

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 13th January 2021**.

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Dr David Davies (DD)	West Somerset Representative
	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, LMC Representative
	Michael Lennox (ML)	LPC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Carla Robinson	Public Health Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Kyle Hepburn (KH)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater and North Sedgemoor Representative
	Dr James Nicholls (JN)	West Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Michael Lennox, CEO Community Pharmacy Somerset was 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.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 11th November 2020

4.1 The Minutes of the meeting held on 11th November 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:

Actions 3 & 4: DMARD Shared Care Protocol (SCP) – The SCP has been updated to include Myasthenia Gravis as an indication for Azathioprine and Methotrexate.

It has also been updated to reflect the NICE guidance [NG100] ‘Rheumatoid arthritis in adults: management’ update - The ‘treat to target’ recommendations have been amended to clarify that multiple disease-modifying anti-rheumatic drugs (DMARDs) can be offered one after the other to achieve treatment targets.

The updated SCP has been uploaded to the CCG website and the formulary has also been updated to reflect the NG100 update.

Action 5: [NG184] Human and animal bites: antimicrobial prescribing – Helen Spry has advised that the updated primary care formulary is expected to be ready later in January 2021. Noted that the CCG infection management guidance follows [NG165] COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community. Secondary care colleagues are implementing [NG173] COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital.

Action 6: LMC Representation – Piers Jennings will be representing the LMC going forwards, in addition to Central Mendip and Frome PCNs.

5 Matters Arising

5.1 Community Pharmacist Consultation Service – LPC/PCN Implementation Plan

ML provided an update on the Community Pharmacist Consultation Service (CPCS). This is a community pharmacy contractual service which involves picking up appointments for a range of 35 minor self-limiting conditions which can be dealt with appropriately by a community pharmacist, thereby freeing up GP capacity.

Successful pilots have been carried out over the last year. It is anticipated that through this service community pharmacy may be able to pick up from 1-6% of appointments from general practice.

The CCG are working with the LMC and other stakeholders to create a pre-implementation planning group. They are looking at how best to implement this service. One model which has been suggested is to deliver this in waves

of PCNs, based on expressions of interest. Digital platforms are being explored to enable the service in the most seamless way. NHSE will deploy support agents to support GP practice with the implementation. CR raised the importance of ensuring 'Making Every Contact Count' (MECC) is still implemented and asked whether pharmacy staff have training and confidence in delivering these interventions. ML advised that pharmacists have previously undertaken training to provide the 111 version of this service and should already be in a MECC mind set, however he felt that community pharmacy could drive up MECC across their wider staff again and he will take this back to the LPC.

5.2 2021/22 Scorecard

The 2021/22 scorecard launch may be paused depending on the COVID situation in April. Hopefully we will be in a better place by then. Due to the current pressures on the system, practices have been asked to focus on the safety aspects of our work at present in order to help prevent medicines related hospital admissions.

Three new indicators have been proposed for 2021/22:

❖ **Gliflozins as a % of Gliflozins + Gliptins** – With increasing evidence being published around the cardiovascular benefits of Gliflozins, it is proposed that this indicator would replace the current Alogliptin indicator. New patients would be initiated on Gliflozins and existing patients with cardiovascular risk factors would be reviewed and switched, providing there are no contra-indications. An initial target of 50% has been proposed, recognising that there may still be pressures on primary care.

❖ **Solifenacin /Oxybutynin 2.5mg/5mg tablets as % of all incontinence drugs** – We previously had a urinary incontinence indicator where Solifenacin was project negative. Solifenacin is now off-patent and the cost has therefore reduced considerably. We have an agreement with primary care not to reverse switches within a twelve month period. There was no urinary incontinence indicator in the 2020/21 scorecard and this cost-saving indicator is proposed for the 2021/22 scorecard. Patients should firstly be reviewed to ascertain whether the medication is still appropriate and if so switched to solifenacin/oxybutynin providing there are no contra-indications. This indicator would not be a priority at the start of the year but rather one to work on when some capacity returns to primary care. A target of 70% has been proposed.

