

**TAM SUBGROUP OF THE NHS
HIGHLAND AREA DRUG AND
THERAPEUTICS COMMITTEE**

Pharmacy Services
Assynt House
Inverness
Tel: 01463 706806
www.nhshighland.scot.nhs.uk/



**MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
25 April 2024, via Microsoft TEAMS**

Present: Alasdair Lawton, Chair
Patricia Hannam, Professional Secretary, Formulary Pharmacist
Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)
Dr Robert Peel, Consultant Nephrologist
Dr Antonia Reid, GP
Wendy Laing, Primary Care Clinical Pharmacist
Linda Burgin, Patient Representative
Lauren Stevenson, Pharmacist, Medicines Information Service
Jenny Munro, AHP Physiotherapist Continence and Independent Prescriber
Dr Alan Miles, GP
Dr Jude Watmough, GP
Dr Duncan Scott, Consultant Physician
Joanne McCoy, MySelf-Management Manager
Claire Wright, Acute Pain Nurse Specialist
Sue Price, Chief Pharmacist, Western Isles Hospital

In attendance: Wendy Anderson, Formulary Assistant
Sarah Buchan, Director of Pharmacy and Controlled Drugs Accountable Officer

Apologies: Dr Stephen McCabe, Clinical Director, Primary Care

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No register of interests were declared.

3. MINUTES OF MEETING HELD ON 29 FEBRUARY 2024

Minutes accepted as accurate.

4. ACTIONS FROM PREVIOUS MEETING

Actions from meeting				
ITEM	ACTION POINT	ACTION	STATUS	COMMENTS
Atogepant (Aquipta®) 60mg and 10mg tablets (SMC2599)	Request to change to specialist initiation only with initial review done by Secondary Care and only when patient is on maintenance treatment should prescribing fall to Primary Care.	PH	COMPLETE	
	Request an up to date algorithm for the treatment of migraine (acute and prophylaxis) with these medicines placed accordingly.		IN PROGRESS	
	Ask for clarification why two prophylactic medications are required; atogepant and rimegepant.		IN PROGRESS	

Rimegepant (Vydura®) oral lyophilisate (SMC2521)	Clarity is required for Primary Care on the intended use of these medicines, ie which patients and why? To be changed to specialist initiation only with first review done by Secondary Care and only when patient is on maintenance treatment should prescribing fall to Primary Care. Request an up to date algorithm for the treatment of migraine (acute and prophylaxis) with these medicines placed accordingly.	PH	IN PROGRESS	
			COMPLETE	
			IN PROGRESS	
Rimegepant (Vydura®) oral lyophilisate 75mg (SMC2603)	Request to change to specialist initiation only with initial review done by Secondary Care and only when patient is on maintenance treatment should prescribing fall to Primary Care. Request an up to date algorithm for the treatment of migraine (acute and prophylaxis) with these medicines placed accordingly. Ask for clarification why two prophylactic medications are required; atogepant and rimegepant.	PH	COMPLETE	
			IN PROGRESS	
			IN PROGRESS	
Vortioxetine (Brintellix®) 5mg, 10mg, 20mg film-coated tablet (SMC1158/16)	Request that it is resubmitted with further information on its place in therapy justified.	PH	COMPLETE	Submitted to April 2024 TAMSG
Prucalopride 1mg, 2mg tablets (SMC653/10)	If 2mg is prescribed, then it needs to be noted on the Formulary monograph that 2 x 1mg should not be prescribed, as this is less cost-effective. Clarity needs to be provided for place in therapy, eg the NICE recommendation to be added to the monograph. Will be noted in the Formulary as specialist recommendation only.	PH	COMPLETE	
			COMPLETE	
			COMPLETE	
Tafamadis (Vyndaqel®) 62mg soft capsules (SMC2585)	Ensure appropriate contraception warning to be included on monograph. Clarification on when to stop the drug required, is this to be done in the cardiology clinic or in primary care as well? The criteria states period of review is 6 monthly in cardiology clinic. Confirm that this continues throughout the length of treatment. To be clarified if there are there any discounts, eg contract pricing agreed with National Procurement that can be taken advantage of.	PH	COMPLETE	Both
			COMPLETE	
			COMPLETE	Confirmed
			COMPLETE	Confirmed: no further contract pricing in place.
Immunological products and vaccines	Wording to be clarified: Green book chapter 18 has two different wordings. For Fendrix it is patients with renal insufficiency aged 15 and over. For HBvaxPRO it is adult dialysis patients and predialysis patients; it is not limited to haemodialysis patients as stated in the guidance. How do patients throughout Highland access travel vaccines? Feedback to Vaccine Transformation Service.	PH	COMPLETE	
			COMPLETE	

