

Minutes of the **Prescribing and Medicines Management Group** held via MicroSoft Teams meeting on **Wednesday, 13<sup>th</sup> May 2020 9:30am – 12:00pm**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	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 James Nicholls (JN)	West Mendip Representative
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead Central Mendip Representative
	Caroline Taylor	Prescribing Technician, CCG (in attendance as Minute taker)
	Emma Waller (EW)	LPC Representative
Apologies:	Orla Dunn (OD)	Public Health Representative
	Gordon Jackson (GJ)	People Champion
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG

## 1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.  
Emma Waller joined the meeting at 11:30am.

## 2 REGISTER OF MEMBERS' INTERESTS

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

There were no further amendments to the Register.

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

### 3 **DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

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

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

### 4 **MINUTES OF THE MEETING HELD ON 30<sup>th</sup> MARCH 2020**

- 4.1 The March PAMM meeting was cancelled however rapid actions were sent out.

#### 4.2 **Review of action points**

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

##### **Action 1: ADHD Shared Care Guideline (SCG) –**

The aim is to have a Somerset wide SCG. SDB informed the group he is currently waiting to hear back from the specialist.

**To bring more information back to PAMM**

**Action: SDB & SM**

##### **Action 2: Lymphoedema Discharge Pathway –**

No further update to present. Group members considered this a low priority workload considering the current situation. Pathway might change post-COVID, for now to continue to use the current one. To return to post COVID.

### 5 **Matters Arising**

#### 5.1 **Hydrogen peroxide 1% cream as first line treatment for impetigo – Minor Ailment Scheme PGD for community pharmacists**

As per recommendation [\[NG153\] Impetigo: antimicrobial prescribing](#)

CH received a comment from the microbiologist with a request to remove the reference to MRSA from the exclusion criteria. CH will send AT the final version today to enable the PGD to be signed off.

**Action: CH & AT**

#### 5.2 **Silver sulfadiazine 1% cream as second line treatment for impetigo – Minor Ailment Scheme PGD for community pharmacists**

The only update to this PGD is that silver sulfadiazine 1% cream is second line (hydrogen peroxide 1% cream now first line).

CH gave clarification to the group around the differences between the first and second line treatments; Silver sulfadiazine is not suitable as a second option where hydrogen peroxide cream has failed.

CH will send to AT to sign off the PGD.

**Action: CH & AT**

### **5.3 2020-21 Scorecard**

As we are now in the COVID Restoration stage, SG proposed that sessional staff could return to practices to start work on the new scorecard indicators, with the focus being on prioritising quality and safety aspects of the scorecard first.

SG was mindful that not all practices would have capacity for this, although certain practices had approached the MMT as happy to commence.

Some members of the group felt this may be too soon and would need to be approached slowly step by step.

HC asked if the target levels for indicators would be adjusted.

The group were informed this is something that will be looked at in the future.

## **6 Other Issues for Discussion**

### **6.1 Somerset Primary Care Guidance COVID-19**

Raised awareness of this very comprehensive document produced by the Primary Care Cell.

Practices will find this an excellent reference and resource.

-Noted

### **6.2 Second Phase of NHS Response to COVID-19**

NHSE are moving to a second phase of restore and recover, adopting new ways of working such as remote triage, appointments and meetings.

-Noted

### **6.3 COVID-19 response: Primary care and community health support care home residents**

Situation report is going up to government regarding the local situation.

Care home reviews should be being led by PCN Pharmacists from September. There are gaps in PCNs who do not yet have a pharmacist and many are not prescribers or have not completed the required 18 month course. We are awaiting a document from the Government.

The Medicines Management team suspended reviews because of the risk of infection, the current contract does not allow remote reviews by sessional pharmacists and PCNs are due to take on responsibility. SG is currently trying to negotiate for our sessionals to be allowed to help, they currently cannot under the required model which stipulates independent prescribing status. The DES has not been signed off yet. If NHSE say non-IP sessional pharmacists can complete the reviews, we will restart our work again.

AT will be helping with psychological support of care home staff.

General opinion was that Somerset care homes have not been as heavily affected as other counties

-Noted

#### **6.4 Medicines re-use in care homes**

Locally we have developed an oral pathway for JIC medications in case the peak increased beyond current capacity for syringe drivers, stock and District Nurses. Currently the service is running well. Nationally issued Standard Operating Procedure arrived, but not as simple as it could have been. We are looking to adopt clearer guidance locally if needed (currently not needed). HC noted we need to reduce waste- the waste problem is national. SG noted if we can show this works well, then this can be flagged nationally as a first step to pushing for legislative change. The EOL cell is working on local guidance to support care homes that want to engage.

