

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 11th September 2019**.

Present:	Dr Catherine Lewis (CL)	Chair, Bridgwater Representative
	Stewart Brock (SB)	Public Health Representative
	Dr Toby Burne (TB)	CLIC Representative
	Dr Helen Cotton (HC)	South Somerset East & West and Yeovil 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
	Sam Morris (SJM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Emma Waller (EW)	LPC Representative
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead

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

	<p>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.</p>
	<p>There were no declarations of interest relating to items on the agenda.</p>
4	MINUTES OF THE MEETING HELD ON 17th July 2019
4.1	The Minutes of the meeting held on 17 th July 2019 were agreed as a correct record.
4.2	Review of action points
	<p>Most items were either complete or, on the agenda. The following points were specifically noted:</p> <p>Action 6: LPC Champions List – EW will send an updated list as this has recently changed. Action: EW</p> <p>Action 7: Recording RED drugs in primary care – The smart card setting needs to be GP15. Share this information in the newsletter. Action: Steve Moore All of the Trust RED drug data has now been shared with practices.</p> <p>Action 8: Updated valproate guidance – AT raised this at the SomPar DTC.</p> <p>Action 11: Spacer SOP – This will be rolled out shortly.</p> <p>Action 12: HRT Treatment Options – Due to supply issues PAMM won't be taking the HRT document forward as this time. EW to feedback to the LPC that pharmacists should suggest alternatives to GPs when an item is out of stock and they are requesting a new prescription. Action: EW</p> <p>Action 24: [CG30] – CH has reviewed the guidance. Update the formulary with the changes. Action: Daniela Wilson</p> <p>Action 25: tQUEST access – tQUEST access for sessional pharmacists needs to be set up when adding them to EMIS. Ask Ali Ashcroft-Spurr to produce a step by step guide. Action: CH</p>
5	Matters Arising
5.1	Red Drug Information
	<p>All of the RED drug data from trusts has now been shared with practices. This has exercise been an excellent piece of safety work. SG thanked everyone for their work on this.</p>

5.2	Latest Brexit Guidance
	-Noted
5.3	Health Visitor Prescribing
	<p>Expectations of the service don't match the current situation. The main concerns are:</p> <ol style="list-style-type: none"> 1. Health Visitors are not prescribing which has shifted the cost from PH to Primary Care. 2. When Health Visitors ask GPs to prescribe they do so via the patient rather than directly with the GP. There is no formal communication process between Health Visitors and GPs which is adding to workload. <p>SB informed PAMM that the Health Visitors service is under review, to work out the best way forward. SG to contact Alison Bell about the issues. Action: SG</p> <p>SB to share the communication issues with PH. Action: SB</p> <p>HC to share concerns with Barry Moyses to keep LMC updated. Action: HC</p>
5.4	ePACT2 Mental Health Dashboard
	<p>-Noted SG has feedback to ePACT that the nephrotoxic agent indicator doesn't include NSAIDs. Yesterday PH published a review on Dependence and withdrawal associated with some prescribed medicines. Add to the PH review to PAMM October agenda. Action: ZTW</p>
5.5	Out of Stock Advice Slips
	<p>The advice slip has been updated as requested with the statement 'I confirm that I have followed NHS Somerset CCG out of stock guidance before requesting an alternative medication.' and a section for the patient NHS number. Share the updated out of stock advice slip with the LPC. Action: EW</p>
5.6	PCN representation at PAMM
	<p>PAMM members need to make themselves known to the PCNs however direct contact with the PCN clinical leads is not currently allowed. CL has a PCN meeting next week and will raise awareness of PAMM and the members that attend for each PCN. Action: CL</p>