❖ **Inhixa as a % of all Enoxaparin prescriptions** – Both of the main acute Trusts have decided that they will switch from Clexane to Inhixa brand of Enoxaparin. It is proposed for primary care to do the same. These are different devices so there needs to be a discussion with patients. No target has been suggested at the moment.

PAMM support all three indicators being included in the 2021/22 scorecard.

Baseline data to be brought to the next meeting so that targets can be agreed.

Action: Shaun Green

5.3 Flu vaccinations

In Somerset we are achieving a much higher uptake of flu vaccinations than last year in all patient groups and there are lower levels of influenza circulating. SG thanked practices and pharmacies for their hard work on this.

5.4 COVID-19 vaccinations

SG gave an update and reported that the COVID-19 vaccination programme is going very well in Somerset. Two different vaccines are now being used: Pfizer/BioNTech and AstraZeneca (Oxford). The dosing interval has been extended from three weeks to a maximum of twelve weeks. There are vaccination hubs at Yeovil District Hospital and Musgrove Park Hospital as well as at ten Primary Care Network sites, with other sites coming on stream shortly. Mass vaccination sites are in the process of being set up. Teams of vaccinators are also vaccinating care home residents.

5.5 Lithium carbonate (Priadel®) 200mg and 400mg tablets – Supply Disruption Update

The Department of Health and Social Care (DHSC) have agreed a revised price for Priadel® 200mg and 400mg tablets with Essential Pharma. Priadel® 200mg and 400mg tablets remain available to order from wholesalers. This is a positive result for patients and the NHS.

6 Other Issues for Discussion

None this month

7 Other Issues for Noting

7.1 Cancer associated VTE treatment

The group noted the Somerset NHS Foundation Trust protocol for the treatment of cancer-associated venous thromboembolic disease.

Include in Medicines Management newsletter.

Action: Steve Moore

8 Additional Communications for Noting

8.1 Diabetic Foot checks

The Q1 National Diabetes Audit - Care Processes and Treatment Targets, January to June 2020 has been published. The CCG level data shows good progress in certain areas but the level of diabetic foot checks remains low. This is of particular concern as public health data suggests Somerset is the worst in country for minor amputations and diabetic foot disease hospital spells, although we have made good progress in reducing major amputations. Despite the difficulties of face to face consultations during COVID, practices have been asked to consider what steps could be taken to ensure diabetic patients continue to receive foot checks.

-Noted.

8.2 Risperidone increase in mortality and cardiovascular events in Dementia

As part of our safety work we have reminded prescribers of these risks and the short term treatment licensing only of risperidone.

-Noted.

8.3 GP movers - what you need to do when prescribers leave or join your practice

Practices have been asked to ensure that any prescriber changes are updated in line with this guidance.

-Noted.

8.4 Freestyle Libre for Learning Disability and Autism patients

Somerset CCG fully supports the extension of availability of Freestyle Libre to this new cohort of patients (People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register).

For Learning Disability (LD) and Autism patients with Type 2 diabetes treated by insulin, improving diet, lifestyle and safely deprescribing medication associated with causing type 2 diabetes (e.g. antipsychotics) are all things we would encourage consideration during LD patient annual reviews and where required with specialist input regarding insulin.

-Noted.

8.5 FLUBLOK: Updated guidance re. 50-64 year olds

-Noted.

8.6 Award - Winner Somerset CCG - Diagnostic Stewardship Antibiotic Guardian Stewardship

Somerset CCG won the National Antibiotic Guardian Award for Diagnostic Stewardship, following our QI project and spread work to reduce the use of urine dipsticks for urinary tract infection diagnosis in older patients in our GP practices. Practices are thanked for engaging in this important work which not only stops inappropriate antibiotic prescribing but also saves GP practices time and expense.

Ana Alves who devised this project now works for Somerset NHS Foundation Trust where they continue to roll this out on wards and we have also rolled this out across our Care homes.

