

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 12th June 2019.**

Present:	Dr Catherine Lewis (CL)	Chair, Bridgwater Representative
	Dr Toby Burne (TB)	CLIC Representative
	Dr Helen Cotton (HC)	South Somerset Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Catherine Henley (CH)	Medicines Manager, CCG
	Gordon Jackson (GJ)	Lay Representative
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Arun Thomas (AT)	Medicines Manager, CCG
Apologies:	Stewart Brock (SB)	Public Health Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SBD)	Somerset Partnership Chief Pharmacist
	Dr Geoff Sharp (GS)	Central Mendip Representative
	Emma Waller (EW)	LPC Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Prescribing and Medicines Management Group received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

The Prescribing and Medicines Management Group noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

- 3.1 Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated

member of the Prescribing and Medicines Management Group.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 8th May 2019

4.1 The Minutes of the meeting held on 8th May 2019 were agreed as a correct record.

4.2 Review of action points

Most items were either complete or, on the agenda. The following points were specifically noted:

Action 1: YDH Medicines Committee meeting – HC has spoken to Katheryn but she doesn't have the capacity to attend. There remains no Primary Care representation at this meeting.

Action 2: Sompar audit – Sunil has recently completed the audit. Once the report is finalised SDB will share with PAMM.

Action 3: Advice slips – EW was not present so this will be carried forward to the July meeting.

Action 4: Indemnity Scheme in Primary Care – It has been confirmed that the indemnity scheme will now cover travel vaccines.

Action 10: LPC report – It has been confirmed that all strengths of Kelhale[®] are readily available.

Action 11: Recording RED drugs in primary care – The SomPar & RUH data has been shared with the relevant practices. The YDH data is in the process of being shared with the practices and the MM team is waiting on the MPH data. There have been issues in practices with sessional pharmacists being unable to add the RED drugs to a PMR. Clarify settings needed with Ali Ashcroft-Spurr. **Action: CH**

Action 13: Updated valproate guidance – SDB was not present so this will be carried forward to the July meeting.

5 Matters Arising

5.1 Primary Care Networks

- It is early days and the PCN structures are yet to be worked out.
- Somerset is one of the first CCGs to have all PCNs in place with the Clinical Directors approved.
- Currently the STP and PCN strategies don't align, SG has raised this.
- The MM agenda and model of working will continue as planned for 19/20, making sure no duplication of work streams occur.
- The MOCH pharmacist role will be subsumed by the PCNs by 2020.

5.2 VIMOVO[®] 500mg/20mg M/R tabs (Naproxen 500mg/ Esomeprazole 20mg), AstraZeneca UK Ltd

Concerns were raised at the last meeting around the twice daily dose of esomeprazole 20mg within this combination product.

A discussion took place concerning the risks and benefits for the twice daily dose of esomeprazole in Vimovo[®] and it was noted that; VIMOVO[®] has been developed as a sequential-delivery tablet formulation combining an immediate release esomeprazole magnesium layer and an enteric coated delayed-release naproxen core. As a result, esomeprazole is released in the stomach prior to the dissolution of naproxen in the small intestine. The enteric coating prevents naproxen release at pH levels below 5 providing protection against possible local gastric toxicity of naproxen. The twice daily dose of VIMOVO[®] therefore gives added protection against each naproxen dose compared to once daily Esomeprazole. There is however an associated increase in time of acid pH above 4, it was maintained for a mean time of 17.1 hours with Vimovo[®] (SD 3.1) in healthy volunteers compared to 13.6 hours (SD 2.4) for Nexium[®] 20mg.

PAMM voted on the decision and the majority approved.

-Approved add to formulary, as last line with an explanation that it is a short term solution to the ongoing naproxen stock issues and its position will be reviewed in January.

Action: Daniela Wilson

Add to the January PAMM agenda to review formulary position. **Action: ZTW**

5.3 Red Drug Information

This was discussed during review of action points (Action 11).

6 Other Issues for Discussion

6.1 Medicines in health & adult social care: learning from risks & good practice for better outcomes

SG has shared this report with other relevant parts of the system.

-Noted

Highlight this report in the newsletter.

