

Reference: FOI.ICB-2526/182

Subject: Antimicrobial Guidelines (Epididymo-orchitis / Fluoroquinolones) Governance and MHRA Alert Implementation

I can confirm that the ICB does hold some of information requested; please see responses below:

QUESTION	RESPONSE
<p>Date range: 1 January 2024 to today.</p> <p>Scope and definitions:</p> <ul style="list-style-type: none"> • “EO” = epididymo-orchitis / epididymitis guidance for primary care. • “MHRA 2024 alert” = the MHRA Drug Safety Update of 22 January 2024 concerning systemic fluoroquinolones. • “Medicines Optimisation/AMS committee(s)” includes the BNSSG Medicines Optimisation Committee, Antimicrobial Stewardship Group (or equivalent), and any relevant working groups. • “Decision-support” includes EMIS/TPP/SystmOne prompts, ScriptSwitch/OptimiseRx, MicroGuide (if used), and any locally maintained digital guideline platform. 	
<p>1. Guideline versions & text</p> <ul style="list-style-type: none"> a. The current BNSSG antimicrobial guideline section covering epididymo-orchitis/epididymitis (primary care). b. All previous versions of this EO section published/valid since 1 Jan 2024, with version numbers and dates. c. Any formal change log or version history for the EO section in that period. 	<ul style="list-style-type: none"> a. Current guideline version 9.9:

Antimicrobial Prescribing Guidelines for BNSSG Health Community

ILLNESS	COMMENTS	MEDICINE	ADULT DOSE	DURATION OF TREATMENT
Epididymo-orchitis BASHH Endorse prescription 'FS' to enable free NHS prescription	STIs infection probable: recent change sexual partner, urethral discharge, STI contact	Most likely due to any STI: Ceftriaxone PLUS Doxycycline	1gram IM 100mg BD	STAT 14-14 days
	Gonorrhoea more likely if: purulent urethral discharge, man who has sex with men, black ethnicity or contact gonorrhoea.	Second line if ceftriaxone/doxycycline contraindicated : Ofloxacin	200mg BD	14 days
	Remember to assess and treat partner(s) epidemiologically			
	Traditional risk linked to age, with >35yrs indicating enteric micro-organism more likely. But >10-13% men aged 35-65 have at least one new sexual partner in the last year (NATSAL 2013)	Most likely due to chlamydia or other non-gonococcal organisms (if no risk factors for gonorrhoea) Doxycycline Or Ofloxacin	100mg BD 200mg BD	10-14 days 14 days
	Remember to exclude Torsion if acute onset and unilateral as testicular salvage is required within 6 hours and success diminishes with time.	Most likely due to an STI and an enteric organism Ceftriaxone PLUS Ofloxacin	1gram IM 200mg BD	STAT 14 days
	Send urine for cultures and sensitivities: Enteric origin suspected – boric acid container STI suspected – universal container for STI screen (urethral swab also required) MHRA Fluoroquinolone warning Fluoroquinolone patient information leaflet	Most likely due to an enteric organism Ofloxacin Or Levofloxacin If quinolones are contra-indicated, treat with: Co-amoxiclav	200mg BD 500mg po OD 625mg po TDS	14 days 10 days 10 days Review with cultures at 48-72 hours

- b. Previous guidelines:
February 24 version 9.8 -link to MHRA alert and fluoroquinolone patient information leaflet added

Antimicrobial Prescribing Guidelines for BNSSG Health Community

BNSSG
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

ILLNESS	COMMENTS	MEDICINE	ADULT DOSE	DURATION OF TREATMENT
Epididymo-orchitis BASHH Endorse prescription 'FS' to enable free NHS prescription	STIs infection probable: recent change sexual partner, urethral discharge, STI contact	Most likely due to any STI: Ceftriaxone PLUS Doxycycline	1gram IM 100mg BD	STAT 10-14 days
	Gonorrhoea more likely if: purulent urethral discharge, man who has sex with men, black ethnicity or contact gonorrhoea.	Second line if ceftriaxone/doxycycline contraindicated : Ofloxacin	200mg BD	14 days
	Remember to assess and treat partner(s) epidemiologically			
	Traditional risk linked to age, with >35yrs indicating enteric micro-organism more likely. But >10-13% men aged 35-65 have at least one new sexual partner in the last year (NATSAL 2013)	Most likely due to chlamydia or other non-gonococcal organisms (if no risk factors for gonorrhoea) Doxycycline Or Ofloxacin	100mg BD 200mg BD	10-14 days 14 days
	Remember to exclude Torsion if acute onset and unilateral as testicular salvage is required within 6 hours and success diminishes with time.	Most likely due to an STI and an enteric organism Ceftriaxone PLUS Ofloxacin	1gram IM 200mg BD	STAT 14 days
	MHRA Fluoroquinolone warning Fluoroquinolone patient information leaflet	Most likely due to an enteric organism Ofloxacin Or Levofloxacin	200mg BD 500mg po OD	14 days 10 days
		If quinolones are contra-indicated, treat with: Co-amoxiclav	625mg po TDS	10 days Review with cultures at 48-72 hours

