

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 8th July 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
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	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:	Dr David Davies (DD)	West Somerset Representative
	Orla Dunn (OD)	Public Health Representative
	Gordon Jackson (GJ)	People Champion
	Dr Catherine Lewis (CL)	Bridgwater Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

2 REGISTER OF MEMBERS' INTERESTS

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

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 10th JUNE 2020

4.1 The Minutes of the meeting held on 10th June were agreed as a correct record.

4.2 Review of action points

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

Action 1: ADHD Shared Care Guideline – SFT are waiting to hear back from the Paediatricians regarding this. SDB will bring back to PAMM when this is ready.

Action 2: Agomelatine Shared Care Guideline – Comments from PAMM have been shared with SDB. A revised version will be circulated to PAMM members for approval. **Action: SDB**

5 Matters Arising

5.1 Agomelatine Shared Care Guideline

Discussed under 4.2.

5.2 PGDs for steroid injections by First Contact Physiotherapists

The PGDs were circulated to PAMM members for comments. Feedback was received requesting that they are put into CCG format, align with primary care and include a family history of diabetes or glaucoma as cautions for the use of injectable steroids.

Feedback comments to the Trust.

Action: SDB

Once the PGDs have been amended to reflect these changes they can be approved and signed off.

PAMM queried how the injections are to be obtained and funded. HC will raise this via the LMC. SDB will find out and will ensure that this is clarified.

6 Other Issues for Discussion

6.1 COVID-19 Update

SG provided the group with an update on COVID-19.

A number of cells which were formed to deal with the immediate effects of COVID-19 may be wound down in the near future as we are getting to this period where potentially wave one is over and we are hoping to avoid a second wave and return to restoring some services. The issue around moving to restore services is some of the reduced capacity in secondary care from some of their elective procedures and diagnostics so there will be changes coming out around those pathways and ability to provide services. Hopefully waiting times which have built up will start to be addressed.

6.2 **PCN Update**

SG has been in discussions with the Clinical Directors around support to care homes which was an immediate requirement from a pharmacy and medicines perspective. The number of PCN pharmacists is gradually increasing and they are being aligned to what is included in the PCN DES but also some of the immediate requirements to support care homes. The LPC have been involved with this.

Acute Trust colleagues have issued communications expressing that they would be more than happy to provide some more detailed medicines information support for community pharmacies and care homes should there be any specific queries around more complex medicines.

7 **Other Issues for Noting**

7.1 **COVID-19 rapid evidence summary: vitamin D for COVID-19**

There is no evidence to support taking vitamin D supplements to specifically prevent or treat COVID-19. However, all people should continue to follow UK Government advice on daily vitamin D supplementation to maintain bone and muscle health during the COVID-19 pandemic.

-Noted.

8 **Additional Communications for Noting**

8.1 **Prescribing leads conference - presentation**

The prescribing leads conference was unable to be held due to COVID-19. A presentation was shared with practice managers, prescribing leads and the full MM team.

The presentation covered the new scorecard indicators and for reference the final positions on last years. As the government step down alert level from 4 to 3 – COVID remains an issue but we also need to start considering improving patient outcomes from better medicines optimisation.

Dr Wendy Jones was due to give a presentation at the prescribing leads event on breastfeeding. Some slides were shared on breastfeeding and cow's milk protein allergy (CMPA) which detailed useful links and resources.

Add breastfeeding and medication to MM newsletter. **Action: Steve Moore**

Share infant feeding resources with SGPET. **Action: AT and SM**

8.2 New pathways and resources for care homes and the community to support with malnutrition

The community dietetic department have made changes to their malnutrition pathways and websites.

They have separated their existing MUST care pathway and created two new pathways – one for care homes and one for community.

They are now accepting referrals directly from care homes (without the need for a GP or HCP referral). They request that carers follow the guidance in the pathways and if no improvement and/or further support is needed then they can now refer directly into the service.

They have also developed a new section on their website dedicated to supporting care homes. These webpages include links to training webinars on screening and supporting with malnutrition, Nutrition Support Care Plan booklets to download (to support with a food first approach) and a short videoscribe on how to use this booklet. There are also additional resources to support with dementia and end of life nutrition.

For patients in the community they have developed a number of resources to support people who may be at risk of malnutrition where self-management may be appropriate or interim support is required prior to a referral, including a malnutrition webinar and food first resources.

-Noted.

8.3 Dipstick & link to UTI antibiotics in over 65s - week 22 update

Helen Spry has taken over as antimicrobial lead for the CCG.

