

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 9<sup>th</sup> September 2020**.

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Hels Bennett	Medicines Manager, CCG
	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
	Michael Lennox (ML)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Toby Burne (TB)	CLIC Representative
	Dr David Davies (DD)	West Somerset Representative
	Orla Dunn (OD)	Public Health Representative

## 1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Michael Lennox, CEO Community Pharmacy Somerset and Hels Bennett, CCG Medicines Manager were introduced to the group.

## 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.

The following specific interests in relation to the agenda were reported:

HC declared an interest in relation to item 9.4: Knee Pressure Offloading Device. This item was a request from the OASIS team and HC is a GP at Diamond Health Group (Diamond hold the OASIS East contract). HC was excluded from the discussion relating to this item.

#### **4 MINUTES OF THE MEETING HELD ON 8<sup>th</sup> JULY 2020**

4.1 The Minutes of the meeting held on 8<sup>th</sup> July were agreed as a correct record.

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

All items were complete.

#### **5 Matters Arising**

##### **5.1 Potential Generic Savings**

The potential annual saving for Somerset CCG is still approximately £350,000. It was agreed for the MM team to circulate a letter to practices to engage them in this piece of work.

The LMC are supportive of this work. The LPC are also supportive having been assured that GPs will discuss with patients in advance of changing the prescription and it will not cause a financial loss for pharmacies.

Draft letter to practices.

**Action: Shaun Green**

Draft patient letter.

**Action: Caroline Taylor**

Once the letters have been agreed, share this piece of work with the communications team.

**Action: Sam Morris**

##### **5.2 Enoxaparin**

YDH and SFT are planning to switch from Clexane to the Inhixa brand of Enoxaparin by the end of September.

With a number of biosimilar Enoxaparins available now we would recommend for long term users maintaining brand prescribing in order to avoid device confusion. If primary care wishes to also switch to Inhixa they are reminded to ensure the patient has a good explanation and no issues with using the Inhixa device.

Inform primary care aware of this switch.

**Action: Shaun Green**

## **6 Other Issues for Discussion**

### **6.1 Pharmacy Hepatitis C Testing**

ML explained that this service is part of the new community pharmacy contract. The LPC are supporting suitable pharmacies to sign up to the service. It is estimated that 5-10 pharmacies will sign up and the network will be determined based on appropriate areas, likely those pharmacies which are currently providing the needle exchange service. This service is for people who inject drugs who are not already engaged in a community drug and alcohol treatment service. Once the network of pharmacies is determined PAMM requested that the LPC inform GP practices and Minor Injury Units so that they are able to signpost any patients they are aware of who are not already engaged in a service.

### **6.2 Pharmacy Quality Scheme 2020-21**

ML explained the Pharmacy Quality Scheme 2020-21 to the group.  
-Noted.

### **6.3 Pharmacy Flu Vaccine Specification**

-Noted.

The LPC have been in communication with the LMC regarding this and hope to work together to achieve their missions. The CCG fully support this service and encourage communications between GP practices and community pharmacies in order to avoid duplication of work and any tensions.

Community pharmacies are able to provide flu vaccinations offsite this year. A member of the group reported significant event which occurred last year where a patient with memory loss was given a flu vaccination at both the practice and the pharmacy. Practices are informed via PharmOutcomes of vaccinations given by a pharmacy so it is important to regularly check the inbox and update the patient's record accordingly. The group weren't sure whether pharmacies are informed of vaccinations given by the practice, e.g. via EMIS viewer or the SCR. ML will raise this with the LPC.

Raise practice to pharmacy flu vaccine communication with the LPC.

**Action: Michael Lennox.**

### **6.4 Lithium carbonate (Priadel®) 200mg and 400mg modified release tablets – Supply Disruption**

Priadel® (lithium carbonate) 200mg and 400mg modified-release tablets are being discontinued in the UK and remaining supplies of both strengths are expected to be exhausted by April 2021. This is expected to result in a £17-20m financial risk to the NHS each year and there is also a significant risk to patients.

In Somerset, our preferred approach to manage the system financial and patient safety risk would be for all new patients to be initiated on Liskonum and a phased program of switching from Priadel 400mg to Liskonum 450mg.

