Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 10th March 2021.**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Ana Alves (AA)	Governance and Clinical Operations Lead Pharmacist, Somerset NHS Foundation Trust
	Hels Bennett (HB)	Medicines Manager, CCG
	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
	Yvonne Lamb (YL)	Engagement Officer, Somerset LPC
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Carla Robinson (CR)	Public Health Representative
	Esmerelda White (EW)	Prescribing Technician, CCG
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Kyle Hepburn (KH)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater and North Sedgemoor Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Ana Alves and Yvonne Lamb 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.

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

4 MINUTES OF THE MEETING HELD ON 10th February 2020

4.1 The Minutes of the meeting held on 10th February 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:

Action 2: Inhaler VENN diagram – This document has been updated and the new version has been uploaded to the Medicines Management website.

Action 3: PCN Representation – SG and AT have sent a letter to Ian Creek (PCN manager) around expressions of interest for representation. If no expressions of interest have been received before the next meeting then this will be chased up with individual PCN clinical directors. It is important that each PCN is represented and the committee remains quorate should any of the current PCN representatives be unable to attend.

Action 4: Desizon® - The specials guidance will be updated in due course.

Action: Hels Bennett

5 Matters Arising

5.1 2021/22 Scorecard

The national target is to get the antimicrobial indicator down to 0.804 by 2023-24. We intend to monitor this on a three year reduction cycle with our target we have set in the scorecard therefore there will be a slight decrease in the target for next year to 0.9. Many practices are already achieving this.

Despite many confounding factors this last year with COVID, a lack of face-to-face visits and patients shielding, etc., we retain good control in Somerset and are regional leaders on antimicrobial performance. SG thanked practices for their hard work.

Ana Alves, former antimicrobial lead on the Medicines Management team attended the meeting on behalf of Somerset NHS Foundation Trust. SG and AT praised Ana for the antimicrobial work she laid the foundations for, which

Helen Spry has now taken on since Ana has moved on to another organisation.

5.2 COVID-19 Vaccinations

The COVID vaccination programme is going very well in Somerset. SG expressed his thanks for all the hard work put in by PCNs as well as the Trusts, mass vaccination sites and pharmacies. A surge is expected next week and the next few months will be a busy period with administering second doses as well as vaccinating the additional cohorts.

6 Other Issues for Discussion

6.1 Sick day rules – cards/poster update

The sick day rules cards were rolled out a number of years ago. Since then some new medicines have come along which may need some discussion around pausing them when patients are very unwell and potentially at risk of becoming dehydrated, for example gliflozins.

The sick day rules cards have been updated to provide a blank space for clinicians or pharmacists to write in any medications which they think are appropriate, since not all drugs will fit onto one card. The plan is to share these more widely and raise awareness.

The group felt that these cards were a useful prompt for clinicians to have this discussion with patients and that the free text space was a helpful addition. YL queried whether community pharmacies would receive the updated cards as they would be useful for MUR/NMS/CPCS consultations. SG confirmed that community pharmacies will be sent the updated cards.

The group felt that an electronic template which could be used for telephone consultations would be a useful tool. SG will look into this.

There was also a discussion around hydration. The group queried whether the CCG hydration leaflets could be distributed again. SG confirmed that if the current supply has been used up then we will be able to arrange a further supply.

The MM team will arrange for the updated materials to be printed and distributed. **Action: Medicines Management Team**

6.2 Rifaximin for the treatment of hepatic encephalopathy

We currently have a pathway where primary care is asked to continue rifaximin prescribing where it has been shown to be effective for patients with hepatic encephalopathy.

The Trust has requested an adjustment to the wording of this pathway. They have had reports from GPs unhappy to prescribe rifaximin where the patient continues to drink alcohol. Nationally this is not regarded as a reason to cease prescribing as alcohol consumption and compliance with medication are not mutually exclusive. They would like the pathway wording amended to reflect that where patients may continue to drink some alcohol, they should still have

the medication. There would still be a recommendation to ensure that benefit is still confirmed and treatment discontinued where it is effective.

PAMM approve of this amendment.

7 Other Issues for Noting

7.1 MHRA consultation - oral contraceptives (desogestrel) reclassification

There was a discussion around this MHRA consultation which proposes the reclassification of two progestogen-only contraceptive pills containing desogestrel, allowing sale via a Pharmacist.

The group were generally supportive of this consultation which gives women more control without going down the prescribing route. However, it does bring some risks so if it goes ahead then another piece of work will need to be done across the system in order to support patients and pharmacies in this provision.

CR highlighted that from a public health viewpoint it will be important to ensure that good sexual health is being promoted alongside contraception, e.g. condom accessibility and making sure that this is tied in. The group echoed this and hope that there will be some pathways and guidance in place to ensure that blood pressure checks are carried out, etc.

