Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 8th September 2021.**

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

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

SG chaired the meeting in AT's absence.

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 14th July 2021

4.1 The Minutes of the meeting held on 14th July 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 1: [NG195] Neonatal infection: antibiotics for prevention and treatment – This guidance has been reviewed and it has been agreed that there is nothing to add to the infection management guidance for GPs. A link to the NICE guidance will be included in the next update, however GPs should contact secondary care for further advice if they query an infection in a neonate. A link to the guidance, in particular the table discussing risk factors for clinical indicators of possible late-onset neonatal infection, has been added to the medicines in children webpage.

Action 4: GP Community Pharmacist Consultation Service (GPCPCS) – There is no LPC representative attending this meeting so this action will be carried forward. SM has shared the CCG self-care guide with the LPC and has asked for feedback around any products which they feel should be included in the guide which are not currently. GPCPCS will be discussed under agenda item 10.8.

5 Matters Arising

5.1 Covid-19 vaccinations

Somerset has done well with the vaccination programme so far. However, we are seeing high rates of infection at present, mainly in younger age groups although we are seeing some breakthrough infections in those who have been vaccinated.

There have been some extensions to the vaccination programme for adolescents and for certain children who may be at higher risk. The JCVI are currently not recommending that all children be vaccinated. We are awaiting further guidance on booster vaccinations.

5.2 First progestogen-only contraceptive pills available to purchase from pharmacies

Two products have been reclassified and are available to purchase over the counter from pharmacies: Lovima 75 microgram film-coated tablets and Hana 75 microgram film-coated tablets. The cost is approximately £90 a year. Contraception is free of charge on prescription so the group felt that this may not take off dramatically but is a useful option for patients, particularly if for

example they run out of medication on a weekend or don't have time to see a GP.

5.3 Acne guidance update

The MM team have reviewed and updated the formulary and infections guidance to reflect the new NICE guidance [NG198] Acne vulgaris: management.

-Noted.

Include in MM newsletter. **Action: Shaun Green**

5.4 Antipsychotic shared care guidance

The Somerset NHS Foundation Trust Mental Health D&TC meeting has been moved to the 21st September, therefore this item will be brought back to the October PAMM meeting.

Share guidance with PAMM members. **Action: Sam Morris**

Feedback comments to SM or SDB. **Action: All**

6 Other Issues for Discussion

6.1 PSNC Briefing 026/21: Community Pharmacy Funding in 2021/22

EW provided an update regarding the 2021/22 Community Pharmacy Contractual Framework (CPCF). The LPC were not able to attend this meeting so this item will be brought back to the October meeting.

One of the agreed outcomes from negotiations for year 3 of the CPCF is an expansion of the New Medicine Service (NMS). From 1st September 2021, community pharmacies can offer patients support when they are newly prescribed medicines to manage thirteen additional conditions.
There will also be additional service flexibility as the service is being amended to allow the opportunity for NMS to be offered to support carers of patients and the parents or guardians of children newly prescribed medication who could benefit from the service but where the patient is not able to provide informed consent themselves.
To further support patients as part of the NHS COVID-19 recovery plan, the temporary introduction of catch-up NMS has been agreed. This allows NMS to be offered to patients who were prescribed a new, eligible medicine during the COVID-19 pandemic, but who did not receive the NMS at that time.

A new hypertension case-finding service will be commissioned as an advanced service from 1st October 2021. The service will have two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24 hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
EW has asked the LPC to keep her updated regarding which community pharmacies will be taking up this service, as GP practices will need to plan for

inputting and actioning the data coming out of the service. PAMM mirror this request for LPC representatives to liaise with PCNs and practices in order to enable a joined up approach to these services.

A new smoking cessation service for people referred to pharmacies by a hospital will be commissioned as an advanced service from January 2022. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required; in line with the NHS Long Term Plan care model for tobacco addiction.

The Pharmacy Quality Scheme 2021/22 has also been updated.

The LPC have been asked to present at the next prescribing leads event around the changes happening in community pharmacy.

-Noted.

6.2 Prevention / inequality / sustainability agendas

There was an in-depth discussion around the PCN plans for 2021/22 and 2022/23, the expansion of community services and the new services being commissioned in community pharmacy as discussed under item 6.1 and how these link in with prevention, inequality and sustainability agendas. It is hoped that these services all start to dovetail and work together.

From October 2021, the requirements on PCNs will focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest reductions in premature mortality can be made. Requirements on PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure will be introduced from April 2022. The direction of travel is quite clear that cardiovascular disease (CVD) remains a high priority for the NHS. Somerset have been trying to get ahead with the scorecard work that is being done around this, including the unmet need and high potency statin indicators.

