

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 15th March 2017**

Present:	Dr Geoff Sharp (GS)	GP Delegate (Central Mendip Commissioning Locality), Chair
	Dr Clare Barlow (CB)	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT
	Steve Du Bois (SDB)	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust
	Shaun Green (SG)	Associate Director, Head of Medicines Management, NHS Somerset CCG
	Catherine Henley (CH)	Medicines Manager, NHS Somerset CCG
	Gordon Jackson (GJ)	Patient Representative
	Kate Jones (KJ)	Symphony lead pharmacist
	Jon Standing (JS)	Chief Pharmacist, Yeovil District Hospital
	Zoe Talbot-White (ZT)	Prescribing Support Technician, NHS Somerset CCG
	Helen Tapson (HT)	Registrar in Public Health, Somerset County Council
Apologies:	Jon Beard (JB)	Chief Pharmacist, Taunton & Somerset NHS FT
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Ann Lee (AL)	Clinical Director, St Margaret's Hospice
	Michael Lennox (ML)	Chief Officer, Somerset LPC
	Dr Robert Munro (RM)	GP, Somerset Local Medical Committee representative
	Jean Perry (JP)	Commissioning Manager, NHS Somerset CCG

1 INTRODUCTIONS

Kate Jones Symphony Lead Pharmacist was introduced to the group.

2 APOLOGIES

Apologies were provided as detailed above.

JS was absent at the beginning of the meeting but arrived later

3 DECLARATIONS of INTEREST

KJ – To provide declarations of interest.

SDB – Took part in a group to develop a pharmacy education programme on Diabetes last week. It has no promotional content but was funded by Novo Nordisk.

4 MINUTES OF THE MEETING HELD ON 18th January 2017

4.1 The Minutes of the meeting were agreed.

- 4.2** GS ran through the action points from the last meeting.
The actions were either complete or, on the agenda.

The following action points were specifically noted:

5. SomPar Medicines Management actions against CQC inspection report: SDB discussed the report. Most actions have been completed but the CQC are currently re-auditing.

5 MATTERS ARISING

5.1 RuH Biosimilars Implementation – Update

The Somerset policies haven't been shared with RuH yet, as they aren't complete. However RuH are aware that Somerset have policies and are looking to develop one within the RuH.

5.2 LMWH Bridging Guidance- YDH Update

YDH has accepted the prescribing responsibility and now needs to sort internal delivery model and the policy needs to be agreed.

The updated TST policy will be virtually agreed because there are only minor changes.

Add to May agenda.

Action: ZTW

5.3 TST self-assessment against NICE QS120 Medicines optimisation

JB not present.

5.4 Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided - Update

LMC are meeting tomorrow and will discuss. If agreed, guidance will be provided to primary and secondary care.

Update at next meeting.

Action: CH

5.5 ADHA and Cholinesterase inhibitor shared care protocols

SBD- ADHD protocol needs to be expanded to include initiated and stabilised by a specialist in ADHD, rather than just consultants and psychiatrists.
No changes needed to Cholinesterase inhibitor protocol.

Add to May agenda for final review

Action: CH

5.6 Trust to clarify how they diagnose homozygous familial hypercholesterolaemia

Both trusts confirmed the management of these patients would fall to Bristol specialist centre. However, there has been no confirmation of whether genetic testing is carried out to diagnose.

MM team are planning to run FH audit this year to identify patients with potential FH which can then be referred.

E-mail JS structured question about how FH is diagnosed.

Action: SG

Remove from agenda- SG to deal with outside the meeting

5.7 Update on current status of 'Refer to pharmacy scheme'

This scheme is predicated around secondary care referring patients to community pharmacy services for MUR and NMS.

JS- Has no update yet. The system within YDH needs to be leaner. IT is needed to help streamline this service but they are currently heavily involved in the 'Trackcare service.

5.8 Noqdirna – Monitoring requirements and formulary status

It was noted that the license for Noqdirna requires sodium monitoring in the over 65s prior to initiation, and then at one week and one month after initiation. Treatment should be discontinued if sodium levels fall below the lower limit of normal. Noqdirna is currently **GREEN** in Traffic Light Status.

-Change to **AMBER** Traffic Light Status (TLS)

-Approved

Traffic lights to be amended to include monitoring guidance. **Action: Steve Moore**

6 OTHER ISSUES

6.1 Botox for saliva control in cerebral palsy

This is recommended in NICE guidance but SG has investigated and it is only likely to be used by specialists in Bristol. **- Noted**

6.2 Recording HIV drugs on GP clinical systems to ensure that drug interaction are highlighted – Right to anonymity issues

SG- Raised with Tracey Williams in specialist commissioning but has not yet had a response.