The group questioned whether women should have to pay for this provision since contraception is currently provided free of charge. There is potential to provide this free of charge under a PGD, however this would require further discussion as a wider system.

The conversation moved on from the MHRA consultation on desogestrel reclassification to emergency contraception provision. The current emergency contraception (EHC) PGD provides emergency contraception free of charge for patients aged up to 25 years. SG has raised this on a number of occasions since there is an age discrimination issue and abortion rates are actually higher in patients aged over 25 years than under. Restricting access to EHC in pharmacies is costing the system more and causing issues with patients over 25 having abortions and the knock on effects of that. SJM highlighted that there is a caveat in the current PGD to provide EHC free of charge at the pharmacist's discretion if the patient is unable to afford it.

The MHRA consultation will be brought back as an agenda item in six months or sooner if anything relevant comes up in this time.

7.2 Surgery and Opioids: Best Practice Guidelines 2021

-Noted.

This group very much welcomed this guidance, which has been shared across the system and wider.

The MM team have taken steps before this guidance was published to try and gain some control over discharge information. A particular issue has been

where primary care clinicians are not informed that the opiates patients are discharged from the Trusts on are intended for short-term prescribing only, usually for a maximum of a week. The MM team very much recommend that these medications are put onto the PMR as acute rather than repeat and clinicians are having discussions with patients regarding dependence, side effects and reducing doses, etc.

The MM team will take a more detailed look at this guidance to try and ensure we have covered all of the recommendations.

There was a discussion around pain and opioids. When carrying out discharge reviews it is helpful to remember the useful alternatives to medication, e.g. ice, etc. Pain very much requires a multi-faceted approach to get under control.

SJM highlighted that breastfeeding patients shouldn't be left in excessive pain solely because they are breastfeeding and that the CCG website contains some useful resources around medication in breastfeeding patients.

The MM team are working very closely with the pain team.

Raise this guidance with the RUH. **Action: Shaun Green**

8 Additional Communications for Noting

8.1 Updated B12 guidance - Pernicious anaemia

Due to COVID there has been a significant increase in oral cyanocobalamin prescribing, particularly the 50mcg strength. Prescribers are reminded that the British Society for Haematology guidance for non-dietary vitamin B12 deficiency is that oral cyanocobalamin can be offered at a dose of 1mg per day until regular IM hydroxocobalamin can be resumed. Prescribers are asked to ensure that no patients have been moved to 50mcg inappropriately. Some of this prescribing may be suitable for self-care. B12 is also something that should be reviewed in patients with dementia, depression and COPD.

-Noted.

8.2 Identifying and treating familial hypercholesterolaemia patients

It is estimated that currently only 7% of those with Familial Hypercholesterolaemia (FH) have been identified, but over the next five years the NHS will aim to improve that to at least 25%.

Eclipse live has a search already set up and we would ask that this is used to review potential FH patients.

Lipid specialists at trusts can now refer to Bristol for genetic testing to confirm diagnosis and ensure correct statin or lipid lowering therapy is used.

-Noted.

8.3 Antimicrobial prescribing 2020-21 Q3 update

Good news story.

SG and AT thanked everyone for their excellent work which has been ongoing for a number of years.

AA advised that Somerset is in a great position with good prescribing habits in place in primary care which is a result of collaborative working. She reported that the Trust have made some great changes recently including lower Trimethoprim usage and an increase in Pivmecillinam.

-Noted.

8.4 2021 - New scorecard indicators

SG circulated information to primary care around the new scorecard indicators which will commence from April.

-Noted.

8.5 Cardiovascular disease prevention pack

The Cardiovascular disease (CVD) Prevention Pack: Supporting data for Somerset STP was shared. This pack highlights a number of areas where Somerset could improve. CVD prevention remains a national priority and we have many eclipse alerts highlighting more up to date potential unmet need. SG is aware that despite COVID many areas have improved already this year, so thanked practices again for their engagement.

-Noted.

8.6 Monthly Supply Issues Update March 2021

-Noted.

8.7 Diabetics prescribed Oramorph

Despite flagging this back in September the number of diabetics prescribed Oramorph has risen not reduced. If Morphine is required we recommend Zomorph as the capsules can be opened if required and added to food etc. The sugar content of Oramorph will be impacting upon patient's blood glucose and HbA1c, making control more difficult to achieve. Similarly the alcohol content of oramorph will also be having a detrimental effect and potentially interacting with other medication.
SG asked prescribers to consider these issues when reviewing Oramorph prescribing. Eclipse searches have been set up.

-Noted.

