

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 10th June 2020**.

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
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Dr Piers Jennings (PJ)	Central Mendip & Frome 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:	Orla Dunn (OD)	Public Health Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Gordon Jackson (GJ)	People Champion
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead
		Central Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.
Steve DuBois joined the meeting at 10:40am.

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 13th MAY 2020

4.1 The Minutes of the meeting held on 13th May 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 3: DOACs and PPI Cover – There was a discussion around low Magnesium levels as a side-effect of concomitant Omeprazole and the group noted Paul Lambert's comments. The group felt that routine measurement of magnesium levels would be difficult due to significant patient numbers and that this is a complex issue which they would be mindful of.

Action 7: [NG158] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing – SG raised the DVT pathway with the Trusts and it was discussed at MPH D&TC. No agreement has yet been reached so this will be brought back once a decision has been made.

5 Matters Arising

5.1 Agomelatine Shared Care Guideline

The first draft was shared with the group.

Feedback any comments to Sam Morris.

Action: All PAMM members

To be brought to next meeting.

5.2 Valproate safety during COVID

The MHRA issued temporary advice to specialists for management of the Valproate Pregnancy Prevention Programme during COVID-19. Essentially, they insist that annual reviews must go ahead, pregnancy prevention programmes (PPPs) must be in place and a completed Annual Risk Acknowledgement Form (ARAF) sent to the GP.

Eclipse Live data was shared with practices, asking for them to urgently review all outstanding female patients of child bearing age taking Valproate. A significant number of these patients had a Learning Disability (LD) coding. The MM team received feedback that some specialists were reluctant to take referrals for certain patients. The Medication Safety Officer (MSO) requested details of any patient who has been refused specialist review (for whatever reason) and the specialist concerned and this will then be escalated further.

EW informed the group that community pharmacies have completed audits on females of child-bearing age taking Valproate.

Valproate safety during COVID to be included in LPC bulletin. **Action: EW**

6 Other Issues for Discussion

6.1 Pharmacist support for care homes

During COVID-19 there has been a national focus on care homes, one element of which is around support from the wider pharmacy system.

There are four main elements to this:

1 – Medication supply to care homes, including end of life medication.

We have good processes for this in Somerset, historically and during COVID-19.

2 – Ability to provide structured medication reviews (SMRs) to care home residents.

Historically, we have had a commissioned service in place in Somerset which was led by the CCG. In its best year this service reviewed approximately 65% of care home residents. This service was intentionally stood down in March since it was designed to carry out face-to-face reviews with staff and residents, which was no longer possible when COVID-19 hit. There was a longer-term strategy planned to reduce that service anyway because the intention with the PCN DES was that PCN pharmacists and services would take on the care home SMRs. Currently only 6 PCNs have employed a pharmacist.

The CCG was asked to provide a SitRep which reported a fairly significant gap in Somerset's ability to provide SMRs who care home patients who require them.

3 – Giving advice around clinical queries.

In Somerset any queries around medicines would go to the supplying community pharmacy or dispensing practice. If they are unable to answer then the query can be escalated to the CCG medicines management team and if the MM team are unable to answer then they can escalate it up to local or regional medicines information specialists. This system works well for Somerset.

4 – Immediate medication reviews for patients who are discharged into care homes or new patients who go into a care home from their own homes.

Somerset has a gap in this element as there is currently no provision for these immediate reviews. Historically the CCG commissioned service provided a minimum of an annual review and likely a six month follow-up review. SG has historically tried to get the Acute Trusts involved in discharge reviews with an outreach service however this never got commissioned due to lack of funding and workforce issues.

Somerset are doing well on two of these elements but there are gaps around the other two.

-Noted.

6.2 Biomonde new ordering requirements for LARVAE dressings

Further to a recent routine inspection by the Medicines and Healthcare products Regulatory Agency (MHRA), BioMonde has been directed to obtain some additional information at the point of order. Historically, BioMonde have requested and captured the name of the prescribing clinician, however for future orders they will also need to validate that person's authorisation to prescribe. They are able to perform this validation on-line using, for example, a General Medical Council (GMC) registration number of the prescribing clinician.

