Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 13th November 2019.**

Present:	Dr Catherine Lewis (CL)	Chair, Bridgwater Representative
	Dr Toby Burne (TB)	CLIC Representative
	Dr Helen Cotton (HC)	South Somerset East & West and Yeovil 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 (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	LPC Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Stewart Brock (SB)	Public Health Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead Central Mendip 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.

-Noted.
There were no further amendments to the Register.

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 9th October 2019

4.1 The Minutes of the meeting held on 9th October 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: Sompar audit – This will be put on hold until the national audit is complete.

Action 6: Items which should not be routinely prescribed in primary care: Guidance for CCGs – Updated June 19 – SDB has a meeting arranged with the District Nurse leads to discuss which needles to use. SDB to feedback on progress at next meeting. **Action: SDB**

Action 7: [NG134] Depression in children and young people: identification and management – NG134 doesn't appear to have had any changes to the medicines recommendations since the 2015 revision – changes appear to be around psychological therapies and when to refer to CAMHS. It is therefore being reviewed by a CAMHS service nominated lead. SomPar have changed the way they review NICE guidance in the Trust recently.

Action 8: Health Visitor Prescribing – SB had provided apologies for this meeting, to feedback at next meeting. **Action: SB**

Action 9: PCN representation at PAMM – Lindsay Smith has confirmed with Helen Cotton that his practice is happy to be represented by her at PAMM. PJ had provided apologies for this meeting, to feedback at next meeting. **Action: PJ**

Action 11: Policy and guidance for joint working in the pharmaceutical industry – Revised version to come to January PAMM. **Action: SG & DW**

Action 14: Public Health Review: Dependence and withdrawal associated with some prescribed medicines – SB did not attend this PAMM meeting so to feedback to January PAMM. **Action: SBAction 15: UKTIS Response Statement: Ondansetron –** Raise in newsletter that it should only be used as second line after first line treatment has failed and there should be adequate counselling with informed consent. **Action: SJM & Steve Moore**

Action 16: Anti-coagulation - First do no harm - CHADS2VASc score of zero and taking an oral anticoagulant – EMIS have amended their search and scoring and Eclipse have also amended their search codes so this should now be resolved.

Action 17: Ranitidine EMA Review – It was highlighted that there is some rationed stock of Ranitidine and practices should be prioritising appropriate patients.

Action 18: Clinical Executive Committee Feedback – GS gave apologies for this meeting, bring back to January PAMM.

Action 19: Oral retinoids and pregnancy prevention opt out documentation – CH will check the response. **Action: CH**

Action 21: [NG87] Attention deficit hyperactivity disorder: diagnosis and management – SDB did not attend this PAMM meeting so to feedback at January PAMM. **Action: SDB**

Action 22: [NG140] Abortion Care – CH has sought assurance from commissioners that commissioned services are compliant with new NICE guidance. We will await a response.

Action 23: SomPar Representation at PAMM – SDB had responded to CH that SomPar should be able to send a regular representative from January 2020. Unfortunately PAMM meetings currently clash with other important meetings at SomPar, meaning that they cannot always send a representative.

5 Matters Arising

5.1 2019-20 Prescribing incentive scheme update (Patients excluded from RADAR500 alerts)

The data showed a wide practice variation, with no particular alert appearing to have significantly more exclusions than the others. In order to maintain the purpose of the scorecard indicator and to ensure fairness to practices not excluding patients, PAMM agreed that for each indicator reliant upon Eclipse Live data the number of excluded patients will be added back into each practices scorecard indicator.

The Medicines Management Team will inform practices of this decision.

Action: SG

5.2 Change to EMIS CHA_2DS_2-VASc calculations, relating to high BP readings and Hypertension

-Noted.

5.3 2020/21 Scorecard Indicator Suggestions

The following proposed indicators were discussed:

- Increase in percentage of high intensity statin prescribing
  -PAMM support this indicator.

- Reduction in hypnotic prescribing per 1000 patients
  -Concerns were raised that inappropriate use of other medicines such as mirtazepine, amitriptyline and sedating antihistamines may increase as a result of this indicator. The risks and benefits of this indicator were discussed. It was suggested that data on the use of the other medicines concerned be collated and checked at regular intervals. PAMM support this indicator.

- Reduction in calcium and vitamin D3 prescribing in patients not prescribed a bone sparing agent or suffering from symptoms of osteomalacia
  -PAMM support this indicator. It was highlighted that practices must ensure that Zoledronic acid, which is administered as a day case by infusion in hospital, is added to GP medication record as a 'hospital only issue'.