Bariatric surgery suite	Pink One article to be written.	PH	TO DO	For summer 2024 edition
Long COVID	Amendment to the guidance may be needed. Labs will now only do vitamin D levels for specific criteria. Clarify 'assess as you normally would'. Further information for the service itself to be tabled at the next Subgroup meeting.	PH	COMPLETE	Presently, a modest team comprising a part time physiotherapist, a part time occupational therapist, a part time psychologist , along with an infectious disease consultant (myself) and a general practitioner (Carolyn Forsyth) (with one session a week each), is operational. Despite our limited resources, we strive to provide comprehensive care. Notably, my role has involved coordinating investigations for referred patients over the past year. However, going forward, there will be a reduction in medical staffing, with guidance indicating a shift of responsibility towards primary care for Long COVID management. Consequently, there is a pressing need to collaboratively devise robust systems and strategies to address this transition. Building upon our collective experiences, we have a year-long opportunity to refine our approach in anticipation of the forthcoming changes.
			COMPLETE	
			COMPLETE	
Guideline minor amendments	Remove any Latin abbreviations.	PH	COMPLETE	

5. FOLLOW UP REPORT

Only updates received since the last meeting to the follow up report would now be included. The follow up report was noted.

6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

6.1. SACT Formulary submissions for noting

Medicine Company	Indication	Status SMC/licence/ formulary	Requestor	Comments
Talazoparib caps 0.25mg, 1mg Pfizer	As monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2-negative locally advanced or metastatic breast cancer. Patients should have been previously treated with an anthracycline and/or a taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy.	SMC2607 – accepted for use	Catriona Hoare, Specialist Oncology Pharmacist	ACCEPTED
Olaparib tabs 100mg, 150mg AstraZeneca	In combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with	SMC2617 – accepted for use	Catriona Hoare, Specialist	ACCEPTED

	metastatic castration resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.		Oncology Pharmacist	
Dostarlimab concentrate for solution for infusion, 500mg GSK	In combination with platinum-containing chemotherapy for the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.	SMC2635 – accepted for use	Catriona Hoare, Specialist Oncology Pharmacist	ACCEPTED
Loncastuximab tesirine (Zynlonta®) 10mg powder for concentrate for solution for infusion. Swedish Orphan Biovitrum Ltd	As monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy.	SMC2609 – accepted for restricted use	Jenna Baxter, Specialist Haematology Pharmacist	ACCEPTED
Ivosidenib film-coated 250mg tablet (Tibsovo®). Servier Laboratories Limited	In combination with azacitidine for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who are not eligible to receive standard induction chemotherapy.	SMC2615 – accepted for use	Jenna Baxter, Specialist Haematology Pharmacist	ACCEPTED

6.2. Non SACT Formulary submissions

6.3. Daratumumab (Darzalex®) 20mg/mL concentrate for solution for infusion

Submitted by: Dr Peter Forsyth, Consultant Haematologist

Indication: In combination with bortezomib, lenalidomide and dexamethasone (Dara-VRD), for the treatment of adult patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant.

Comments: Hospital use only. Submission is outwith SMC remit and NCMAG remit but is an alternative to SMC2302, which is already accepted for use in the Highland Formulary. Haematology have asked for this combination, with lenalidomide rather than thalidomide, as it has been shown to have better evidence and is more cost effective. Can North Cancer Alliance make a statement in support of this?

ACCEPTED

[Action](#)

6.4. Bimekizumab (Bimzelx®) solution for injection in pre-filled syringe and pre-filled pen (SMC2605)

Submitted by: Alex Morrison, Pharmacist, Rheumatology

Indication: Alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs).

SMC restriction: use in patients with active psoriatic arthritis who have not responded adequately to two conventional DMARDs, given either alone or in combination.