There was a long discussion around this switch. PAMM strongly agreed that this switch should be being done by Psychiatrists and not in primary care since this is a specialist amber drug.

SDB informed the group that it is SFT's intention to proactively identify all patients known to them and schedule in an appointment for them. This allows them to manage the workload and also having an appointment scheduled should help to alleviate any anxiety around the discontinuation as the patient will know that they are in the system.

It was raised that not all patients on Lithium may be known to the service. The CCG have identified approximately 320 patients on Lithium in Somerset.

PAMM questioned SFT's capacity for seeing these patients. SDB informed the group that as a result of COVID-19, SFT are now well set up to carry out virtual consultations. Patients will still need to attend for monitoring and blood tests, however counselling can now be done remotely so this should improve capacity.

SDB to take away PAMM's comments and feedback on SFT plans.

**Action: Steve DuBois**

There were concerns around whether community pharmacies would be willing to half tablets for patients who are unable to do so. The SPC allows Liskonum tablets to be halved.

ML to discuss halving Liskonum tablets with LPC. **Action: Michael Lennox**

There were also concerns around community pharmacies completing assessments of patients requiring aids for taking their medication such as blister packs. ML confirmed that community pharmacies are contracted to look after vulnerable people and make the necessary adjustments and that mental health patients, specifically those in need of Lithium would be covered by this. Issue communication regarding blister packs in LPC bulletin.

**Action: Michael Lennox**

## **7 Other Issues for Noting**

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

#### **8.1 Resources to support reduction of Hypnotic prescribing**

Prescribing of anxiolytics and hypnotics in Somerset is now significantly above the national average which is why it has been chosen as a safety and quality area to review as part of this year's incentive scheme scorecard.

A number of resources were shared with practices to support them in tackling this difficult area of prescribing including patient letters, leaflets and CBT alternatives to medication.

The resources were very well received and the group felt that they were excellent support, particularly having CBT as an alternative.

## 8.2 **Changes to CCG Clinical Pharmacist lead areas**

The group were pleased to welcome Hels Bennett, the newest member of the Medicines Management team to the meeting. Following Hels appointment the MM team have made some changes to Pharmacist lead areas for PCNs and practices have been informed of this.

Share CCG Pharmacist lead changes with LPC.

**Action: Sam Morris**

## 8.3 **Antimicrobial prescribing 2020-21 Q1 update**

The CCG are making good progress and doing very well nationally on antimicrobial prescribing. Well done to practices for their continued work on this area of prescribing.

## 8.4 **Dipstick & link to UTI antibiotics in over 65s - week 27 update**

An update on this project which Ana Alves started when she was on the MM team. It is hoped this will be published and for a system-wide approach to reducing the inappropriate use of urine dipsticks.

-Noted.

## 8.5 **EMIS Hints and Tips: Find repeat medication not issued**

**for a number of months - 'Automatically cancel repeats not issued for'**

A reminder from EMIS that repeats not requested for a minimum of one year can be automatically cancelled and EMIS can also be used to find repeats not requested for six months, etc. SG recommended that practices look at using these tools to identify poor concordance which may be impacting patient outcomes.

However, SG also highlighted that ordering repeats does not always mean that the patient is taking the medication and recommends practices also use EMIS tools to identify patients or their agents who may be over ordering and hoarding or wasting medication.

-Noted.

## 8.6 **Diabetics prescribed Oramorph**

Concerns have been raised by the regional accountable Officer for controlled drugs about the levels of Oramorph being prescribed across Somerset.

The MM team have previously taken action by:

1). Asking acute trusts initiating Oramorph post-surgery to amend discharge letters and information to patients to state this should not be added to repeat medication.

2). Highlighting to GP practices and turning point the relatively high alcohol content of Oramorph and therefore why it should not be prescribed to patients with a history of alcohol problems (e.g. those prescribed thiamine).

We are now highlighting that we currently have 385 patients with diabetes prescribed oramorph. This clinically requires review as Oramorph contains a high sugar content. If long term Morphine is required in such patients we recommend a switch to Zomorph capsules, which can if necessary be opened and the contents sprinkled on food if swallowing is an issue.

-Noted.