Guideline valid January 24 version 9.7

Antimicrobial Prescribing Guidelines for BNSSG Health Community

ILLNESS	COMMENTS	MEDICINE	ADULT DOSE	DURATION OF TREATMENT
Epididymo-orchitis BASHH Endorse prescription 'FS' to enable free NHS prescription	STIs infection probable: recent change sexual partner, urethral discharge, STI contact Gonorrhoea more likely if: purulent urethral discharge, man who has sex with men, black ethnicity or contact gonorrhoea. Remember to assess and treat partner(s) epidemiologically Traditional risk linked to age, with >35yrs indicating enteric micro-organism more likely. But >10-13% men aged 35-65 have at least one new sexual partner in the last year (NATSAL 2013) Remember to exclude Torsion if acute onset and unilateral as testicular salvage is required within 6 hours and success diminishes with time. MHRA Fluoroquinolone warning	Most likely due to any STI: Ceftriaxone PLUS Doxycycline Second line if ceftriaxone/doxycycline contraindicated : Ofloxacin Most likely due to chlamydia or other non-gonococcal organisms (if no risk factors for gonorrhoea) Doxycycline Or Ofloxacin Most likely due to an STI and an enteric organism Ceftriaxone PLUS Ofloxacin Most likely due to an enteric organism Ofloxacin Or Levofloxacin If quinolones are contra-indicated, treat with: Co-amoxiclav	1gram IM 100mg BD 200mg BD 100mg BD 200mg BD 1gram IM 200mg BD 200mg BD 500mg po OD 625mg po TDS	STAT 10-14 days 14 days 10-14 days 14 days STAT 14 days 14 days 10 days 10 days Review with cultures at 48-72 hours

- c. Area Prescribing and Medicines Optimisation Committee (AMPOC) medicines guidance / pathway approval form April 24
For version 9.9


			Formulary to Blue
6	Epididymo-orchitis	Information on sampling added	Enables a quinolone to be stopped if sensitivities enable
7	Acute epididymo-orchitis	Ofloxacin / ceftriaxone or cefazolin (Cefazolin®)	Addition to

2. Change rationale & governance

- a. Minutes, agendas, and papers of **Medicines Optimisation/Antimicrobial Stewardship**

- a.
- Please find enclosed the Agenda and Minutes (Doc 01/01.1) of the Area Prescribing and Medicines Optimisation Committee,

<p>meetings where either the EO section or the MHRA 22-Jan-2024 fluoroquinolone restrictions were discussed.</p> <p>b. Any Clinical Safety Impact Assessment / Quality Impact Assessment / Equality Impact Assessment undertaken when reviewing or publishing EO content since 1 Jan 2024.</p> <p>c. Any rationale papers or options appraisals that considered how to reflect the MHRA restriction (e.g., whether to retain or remove ofloxacin/levofloxacin entries, or to add “only when other antibiotics are inappropriate” wording).</p>	<p>April 2024, where the changes to the antibiotic guideline were approved - item 5.12 on the agenda. Changes to the EO guideline were not specifically raised.</p> <ul style="list-style-type: none"> Enclosed are the agenda and minutes (Docs 2/2.1) of the BNSSG AMS Collaboration, 24th January 2024 - the item was not on the agenda but raised under AOB Enclosed are the agenda and minutes of the BNSSG AMS Collaboration (Docs 03/3.1), 20th March 2024 – item 3 on the agenda. <p>Please note: FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed documents to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p> <p>b. Not held</p> <p>c. Not held</p>
<p>3. MHRA/CAS alert implementation</p> <p>a. Records showing receipt and implementation of the MHRA 22-Jan-2024 fluoroquinolone alert (e.g., CAS alerts, action plans, sign-off, audit/assurance of dissemination).</p> <p>b. Any prescribing bulletins, newsletters, safety notices or flash alerts issued to primary care regarding fluoroquinolone safety in 2024–2025;</p>	<p>a. Internal safety/ CAS alert action log states receipt of alert on 22/1/24 and circulated to primary care colleagues including medicines optimisation pharmacists, embedded practice pharmacists, PCN pharmacists and pharmacy technicians</p>