5.7	DDOC PGDs
	<p>The original PGDs were not consistent with the PHE management of urinary tract infection or the Somerset CCG antimicrobial guidance.</p> <p>Devon Doctors have since made the following changes:</p> <ol style="list-style-type: none"> 1. Criteria for inclusion to changed and new flowchart added for all three. 2. Pivmecillinam: added criteria for resistance 3. Trimethoprim: excluded frail elderly and added criteria for resistance 4. For children added symptomatic (and symptoms in flow chart) <p>Ana Alves and CH to review the resubmitted PGDs. Action: Ana Alves & CH</p> <p>HC spotted an age discrepancy within the Trimethoprim PGD. Criteria for inclusion Children 12-18, criteria for exclusion Children under 3 months of age. Clarify the age of children included in the PGD. Action: CH</p> <p>Ana Alves and CH to discuss the possibility of expanding the minor ailments scheme to include Pivmecillinam. Action: Ana Alves & CH</p>
6	Other Issues for Discussion
6.1	Antihistamine PGDs -For approval
	<p>CH asked Devon Doctors to make some amendments to the original PGDs:</p> <ul style="list-style-type: none"> • To align with the Somerset self-care agenda. • Include itch associated with chicken pox for chlorphenamine. • Make the does for children under 1 year old more specific for chlorphenamine. • That Piriton contains sucrose which needs to be taken into account for patients with diabetes. <p>The PGDs have now been updated. CH to review changes and sign off with CL. Action: CH & CL</p>
6.2	FMD update & Toolkits
	FMD is not being proactively enforced as it is dependent on systems, services and Brexit.
6.3	Somerset CCG Statement on low carbohydrate diets
	<p>Last year the diabetes pathway group developed a position statement on low carbohydrates. They have asked that it is added to the medicines management section of the website.</p> <p>-Approved</p> <p>Add statement to the website. Action: ZTW</p>

7	Other Issues for Noting
7.1	BTS SIGN 158 British guideline on the management of asthma Updated July 2019
	-Noted Steve Moore attends the Somerset respiratory working group. Our work on respiratory indicators over the years has likely contributed to the reduced number of deaths from asthma in Somerset.
7.2	Community Pharmacy Contract 2019/20 – 2023/24
	-Noted <ul style="list-style-type: none"> • This is a five year plan rather than the normal 1 year plan. • The finances have stayed the same. • MURs will be stopped in pharmacy, as structured reviews should be done within the PCNs. • Community Pharmacist Consultation Service (CPCS) will be rolled out nationally by 29th October 2019. This is a scheme where out of hours and eventually GPs will refer patients to pharmacies for an appointment.
7.3	NHS Community Pharmacist Consultation Service – Final Draft
	-Noted Discussed as part of 7.2.
7.4	Antimicrobial Resistance (AMR) Campaign in Pharmacies 1st-30th September
	-Noted
7.5	Nutrition Support and IDDSI Update for GP's In Somerset
	The Somerset dieticians have issued a communication it contains: <ul style="list-style-type: none"> • Details the new MUST pathway • Offer of training for surgeries on MUST, food first advice and ONS • Update on new dysphagia descriptors and caution advice regarding safe scorecard swaps for dysphagia and renal patients. <p>Share the offer of training in the newsletter. Action: Steve Moore</p>
7.6	Supply issues with the provision of parenteral nutrition produced by Calea
	-Noted This is a national issue which involves the MHRA. Somerset CCG support the request from Dr Fowler the National Patient Safety Director for GP practices to support monitoring and Prescribing oral multivitamin and trace elements if they are requested to do so. Highlight the issue in the newsletter. Action: Steve Moore

7.7	Supply issues with Sayana Press and HRT
	-Noted Share the HRT out of stock bulletin in the newsletter highlighting the usefulness of the categorisation of the drugs and the need to double check stock levels as they are constantly changing. Action: Steve Moore
8	Additional Communications for Noting
8.1	Otovent returning to the Drug Tariff
	-Noted Otovent is not yet on EMIS for all practices.
8.2	Somerset Care Homes change over to Boots
	-Noted
8.3	Deprescribing in Somerset Care Homes
	-Noted This article was written by Ana Alves. It has generated a lot of interest from other parts of the country and Canada. Celebrate the publication in the newsletter with a summary of the article and a link. Action: Steve Moore
8.4	Oramorph - post surgical procedures
	-Noted PAMM have concerns about the use of Oramorph post-op due to ease of diversion, high palatability and use in children. Raise concerns with the Trust around which opioids they use and ask if a risk assessment around the use of Oramorph post-op has been completed. Action: SG Opioids have good evidence for short-term, acute use in post-op pain. Long-term use of opioids for pain in non-palliative patients has a poor evidence base. National guidance states that GPs should not be prescribing opioids for long-term use as this create addiction. Somerset CCG doesn't want post-op opioids to be put on a patients repeat. If a GP makes the clinical decision to give a patient more opioids because they still have post-op pain, then the advice is that it should be an acute prescription and review the patient before issuing more. If a patient continues to request opioids then it is likely that they aren't working, so reconsider, stop and look at other options. Highlight this in the newsletter. Action: Steve Moore

