

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 17th January 2018**

Present:	Dr Geoff Sharp (GS)	GP Delegate (Central Mendip Commissioning Locality), Chair
	Dr Clare Barlow (CB)	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT
	Shaun Green (SG)	Associate Director, Head of Medicines Management, NHS Somerset CCG
	Catherine Henley (CH)	Medicines Manager, NHS Somerset CCG
	Sam Morris (SJM)	Medicines Manager, NHS Somerset CCG
	Michaela Nock (MN)	Deputy Clinical Pharmacy Manager, Yeovil NHS Foundation Trust
	Donna Yell (DY)	Pharmacoeconomics Lead, Yeovil NHS Foundation Trust
	Anthony Zorzi (AZ)	Lead pharmacist Taunton and Somerset. Standing in for Jon Beard
Apologies:	Jon Beard (JB)	Chief Pharmacist, Taunton & Somerset NHS FT
	Steve Du Bois (SDB)	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Liz Harewood (LH)	Somerset Partnership Representative
	Kate Jones (KJ)	Symphony lead pharmacist
	Ann Lee (AL)	Clinical Director, St Margaret's Hospice
	Andrew Prowse (JS)	Chief Pharmacist, Yeovil District Hospital
	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
	Zoe Talbot-White (ZTW)	Prescribing Support Technician, NHS Somerset CCG

1 INTRODUCTIONS

Geoff welcomed members to the meeting.

2 APOLOGIES

Apologies were given, as detailed above. SomPar were not represented.

3 DECLARATIONS of INTEREST

Donna Yell and Michaela Nock supplied their information prior to the meeting.

4 MINUTES OF THE MEETING HELD ON 15th November 2017

Review of action points:

Agreed as an accurate record, the following was noted:

Point 7 T & S- noted that Avastin should be included but costs were wrong (low)

Point 8 NICE forward planner- YDH have a meeting booked 01/02/2018 to further update.

Points 3 and 4 will return to March SPF.

5 MATTERS ARISING

5.1 Antipsychotics in learning difficulties- SomPar Audit Data

Add to March meeting agenda. SDB not present.

Action: SM

5.2 SomPar request for dual use of cholinesterase inhibitors and memantine

No formal proposal from YDH, NICE guidance will be reviewed when it is published; the draft guidance recommends the use of both drugs is worthwhile in certain cases. The CCG will maintain formulary position for now.

5.3 Amended DVT Pathway

Discussed at PAMM this morning and agreed.

CB noted the wording of advice RE oncology patients needed clarifying to 'Patients with DVT receiving active cancer treatment: prophylaxis & treatment should be with LMWH only. **Usually 6 months unless oncology state otherwise**', to circulate.

Action: SM and Steve Moore

5.4 LMWH Bridging Guidance –YDH update

Presented and ratified at Clinical outcomes committee last week. It is essentially the same as the MPH document except the DOAC table has been updated as to the number of doses to be omitted DY to share the ratified document with PAMM.

Action: DY

5.5 Draft Single Shared Care Guideline (SCG) for DMARDs

CH explained that a new single SCG has been drafted to reflect the new with BSR guidance on the monitoring of DMARDs. CH had not included penicillamine or mercaptopurine as these are not covered by the BSR guidance. It was agreed that penicillamine and mercaptopurine should be included in the SCG for simplicity.

Action: CH

It was noted that additional monitoring has been included in the SCG for methotrexate and sodium aurothiomalate to reflect SPC requirements.

CB and DY to share draft with relevant leads in gastroenterology and dermatology and ask for feedback. CH to share the document with DY and CB.