Action: Steve Moore

6.2 My Diabetes My Way

- Dr Ian Wyer (CVD lead GP) took a proposal to CEC for the continuation of My Diabetes My Way (MDMW). The funding is due to end shortly so it was proposed that the prescribing budget could be top sliced to fund the £65,000 needed, as the benefits of the programme should result in reduced prescribing. CEC approved in principle.
- There was potential for some of the funding to be re-cooperated by deprescribing the DPP4 in patients on both a DPP4 and a SGLT2 (dual therapy was not recommended by NICE). NICE TA583 has since been published which approves use of DPP4 and SGLT2 (Ertugliflozin). This prevents the re-cooperation of funding via the original proposed piece of work.
- SG and GS still support the top slicing of the prescribing budget to fund another year of MDMW.
- There is no outcome data in Somerset yet. Outcome data needs to be collected and analysed to prove savings.
- HC isn't sure how useful the app is as it only seemed to show patients results and no lifestyle advice.
- GJ had a demo at PPG chair meeting and they agreed that it looked user friendly, it may also be something pre-diabetics that could use.
- PAMM questioned why it should come out of the prescribing budget; the main reasons are that the use of the app should reduce diabetic prescribing and there is no other budget that can fund it.
- As there is no outcome data yet PAMM argued that they wouldn't spend £65,000 on a drug that has no outcome evidence.

PAMM voted on the decision and the majority approved.

-Approved on the proviso that funding is limited to 12 months. The outcome data will need to be robust and show a saving before any future funding will be approved.

7 Other Issues for Noting

7.1 Good Hydration! toolkit

-Noted

8 Additional Communications for Noting

8.1 PrescQIPP Practice medicines co-ordinators e-learning

- PrescQIPP has developed an online course for practice staff, managing the repeat prescription process.
- Practices have been provided details of how to access the course.
- Two members of the MM team have completed the training and found it useful.

8.2 DHSC Monthly Supply Update – June 19

- Bristol Labs have recently had a MHRA safety notice lifted so should be able to increase supply.
- Some pharmacies still refuse to obtain medication from other wholesalers when it is not available from their preferred wholesaler. If the MM team are made aware of this they will notify the LPC and NHS England.

Find out the availability of Montelukast.

Action: SG

8.3 CHICO STUDY- more practices needed from Somerset CCG

An email reminder was sent to practices about signing up to participate in the CHICO trial. Around half a dozen practices have since replied to the email expressing an interest.

9 Formulary Applications

9.1 Senna 7.5mg x60 £1.81

Adopt Senna as first line, cost effective alternative to current first line choice:

Bisacodyl 5mg x60 £5.39

-Approved

Make Senna first line on the formulary.

Action: Daniela Wilson

9.2 Liothyronine position & comments from RUH, NICE Thyroid disease; assessment & management – DRAFT for consultation.

- Liothyronine remains non-formulary in Somerset despite RMOG suggestions.
- NICE are currently consulting on their thyroid disease guidance and the position remains not recommended. The position could change so the NICE guidance will be brought back to PAMM when finalised.

9.3 Hydventia[®] (Hydrocortisone) tablet, OcXia.

30x 10mg £10.47, 30x 20mg £20.94.

Cost effective alternative to generic.

-Approved

A switch won't be recommended until we know that stock is available.

Add to formulary and TLS **Green**.

Action: Daniela Wilson & ZTW

10 Reports From Other Meetings Feedback

10.1 Commissioning Locality Feedback

East Mendip – PJ – asked who pays for EPS software, as it is contractual.

TB- The software is free for non-dispensing practice but the cost for the software in a dispensing practice is £200+ VAT, per month, per monitor.

HC to email Barry Moyse (LMC) to raise awareness of the issue.

Action: HC

SG to email Justin Harrington to clarify position.

Action: SG

Nothing to report from the other localities.

The representation at PAMM may need to be reviewed once PCNs are functioning. SG has no objection to keeping the representation the same but we need to link to the PCNs. The PCN Clinical Directors also need to be made aware of PAMM and its function.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 05/06/19

Discussed the My Diabetes My Way proposal.

10.3 Somerset Partnership Mental Health D&TC – Meeting 11/06/19

CH attended the meeting.

- Discussed the merge with MPH, this will change their structure and SomPar DTC will likely become the specialist advisory panel to the MPH DTC, who will have overall responsibility.
- Discussion around a new licensed Melatonin product Slenyto (M/R) for patients with autistic spectrum disorder. SomPar are going to wait for SMC to publish their guidance in September before making a final decision on whether consultants would want to prescribe this, or if they would prefer to give an unlicensed immediate release or Circadin, as it is very expensive.
- Having a licenced medication would not necessarily make it easier to pass the prescribing to GPs because the evidence base is poor and the cost of treatment is high.
- Sompar is looking to review its prescribing of melatonin as they prescribe more than average.

Add Slenyto to TLS '**Not recommended**'.