8.5	Sun preparations on prescription
	-Noted
8.6	2019-20 Prescribing incentive scheme update
	-Noted The Eclipse live data is reliant on practices not excluding patients. If there is a growth in the number of excluded patients in a particular practice by the end of the year then the payment can't be justified to finance. PAMM would like an IT solution on Eclipse Live so that patients that have been reviewed but aren't suitable to be changed can be "hidden" rather than excluded to prevent wasting time review over and over again. SG to ask Eclipse if it would be possible to 'hide' patients. Action: SG
9	Formulary Applications
9.1	None yet this month
10	Reports From Other Meetings
	Feedback
10.1	Primary Care Network Feedback
	No PCN feedback this month.
	Summary
10.2	Clinical Executive Committee Feedback – Last Meeting 04/09/19
	SG attended, nothing for PAMM to note.
10.3	Somerset Partnership Mental Health D&TC – Last Meeting 10/09/19 – Minutes not received
	Arun Thomas attended and fed back the following. SomPar discussed: <ul style="list-style-type: none"> • A Mood Disorder Service, which is due to go online in December SDB will raise as SPF. • Slenyto is still classed as a Red Drug. The Scottish Medicines Consortium have not recommended for use within NHS Scotland. • Cariprazine is still classed a red drug as it doesn't have much evidence and is very expensive. • The SomPar DTC will now form as an advisory group to the Musgrove D&T group. • Raised the issue of GPs having to sign the form for patients on valporate and made them aware that this is not following the guidance. Feedback was if there was a change in circumstance them a specialist would need to look, however if everything was the same why could a GP not continue, Arun made it clear that GPs would not sign the form and SomPar have look into tackling this issue.

10.4	YDH Medicines Committee meeting – Last meeting 12/06/19 – DRAFT Minutes received
	YDH discussed adding Etoricoxib to the Post-Op Pain Guidelines for Orthopedic TKR and THR. SG challenged this, no decision was reached so it will be discussed again in October.
10.5	MPH D&TC – Last meeting 26/07/2019 - Minutes received
	<ul style="list-style-type: none"> • MPH agreed that Unlicensed melatonin liquid would continue to be prescribed over the new licensed melatonin liquid. The licensed prep contains alcohol so Paediatricians felt the unlicensed prep was more clinically appropriate. • New drug request for Fixaprost – 30 x single use units £13.49+vat (timolol/latanoprost) preservative free/single use eye drops for reduction of intraocular pressure in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical betablockers or prostaglandin analogues. Decision not yet made.
10.6	BNSSG Adult Joint Formulary Group – Last meeting 23/07/19 – Minutes received BNSSG Paediatric Joint Formulary Group – Next meeting 3/12/19
	<p>BNSSG agreed to add:</p> <ul style="list-style-type: none"> • Fucidin cream to their formulary for mild/localized impetigo skin infection with a specified duration of 5 days. • Utrogestan (HRT) to their formulary once its placement in the pathway has been agreed. • Methylphenidate IR to be added to the adult formulary to support the ADHD clinic in being able to prescribe in primary care and to be consistent across the CCGs and the BNSSG paediatric formulary.
10.7	BNSSG Area prescribing Medicines Optimisation Committee – (Replaced D&TC) Last meeting 15/08/19 – Minutes not received
10.8	RUH Bath D&TC – Last meetings 11/07/19, 08/08/19 & 12/09/19 – July Minutes received
	Nothing to note
10.9	Weston D&TC – Last meeting 11/07/19 – Minutes received
	<ul style="list-style-type: none"> • New request for Plenvu. It has some advantages over Picolax and Senna but is twice the cost. Colorectal surgeons have enquired about using Moviprep for all patients. It was agreed that the same protocols should be used by all clinicians and any remaining role for picolax and senna should be confirmed. No decision was made during this meeting. • Noted the guidance on “Items not to be routinely prescribed in primary Care”
10.10	T&S Antimicrobial Prescribing Group – Last Meeting 14/08/19 – Minutes not received