Action: CH, CB and DY

6 OTHER ISSUES

6.1 Managing prescribable items of low priority for NHS funding

Most items in the guidance are already non-formulary, the following was noted:

- Co-proxamol- Non-formulary. Prescribing has reduced considerably.
- Dosulepin- no new patients should be initiated on this.
- Prolonged-release Doxazosin (also known as Doxazosin Modified Release- patients should be switched to normal release as it has a long half-life. Trusts to check their usage. **Action: DY**
- Immediate Release Fentanyl- has its place for a select small cohort for palliative care only.
- Glucosamine and Chondroitin- Non-formulary.
- Herbal Treatments- Non-formulary.
- Homeopathy- Non-formulary.
- Lidocaine Plasters- Use should be in licence for Herpes Zoster infection pain

management. Taunton have restricted to acute pain only, agreement hasn't been actioned yet, to be implemented immediately. AZ noted JB doesn't want to use outside of licence at all.

- Liothyronine (including Armour Thyroid and liothyronine combination products) - CCG feels this should be a RED drug and kept in secondary care if a patient is felt to need it. There have been 1 or 2 IFR applications that have been successful due to exceptional circumstances and this is how it should be maintained going forward.
- Lutein and Antioxidants- Non-formulary, keep as self-care.
- Omega-3 Fatty Acid Compounds- Non-formulary will continue to monitor.
- Oxycodone and Naloxone Combination Product- Non-formulary should be deprescribed or switched to an appropriate product.
- Paracetamol and Tramadol Combination Product- Non-formulary should be deprescribed or switched to an appropriate product.
- Perindopril Arginine- Non-formulary
- Rubefaciants (excluding topical NSAIDs)- Non-formulary, keep as self-care
- Once Daily Tadalafil- Non-formulary
- Travel Vaccines (vaccines administered exclusively for the purposes of travel) - maintain as self-care.
- Trimipramine- very expensive should be deprescribed where possible.

6.2 Falsified Medicines Directive

Noted this will increase workload across settings.

Yeovil and Taunton to share their plans. (AZ to flag to JB)

Action: AZ and DY

6.3 RCP- National Early Warning Score chart 2- NEWS2

Noted. To raise with Pippa Richards.

Action: AZ

6.4 Use of licensed medicines for unlicensed applications in psychiatric practice

Noted.

7 Formulary Applications

- 7.1 [Trelegy Ellipta](#)[®] inhalation powder pre-dispensed (Fluticasone furoate 92mcg/ Umeclidinium 55mcg/ Vilanterol 22mcg) 1x 30 dose £44.50 (GlaxoSmithKline UK)
A newly launched ICS/LAMA/LABA triple vaccine indicated as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting β 2-agonist. Noted. Add to formulary and TLS as **GREEN** drug.

Action Steve Moore and ZTW

- 7.2 Delmosart[®] (methylphenidate) Prolonged Release Tablets
[18mg x 30 £15.59](#); [27mg x 30 £18.41](#); [36mg x 30 £21.23](#); [54mg x 30 £36.81](#) (Accord)
Another Is indicated as part of a comprehensive treatment programme for ADHD in children aged 6 years of age and over when remedial measures alone prove insufficient. Treatment must be under the supervision of a specialist in childhood behavioural disorders. Noted. Add to TLS as an **AMBER** drug. **Action: Steve Moore and ZTW**

- 7.3 Desitrend[®] (Levetiracetam) granules in sachet
[60x 250mg £22.41](#); [60x 500mg £39.46](#); [60x 1000mg £76.27](#); (Desitin Pharma Ltd)
Is indicated as monotherapy in the treatment of partial onset seizures with or without secondary generalisation in adults and adolescents from 16 years of age with newly diagnosed epilepsy. Noted. Add to TLS as an **AMBER** drug. Add to specials guidance

as licensed for use via PEG tubes.

Action: Helen Spry, Steve Moore and ZTW

8 DTC decisions and other reports

8.1 **Somerset Partnership Mental Health D&TC – 05/12/17- updated action points 5/12/17**

8.2 **YDH D&TC – Last meeting 22/11/17 cancelled – no new minutes**

Yeovil drug and therapeutics meetings are being rescheduled and organised into the medicines committee, details to be determined and confirmed.