Comments: Hospital use only and will be delivered via homecare. Request that place in therapy be clarified for this submission and for secukinumab.

ACCEPTED

[Action](#)

6.5. Finerenone (Kerendia®) 10mg, 20mg tablets (SMC2486)

Submitted by: Dr David Macfarlane, Consultant Physician & Kirsten McCulloch, Renal Pharmacist

Indication: For the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

Comments: Specialist recommendation only. Place in therapy to be clarified in relation to SGLT2

inhibitors. Increased warning about the need for close monitoring of renal function and sick day rules to be added. A significant level of monitoring is required. Confirm with the diabetes service what monitoring is required and who will do this? Noted that the Enhanced Service Specification for GPs is currently under review and that different GP practices may have different standard monitoring processes in place. Request to change submission to specialist initiation only and only when the monitoring has been agreed with the GP practice that it is prescribed in primary care. To clarify better the differing acceptable renal function parameters for starting and stopping.

ACCEPTED PENDING

[Action](#)

6.6. Roxadustat (Evrenzo®) 20mg, 50mg, 70mg, 100mg, 150mg film-coated tablets (SMC2461)

Submitted by: Stuart Ross, Renal Nurse Specialist

Indication: Treatment of adult patients with symptomatic anaemia associated with chronic kidney disease (CKD).

SMC restriction: for use in patients who are non-dialysis dependent (NDD) at the time of treatment initiation.

Comments: Hospital use only. Roxadustat was recommended as a treatment in the guideline submitted to the February meeting for anaemia in patients with chronic kidney disease. Error in submission on page 4 regarding a shared care protocol for primary care. Confirmed that it is hospital use only and will be managed by the Renal Unit.

ACCEPTED

6.7. Resubmission: Vortioxetine (Brintellix®) 5mg, 10mg, 20mg film-coated tablets (SMC1158/16)

Submitted by: Lesley Hansen, Clinical Pharmacist, New Craigs Hospital

Indication: The treatment of major depressive episodes in adults.

Comments: Specialist recommendation only. It is better tolerated than other options. Benefits in tolerability when compared to current therapy include less sexual dysfunction and minimal weight gain. It is also less likely to cause discontinuation effects. There was still concern regarding the environmental impact and agreed that it should not become a first line medication. Include in the formulary monograph that unused medication should be returned to pharmacy.

ACCEPTED

[Action](#)

7. Formulary review

7.1. F384 Blood glucose testing strips & lancets

Verbal request to add Dexcom ONE+ and FreeStyle Libre 2 Plus was approved. Agreed that if there are slightly newer versions that are cost neutral then approval is not required by the Subgroup.

ACCEPTED

7.2. Edoxaban switch to apixaban

- General Practice would require resource to make this switch.
- Primary care implementation will likely start off with new patients before switching existing patients.
- Guidance and the Formulary will change in the first instance.
- Needs to be clear which indications this switch is for; non-valvular persistent or permanent atrial fibrillation, pulmonary embolism, venous thromboembolism. PE and VTE guidance is expected for the June TAMSG.
- Patient packs for Out of Hours are rivaroxaban so this needs to be looked at. Recommended that Siobhan Neylon be contacted regarding this.
- In the non-valvular persistent or permanent atrial fibrillation guidance what does the *** stand for/link to? Noted that here is a good Cockcroft-Gault calculator built into the Vision system that is easy to use.

ACCEPTED

[Action](#)

8. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Additional deletion: exenatide has been discontinued and removed from the Formulary. Noted and approved.

9. FORMULARY REPORT

Noted and approved.

- Melatonin
Work was still moving forward. It was hoped that the sleep disorder guideline for paediatrics would be

submitted to the June meeting. The Formulary Workplanning Group has decided not to use branded generics for melatonin, or any medicine where there is no clinical reason, unless exceptional circumstance. Formulary will only state melatonin tablets 3mg. A formulary submission for melatonin liquid is expected for June TAMSG. A sleep disorder guideline for adults has previously been requested but will be followed up.