-Noted

### **7 Other Issues for Noting**

#### **7.1 COVID-19 Guidance on dealing with patient returned medicines**

Reports have been received locally (and nationally) that certain community pharmacies are not accepting patient returned medicines. It is a contractual requirement, but must be done safely. Refer pharmacists to the document if concerned. No issues reported from the PAMM committee.

-Noted

### **8 Additional Communications for Noting**

#### **8.1 Amgen support for Prolia<sup>®</sup> (denosumab) patients during the COVID-19 outbreak**

Guidance issued around certain procedures that could be delayed. Denosumab is administered twice yearly and has a quick tail off period - NOT a suitable treatment to be delayed. PAMM feel teaching patients to self-administer is not appropriate for denosumab due to current situation as well as frequency of injection.

-Noted

#### **8.2 Denosumab prescriptions**

Covered in point 8.1

#### **8.3 Updated B12 guidance - Pernicious anaemia**

The British Society of Haematology has revised their B12 guidance. Some patients may have their B12 delayed (for instance dietary deficiency) but this is not suitable in pernicious anaemia so these must continue as planned.

AT noted B12 levels may be normal, but pernicious anaemia present and or patient can be symptomatic.

-Noted

#### **8.4 DOACs and PPI Cover**

Around 3,000 Somerset patients in the past 2 to 3 months have been switched from warfarin to DOACs.

PPI cover would be recommended for most patients.

Prescribers should use the HASBLED risk assessment tool and involve the patient in a discussion around their treatment options.

TB informed the group that he'd experienced two patients hospitalised with low magnesium levels as a side-effect of concomitant omeprazole. TB noted these patients were found to have low magnesium levels due to their calcium levels also being low. Magnesium levels aren't tested as standard, so the calcium levels are an indicator. TB to email Paul Lambert for further information. SG prompted the use of the Yellow Card.

-Noted

**TB will report back to PAMM with any follow-up. Action: Toby Burne**

#### **8.5 EMIS and Paramedic prescribing**

EMIS WEB has updated their clinical system to enable practices to add Paramedic's onto the system.

-Noted

#### **8.6 Prescription Quantities**

Community pharmacies have reported that 7weeks' worth of items had been dispensed during the 4week period of March. Patients have been requesting inhalers which they had not had an issue of in several years.

SDB shared that to help during the pandemic the discharge quantity has been increased from 14days supply to 28days. This will in time be rolled back to 14days.

HC asked if the 28day supply quantity could continue across the organisation.

-Noted

#### **8.7 Rescue packs**

Increase in requests from patients with respiratory symptoms.

Reminder to follow the British Lung Foundation guidance around 'Rescue Packs'

-Noted

#### **8.8 Ranitidine European suspension coming**

All ranitidine products are now suspended.

Highlighted cimetidine carries a large list of drug interactions.

-Noted

## 8.9 Valproate safety during COVID

Reminder around the pregnancy prevention programme. There has been a good response in Somerset, the PPP continues and SG has raised with providers when there have been problems.

-Noted

**To bring to next PAMM Eclipse LIVE data identifying patients not covered by the pregnancy prevention programme. Action: SG**

## 8.10 Asthma admissions trend

Very positive data shared, admissions continue to go in a downward trend for Somerset, we are one of the best areas.

-Noted

## 9 Formulary Applications

### 9.1 [Lenzetto](#)<sup>®</sup> (Estradiol) 1.53mg per metered dose transdermal spray, £6.90 per 8.1ml (56 actuations).

HRT for oestrogen deficiency symptoms in postmenopausal women at least 6 months after last menses or surgical menopause.

Useful addition considering ongoing supply issues with other HRT preparations.

Agreed

**Add to formulary & TLS GREEN drug Action: DW & CT**

### 9.2 [Suliqua](#)<sup>®</sup> ▼ (Insulin glargine plus Lixisenatide) solution for subcutaneous injection in pre-filled pens, Aventis Pharma Limited.

100iu/33 microgram per ml, 3 x 3ml SoloStar pre-filled pen=£48.60.

100iu/50 microgram per ml, 3 x 3ml SoloStar pre-filled pen=£67.50.