PJ reported that EMIS uses QRISK2 and practices are unable to use QRISK3 until the software has been updated. SG advised that the PCN service requirements state that either QRISK2 or QRISK3 can be used. PJ would like to know what the difference is between the two versions. SG will bring this back to the next meeting.

Update on the difference between QRISK2 and QRISK3.

Action: Shaun Green

7 Other Issues for Noting

7.1 Specialist Pharmacy Service – Drug Monitoring Tool

SPS have launched a drug monitoring tool as a beta service. The group noted this as a useful tool.

Add to website. **Action: Daniela Broughton**

7.2 Optimisation of resources for pathology laboratory work in relation to supply disruption to Becton Dickinson (BD) on their Blood Specimen Collection Portfolio

We have been notified of a supply disruption in relation to Becton Dickinson (BD) on their Blood Specimen Collection Portfolio. Details of the products impacted and the demand management measures in place are included in the Important Customer Notice, issued by NHS Supply Chain. NHS England and NHS Improvement recently shared background information on this issue.

The measures set out in this guidance should be implemented now, to optimise the use of blood tubes and ensure that existing stocks are managed in a coordinated and equitable way. The measures seek to ensure that there is no disruption to urgent care, and services for patients are able to continue as clinically appropriate.

There have been some issues reported locally where deliveries have not turned up due to lack of drivers.

The UK has ordered a few million different types of blood specimen collection tubes which are going through compliance testing. Hopefully this will help to mitigate the problem we have at the moment.

GP members report that they are sticking to the guidance and have enough bottles at present, however receptionists, healthcare assistants and GPs have had some unhappy patients.

-Noted.

7.3 AAC NICE approved updated lipid pathway

The committee noted the Accelerated Access Collaborative (AAC) and NICE approved updated lipid pathway.

Primary care have been informed that bempedoic acid, Repatha® (evolocumab) and Praluent® (alirocumab) have been moved from **RED** to **AMBER** to support the development of the Somerset familial hypercholesterolaemia (FH) pathway, which now includes lipid specialist referral for genetic testing in Bristol for suspected cases. Suspected FH cases should be referred to Dr Alex Bickerton or the lipid clinic.
The number of patients in Somerset currently prescribed these products is low so we would appreciate support from practices when approached to take over prescribing. Due to the relatively high cost of these products we will remove any spend from practices for these products so that their prescribing budgets

are not adversely affected with regards to the prescribing and quality improvement incentive scheme. Information around ordering Repatha and Praluent has been shared with practices.

There was a discussion around NICE having issued draft final guidance recommending the anti-cholesterol drug inclisiran (Leqvio®) for people with primary hypercholesterolaemia or mixed dyslipidaemia who have already had a cardiovascular event such as a heart attack or stroke. This will be brought back to the next meeting.

Work has continued around trying to ensure that patients with existing CVD are stepped up to more potent statins and Somerset is now well above the national average for this indicator.

It has been flagged to primary care that for those patients unable to tolerate a higher dose statin or where it is contraindicated then generic ezetimibe is available on formulary and can be added for those who aren't getting to target despite maximum tolerated statin dose.

-Noted.

7.4 ADHD Shared Care Guideline

-The ADHD Shared Care Guideline has been updated as follows:

- Minor typo removal.
- Addition of Delmosart® as a preferred product (previously missed off document, already on formulary and TLS).

-Noted.

8 Additional Communications for Noting

8.1 Prescribing and quality improvement scheme

All practices are due to receive a payment this year and overall the payment has increased. The CCG appreciate that it was a hugely complex year with covid and appointments so the improvements achieved against last year's scorecard are fantastic. Payments should be received by the end of September.

In order to participate in the scheme, practices must have a dedicated prescribing lead and sepsis lead. A number of practices have queried whether these leads must be GPs. Whilst we see medicines optimisation as everyone's business and support a multidisciplinary approach, it is a requirement that a named GP remains the practice prescribing lead and acts to oversee and distribute guidance on quality, safety and cost effective

improvements. However, as this has been raised, it is something that can be discussed when next year's scorecard is discussed.

-Noted.