<p>include the circulation list or description of recipients.</p>	<p>b. February 2024 Medicines Optimisation Newsletter</p> <div data-bbox="1137 295 1971 486" style="border: 1px solid #d9534f; padding: 5px;"> <p>Fluroquinolone MHRA Alert Fluroquinolone antibiotics must now only be prescribed when other commonly recommended antibiotics are inappropriate in line with a new MHRA alert as they can cause long-lasting, disabling and potentially irreversible side effects, sometimes affecting multiple body systems and senses. BNSSG community antibiotic guidelines have been reviewed and except for prostatitis (which is in line with national guidelines) quinolones are not advised first line. To support a reduction in quinolone use clear records of penicillin allergy / intolerance and using ceftriaxone IM when advised first line for STIs is recommended. The MHRA have a patient information leaflet to assist with conversations.</p> </div> <p>This newsletter is distributed to those interested in medicines in primary care including GP practices and community pharmacists.</p>
<p>4. Decision-support changes</p> <p>a. Details of any changes to EMIS/TPP/SystmOne prompts, ScriptSwitch/OptimiseRx rules, or MicroGuide entries specifically relating to fluoroquinolones and/or the EO section since 1 Jan 2024 (include dates, rule text/screenshots, and who authorised the change).</p> <p>b. If BNSSG uses MicroGuide or another digital guideline platform, provide the admin change log for the EO page and any ofloxacin/levofloxacin entries during the date range.</p>	<p>a. EMIS have an alert (produced centrally):</p> <div data-bbox="1126 662 1989 1013" style="border: 1px solid #d9534f; padding: 5px;"> <p>Warnings</p> <p>Selected Drug - Ciprofloxacin 250mg tablets Contains - Ciprofloxacin 250 mg</p> <p>High Severity Warnings (2)</p> <p> Alert MHRA advises to only use systemic Quinolones when other commonly used antibiotics for the infection are inappropriate due to new restrictions and precautions related to very rare reports of disabling and potentially long-lasting or irreversible side effects. Refer to MHRA guidance for further information.</p> </div> <p>We do not hold details of when this was released on EMIS Scriptswitch message</p>

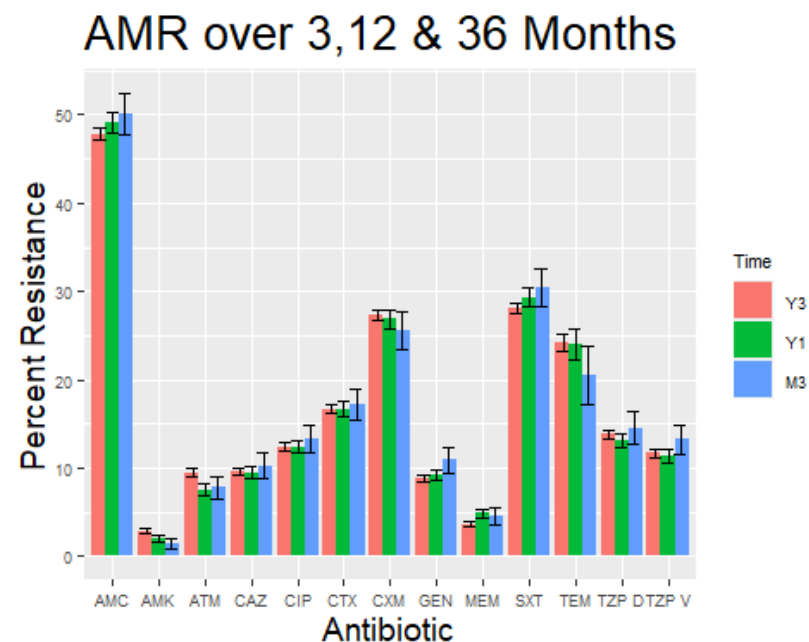
	<p>ScriptSwitch Prescribing Decision Support</p> <p>Original Ciprofloxacin 250mg tablets (10 tablet) ONE TO BE TAKEN TWICE A DAY Est. Cost: £0.67</p> <p>Continue with Original</p> <p>Information</p> <p>1. MHRA update (Jan-24) Fluoroquinolone antibiotics restricted use. Only prescribe when other commonly recommended antibiotics for the infection are inappropriate i.e.:</p> <ul style="list-style-type: none"> • there is resistance or contraindications to other first-line antibiotics • treatment with other first-line antibiotics has failed or side effects require treatment to be stopped <p>Advise patients to stop treatment at the first signs of a serious adverse reaction such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects.</p> <ul style="list-style-type: none"> • For patients: A supporting MHRA Key Information document is available. <p>2. MHRA update (Sept-23) Reminder: risk of psychiatric adverse reactions</p> <ul style="list-style-type: none"> • Advise patients to read patient information leaflet and seek medical advice if experiencing mood changes, distressing thoughts, or feelings about suicide <p>Most recent version released October 2024. Dates and previous versions not held.</p> <p>b. No digital guideline platform is used for primary care antibiotic guidelines in BNSSG.</p>
--	---