-Noted.

8.7 At-risk groups to receive free winter supply of vitamin D

-Noted.

We have a program to deprescribe vitamin D / calcium and vitamin D when prescribed for patients not taking a bone sparing agent (as this is deemed as self-care). With the announcement of this free central supply of vitamin D, practices are asked to ensure that care home patients are not having prescribed duplicate vitamin D / calcium and vitamin D.

Practices should also be aware that many sip feeds also contain additional vitamin D, so are asked to ensure that sip feeds on repeat are reviewed and patients are moved across to normal food at the earliest possible opportunity.

SM reported feedback that many patients have not yet received letters around the free winter supply of vitamin D. This is also an online platform only, which means poor accessibility for some patients.

8.8 Mixed MDI and dry powder inhaler patients

We have made great progress as a CCG increasing the percentage of patients on the same type of inhaler from 26% to 63% in six months. This is improving how patients feel and reducing asthma and COPD admissions because with better technique they get more of their medication into their lungs and so their control of their condition improves. This also means they need less doses and are also able to step down from higher doses of corticosteroids.

Most patients find dry powders easier to use with a good technique so it also reduces the carbon footprint from inhalers and is good for the environment. However we still have over 2000 patients who are prescribed a dry powder combination inhaler with a Salbutamol / Ventolin MDI – most of these patients will not be able to change between the different techniques required. Practices are asked to continue to focus on this important medicines optimisation work stream.

-Noted.

8.9 DHSC Guidance for general practice in England on accessing DHSC centrally supplied flu vaccines

-Noted.

8.10 Updated resources for local professionals who are supporting people at the end of life

St Margaret's Hospice is continuing to provide a central repository of helpful advice to all Somerset professionals who are supporting people at the end of their life. These resources have been reviewed and updated in line with the latest guidance and are available on the St Margaret's Hospice website under Healthcare Professional Resources. They have been endorsed by local trusts, hospices and the CCG and are aimed at primary, secondary care and hospice teams as well as carers.

-Noted.

8.11 December supply issues update

-Noted.

8.12 Dipstick & link to UTI antibiotics in over 65s - week 46 update

At week 46 the rate of prescribing linked to UTI dipsticks was 56% lower than the week 1 baseline.

-Noted.

8.13 Pneumovax 23 (PPV23) vaccine UPDATE - Supplies are now unavailable until late January 2021

-Noted.

9 Formulary Applications

9.1 Trulicity® (Dulaglutide) solution for injection in pre-filled pen, Eli Lilly and Company Limited.

3mg/0.5ml pre-filled pen (pack of 4) £73.25

4.5mg/0.5ml pre-filled pen (pack of 4) £73.25

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

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications.

- in addition to other medicinal products for the treatment of diabetes.

The lower strengths of Dulaglutide (750micrograms and 1.5mg) are already included in the formulary and these new strengths are the same price.

The group approved adding the new strengths to the formulary.

Add to formulary.

Action: Daniela Wilson

**10 Reports From Other Meetings
Feedback**

10.1 Primary Care Network Feedback

The PCNs are busy delivering COVID-19 vaccinations. DD reported that West Somerset PCN have appointed a pharmacy technician who is now administering vaccinations.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 01/12/20

Nothing to report.

10.3 YDH Medicines Committee meeting – Last meeting 08/01/20 – Minutes not received

SM attended and advised that the meeting was largely focused around COVID. YDH have updated their forms and policies to reflect the updated guidance around vaccinating patients on anticoagulants, in pregnancy and breastfeeding.

-Noted.

10.4 MPH D&TC – Last meeting 20/11/20 – Minutes not received

SJM attended and advised that Dietetics would like to include compact SIP feeds on the formulary. They were asked to deliver a presentation to SPF today, however the meeting has been cancelled due to covid pressures so they will be invited back for the March meeting.