9 Formulary Applications

9.1 Fixkoh Airmaster® Salmeterol/Fluticasone inhalation powder, pre-dispensed, Thornton & Ross Ltd.

50 microgram/100 microgram/dose inhalation powder (device + 60 pre-dispensed doses) £14.47

50 microgram/250 microgram/dose inhalation powder (device + 60 pre-dispensed doses) £19.29

50 microgram/500 microgram/dose inhalation powder (device + 60 pre-dispensed doses) £24.12

Fixkoh Airmaster is indicated in adults and adolescents 12 years of age and older.

Asthma
Fixkoh Airmaster is indicated in the regular treatment of asthma where use of a combination product (long- acting β2 agonist and inhaled corticosteroid) is appropriate:
- patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short-acting β2 agonist
or
- patients already adequately controlled on both inhaled corticosteroid and long-acting β2 agonist

Note: Fixkoh Airmaster 50 microgram /100 microgram strength is not appropriate in adults and children with severe asthma.

Chronic Obstructive Pulmonary Disease (COPD)
Fixkoh Airmaster is indicated for the symptomatic treatment of patients with COPD, with a FEV1 < 60 % predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular bronchodilator therapy.

Approved

Add to formulary. **Action: Daniela Wilson**

9.2 Dalonev® (Calcipotriol/Betamethasone) 50 micrograms/g + 0.5 mg/g ointment, Mibe Pharma UK Limited.
£15.82 (30g)
£31.69 (60g)
£59.04 (120g)

Topical treatment of stable plaque psoriasis vulgaris amenable to topical therapy in adults.

20% lower than the Drug Tariff reimbursement price of Calcipotriol 0.005% / Betamethasone dipropionate 0.05% ointment.

Bioequivalent to Dovobet® Ointment.

Approved.

Add to formulary. **Action: Daniela Wilson**

Add to preferred brands list. **Action: Caroline Taylor**

9.3 Glucorex® (Metformin) 500mg sustained-release tablets, GlucoRx Ltd.
£0.95p (28)

Indicated for the treatment of type 2 diabetes mellitus in adults, particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycaemic control. May be used as monotherapy or in combination with other oral antidiabetic agents, or with insulin.

Approved.

Add to formulary. **Action: Daniela Wilson**

9.4 Slozem® (Diltiazem) modified-release capsules, Zentiva Pharma UK Ltd
Slozem 120mg capsules £5.49 (28)
Slozem 180mg capsules £5.58 (28)
Slozem 240mg capsules £5.67 (28)
Slozem 300mg capsules £6.03 (28)

Indicated for the treatment of mild to moderate hypertension and angina pectoris.

Slozem was discontinued with another manufacturer, however Zentiva are now relaunching with effect from 25th March 2021.
The group discussed the safety aspect of switching between diltiazem preparations, which can be complex due to bioavailability issues. It was agreed to add Slozem to the formulary, however there are no plans to switch at present.

Add to formulary. **Action: Daniela Wilson**

Add to preferred brands list. **Action: Caroline Taylor**

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback
Nothing to report.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 03/03/21
Nothing to report.

10.3 YDH Medicines Committee meeting – Next meeting 12/03/21

10.4 Somerset NHS Foundation Trust D&TC – Last meeting 12/02/21 – Minutes not received

SJM attended and reported that dapagliflozin in heart failure was discussed. Compact sip feeds were also discussed and the Dieticians will be attending the May SPF meeting to present around this.

-Noted.

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 09/03/21- Minutes not received

SJM attended and reported that benzodiazepines were discussed, in particular lorazepam and diazepam. The Trust have requested that we feedback any instances of poor/incomplete discharge summaries where there is no plan in place for these medications going forwards. SJM requested that GPs please inform her of any instances and she will feed these back.

The POMH-UK audit was also discussed and we are waiting for them to share their findings with us.

There was a discussion around an SPS document on methylphenidate brands. It was agreed this would be discussed further, with the aim of improving switching to preferred brands and avoiding initiation on other brands.

-Noted.

10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Last meeting 02/03/21 – Minutes not received

Steve Moore attended and reported that the Endocrinology Society have published a final guide on which patients should be targeted for the Emergency Steroid card, though doing searches will be difficult for some patients. Ardens do have reminders on EMIS and there are five searches built into the Ardens folder. Steve is attending a webinar from SPS to find out more.

Oramorph overuse was also discussed. Eclipse Live shows that 2590 patients had Oramorph in last 90 days. The dosage instructions for most were poor and need to be more specific. Many oramorph patients were on regular interval dosing so probably could have been taking solid dosage forms.

-Noted.

10.8 LPC Report

The LPC would like to remind PCNs and practices that it takes a minimum of 48 hours for community pharmacies to prepare repeat prescriptions and this is on top of the potential 48 hours it may take the practice to issue the prescription. They would appreciate support from practices in communicating

this message to patients.