- Lidocaine plasters
A submission from Care of the Elderly was previously rejected due to poor evidence base, however, they are being widely prescribed throughout NHS Highland and in secondary care across all the wards. This needs to be relooked at.
- Omeprazole liquid
The infant feeding dietitians are educating staff, patients and primary care on when reflux is a problem and when it can be managed without pharmacotherapy to reduce PPI use. An update to the infant feeding guidance has been submitted to this TAMSG.

10. SMC ADVICE

Noted.

Interest has already been made regarding daridorexant which is used for insomnia. Guidance for sleep disorder or insomnia in adults is required. Mental Health and Care of the Elderly can be involved but there is a range of other patients who would need to be covered by this guidance where prescribing is initiated by primary care. It was felt that the Care of the Elderly team would be the specialists regarding this and should be approached in the first instance regarding developing guidance. It was also suggested that if there is guidance available elsewhere, eg from another Board, could it be adapted? Request that Medicines Information to do a search on the Subgroup's behalf to find best evidence for treatment of sleep disorders in groups of patients, particularly elderly patients. As GPs are delivering a lot of the treatment for sleep disorders in Highland they should be involved in the development and the guidance should also be put through GP subcommittee for scrutiny before being submitted to TAM. A primary care pharmacist should also be involved.

[Action](#)

11. NEW TAM GUIDANCE FOR APPROVAL

11.1.Pre-operative fluid fasting policy

- Thought to be a very useful document.

ACCEPTED

11.2.TAM571 Radiation proctitis

- Lot of useful information included.

ACCEPTED

11.3.Myasthenia gravis

- This is a not a guideline on how to manage myasthenia gravis, but more about which medications can make myasthenia gravis worse.
- Comprises of a list of curated links. A list of collated list of definitive links would be preferred.

REJECTED

11.4.TAM625 Clozapine initiation and re-titration

- Complex document.
- Supply in community needs to be clarified; reads as a specialist medicine so should it state specialist use only in the community? Clarification needed for when the medicine is supplied by New Craigs and when by Community?
- Can it be better subdivided, eg, into primary care and specialist care information?
- Needs to be more succinct as difficult to find information.

ACCEPTED PENDING

[Action](#)

11.5.TAM629 Subcutaneous fluid in Primary Care

ACCEPTED

11.6.TAM628 Perinatal and infant mental health

- Wordy document but helpful.
- Title is misleading, can it be reconsidered?
- Due to link not working to be resent out to Group from consideration.

TO BE RESUBMITTED

[Action](#)

<p>11.7.TAM627 Pre-op indications for echocardiography ACCEPTED</p>
<p>11.8.AMT191 Acute urinary tract infection – catheter-associated <ul style="list-style-type: none"> Information on changing the catheter whilst someone is on antibiotics is to be included. ACCEPTED Action</p>
<p>12. GUIDELINE UPDATES</p>
<p>12.1.TAM182 Menopause & HRT <ul style="list-style-type: none"> Additional information to be included in the Pink One. ACCEPTED Action</p>
<p>12.2.TAM336 Infant Feeding Difficulties Clinic (IFDC) & Paediatric Infant Feeding Allergy Clinic (IFAC) <ul style="list-style-type: none"> Who is responsible for initiating a PPI if it is necessary? A statement about PPI prescribing needs to be included. To note that separate guidance, PPI selection and administration in children, it states that the off-label use of the oro-disperible tablets are used before the licensed liquid. To note that this is against MHRA hierarchy recommendations and may need to be reconsidered. When, where and by whom does the feeding assessment take place? Weaning off PPI guidance not needed as this will happen naturally, either through reflux settling and not needing medication or through growth and the weight based dose therefore comparatively reducing. REJECTED Action</p>
<p>12.3.TAM497 Warfarin and Direct Oral Anticoagulants (DOACs) in Adult Patients Undergoing Surgery or Invasive Procedure <ul style="list-style-type: none"> A good, helpful document with interpretive and integrated information. ACCEPTED</p>
<p>12.4.TAM589 Children and young people presenting with deliberate self-harm with suicidal intent <ul style="list-style-type: none"> Had previously been rejected at Subgroup. Detail has been included to address issues raised. What is the Mental Health protocol? Discussion to take place between the operational units. Author to contact Grant Franklin (Clinical Lead) and Pam Hodgson (Lead Nurse). REJECTED Action</p>
<p>12.5.TAM295 Pabrinex®/Thiamine in alcohol detoxification <ul style="list-style-type: none"> In Highland there is a locally developed alcohol detox programme and we are a national outlier in terms of the number of patients admitted to critical care for either over or under sedation. There is a need to align with national practices. The guidance proposed to be used is the Glasgow Modified Alcohol Withdrawal Scale. It is a nationally developed peer reviewed system for managing patients with alcohol withdrawal. To note there is currently a Pabrinex shortage, it is expected that national guidance will soon be developed to help manage this and therefore this guideline may change. ACCEPTED</p>
<p>12.6.AMT102 Antibiotic posters <ul style="list-style-type: none"> Should the poster list the 'safe' antibiotics? Is this list likely to change often and therefore be difficult to keep up to date? ACCEPTED Action</p>
<p>12.7.AMT163 Cellulitis/Wound Infections ACCEPTED</p>
<p>12.8.AMT Urinary Tract (UTI) landing page Not discussed. TO BE RESUBMITTED</p>