The CCG have an agreement that any orders for Larval Therapy are to be directed to the Tissue Viability Team. Due to the new ordering requirements, the group agreed a pathway where the Tissue Viability Nurse (TVN) contacts the practice asking for confirmation that they can order on behalf of the patients GP. If the GP agrees they provide their GMC number by email as required to TVNs and the TVNs have the product delivered to them or the required site for administration. This process will need to be followed for each individual order, i.e. the GP confirms their GMC number every time.

7 Other Issues for Noting

7.1 Heat wave and hydration

A reminder that the CCG has produced a leaflet around keeping hydrated, adapted from a leaflet produced by NHS Worcestershire. Hydration is a very important issue and is particularly relevant at the moment with the hot weather encountered recently, the national heat wave plan starting on June 1st and the current situation with COVID19. It was highlighted that this would be a useful resource for care home reviews and for frail/elderly patients in their own homes.

It was raised that urinary tract infections and cellulitis tend to be more prevalent in the summer months and that hydration is key. There was also a discussion around an audit carried out previously which highlighted the use of compact sip feeds for fluid-restricted patients being given to patients who did not need to be fluid restricted, potentially contributing to dehydration. This has been raised previously in the Trusts by the antimicrobial pharmacist.

Hydration leaflet to be included in the newsletter.

Action: Steve Moore

8 Additional Communications for Noting

8.1 Non-Medical Prescribers – Legal Issues

With the growing number of independent prescribers qualifying and being employed by practices and PCNs, practices were reminded that there are legal restrictions on what they can prescribe which varies from profession to profession. For example paramedics currently cannot prescribe controlled drugs or unlicensed medicines.

Practices were asked to ensure that all independent prescribers are set up on EMIS correctly and that even if EMIS allows them to they are abiding by the legal position and referring to their professional body should they need clarification.

-Noted.

Reminder to be included in the newsletter.

Action: Steve Moore

Flag to LPC to remind pharmacies.

Action: EW

8.2 Restoration of Medicines Management Support

-Noted.

Capacity in the CCG sessional team has been reduced however the work is going well.

8.3 Free: PrescQIPP PCN/GP flyer

An invitation to free access to PrescQIPP resources was sent to practices which their teams may find useful. The vast majority agree with the Somerset Formulary position (we have contributed to many of them over the years).

-Noted.

8.4 Additional guidance switching from Warfarin to Apixaban and Rivaroxaban

CCGs are encouraged to utilise Apixaban and Rivaroxaban in proportion to the split secured by NHS England and NHS Improvement, in order to preserve the continuity of supply of products. Colleagues are encouraged to give this guidance due regard when considering switching patients from Warfarin to a DOAC where clinically appropriate. As per previous safety guidance an up-to-date CrCl should be obtained to ensure correct dosing.

-Noted.

8.5 DHSC Supply Issues Monthly Update May/June 2020

-Noted.

8.6 Electronic repeat dispensing letter

There have been temporary changes to the need for patient consent to maximise use of the electronic repeat dispensing (eRD) system during the COVID-19 response.

-Noted.

EW queried whether the MM team have any resources for community pharmacy to provide to patients to explain the electronic repeat dispensing process.

Look into eRD patient resources.

Action: Caroline Taylor

Share resources in newsletter and with the communications team.

Action: Steve Moore

9 Formulary Applications

9.1 None this month

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

West Mendip - JN – West Mendip PCN discussions are mainly COVID-19 related at the moment. They are looking to recruit a pharmacist.

Chard, Ilminster & Langport - TB – Queried what other practices are doing with regards to wearing PPE and whether they are wearing masks at all times if they are not in their own room. Reported there are fears that should one member of staff in a practice test positive then there is a risk that the whole service could end up being closed down for at least 14 days. SG shared an update from the Test and Trace service with regards to this.

West Somerset - DD – West Somerset PCN is having very regular meetings, principally regarding COVID-19 and nursing homes. They have not yet recruited a pharmacist however they are actively pursuing this.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 03/06/20

SG raised the risk around care home support.

10.3 Somerset Partnership Mental Health D&TC – Last meeting 09/06/20 – Minutes not received

SJM attended and reported that there were discussions around the Agomelatine Shared Care Guideline, deprescribing of Vitamin B compound strong and around Vitamin D and patient deficiency.

