Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 9th June 2021.**

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, CCG
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Dr Gareth Jones (GJ)	LMC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Emma Waller (EW)	Yeovil Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Adrian Fulford (AF)	Taunton Representative
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative, LMC Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Carla Robinson (CR)	Public Health Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above. Steve DuBois and Hels Bennett left the meeting after item 8.6.

Dr Gareth Jones was introduced to the group. Gareth is representing the LMC at this meeting and the July meeting.

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 12th May 2021

4.1 The Minutes of the meeting held on 12th May 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: CVD Prevention Pack – SG has shared this with Ian Creek who will share with PCN Clinical Directors.

Action 5: [NG195] Neonatal infection: antibiotics for prevention and treatment – Carry forward to next meeting.

Action 7: New Prescribing and Medicines Management website – SJM is writing a paragraph for the LMC to circulate.

5 Matters Arising

5.1 Covid-19 vaccinations

The Delta variant has taken a grip across the country and become the dominant strain. It is thought to be 40% more transmissible than the previous dominant strain and is creating some concern. Although cases are rising, hospitalised cases are still low. Most new cases are in unvaccinated/younger people.

The vaccination programme has now been extended to currently 25 to 29 year olds and will go down to 20 to 25 year olds shortly. Second dose appointments are being brought forward where possible and vaccine supply seems to be good at present.

A number of PCNs have declined to take forwards the work for the lower cohorts. There is a plan to fill some of the gaps in Somerset with community pharmacy sites. We wait to hear whether booster vaccines will be needed later in the year, trials are ongoing around this.

The Pfizer vaccine storage requirements have changed, offering greater flexibility.

Congratulations and thanks to all involved in the vaccination programme.

5.2 PCN Representation

AT is in discussions with those PCNs currently without representation.

Follow up if no representatives identified. **Action: Andrew Tresidder**

5.3 Antipsychotic shared care guidance

HB has started updating the antipsychotic shared care guidance. At present it is quite a broad document and covers all antipsychotics, not mentioning any by name. It covers the treatment of psychosis, schizophrenia, bipolar, and challenging behaviour in LD. It does not cover patients with dementia.

The group agreed that the document needs more robust information around these drugs not being suitable for use in patients with dementia and that only one drug is currently licensed for this indication.

HB and SM have a meeting with Georgina at the Trust to further discuss the guidance.

SDB highlighted that Somerset NHS Foundation Trust now have primary care psychiatric liaison officers who may potentially take on the prescribing for and management of patients that wouldn't traditionally be accepted for shared care by GPs because they are more complex, although not requiring full specialist input.

Update guidance and bring draft back to PAMM. **Action: Hels Bennett**

Once the guidance has been agreed at the CCG, the Trust will need to review it and take it to their D&TC.

6 Other Issues for Discussion

6.1 Polypharmacy and combination products – reducing tablet burden

There was an in-depth discussion around polypharmacy, deprescribing, combination products and reducing tablet burden. The group viewed practice level and Somerset vs national data on the percentage of patients of all ages prescribed ten or more unique medicines. Practice level data varied and Somerset was in the middle of the field nationally.

Evidence suggests that although we have this number of patients on ten or more medications, a large proportion of these won't actually be taking all of them. There have been a number of incidents over the years where a patient gets admitted to hospital and given all of the medications on their record and then becomes unwell as they were not taking all of the prescribed medications. It is important to have active discussions with patients around their medicines including the risks, benefits and concordance.

The Medicines Management Team is thinking of starting a piece of work around combination products, where patients are appropriate and stable to reduce their tablet burden. The group shared their thoughts and concerns

including those around historical training, medicine availability, dose adjustment, blister packs and primary care capacity. The group support this work being done slowly and appropriately.

6.2 Safety of medicines in pregnancy QI project

The medicines management team led by Sam Morris and Steve Moore have commenced a QI project on “safety of medicines in pregnancy”. Sam provided an outline of the project, which will include new links and guidance on the CCG website and new searches on eclipse live. This links in with all the work that has gone on nationally around sodium valproate. Hopefully this will lead to improved GP confidence around prescribing for women of childbearing age and enabling informed consent for patients.

EW highlighted that they are seeing increasing numbers of younger type 2 diabetic patients who are of childbearing age. It is important that these patients know to inform the GP of any pregnancies so that their medication can be reviewed and monitored. Noted for the project.

SDB highlighted that there is a perinatal mental health service available. Sam has been in discussions with Stelios around this.