5. Audit / monitoring

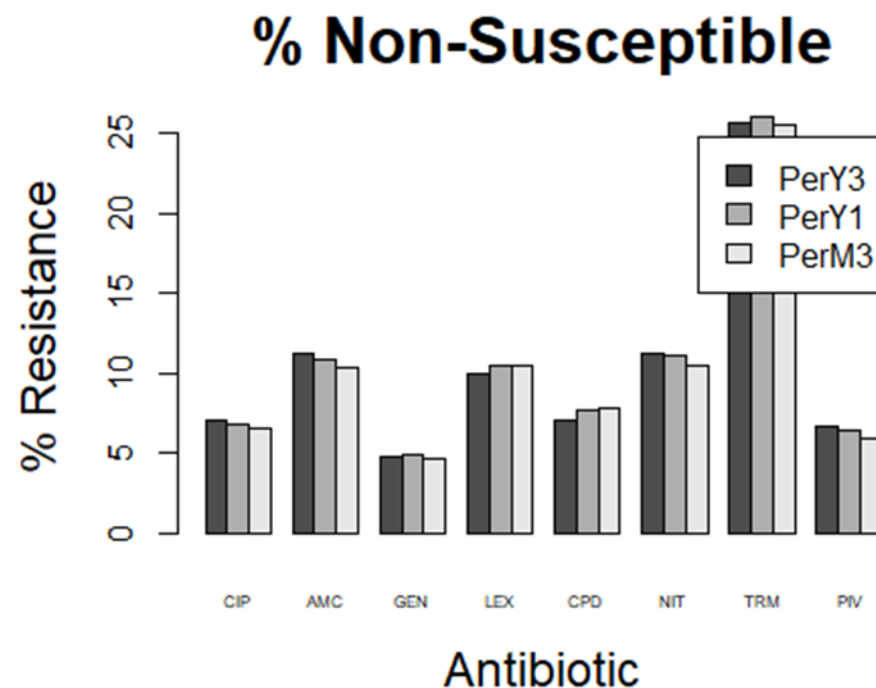
- Any **audits** or **retrospective reviews** of **fluoroquinolone prescribing for EO in primary care** since 1 Jan 2024 (protocol/method, findings, actions). If none, please confirm “none held”.
- Any **local microbiology/antibiogram summaries** cited to justify retaining fluoroquinolones for **enteric EO** (if held centrally for guideline decisions).

