

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 19<sup>th</sup> February.**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Stewart Brock (SB)	Public Health Representative
	Dr Helen Cotton (HC)	South Somerset East & West and Yeovil Representative
	Dr David Davies (DD)	West Somerset Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Liz Harewood (LH)	Somerset Partnership Deputy Chief Pharmacist
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	LPC Representative
	Ezmerelda White (EIW)	Prescribing Technician, CCG
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Toby Burne (TB)	CLIC Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	Catherine Henley (CH)	Medicines Manager, CCG
	Gordon Jackson (GJ)	People Champion
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead Central Mendip Representative

<b>1</b>	<b>APOLOGIES AND INTRODUCTIONS</b>
	<p>Apologies were provided as detailed above.</p> <p>Liz Harewood arrived to the meeting at 09:30am during item 5.1 and was introduced to the group.</p> <p>Sue Scarlett, CCG Contracts Officer for Palliative and End of Life Care, arrived at 10:00 to discuss item 5.3 and was introduced to the group. Sue left the meeting after having made her presentation.</p> <p>Ana Alves, CCG Medicines Manager, arrived at 11:00 to discuss items 6.3 and 6.4 and was introduced to the group. Ana left the meeting after having made her presentation.</p>

<b>2</b>	<b>REGISTER OF MEMBERS' INTERESTS</b>
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:  Andrew Tresidder is a Medical Member of Somerset County Council Clinical Governance Panel.
	The Prescribing and Medicines Management Group noted the Register of Members' Interests.
	AT explained to the group that Somerset CCG's Declarations of Interest records have now moved to an online register and information has been circulated to members detailing how to access and update the register.
<b>3</b>	<b>DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA</b>
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.
<b>4</b>	<b>MINUTES OF THE MEETING HELD ON 15<sup>th</sup> January 2020</b>
4.1	The Minutes of the meeting held on 15 <sup>th</sup> January 2020 were agreed as a correct record.
<b>4.2</b>	<b>Review of action points</b>
	Most items were either complete or, on the agenda. The following points were specifically noted:  <b>Action 1: Public Health Review: Dependence and withdrawal associated with some prescribed medicines</b> – Following the teleconference between Helen Spry, Somerset Drug and Alcohol Service (SDAS) and Public Health (PH), there is still a gap in service around addiction to prescribed medications. SDAS are willing to provide guidance to primary care. However, they are only commissioned to deal with non-prescribed addictive substances. The pain team will see certain patients but their remit is the pain element. Capacity and finance issues in Somerset mean it is unlikely that a specialist service to support withdrawal from prescribed medication will be commissioned. PAMM feel very disappointed about this as they see it as a national Public Health issue which is getting worse.

	<p>Going forwards, there is a proposal to look at hypnotic prescribing in the scorecard. SomPar have a new Mental Health Consultant starting who has done a lot of work in Devon around this area and is willing to help. The MM team will continue to provide resources for self-help, educating patients, support for GPs, and raising awareness of hyperalgesia. Specifically, there is guidance from the controlled drugs accountable officer around not exceeding the 120mg per day oral morphine equivalent when trying treating pain.</p> <p><b>Action 2: Clinical Executive Committee Feedback</b> – SG will be sitting on the Clinical Executive Committee going forwards.</p> <p><b>Action 9: Irnham Lodge and Harley House (Minehead Medical Centre)</b> – There were some Eclipse issues following the merger but these were resolved with the July data. The two are merged as Minehead Medical Centre on the scorecard.</p>
<b>5</b>	<b>Matters Arising</b>
<b>5.1</b>	<b>2020/21 Scorecard indicators</b>
	<p>SG slightly amended the draft scorecard following the publication of the revised PCN specification in order to avoid duplication with the national incentive scheme. The Low Priority Medicines indicator has been removed for this reason.</p> <p><b>Proposed scorecard indicators for 2020/21:</b></p> <ol style="list-style-type: none"> <li><b>1. Practice achieving all their national antimicrobial prescribing targets and has an identified sepsis lead</b> - Continue</li> <li><b>2. Eclipse - Reduction in Radar Red and Amber alerts per 1000 Astro PU</b> - Continue and reduce target to 0.5 per 1000 Astro PU</li> <li><b>3. Percentage LD and Dementia patients prescribed antipsychotic medication</b> - Continue and reduce target to &lt;9%</li> <li><b>4. DOAC patients co-prescribed PPI - New</b> -Approved and target has been agreed as &gt;70%</li> <li><b>5. Percentage of patients on same inhaler type (just MDI or just DPI) – 90% reduction in baseline number on mixed MDI and DPI</b> - Continue and keep same baseline</li> <li><b>6. Cost effective steroid/LABA combination inhalers 75% - New</b> - Extended indicator to include other products</li> <li><b>7. TBC</b></li> <li><b>8. Blood glucose test strips £9.25 or less per pack of 50</b> - Increase target to 60%</li> </ol>

