

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 15th January**.

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 David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Catherine Henley (CH)	Medicines Manager, CCG
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead
	Dr Andrew Tresidder	Central Mendip Representative
	Ezmerelda White (EIW)	CCG GP Patient Safety Lead
	Daniela Wilson (DW)	Prescribing Technician, CCG
		Prescribing Technician, CCG
Apologies:	Gordon Jackson (GJ)	People Champion
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	LPC Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

The Chair introduced Dr Andrew Tresidder, CCG GP Patient Safety Lead and informed the group that Andrew will be the new chair of future PAMM meetings. The group welcomed Andrew and thanked Catherine Lewis for acting as chair over the last year.

Ezmerelda White, a new member of the Medicines Management team, was also introduced to the meeting.

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 the following amendments to the Register:

Dr Andrew Tresidder's interests were added to the register:
GP Appraiser, Practitioner Health SW Lead GP, GP Educator, Chair of Somerset Pentagon (Education supported by Pharmaceutical Industry and Somerset Nuffield), Life President of British Flower and Vibrational Essence Association, Trustee of charity Electrosensitivity-UK.

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 13th NOVEMBER 2019

- 4.1 The Minutes of the meeting held on 13th November 2019 were agreed as a correct record, subject to the following amendments:
Item 5.3: Amend 'pregabalin' to 'mirtazapine'.

4.2 Review of action points

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

Action 1: Items which should not be routinely prescribed in primary care: Guidance for CCGs – Updated June 19 – The District Nurses will carry safety needles and safety lancets.

Action 2: Health Visitor prescribing – Public Health are carrying out an ongoing review of Health Visitor prescribing. Public Health to bring back to PAMM when review is complete.

Action 3: PCN representation at PAMM – PJ confirmed that Beckington Family Practice and Frome Medical Practice are happy for him to continue representing him.

Action 5: Medicines and Clinical Tasks Guidance for Care Staff – The policy has been amended to include a statement that GPs will not do MAR charts. PAMM now endorse this policy.

Action 6: Public Health Review: Dependence and withdrawal associated with some prescribed medicines – The need for a specialist commissioned service has been raised nationally. A teleconference has been arranged with Somerset Drug and Alcohol Service, Public Health and Helen Spry to try and agree a pragmatic way forward.

Feedback progress to PAMM.

Action: Helen Spry

Action 7: Clinical Executive Committee Feedback – SG will update PAMM regarding CEC representation at the next meeting.

Action: SG

Action 8: Oral retinoids and pregnancy prevention opt out documentation – Steve Moore has clarified that all oral retinoids are covered by the MHRA alert and the updated drug SPCs state that they can only be prescribed for women of childbearing age, if they comply with a pregnancy prevention programme, so an ‘opt out’ is not an option.

Action 9: [NG87] Attention deficit hyperactivity disorder: diagnosis and management – SomPar are updating the ADHD Shared Care Guideline and it will include the changes to NG87.

Draft version to come to PAMM.

Action: SDB

Action 11: YDH Medicines Committee meeting 18/10/19 – Orthopaedics have agreed VTE prophylaxis guidelines which are in line with their bridging protocol and largely within license – one exception being Edoxaban. There will be counselling where Edoxaban is used out of license.

Action 16: Formulary and Traffic Lights – Ana Alves has finished the draft antimicrobial guidance and has a meeting arranged with the Consultant Microbiologist to go through the proposed changes. Once signed off by the Microbiologist this will come to PAMM.

CH reviewed [NG143] Fever in under 5s: assessment and initial management and highlighted that the update includes additional guidance around recognising Kawasaki disease.

5 Matters Arising

5.1 2020/21 Scorecard indicators

❖ Increase in percentage of high intensity statin prescribing

The proposed target is the national average, which is currently around 57%. OpenPrescribing present the data as ‘Items of low and medium intensity statins as a percentage of items of all statins’. The group felt that if the data was expressed as ‘items of high intensity statins as a percentage of items of all statins,’ then this would be a positive change indicator and attract more engagement.

SG will look into flipping the data.

Action: SG

❖ Reduction in hypnotic prescribing per 1000 patients

The target has been agreed as the CCG average for hypnotic prescribing per 1000 patients.