- Review of patients on long term fluoroquinolones in primary care. Practices completed this review. Outcomes were not collated.
- Gram negative antibiogram from blood cultures:

Antibiogram GP urine samples:



Samples not obtained for epididymo-orchitis:



% Resistance All Locations Over 3, 12 and 36 Months

Name	Short	NumY3	PerY3	NumY1	PerY1	NumM3	PerM3
Ciprofloxacin	CIP	133963	7.02	46540	6.73	11649	6.49
Coamoxiclav	AMC	132371	11.20	44870	10.82	11268	10.29
Gentamicin	GEN	134038	4.74	46548	4.90	11653	4.69
Cefalexin	LEX	132329	9.91	44901	10.47	11235	10.50
Cefpodoxime	CPD	132480	7.04	44967	7.73	11275	7.80
Nitrofurantoin	NIT	132531	11.28	44969	11.08	11275	10.45
Trimethoprim	TRM	132498	25.73	44958	26.04	11272	25.56
Pivmecillinam	PIV	132477	6.70	44966	6.42	11277	5.94

<p>6. Ownership & review cycle</p> <ul style="list-style-type: none"> a. The next scheduled review date for the EO section and the post(s)/team responsible for updates. b. The process for interim safety updates when MHRA issues licence-level restrictions impacting existing BNSSG guidance (policy or SOP). 	<ul style="list-style-type: none"> a) A full review of the antibiotic guideline occurs every 3 years and is currently being undertaken. As national guidelines or safety updates are released sections are updated as needed. b) No SOP or policy. Required changes are dealt with individually.
---	---

The information provided in this response is accurate as of 7 October 2025 and has been approved for release by Dr Geeta Iyer, Deputy Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)

Date: Thursday 11th April 2024
Time: 13.30-16.00
Location: Microsoft Teams Virtually.

Agenda

1	Welcome, Introductions, Apologies	Verbal	■
2	Declarations of Interest	Verbal	■
3	Minutes of the Previous Meeting Thursday 1 st February	Attached	■
4	Action Log	Attached	All
Decision			
5	Standard Agenda Item - Guidelines & Pathways <ul style="list-style-type: none"> Guideline Tracker – Future guidelines to update 	To be presented at the meeting	Formulary team
5.1	Ophthalmology pathways – Age-related macular degeneration (AMD) and Diabetic Macular oedema (DMO) – ■ UHBW and ■ UHBW	Attached	■
5.2	Adult treatment pathway for potassium binders for persistent hyperkalaemia	Attached	■
5.3	Use of dapagliflozin and empagliflozin (SGLT2i) in patient with heart failure	Attached	■ &

5.4	Primary Care Heart Failure Treatment Guideline	Attached	Formulary Team
5.5	Vitamin D Patient Information Leaflet	Attached	■
5.6	PPI Guidance	Attached	■
5.7	Commissioning Pathway for Botulinum Toxin A for Overactive Bladder in Paediatrics No (minor update) Commissioning Pathways for Bruxism and Trigeminal Neuralgia	All Attached	■
5.8	Oral Amiodarone status change impact TBC by UHBW	TBC	UHBW
5.9	Healthier together PSDs: Subcutaneous administration of insulin PSD for primary care and Sirona use Authorisation for administration of medication PSD for primary care and Sirona use, specialist prescribing of red drug. Subcutaneous administration of insulin (secondary care discharges) PSD Authorisation for administration of medication (secondary care discharges) PSD	All Attached	■
5.10	Aspirin in the management of Lynch syndrome	Attached	■
5.11	<u>BNSSG Blood Glucose Management in Type 2 Diabetes</u> <u>BNSSG Type 1 Blood Glucose Monitoring Guidance (Primary Care)</u> <u>BNSSG Type 2 Diabetes Blood Glucose Monitoring Guidance (Adults)</u>	Attached	■

	<u>BNSSG Pen Needles Guidance</u>		
5.12	Antibiotic Guideline Updates	Attached	■
5.13	BNSSG Migraine Prevention Pathway – For Information Only	Attached	■
5.14	BNSSG Insomnia Pathway for Adults – For Information Only	Attached	■
5.15	Covert Medicine use in Care homes update	Attached	■
5.16	Homely Remedies update	Attached	■
Strategic			
6.0	Prescribing Quality Scheme	To Follow	■
6.1	Inclisiran Update	Verbal	■
6.2	Healthwatch Update – current and future work plans	To Follow	■
6.3	Anticoagulant update and discussion	Verbal	■
Finance			
7	Finance <ul style="list-style-type: none"> Horizon Scanning position and update 	For information	■
Groups reporting to APMOC			
8	ICS Medicines Quality & Safety Group <ul style="list-style-type: none"> Key points from latest meeting and subgroups Medicines Shortage 	Verbal Verbal	■ ■