Also query with Trust GUM clinics.

Add to May agenda.

Action: ZTW

6.3 Pharmacy – NHS urgent medicine supply advance service (NUMSAS) pilot

The service is being commissioned at a nation level and should be running in the South West by April. Pharmacies will have to register to be able to provide this service. If a patient rings 111 requesting an emergency supply they will be signposted to the nearest pharmacy providing the service. The hope is to prevent a proportion of patients going to a GP surgery, A&E or using the out of hours service for their medication.

SG- Has asked if patients who present at A&E or GP surgeries etc. can be referred to the NHS Urgent Medicine Supply Advanced Service, and is waiting for a reply.

6.4 Request for enhanced service extension to cover GP administration of Degarelix

Tanya Whittle has confirmed that there will be no extension to the Enhanced Service to include Degarelix. Degarelix will remain a **RED** drug in Somerset.

Practices can still do if asked but they won't get paid. So many practices are likely to decline.

6.5 Jardiance® 10mg/25mg Empagliflozin (Boehringer Ingelheim LTD) First type 2 diabetes medicine in EU to include cardiovascular death reduction data in label

-Noted

Empagliflozin is the first line SGLT2 inhibitor in the formulary because it has the strongest outcome data.

6.6 Compliance aids and medicine adherence

JB not present to discuss

6.7 Somerset Care- Refusal to accept patients without MDS

JB not present to discuss

6.8 Just in case box overuse/ over-requesting

JB not present to discuss

7 Formulary Applications

7.1 Olanzapine Pamoate/Embonate Depot Injection

SomPar have noted that some patients from abroad have been requesting that GPs prescribe the injection. This injection needs 4 hours post dose monitoring due to the risk of post dose hypotension and other problems.

Refer patients requesting this in primary care to SomPar for review. GPs should take advice on converting to an oral dose equivalent of Olanzapine in the interim.

- Change TLS status to **BLACK** 'not recommended'. Approved.

Action: Steve Moore

- 7.2 Saxenda® 6mg/ml pre-filled pens for injection(Novo Nordisk)**
 Recommendation of **BLACK** TLS status i.e. 'not recommended' drug. Approved.
Action: Steve Moore
- If specialists want to put forward a business case for a specific group of patients, SPF will review.
- 7.3 Qtern® Dapagliflozin 10mg+ Saxagliptin 5mg (AstraZeneca)**
 NICE don't recommend this combination. Recommendation of **BLACK** TLS status i.e. 'not recommended' drug. Approved.
Action: Steve Moore
- 7.4 Airflusal Fospiro® 50mcg salmeterol and 500mcg fluticasone propionate per metered dose (Sandoz LTD)**
 AirFluSal Forspiro DPI is now also indicated for Asthma. It is not available in any lower strength. Approved for asthmatics that need a high does.
 Update formulary **Action: Steve Moore**
- 7.5 iAluRil® bladder installation (Aspire Pharma)**
 For patients with 'radiation cystitis' when treatment when Cystistat® has failed. Specialist treatment only.
 YDH D&TC approved use. TST to review at next D&TC meeting.
Action: CB
 - TLS status **RED** 'Specialist treatment only'. Approved. **Action: Steve Moore**
- 7.6 Emend® Aprepitant (Merk Sharp & Dohme Corp)**
 Prevention of nausea and vomiting associated with moderate and highly emetogenic chemotherapy.
 - TLS status **RED** 'funded by NHSE'. Approved. **Action: Steve Moore**
- 7.7 Butec® 15mcg/hr Patch (Qdem Pharmaceuticals LTD)**
 Cost effective buprenorphine patch
 -Approved Update formulary **Action: Steve Moore**
- 7.8 Shortec® Liquid 5mg/5ml (Qdem Pharmaceuticals LTD)**
 Cost effective Immediate release oxycodone liquid
 -Approved Update formulary **Action: Steve Moore**
- 7.9 Shortec® Concentrate 10mg/ml (Qdem Pharmaceuticals Ltd)**
 Cost effective oxycodone concentrated liquid
 -Approved Update formulary **Action: Steve Moore**
- 7.10 Shortec® Injection 10mg/1ml, 10mg/2ml & 50mg/1ml (Qdem Pharmaceuticals LTD)**
 Cost effective oxycodone injection
 -Approved Update formulary **Action: Steve Moore**

7.11 Soltel 25mcg cfc-free inhaler - Salmeterol (Kent Pharmaceuticals/ GlucoRx)

A cost effective salmeterol MDI. Potential to save £40k/ year in Somerset if switched from Serevent.