**9. Alogliptin as % of all gliptins > 75%**

- Continue

**10. Reduction in calcium and vitamin D3 prescribing in patients not prescribed a bone sparing agent or suffering from symptoms of Osteomalacia - New**

- The proposed target was to reduce by 50% however the group felt that this was not fair on those practices that are already performing well.

- After a discussion on the evidence, the group agree with the indicator but would like a target that reflects the work which has already been done by some practices.

Revise target for this indicator.

**Action: SG**

**11. Increasing high intensity statin prescribing as % all statins - New**

- The way the data is expressed has been inverted to make this a positive change indicator.

- Clarified that project positives would be Atorvastatin at 20mg and above and Rosuvastatin at 10mg and above. PAMM agreed not to include Simvastatin 80mg as positive due to the safety issues.

- The target has been agreed as the national average which is currently 57.44%.

**12. CCG Formulary preferred opiate formulations 80%**

- Continue

**13. Reducing Opiate prescribing (excluding injectables)**

- Continue and reduce target to <43 opiate ADQ/1000 Astro PU (or Jan to March 2021 data reduced by 10% compared to baseline)

**14. Potential Generic Savings**

- Continue

**15. Reduction in Vitamin B compound prescribing - New**

- For Vitamin B with Thiamine it is difficult to identify whether patients are in the treatment phase with the data that we hold. Therefore measurements may be skewed. PAMM suggested looking at Vitamin B alone.

Bring data and target to next meeting.

**Action: SG**

**16. NHSE OTC selfcare indicators including hayfever**

- Continue

**17. Preferred sip feeds as % all sip feeds**

- TBC

**18. Reduction in hypnotic and anxiolytic prescribing / 1000 patients - New**

- Target agreed as the national average – currently <215 ADQ/1000 patients

	<p><b>19. Emollients indicator. Spend on preferred products as % spend on all emollients &gt;40%</b>  - Continue</p> <p><b>20. Increased statin prescribing for patients with unmet CVD prevention need - New</b>  - Data showed high patient numbers.  - Indicator fits with the national agenda.  - Noted QRISK3.  - Approved, target to be agreed.  Bring proposed target to next meeting. <span style="float: right;"><b>Action: SG</b></span></p> <p>The SGLT2 inhibitors to Ertugliflozin indicator has been put on hold for now as data has not yet been published.</p>
5.2	<p><b>ADHD shared care guideline – SomPar proposal</b></p>
	<p>A first draft was shared with the group. This has not yet been to MPH D&amp;TC. PAMM members were asked to share any comments with Catherine Henley who will feed these back to MPH D&amp;TC. <span style="float: right;"><b>Action: All &amp; CH</b></span></p>
5.3	<p><b>Lymphoedema Discharge Pathway</b></p>
	<p>Sue Scarlett presented the updated Lymphoedema Discharge Pathway to the group. Sue explained the revisions that had been made following the concerns raised at the January PAMM meeting, including:</p> <ul style="list-style-type: none"> <li>• The named contractor had been removed from the paper.</li> <li>• The lymphoedema provision is completely unrelated to the St Margaret's Hospice inpatient beds proposal.</li> <li>• These are not complex patients and all will be established in self-management.</li> <li>• The patients who need specialised support/input would continue to receive this from the hospice.</li> </ul> <p>Where a practice is unable to carry out a doppler, the patient can be referred into Somerset Partnership's Ambulatory Care Service. PAMM had concerns about the referral times. The SomPar system does not provide a reminder service so it would be up to the practice to flag this need on their system. It was agreed that the LMC are best placed to make a decision on the workload impact of this pathway on primary care so the revised paper will go back to the LMC for review.</p> <p>From a prescribing perspective, money from the prescribing budget has been top sliced to give to the lymphoedema service, to pay for lymphoedema garments. If an agreement is reached that these patients can be discharged back into primary care, then some money will need to be returned to the prescribing budget to pay for this. Provided that the prescriptions are issued appropriately and at the appropriate timescales, then it shouldn't create an additional burden on the prescribing budget.</p>