9	BNSSG Joint Formulary Group <ul style="list-style-type: none"> Key points from latest meeting 	Verbal	Formulary team
10	ICS High-Cost Drugs <ul style="list-style-type: none"> Update from latest meeting 	Verbal	■
Standing Items			
11	New NICE Guidance <u>Tuberculosis</u> NG33 <u>Vitamin B12 deficiency in over 16s: diagnosis and management</u> NG239 <u>Lung cancer: diagnosis and management</u> NG122 <u>Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management</u> NG240 <u>Neonatal infection: antibiotics for prevention and treatment</u> NG195 <u>Suspected sepsis: recognition, diagnosis and early management</u> NG51 <u>Ovarian cancer: identifying and managing familial and genetic risk</u> NG241	For Information and discussion	
12	Minutes		
12.1	Minutes from latest – ICS Medicines Quality & Safety Group	Attached	
12.2	Minutes from latest – Joint Formulary Group	Attached	
12.3	Action Log from latest – High-Cost Drugs Meeting	Attached	
13	Any Other Business		ALL

	Date of next meeting: Thursday 6/6 1330-1600		
--	---	--	--

BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)

Minutes of the meeting held on Thursday 6th June 2024

Time: 13:30 – 16:00
Location: Microsoft Teams

Minutes

Present		
(Chair)	Chief Pharmacist, BNSSG ICB	
(Minutes)	Admin Assistant, BNSSG, ICB	
	ICS Community Pharmacy Clinical Lead, BNSSG ICB	
	Renal Consultant NIHR Clinical Lecturer for item 5.2	
	Interface Pharmacist, BNSSG ICB	
	Clinical Pharmacist and Non-Medical Prescriber	
	GPCB Clinical Lead, BNSSG ICB & OneCare	
	Principal Medicine Optimisation Pharmacist – BNSSG ICB	
	Principal Medicines Optimisation Pharmacist, BNSSG ICB	
	Medicines Optimisation Pharmacist, BNSSG ICB	
	Deputy Chief Medical Officer, BNSSG ICB	
	Health Watch Representative BNSSG	
	GP and Clinical lead of Cancer Services, BNSSG ICB -For Item 5.10	
	Interface Pharmacist, BNSSG ICB	
	Director of Pharmacy, UHBW	
	Interface Pharmacist, BNSSG ICB	
	Head Of Medicine Optimisation, Sirona	
	Programme Officer, Medicines Optimisation, BNSSG ICB	
	Clinical Pharmacy Manager, UHBW	
	Principal Medicines Optimisation Pharmacist, BNSSG ICB	
	Senior Medicines Optimisation Pharmacist - Diabetes Lead, BNSSG ICB for item 5.11	
	Principal Medicines Optimisation Pharmacist, BNSSG ICB	
	Consultant in Acute Medicine, NBT	
	Medicines Optimisation Pharmacist, BNSSG, ICB	
	Senior Medicines Optimisation Pharmacist, BNSSG ICB	
	Principal Medicines Optimisation Pharmacist, BNSSG ICB	

		Consultant Cardiologist UHBW – for Item 5.2	
		Director Pharmacy, NBT	
		Formulary Pharmacist, NBT	
		Specialist Pharmacist High-Cost Drugs BNSSG	
		Consultant Ophthalmologist UHBW – for item 5.1	
Apologies			
		Chief Officer, Community Pharmacy Avon	
		High Cost Drugs Pharmacist, NBT	
		GP registrar, BNSSG ICB	

	Item	Action
1	Welcome, Introductions and Apologies [REDACTED]	
2	Declarations of Interest [REDACTED]	
3	Minutes of the Previous Meeting – Thursday 1st February [REDACTED]	
4	Action Log – [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

	Item	Action
	<div></div> <div></div>	
Decision		
5	Standard Agenda Item – Guidelines & Pathways <div></div>	
5.1	Ophthalmology pathways – Age related macular degeneration and Diabetic Macular oedema () <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
5.2	Adult treatment pathway for potassium binders for persistent hyperkalaemia	

	Item	Action
	[Redacted]	
	[Redacted]	
	[Redacted]	
	[Redacted]	
	[Redacted]	
	[Redacted]	
	[Redacted]	