❖ Reduction in calcium and vitamin D3 prescribing in patients who are not prescribed a bone sparing agent or suffering from symptoms of osteomalacia

Some PAMM members raised concerns around potential non-engagement with this indicator and the acute Trusts' policies around recommending bone protection. It was raised that RUH test results instruct GPs to treat for three months then after this time recommend self-care as maintenance. Contact Trusts and ask them to consider changing this policy. **Action: SG**

The proposed target is a 50% reduction for every practice. Some PAMM members felt that a 50% reduction for every practice wasn't fair to those practices who are already low prescribers of calcium and vitamin D monotherapy.

PAMM felt that clear guidance from the MM team would be helpful for this indicator – when to measure, signpost, prescribe, etc.

Produce vitamin D guidance for next meeting.

Action: SJM

Bring back to next meeting with spend data and more evidence.

Action: SG

❖ Increase in statin prescribing in 'at risk' patients

Bring back to next meeting with data.

Action: SG

❖ Switching Duoresp to Fobumix

There is a price difference of £6.47 per inhaler. The proposed target is 75% of all Duoresp and Fobumix inhalers prescribed as Fobumix.

❖ SGLT2 inhibitors to Ertugliflozin, if evidence of positive cardiovascular patient outcome data is published by April.

On hold – bring back to next meeting.

5.2 Policy and guidance for joint working in the pharmaceutical industry
PAMM approved the update.

6 Other Issues for Discussion

6.1 Risk review and management

SG informed the group of the updated CCG Risk Management Strategy and asked PAMM members to raise any risks they identify.

Risk review and management to be added to the PAMM agenda as a standing item.

Action: DW

6.2 ADHD shared care guideline – SomPar Proposal

Discussed under 4.2.

6.3 Amended PGD MAS 4 Silver Sulfadiazine V 2.0

This PGD has been reviewed and updated. There have been no changes to the guidance, just updated links. The LPC have confirmed they are happy with the PGD. PAMM are happy for this to be signed off. It may need to be reviewed again once the updated antimicrobial guidance has been finalised. Sign off amended PGD.

Action: CH

6.4 Patients prescribed both Oxycodone and Amitriptyline

A recent regulation 28 report to prevent future deaths from a coroner to the Chief Executive at NICE was discussed, regarding the advice on patients co-prescribed Oxycodone and Amitriptyline.

The Medicines Management Team have raised awareness of the issue, reminded prescribers of the licensed indications for Amitriptyline and shared practice level data produced by ePACT2 to help identify the number of patients currently prescribed this combination of drugs.

Highlight in newsletter.

Action: Steve Moore

6.5 Vitamin B and Thiamine: RMOG position and SDAS

-Noted.

PAMM discussed and endorsed the new RMOG guidance.

Disseminate our position on Vitamin B and Thiamine prescribing in patients with alcohol dependency.

Action: SG

PAMM members suggested this as a potential 2020/21 scorecard indicator.

Collect data on Vitamin B and Thiamine prescribing for PAMM. **Action: SG**

6.6 Lymphoedema Discharge Pathway – For approval

PAMM do not support this paper. The group raised concerns that this would be a large increase in workload for primary care, who they feel do not have the capacity or expertise to take on these patients. There was general agreement that this is a specialist area and specialist input is needed on an ongoing basis. PAMM noted that the LMC also do not support this pathway.

Feedback concerns regarding the Lymphoedema Discharge Pathway.

Action: SG

6.7 Regulation 28 Letter AWP - Psychotropic medication and diabetes risk

A recent regulation 28 report looking at how to prevent future deaths resulting from psychotropic medication and diabetes risk was discussed.

The CCG are aware of the risks of anti-psychotic medication, have addressed this in the Shared Care Guideline and have historically promoted health checks for these patients.

This has also been raised internally at SomPar, where the Mental Health lead reviews relevant coroner's reports.

Highlight in newsletter to raise awareness.

Action: Steve Moore

7 Other Issues for Noting

7.1 British Pain Society position statement on the use of medical cannabis

-Noted.

7.2 OpenPrescribing PCN Dashboards

-Noted.

7.3 10 high level principles describing good practice expected of healthcare professionals when consulting or prescribing remotely from the patient

-Noted.

Highlight in newsletter.

Action: Steve Moore

PAMM were concerned about the potential impact remote consultations may have on primary care with regards to prescribing, particularly in terms of workload, budget and clinical risks where urgent medications are required and secondary care do not use EPS. SG has raised nationally and will highlight internally.

8 Additional Communications for Noting

8.1 Patients excluded from eclipse searches by practice

-Noted.