	<p>Historically, there have been issues with made-to-measure hosiery being ordered incorrectly, which has resulted in wastage. Patients need to be periodically re-measured. When this was discussed several years ago, it was deemed to be outside of the community pharmacy contract and primary care felt that they were de-skilled in measuring for these garments. PAMM were concerned that inappropriately fitted garments may result in the patient's condition deteriorating and resulting in a poorer outcome than if they had been kept under a specialist service. Sue explained that St Margaret's Hospice have a 24/7 advice line and they are more than willing to provide any training required.</p> <p>PAMM felt that this may work in primary care but they wish the revised document to be reviewed by LMC before final agreement.</p> <p>Update PAMM following LMC review of revised Lymphoedema Discharge Pathway. <b>Action: HC</b></p>
<b>5.4</b>	<b>Revised PCN Specification</b>
	<p>The revised PCN specification was discussed. The group noted the additional funding and extension of professional groups that can be employed and discussed the incentive scheme. SG has amended the proposed CCG incentive scheme accordingly in order to avoid duplication.</p> <p>The specification suggests that by 31st July a delivery plan for the new care homes review service should be agreed with community provider partners. PAMM expressed disappointment that the existing CCG pharmacist care homes service can't continue as they feel that it works extremely well.</p> <p>Although the revised specification picks up a lot of the initial feedback, CL highlighted some concerns that LMCs in other areas have raised. The PCN specification will be brought back to PAMM if/when there is an update.</p>
<b>6</b>	<b>Other Issues for Discussion</b>
<b>6.1</b>	<b>PAMM Terms of Reference – For Review</b>
	<p>The Terms of Reference were reviewed and the group agreed that some updates were required. AT and SG will review and bring a revised version back to PAMM.</p> <p>PAMM members to feedback comments to AT and SG. <b>Action: All</b> Update Terms of Reference and bring revised version back to PAMM. <b>Action: AT and SG.</b></p>

<b>6.2</b>	<b>2018/19 Prescribing and Quality Improvement Scheme Mini Audit Results</b>
	<p>The group looked at the results of the NHS Somerset CCG 2018/19 Prescribing and Quality Improvement Scheme Mini Audits. The topics were as follows:</p> <ul style="list-style-type: none"> <li>• Management of patients with Atrial Fibrillation (AF)</li> <li>• Patients prescribed sip feeds and baby milks</li> <li>• Management of patients with Osteoporosis</li> <li>• Analgesia and non-cancer pain management</li> <li>• COPD and triple therapy</li> <li>• Antimicrobial prescribing</li> <li>• Hypnotic prescribing</li> </ul> <p>There was a general consensus among the group that these audits felt more relevant to primary care than the national audits.</p> <p>The results have been shared with relevant colleagues where the Medicines Management team are aware that there is a working group on that topic, e.g. AF, falls, etc. The group discussed feedback SG had received on the Osteoporosis audit from the Somerset Health and Care Falls Network.</p> <p>System learning from the mini-audits to be shared in the newsletter. <b>Action: Steve Moore</b></p> <p>The group noted from the COPD and triple therapy audit results that 9% of COPD patients prescribed triple therapy had been offered pulmonary rehabilitation and only 2% had completed pulmonary rehabilitation. The group raised concerns about patients experiencing difficulty accessing the centres due to lack of transport. SG has raised access issues with commissioners and asked if the way the service is offered could be reviewed.</p>
<b>6.3</b>	<b>Updated Infection Management Guidance</b>
	<p>Ana Alves presented the updated infection management guidance and highlighted any changes to the group. The group approved the update.</p> <p>Replace infection management guidance on the website with updated version. <b>Action: DW</b></p>
<b>6.4</b>	<b>Urine dipsticks &amp; UTI diagnosis and treatment of patients over the age of 65</b>
	<p>Ana Alves presented a project on urine dipsticks &amp; UTI diagnosis and treatment of patients over the age of 65. Despite all antimicrobial targets being met in Somerset, a reduction in E. coli blood stream infection has not been achieved.</p> <p>Delayed or no antibiotic strategy for the treatment of UTIs in patients over 65s is not appropriate and can put patients at risk. Successful removal of urine dipsticks is well under way in local secondary care. PHE advises that urine dipsticks are unreliable and should not be used in the diagnosis of UTIs in</p>

