

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 23rd May 2018**

Present:	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
	Andrew Prowse (AP)	Chief Pharmacist, Yeovil District Hospital
	Dr Geoff Sharp (GS)	GP Delegate (Central Mendip Commissioning Locality), Chair
	Caroline Taylor (CT)	Prescribing Support Technician, NHS Somerset CCG (Minute-taker)
	Dr Anita Goff (AG) via teleconference	Consultant Geriatrician with interest in Movement Disorders
Apologies:	Jon Beard (JB)	Chief Pharmacist, Taunton & Somerset NHS FT
	Sam Morris (SJM)	Medicines Manager, NHS Somerset CCG
	Jean Perry (JP)	Commissioning Manager, NHS Somerset CCG

1 INTRODUCTIONS

Geoff welcomed the members to the meeting

2 APOLOGIES

Apologies were given, as detailed above.

3 DECLARATIONS of INTEREST

AP informed the committee he has already submitted his DOI

Action 1: All

4 MINUTES OF THE MEETING HELD ON 14th March 2018

4.1 Agreed as an accurate record of the meeting.

4.2 Review of action points:

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

Action 2: Anticoagulant Bridging Protocol CH to update at next meeting

Action 3: PBR excluded drug monitoring Request that the reporting format needs to be consistent. JB sent a different format that included insulin pumps. SPF considered suspending the role of monitoring the data and passing this back to Finance dept. GS agreed to contact Alison Henley to express our concern and ask for her involvement to resolve the issue **Action: GS**

T & S AP requested previous years data to compare growth

Action: CH

Action 4: Somerset Prescribing formulary for primary and secondary care. AP will check progress / status with Donna Yell and clarify at next meeting.

5 MATTERS ARISING

5.1 An audit on Antipsychotic prescribing in people with learning disabilities

Update at next SPF meeting

Action: SDB

5.2 Final Draft Single Shared Care Guideline for Disease Modifying Drugs

A few further minor changes from relevant consultants have been made.

The document now includes: GPs to have the option to decline taking over Shared Care prescribing responsibility within two weeks from secondary care request being made. After discussion it was agreed by SPF to adopt this as the Somerset document.

Add final document to the website.

Action: Steve Moore

5.3 Antipsychotic Shared Care Guidance update

CH to seek clarification from psychiatrists on the following :

- If both glucose and HbA1C need to be carried out and reasoning, is fasting really necessary.
- Prolactin levels
- Glasgow Side Effect Scale to be added as an appendix

Action: CH

5.4 Opicapone outcomes

Teleconference with Dr Anita Goff who had emailed information relating to the MDT approved opicapone trial at Musgrove, in advance of the meeting 22.05.2018

Dr Goff presented data that 16 patients were commenced on opicapone over 7 months, all of whom were complex PD patients who had been unable to tolerate entacapone. Of the 16 patients, 9 have continued to benefit from the drug; 2 patients stopped at 6 months because there was no clear benefit and 5 patients stopped due to intolerable side effects. The DT committee at Musgrove is happy for PD specialists to continue using opicapone as they are.

SG congratulated Dr Goff on how well planned and organised their trial has been.

On the basis of the information presented the SPF agreed that opicapone has been accepted onto the formulary with an Amber Traffic light status for Parkinson's Disease

patients who have been unable to tolerate the side effects of entacapone and have benefitted from a 4 month therapeutic trial, initiated by a specialist. It was agreed that the specialist will give a 2 month prescription at initiation; if the patient shows benefit, the specialist will supply a further 2 month prescription for opicapone and request that the GP will take over prescribing at this point.

It was agreed that the specialists at Musgrove will continue to maintain their database of patients commenced on opicapone and that they will continue to follow up patients at 4 weeks to check that they are deriving benefit from the drug.

Add to formulary and TLS **AMBER** after 4 months treatment Rxd by the specialist.

To include in newsletter

Action: Steve Moore

6 OTHER ISSUES

6.1 NHS Counter Fraud Authority: Management and control of prescription forms: A guide for prescribers and health organisations

- Contains best practice guidance for noting by TrustsSDB confirmed that SomPar is currently reviewing FP10 security
- AP confirmed that YDH is updating its' guidelines

6.2 Support pharmacy staff in acute care to manage patients with mental health and/or substance misuse issues

- Noted. SG highlighted recommendations from the mental health agenda following on from STOMP work etc.
- SDB confirmed that SomPar now have Liaison in both TST and YDH.
- SG noted that substance misuse ought to be considered under this.