8.2 WHO - Medicines Safety

-Noted.

8.3 Eclipse award - Best Monitoring of DMARDs

-Noted.

NHS Somerset CCG won the National Prescribing Safety Award 2019 for the best monitoring of DMARDS and Immunosuppressants.

SG thanked practices for their good work in helping to keep DMARD patients safe.

8.4 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

-Noted.

8.5 PPIs for gastric protection of DOACs

-Noted.

PAMM suggested this as a potential 2020/21 scorecard indicator.

Collect data on DOACs and PPIs for PAMM.

Action: Shaun Green

8.6 Otovent for Glue Ear 3+

Reminder that Otovent is now back in the Drug Tariff and is recommended in our local pathway for glue ear.

-Noted.

8.7 Reducing use of Compact Sip Feeds - Risk of dehydration in non-renal patients

-Noted.

Highlight in newsletter.

Action: Steve Moore

8.8 Stopping bath and shower emollients

-Noted.

8.9 Lithium Quality Improvement - Supporting eclipse alerts

-Noted.

8.10 Expensive Nebivolol use

-Noted.

Raise in newsletter.

Action: Steve Moore

8.11 Slozem being discontinued

-Noted.

8.12 Patients with last BMI >25 prescribed sip feeds

-Noted.

8.13 Diabetes medications no recognised code

-Noted.

9 Formulary Applications

9.1 **Vimovo[®] (Naproxen 500mg/ Esomeprazole 20mg), AstraZeneca UK Ltd, £14.95 (60).**

Review of formulary position as requested at June 2019 PAMM.

Naproxen stock issues have now resolved.

Remove from formulary.

Action: DW

9.2 **Hanixol[®] (Mercaptopurine 50mg tablets), Fontus Health, £34.39 (25)**

Treatment of Acute Promyelocytic Leukaemia and Acute Myeloid Leukaemia M3.

Add to TLS **AMBER** stating that Hanixol[®] is the preferred brand.

Action: Caroline Taylor

9.3 **Paravit CF[®] liquid and capsules, 7ml Bottle £32.00, 60 Softgel Capsules £38.00.**

Food for Special Medical Purposes for the dietary management of patients with cystic fibrosis.

Agreed at MPH DTC.

Add to TLS **AMBER** (on the recommendation of specialist).

Action: Caroline Taylor

9.4 **Octasa[®] (Mesalazine) 1600mg tablets, Tillotts Pharma UK Limited, £30.08 (30)**

New 1600mg formulation.

Indicated for mild to moderate acute exacerbations of ulcerative colitis and maintenance of remission in ulcerative colitis.

Add to formulary.

Action: DW

Add to TLS **GREEN**.

Action: Caroline Taylor

9.5 **Fixapost[®] (Timolol/Latanoprost 50mcg/5mg per ml preservative-free single use eye drops), Thea Pharmaceuticals Ltd, £13.49 (30 x 0.2ml)**

Indicated for open angle glaucoma and ocular hypertension insufficiently responsive to topical beta blockers or prostaglandin analogues.

Add to formulary.

Action: DW

Add to TLS **GREEN** for those needing preservative-free.

Action: Caroline Taylor

**9.6 Qutenza[®] (Capsaicin 179mg patch), Grunenthal Ltd,
£210.00 (179mg in 14cm x 20cm cutaneous patch, plus 50g cleansing gel)**

Indicated for the treatment of peripheral neuropathic pain in adults either alone or in combination with other medicinal products for the treatment of pain.

The Qutenza cutaneous patch should be applied by a physician or by a health care professional under the supervision of a physician. NICE [CG173] Neuropathic pain in adults: pharmacological management in non-specialist settings - recommends that this not be started in a non-specialist setting, unless advised by a specialist to do so.

Add to TLS **RED**.

Action: Caroline Taylor

**9.7 Cosopt iMulti[®] (Dorzolamide/Timolol 20mg/5mg per ml preservative-free eye drops), Santen UK Ltd,
£28.00 (10ml bottle)**

New formulation provides two months' preservative-free treatment in a 10ml bottle.

Licensed for the treatment of elevated intra-ocular pressure in patients with open-angle glaucoma, or pseudoexfoliative glaucoma when topical beta-blocker monotherapy is not sufficient.

Add to formulary.

Action: DW

Add to TLS **GREEN**, with caveat that 10ml bottle provides two months supply.