7 Other Issues for Noting

7.1 Somerset Emotional Wellbeing Colleague Resilience Hub

The Somerset Emotional Wellbeing Colleague Resilience Hub has been launched. It is a dedicated online resource for all health and care workers and volunteers in Somerset. Colleagues can type in where they work or how they are feeling to discover all of the support options that are open to them. The support helpline is now open and helping its first clients. Three extra psychologists have been recruited to this, hosted by Somerset NHS Foundation Trust. This is a great resource that Somerset is very pleased to have.

The Somerset Emotional Wellbeing Podcast also brings free, weekly mental health and emotional wellbeing support by Dr. Andrew Tresidder, Dr. Peter Bagshaw and special expert guests.

-Noted.

8 Additional Communications for Noting

8.1 High potency statin prescribing

A thank you to primary care for the great work which has been done over the last twelve months on increasing prescribing of high potency statins. This will bring benefits for patient outcomes going forwards.

Flagged that PAMM and SPF have approved Bempedoic acid onto the formulary and that advice on its place in therapy will be issued shortly.

It was flagged that for those patients who do not tolerate an increase in statin dose, the next step in treatment which should be discussed with them is the addition of ezetimibe, which is approved on formulary as per NICE and should now be prescribed as the generic version only.

A paper recently published in the European Heart Journal was shared which also adds to the evidence base for risk assessment and primary prevention with rosuvastatin, and blood pressure lowering in those with elevated blood pressure.

-Noted.

8.2 Antimicrobial prescribing 2020-21 Q4 update

The end of year antimicrobial prescribing data was shared. The CCG monitors four areas of antimicrobial prescribing. CCG performance against these indicators continues to be well within the prescribing targets, so many thanks for the continued work on this important area of prescribing.

-Noted.

SDB reported that a business case to recruit a consultant antimicrobial pharmacist has been approved. This is great news for the county and hopefully the post will be filled.

8.3 Pharmacy expanding roles and working with others

Pharmacy in Somerset has stood up and contributed to maintaining and expanding services during the COVID pandemic and helping deliver a very successful vaccination program. SG would once again like to thank pharmacy colleagues and teams for their fantastic work.

As we move forwards the pace of change will increase towards more system working and pharmacists and their staff taking on more roles and working in a more multidisciplinary way; whether in trusts, CCG, PCNs or community. This is a very positive development for the profession and more importantly for improving safety, quality and outcomes for patients and supporting other professionals.

This can occasionally give rise to tensions within multi-disciplinary teams and systems. A useful tool is to occasionally remind ourselves and others of the standards we have as a profession whether when we are speaking up about concerns, using our professional judgement (which may differ from others) or when deciding not to work outside of our competencies.

As the Somerset ICS starts to take shape the CCG remain committed to championing Pharmacy in all its aspects to clinicians, managers and the public.

-Noted.

8.4 Naftidrofuryl shortage

Naftidrofuryl 100mg capsules are out of stock with resupply expected in August 2021. The brand, Praxilene, remains available and can support an uplift in demand. Pharmacies should supply the brand Praxilene against any generic prescription. The reimbursement price has been increased to cover the additional cost.

Also to reduce the risk of a heart attack or stroke, interventions for patient with peripheral arterial disease (PAD) include helping patients to stop smoking, lowering cholesterol, controlling blood pressure, offering aspirin, and, in people with diabetes, controlling glycaemia.

Data from Eclipse in CCG projects shows that Somerset has 125 patients with PAD not on a statin. Recent research has identified that patients on a statin have a dose-dependent effect on amputation and survival in PAD, with high dose statins having the greatest benefit.

-Noted.

8.5 Andexanet alfa

NICE has approved andexanet alfa for GI bleeds caused by rivaroxaban and apixaban and we will be commissioning trusts to treat appropriate patients who will require between 5 and 9 vials (£14k to £25k) depending upon severity. NICE estimates 1500 patients will require treatment each year so ~ 15 patients in Somerset per year.
We welcome this innovation and also the updated NICE AF guidance which will both save lives and reduce morbidity associated with AF strokes and DOAC GI bleeds.
To mitigate the risk of DOAC harm we would remind prescribers that up to date renal function is required to ensure the correct licensed dose of DOAC is being used; we have a number of eclipse live alerts set up to flag patients at incorrect doses, showing signs of GI bleeds or at high risk of GI bleeds.
We also continue to advocate mitigating GI bleed risks of DOACs by co-prescribing of a PPI. The additional investment in PPI costs we believe will be beneficial for patients and be cost effective should they stop a GI bleed or reduce severity of a GI bleed. Practices have made good progress on this indicator this year, hopefully the reasoning set out above clarifies why PAMM approved this as a scorecard indicator.