	<p>patients over the age of 65.</p> <p>A graph was presented benchmarking local GP practices use of positive dipsticks linked to UTI antibiotic prescribing. Mendip Country Practice was amongst the best performers as they have looked at and reduced the use of dipsticks.</p> <p>The group gave positive feedback on the project and requested that the presentation slides be shared with members. Ana will return in March to give an update on progress and will present at the prescribing leads afternoon in May.</p> <p>Share presentation with PAMM members. <b>Action: DW</b></p> <p>Share data with practices and the out of hours provider. <b>Action: Ana Alves</b></p>
<b>7</b>	<b>Other Issues for Noting</b>
<b>7.1</b>	<b>PHE Vaccine Updates</b>
	<p>A reminder that practices should have a nominated lead for vaccines and be signed up to receive the Public Health England Vaccine Updates.</p> <p>-Noted.</p> <p>Highlight in newsletter. <b>Action: Steve Moore</b></p>
<b>7.2</b>	<b>Somerset Health and Care Falls Network Meeting – Osteoporosis audit comments</b>
	Discussed under 6.2.
<b>8</b>	<b>Additional Communications for Noting</b>
<b>8.1</b>	<b>Pregabalin and opioids - safety update</b>
	<p>-Noted.</p> <p>PAMM members reported seeing a lot of patients discharged from secondary care on this combination.</p> <p>Raise with secondary care. <b>Action: SG</b></p>
<b>8.2</b>	<b>DHSC January Monthly Supply Issues Update</b>
	-Noted.
<b>8.3</b>	<b>National guidance to deprescribe Vitamin B and stop thiamine after 6 weeks</b>
	-Noted.
<b>8.4</b>	<b>Oramorph - alcohol content safety concern</b>
	-Noted.



<b>8.5</b>	<b>Proxy access goes live at EMIS practices</b>
	-Noted.
<b>8.6</b>	<b>CHICO - able to continue recruiting practices to CHICO until April 2020 and Spring Newsletter</b>
	-Noted.  Somerset is the top recruiting CCG in the country for participation in the Caring for Children with Coughs study.
<b>8.7</b>	<b>Discontinuation of Mepradec 20mg capsules</b>
	Noted that Mepradec 20mg capsules are being discontinued. Practices are advised that prescriptions should be switched to generic Omeprazole capsules and practice support staff are authorised to support in this switch.
<b>9</b>	<b>Formulary Applications</b>
<b>9.1</b>	<b>None yet this month</b>
<b>10</b>	<b>Reports From Other Meetings</b>
	<b>Feedback</b>
<b>10.1</b>	<b>Primary Care Network Feedback</b>
	No feedback from any of the PCNs this month.
	<b>Summary</b>
<b>10.2</b>	<b>Clinical Executive Committee Feedback – Last Meeting 05/02/2020</b>
	Nothing to report
<b>10.3</b>	<b>Somerset Partnership Mental Health D&amp;TC – Next meeting 20/03/2020</b>
<b>10.4</b>	<b>YDH Medicines Committee meeting – Last meeting 07/02/2020 – Minutes not received</b>
	SJM attended and feedback:- <ul style="list-style-type: none"> <li>• YDH are in agreement with stopping shower and bath emollients.</li> <li>• A discussion was had around sip feeds in patients with BMI&gt;25 – they think that the junior doctors are putting these on the discharge summaries and they are also supplied by the kitchen rather than the pharmacy. They are going to do some training with the junior doctors and speak to the dieticians.</li> <li>• YDH will not commission Strontium if it is a <b>RED</b> drug.</li> <li>• SJM raised that the Ibuprofen protocol excludes breastfeeding.</li> <li>• SJM is going to discuss the issues with the HG policy.</li> </ul>
<b>10.5</b>	<b>MPH D&amp;TC – Last meeting 14/02/2020 – Minutes not received</b>