Action
12.9.AMT180 Acute upper urinary tract infection (pyelonephritis/urosepsis) ACCEPTED
12.10.AMT121 Intra-abdominal sepsis including hepatobiliary ACCEPTED
12.11.AMT Skin & soft tissue ACCEPTED
12.12.AMT Lyme Disease <ul style="list-style-type: none"> • Pink One article to be written. ACCEPTED Action
Not specific to this guidance but any links included on TAM should not have to have separate logins (eg Athens), where possible, relevant information should be extracted and included in the guidance on TAM. Action

13. GUIDELINE MINOR AMENDMENTS
Noted and approved.

14. GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)
Noted and approved: <ul style="list-style-type: none"> • AMT131 Gentamicin Prescribing Tips in Sepsis • AMT118 Pre-op oral antibiotics prior to elective colorectal surgery • AMT164 Cold sores • AMT165 Fungal nail and skin infections • AMT172 Varicella zoster/chicken pox - Herpes zoster/shingles • AMT117 Gastroenteritis • AMT120 Threadworm • AMT122 Pancreatitis • TAM414 PSA (Prostate-specific antigen) follow-up monitoring.

15. GUIDANCE REMOVED
Noted: <ul style="list-style-type: none"> • COVID115 Management of surgical patients who decline a COVID19 test • AMT136 Prophylaxis following tick bite • AMT137 Erythema migrans (EM) and/or non-focal symptoms (eg 'flu-like' symptoms) • AMT138 Lyme disease affecting the cranial nerves or peripheral nervous system • AMT139 Lyme disease affecting the central nervous system • AMT140 Lyme disease arthritis, Acrodermatitis chronic atrophicans • AMT141 Lyme carditis: haemodynamically stable • AMT142 Lyme carditis: haemodynamically unstable • AMT143 Doxycycline in Lyme disease: further information.

16. TAM REPORT
Report noted as below: <ul style="list-style-type: none"> • Still working hard on reviewing any out of date guidance and percentage is going down. • Several of the top 10 out of date guidelines would be submitted and discussed at the June meeting. • Interviews for the maternity cover of the TAM Project Support Manager post were due to take place on Friday, 26/04/24. • Library services are writing a service specification. They have applied for funding from the medical additional cost of teaching (ACT) fund to provide knowledge management services to the development and maintenance of NHS Highland's therapeutic guidance, particularly that hosted by RDS, including TAM. Funding is released in June.

17. ENVIRONMENT
Community Pharmacy Services are developing posters promoting the return of medicines to pharmacies, to

reduce pharmaceutical waste going down toilets, etc and making sure that they are disposed of correctly. Also looking to develop information as to how medicines should be disposed of; which parts can be put into household recycling and which can be returned.

Community pharmacies are not actually obliged to take patient returns. However, community pharmacies themselves are waste producers so there is a requirement that they have a waste uplift service in place. There is work ongoing at a national level between Community Pharmacy Scotland, the Board representatives and the local committees. The possibility of a campaign would be looked at.

Western Isles were currently running a medicines amnesty campaign; notices have been put on social media. Patients were being asked why they are returning it, eg, is it something that they have too much off. It was hoped that this would provide qualitative and quantitative data regarding waste.