6.3 Polypharmacy Guidance

- Guidance is for Trusts to review and adapt/ adopt.
- Should be used by Care Home teams for deprescribing
- There will be a link on Somerset CCG website

6.4 Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness

SG noted that PAMM had taken the view that for children with atopic dermatitis, these products should be made non-formulary as there is no evidence of benefit.

Approved

Remove from formulary for children with atopic dermatitis

Action: Steve Moore

6.5 Metoject revised pricing

Price drop means that metoject should now be the preferred product. Agreed.

Update formulary

Action: Steve Moore

7 Formulary Applications

7.1 Testogel (Testosterone) 16.2mg/g gel in a Pump Formulation, Besins Healthcare. 1x30g pump £31.11

Approved at PAMM April 2018 as an alternative to Testogel sachets.

CH raised awareness around dosing; Testogel sachets (availability issues) are not bioequivalent to the pump dispenser formulation. Prescribers should refer to manufacturers information to ensure that an equivalent dose is given

7.2 POWERbreathe Medic device, POWERbreathe Int LTD, 1x device £17.90, Inspiratory Muscle Training Device

This is being recommended by the pulmonary rehabilitation service. Comments from specialists were not very positive.

Agreed. Not for routine prescribing in primary care. For supply by the pulmonary rehabilitation service.

Add to TLS as '**Not Recommended**'
Advise pulmonary rehab of this decision.

Action: Steve Moore
Action: SG

7.3 Fusacomb Easyhaler DPI Orion Pharm (fluticasone / salmeterol) 50micrograms/250microgram £21.50 x 60 dose or 50micrograms/ 500micrograms £26.99 x 60 dose

Easyhaler device would enable patients to manage their disease with one device. Approved at PAMM meeting this morning

Add to formulary and TLS **GREEN**
Action: Steve Moore

7.4 Levosert IUD

YDH have switched to Levosert from Mirena.
Licensed for 3 years, manufacturer plans to extend this to 5 years.
Not licensed for HRT. Smaller device
Agreed
Add to formulary and TLS **GREEN.**

Action: Steve Moore

8 DTC decisions and other reports

8.1 Somerset Partnership Mental Health D&TC – Last Meeting 13/03/18 – Minutes received

SDB informed committee that a new antipsychotic delivered by inhalation is being used for inpatients needing 'de-escalation', which may reduce the need for rapid tranquilisation.

8.2 YDH D&TC – Has been replaced by Medicines Committee meetings. Last meeting: 28/03/18 – Minutes already received

AP reported that:

YDH are now trialling an injectable hyaluronic acid product (Orthovisc) for the treatment of tennis elbow. This has been approved through their unlicensed medicines policy
Edoxaban is now their preferred DOAC unless patient factors make an alternative a more suitable/ safer option.

- 8.3 **T&ST D&TC – Last meeting 4/05/18 – Minutes to follow**
- CB informed the committee that:
 - Their policy around substance dependent patients has been reviewed and re-worded to cover all eventualities.
 - Lidocaine patches have now been made non-formulary
Dymista nasal spray application was declined. New Triple therapy for medically induced – osteonecrosis of the jaw was not approved.

8.4 **T&S Antimicrobial Prescribing Group – Last meeting 14/02/18 postponed to 07/03/18 – Draft Minutes received**

Nil noted

8.5 **RUH Bath D&TC – Last meetings 12/04/18 – Minutes received**

Nil noted

8.6 **BNSSG D&TC — Last meeting 28/03/18 – Minutes not received**

8.7 **BNSSG Joint Formulary Group – Last meeting 10/04/18 – Minutes received**

Nil noted

8.8 **LPC report**

8.9 **RMOC function on SPS website**

Noted that this page contains guidance which is cascaded across the country

Part 2 – Items for Information or Noting

9 **NICE Guidance**

NICE Technology Appraisals

9.1 **[TA510] Daratumumab monotherapy for treating relapsed and refractory multiple myeloma**

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore & ZTW

9.2 **[TA511] Brodalumab for treating moderate to severe plaque psoriasis**

Noted. Positive appraisal. Agreed as a CCG commissioned a PBR excluded drug, price as per Patient Access Scheme.

TLS **RED** drug.

Action: Steve Moore & ZTW

9.3 **[TA512] Tivozanib for treating advanced renal cell carcinoma**

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore & ZTW

9.4 **[TA513] Obinutuzumab for untreated advanced follicular lymphoma**

Noted. Positive appraisal. Specialist commissioning NHSE funded.

TLS **RED** drug.