- Increase in statin prescribing in 'at risk' patients
  -It was agreed that this is an important area of unmet need. It was suggested that the indicator may need to be more specific or have a lower target initially, due to high numbers of at risk patients who are not currently prescribed a statin. PAMM support this indicator.

- Eclipse top 50 savings
  -PAMM support switching Duoresp to Fobumix.
  -PAMM support switching to Ertugliflozin, if evidence of positive cardiovascular patient outcome data is published.

Collect data on these indicators and bring to next meeting.

Action: Helen Spry & SG

Target percentages/values will be discussed once PAMM have reviewed the data.
PCNs will also have an incentive scheme so the CCG will need to ensure there is no duplication between the practice incentive scheme and any PCN incentives.

5.4 Vitamin requirementswith sip feeds

-Noted.

5.5 Drugs for end of life in renal failure

PAMM approve of this guidance, with the following comments to be fed back:

- Suggest amending 'used at end of life' to 'used at end of life symptoms'
- While we would hope most drugs prescribed for other reasons will have been deprescribed where clinically safe to do so at end of life, some may still be being prescribed at doses inappropriate for the patients renal function.

Feedback comments to SomPar. **Action: SG**

5.6 Medicines and Clinical Tasks Guidance for Care Staff

The document has been simplified following comments.
The LMC stance is very clear that GPs will not do MAR charts. PAMM would like a line in the document to state that the patient's normal community pharmacy should be contacted for MAR charts.

Feedback PAMMs comments regarding MAR charts. **Action: CH**

6 Other Issues for Discussion

6.1 Seven day prescription data

-Noted.

Somerset CCG benchmark very well nationally (in the 2nd percentile).
There are a couple of outlying practices who will be contacted to discuss.

7 Other Issues for Noting

7.1 Increased bed days in Alzheimer patients treated with anti-psychotics

-Noted.

SG has raised this with the system.

Highlight in newsletter. **Action: Steve Moore**

7.2 Medicines shortages guide

-Noted.

7.3 Larval Therapy

An agreement has been reached that SomPar will supply larvae.

-Noted.

8 Additional Communications for Noting

8.1 Ranitidine availability and advice

-Noted.

8.2 Removal of urinary incontinence indicator

-Noted.

8.3 BD Viva 4mm needles, temporary shortage
-Noted.

8.4 National update on medicines supply issues
-Noted.

8.5 Creatinine Clearance required for safe DOAC prescribing and other drugs as per MHRA guidance
-Noted.

Inform practices that EMIS has a template for calculating creatinine clearance.

Email practices with screenshots of EMIS template. **Action: CH**

Highlight in newsletter. **Action: Steve Moore**

Ask Justin Harrington if there is a 'batch solution' for calculating creatinine clearance which would only select data which is up to date. **Action: SG**

8.6 6+ SABAs in last 12 months
-Noted.

8.7 Self Care Week 2019 (18 - 24 November) and World Antibiotic Awareness Week (18-22 November)
-Noted.

8.8 Carbon Footprint of Inhalers
-Noted.

It was noted that all Respimat devices are now re-usable, only needing to be replaced every six months. Replacement cartridges are now available although EMIS has not yet been updated to reflect this.

9 Formulary Applications

9.1 Namuscla® (Mexiletine 167mg capsules), 100 capsules £5000, Lupin Healthcare (UK) Ltd.
Licensed for the symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic (NDM) disorders.

Approved; NHSE Commissioned.

Add to TLS as **RED** drug. **Action: Caroline Taylor**

9.2 **Epidyolex® (Cannabidiol 100mg/ml oral solution), GW Pharma Ltd.**
Epidyolex is indicated for use as adjunctive therapy of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS), in conjunction with clobazam, for patients 2 years of age and older.

To approve in line with NICE guidance once it's published: estimated date 18th December 2019.

TLS **RED** drug clarification pending NICE TAG.

Also see point 9.5.

Add to TLS as **RED** drug if positive NICE TAG is published.
Action: Caroline Taylor

9.3 **Rizmoic® (Naldemedine tosylate 200mcg tablets), Shionogi.**
Rizmoic is indicated for the treatment of opioid-induced constipation (OIC) in adult patients who have previously been treated with a laxative.

PAMM agreed to add to formulary and TLS **GREEN** as per NICE recommendations for Naloxegol.

Naloxegol is recommended, within its marketing authorisation, as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

Add to formulary as per NICE recommendations for Naloxegol. **Action: DW**

Add to TLS **GREEN**. **Action: Caroline Taylor**

9.4 **Solacutan® (Diclofenac sodium 3% gel), Mibe Pharm UK Ltd.**
50g £36.39

PAMM approved for treatment of actinic keratosis.