<b>10.6</b>	<b>BNSSG Joint Formulary Group – Last meeting 14/01/2020 – Minutes received</b>
	<p>BNSSG JFG:</p> <ul style="list-style-type: none"> <li>• Approved in principle a change of TLS for Mycophenolate and Mycophenolic acid (oral) from <b>RED</b> to <b>AMBER</b> 1 month – Requesting that it be included in the DMARD monitoring local enhanced service and asking Rheumatology to provide a shared care protocol.</li> <li>• Had an application to change Apomorphine (ApoGo) pens and syringes TLS from <b>RED</b> to <b>AMBER</b> shared care 3 months and agreed that it should remain <b>RED</b> for the time being.</li> </ul>
<b>10.7</b>	<b>BNSSG Area Prescribing Medicines Optimisation Committee – Last meeting 06/02/2020 – Minutes not received</b>
<b>10.8</b>	<b>RUH Bath D&amp;TC – Last meetings 12/01/20, 09/01/20 &amp; 13/02/20 – December &amp; January minutes received</b>
	<p>RUH Bath D&amp;TC:</p> <ul style="list-style-type: none"> <li>• Supported BaNES, Swindon and Wiltshire CCGs (BSW) interim position that cannabis-based medicinal products would not be routinely commissioned.</li> <li>• Following publication of TA614 and TA615, confirmed that the RUH position on cannabis-based medicinal products remained unchanged and they would not expect to see use. NHS England clarified that RUH would not be a commissioned service. Noted that there may be scope to develop hub/spoke arrangements with commissioned services but that this would need to be initiated by a designated hub with support from local clinicians and the relevant TAs could be revisited in this scenario.</li> <li>• Does not support the use of doxylamine/pyridoxine (Xoneva®) for the treatment of nausea and vomiting in pregnancy at this time but would review this decision following any updates from the RCOG or CKS or if there was an alternative position from BCAP/BSW.</li> <li>• Work underway between primary care teams and the Trust to update guidance to support the implementation of rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease as per TA607.</li> </ul>
<b>10.9</b>	<b>Weston D&amp;TC – Last meeting 09/01/2020 – Minutes received</b>
	<p>Weston D&amp;TC received a request for a new reversal agent for rivaroxaban and apixaban which has recently been marketed in the UK and is waiting for review by NICE. The cost per treatment ranges from £11K to £22K. The Trusts in BNSSG STP have agreed not to provide this treatment until the outcome of the NICE TA is known.</p>