The CCG would encourage discussion and building on lines of communication between professionals and a consistent message to patients on this matter.

Include in MM newsletter. **Action: Steve Moore**

Send a reminder to primary care. **Action: Shaun Green**

Highlight to the communications team. **Action: Sam Morris**

YL advised that there are some issues with pharmacies who use offsite dispensing but these will be communicated with their patients directly where relevant.

10.9 Exceptional items from out of area formulary meetings
Nothing to report.

10.10 RMOC Update
Nothing to report.

11 Current Performance
11.1 Prescribing Update
Not available this month.

11.2 December Scorecard Primary Care Network Trend
Despite COVID, there has been some good improvement in the scorecard position. The high intensity statin indicator is now at 60.63%, having started at 54.59%.

-Noted.

11.3 December Safety Spreadsheet
-Noted.

12 Rebate Schemes
12.1 None this month

13 NICE Guidance March
-Noted

14 NICE Technology Appraisals
14.1 [TA679] Dapagliflozin for treating chronic heart failure with reduced ejection fraction
-Noted.
This was approved last month pending NICE publication and is now on the formulary.

15 NICE Clinical Guidance

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

-Update

12 February 2021: Added advice to follow NHS England's interim clinical commissioning policies on tocilizumab and sarilumab for treating critically ill patients with COVID-19 pneumonia.

-Noted

15.2 [NG161] COVID-19 rapid guideline: delivery of systemic anticancer treatments

-Update

12 February 2021: Reviewed the evidence on the effects of systemic anticancer treatment on risk of severe illness or death in patients with cancer and COVID-19 and made new recommendations.

-Noted

15.3 [NG162] COVID-19 rapid guideline: delivery of radiotherapy

-Update

12 February 2021: Added 3 recommendations for research following a review of the evidence on the effects of systemic anticancer treatment or radiotherapy on the risk of severe illness or death in patients with cancer and COVID-19.

-Noted

15.4 [NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation

-Update

10 February 2021: Amended recommendations on when to defer donations and HSCT for donors and recipients pre-transplant, in line with updated BSBMTCT guidance. Also updated guidance for staff who are self-isolating, and added a recommendation on vaccination.

-Noted

15.5 [NG189] Safeguarding adults in care homes

-New

SG has flagged this guidance to the safeguarding and care home teams.

-Noted

15.6 [NG190] Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing
-New

Helen Spry will review this guidance and discuss with Microbiology before updating the primary care guidance.

-Noted.

15.7 [CG57] Atopic eczema in under 12s: diagnosis and management
-Update.

NICE have withdrawn recommendations 1.5.1.40 to 1.5.1.44 on managing bacterial infections because they have been replaced by the NG190 (above).

-Noted.

Reminder that based on current evidence, emollient bath additives and shower preparations are non-formulary.

16 Risk Review and Management
No new risks identified.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update February
-Noted.

17.2 MHRA Drug Safety Update: Ulipristal acetate 5mg (Esmya): further restrictions due to risk of serious liver injury
-Noted.

Restricted use in Somerset.

Add link to Traffic Light System. **Action: Zoe Talbot-White**

17.3 MHRA Drug Safety Update: Pregabalin (Lyrica): reports of severe respiratory depression
-Noted.

17.4 MHRA Drug Safety Update: Alkindi (hydrocortisone granules): risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to granules
-Noted.

This has been flagged to prescribers.

17.5 COVID-19 vaccines and medicines: updates for February 2021
-Noted.

17.6 Thalidomide 50mg hard capsules: Pregnancy Prevention Programme to minimise the risk of teratogenicity
-Noted.

Red drug in Somerset.

17.7 NIHR Signal: Pregnancy loss leads to post-traumatic stress in one in three women
This study showed that almost one in three women develop post-traumatic stress disorder (PTSD) after early pregnancy loss. For some, signs of PTSD, anxiety and depression are still evident nine months later.

Early pregnancy losses are common, but the consequences and psychological impact are often overlooked. Current care varies, but most women receive no formal psychological support. They often rely on patient support groups for information and guidance.

Given the numbers of miscarriage and ectopic pregnancies, the researchers are concerned that this is a hidden public health issue.

The group noted this signal and felt that this may apply to partners also.

Flag NIHR signal to women and children team. **Action: Sam Morris**

18 BNF Changes
18.1 BNF Update February
-Noted.

18 Any Other Business
18.1 Moderate Rheumatoid Arthritis
SG highlighted that one of the MABs for Rheumatoid Arthritis (RA) will become the first to be approved for moderate RA. This will be discussed with secondary care. Potentially we may also extend the use of some of the biosimilars for moderate RA. This would be a new cohort of patients so primary care may start to see usage in these patients.

DATE OF NEXT MEETINGS
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)