Action: Caroline Taylor

**9.8 Arovi[®] (Enoxaparin sodium), ROVI Biotech Ltd,
20mg/0.2ml (10 syringes) £15.65
40mg/0.4ml (10 syringes) £22.70
60mg/0.6ml (10 syringes) £29.45
80mg/0.8ml (10 syringes) £41.35
100mg/1ml (10 syringes) £54.23
120mg/0.8ml (10 syringes) £65.95
150mg/1ml (10 syringes) £74.93**

Biosimilar Enoxaparin – 25% saving against Cat C Drug Tariff prices.

TST are currently using whichever brand is the cheapest for each strength and YDH are using Clexane and have no plans to switch at this stage. SG would like a system-wide approach to using Enoxaparin to create savings.

Add to formulary.

Action: DW

Add to TLS **GREEN**.

Action: Caroline Taylor

9.9 Agomelatine – Proposed change of TLS from BLACK to AMBER for moderate to severe depression where sleep is a persistent issue

Change TLS from **BLACK** to **AMBER**, with agreement that the first six months of prescribing following initiation to be overseen in the Trust.

Action: Caroline Taylor

9.10 Lurasidone – Proposed change of TLS from RED to AMBER shared care. Only used where Aripiprazole has been tried and not tolerated.

Change TLS from **RED** to **AMBER**, with agreement that the first six months of prescribing following initiation to be overseen in the Trust. Only where Aripiprazole has been trialled and not tolerated.

Action: Caroline Taylor

9.11 Strontium Ranelate - Proposed change of TLS from AMBER to RED.

Change TLS status from **AMBER** to **RED**.

Action: Caroline Taylor

**10 Reports From Other Meetings
Feedback**

10.1 Primary Care Network Feedback

West Somerset - DD – Queried that Irnham Lodge and Harley House have merged and are in one building (Minehead Medical Centre) but don't appear to be merged on the scorecard.
MM team will check and clarify.

Action: DW

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 04/12/19

No feedback. Representation discussed under 4.2.

10.3 Somerset Partnership Mental Health D&TC – Last meeting 10/12/19 – Minutes received

- ❖ The guidelines for the use of Melatonin in paediatric sleep disorders need to be reviewed by CAMHS.
- ❖ Noted article on 'Increased bed days in Alzheimer's patients treated with antipsychotics'.
- ❖ In the process of updating the Shared Care Guidance for ADHD.
- ❖ Following the Cipriani et al. (2019) meta-analysis showing Agomelatine to be amongst the most effective and well-tolerated antidepressants for moderate to severe depression, proposed change of TLS from **BLACK** to **AMBER** with the first six months of prescribing following initiation to be overseen in the Trust.
- ❖ Proposed change of TLS for Lurasidone to **AMBER**, provided there has been a trial of Aripiprazole.
- ❖ Did not approve Cariprazine due to lack of strong evidence that this is any more effective than other partial-antagonists such as Aripiprazole and also the need for highly effective contraception.
- ❖ Interested in providing Esketamine as a treatment option, however a course of treatment is high cost and there are issues with budget constraints.

10.4 YDH Medicines Committee meeting – Last meeting 11/12/19 – Minutes received

- ❖ Orthopaedics have agreed VTE prophylaxis guidelines which are in line with their bridging protocol and largely within license – one exception being Edoxaban. There will be counselling where Edoxaban is used out of license.
- ❖ There have been some incidents where patients have put highly absorbent catheter bags, which look similar to sugar sachets, into their tea inadvertently and have come to harm as a result. These were not ordered by the trust; instead they came direct from the stoma reps. Discussions have been had with the stoma nurses regarding this.

10.5 MPH D&TC – Last meeting 22/11/19 – Minutes received

MPH D&TC approved the following:

- Cosopt iMulti.
- Fixapost.
- Qutenza capsaicin patch for hospital only prescribing by chronic pain specialist.
- Amantadine for continuing fatigue for 10 years post-traumatic brain injury (unlicensed indication).

10.6 BNSSG Joint Formulary Group – Last meetings 15/10/19 & 03/12/19 – Minutes received

BNSSG JFG:

- Added Estradiol to formulary.
- Added both Synalar 0.025% gel and Dexamethasone soluble tablets for topical management or oral ulceration/oral erosions and inflammation to formulary as both **AMBER** 1 month.
- Are recommending [TA607] Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease as TLS **AMBER** providing local cardiologists support this.
- Shared Care Protocol being created for Sodium Valproate for women of child bearing age.
- Developed guidance to support primary care for a switch to take place from Colestyramine (OOS until at least Feb 2020) to alternative (Colesevalm or Colestipol – **AMBER**) without the need to refer to the specialist team.

