

Minutes of the **Somerset Prescribing Forum** held via Microsoft Teams, on **Wednesday, 12th May 2021**.

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Mark Ashley (MA)	Chief Pharmacist, Somerset NHSFT
	Dr Clare Barlow (CB)	Chair D&TC, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Jean Perry (JP)	Contracts Manager, NHS Somerset CCG
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Dr Carla Robinson (CR)	Public Health Registrar, Somerset County Council
	Caroline Taylor (CT)	Prescribing Technician, CCG
Apologies:	Steve DuBois (SDB)	Chief Pharmacist, Somerset NHSFT
	Dr Orla Dunn (OD)	Public Health Representative

1 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Apologies were provided as detailed above.

Sarah Ashley-Maguire, Ursula Green and Catherine Henley introduced themselves to the group.

2 REGISTER OF MEMBERS' INTERESTS

2.1 The Somerset Prescribing Forum received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

The Somerset Prescribing Forum 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 Somerset Prescribing Forum.

Sarah Ashley-Maguire, Head of Nutrition & Dietetics (Service and Professional Lead), Yeovil District Hospital NHS Foundation Trust declared: I am no longer an active employee for Fresenius Kabi Deutschland GmbH, but I am in receipt of an Inventorship Renumeration for a product I helped bring to market.

4 MINUTES OF THE MEETING HELD ON 10th March 2021

4.1 The Minutes of the meeting held on 10th March were agreed as a correct record.

4.2 Review of action points

Most items were either complete or, on the agenda.

5 Matters Arising

5.1 Sativex[®] for the treatment of spasticity due to multiple sclerosis

NICE have re-looked at the evidence, to offer on a trial basis in a certain cohort of patients and for those obtaining benefit to continue with treatment. Company to provide the medication for the trial basis, NHS then pick up cost for patients that continue.

CB informed the group that the numbers of patients the neurologists are expecting would be relatively small - 4 to 5.

Raised internally with NHS Somerset FT D&TC, highlighting the cost to the trust medical director, sitting now with the senior finance team for discussion and awaiting feedback.

It was agreed that SPF are in the position to:

Approve Sativex[®] commissioned in line with NICE guidance, supportive of making a process with trusts with discussion for moving Sativex[®] to a Shared Care approach - joined up pathway.

CB will bring feedback from the trust senior finance team back to July's meeting.

Include on July's agenda

Action: CT

6 Other Issues for Discussion

6.1 Evidence for cost effectiveness of using compact Oral Nutritional Supplement products for those not in renal failure / fluid restriction.

SPF members watched the dietician's presentation, a Q&A session followed.

Members found the presentation really useful. Shaun highlighted that 100s of patients in primary care are receiving compact ONS, many of which may be inappropriately prescribed or not clinically indicated.

It was agreed that supplements are over used.

CB suggested a presentation to trust Doctors, Consultants; junior Doctors would be hugely beneficial for their understanding and knowledge around ONS.

Dietitians to produce a defined list of patients with an appropriate clinical need / indication for the use of low volume compact Oral Nutritional Supplement products. Action: UG & SA-M

Adopt onto formulary and produce education for primary care
Action: SG & SJM

SM to email Ursula to obtain the 'Food First', 'Nutritional snacks to replace oral nutritional supplements' etc leaflets. Action: SJM

Add leaflets to the Somerset CCG Nutrition & Care Home webpage's
Action: DW

6.2 Further Info

-Noted

7 Other Issues for Noting

-Nothing to note

8 Additional Communications for Noting

8.1 Update Chloramphenicol eye drops - contraindicated in children <2yrs

Awaiting MHRA alert.

MA circulated to group members 'Quality Matters: April 2021 issue' highlighting pg3: Clinical Issues - chloramphenicol 0.5% eye drops

-Noted

8.2 Gliptin to Gliflozin letter

This work stream follows recently published new evidence around CVD benefit outcome.

MMT have sent extra resources to primary care to support this area of work.

It was stressed that this wouldn't be a blanket switch; the patient would need to be reviewed on an individual basis regarding appropriateness of switching.

-Noted

8.3 Discontinuation of Peristeen and Substitution to Peristeen Plus

Peristeen Plus is an improved version of Peristeen.

Opportunity to flag to trusts Specialists teams.

-Noted

8.4 Incorrectly coded Type 1 diabetic patients

Patients identified via 'Eclipse Live' searches and flagged by MMT to primary care for review and to rectify any incorrect coding.

-Noted

8.5 **DHSC Monthly Supply Issues Update April & May**

Shared to raise awareness.

-Noted

8.6 **Atrial fibrillation: diagnosis and management**

Primary Care have been requested to give attention to this condition.

MMT are supporting practices in identifying unmet need.

-Noted

8.7 **Change to the supply route of pneumococcal polysaccharide vaccine for the national immunisation programme**

National decision to move to central supply, one of the benefits being better control of over ordering.

-Noted

9 **Formulary Applications**

9.1

[Otigo](#)® (phenazone/lidocaine hydrochloride) 40 mg/10mg/g ear drops, solution, Renaissance Pharma Ltd.£8.92 (15ml bottle with dropper applicator)

This medicinal product is intended for local symptomatic treatment and relief of pain in the following diseases of the middle ear without tympanic perforation:

- acute, congestive otitis media;
- otitis in influenza, the so called viral bullous otitis;
- barotraumatic otitis.