The latest set of information about UTI dipstick testing for patients > 65yrs of age was shared. UTI diagnosis in patients aged over 65years should be based on clinical signs and symptoms. Dipsticks should not be used. We continue to monitor the patient numbers with UTI antibiotic prescribing linked urine dipstick testing (the aim is to be lower). The rate linking between positive dipsticks and UTI antibiotic prescribing for patients aged ≥ 65 remains low and at week 22 it was 48.6% lower than the week 1 baseline. There has been a small increase over the last few weeks, so practices were reminded to keep monitoring this area.

Good news story showing positive data.

-Noted.

EW raised that in community pharmacies providing the minor ailments scheme there has been some confusion where patients outside of the UTI PGD remit have been referred to the GP practice, who sometimes refer them back to the pharmacy. SG will discuss with EW.

8.4 Urgent Diltiazem safety issue

Following the discontinuation of Slozem there has been an increase in generic prescribing of diltiazem products. Slozem was a once a day XL product and so must not be replaced by a SR brand or generic SR prescription as this will give poorer cardiac control if that SR product is prescribed once a day. XL products must not be prescribed BD/TDS and SR products must not be prescribed OD.

Eclipse Live data has been shared with practices and they have been asked to instigate a safety review of diltiazem prescribing. Community pharmacy colleagues have also been asked to be aware of this and refer back to the practice where necessary.

The BNF recommends diltiazem products are prescribed by brand – this ensures that the patient receives the same brand from their pharmacy/dispensary. The recommended formulary brands are as follows -
Diltiazem XL - Zemtard XL caps once a day
Diltiazem SR BD - Angitil SR caps twice a day
It was raised that patients are often discharged from the Acute Trusts having been prescribed generic Diltiazem.

Raise with secondary care colleagues to prescribe Diltiazem by brand.

Action: SG

8.5 Codes for Care home residents

Clarification of the correct codes to be used for recording care home residents for the purposes of the PCN DES.
-Noted.

8.6 Latest medicines supply issues

Noted the latest Medicines Supply Notifications and NHSE SW guidance for dealing with supply shortages.

The guidance is intended to facilitate a joined up approach to such issues as some local wholesaler and Somerset pharmacy stock may be available. However when the NHSE SW guidance has been followed and it is clear all local stock is exhausted the suggested actions in the MSNs should be considered and followed.

SG requested feedback of any issues and the MM team can check with wholesalers.

Across the county work is taking place to implement EPS-4 and improve electronic repeat dispensing uptake in suitable patients. It is vitally important that when such changes are taking place - no increase to prescription duration occurs as this will only exacerbate potential supply issues.

8.7 Sub Optimal Statins

Prescription of suboptimal statin treatment regimens: a retrospective cohort study of trends and variation in English primary care. Research by Helen J Curtis, Alex J Walker, Brian MacKenna, Richard Croker and Ben Goldacre.

-Noted.

This study links in with scorecard indicator 11 - Increasing high intensity statin prescribing as % all statins.

8.8 DHSC Supply Issues Monthly Update July 2020

-Noted.

9 Formulary Applications

9.1 None this month

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

Yeovil & South Somerset East & West - HC – Yeovil are still operating a red site, otherwise business as usual. They are looking to increase the utilisation remote consultations.

Chard, Ilminster & Langport - TB – Utilising practice nurses as much as possible with a priority on calling in patients with chronic diseases including asthma and diabetes.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 01/07/20

SG attended CEC and shared the end of year prescribing report. Feedback from James Rimmer, CCG Chief Executive was very positive. SG passed on James' thanks to primary care colleagues for the medicines optimisation work carried out over the last year and that James was very supportive of the work planned for this year.

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

Minutes not received, however SM and SDB attended and briefed PAMM at the June meeting.

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

10.5 MPH D&TC – Last meeting 22/05/20 – Minutes received

- Discussed compact sip feeds in patients who are not fluid restricted.
- Approved Moxifloxacin eye drops for bacterial conjunctivitis as a second or third line treatment, where chloramphenicol or levofloxacin eye drops have failed.
- Approved Hydrogen Peroxide 1% cream for treatment of localised non-bullous impetigo where the patient is not systemically unwell or at risk of complications.