Action: ZTW

10.4 YDH Medicines Committee meeting – Last meeting 10/04/19 – Minutes received

- YDH is switching patients to Oxypro.
- As there are no cardiovascular outcomes for Ertugliflozin, it has not yet been made first line at YDH.
- SG has sent comments on the post-op hip & knee guidelines that are being discussed at the meeting later today.

10.5 MPH D&TC – Last meeting 10/05/2019 – Minutes received

- MPH planned to switch patients to Cosopt iMulti from single dose Cosopt. The MM team has suggested a switch to Eylamdo as it is the CCG preferred and is more cost effective.

10.6 BNSSG Joint Formulary Group – Last meeting 14/05/19 – Minutes received

Nothing to report

- 10.7 BNSSG Area prescribing Medicines Optimisation Committee – Last meeting: 10/04/19 (Replaced D&TC)**
Nothing to report
- 10.8 RUH Bath D&TC – Last meeting 11/04/19 – Minutes received**
Nothing to report
- 10.9 Weston D&TC – Last meeting 16/05/19 – DRFAT Minutes received**
Nothing to report
- 10.10 T&S Antimicrobial Prescribing Group – 08/05/19 – CANCELLED new date: 14/08/19**
- 10.11 LPC Report**
EW was not present this month to update PAMM.
- 10.12 South West Medication Safety Officer Network Meeting – Last meeting 06/06/19 - Minutes not received**
- 10.13 RMOC recommendations and resources**
-Newsletter issue 4 (May 19) was viewed and noted.
There was very little Primary Care representation at the last meeting, SG has raised this.

11 Current Performance

11.1 Prescribing Update

- For 18/19 the budget was overspent by roughly £1.5million.
- A significant factor in this overspend was the generic price increases.
- Budgets for 19/20 are in the process of being sent out.

11.2 March Scorecard commissioning locality trend

-Noted

- Most indicators have moved in the right direction over the year.
- A query has been raised around the generic data, so it may be adjusted.
- SG thanked everyone for their efforts.

Include data for PCNs moving forward.
Add baseline data to July's agenda.

Action: Daniela Wilson
Action: ZTW

11.3 March Safety spreadsheet

-Noted

- Moving forward PAMM would only like the significant and new safety issues.
 - Many of the safety issues are duplicated within the eclipse alerts.
- Check for duplications with eclipse alerts and remove from spreadsheet.

Action: Steve Moore

12 Rebate Schemes
12.1 None yet this month

13 NICE Guidance June

14 NICE Technology Appraisals

14.1 [TA583] Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes

-Noted

- Somerset CGG will take a pragmatic approach to triple therapy.
- The most cost effective combination should be given, at this time it would be Alogliptin & Ertugliflozin.
- Practices will not be expected to make a mass switch to the most cost effective medications.

Update formulary to include Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor as an option for treating type 2 diabetes in adults only if: the disease is uncontrolled with metformin and a DPP-4 inhibitor, and a sulfonylurea or pioglitazone is not appropriate.

Action: Daniela Wilson

15 NICE Clinical Guidance

15.1 [NG131] Prostate cancer: diagnosis and management

-Noted

15.2 [NG132] Hyperparathyroidism (primary): diagnosis, assessment and initial management

-Noted

PJ informed PAMM that if patients need a parathyroidectomy there is a consultant (Mr.Palazzo) at the Hammersmith London, who can perform a less invasive, safer procedure with shorter recovery time. He will take patients from all over the UK.

16 Safety Items, NPSA Alerts and Signals

16.1 MHRA Drug Safety Update May

-Noted

Bring any relevant NIRH signals to next meeting.

Action: ZTW

17 BNF Changes

17.1 BNF Update May 19

-Noted

18 Any Other Business

18.1 Prescribing leads feedback

- Prescribing leads feedback has been collated and will be discussed by the MM team.
- The November meeting will be held in Edgar Hall in Somerton.

18.2 Emergency Hormonal Contraception

- HC raised a concern that patients over 70kg are not covered by the EHC PGD as they need two pills.
- This leaves a gap for patients that may need it over a bank holiday weekend.
- CH approached PH with regards to this a while ago to no avail.
- SG will find out what the situation is and approach PH again if necessary.

SG to share updates on EHC PGD with PAMM.

Action: SG

DATE OF NEXT MEETINGS

17th July 2019 (SPF following), MR2 Wynford House

11th September 2019 (SPF following), MR2 Wynford House

9th October 2019, MR2 Wynford House

13th November 2019 (SPF following), MR2 Wynford House