The Social Prescribing coordinating group now have community link workers aligned to each GP practice via GP clusters. This is of interest in that it could reduce the burden of pharmacotherapy, preventative treatments etc.

18. NHS WESTERN ISLES

A big lidocaine project is ongoing across primary and secondary care. Secondary care prescribing has been reduced by having an unlicensed use of licenced medicines form in place.

The blood glucose monitoring formulary on TAM was of interest and will be looked at.

19. ANY OTHER COMPETENT BUSINESS

Draft statement of recommendations from the national short life working group for use of GLP1-RAs in obesity was circulated for information. It was recognised across Scotland that it was a problematic to implement GLP1-RAs for this indication because of the large numbers of patients that would be requiring and could benefit from these medications. This provides a bit of consideration with regards to the semaglutide submission, which is to be submitted to the June meeting.

20. DATE OF NEXT MEETING

Next meeting to take place on Thursday 27 June 2024, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Action Point	Action by
Daratumumab (Darzalex®) 20mg/mL concentrate for solution for infusion Back to minutes	Can North Cancer Alliance make a statement in support of this?	PH
Bimekizumab (Bimzelx®) solution for injection in pre-filled syringe and pre-filled pen Back to minutes	Request that place in therapy be clarified for this submission and for secukinumab.	PH
Finerenone (Kerendia®) 10mg, 20mg tablets (SMC2486) Back to minutes	<ul style="list-style-type: none"> Place in therapy to be clarified in relation to SGLT2 inhibitors. Increased warning about the need for close monitoring of renal function and sick day rules to be added. Confirm with the diabetes service what monitoring is required and who will do this? Request to change submission to specialist initiation only. To clarify better the differing acceptable renal function parameters for starting and stopping. 	PH
Vortioxetine (Brintellix®) 5mg, 10mg, 20mg film-coated tablets (SMC1158/16) Back to minutes	Include in the formulary monograph that unused medication should be returned to pharmacy.	PH

Edoxaban switch to apixaban Back to minutes	<ul style="list-style-type: none"> • Patient packs for Out of Hours are rivaroxaban so this needs to be looked at. Recommended that Siobhan Neylon be contacted regarding this. • In the non-valvular persistent or permanent atrial fibrillation guidance what does the *** stand for/link to? 	FH/PH
TAM625 Clozapine initiation and re-titration Back to minutes	<ul style="list-style-type: none"> • Supply in community needs to be clarified; reads as a specialist medicine so should it state specialist use only in the community? Clarification needed for when the medicine is supplied by New Craigs and when by Community? • Can it be better subdivided, eg, into primary care and specialist care information? • Needs to be more succinct as difficult to find information. 	PH
TAM628 Perinatal and infant mental health Back to minutes	<ul style="list-style-type: none"> • Title is misleading, can it be reconsidered? • Due to link not working to be resent out to Group from consideration. 	PH
AMT191 Acute urinary tract infection – catheter-associated? Back to minutes	Information on changing the catheter whilst someone is on antibiotics is to be included.	PH
TAM182 Menopause & HRT Back to minutes	Additional information to be included in the Pink One.	PH
TAM336 Infant Feeding Difficulties Clinic (IFDC) & Paediatric Infant Feeding Allergy Clinic (IFAC) Back to minutes	<ul style="list-style-type: none"> • Who is responsible for initiating a PPI if it is necessary? A statement about PPI prescribing needs to be included. • When, where and by whom does the feeding assessment take place? 	PH
TAM589 Children and young people presenting with deliberate self-harm with suicidal intent Back to minutes	<ul style="list-style-type: none"> • What is the Mental Health protocol? • Discussion to take place between the operational units. Author to contact Grant Franklin (Clinical Lead) and Pam Hodgson (Lead Nurse). 	PH
AMT102 Antibiotic posters Back to minutes	Should the poster list the 'safe' antibiotics? Is this list likely to change often and therefore be difficult to keep up to date?	PH
AMT Urinary Tract (UTI) landing page Back to minutes	Not discussed – to be resubmitted.	PH
AMT Lyme Disease Back to minutes	Pink One article to be written.	PH
General – guidance links Back to minutes	To check content included in this agenda for such links, and replace with accessible content.	PH