Approved Update formulary

Action: Steve Moore

7.12 Pro-Banthine tablets

Trusts to add to treatment pathway for hyperhidrosis before using more expensive treatments such as Botox.

Action: CB & JS

Add information to service specification to try this first line.

Action: SG

Add to TLS as **GREEN**

Action: Steve Moore

7.13 Taptiqom™ eye drops

Proposal for open angle glaucoma or ocular hypertension – consultant initiation only.

It has the advantage of a small cost saving over other preservative free options. As with all preservative free eye drops they should only be prescribed if the patient has a recorded preservative allergy.

-TLS status **AMBER**. Approved.

Add to TLS.

Action: Steve Moore

8 D&TC DECISIONS and other reports

8.1 Somerset Partnership D&TC- Next meeting 21/03/17

8.2 YDH D&TC – Last meeting 08/02/17 – Minutes received

-Noted

Tapentadol discussed as some patients are being discharged post THR and TKR on it and then carry on when at home. YDH have been asked to make patients aware that it is only for short term use.

iAruril® was approved.

Co-codamol 8/500 was removed from formulary.

8.3 TST D&TC – Last meeting 10/02/17 – Minutes received

-Noted

Taptiqom™ was approved for specialist initiation.

Quinine and bisphosphonates are being withheld for in patients on safety grounds. GS- Discussed the need for discharge summaries to be accurate.

Ask trusts to produce a statement for primary care so they are aware this is happening.

Action: SG

8.4 **Taunton & Somerset Antimicrobial Prescribing Group (TSAPG) – Last meeting 08/02/17 – Minutes not received**

8.5 **RUH Bath DTC – Last meeting 09/02/17 – Minutes received**

-Noted

Zoledronic acid for treatment of osteogenesis imperfecta and other low bone mass conditions – Agreed although it isn't licensed for that condition.

Opicapone (Ongentys®, *Bial Pharma UK Ltd*) as adjunctive therapy to levodopa/DDCI preparations in adults with Parkinson's Disease and end-of-dose motor fluctuations was rejected due to limited evidence.

8.6 **BNSSG D&TC- Last meeting 18/01/17 – Minutes received**

-Noted

Liothyronine –BNSSG JFG still to publish pathway for approved usage. Encourage Dr Singhal has been made aware that this drug remains **RED** in Somerset.

8.7 **BNSSG JFG- Last meeting 17/01/17 – Minutes received**

-Noted

Will be looking at a Shared Care Protocol for Adjuvant bisphosphonates in Breast Cancer at next meeting.

8.8 **LPC report**

ML -apologies given

Part 2 – Items for information or noting

9 **NICE Guidance** Summary of published guidance **-Noted**

NICE Technology Appraisals

9.1 **[TA180] Ustekinumab for the treatment of adults with moderate to severe psoriasis**

-Positive Appraisal noted
- TLS status **RED** 'funded by CCG'. Approved.
Add to TLS.

Action: Steve Moore

9.2 **[TA340] Ustekinumab for treating active psoriatic arthritis**

- Positive Appraisal noted
- TLS status **RED** 'funded by CCG'. Approved.
Add to TLS.

Action: Steve Moore

9.3 **[TA429] Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation – for noting**

- Positive Appraisal noted
-TLS status **RED** 'funded by NHSE Specialist Commissioning'. Approved.
Add to TLS.