With metformin for type II diabetes inadequately controlled by metformin alone or metformin in combination with another oral hypoglycaemic or basal insulin. SG has been working closely for the past 6-9months with diabetic specialists to develop a smooth pathway between secondary and primary care. Expect to see tiny / minimal numbers of patients for this medication. Recommendation as an AMBER drug.

Agreed.

**Add to formulary and TLS AMBER drug. Action: DW & CT**

**10 Reports From Other Meetings  
Feedback**

**10.1 Primary Care Network Feedback**

**Bridgwater & North Sedgemoor - CL**

-Nothing to report

**Yeovil & South Somerset East & West - HC**

-Nothing to report

**Taunton Deane West, Taunton Central & Tone Valley - AF**

Practice is part of a WhatsApp group which they find a useful tool. The group includes the pharmacies in town as well as the practices in the PCN.

**Frome - PJ**

-Nothing to report

**West Mendip - JN**

Not yet employed PCN Pharmacist

-Nothing further to report

**East Mendip - GS**

-Nothing to report

Geoff wanted to highlight how successful this meeting was going using Microsoft Teams. Geoff has been trying for years to implement remote meetings.

**Chard, Ilminster & Langport - TB –**

PCN Pharmacist in place, role is starting to develop.

**West Somerset - DD –**

PCN meetings held weekly.

No PCN Pharmacist in post yet.

**Summary**

**10.2 Clinical Executive Committee Feedback – Last Meeting 06/05/20**

COVID dominated meeting, however phase 2 and the restoration of services was discussed. From a medicine point of view end of life medications and critical care meds have been discussed, there's a national shortage. As electives start to increase and diagnostics are performed such as endoscopy, some of these will require critical care meds, these procedures can't come to a halt, so a phased return to electives will be needed as well.

**10.3 Somerset Partnership Mental Health D&TC – Last meeting 20/03/20 – Minutes received**

- Developing a Shared Care Guideline for agomelatine.  
SDB informed the group there is a Mental Health Specialist involved and hopefully the draft document will be ready to bring to the next PAMM meeting.
- Contingency plans have been put in place to ensure that clozapine clinics continue, in the event that pharmacy technician staffing levels fall due to self-isolation. The clinics would be extended throughout the week, from 2 days to 4 days. With regard to Clozapine supplies, which are dependent on having a valid blood test, guidance has been received from CPMS. So far, the contingency plans haven't been needed to be activated.  
*Post-meeting note: Guidance issued to staff involved with clozapine clinics and a patient version also made available.*
- SDB - Melatonin is not a cost effective use of NHS resources.
- SDB reported that Concerta XL is still being prescribed a lot in primary care. CH advised that patients are being started on Concerta XL, then switched to a different drug, the patient deteriorates and then the parents want to switch back to Concerta. The most cost effective options are Delmosart, Matoride XL, Xaggitin XL, or Xenidate,XL. The Group discussed how we can address this as there is potentially £80,000 worth of savings to be had in Somerset. It was agreed that SDB would send a Memo initially to CAMHS prescribers and raise this through the D&T Groups at Musgrove and YDH.
- SDB informed the group Musgrove Mental Health are working on a Position Statement for methylphenidate prescribing.

**Action: SDB to share SCG for agomelatine when ready**

**10.4 YDH Medicines Committee meeting – Last meeting 03/04/20 – Minutes not received**

-Nothing to note

**10.5 MPH D&TC – Last meeting 14/02/20 – Minutes not received**

SG attended the meeting.

**To look back over notes and if anything relevant to PAMM will email or bring to next meeting**

**Action: SG**

**10.6 BNSSG Joint Formulary Group – Last meeting 03/03/20 – Minutes not received**

-Nothing to note

**10.7 BNSSG Area Prescribing Medicines Optimisation Committee – Last meetings 06/02/20 & 02/04/20 – Draft February minutes received**

Signed off guidance on switching patients from warfarin to DOACs

-Noted



**10.8 RUH Bath D&TC – Last meetings 13/02/20, 12/03/20 & 09/04/20 – Minutes not received**

**10.9 Weston D&TC – Last meeting 12/03/20 – Minutes received (now merged with Bristol Acute Trust)**

HS requested that the hospital stock the dry powder salbutamol inhalers as part of the drive to reduce carbon footprint. HS also queried quantity of drugs supplied as listed on discharge summaries. Confirmed that at least a week's supply is provided for existing medications.

