation Pharmacist in consultation with the Continence Formulary Group. All of the updated sections have been reviewed to ensure cost efficiency and evidence-based product selection.

APC members ratified the updated formulary.

ACTION: LC to inform the author and upload the formulary to the APC website.

15. FOR RATIFICATION – Blood Glucose Testing Strips, Lancets and Pen Needles formulary

SH presented the updated Blood Glucose Testing Strips, Lancets and Pen Needles formulary. The formulary has been reviewed and updated by a working group that had representation from both Acute and Community Trusts. Feedback has been sought from other Primary Care clinicians, including practice nurses and PCN pharmacists.

The formulary sets out the meter options for use in each group of patients:
• Type 2 diabetes (T2DM).
• Type 1 diabetes / Ketosis-prone T2DM.

• Gestational diabetes.
• Other groups, e.g. paediatrics, visually impaired, etc.

The aim was to achieve as much alignment with neighbouring areas (as we are clustering with Derbyshire and Lincolnshire) and compliance with NHSE Recommendations as possible.
Some devices not included in the NHSE Recommendations have been retained within the updated formulary. It was felt that the benefits of retaining these outweighed the potential disadvantages (i.e. reduced compliance with NHSE) and the work required to assess new devices would be substantial.
The 2 Acute Trusts are now aligned with the formulary, with the community nursing teams of both Nottingham City and Nottinghamshire County, and with each other, with respect to the meters given to newly diagnosed T2DM patients.

The section on lancets and pen needles has been updated to include additional information to aid clinicians with product selection.

The updated formulary has been presented to the ICS Diabetes Steering Group, and no changes were suggested.

APC members ratified the updated formulary.

ACTION: SH to update the Joint Formulary, finalise and upload the formulary to the APC website.

16. <u>FOR INFORMATION – APC Forward Work Programme</u>

LC presented the APC Forward Work Programme, which was noted by members of the committee and explained that guidelines are being reviewed with a view to retiring, linking or extending review dates. It is expected that a list of the proposed guidelines will be brought to the APC in the coming months.

17. <u>Any Other Business</u>

- A letter for pausing APC will be sent to members at a later date once finalised.

- Biosimilar Q&A circulated on the 17th March for noting. APC members ratified the updated Q&A. The review date will be removed.

ACTION: KR to finalise and upload to the APC website

APC Formulary Meeting – Thursday 30th April 2026 – 2pm – 5pm, MS Teams
APC Guideline Meeting – Thursday 21st May 2026 – 2pm – 5pm, MS Teams
The meeting closed at: 16:35