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 08/12/20 – Minutes received

The updated Shared Care Protocols for Lithium and ADHD have been approved. These have been uploaded to the CCG website.

The alcohol detoxification guideline hasn't been updated at the trust yet, explaining their increase in vitamin B compound prescribing. They are in the process of reviewing the policy and will also contact the pharmacy to flag when this is prescribed.

All benzodiazepines will be reviewed as use is higher than they would like. They will come back with results from their findings.

10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Last meeting 03/12/20 – Minutes not received

10.8 LPC Report

ML provided an update from the LPC:

- Community pharmacies are still delivering many flu vaccinations to 50-64 year old patients.
- National bodies have been in dialogue with the Department of Health and Social Care around creating a draft LES and SOP for community pharmacies to deliver covid vaccinations.
- Thanked PCN colleagues who have reached out to community pharmacy teams to offer them the ability to have their covid vaccinations at the tail end of clinics. All offers are very much welcomed and appreciated.
- A recent survey among community pharmacy staff identified an issue with flow of prescriptions in terms of messages to patients. Pharmacies reported that patients are frequently being told by practices that their repeat prescription will be ready on a certain day, when in fact the surgery will issue the prescription by this day but the pharmacy then require two working days to order in the stock and prepare the prescription ready for collection. This is causing issues with patients coming in to the pharmacy before their prescription is ready, at a time when pharmacies are having to control traffic and flow at the moment due to covid. The LPC would really appreciate a rhythm of flow for prescriptions being agreed, for example the surgery will take X working days to issue the prescription and then the pharmacy will require an additional two working days to prepare the prescription ready for collection. ML will discuss this with the LMC to agree a timescale and arrange for some communications to be issued. Clarified that this is for repeat prescriptions only; acute prescriptions, e.g. antibiotics will still be issued in real-time.

PAMM GP members are happy to take this message back to their PCNs to be mindful of.

Include in Medicines Management newsletter.

Action: Steve Moore

SG highlighted that the CCG still encourage electronic repeat dispensing for stable patients where appropriate, which should help to streamline the process even more.

10.9 Exceptional items from out of area formulary meetings

A review by a BNSSG antimicrobial pharmacist identified a link between high levels of Clostridium difficile (C. Diff) and oral clindamycin use in the BNSSG CCG area. Prescribing rates of oral clindamycin in BNSSG are very high and are much higher than Somerset CCG rates. Oral clindamycin is not included as an option in Somerset antibiotic guidelines for primary care.

10.10 RMOC Update

Nothing to report.

11 Current Performance

11.1 Prescribing Update

None this month.

11.2 October Scorecard Primary Care Network Trend

-Noted.

11.3 October Safety Spreadsheet

None this month.

12 Rebate Schemes

12.1 Inhixa® (Enoxaparin sodium), Techdow Pharma England Ltd, Commence date: 01/01/2021

-Noted.

12.2 Trulicity® (Dulaglutide), Eli Lilly and Company Ltd, Commence date: 01/01/2021

-Noted.

13 NICE Guidance December & January

-Noted

14 NICE Technology Appraisals

14.1 [TA664] Liraglutide for managing overweight and obesity

-CCG commissioned.

-Providers are NHS hospital trusts.

NICE have approved so we will commission in the Trusts as a **RED** drug.

Review use in primary care and return responsibility to trusts where appropriate.

Add to TLS as **RED** drug for this indication. TLS remains for other indications.

Action: Zoe Talbot-White

15 NICE Clinical Guidance

15.1 [NG186] COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19

-New.
-Noted.

15.2 [NG187] COVID-19 rapid guideline: vitamin D

-New.
-Noted.

Vitamin D remains self-care.

15.3 [NG188] COVID-19 rapid guideline: managing the long-term effects of COVID-19

-New.
-Noted.

There was a discussion around long COVID. Services are being set up, including in Somerset.

15.4 [NG185] Acute coronary syndromes

-New.
-Noted.

SG has raised guidance with the Trusts. Will await feedback and update formulary accordingly.