10.11	LPC Report
	<p>The LPC are holding a PCN champions mentor day next week. In the Crewkerne area the practice and pharmacies are working together to provide flu vaccines. The practice will hold their flu vaccines clinics first and then the pharmacies will offer the service after the clinics.</p>
10.12	South West Medication Safety Officer Network Meeting – Last meeting 03/09/19 - Minutes not received
10.13	RMOC recommendations and resources
	<p>Prescribing of Liothyronine Guidance -Noted The House of Lords challenged the original RMOC guidance. The guidance has since had minor amendments. The Somerset CCG position is currently non-formulary as it is not cost effective. However the RMOC specify a small cohort that could be prescribed for. PAMM noted the guidance but are waiting for the NICE guidance to be published before considering any change in formulary position.</p> <p>RMOC Newsletter 6 -Noted There are a number of new Biosimilar Insulins coming to the market. SG has asked the National Diabetes team for Insulin passports to be put into use to prevent any safety issues.</p>
11	Current Performance
11.1	Prescribing Update
	<p>-Noted</p> <ul style="list-style-type: none"> • The first forecast from the BSA is that we will be overspent. The data doesn't take into account the CAT M prices or the number of dispensing days. The forecast generally becomes more accurate towards the end of the financial year. • Finance is aware that the CAT M prices are out of our control and that due to stock issues other drugs have increased in price. • Changes have been made within the MM team and sessional pharmacist team to align with PCNs to avoid duplication. • Somerset has the most advanced medication safety strategy in the region but more needs to be done to stay ahead. • The Deprescribing of Medicines in Care Homes paper that was published helps to reinforce our safety outcomes. • The rationalizing of inhalers has made significant progress in Somerset since the launch of the indicator on the scorecard. • The secondary care high cost drug budget has now been set and the CCG work with the Trusts to manage costs.

11.2	June Scorecard commissioning locality trend
	-Noted It is still early days, as the data runs two months behind.
11.3	June Safety spreadsheet
	-Noted Concern that etorcoxib prescribing will increase if it is added to the YDH post op pathway.
12	Rebate Schemes
12.1	None yet this month
13	NICE Guidance July & August
14	NICE Technology Appraisals
14.1	[TA590] Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis
	CCG commissioned, for SPF to approve
14.2	[TA596] Risankizumab for treating moderate to severe plaque psoriasis
	CCG commissioned, for SPF to approve
14.3	[TA597] Dapagliflozin with insulin for treating type 1 diabetes
	CCG commissioned, for SPF to approve and establish traffic light status. A general review is needed between the MM team and the secondary care diabetes teams with regards to all of the new NICE diabetes guidance and diabetes medications.
14.4	[TA599] Sodium zirconium cyclosilicate for treating hyperkalaemia
	CCG commissioned, for SPF to approve.
15	NICE Clinical Guidance
15.1	[CG113] Generalised anxiety disorder and panic disorder in adults: management
	Updated footnotes and tables in this guideline to reflect a change in the law relating to pregabalin and gabapentin. -Noted
15.2	[CG173] Neuropathic pain in adults: pharmacological management in non-specialist settings
	Updated footnotes and tables in this guideline to reflect a change in the law relating to pregabalin and gabapentin. -Noted

15.3	[CG186] Multiple sclerosis in adults: management
	Updated a footnote in this guideline to reflect a change in the law relating to gabapentin. -Noted
15.4	[CG132] Caesarean section
	Updated withdrew the recommendation on patient-controlled analgesia after caesarean section because of safety concerns and changes in practice in the UK. -Noted
15.5	[NG25] Preterm labour and birth
	Updated new recommendations on prophylactic vaginal progesterone and prophylactic cervical cerclage for preterm labour and birth. -Noted
15.6	[NG28] Type 2 diabetes in adults: management
	Updated the recommendations on blood pressure management -Noted
	Update the formulary. Action: Daniela Wilson
15.7	[NG42] Motor neurone disease: assessment and management
	Updated a footnote to this guideline to reflect a change in the law relating to gabapentin. -Noted
15.8	[NG61] End of life care for infants, children and young people with life-limiting conditions: planning and management
	Updated a footnote to this guideline to reflect a change in the law relating to gabapentin. -Noted
15.9	[NG89] Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism
	Updated recommendation on mechanical VTE prophylaxis for people with spinal injury to clarify when anti-embolism stockings can be used. -Noted