## **9 Formulary Applications**

### **9.1 Rybelsus® ▼ (Semaglutide tablets), Novo Nordisk Limited.**

3mg (30 tablets), £78.48.

7mg (30 tablets), £78.48.

14mg (30 tablets), £78.48.

Rybelsus is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications.
- in combination with other medicinal products for the treatment of diabetes.

Approved.

Add to formulary and TLS **GREEN**.

**Action: Daniela Wilson and Caroline Taylor**

### **9.2 Epiduo® (Adapalene/Benzoyl peroxide) 0.3%/2.5% gel, Galderma (U.K) Ltd.**

45g, £19.53.

Indicated for the cutaneous treatment of acne vulgaris where comedones, papules and pustules are present.

Lower strength (0.1% Adapalene) is currently on formulary.

Add to formulary and TLS **GREEN**.

**Action: Daniela Wilson and Caroline Taylor**

### **9.3 Sumatriptan 3 mg/0.5 ml solution for injection in pre-filled pen, Ranbaxy (UK) Limited a Sun Pharmaceutical Company.**

Pack of 2, £39.50.

Subcutaneous injection of Sumatriptan is indicated for the acute relief of migraine attacks, with or without aura. Sumatriptan should only be used where there is a clear diagnosis of migraine.

Add to formulary and TLS **GREEN**.

**Action: Daniela Wilson and Caroline Taylor**

### **9.4 Knee Pressure Offloading Device Action Reliever, Thuasne.**

Left, Right, Medial, Lateral Size 1-8. £195.00 each.

OASIS/MSK services indications for action reliever off loader bracing:

1. Unicompartmental tibiofemoral knee osteoarthritis and symptoms (no greater than mild/subtle patellofemoral symptoms – not suitable if significant anterior knee pain.)
2. Mild deformity only which should be correctable (varus / valgus no greater than 10-15 degrees.) Any fixed flexion no greater than 10-15 degrees.
3. Limited response to standard conservative management (advice, analgesia, strengthening, weight loss, mobility aids, shock absorbing footwear)

etc.)

4. Patient willing to engage with bracing through shared decision making and discussion of treatment options.

Approved as on formulary with the recommendation that OASIS source the device and GPs are not expected to prescribe.

Add to Traffic Lights Guidance.

**Action: Caroline Taylor**

## **10 Reports From Other Meetings Feedback**

### **10.1 Primary Care Network Feedback**

HC informed the group that Emma Waller will be starting as the new PCN pharmacist for Yeovil next week and they are looking forward to this.

Nothing to report from the other PCNs.

### **Summary**

### **10.2 Clinical Executive Committee Feedback – Last Meeting 02/09/20**

Nothing to report.

### **10.3 YDH Medicines Committee meeting – Last meeting 09/09/20 – Minutes not received**

### **10.4 MPH D&TC – Last meeting 24/07/20 – Minutes not received**

### **10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meetings 09/06/20 & 08/09/20 – June minutes received**

Discussed Vitamin D supplementation in patients with SMI.

SJM attended the September meeting and reported that there was a discussion around Vitamin B and Thiamine. SJM requested that they share the RMOG guideline.

Produced draft guidance for the use of Melatonin in paediatric sleep disorders which will be discussed at November SPF.

Trying to get electronic prescribing off the ground. This is moving at a slow pace due to IT issues.

### **10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC**

### **10.7 South West Medication Safety Officer Network Meeting – Last meeting 01/09/20 – Minutes received**

The SWMSO network discussed some important safety issues and coroner's reports that would be useful for PAMM to discuss.

Bring relevant items to next meeting.

**Action: Shaun Green**

## **10.8 LPC Report**

ML informed the group that an extension to the Community Pharmacist Consultation Service (CPCS) is due to be launched soon. This will create a direct way for GP practices to triage patients into community pharmacy, like the 111 service currently does. From the pilot studies, it is estimated that around 4-8% of GP appointments could be successfully managed by community pharmacy.

ML also discussed the Discharge Medication Support Service, which is due to be launched next year. The specification will be released and then secondary care and community pharmacies will be asked to make local plans. Community pharmacies will be informed of the patient's discharge medication and will be able to conduct a check to ensure that they have got the right information and there will be less risk of issuing previous medicines, etc.