<b>10.10</b>	<b>T&amp;S Antimicrobial Prescribing Group – Last Meeting 13/11/2019 – Minutes received</b>
	<ul style="list-style-type: none"> <li>• Zanamivir IV is now licenced for use in the UK and so is no longer available from GSK on compassionate use basis. A 5 day course costs approximately £1000 for an adult. A request for addition to the formulary will be submitted to the D&amp;TC.</li> <li>• Concerns have been raised around the Community Acquired Pneumonia mortality rate (higher than the national average) identified in a recent audit. A detailed audit of patient notes will be undertaken before any decision on the prescribing guidance is made.</li> </ul>
<b>10.11</b>	<b>LPC Report</b>
	<p>EW advised that the LPC are awaiting the outcome of an independent review of the roles and structures underpinning PSNC and LPCs.</p> <p>The community pharmacy audits have been completed and practices may see patients being referred back to the GP if any issues have been identified.</p> <p>There has been training for the AF pilot which involves carrying out a structured medication use review and requires EMIS viewer. SG has raised with the LPC a clinical concern regarding the AF reviews and the number of patients needing 'minor interventions for heartburn'. Anti-coagulated patients are at high risk of GI bleeds (HASBLED) and our formulary advice (Based on The 2018 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation) would be for them to all receive prescribed PPI cover unless there was a clinical reason not to do so.</p>
<b>10.12</b>	<b>South West Medication Safety Officer Network Meeting – Next meeting 03/03/2020</b>
<b>10.13</b>	<b>RMOC Update</b>
	Nothing to note
<b>11</b>	<b>Current Performance</b>
<b>11.1</b>	<b>Prescribing Update</b>
	<ul style="list-style-type: none"> <li>• There is a forecast overspend of just over £1million when costs of influenza and pneumococcal vaccines are passed to public health.</li> <li>• A draft prescribing budget for 2020/21 is being discussed and a figure has been recommended. This should be sufficient to manage demographic growth pressures and addressing of unmet need provided that GP practices remain engaged with delivering medicines optimisation on top of practice and PCN core business.</li> <li>• This figure will also contain the return of £74k of non-recurrent funding which was used from the prescribing budget to fund mydiabetesmyway in 2019/20. The diabetes team have been requested to provide any available outcome data relating to this investment.</li> <li>• Nationally and locally there is an increased focus on medicines shortages and supply chain resilience. Prescribers are reminded to maintain normal prescribing intervals and pharmacies have been informed not to stockpile.</li> <li>•</li> </ul>

<b>11.2</b>	<b>November Scorecard Primary Care Network trend</b>
	-Noted.
<b>11.3</b>	<b>November Safety spreadsheet</b>
	-Noted.
	Ingenol Mebutate gel was added to the safety spreadsheet following the January meeting, however the marketing authorisation has since been suspended.
<b>11.4</b>	<b>Potential Generic Savings July to September 2019</b>
	-Noted.
	The MM team will update the EMIS formulary and have strengthened the wording of patient switch letters.
	SG suggested incorporating this into structured medication reviews.
<b>12</b>	<b>Rebate Schemes</b>
<b>12.1</b>	<b>Aymes® Oral Nutritional Supplements, Aymes International Ltd, Commence date: 01/02/2020. Products included: Aymes Shake Compact, Aymes Shake Sample/Starter Pack, Aymes 2kcal, Aymes Crème, ActaSolve Smoothie.</b>
	-Noted.
<b>13</b>	<b>NICE Guidance February</b>
	-Noted
<b>14</b>	<b>NICE Technology Appraisals</b>
<b>14.1</b>	<b>[TA597] Dapagliflozin with insulin for treating type 1 diabetes</b>
	-Update.
	Changed the measures of assessing haemoglobin A1c (HbA1c) in the recommendations to reflect those commonly used in the NHS. Other minor changes have been made to the recommendations to align them with dapagliflozin's expected clinical use.
	-Noted.
<b>14.2</b>	<b>[TA622] Sotagliflozin with insulin for treating type 1 diabetes</b>
	-New.
	-Noted.
	PAMM will review if/when Sotagliflozin launches in the UK.
<b>14.3</b>	<b>[TA623] Patiromer for treating hyperkalaemia</b>
	-New.
	-Noted.
	Recommendation 1.1 may initiate a request for this to be an <b>AMBER</b> drug. This will be discussed at Somerset Prescribing Forum next month.