Action: Steve Moore & ZTW

- 9.5 **[TA514] Regorafenib for previously treated advanced hepatocellular carcinoma**
 Noted. Not recommended
 TLS **BLACK** drug. **Action: Steve Moore & ZTW**
- 9.6 **[TA515] Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen**
 Noted. Not recommended
 TLS **BLACK** drug. **Action: Steve Moore & ZTW**
- 9.7 **[TA516] Cabozantinib for treating medullary thyroid cancer**
 Noted. Positive appraisal. Specialist commissioning NHSE funded.
 TLS **RED** drug. **Action: Steve Moore & ZTW**
- 9.8 **[TA517] Avelumab for treating metastatic Merkel cell carcinoma**
 Noted. Positive appraisal. Specialist commissioning NHSE funded.
 TLS **RED** drug. **Action: Steve Moore & ZTW**
- 9.9 **[TA518] Tocilizumab for treating giant cell arteritis**
 Noted. Positive appraisal. Specialist commissioning NHSE funded.
 TLS **RED** drug. **Action: Steve Moore & ZTW**
- 9.10 **[TA519] Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy**
 Noted. Positive appraisal. Specialist commissioning NHSE funded.
 TLS **RED** drug. **Action: Steve Moore & ZTW**
- 10 **NICE Clinical Guidance**
- 10.1 **[NG87] Attention deficit hyperactivity disorder: diagnosis and management -New**
 This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children, young people and adults. -Noted
 To check current shared care guideline is aligned **Action: CH**
- 10.2 **[NG88] Heavy menstrual bleeding: assessment and management**
 This guidance has been updated with safety information around the risk of liver damage with Esmya. Noted
- 10.3 **[NG89] Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism -New**
 This guideline aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of venous thromboembolism (VTE). Noted.

- 10.4 [NG90] Physical activity and the environment -New**
This guideline covers how to improve the physical environment to encourage and support physical activity. -Noted
- 10.5 [NG91] Otitis media (acute): antimicrobial prescribing -New**
This guideline sets out an antimicrobial prescribing strategy for acute otitis media (ear infection). It aims to limit antibiotic use and reduce antimicrobial resistance. Acute otitis media can be caused by viruses or bacteria. It lasts for about a week, and most children get better in 3 days without antibiotics. Serious complications are rare.
-Noted
- 10.6 [NG92] Stop smoking interventions and services -New**
This guideline covers stop smoking interventions and services delivered in primary care and community settings for everyone over the age of 12. It aims to ensure that everyone who smokes is advised and encouraged to stop and given the support they need. It emphasises the importance of targeting vulnerable groups who find smoking cessation hard or who smoke a lot.
-Noted
- 10.7 [NG93] Learning disabilities and behaviour that challenges: service design and delivery -New**
This guideline covers services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges -Noted
- 10.8 [NG94] Emergency and acute medical care in over 16s: service delivery and organisation -New**
This guideline covers organising and delivering emergency and acute medical care for people aged over 16 in the community and in hospital. -Noted
- 10.9 [NG95] Lyme disease -New**
This guideline covers diagnosing and managing Lyme disease. -Noted
- 10.10 [NG96] Care and support of people growing older with learning disabilities -New**
This guideline covers identifying changing needs, planning for the future, and delivering services including health, social care and housing for people growing older with learning disabilities.
-Noted
- 10.11 [CG90] Depression in adults: recognition and management –Update MHRA advice on valproate**
Update- added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby.
-Noted

- 10.12 **[CG137] Epilepsies: diagnosis and management -Update MHRA advice on valproate**
-Noted
- 10.13 **[CG173] Neuropathic pain in adults: pharmacological management in non-specialist settings -Update MHRA advice on valproate**
-Noted
- 10.14 **[CG185] Bipolar disorder: assessment and management -Update MHRA advice on valproate**
-Noted
- 10.15 **[CG192] Antenatal and postnatal mental health: clinical management and service guidance -Update MHRA advice on valproate**
-Noted
Reminding prescribers in General Practice that other antiepileptic medications are involved
- 11 **Specialist Commissioning**
- 11.1 None this month
- 12 **PBR excluded drug monitoring**
- 12.1 **T & S**
Slightly better than it was
Includes code DEV24 – this relates to Insulin pumps
SG has asked ask finance to produce data in a format to enable comparisons to be made.
- 12.2 **Yeovil**
- 13 **Biosimilars**
- 13.1 Biosimilar Adalimumab
- 14 **Horizon Scanning**
- 14.1 NICE forward planner
-Noted
- 15 **Safety items, NPSA Alerts and Signals**
- 15.1 **MHRA April Drug Safety Update**
-Noted
Obeticholic acid: no prescribing in primary care as this is an NHSE commissioned drug