8.3 **T&ST D&TC – Last meeting 10/11/17- minutes not received**

8.4 **T&S Antimicrobial Prescribing Group – Last meeting 08/11/2017- minutes received.**

8.5 **RUH Bath D&TC – (9/11/17-cancelled) Last meeting 14/12/17 –Minutes not received.**

8.6 **BNSSG D&TC – Last meetings 20/09/2017, 29/11/17 – Minutes received**

8.7 **BNSSG Joint Formulary Group – previous meetings- Last meetings 05/09/17, 17/10/17, 28/11/17 – Minutes received**

8.8 **LPC report**

Part 2 – Items for Information or Noting

9 **NICE Guidance (see [December link](#) and [January link](#) for guidance by month)**

NICE Technology Appraisals

9.1 [TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable](#) For noting

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore and ZTW

9.2 [TA493 Cladribine tablets for treating relapsing–remitting multiple sclerosis](#) For noting

Noted. Positive appraisal . Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore and ZTW

9.3 [TA494 Naltrexone–bupropion for managing overweight and obesity](#) – Negative appraisal for noting

Noted. Not recommended.

TLS **BLACK** drug.

Action: Steve Moore and ZTW

9.4 [TA495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer](#) For noting

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore and ZTW

9.5 [TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer](#) For noting

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore and ZTW

9.6 [TA497 Golimumab for treating non-radiographic axial spondyloarthritis](#)- For noting

Noted. Positive appraisal. CCG funded.

TLS **RED** drug.

Action: Steve Moore and ZTW

10 **NICE Clinical Guidance**

10.1 [NG80 Asthma: diagnosis, monitoring and chronic asthma management](#)

[BMJ key differences](#)

Main discussion points noted:

- Some tests and equipment needed for such diagnostics mentioned in the guideline would need to be purchased; a business case would need to be made to justify the cost of such items. Practices should continue diagnosis as per current protocols.
- The guideline recognises a small subset of patients would respond well to SABA monotherapy for wheeze, which contradicts BTS guidance.
- Another key difference is the use of a leukotriene receptor antagonist (LRTA) before a LABA, because the cost of montelukast is now so low.
- Zafirlukast is being discontinued.
- Steroid trial in paediatrics for 8 weeks then stop, watch and wait is a concern; nurses in primary care leading on asthma may not have the support to review such patients.
- SG to share with Steve Holmes.

Action: SG

[NG81: Fractures \(complex\): assessment and management](#) **Update November 2017**

10.2 amended recommendation 1.1.10 to change the wording from 'administer prophylactic antibiotics' to 'consider administering prophylactic antibiotics'.

Noted.

10.3 [CG71 Familial hypercholesterolaemia: identification and management](#)–

Update November 2017 reviewed the evidence for case finding and diagnosis, identification using cascade testing, and management using statins. We amended recommendations in sections 1.1, 1.2 and 1.3. Noted.

10.4 [CG128 Autism spectrum disorder in under 19s: recognition, referral and diagnosis](#) –

Update December 2017, NICE reviewed the evidence and added ADHD as a factor associated with an increased prevalence of autism and changed references from DSM-4 to DSM-5. Noted.

10.5 [QS124 Suspected cancer](#)- **Update December 2017**,

The source guidance and definitions for statement 3 were amended to reflect the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care. Noted.

11 **Specialist Commissioning**

11.1 Specialised Commissioning Drugs Briefing: Autumn 2017

The CCG doesn't have direct access to some of the data. There is some concern that the right people don't always get to see the updates. Chief pharmacists receive updates it but these aren't generally shared more widely. Noted.

12 **PBR excluded drug monitoring**

12.1 **T & S**

A drug breakdown is needed for adequate charging. Poor quality data highlighted and the

Trust is aware they may be using drugs that they are not charging for. Taunton have charged differently for the same drug on different months. SG has scheduled a meeting in February to try to set an achievable expenditure targets for each drug in the year ahead can be set. It was noted that budget setting for these medicines should not be managed by finance. Budgets need to be set based on clinical need. MPH to ensure that they are claiming accurately on their monthly expenditure report. **Action: SG**

12.2 Yeovil

Noted current spend and trying to improve the accuracy for the new year. It was noted that YDH are much closer than MPH to their budget because much more in depth work around where the growth was happening.