There was a discussion around community pharmacy capacity with them currently being under pressure and difficult circumstances financially.

## **10.9 Exceptional items from out of area formulary meetings**

Nothing to report.

## **10.10 RMOC Update**

The group noted the agenda for the next meeting.

## **11 Current Performance**

### **11.1 Prescribing Update**

- The GP prescribing budget for 2010-21 is £83,758,744 (indicative).
- The initial end of year forecast spend, which is very subjective at this early point is £85,869,937.
- This gross forecast does not take into account the expected costs of influenza and pneumococcal vaccines which are passed to public health, which would be expected to bring the forecast overspend to below £1M.
- Pharmacist workforce risks are growing across the region and in Somerset as PCNs employ more pharmacists. This positive development is reducing the ability of the CCG commissioned pharmacist support to practices and the ability to maintain a medicines optimisation focus. Workforce risks exist in community Pharmacy and acute trust pharmacy.
- The CCG continues to maintain its excellent anti-microbial stewardship position – with most practices exceeding the national targets each month.
- COVID-19 continues to have a significant risk for Care home residents and PCN Pharmacists will have a growing role in supporting care homes with SMRs and providing advice. As this work stream is passing to PCNs, the CCG commissioned service will be stopping from October.
- Steve Moore, the CCG Medication Safety Officer (MSO) is doing an excellent job working across the regional network. He 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.
- The MSO continues to slowly progress the application to link patient admissions data (SUS) to prescribing data via eclipse live so that GP

practices can have a fuller picture of patient outcomes. A number of other CCGs have already rolled this out via a system called VISTA – however the Somerset work has been delayed due to IG issues.

- 11.2 June Scorecard Primary Care Network Trend**  
-Noted.
- 11.3 June Safety Spreadsheet**  
-Noted.
- 12 Rebate Schemes**
  - 12.1 None this month**
- 13 NICE Guidance August and September**  
-Noted
- 14 NICE Technology Appraisals**
  - 14.1 None this month**
- 15 NICE Clinical Guidance**
  - 15.1 [NG125] Surgical site infections: prevention and treatment**  
-Update.  
-Noted.
  - 15.2 [NG160] COVID-19 rapid guideline: dialysis service delivery**  
-Update.  
-Noted.
  - 15.3 [NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation**  
-Update.  
-Noted.
  - 15.4 [NG172] COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response**  
-Update.  
-Noted.
  - 15.5 [NG174] COVID-19 rapid guideline: children and young people who are immunocompromised**  
-Update.  
-Noted.
  - 15.6 [NG178] COVID 19 rapid guideline: renal transplantation**  
-Update.  
-Noted.

**15.7 [NG179] COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services**

-New.  
-Noted.

**15.8 [NG180] Perioperative care in adults**

-New.  
-Noted.

**15.9 [NG181] Rehabilitation for adults with complex psychosis**

-New.  
-Noted.

**15.10 [CG134] Anaphylaxis: assessment and referral after emergency treatment**

-Update.

August 2020: Advice was added to recommendation 1.1.11 that people should be offered a prescription for 2 further adrenaline injectors before discharge post anaphylaxis/ use of their autoinjector adrenaline pens and advised to carry these with them at all times.

-Noted.

Find out if this has been addressed at the Trusts.

**Action: Sam Morris**

There was a discussion around adrenaline auto-injectors and training, making use of dummy devices which can be obtained from the manufacturers.

Develop a training resource for the CCG website.

**Action: Sam Morris and Daniela Wilson**

The group were informed of a recent coroner's report regarding anaphylaxis. This will be discussed in further detail at the next meeting.

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

-Update.  
-Noted.

**16 Risk Review and Management**

There are three new risks around medicine supply issues, covid-19 related ICU medicine supply issues and workforce/pharmacy capacity to support care homes, in addition to the longstanding risks around the financial budget and high cost drugs.

**17 Safety Items, NPSA Alerts and Signals**

**17.1 MHRA Drug Safety Update July and August**

-Noted.

- 17.2 Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use**  
-Noted.

The group felt that this was long overdue and fully support it.

- 17.3 Emollients and risk of severe and fatal burns: new resources available**  
-Noted.