-Noted.

Both of the Trusts will need to have their own supply since sharing would be difficult logistically.

8.6 **Diabetes Medicines optimisation - Gliflozin switch - Reducing tablet burden in diabetes putting Type 2 into remission**

When looking at and discussing with Type 2 patients with diabetes the scorecard gliflozin switch and/or initiation to reduce cardiovascular disease risks – an opportunity may arise to also revisit diet control and the possibility of reducing tablet burden and even (as already successfully demonstrated by some of our practices) putting their type 2 diabetes into remission via diet and exercise.

Having Type 2 diabetes in remission will improve outcomes for patients, reduce GP practice workload and reduce NHS costs – prescribing and side effect related admissions e.g. sight, renal, amputations, CVD, etc.

Different patients will respond to different diet approaches and the Dr Unwin infographs on carbohydrate content of various food groups may be helpful to some patients pre diabetic or with type 2 diabetes, and are available via the Public Health Collaboration website (phcuk.org/sugar).

Should patients wish to follow a dietary response then some of their meds may over time require adjustment and potentially deprescribing. Dr Campbell Murdoch has previously published advice to support clinicians as per link; https://bjgp.org/content/69/684/360.

For those patients where diet approach is unsuccessful then we should now be endorsing reducing their tablet burden by using cost saving combination products (where patients are already or will be switching to the individual agents) such as;

Canagliflozin / Metformin tablets (Vokanamet)
Dapagliflozin / Metformin tablets (Xigduo)
Empagliflozin / Metformin tablets (Synjardy)

This will have the additional benefit of reducing the carbon footprint re plastic packaging and transport and most patients may appreciate the reduced tablet burden.

-Noted.

9 Formulary Applications

9.1 Bempedoic acid

Proposal to change TLS from **RED** to **AMBER** no shared care, on advice of the lipidologist / cardiologist

Approved.

Change TLS from **RED** to **AMBER** no shared care.

Action: Zoe Talbot-White

9.2 Repatha® (Evolocumab), Amgen Limited

Proposal to change TLS from **RED** to **AMBER** on advice of the lipidologist / cardiologist.

We have a small cohort of patients (approximately 50) on this medication and Praluent (item 9.3) which could be managed by primary care. An annual blood test is required.

Changing TLS to amber would mean a shift of cost to practices, so if certain practices get increased costs as a result then it has been agreed to strip the cost of these drugs from their prescribing budget so as not to disadvantage these practices.

Approved.

Change TLS from **RED** to **AMBER** no shared care.

Action: Zoe Talbot-White

9.3 Praluent® (Alirocumab), Sanofi

Proposal to change TLS from **RED** to **AMBER** on advice of the lipidologist / cardiologist, as above.

Approved.

Change TLS from **RED** to **AMBER** no shared care.

Action: Zoe Talbot-White

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback

West Somerset is still focusing on the covid vaccination programme at present, although things are slowly going back to normal.

Yeovil is continuing with the vaccination programme, going into phase two. EW has been able to start getting back into care homes and they are trying to arrange a weekly ward round.

The rural network is also moving onto phase two and a vaccination centre has been set up at Haynes Motor Museum.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 02/06/21

Nothing to report.

10.3 YDH Medicines Committee meeting – Last meeting 21/05/21 – Minutes not received

SJM attended and reported the following:

- Discussed emergency steroid cards and it was recognised that they aren't fully compliant at present. Having difficulty ensuring that patients have their blue treatment card as well as their emergency card. This will be discussed at the next meeting.
- Putting into place new adult passports for the safer use of insulin. The passports will include photos of the insulin so hopefully this will help with recognition and avoid incidents.
- Updated their VTE policy. SJM has shared the MPH policies since the Trusts are not in line with regards to cancer treatment.

10.4 Somerset NHS Foundation Trust D&TC – Last meeting 14/05/21 – Minutes received

- Agreed Fortisip compact for clinically appropriate cohort of patients, the dietetic department are working closely with the CCG and SFT.
- Discussing Sativex for patients with moderate/severe muscle spasticity due to MS as they have had a request from the Consultant Neurologist.
- Received a request for Mepacrine for systemic lupus erythematosus and mixed connective tissue disorder from the Consultant Rheumatologist for cohort of 8 patients on existing treatment. Not approved at present, this will be brought back to their July meeting with treatment pathway. Unsure whether this is commissioned in the local specialist centre and awaiting clarification from NHSE. Mepacrine is a **RED** drug in Somerset.