	Item	Action
	[REDACTED]	
5.3	<p>Use of dapagliflozin & empagliflozin (SGLT2i) in patient with heart failure ([REDACTED])</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
5.4	<p>Primary Care Heart Failure (HF) Treatment Guideline</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

	Item	Action
	[REDACTED]	
5.5	Vitamin D Patient Information Leaflet [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
5.6	PPI Guidance [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
5.7	Commissioning Pathway for Botulinum Toxin A for Overactive Bladder in Paediatrics (minor update) [REDACTED]	

	Item	Action
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	



	Item	Action
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	



	Item	Action
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
5.12	<p>Antibiotic Guideline Updates</p> <p>[REDACTED] presented a new guideline for Diabetic Foot Infections. These were led by a podiatrist in Sirona and the working group included a vascular surgeon, and a consultant microbiologist from NBT. They have also been agreed by microbiology at UHBW. Diabetic foot infections have been being treated differently across the system and this enables a unified response. The guideline treats based on the severity of infection.</p> <p>[REDACTED] presented the community antibiotic guideline which has had Otigo has been added for otitis media where pain is not relieved with oral pain killers and the patient not given antibiotics. This is in line with the community pharmacy PGD. Pertussis information has been added to the cough section.</p> <p>COPD exacerbation the quinolone option for penicillin allergic patients has been switched to co-trimoxazole in response to the MRHA alert. Trifarotene has been added to the acne recommendations as a non-antibiotic option for any severity and the section has been re-written by the dermatology pharmacist at UHBW. Ivermectin has been added as a treatment option for resistant scabies following a change in its formulary status.</p> <p>The group approved the Antibiotic Guideline Updates.</p>	
5.13	<p>BNSSG Migraine Prevention Pathway – for information only</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
5.14	<p>BNSSG Insomnia Pathway for Adults – for information only</p> <p>[REDACTED]</p>	

	Item	Action
5.15	Covert Medicine use in Care Home update <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
5.16	Homely Remedies update <div></div> <div></div>	
Strategic		
6.0	Prescribing Quality Scheme <div></div> <div></div> <div></div>	
6.1	Inclisiran Update <div></div>	

	Item	Action
	<p>[REDACTED]</p> <p>[REDACTED]</p>	
6.2	<p>Healthwatch Update – current and future work plans</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
6.3	<p>Anticoagulant update and discussion</p> <p>[REDACTED]</p>	

	Item	Action
	[REDACTED]	
Finance		
7	Finance [REDACTED] [REDACTED] [REDACTED]	
Groups Reporting to APMOC		
8	ICS Medicines Quality & Safety Group [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	



	Item	Action
	<div><div></div><div></div><div><div></div><div></div><div></div><div></div><div></div></div><div></div></div>	
9	BNSSG Joint Formulary Group (JFG) <div><div></div><div></div></div>	
10	ICS MO High-Cost Drugs Update from latest meeting – <div><div></div></div>	
	Standing Items	
11	<div></div>	For



	Item	Action
	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	Information
12	Minutes	
12.1	Minutes from latest – ICS Medicines Quality & Safety Group	
12.2	Minutes from latest – Joint Formulary Group	
12.3	Action Log from latest – High-Cost Drugs Meeting	
13	Any Other Business <div> <div></div> <div></div> </div>	<div></div>
	Date of next meeting: 6 th June 13:30 – 16:00	

Team Administrator
BNSSG ICB
April 2024



BNSSG STP Antibiotic Stewardship Collaboration

Date: Wednesday 24th January 2024

Time: 13.30-14.30

Location: Microsoft Teams

Agenda

Item No.	Agenda Item	Presenter
1	Welcome, Introductions, Apologies and Declarations of Interests	■
2	Previous Minutes and Action Log (Attached)	■
3	Review of Prescribing Data	All
4	Penicillin Allergy	All
5	Guidelines Under Production	All
6	Any Other Business Date of Next Meeting Wednesday 20 th March at 13.30-14.30 on MS Teams	All

Items for future meetings
Antibiotic PGDs
OPAT in children
Quality schedule audits / CQUIN results/ other data
Review of prescribing data – all sectors