10.4 YDH Medicines Committee meeting – Last meeting 05/06/20 – Minutes not received

Produced guidelines for VTE prophylaxis in ICU/HDU patients with COVID-19. SM queried whether the guideline is the agreed position across Somerset trusts, regionally and nationally and asked for clarification with regards to stepping down and what the position is on prophylaxis for discharge. Confirmed that this is a Trust specific guideline – it is not for use outside YDH. The guideline is consistent with other Trust guidelines in the South West most noticeably the UHBT and NBT guidelines. There are no plans for on-going anticoagulation on discharge unless there is a prior indication to do so or there has been an actual thrombotic event as an in-patient.

10.5 MPH D&TC – Last meetings 14/02/20 & 22/05/20 – Minutes not received

Plan to use Moxiflox eye drops third line post Chloramphenicol and Ciprofloxacin. Noted.

10.6 BNSSG Joint Formulary Group – Last meetings 03/03/20 & 02/06/20 – Minutes not received

- 10.7 BNSSG Area Prescribing Medicines Optimisation Committee – Next meeting 11/06/20**
- 10.8 RUH Bath D&TC – Last meeting 13/02/20 – Minutes not received**
- 10.9 UHBW Medicines Advisory Group – Next meeting TBC**
- 10.10 UHBW Medicine Governance Group – Next meeting TBC**
- 10.11 T&S Antimicrobial Prescribing Group – Last Meeting 06/05/20 – Minutes not received**

10.12 LPC Report

The Naloxone injection pilot project is going very well. The LPC are trying to increase the number of pharmacists trained and able to provide Champix and online training has started. EW reported a recent occasion where she was asked by a care provider to make up a blister pack for one item because the care staff are unable to administer the medication from original packs, even if provided with a MAR chart. SG was surprised to hear this as this particular care provider's position is to use original packs. The Somerset CCG and County Council position is that they only commission providers who can administer from original packs so EW was advised to push back on this. Hopefully this was just a one off misunderstanding.

10.13 South West Medication Safety Officer Network Meeting – Last meetings 03/03/20 & 04/06/20 – March Minutes received

Nothing to note.

10.14 RMOC Update

No update this month

11 Current Performance

11.1 March Scorecard Primary Care Network Trend

SG thanked practices for their hard work on the scorecard over the last year and was particularly pleased with the progress made on the patient safety indicators.

11.2 End of Year Prescribing Update

- The NHSBSA reported GP prescribing spend in March 2020 was ~£1M above the expected spend due to COVID -19 related additional prescription demand.
- The gross over spend on budget was ~£3m, reduced to ~£2m when the costs of influenza and pneumococcal vaccines are passed to public health. Most of this overspend was due to nationally agreed Category M price rises and NCSO monthly price concessions.
- The ability to maintain a medicines optimisation focus through the year was strained with workload issues, PCN discussions and the arrival of COVID-19 all impacting. The commissioned sessional pharmacists team was impacted by COVID-19 with many redeploying to community pharmacy to help sustain that service during peak demand. A number of

- the team also self-isolated.
- The CCG commissioned care home pharmacist service made significant deprescribing and safety interventions through the year, but at a lower rate than in previous years. With the arrival of COVID-19 direct visits to care homes by this team were suspended.
 - COVID-19 continues to have a significant impact on Care home residents and nationally a Pharmacy and Medicines Support to Care Homes Urgent System wide delivery model has been released. A pharmacy and medicines cell has been convened to oversee on a weekly basis COVID-19 related issues. This cell has identified a significant risk across the system in delivering the pharmacy and medicines related actions required to support care homes. Currently 6/13 Somerset PCNs have no employed clinical pharmacist and the Somerset System also currently has gaps from a pharmacy workforce perspective. On a temporary basis sessional pharmacist support will be directed to care homes where a clinical need for SMRs has been identified in those PCNs with no support.
 - The Medicines Safety Officer continues to update eclipse live with new alerts to identify patients at risk of harm. Engagement with this safety tool continues to improve, with most practices seeing the benefits.
 - Significant progress was made against the 2019-20 scorecard indicators and practices were thanked for their hard work on these. There was variation on progress between practices and PCNs.
 - Significant progress has been made through the year by primary care in rationalizing respiratory inhalers to either MDI or dry powder. Admissions data provides reassurance that our respiratory work is having positive outcomes for patients.

11.3 Potential Generic Savings January to March 2020

-Noted.

Discussion around sending another letter out to practices regarding potential generic savings. To look at again in September.