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 08/06/21 – Minutes not received

SDB attended and reported the following:

- A report is now available on RIO which will identify benzodiazepines on discharge and work is continuing around this. A more specific audit was carried out on a psychiatric intensive care unit over a three month period. It was agreed that in some instances benzodiazepines on discharge summaries were appropriate, however there does need to be better guidance on some of them regarding the reduction protocol. There was a discussion around whether if on a reducing protocol, the whole course should be supplied as a TTO medication. The unit are looking at how to improve the quality of discharge advice to advise on how benzodiazepines should be reduced and be explicit if this is a long term prescription and making sure they are not high dose if needed longer term.
- The POMH-UK audit is complete and they are reviewing the results. They are not as good in some areas as they would like to be. An action plan is being finalised and will be shared more widely when ready.

- The rapid tranquilisation policy has been given a twelve month extension. It is hoped that something more secondary care wide will be developed with the Trust merger.
- Discussions are ongoing with the Parkinson's disease service at MPH and the older persons mental health service regarding facilitating appropriate initiation of clozapine in Parkinson's patients.

10.6 Somerset Antimicrobial Stewardship Committee – Last meeting 13/05/21 – Minutes not received

10.7 South West Medication Safety Officer Network Meeting – Last meeting 03/06/21 – Minutes not received

10.8 LPC Report

No report this month.

10.9 Exceptional items from out of area formulary meetings

Nothing to report.

10.10 RMOC Update

RMOC are running a national consultation around their draft terms of reference. They are also running a consultation around the second set of draft shared care protocols.

The Somerset SCP for ADHD covers four drugs in the one SCP: atomoxetine dexamfetamine, lisdexamfetamine and methylphenidate. It was noted that the Somerset SCP covers patients aged over six years, whereas the RMOC documents are for adults only.

11 Current Performance

11.1 Prescribing Update

- The Cumulative spend for the year to date was £87,531,547. The GP prescribing budget for 2020-21 was £83,758,744. The end of year final position was £3,772,803 above budget. This gross forecast does not take into account the costs of influenza and pneumococcal vaccines which are passed to public health.
- Cat M price rises and NCSO monthly price concessions drove inflation in prescribing costs and there were additional COVID related shifts in prescribing from warfarin to DOACs, etc.
- A new set of Category M price rises have been implemented in April 21 which will add ~£100,000 to cost for the first quarter of 2021 financial year.
- Following discussions with finance the indicative prescribing budget for 2021-22 has been agreed as £90,953,000. The CCG has only received funding confirmation for H1 so in the unlikely event H2 funding is not as expected, the prescribing budget is subject to change.
- This is a significant increase in budget and includes the PH commissioned vaccination spends, etc. and growth to cover implementation of unmet need and new NICE guidance.

- GP prescribing will be expected to deliver a £750,000 quality, innovation, productivity and prevention (QIPP) saving
- Latest national benchmarking shows Somerset continues to perform very well on a basket of financial and quality measures.
- Somerset has the lowest spend in the country on pharmaceutical licensed and unlicensed specials which has been achieved through many years work advising GP prescribers on safer and more cost effective alternatives via the CCG specials guidance.
- Somerset has the lowest GP prescribing spend in the SW region and the eighth lowest spending ICS in the country, spending £11.58M less than national average per year on GP prescribing.
- The CCG continues to maintain its excellent anti-microbial stewardship position – with most practices exceeding the national targets each month. Local improvements on unnecessary dip stick use in >65s continues. From April 2021 new GP antimicrobial reduction targets will be nationally introduced, Somerset will be in a good position to achieve these.
- Despite the COVID-19 impact on primary care there has been a further improvement in the scorecard new quality indicators with the end of year position being 602 greens; there were 572 greens achieved in January, 566 in November, 543 in August, against 505 in July, 434 in June and 413 in May.
- Significant progress was made through the year by practices reviewing eclipse live safety alerts.
- Nationally, there is a renewed focus on number of clinical areas including prevention of cardio-vascular disease. Most Somerset GP practices have improved on the existing CVD scorecard indicators around prescribing more statins for unmet need and prescribing more potent statins as per NICE guidance. The new gliptin to gliflozin indicator begins in April and will further improve cardiovascular disease outcomes for patients with diabetes.
- High cost drugs budget spend for 2020/21 remains a block contract arrangement. A regional high cost drugs finance group has been formed to develop opportunities for collaboration and savings. The national contract and operating plans have confirmed a similar block approach to H1 of 2021, and consultation on a blended approach from October continues.