Add to formulary. **Action: DW**

Add to TLS **GREEN**. **Action: Caroline Taylor**

9.5 **Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome**
The positive final appraisal determination was discussed and it was agreed that this would be reviewed by SPF with a view to approving as a hospital only drug.

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback

Bridgwater & North Sedgemoor - CL – Queries have been raised from the QI audits on valproate and mental health. PAMM confirmed that the paperwork must be signed by a specialist, so GPs must refer to the psychiatrist. Discussion ensued regarding menopause diagnosis and FSH levels and the guidance was clarified.

Chard, Ilminster & Langport - TB – CLIC have been discussing Clinical Pharmacists and VAT as a complex issue recently.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 06/11/19

It has been agreed that the CCG will commission continuous glucose monitoring for pregnant ladies. The policy needs amending and signing off – SG will take back next month.

10.3 Somerset Partnership Mental Health D&TC – Next Meeting 10/12/19

10.4 YDH Medicines Committee meeting – Last meeting 18/10/19 – Draft minutes received

YDH noted the UKTIS Response Statement on Ondansetron. They felt that it was unlikely to be given in ED and would be mainly from primary care, although some PAMM members felt that at least some requests are generated via secondary care. Discussed under 4.2.

Orthopaedics are currently halving the dose of DOACs for ten days post-surgery, then returning to full dose. SG noted that discharge summaries need to be clear and there needs to be patient consent for off-license treatment.

SJM is following up with them regarding risk assessments and whether patients are informed about being treated off license. They will get back to clarify.

SJM to clarify whether they are working in line with the bridging policy.

Action: SJM.

10.5 MPH D&TC – Next meeting 22/11/19

10.6 BNSSG Joint Formulary Group – Last meetings 10/09/19 & 15/10/19 – Minutes not received

10.7 BNSSG Area Prescribing Medicines Optimisation Committee – Last meetings 15/08/19 & 17/10/19 - Minutes received

- BNSSG updated urology products formulary guidelines, mainly to slightly more cost effective options.
- Amended antimicrobial Rx guidelines - approved the introduction of Fucidin cream for treating impetigo and added to formulary.
- Amended Clostridium Difficile Guidelines & Treatment. Due to costs of Vancomycin in the community, it was agreed that Metronidazole could be used first line, in more non-severe cases in the community, with option to use Vancomycin if severity uncertain. Reports of high numbers of patients with C Diff arriving at Weston A&E due to being unable to obtain Vancomycin in the community, especially at weekends.
- Arranging a meeting with the endocrinologists from the 3 Trusts to discuss Liothyronine.
- Looking at prescribing of Melatonin and potential cost implications.

10.8 RUH Bath D&TC – Last meetings 08/08/19 & 12/09/19 – Minutes received for 08/08/19 meeting

Nothing to note

10.9 Weston D&TC – Last meeting 12/09/19 – Minutes received

Shared Care Protocol for Lisdexamfetamine created in relation to paediatric patients.

10.10 T&S Antimicrobial Prescribing Group – Last Meeting 14/08/19 – Minutes not received

10.11 LPC Report

CPCS has started. Community pharmacies are ironing out teething issues with locums and smartcard access.

There is ongoing work regarding dosset boxes and DDA forms. The LPC have queried whether pharmacists would accept a SomPar DDA assessment and some companies are not happy with this.

Discussion ensued regarding certain community pharmacies charging for deliveries and a recent incident was highlighted. PAMM are aware that funding is needed nationally for providing a delivery service to vulnerable patients.

PAMM felt that if charging for deliveries, community pharmacies need to risk assess and communicate clearly as there are safeguarding issues involving vulnerable patients and potential professional GPhC issues.

Feedback to LPC. **Action: EW**

10.12 South West Medication Safety Officer Network Meeting – Last meeting 03/09/19 - Draft minutes received

Self-harm case study discussion highlighting insulin quantities supplied.

Dorset CCG are incentivising NSAID deprescribing.