11.4 Antimicrobial prescribing 2019-20 Q4 update

-Noted.

Overall the CCG are doing very well on antimicrobial prescribing and are hitting the CCG targets. Practices were thanked for their work on antimicrobial stewardship.

There are some individual practices who could improve in certain areas and there are a number of work streams running to work with these practices around raising awareness and optimising the prescribing of antibiotics.

One piece of work carried out recently was around raising awareness of the PHE guidance to not perform urine dipsticks on elderly patients. As discussed under 7.1 there has also been work to raise awareness around hydration and UTIs.

- 12 Rebate Schemes**
- 12.1 Galen® Emollients**
 Galen® Emollients, Galen Pharma Limited, Commence date: 13/05/2020
 Products included: ExoCream 500ml, 350g, 150g, 50g, Dermipar ointment 500g, Miclaro cream 500ml, 300ml, Miclaro lotion 500ml, Myribase shower gel 200ml.
 -Noted.
- 13 NICE Guidance June**
 -Noted
- 14 NICE Technology Appraisals**
- 14.1 [TA628] Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer**
 Commissioned by NHS England. Providers are NHS hospital trusts.
 -Noted.
- 14.2 [TA629] Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab**
 Commissioned by NHS England. Providers are NHS hospital trusts.
 -Noted.
- 14.3 [TA630] Larotrectinib for treating NTRK fusion-positive solid tumours**
 Commissioned by NHS England. Providers are NHS hospital trusts.
 -Noted.
- 14.4 [TA631] Fremanezumab for preventing migraine**
 Commissioned by clinical commissioning groups. Providers are NHS hospital trusts.
 -Noted.
- 15 NICE Clinical Guidance**
- 15.1 [NG157] Joint replacement (primary): hip, knee and shoulder**
 -New.
 -Noted.
- 15.2 [NG160] COVID-19 rapid guideline: dialysis service delivery**
 -Update.
 -Noted.
- 15.3 [NG167] COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders**
 -Update.
 -Noted.
- 15.4 [NG174] COVID-19 rapid guideline: children and young people who are immunocompromised**
 -Update.
 -Noted.

15.5 [NG176] COVID-19 rapid guideline: chronic kidney disease

-New.
-Noted.

15.6 [NG177] COVID-19 rapid guideline: interstitial lung disease

-New.
-Noted.

16 Safety Items, NPSA Alerts and Signals

16.1 Risk Review and Management

-Noted.

In addition to the historical risks around the financial position and prescribing costs, some new risks have been added to the register relating to COVID-19 including ensuring good supply of end of life and ICU medicines. There is also a new risk around the provision of structured medication reviews by pharmacists to care homes and the workforce issues affecting this.

16.2 MHRA Drug Safety Update May

-Noted.

16.3 Coronavirus (COVID-19): new dedicated Yellow Card reporting site for medicines and medical devices

-Noted.

17 BNF Changes

17.1 BNF Update May

-Noted.

Reminder that the electronic BNF is advised to be used over the paper copy where possible as it includes the monthly updates.

18 Any Other Business

18.1 Geoff Sharp

The group were informed that Geoff is retiring from his CCG role at the end of the month. Members shared their thanks and appreciation for the invaluable input and support that Geoff has provided to PAMM and SPF over the years and wish him all the very best.

18.2 COVID-19 antibody serology testing

TB informed the group that COVID-19 antibody serology testing is now on TQUEST. Noted. SG advised that there is a special group within the system looking at antibody testing and phlebotomy capacity and the primary care cell have raised some issues.

18.3 Flu vaccinations

SG informed the group that there are ongoing discussions around flu vaccinations (and COVID-19 vaccinations, should one become available). There are discussions around how primary care, including GP practices and community pharmacies, can administer vaccinations to patients who may be shielding should we get a second wave of COVID-19 and also how they will

be carried out if we still need to maintain the two metre social distancing (use of PPE, etc).

18. Somerset emotional well-being podcast

AT informed the group that he and Peter Bagshaw have created an emotional well-being podcast which has been circulated by the communications team.

DATE OF NEXT MEETINGS

8th July 2020 (SPF following)

9th September 2020 (SPF following), MR2 Wynford House

14th October 2020, MR2 Wynford House

11th November 2020 (SPF following), MR2 Wynford House