Practices are encouraged to remind patients of this risk.

Add link to website.

**Action: Daniela Wilson**

- 17.4 Isotretinoin (Roaccutane ▼): reminder of important risks and precautions**  
-Noted.

- 17.5 Denosumab 60mg (Prolia): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment**  
-Noted.

The MM team flagged this issue during COVID-19 and encourage primary care to call in any patients who may have missed doses during this time.

- 17.6 Clozapine and other antipsychotics: monitoring blood concentrations for toxicity**  
-Noted.

- 17.7 NPSA Alert: Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults**  
-Noted.

The CCG very much encourage all parts of the system to ensure that they keep a supply of steroid cards and have discussions with patients who require them to make sure they are aware of the reason for this.

- 17.8 NIHR Signal: New research supports the move to raise the blood pressure target for frail older people**  
-Noted.

- 17.9 NIHR Signal: Some antidepressants can help people quit smoking, but other medications may offer greater benefits**  
-Noted.

**17.10 NIHR Signal: Asthma patients with a history of opioid use have worse outcomes**

-Noted.

The CCG have discussed this with the specialists and with Turning Point. Turning Point advised that they would raise this with their service.

There are potentially groups of patients who are misusing opioids or are now into treatment but who may be difficult to engage with for some of their other health needs. SG highlighted that when supplying methadone, etc it would be good practice for community pharmacies to encourage these patients to be reviewed for their other long-term conditions including asthma and to get their flu vaccinations, in order to help prevent poorer outcomes in these patients.

HC suggested that since this is a cohort of patients who are far more likely to attend their community pharmacy than their practice, community pharmacy could really drive on flu vaccinations in this group. ML agrees with this and advised that the LPC are in dialogue with the chief pharmacist at Turning Point regarding how community pharmacy can step up and do some different and interesting things here. ML will go back to Turning Point with PAMM's support for further dialogue to see what community pharmacy can do to make a difference.

**17.11 NIHR Signal: Damage to kidneys and eyes may start before people are diagnosed with diabetes**

-Noted.

**17.12 NIHR Signal: New tool for assessing the severity of type 2 diabetes could help personalise treatment and improve outcomes**

-Noted.

**17.13 NIHR Signal: Fluoxetine does not improve outcomes after stroke**

-Noted.

**18 BNF Changes**

**18.1 BNF Update July and August**

-Noted.

The BNF have recently changed their dose equivalents for some opioid drugs.

SG has raised this with the system and hopes for everyone to agree to use the same dose equivalents. He has asked the Trusts for comments and hopefully an agreement will be made at November SPF.

## **18 Any Other Business**

### **18.1 PAMM Representation**

Emma Waller will no longer be representing the LPC at PAMM since she has taken on the role of PCN pharmacist for Yeovil. The group thanked Emma for her contributions at PAMM and for keeping the group informed of what is going on at the LPC. They wish her every success in her new role and look forward to working together in this new venture. Kyle Hepburn will be joining the group in her place and they look forward to welcoming him to the next meeting.

Dr Toby Burne will be standing down from his role of CLIC representative at PAMM. The group were sorry to lose Toby and were very grateful for his invaluable input over the years and signposting to additional evidence and resources. They wish him well at the practice.

Gordon Jackson will also be standing down from his role of lay member at PAMM. As a retired Doctor, Gordon was excellently suited to the role in this group and could contribute where needed. The group thanked Gordon for all of his invaluable help and wish him all the very best.

The group were informed that Liz Harewood, Somerset NHS Foundation Trust representative is retiring from her role at the Trust. They were grateful for her help over the years and wish her all the very best.

### **18.2 Prescribing of opioids (total morphine equivalence) charts**

Discussed under 18.1.

#### **DATE OF NEXT MEETINGS**

14<sup>th</sup> October 2020, Microsoft Teams

11<sup>th</sup> November 2020, Microsoft Teams (SPF following)

13th January 2021 (SPF following)

10th February 2021

10th March 2021 (SPF following)

14th April 2021

12th May 2021 (SPF following)

9th June 2021

14th July 2021 (SPF following)

8th September 2021 (SPF following)

13th October 2021

10th November 2021 (SPF following)