15.5 [NG28] Type 2 diabetes in adults: management

-Update.

Made minor changes to the recommendations on diabetic retinopathy to align them with the NHS diabetic eye screening programme.

-Noted.

15.6 [NG17] Type 1 diabetes in adults: diagnosis and management

-Update (as above)
-Noted.

15.7 [NG18] Diabetes (type 1 and type 2) in children and young people: diagnosis and management

-Update.

Updated as above and reviewed the evidence and updated the recommendations on fluid therapy for children and young people with diabetic ketoacidosis.

-Noted.

15.8 [NG3] Diabetes in pregnancy: management from preconception to the postnatal period

-Update.

Reviewed the evidence and changed the recommendations on intermittently scanned CGM (isCGM, also commonly referred to as flash) and continuous glucose monitoring during pregnancy for women with type 1 diabetes.

-Noted.

15.9 [NG104] Pancreatitis

-Update.

Highlighted the importance of rotating insulin injection sites within the same body region, in line with an MHRA Drug Safety Update on insulins (all types): risk of cutaneous amyloidosis at injection site.

-Noted.

15.10 [NG169] Eating disorders: recognition and treatment

-Update (as above).

-Noted.

15.11 [NG59] Low back pain and sciatica in over 16s: assessment and management

-Update.

In December 2020 NICE reviewed their guidance on opioids for non-cancer pain in response to a Public Health England evidence review on dependence on, and withdrawal from, prescribed medicines. To support discussion with patients about opioid prescribing, and safe withdrawal management, they are developing guidance on safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal and shared decision making. In the meantime, they have added links in this guideline to other NICE guidelines and other resources that support this aim.

-Noted.

15.12 [CG147] Peripheral arterial disease: diagnosis and management

-Update (as above).

-Noted.

15.13 [CG177] Osteoarthritis: care and management

-Update (as above).

-Noted.

- 16 Risk Review and Management**
No new risks identified.
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 MHRA Drug Safety Update November, December & January**
-Noted.
- 17.2 Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy**
-Noted.
- 17.3 Bupropion (Zyban): risk of serotonin syndrome with use with other serotonergic drugs**
-Noted.
- 17.4 Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk**
-Noted.
- 17.5 Erythromycin: caution required due to cardiac risks (QT interval prolongation); drug interaction with rivaroxaban**
-Noted.
- 17.6 Erythromycin: update on known risk of infantile hypertrophic pyloric stenosis**
-Noted.
- 17.7 Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review**
-Noted.
- 17.8 SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery**
-Noted.
- 17.9 NIHR Signal: Supported self-management for people with asthma is the most effective model of care**
-Noted.
- 17.10 NIHR Signal: Addressing misconceptions about eczema could help people manage their condition over the long term**
-Noted.
- 17.11 NIHR Signal: People with dementia from ethnic minority backgrounds face extra barriers in accessing care**
-Noted.
- 17.12 NIHR Signal: Care home residents on multiple medications have an increased risk of falling**
-Noted.

17.13 NIHR Signal: Managing medication: older people and their families need support to deal with the hidden burden of medication
-Noted.

17.14 NIHR Signal: Teenagers' use of antidepressants is rising with variations across regions and ethnic groups
-Noted.

17.15 NIHR Signal: Missed miscarriage should be treated with mifepristone plus misoprostol rather than misoprostol alone
-Noted.

17.16 NIHR Signal: Ongoing pain after knee replacement: people need support and encouragement to seek help
-Noted.

17.17 NIHR Signal: Spironolactone is not an effective treatment for one type of irregular heartbeat, research shows
-Noted.

18 BNF Changes

18.1 BNF Update November & December
-Noted.

18 Any Other Business

18.1 Somerset Prescribing Forum (SPF) 13/01/2021

The SPF meeting has been stood down this month due to secondary care colleagues being tied up with COVID-19 vaccinations. SG and AT will meet to go through the agenda.

DATE OF NEXT MEETINGS

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)