10.7 BNSSG Area Prescribing Medicines Optimisation Committee – Last meeting 05/12/19 – Minutes received

BNSSG APMOC:

- Agreed for Liothyronine to stay **RED** on the formulary. A further meeting has been arranged for 07/01/2020.
- Agreed for each trust to review the NHS England low value medicines list.
- Discussed Melatonin prescribing in paediatrics.
- Agreed a switch from BD Autoschild to Micro Dot Max Safety Needles for adults only. UHB also agreed to use the same product as primary care.
- All organisations and trusts have agreed for Nutilis as a first line product

for adults across the whole of BNSSG for a consistent approach to prescribing.

10.8 RUH Bath D&TC – Last meetings 10/10/19 & 14/11/19 – Minutes received

RUH Bath D&TC noted that Strontium Ranelate is now available again and that earlier MHRA alerts relating to VTE/PE risk remain in place. They have agreed that in appropriate context strontium may be initiated by appropriate experts in ortho-geriatrics or rheumatology.

10.9 Weston D&TC – Last meeting 14/11/19 – Minutes received

Nothing to note

10.10 T&S Antimicrobial Prescribing Group – Last Meeting 14/08/19 – Minutes received

T&S APG discussed:

- ePMA (electronic prescribing and medication administration) and antimicrobial stewardship at MPH.
- Data of pilot study in which leucocytes and nitrites were switched off in ED and AMU on dipstick readers.
- Questions around patients and vaccinations post splenectomy in primary care. Discussions are ongoing.

10.11 LPC Report

EW not present but reported:

- The AF/Stroke pilot is going to roll out across Somerset to all pharmacies who have now had EMIS installed (this is the majority except Boots and another multiple).
- The spacer minor ailment scheme is live on PharmOutcomes.
- The LPC have no issues with the MAS PGD for Silver Sulfadiazine.

10.12 South West Medication Safety Officer Network Meeting – Last meeting 05/12/19 – Minutes received

Noted

10.13 RMOC Update

RMOC Position Statement: Oral vitamin B supplementation.

-Noted.

-Discussed under 6.5.

11 Current Performance

11.1 Prescribing Update

- The gross forecast overspend now stands at £1,890,078. This reduces to a net overspend of £1,061,439 when costs of influenza and pneumococcal vaccines are passed to public health.
- Due to the financial position prescribing has been asked to deliver an additional £750k of savings in 2020-21.
- The commissioned sessional pharmacists continue to progress work with practices on the agreed prescribing scorecard indicators.
- The CCG medicines optimisation team is reviewing the detail of the draft PCN DES specifications. Further discussions will be needed to ensure how best to align CCG requirements with PCN funded work including that expected of PCN Pharmacists and multi-disciplinary teams.
- The combined CCG commissioned care home pharmacist service continues to make significant deprescribing and safety interventions.
- Eclipse live shows a significant amount of unmet need remains to be identified and addressed. To align with the long term plan going forwards particular focus will be made on the unmet need relating to cardiovascular disease patients.
- Over 2.5k patients have had their inhalers rationalised onto the same pathway. Respiratory admissions in Somerset have continued to fall in the last 12 months against the background of rising overall admissions.
- The draft NHS contract includes a number of medicines safety and optimisation related proposals.

11.2 October Scorecard Primary Care Network trend

-Noted.

There has been some good progress on the BGTS indicator and respiratory indicators.

11.3 October Safety spreadsheet

-Noted.

Add Ingenol mebutate gel (Picato) to safety spreadsheet.

Action: Steve Moore

12 Rebate Schemes

12.1 Strivit D3[®] capsules, Strides Pharma UK Ltd, Commence date: 01/11/2019

-Noted.

12.2 Solaraze[®] gel, Almirall Ltd, Commence date: 04/12/2019

-Noted.

12.3 AproDerm[®] Emollient Range, Fontus Health Ltd, Commence date: TBC

-Noted.