Action: Steve Moore

- 9.4 [TA430] Sofosbuvir–velpatasvir for treating chronic hepatitis C – for noting**
 - Positive Appraisal noted
 -TLS status **RED** ‘funded by NHSE Specialist Commissioning’. Approved.
 Add to TLS. **Action: Steve Moore**
- 9.5 [TA431] Mepolizumab for treating severe refractory eosinophilic asthma**
 - Positive Appraisal noted
 -TLS status **RED** ‘funded by NHSE Specialist Commissioning’. Approved.
 Add to TLS. **Action: Steve Moore**
- 9.6 [TA432] Everolimus for advanced renal cell carcinoma after previous treatment – for noting**
 -Positive Appraisal noted
 -TLS status **RED** ‘funded by NHSE Specialist Commissioning’. Approved.
 Add to TLS. **Action: Steve Moore**
- 9.7 [TA433] Apremilast for treating active psoriatic arthritis**
Noted
 Previously approved based on positive FAD.
 Update Traffic Light System with NICE TAG. **Action: Steve Moore**
- 10 NICE Clinical Guidance**
- 10.1 [NG62] Cerebral palsy in under 25s: assessment and management**
 The main prescribing impact was the use of Botox for hypersalivation.
-Noted
- 10.2 [NG63] Antimicrobial stewardship: changing risk-related behaviours in the general population**
 Changes to public health, no main prescribing issues.
-Noted
- 10.3 [NG 65] Spondyloarthritis in over 16s: diagnosis and management**
-Noted. Trusts to raise with specialist teams
- 10.4 [CG62] Antenatal care for uncomplicated pregnancies**
Update only
 Jan-17, footnote added to 1.6.2.2 linking to the related NICE diagnostics guidance on high-throughput non-invasive prenatal testing for fetal RHD genotype (DG25).
-Noted
- 10.5 [CG146] Osteoporosis: assessing the risk of fragility fracture**
Update only
 Feb-17, updated to correct reference to the WHO in relation to the FRAX tool.
-Noted

- 10.6 [CG139] Healthcare-associated infections: prevention and control in primary and community care**
Update only
February-17 - footnote added to 1.1.4.2 linking to Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Foot notes added to 1.4.3.1, 1.4.3.8, 1.4.4.1 and 1.4.4.11 linking to a safety alert on chlorhexidine. Other footnotes were updated with references to revised or replaced British Standards and other regulations.
-Noted
- 10.7 [CG74] Surgical site infections: prevention and treatment**
Update only Feb-17 footnote added to recommendation 1.2.11 linking to related recommendations in the NICE guideline on caesarean section.
-Noted
- 10.8 [CG190] Intrapartum care for healthy women and babies**
Update only Feb-17. reviewed the evidence on measuring fetal heart rate as part of initial assessment and on monitoring during labour. We changed and added some recommendations in section 1.4 and section 1.10.
-Noted
- 10.9 [CG68] Stroke and transient ischaemic attack in over 16s: diagnosis and initial management**
Update only -Noted
- 11 NHS ENGLAND SPECIALIST COMMISSIONING**
Discussion around the need to be accurate and ensure they have a reliable process with the use of Blueteq, to ensure patients get the treatment needed and the trusts get the payment for those treatments.
Changes to Bluteq are not well communicated to Trusts and are only picked up at a contract level.
- 12 PBR excluded drug monitoring**
12.1 T & S Trust Data- Month
The current position was reviewed. The current over performance around Adalimumab and Vedolizumab needs to be investigated.
Action: CH/ SG
- 12.2 YDH Trust data- Month**
The current position was reviewed and it has improved since the last meeting.
Concern was raised how the budgets will be managed with the new risk sharing arrangement.

13 HORIZON SCANNING

- 13.1 NICE forward planner - for noting**
-Noted

14 DRUG SAFETY

- 14.1 MHRA Drug Safety Update Jan 17 - eNewsletter**
-Noted

Trusts were asked to improve communication around patients being started on 'Red drugs'

- 14.2 MHRA Drug Safety Update Feb 17 - eNewsletter**
-Noted

NHSE Patient Safety Alerts

- 14.3 Resources to support safer care for full-term babies**
-Noted

15 BNF Changes

January and February eNewsletter – **Noted**

16 ANY OTHER BUSINESS

- 16.1 Scoping meeting**

SG attended a scoping meeting for the regional medicines optimisation committees. The intention is to have them up and running this year. The South region would like 3 CCG representatives. A suggestion was made that it would be a rep from the South East, South Central and South West. Waiting to see the process for the roll out of those committees

- 16.2 Gordon Jackson**

Informed SPF that this would be his last meeting.

- 16.3 Geoff Sharp (lay representative)**

Thanked Gordon for coming to SPF over the past few years.

Gordon will still be attending PAMM but felt that attending SPF was less useful

Amend terms of reference to remove PPG member.