YDH to ensure that they are claiming accurately on their monthly expenditure report.

Action: DY

13 Horizon Scanning

13.1 [NICE forward planner](#) - for noting

New drug for preventing recurrent Clostridium difficile, SG asked AZ whether they want to submit an application. AZ doesn't think Taunton has enough patients with severe enough Clostridium difficile to prescribe, so won't rush into using. If the need arises, it'll be on a named patient basis until review.

14 Safety items, NPSA Alerts and Signals

14.1 [MHRA November drug safety update](#) and [MHRA December drug safety update](#) and [MHRA January drug safety update](#)

Noted. Large number of reminders, eluxadolone association with increased risks of pancreatitis with no gallbladder resulting in deaths. Steve Moore to add to Newsletter.

Action: Steve Moore

14.2 Patient Safety alert: [Confirming removal or flushing of lines and cannulae after procedures](#)

AZ to raise with the trust.

Action: AZ

15 BNF Changes

BNF Update [November](#) and [December](#)

16 Any other business

Date of Next Meetings:

Wednesday 14th March 2018

Wednesday 23rd May 2018

Wednesday 18th July 2018

SOMERSET PRESCRIBING FORUM
SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 17th January 2018

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 should be held on record.	All (on going)	Ongoing
2	Antipsychotics in learning difficulties – SomPar data	Sompar to share further information on the LD audit before January.	Steve Du Bois/ Liz Harewood 14th March 2018	Return to March meeting
3	DMARD Monitoring	A single SCG for all DMARDs incorporating the BSR Guidance has been worked on, but on hold for further feedback. CH to finalise.	Catherine Henley 14th March 2018	Return to March meeting
4	Amended DVT Treatment Pathway	To be updated following CB suggested wording in 5.3. To circulate	Sam Morris 18th 21st February 2018	Complete
5	LMWH Bridging Guidance –YDH update	Clinical outcomes committee was last week, notes have been agreed and ratified to share with PAMM	Donna Yell Zoe Talbot-White 14th March 2018	On agenda
6	Prolonged-release Doxazosin	Trusts to check their usage.	Donna Yell 14th March 2018	
7	Falsified Medicines Directive	Yeovil and Taunton to share their plans. (AZ to flag to JB)	Jon Beard Andrew Prowse 14th March 2018	
8	RCP- National Early Warning Score 2 chart	To raise with Pippa Richards	Anthony Zorzi Jon Beard 14th March 2018	
9	NG80 Asthma: diagnosis, monitoring and chronic asthma management BMJ key differences	To share with Steve Holmes.	Shaun Green 14th March 2018	Complete
10	PBR excluded drug monitoring- Yeovil	To query with finance	DY 14th March 2018	
11	Patient Safety alert: Confirming removal or flushing of lines and cannulae after procedures	To raise with the trust	Anthony Zorzi Jon Beard 14th March 2018	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
12	Newsletter	<ul style="list-style-type: none"> Amended DVT Treatment Pathway Eludxadoline and risks of pancreatitis as per MHRA DSU 	Steve Moore 14 th March 2018	
13	Formulary and Traffic Light System changes	<ul style="list-style-type: none"> Trelegy Ellipta[®] Add to formulary and TLS as GREEN Delmosart[®] (methylphenidate) Prolonged Release Tablets. Add to TLS as an AMBER Desitrend[®] (Levetiracetam) granules in sachets Add to TLS as an AMBER TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable TLS RED Specialist commissioning NHSE funded. TA493 Cladribine tablets for treating relapsing–remitting multiple sclerosis TLS RED TA494 Naltrexone–bupropion for managing overweight and obesity – Negative appraisal TLS BLACK not recommended TA495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer TLS RED Specialist commissioning NHSE funded. TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer TLS RED Specialist commissioning NHSE funded. TA497 Golimumab for treating non-radiographic axial spondyloarthritis TLS RED 	Steve Moore & Zoe Talbot-White 14 th March 2018	