- 13 NICE Guidance December and January**
-Noted
- 14 NICE Technology Appraisals**
- 14.1 [MTG46] Gammacore for cluster headache**
-Noted.
Currently this technology is commissioned by NHS England through the Innovation and Technology Payment.
- 14.2 [TA614] Cannabidiol with clobazam for treating seizures associated with Dravet syndrome**
-New.
Cannabidiol (Epidyolex) with clobazam has been approved by NICE for seizures associated with Dravet syndrome in people aged 2 years and older, only if:
- the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment
 - the company provides cannabidiol according to the commercial arrangement.
- Noted. Positive appraisal. Specialist Commissioning, NHSE funded.
Add to TLS **RED** drug. **Action: Caroline Taylor**
- 14.3 [TA615] Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome**
-New.
Cannabidiol (Epidyolex) with clobazam for seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older, only if:
- the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment
 - the company provides cannabidiol according to the commercial arrangement.
- Noted. Positive appraisal. Specialist Commissioning, NHSE funded.
Add to TLS **RED** drug. **Action: Caroline Taylor**
- 15 NICE Clinical Guidance**
- 15.1 [CG164] Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer**
–Updated the recommendation on topics that should be discussed with a person before making a decision on whether to have annual mammographic surveillance and added a link to patient decision aids.
-Noted.

- 15.2 [NG23] Menopause: diagnosis and management**
 - Update. In response to the MHRA safety alert on hormone replacement therapy (HRT) and the risk of breast cancer, the table in the recommendation on breast cancer risk has been replaced with a link to the MHRA's advice on HRT risks and benefits. The recommendation will also be updated as part of the planned update to the guideline.
 -Noted.
- 15.3 [NG145] Thyroid disease: assessment and management**
 -New.
 -Noted.
- 15.4 [NG147] Diverticular disease: diagnosis and management**
 -New.
 -Noted.
- 15.5 [NG148] Acute kidney injury: prevention, detection and management**
 -New.
 -Noted.
- 16 Safety Items, NPSA Alerts and Signals**
- 16.1 MHRA Drug Safety Update November and December**
 -Noted.
- 16.2 MHRA Drug Safety Update: Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents**
 -Noted.
 Eclipse data has been flagged to practices and an alert has been set up.
- 16.3 MHRA Drug Safety Update: Yellow fever vaccine: stronger precautions in people with weakened immunity and in those aged 60 years or older**
 -Noted.
- 16.4 Emerade 150, 300, 500 micrograms adrenaline auto-injectors: recall of all unexpired batches**
 -Noted.
 Jext is back in stock with Alliance Healthcare (the sole distributor) but adrenaline autoinjectors are still generally in short supply. Patients should only replace pens that are expiring or have been used.
- 16.5 NPSA Alert - Risk of death and severe harm from ingesting superabsorbent polymer gel granules**
 -Noted.
- 16.6 NIHR Signal - Taking blood pressure medications at night seems best**
 -Noted.
- 17 BNF Changes**
- 17.1 BNF Update November and December**
 -Noted.

18 Any Other Business

18.1 Wynford House Parking

PAMM members were informed that they can park at Yeovil Town Football Club, should Wynford House car park be full.

18.2 SomPar Antimicrobial Prescribing Guidelines

SDB informed the group that SomPar are decommissioning their antimicrobial prescribing guidance. They are advising that secondary care follow the TST guidance and primary care follow the CCG guidance.

18.3 PCN Impact on Clinical Pharmacist Recruitment

SDB explained that the PCN pharmacist role appears to be having an impact on clinical pharmacist recruitment in secondary care, which could ultimately have an effect on service provision. The CCG is also losing some experienced sessional pharmacists to PCN posts.

18.4 PAMM Agenda & Attachments

The group were displeased at the large volume of attachments to read ahead of this month's meeting. There is no meeting in December so the agenda had two months' items. The MM team will discuss and try to ensure that attachments are slimmed down in future.

18.5 Public Health Representation at PAMM

Stewart Brock advised that Public Health are currently having a restructure and roles are changing. Due to this, Stewart will be stepping down from PAMM and Orla Dunn will be taking over this role from March. The group thanked Stewart for all of his input into PAMM.

18.6 Geoff Sharp

Geoff is also stepping down from PAMM. The group thanked Geoff for all of his work and input over the years.

18.7 Catherine Lewis

As discussed under item 1, Andrew Tresidder will be chairing PAMM meetings going forwards. The group thanked Catherine again for her work in stepping up as chair and Catherine thanked the group for their support.

DATE OF NEXT MEETINGS

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