15.10	[NG115] Chronic obstructive pulmonary disease in over 16s: diagnosis and management
	Updated reviewed the evidence and made new recommendations on: <ul style="list-style-type: none"> • Inhaled triple therapy for stable COPD • Systemic corticosteroids for managing exacerbations -Noted Review guidance and update the formulary. Action: Steve Moore
15.11	[NG135] Alcohol interventions in secondary and further education – New (Replaces PH7)
	-Noted
15.12	[NG136] Hypertension in adults: diagnosis and management – New (Replaces CG127)
	-Noted Review guidance and update the formulary. Action: SG & Steve Moore Add link to flow chart to the formulary. Action: Daniela Wilson Highlight this guidance to the Somerset cardiovascular working group. Action: SG
15.13	[NG137] Twin and triplet pregnancy – New (Replaces CG129)
	-Noted
16	Safety Items, NPSA Alerts and Signals
16.1	MHRA Drug Safety Update July & August
	-Noted An Eclipse Live alert has been set up for the Febuxostat safety update. Rivaroxaban needs to be taken with food. Add this advice to the newsletter. Action: Steve Moore Raise this advice with the LPC so pharmacists notify patients on hand out. Action: EW
16.2	MHRA Drug Safety Update (In advance of next issue) - Hormone replacement therapy (HRT) and increased risk of breast cancer
	-Noted
17	BNF Changes
17.1	BNF Update July 19 & August 19
	-Noted
18	Any Other Business

18.1	Reports of outbreak in the USA of lung disease
	<p>A full investigation is not yet available but indications are that these cases have been linked to people using illicit vaping fluid bought on the streets or homemade, some containing cannabis products like THC or synthetic cannabinoids like Spice, and others Vitamin E acetate oil.</p> <p>This is not the same as using UK regulated nicotine products. Unlike the US, all e-cigarette products in the UK are tightly regulated for quality and safety by the MHRA and they operate the Yellow Card Scheme, encouraging vapers to report any adverse effects.</p> <p>Public Health England's advice remains that vaping carries a small fraction of the risk of smoking. Using a nicotine-containing e-cigarette makes it much more likely someone will quit successfully than relying on willpower alone – three studies this year have found them twice as effective as NRT alone. But it's important to use UK-regulated e-liquids and never risk vaping home-made or illicit e-liquids or adding substances.</p>
18.2	Gammacore for Cluster Headaches
	<p>Gammacore for cluster headaches is one of the innovations NHSE is funding via the NHS England Innovation and Technology Payment.</p> <p>Due to the specialist nature of this device and required expertise in treating cluster headaches we have been informed that the nearest acute trusts who will be using Gammacore are the RUH and United Hospitals Plymouth.</p> <p>If practices wish, they should identify any patients that they believe may benefit from gammacore treatment and discuss referral outside of Somerset to see if they will be accepted for the initial free 93 day trial.</p> <p>Dispensing of subsequent treatment by the company following this trial period is dependent on clinical satisfaction that the treatment is suitable and effective in the patient.</p>
18.3	Thank you
	PAMM thanked Zoe for her help over the past few years.
	DATE OF NEXT MEETINGS
	9 th October 2019, MR2 Wynford House
	13 th November 2019 (SPF following), MR2 Wynford House
	15 th January 2020 (SPF following)
	19 th February 2020
	18 th March 2020 (SPF following)
	15 th April 2020
	13 th May 2020 (SPF following)
	10 th June 2020
	8 th July 2020 (SPF following)

	9 th September 2020 (SPF following)
	14 th October 2020
	11 th November 2020 (SPF following)