<b>15</b>	<b>NICE Clinical Guidance</b>
<b>15.1</b>	<b>[CG137] Epilepsies: diagnosis and management</b>
	-Update. -Amended recommendations in line with the MHRA guidance on valproate use by women and girls. -Noted.
<b>15.2</b>	<b>[CG185] Bipolar disorder: assessment and management</b>
	-Update. -Amended recommendations in line with the MHRA guidance on valproate use by women and girls. -Noted.
<b>15.3</b>	<b>[CG192] Antenatal and postnatal mental health: clinical management and service guidance</b>
	-Update. -Amended recommendations on anticonvulsants for mental health problems in line with the MHRA guidance on valproate use by women and girls. -Noted.
<b>15.4</b>	<b>[NG80] Asthma: diagnosis, monitoring and chronic asthma management</b>
	-Update. -Reviewed the evidence for increasing the dose of inhaled corticosteroids within a self-management programme in children and young people with asthma and updated the advice on self-management for children and young people with deteriorating asthma control. -Noted.  Steve Moore has informed Somerset respiratory nurses of the update.
<b>15.5</b>	<b>[NG151] Colorectal cancer</b>
	-This guideline updates and replaces NICE guideline CG131 (November 2011) and NICE guideline CSG5 (June 2004). -Noted.
<b>15.6</b>	<b>[NG152] Leg ulcer infection: antimicrobial prescribing</b>
	-New. -Noted. Ana Alves has already reviewed NG152 and updated the antimicrobial prescribing guidelines.
<b>16</b>	<b>Safety Items, NPSA Alerts and Signals</b>
<b>16.1</b>	<b>Risk Review and Management</b>
	None this month.
<b>16.2</b>	<b>MHRA Drug Safety Update January and February</b>
	-Noted.

<b>16.3</b>	<b>MHRA Drug Safety Update: Ingenol mebutate gel (Picato ▼): suspension of the licence due to risk of skin malignancy</b>
	-Noted.  The advice for healthcare professionals is that they should be contacting patients who have been treated with Ingenol mebutate gel and advising them of the need for continued vigilance and to immediately talk to their doctor if they notice any new scaly red patches, open sores, or elevated or warty growths in the treatment area.  Highlight in newsletter. <b>Action: Steve Moore</b>
<b>16.4</b>	<b>NPSA: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices</b>
	-Noted.
<b>16.5</b>	<b>Corona Virus Update</b>
	-Noted.  The NHS in Somerset and Public Health England (PHE) are well prepared for an outbreak.
<b>17</b>	<b>BNF Changes</b>
<b>17.1</b>	<b>BNF Update January</b>
	-Noted.
<b>18</b>	<b>Any Other Business</b>
<b>18.1</b>	<b>Guidelines on use of PPIs in patients on low-dose Aspirin and/or Clopidogrel</b>
	PJ requested guidance from the MM team on the use of PPIs in patients on low-dose Aspirin and/or Clopidogrel. SG explained that this should involve a conversation and informed individual decision with each patient. We would recommend that PPI cover is considered for all of these patients and that there should be a good decision making process for not prescribing it. Each patient will have their own individual risks and for AF, HASBLED can be used as a score.
<b>18.2</b>	<b>Non-formulary blood glucose testing strips</b>
	HC raised that the diabetic clinics had been initiating patients on non-formulary blood glucose meters. This has caused additional work for practices switching over to formulary products, is wasteful and harmful to the environment.  SG advised that he has had assurance from the service that they are on board with the MM team's work and that they will not initiate patients on non-formulary meters. SG clarified that all of our team are empowered to go back and challenge the service if they experience otherwise.

<b>18.3</b>	<b>PAMM Agenda &amp; Attachments</b>
	Following on from last meeting's discussion regarding the volume of attachments for members to read, it was agreed that 'additional communications for noting' will no longer be sent out as attachments.
<b>18.4</b>	<b>Interest Register and Conflicts of Interest Training</b>
	PAMM members were reminded that the online interest register must be kept up to date and conflicts of interest training must be completed annually. Instructions for both have been circulated.
	<b>DATE OF NEXT MEETINGS</b>
	18 <sup>th</sup> March 2020 (SPF following), MR2 Wynford House
	15 <sup>th</sup> April 2020, MR2 Wynford House
	13 <sup>th</sup> May 2020 (SPF following), MR2 Wynford House
	10 <sup>th</sup> June 2020, MR2 Wynford House
	8 <sup>th</sup> July 2020 (SPF following), MR2 Wynford House
	9 <sup>th</sup> September 2020 (SPF following), MR2 Wynford House
	14 <sup>th</sup> October 2020, MR2 Wynford House
	11 <sup>th</sup> November 2020 (SPF following), MR2 Wynford House