Action: CH

DATE OF NEXT MEETING

17th May 2017 at Wynford House (Meeting Room 2), Lufton Way, Yeovil, Somerset
BA22 8HR between 2.30pm and 5pm

SOMERSET PRESCRIBING FORUM
SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 15th March 2017

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
1	Declarations of interest (1)	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	All (on going)	Ongoing
2	LMWH Bridging Guidance- YDH	Add to May agenda.	Zoe Talbot-White 17 th May 17	Complete
3	ADHD and dementia drug shared care protocols	Add to May agenda for final review.	Catherine Henley 17 th May 17	Complete
4	Trust to clarify how they diagnose homozygous familial hypercholesterolaemia	E-mail JS structured questions about how FH is diagnosed.	Shaun Green 17 th May 17	Complete
5	Recording HIV drugs on GP clinical systems to ensure that drug interaction are highlighted – Right to anonymity issues	Add to May agenda.	Zoe Talbot-White 17 th May 17	Complete
6	iAluRil [®] bladder installation	TST to review at next D&TC meeting.	Clare Barlow 17 th May 17	
7	TST are withholding Quinine and bisphosphonates from in patients on safety grounds.	Ask trusts to produce a statement for primary care so they are aware this is happening.	Shaun Green 17 th May 17	Complete
8	Amend SPF terms of reference	Amend SPF terms of reference to remove PPG member	Catherine Henley 17 th May 17	Complete
9	TST self-assessment against NICE QS120	JB to update at next meeting	Jon Beard 17 th May 17	Removed from agenda
10	Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided	Update at next meeting	Catherine Henley 17 th May 17	Complete
11	Pro-Banthine tablets	<ul style="list-style-type: none"> • Trusts to add to treatment pathway for hyperhidrosis before using more expensive treatments such as Botox. • Add information to service specification to try this first line. 	Clare Barlow Jon Standing Shaun Green 17 th May 17	In progress

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
12	T & S Trust Data	The current over performance around Adalimumab and Vedolizumab needs to be investigated.	Catherine Henley/ Shaun Green 17 th May 17	Complete
13	Formulary	<ul style="list-style-type: none"> • Airflusal Fospiro[®] 50mcg salmeterol and 500mcg fluticasone propionate per metered dose (Sandoz LTD): Approved for asthmatics that need a high does. Add to formulary. • Butec[®] 15mcg/hr Patch (Qdem Pharmaceuticals LTD): Approved. Add to formulary. • Shortec[®] Liquid 5mg/5ml (Qdem Pharmaceuticals LTD): Approved. Add to formulary. • Shortec[®] Concentrate 10mg/ml (Qdem Pharmaceuticals Ltd): Approved. Add to formulary. • Shortec[®] Injection 10mg/1ml, 10mg/2ml & 50mg/1ml (Qdem Pharmaceuticals LTD): Approved. Add to formulary. • Soltel 25mcg cfc-free inhaler - Salmeterol (Kent Pharmaceuticals/ GlucoRx): Approved. Add to formulary. 	Steve Moore 17 th May 17	Complete
14	Traffic Light System changes	<ul style="list-style-type: none"> • Noqdirna: is currently GREEN in Traffic Light Status. Change to AMBER and include monitoring guidance. • Olanzapine injection: is currently RED. Change TLS status to BLACK 'not recommended'. • Saxenda[®] 6mg/ml pre-filled pens for injection (Novo Nordisk): Add TLS status BLACK 'not recommended'. • Qtern[®] Dapagliflozin 10mg+ Saxagliptin 5mg (AstraZeneca): Add TLS status BLACK 'not recommended'. 	Steve Moore 17 th May 17	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
14	Traffic Light System changes Cont.	<ul style="list-style-type: none"> • iAluRil® bladder installation (Aspire Pharma): Add TLS status RED 'Specialist treatment only'. • Emend® Aprepitant (Merk Sharp & Dohme Corp): Add TLS status RED 'funded by NHSE'. • Pro-Banthine tablets: Add to TLS status GREEN. • Taptiqom™ eye drops: Add TLS status AMBER. • [TA180] NICE guidance: TLS status RED 'funded by CCG'. • [TA340] NICE guidance: TLS status RED 'funded by CCG'. • [TA429] NICE guidance: TLS status RED 'funded by NHSE Specialist Commissioning'. • [TA430] NICE guidance: TLS status RED 'funded by NHSE Specialist Commissioning'. • [TA431] NICE guidance: TLS status RED drug. 'funded by NHSE Specialist Commissioning'. • [TA432] NICE guidance: TLS status RED 'funded by NHSE Specialist Commissioning'. • [TA433] NICE guidance: Update TLS with NICE TAG. 	Steve Moore 17 th May 17	