10.6 BNSSG Joint Formulary Group – Last meeting 02/06/20 – Minutes received

- Approved Lidocaine plasters as TLS Red.
- Mercaptopurine Autoimmune Hepatitis - Shared care protocol has been uploaded to the formulary for NBT. Awaiting approval for UHB.
- Betamethasone soluble tablets - Primary care guidance for GPs produced.
- Approved Noqdirna (desmopressin oral lyophilisate) for patients over 18 years old for the symptomatic treatment of nocturia due to idiopathic nocturnal polyuria as TLS Amber 3 months, pending approval of a Shared Care Protocol.
- Mycophenolate and mycophenolate acid for Rheumatology indications – Approved Shared Care Protocol Amber 3 months and is included in the Specialist Monitoring Local Enhanced Service so GP Practices would be remunerated for each patient prescribed Mycophenolate they are undertaking monitoring for.
- Levetiracetam injection 100mg/ml TLS change from blue/red to Amber no shared care for parenteral administration for palliative patients, under the advice of a specialist palliative care consultant, who are unable to take their oral antiepileptics to treat seizures.
- Reviewed and amended Gonadotrophin analogue (GnRH) chapter and recommendations.

10.7 BNSSG Area Prescribing Medicines Optimisation Committee – Last meeting 11/06/20 – Draft minutes received

- Produced a Low Risk Diabetic Foot Pathway to support GPs/practice nurses in managing patients with low risk diabetic feet in Primary Care rather than referring into the Podiatry service when the first intervention will be a prescription of a heel balm. Allpresan Heel Balm added to BNSSG formulary. The aim is reduce referrals to the Podiatry team and free up capacity for higher risk patients.
- Produced a guide for the use of off-label topical steroids for inflammatory oral conditions to support GP's, with photos to help GP recognise conditions and what their management would be in Primary Care.
- Produced guidance on Ranitidine shortages and niche patient groups.
- Carried out a red drug audit.
- Updated antimicrobial prescribing guidelines.

- 10.8 RUH Bath D&TC – Last meetings 13/02/20 & 18/06/20 – February minutes received**
[TA607] Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease - added to the formulary as TLS green and developed guidance for use.
- 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**
- Pharmacies have been affected by drug quota issues – the PSNC are looking into this.
 - There is an ongoing review of LPCs. An independent report has been published which the LPC have been analysing.
 - The LPC are mapping ‘buddy systems’ where if one pharmacy is closed, another will be able to assist.
 - Pharmacies have been participating in a Community Pharmacy Consultation Audit which looked at the amount of time spent giving advice over the phone and in person.
- 10.13 South West Medication Safety Officer Network Meeting – Last meeting 04/06/20 – Minutes not received**
- 10.14 RMOC Update**
No update this month
- 11 Current Performance**
- 11.1 Prescribing Update**
No report this month.
- 11.2 April Scorecard Primary Care Network Trend**
-Noted.
- 12 Rebate Schemes**
- 12.1 None this month**
- 13 NICE Guidance July**
-Noted
- 14 NICE Technology Appraisals**
None this month.

15 NICE Clinical Guidance

15.1 [NG178] COVID 19 rapid guideline: renal transplantation

-New.

-Noted.

This guideline covers children, young people and adults who need or who have had a kidney transplant, and people who are donating a kidney (live donors). It also advises transplant and referring centres on how to run their services, while keeping them safe for patients, donors and staff during the COVID-19 pandemic. Kidney transplants improve life expectancy and quality of life, and cost less than dialysis in the long term, so providing effective and safe services will benefit patients and make the best use of resources.

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

-Update.

-Noted.

2 July 2020: Added a bullet point to recommendation 3.2 to highlight the possible risk of adrenal crisis for patients on long-term corticosteroids.

16 Risk Review and Management

Nothing to report.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update June

-Noted.

17.2 Cyproterone acetate: new advice to minimise risk of meningioma

-Noted.

17.3 Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents

-Noted.

This alert has been circulated to practices, Eclipse Live alerts have been set up and Eclipse data has been shared with practices. Practices have been reminded to bear this risk in mind when assessing patients for PPI cover for the scorecard.

18 BNF Changes

18.1 BNF Update June

-Noted.

18 Any Other Business

18.1 Flu vaccinations

SG informed the group that there is a lot of work going on behind the scenes regarding flu vaccinations. The CCG are aware that there are a lot of complexities involved this year and are awaiting guidance.

18.2 BMJ Study

TB highlighted an article recently published in the BMJ regarding the use of an electronic tool to support deprescribing. There was a discussion around electronic deprescribing apps. The CCG are aware of various apps and their position is that clinicians should be cautious of any apps that are not approved by the MHRA.

DATE OF NEXT MEETINGS

9th September 2020 (SPF following), Microsoft Teams Meeting

14th October 2020, Microsoft Teams Meeting

11th November 2020 (SPF following), TBC