BNSSG Antimicrobial Stewardship Collaboration

Time: 13.30-14:30
Date: Wednesday 24th January 2024
Location: MS TEAMS

Minutes

Present		
	Senior Medicines Optimisation Pharmacist BNSSG ICB	
	Team Administrator, Medicines Optimisation, BNSSG, ICB	
	Microbiology Consultant UHBW – Weston Site	
	Paediatric Infectious Diseases Consultant, UHBW	
	Microbiologist, UHBW	
	Anti-infective pharmacist, UHBW	
Apologies		
	Dentist	
	University of Bristol	
	Vet, University of Bristol	
	Anti-infectives Pharmacist UHBW Weston Site	
	GP, Whiteladies Medical Center	
	Anti-infectives Pharmacist, North Bristol NHS Trust	
	Consultant in Infectious Diseases, NBT	

	Item	Action
1	Welcome, Introductions and Apologies 	
2	Previous Minutes and Action Log 	

	Item	Action
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
3.	Review of Prescribing Data <p>[REDACTED]</p> <p>[REDACTED]</p>	
4.	AOB <p>MHRA Alert - Fluoroquinolones</p> <p>[REDACTED] highlighted the recently published MHRA alert relating to fluoroquinolones. The alert states we should no longer be prescribing fluoroquinolones unless there is a resistance or there is no first line antibiotic available. The group discussed how we will manage this. [REDACTED] stated she is due to attend a microbiology clinical governance meeting and will seek guidance at this meeting and report back to the group. The group agreed to discuss in more detail in March's meeting.</p>	
5.	Next Meeting <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

[REDACTED]

Team Administrator, BNSSG ICB

January 2024



BNSSG Antibiotic Stewardship Collaboration

Date: Wednesday 20th March 2024

Time: 13.30-14.30

Location: Microsoft Teams

Agenda

Item No.	Agenda Item	Presenter
1	Welcome, Introductions, Apologies and Declarations of Interests	■
2	Previous Minutes and Action Log (Attached)	■
3	MHRA Alert - Fluoroquinolones Update	All
4	CQUIN Update	■
5	Priorities for 2024/25	All
5	Guidelines Under Production	All
6	Any Other Business Date of Next Meeting Wednesday 15 th May at 13.30-14.30 on MS Teams	All

Items for future meetings

Antibiotic PGDs

OPAT in children

Quality schedule audits / CQUIN results/ other data

Review of prescribing data – all sectors

BNSSG Antimicrobial Stewardship Collaboration

Time: 13.30-14.30
Date: Wednesday 20th March 2024
Location: MS TEAMS

Minutes

Present		
	Senior Medicines Optimisation Pharmacist BNSSG ICB	
	Team Administrator, Medicines Optimisation, BNSSG, ICB	
	Paediatric Infectious Diseases Consultant, UHBW	
	Microbiologist, UHBW	
	Anti-infective pharmacist, UHBW	
Apologies		
	Dentist	
	Microbiology Consultant UHBW – Weston Site	
	University of Bristol	
	Vet, University of Bristol	
	Anti-infectives Pharmacist UHBW Weston Site	
	GP, Whiteladies Medical Center	
	Anti-infectives Pharmacist, North Bristol NHS Trust	
	Consultant in Infectious Diseases, NBT	

	Item	Action
1	Welcome, Introductions and Apologies 	
2	Previous Minutes and Action Log 	

	Item	Action
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
3.	<p>MHRA Alert - Fluoroquinolones Update</p> <p>Meetings have occurred outside this group to action the MHRA fluoroquinolone alert with a systemwide review of guidelines. [REDACTED] is taking the updated community guidelines to April's APMOC (Area Prescribing Medicines Optimisation Committee) meeting and changes have occurred to NBT and UHBW guidelines.</p>	
4.	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

	Item	Action
5.	<p>Priorities for 2024/25</p> <p>[Redacted]</p> <ul style="list-style-type: none">[Redacted][Redacted][Redacted][Redacted][Redacted] <p>[Redacted]</p> <ul style="list-style-type: none">[Redacted] <p>[Redacted]</p> <p>[Redacted]</p> <ul style="list-style-type: none">[Redacted][Redacted]	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>



	Item	Action
	<div>[REDACTED]</div>	
6.	Guidelines Under Production <div>[REDACTED]</div>	
7.	Next Meeting <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	

[REDACTED]

Team Administrator, BNSSG ICB
March 2024