- 15.2 EMA New measures to avoid valproate exposure in pregnancy endorsed**
Valproate medicines are now therefore contraindicated i.e. must not be used, in girls and women able to have children unless the terms of a special pregnancy prevention programme are followed. These include: – an assessment of each patient’s potential for becoming pregnant,
– pregnancy tests before starting and during treatment as needed,
– counselling about the risks of valproate treatment and the need for effective contraception throughout treatment,
– a review of ongoing treatment by a specialist at least annually,
– introduction of a new risk acknowledgement form that patients and prescribers will go through at each such annual review to confirm that appropriate advice has been given and understood.
-Noted
- 15.3 PSA: Risk of death or severe harm from inadvertent intravenous administration of solid organ perfusion fluids**
For noting
Doesn’t apply to YDH
- 15.4 PSA: Resources to support the safe adoption of the revised National Early Warning Score (NEWS2)**
Applies to acute trusts and ambulance trusts
SDB: looking at in Community hospitals
- 16 BNF Changes**
BNF Update March and April
-Noted
- 17 Any other business**
Nil noted
Date of Next Meetings:
Wednesday 18th July 2018
Wednesday 19th September 2018
Wednesday 21st November 2018

SOMERSET PRESCRIBING FORUM
SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 23rd May 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	Anticoagulant Bridging Protocol	Update at next meeting	Catherine Henley 18th July 2018	Ongoing
3	PBR excluded drug monitoring	<ul style="list-style-type: none"> • Request that the reporting format needs to be consistent GS to contact Alison Henley to express SPF concern and ask for her involvement to resolve the issue • T & S AP requested previous years data to compare growth 	Geoff Sharp 18th July 2018 Catherine Henley 18th July 2018	Completed Ongoing
4	Somerset Prescribing formulary for primary and secondary care	AP will check progress / status with Donna Yell and clarify at next meeting	Andrew Prowse 18th July 2018	Ongoing
5	An audit on Antipsychotic prescribing in people with learning disabilities	Update at next SPF meeting	Steve DuBois 18th July 2018	To update at next meeting
6	Final Draft Single Shared Care Guideline for Disease Modifying Drugs	Add final document to the website.	Steve Moore 18th July 2018	
7	Antipsychotic Shared Care Guidance update	Seek clarification from Psychiatrist regarding Monitoring Requirement's: <ul style="list-style-type: none"> • If both glucose and HbA1C need to be carried out and reasoning, is fasting really necessary. • Prolactin levels Also Glasgow Side Effect Scale	Catherine Henley 18th July 2018	To update at next meeting
8	Opicapone outcomes	Add to formulary and TLS AMBER after 4 months treatment Rxd by the specialist. To include to newsletter	Steve Moore 18th July 2018	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
9	NG87] Attention deficit hyperactivity disorder: diagnosis and management - New	<p>This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children, young people and adults. It aims to improve recognition and diagnosis, as well as the quality of care and support for people with ADHD.</p> <p>-Noted To check current SCG in line</p>	<p>Catherine Henley 18th July 2018</p>	
10	Formulary and Traffic Light System changes	<p>Remove from formulary Emollient bath additives for the treatment of childhood eczema for children with atopic dermatitis.</p> <p>Add Opicapone to TLS AMBER</p> <p>Metobject revised pricing Price drop means that metobject should now be the preferred product. Agreed.</p> <p>Update formulary</p> <p>Fusacomb Easyhaler DPI Add to formulary and TLS GREEN</p> <p>Levosert IUD Add to formulary and TLS GREEN</p> <p>TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma Add to TLS RED</p> <p>TA511 Brodalumab for treating moderate to severe plaque psoriasis Add to TLS RED</p> <p>TA512 Tivozanib for treating advanced renal cell carcinoma Add to TLS RED</p> <p>TA513 Obinutuzumab for untreated advanced follicular lymphoma Add to TLS RED</p> <p>TA514 Regorafenib for previously treated advanced hepatocellular carcinoma Add to TLS BLACK</p> <p>TA515 Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen Add to TLS BLACK</p> <p>TA516 Cabozantinib for treating medullary thyroid cancer Add to TLS RED</p> <p>TA517 Avelumab for treating metastatic Merkel cell carcinoma Add to TLS RED</p> <p>TA518 Tocilizumab for treating giant cell arteritis Add to TLS RED</p> <p>TA519 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy Add to TLS RED</p>	<p>Steve Moore 18th July 2018</p>	