Pain relief drop for ear inflammation. Vast majority of patients would probably benefit from oral pain relief. Small cohort of patients where this would be an added option.

SG has discussed with ENT departments.

Agreed at April PAMM. Added to formulary

-Approved

9.2 [Exocin](#) (Ofloxacin) 0.3% eye drops, Allergan Ltd £2.17 (5ml)

Exocin® is indicated for the topical treatment of external ocular infections (such as conjunctivitis and keratoconjunctivitis) in adults and children caused by ofloxacin - sensitive organisms. Safety and efficacy in the treatment of ophthalmia neonatorum has not been established.

Lower cost than chloramphenicol 0.5% eye drops

Agreed at April PAMM. Added to formulary

-Approved

- 9.3 [Tiopex](#) (Timolol) 1 mg/g, eye gel in single-dose container, Thea Pharmaceuticals Ltd. £7.49 (30 x 0.4g)

Indicated for reduction of the elevated intraocular pressure in patients with:

- ocular hypertension,
- chronic open angle glaucoma.

Came from the SomersetFT D&TC meeting, cheaper and more cost-effective.

Agreed at April PAMM. Added to formulary

-Approved

- 9.4 **Sucralfate 1g/5ml oral suspension sugar free**, Sigma Pharmaceuticals Plc £73.75 (200ml)

Indicated for duodenal and gastric ulcer, chronic gastritis. Prophylaxis of GI haemorrhage from stress ulceration in seriously ill patients.

Agreed at PAMM.

-Approved

Add to Specials guidance

Action: HB

- 9.5 **Udrate[®] cream (10% Urea / 5% lactic acid)**, Ennogen Healthcare Ltd. £9.89 (100g)

Responding to a request from the British Association of Dermatologists, Ennogen Healthcare has provided Urea 10% / Lactic acid 5% to satisfy unmet clinical need caused by the recent discontinuation of a previous, licenced product on safety grounds.

Agreed at PAMM.

-Approved

CB informed the group the preparations in 9.4 / 9.5 are really helpful in the treatment of Palmar- Plantar Erythema (PPE) in cancer patients.

Add to formulary

Action: DW

- 9.6 **Allpresan 10% urea Diabetic Foot Foam Cream**, GlucoRx 300ml - £9.75

Agreed at PAMM.

-Approved

Add to formulary

Action: DW

10 DTC decisions and other reports

- 10.1 **Somerset NHS Foundation Trust Mental Health D&TC-**

Last meeting - 09/03/2021 Minutes received Next meeting 08/06/2021

- Nothing to note

- 10.2 **YDH Medicines Committee** - Last meeting 12/03/21- Minutes not received
Next meeting 21/05/21
Discussed Paracetamol poisoning, safe valproate use
Returned to Plenvue as preferred product, usage failure with the alternative.
- 10.3 **Somerset NHSFT D&TC** - Last meeting 12/02/2021 - Minutes received
Next meeting 14/05/2021
-Nothing to note
- 10.4 **Somerset Antimicrobial Stewardship Committee** - February meeting was cancelled. Next meeting 13/05/2021
- 10.5 **Somerset ICS Medicines Optimisation (SIMO) Committee** – Last meeting 14/04/2021- Draft Minutes received Next meeting 09/06/2021
Second version of a plan strategy has been produced.
Looking to address issues around how to increase Pharmacists / pharmacy workforce in Somerset. Also ensuring we have an upskilled workforce so that Pharmacists are part of the thinking and planning for how we improve outcomes across health systems and the conditions we treat.

The next step is to ensure that as the ICS system develops its leadership and governance structure continues to be reviewed and developed.

Antony Zorzi, Antimicrobial Pharmacist, SomersetFT presented at April's meeting. Somerset benchmark very well from an antimicrobial point of view.
- 10.6 **RMOC function on SPS website**
Part of the national development is linking together the centre to the regions and the regions to the ICSs.
New guidance recently published around shared care, this was discussed at this morning's PAMM. Occasionally, primary care may decline taking over shared care, resulting in a time delay for patients.
It was agreed, to continue with our pragmatic approach – no objection from SPF