11.2 March Scorecard Primary Care Network Trend
-Noted.

11.3 March Safety Spreadsheet
Not available this month.

12 Rebate Schemes

12.1 Repatha® (Evolocumab), Amgen Limited, Commence Date: TBC
-Noted.

12.2 Praluent® (Alirocumab), Sanofi, Commence Date: 01/07/21
-Noted.

12.3 Lokelma® (Sodium Zirconium Cyclosilicate), Astrazeneca UK Limited, Commence Date: TBC
-Noted.

13 NICE Guidance June
-Noted

14 NICE Technology Appraisals

14.1 [TA697] Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban
Commissioned by integrated care systems (ICSs)/ clinical commissioning groups (CCGs). Providers are NHS hospital trusts.

Discussed under 8.5.

15 NICE Clinical Guidance

15.1 [NG88] Heavy menstrual bleeding: assessment and management
-Update.

Reinstated recommendations on the use of ulipristal acetate (Esmya) for uterine fibroids in line with updated MHRA safety advice on the risk of serious liver injury, including the measures that should be put in place to mitigate this risk.

-Noted.

Esmya is a **RED** drug in Somerset.

15.2 [CG137] Epilepsies: diagnosis and management
-Update.

Reviewed and amended recommendations on carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, topiramate and zonisamide in line with the MHRA updated safety advice on antiepileptic drugs in pregnancy.

-Noted.

15.3 [CG150] Headaches in over 12s: diagnosis and management
-Update.

Amended recommendation on topiramate for migraine prophylaxis to include discussion of the potential benefits and risks, and the importance of effective contraception for women and girls of childbearing potential when taking topiramate.

-Noted.

15.4 [NG191] COVID-19 rapid guideline: managing COVID-19
-Update.

Added new recommendations on colchicine to treat COVID-19 and updated existing recommendations on remdesivir for COVID-19 pneumonia.

-Noted.

16 Risk Review and Management
Nothing to report.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update May
-Noted

17.2 Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products
The MHRA have advised that if a patient reports symptoms after changing their levothyroxine product, consider testing thyroid function. If they report persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

The generic prescribing approach is supported by strict UK regulatory requirements for licensing to ensure compatibility (bioequivalence) between products.

Potential causative factors could include:
- Gastrointestinal comorbidities potentially affecting levothyroxine absorption
- Concomitant use of medication reducing gastric acidity, which can also affect levothyroxine absorption (antacids, PPIs, etc.)
- Very low thyroid reserve
- Intolerance or allergy to an excipient in a particular brand
- Specific genotypes relating to thyroid hormone synthesis or thyroid receptor function

Other reasons may include:
- Non-compliance
- Not taking levothyroxine as recommended

The recommendation is to take levothyroxine once a day in the morning, ideally at least 30 minutes before having breakfast or a drink containing caffeine, like tea or coffee. Food and caffeinated drinks can both stop your body taking in levothyroxine properly so it does not work as well.

This alert refers to a very small minority of patients, so continuity of supply and dosing may be critical in these cases.

Pharmacies are not obliged to supply a particular brand of generic

levothyroxine even if requested on a prescription, but many pharmacists will try to obtain and supply a preferred brand on patient request.

It may help to remind patients of the recommendation above and even maybe change the dose on their prescription to reflect that.

-Noted.

17.3 NPSA Alert: Urgent assessment/treatment following ingestion of 'super strong' magnets
-Noted.

18 BNF Changes
18.1 BNF Update May
-Noted.

18 Any Other Business
18.1 None this month.

DATE OF NEXT MEETINGS
14th July 2021 (SPF following)
8th September 2021 (SPF following)
13th October 2021 (SIMO following)
10th November 2021 (SPF following)
19th January 2022 (SPF following)
16th February 2022 (SIMO following)
16th March 2022 (SPF following)
6th April 2022 (SIMO following)
11th May 2022 (SPF following)
15th June 2022 (SIMO following)
13th July 2022 (SPF following)
14th September 2022 (SPF following)
12th October 2022 (SIMO following)
16th November 2022 (SPF following)