10.13 RMOC recommendations and resources

-No updates

11 Current Performance

11.1 Prescribing Update

- The forecast overspend now stands at over £1.5 million.
- NHSBSA data showed reduced items prescribed during July 19 which rebounded in August 19. The data was skewed as one contractor claimed their July prescriptions in August due to IT issues.
- The CCG have aligned sessional staff to PCNs.
- The CCG medicines management team will be reviewing the detail of PCN DES specifications to ensure how best to align CCG requirements with PCN funded work including that expected of PCN Pharmacists and multi-disciplinary teams and to avoid duplication.
- The combined CCG commissioned care home pharmacist service continues to make significant Deprescribing and safety interventions.
- NHSBSA continues to develop a number of safety and polypharmacy metrics, which the medicines management team is evaluating, with the ultimate goal of linking prescribing data, to admissions data and eclipse live data.
- Somerset benchmarks well against the polypharmacy indicators. However Eclipse live shows a significant amount of unmet need remains to be identified and addressed, so in some patients we are undoubtedly not prescribing enough.
- To align with the long term plan going forwards particular focus will be made on the unmet need relating to cardiovascular disease patients.
- Significant progress is being made in primary care in rationalizing respiratory inhalers to either MDI or dry powder. There is a growing national focus on, where clinically safe, reducing MDI use in favour of DPIs.

11.2 August Scorecard commissioning locality trend

The ICS brands indicator is doing well.

Some indicators are declining, such as the self-care and potential generic savings indicators.

PAMM to have a discussion soon regarding which indicators to retire to make room for new ones.

11.3 August Safety spreadsheet

Glibenclamide has been discontinued and prescribers contacted.

12 Rebate Schemes

12.1 None yet this month

13 NICE Guidance November

-Noted.

14 NICE Technology Appraisals

14.1 [TA607] Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

Noted. Positive appraisal. CCG commissioned.

NICE has recommended rivaroxaban plus aspirin within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events.

Update formulary. **Action: Steve Moore**

Add to TLS **GREEN**. **Action: Caroline Taylor**

15 NICE Clinical Guidance

15.1 [NG142] End of life care for adults: service delivery

-New

-Noted

15.2 [NG19] Diabetic foot problems: prevention and management

Update. Reviewed the evidence for antimicrobial prescribing for diabetic foot infections and updated the recommendations.

-Noted.

Review antimicrobial guidelines. **Action: Ana Alves**

15.3 [NG1] Gastro-oesophageal reflux disease in children and young people: diagnosis and management

Update. Added footnotes on PPI and H2RA licensing for use in children, and amended advice to clarify when metoclopramide, domperidone or erythromycin can be offered.

-Noted.

15.4 [CG184] Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management

Update. Made changes to recommendations on eradicating *H pylori* and updated footnotes in this guideline to reflect new restrictions and precautions for the use of fluoroquinolone antibiotics because of rare reports of disabling and potentially long-lasting or irreversible side effects.

-Noted.

Review antimicrobial guidelines. **Action: Ana Alves**

15.5 [NG143] Fever in under 5s: assessment and initial management
-Noted

Review and bring back to next meeting. **Action: CH**

15.6 [NG144] Cannabis-based medicinal products
-Noted

The group discussed the recommendation that a trial of THC:CBD spray (Sativex) is offered to treat moderate to severe spasticity in adults with multiple sclerosis in certain circumstances.

SG recommended an amber position with a shared care guideline to be produced by the specialist centre. However, until a shared care guideline is produced, the formulary position will be that Sativex spray is a **RED** drug.

Add Sativex spray to TLS as **RED** awaiting shared care guideline.
Action: Caroline Taylor

15.7 [CG186] Multiple sclerosis in adults: management
-Noted

Discussed under 15.6.

16 Safety Items, NPSA Alerts and Signals

16.1 MHRA Drug Safety Update October
-Noted

Ingenol mebutate gel (Picato): increased incidence of skin tumours seen in some clinical studies.
Collect and review data for Picato gel. **Action: Steve Moore**

16.2 NIHR Signal: Significant risk of another thrombosis remains if anticoagulation is stopped
-Noted.

17 BNF Changes

17.1 BNF Update October 19
-Noted

18 Any Other Business

18.1 CQC Prescription Security
A recent CQC inspection of a practice raised the issue of maintaining prescription security with locum staff, following an incident in Somerset. A discussion was had regarding maintaining prescription security.

18.2 BMJ Podcast
TB highlighted a BMJ Podcast which detailed a study in North Spain. The study showed that certain blood pressure medications were more effective when taken at night and resulted in a 45% reduction in events.
Review guidance and signals. **Action: SG**

DATE OF NEXT MEETINGS

15th January 2020 (SPF following), MR2 Wynford House
19th February 2020, MR2 Wynford House
18th March 2020 (SPF following), MR2 Wynford House
15th April 2020, MR2 Wynford House
13th May 2020 (SPF following), MR2 Wynford House
10th June 2020, MR2 Wynford House
8th July 2020 (SPF following), MR2 Wynford House
9th September 2020 (SPF following), MR2 Wynford House
14th October 2020, MR2 Wynford House
11th November 2020 (SPF following), MR2 Wynford House