Part 2 – Items for Information or Noting

11 NICE Guidance March & April

-Noted

12 NICE Technology Appraisals

- 12.1 **[TA684]Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease** -New

- Previously on Cancer Drugs Fund, now moved over to NICE
- NHSE Commissioned. Add to TLS RED Drug** **Action: ZTW**
- 12.2 **[TA688] Selective internal radiation therapies for treating hepatocellular carcinoma - New**
NHSE Commissioned. Add to TLS RED Drug **Action: ZTW**
- 12.3 **[TA687] Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy - New**
NHSE Commissioned. Add to TLS RED Drug **Action: ZTW**
- 12.4 **[TA686] Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal)**
Terminated Appraisal **Action: ZTW**
- 12.5 **[TA685] Anakinra for treating Still's disease - New**
NHSE Commissioned. Add to TLS RED Drug **Action: ZTW**
- 12.6 **[TA691] Avelumab for untreated metastatic Merkel cell carcinoma - New**
NHSE Commissioned. Add to TLS RED Drug **Action: ZTW**
- 12.7 **[TA690] Teduglutide for treating short bowel syndrome (terminated appraisal)**
Terminated Appraisal. **Action: ZTW**
- 12.8 **[TA689] Acalabrutinib for treating chronic lymphocytic leukaemia - New**
NHSE Commissioned. Add to TLS RED Drug **Action: ZTW**
- 12.9 **[TA517] Avelumab for treating metastatic Merkel cell carcinoma - Update**
 April 2021: recommendation 1.2 was updated and replaced by avelumab for untreated Merkel cell carcinoma ([NICE technology appraisal 691](#)).
See Item 12.6
- 12.10 **[TA695] Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma - New**
NHSE Commissioned. Add to TLS RED drug **Action: ZTW**

- 12.11 **[TA694] Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia - New**
 Discussed this morning at PAMM. Recommended that this will move to primary care as **AMBER** drug.
 Concern raised by YDH Lipid Specialist around a capacity issue.
CCG Commissioned. Add to TLS RED drug. Action: ZTW
- 12.12 **[TA693] Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer - New**
 Within the Cancer Drugs Fund
NHSE Commissioned. Add to TLS RED drug. Action: ZTW
- 12.13 **[TA692] Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy - New**
Negative Appraisal. Add to TLS Not Recommended Action: ZTW
- 13 NICE Clinical Guidance**
- 13.1 **[NG80] Asthma: diagnosis, monitoring and chronic asthma management -Update**
 This guidance relates to a coroner's case where outdoor pollutants were named as responsible for an asthma death. We should all be minimising the exposure to outdoor pollutants.
 -Noted
Add updated information to Somerset CCG Respiratory guidance and formulary. Action: Steve Moore
- 13.2 **[NG144] Cannabis-based medicinal products –Update**
 March 2021: Statement clarifying our recommendations on unlicensed cannabis-based medicinal products for severe treatment-resistant epilepsy, which should be read alongside the recommendations.
 -Noted
Add link to update to TLS. Action: ZTW
- 13.3 **[NG191] COVID-19 rapid guideline: managing COVID-19 -New**
 -Noted
- 13.4 **[NG191] COVID-19 rapid guideline: managing COVID-19- Update**
 -Noted

- 13.5 **[NG192] Caesarean birth - New**
 -Noted
Somerset CCG policy to be reviewed. Action: EBI
- 13.6 **[NG167] COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders - Update**
 -Noted
- 13.7 **[NG193] Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain - New**
 NICE guidance moves away from using the World Health Organisation (WHO) Pain Ladder (developed and validated only for the treatment of cancer pain).
 Ongoing work by CCG around how not to initiate and deprescribing opioids, Working with trusts to ensure the discharge process is robust, avoiding the risk of the short-term opioid being added to patients' repeat medication list in primary care.
 Somerset CCG does not currently commission acupuncture, that position will be reviewed.
 -Noted
Somerset CCG pain guidance to be reviewed and updated in line with NICE. Action: Helen Spry
- 13.8 **[NG172] COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response - Update**
 -Noted
- 13.9 **[NG169] COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response - Update**
 -Noted
- 13.10 **[NG195] Neonatal infection: antibiotics for prevention and treatment - New**
 -Noted
Somerset CCG antimicrobial guidance to be reviewed and updated in line with NICE Action: Helen Spry
- 13.11 **[NG194] Postnatal care - New**
 -Noted
Add link to Somerset CCG website Action: DW
- 13.12 **[NG196] Atrial fibrillation: diagnosis and management – New**

Somerset CCG guidance and formulary to be reviewed and updated in line with NICE. **Action: Steve Moore**

-Noted

14 Risk review and management

14.1 Risk review and Management - COVID 19

-Nothing to raise

15 Safety Items, NPSA Alerts and Signals

15.1 MHRA Drug Safety Update March & April

-Noted

15.2 Bendamustine (Levact): increased risk of non-melanoma skin cancer and progressive multifocal encephalopathy (PML)

-Noted

15.3 Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration

Add link to formulary, ONS and TLS website pages **Action: DW, ZTW**

-Noted

16 BNF Changes

16.1 BNF Update March & April

Reiterated to use the electronic version not the paper one.

-Noted

17 Any Other Business

Mark Ashley is retiring in June, this was his final meeting. Shaun expressed his great thanks for not only Marks role as an excellent deputy Pharmacist for NHS Somerset FT, but also the fantastic job he has carried out for the patients of Somerset and the clinicians within his trust. On behalf of SPF Shaun wished Mark a very enjoyable retirement. Andrew also expressed his gratitude for Marks hard work.

Antony Zorzi will be attending SPF meetings as Mark's replacement.

Send AZ COI training and DOI register details

Action: CT

DATE OF NEXT MEETINGS

14th July 2021

8th September 2021

10th November 2021

MEETING DATES FOR 2022

19th January

16th March

11th May

13th July

14th September

16th November