Weston D&TC is now merged with Bristol Acute Trust, future meetings will be from the merged group.

-Noted

**10.10 T&S Antimicrobial Prescribing Group – Last Meeting 12/02/20 – Minutes received**

SG informed the group that Ana Alves – Medicines Manager, Somerset CCG has taken a post with Somerset Foundation Trust. Helen Spry – Medicines Manager, Somerset CCG will take over the role as antimicrobial lead within the MMT.

Shaun took this opportunity to thank Ana for her work in system leading around antimicrobial work. Shaun thanked Ana and Catherine Henley – Medicines Manager, Somerset CCG (who is also leaving to join Somerset Foundation Trust) for all their sterling work and they will both be sorely missed.

AMS leads for each area:

Helen Spry for Somerset CCG

Ana Alves for SomPar

Anthony Zorzi for T&S

**10.11 LPC Report**

-Nothing to note

**10.12 South West Medication Safety Officer Network Meeting – Last meeting 03/03/20 – Minutes not received**

-Nothing to note

**10.13 RMOC Update**

-Nothing released since January 2020

**Part 2 – Items for Information or Noting**

**11 Current Performance**

**11.1 February Scorecard Primary Care Network Trend**

Scorecard indicators continue to improve  
March data will be available w/c 18<sup>th</sup> May

**12 Rebate Schemes**

12.1 None this month

**13 NICE Guidance April and May**

Most of the guidance is COVID related and aimed at secondary care

-Noted

**14 NICE Technology Appraisals**

**14.1 [TA627] Lenalidomide with rituximab for previously treated follicular lymphoma**

-Noted

**Specialist commissioning use. To be added to TLS as RED drug.**

**Action: CT**

**15 NICE Clinical Guidance**

**15.1 [NG159] COVID-19 rapid guideline: critical care in adults**

Published date: 20 March 2020 Last updated: 29 April 2020

The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources. On 29 April 2020, added an example to clarify the role of specialists in our recommendation on frailty assessment.

-Noted

**15.2 [NG160] COVID-19 rapid guideline: dialysis service delivery**

Published date: 20 March 2020 Last updated: 28 April 2020

The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic.

On 28 April 2020, updated the recommendation on developing plans to reduce the demand on dialysis services during the pandemic.

-Noted

**15.3 [NG161] COVID-19 rapid guideline: delivery of systemic anticancer treatments**

Published date: 20 March 2020 Last updated: 27 April 2020

The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic. On 27 April 2020, updated the table of NHS England interim treatment regimens in line with new advice from NHS England and NHS Improvement.

-Noted

**15.4 [NG162] COVID-19 rapid guideline: delivery of radiotherapy**

The purpose of this guideline is to maximise the safety of patients who need radiotherapy and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for radiotherapy to patient needs if services become limited because of the COVID-19 pandemic.

-Noted

**15.5 [NG163] COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community**

Published date: 03 April 2020 Last updated: 30 April 2020

The purpose of this guideline is to provide recommendations for managing COVID-19 symptoms for patients in the community, including at the end of life. It also includes recommendations about managing medicines for these patients, and protecting staff from infection.

On 30 April 2020, amended the recommendation on managing medicines in care homes and hospices in line with UK government guidance on re-using medicines during the COVID-19 pandemic.

-Noted

**15.6 [NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation**

The purpose of this guideline is to maximise the safety of patients who need haemopoietic stem cell transplantation and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for transplantation to patient needs if services become limited because of the COVID-19 pandemic.

-Noted

**15.7 [NG165] COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community**

Published date: 03 April 2020 Last updated: 23 April 2020

The purpose of this guideline is to ensure the best treatment for adults with suspected or confirmed pneumonia in the community during the COVID-19 pandemic and best use of NHS resources. We have withdrawn our guideline on diagnosing and managing pneumonia in adults until further notice.

On 23 April 2020, clarified the recommendations on antibiotic treatment for bacterial pneumonia in the community during the COVID-19 pandemic.

-Noted

**15.8 [NG166] COVID-19 rapid guideline: severe asthma**

The purpose of this guideline is to maximise the safety of adults and children with severe asthma during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

-Noted

**15.9 [NG167] COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders**

Published date: 03 April 2020 Last updated: 30 April 2020

The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources.

On 30 April 2020, highlighted that immunosuppression may continue for some time after some drugs are stopped.

-Noted

**15.10 [NG168] COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD)**

The purpose of this guideline is to maximise the safety of patients with chronic obstructive pulmonary disease (COPD) during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

-Noted

**15.11 [NG169] COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response**

Published date: 09 April 2020 Last updated: 30 April 2020

The purpose of this guideline is to maximise the safety of children and adults who have dermatological conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

On 30 April 2020, highlighted that immunosuppression may continue for some time after some drugs are stopped.

-Noted

**15.12 [NG170] COVID-19 rapid guideline: cystic fibrosis**

The purpose of this guideline is to maximise the safety of patients with cystic fibrosis and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match capacity to patient needs if services become limited because of the COVID-19 pandemic.

-Noted

**15.13 [NG171] COVID-19 rapid guideline: acute myocardial injury**

The purpose of this guideline is to help healthcare professionals who are not cardiology specialists identify and treat acute myocardial injury and its cardiac complications in adults with known or suspected COVID-19 but without known pre-existing cardiovascular disease.

-Noted

**15.14 [NG172] COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response**

The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

-Noted

**15.15 [NG173] COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital**

The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID-19 pandemic. This includes people presenting to hospital with moderate to severe community-acquired pneumonia and people who develop pneumonia while in hospital. It will enable services to make the best use of NHS resources.

-Noted

**15.16 [NG174] COVID-19 rapid guideline: children and young people who are immunocompromised**

The purpose of this guideline is to maximise the safety of children and young people who are immunocompromised during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

-Noted

**15.17 [NG175] COVID-19 rapid guideline: acute kidney injury in hospital**

The purpose of this guideline is to help healthcare professionals prevent, detect and manage acute kidney injury in adults in hospital with known or suspected COVID-19. This is important to improve outcomes and reduce the need for renal replacement therapy.

-Noted

**15.18 [NG158] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing**

This guideline covers diagnosing and managing venous thromboembolic diseases in adults. It aims to support rapid diagnosis and effective treatment for people who develop deep vein thrombosis (DVT) or pulmonary embolism (PE). It also covers testing for conditions that can make a DVT or PE more likely, such as thrombophilia (a blood clotting disorder) and cancer.

The guideline does not cover pregnant women.

Recommendation to adopt the NICE pathway, bearing in mind it is a guideline and not a TAG.

**To raise with specialists and query if they agree.**

**Action: SG**

### **15.19 [NG88] Heavy menstrual bleeding: assessment and management**

Published date: 14 March 2018 Last updated: 31 March 2020

In March 2020, the MHRA updated their advice on the use of ulipristal acetate (Esmya) to say that healthcare professionals should contact patients currently taking Esmya for uterine fibroids as soon as possible and advise them to stop their treatment. The licence for Esmya has been suspended to protect public health while a safety review is conducted after a case of liver injury. The recommendations in this guideline covering ulipristal acetate have been amended or withdrawn accordingly.

-Noted.

## **16 Safety Items, NPSA Alerts and Signals**

### **16.1 Risk Review and Management**

**Risk Register to be brought to next PAMM meeting**

**Action:SG**

### **16.2 MHRA Drug Safety Update April**

-Noted

### **16.3 Class 2 Medicines Recall: Emerade 300 micrograms solution for injection in pre-filled syringe, PL 33616/0014 (EL(20)A/20)**

SM highlighted that training materials and practice pens are available from manufactures should patients be switched to a different device.

-Noted

### **16.4 SGLT2 inhibitors: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness**

Risk of Acute Kidney Injury (AKI)

-Noted

### **16.5 Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression.**

These medications are a frequent combination, an indicator addressing these medications has been included in new scorecard

-Noted

## **17 BNF Changes**

### **17.1 BNF Update April**

-Noted.

## **18 Any Other Business**

### **18.1**

Andrew congratulated Ana and Catherine for their new jobs and thanked Catherine for all her hard work in particular with PAMM during her time with the CCG, looking forward to seeing them at PAMM in the future in their new roles.

Andrew thanked Sam for the setting up and smooth running of the IT system during the meeting and how really well MS Teams had worked to facilitate the meeting.

EW commented from an LPC perspective the return of un-used and out of date patient returns to community pharmacies, community pharmacies should be following the National guidance flow-chart.

### **DATE OF NEXT MEETINGS**

10<sup>th</sup> June 2020, MS Teams Meeting

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