8.2 Interpreting Eclipse data

Somerset has been using Eclipse Live software since 2012 to highlight patients who may be at risk of harm from their medications. We also use it to optimise medication regimes and identify cost effective alternatives.
Eclipse Live uses current data extracted from Emis, and therefore is only as reliable as the information recorded, and as with Emis, Ardens and other NHS approved apps, 100% accuracy is not guaranteed and anomalies do occur.
As with any information produced by digital tools using algorithms, calculators, videos etc users must exercise their own skill and judgement at all times based upon their knowledge of the patient and the raw data (which may need double checking to see if still relevant).
The Medicines Management team are constantly checking our alerts to ensure they are as accurate and focussed as possible and welcome any feedback from practices if results are not as expected.

-Noted.

8.3 Heatwave advice

A reminder to try and reduce any preventable harm relating to medication and heatstroke/dehydration has been circulated, along with the CCG hydration leaflet.

-Noted.

8.4 Material to support appropriate prescribing of hypnotics and anxiolytics

Somerset is making progress but we are still prescribing above the national average quantity of hypnotics and anxiolytics.

A number of resources have been shared which may be useful to adapt to support patients identified for withdrawal of medication during a structured medication review or as part of the CCG scorecard work.

This is an area we continue to review and focus on.

-Noted.

8.5 Increasing numbers of amoxicillin prescriptions - children aged 0-9

National, regional and CCG prescribing data has shown an increase in amoxicillin prescribing for children aged 0-9 in recent months.

It is not known what is driving this increase, however it is thought that it may be due to some patients presenting with RSV which is a virus and won't respond to antibiotics.

A number of useful resources have been shared with practices. Patient leaflets have also been added to the MM website for clinicians to give parents and carers where appropriate to help them to understand when antibiotics are not indicated.

Consideration of the risks and benefits of prescribing antibiotics remains to be the clinical judgement of the prescriber.

Any feedback about reasons for the increase would be appreciated.

-Noted.

8.6 Adults and ADHD medication private & shared care requests

The Medicines Management team have been getting a lot of enquiries around private recommendations for ADHD. It has been flagged that Somerset patients should follow the Somerset formulary and shared care guidelines.

The CCG position matches the NHSE and GMC position – that a GP can accept or decline shared care based upon their clinical knowledge and their assurance of the diagnosis and recommendations of the specialist asking for care to be shared. With private consultants there is the issue of clarification on how they would fulfil their part of patient monitoring required under shared care and when they would review and trial withdrawal of medication.

We have also had reports of some non-NICE recommended doses and combinations requested by private specialists which raises concerns. The MM team would caution prescribers on taking medico legal responsibility for such doses and combinations, for example large doses and dexamphetamine plus lisdexamphetamine.

It has been flagged that:

- The maximum licensed dose for concerta XL is 54mg daily
- It should only be given once daily and not in split doses
- Concerta® XL is non formulary – the recommended cost effective brands are Matoride® XL or Xenidate® XL or Xaggitin® XL or Delmosart®

We are aware of gaps in service provision in Somerset.

Provide an update on adult ADHD services at the next meeting.

Action: Steve DuBois

8.7 Updated prescriber changes letter

An updated letter has been shared reminding practices of the actions that are needed when a prescriber (medical or non-medical) leaves or joins the practice.

It is really important that practices submit notifications of prescriber changes as soon as possible for both financial and governance reasons.

-Noted.

8.8 Dipstick & link to UTI antibiotics in over 65s - week 84 update

At week 84 the overall Somerset CCG rate of prescribing linked to UTI dipsticks was 65% lower than the week 1 baseline. There has been a recent increase in the use of dipsticks in the over 65 age group by some practices.

There have been some discussions recently about bladder cancers and ensuring that any potential risks which need referring on the 2ww aren't being missed, e.g. blood in urine (visible or not). Guidance around this has been shared with practices.

Many thanks to primary care for all of their work on this intervention to improve antibiotic prescribing.

-Noted.

8.9 Supply Issues Update for Primary and Secondary Care: August 2021

-Noted.

8.10 Seqirus flu vaccine stock delay

The initial Seqirus flu vaccine stock delivery will be delayed by approximately one to two weeks. At present, movement of flu vaccines between practices / PCNs / providers has not been approved by the MHRA.

We appreciate this is a frustrating situation to be in at a time when primary and secondary care are under pressure and the cohorts eligible for vaccination have been expanded. We are hopeful that deliveries will start arriving in the next few weeks.

-Noted.

8.11 1000 nurse appointments a year

We currently have 522 patients receiving Decapeptyl 11.25mg every three months in practices. Theoretically we could save ~1000 appointments a year by switching to Decapeptyl 22.5mg (the six monthly formulation).
The recommended dose of Decapeptyl SR 22.5mg is 22.5mg of triptorelin (one vial) administered every six months (twenty four weeks) as a single intramuscular injection.

For suitable patients this would mean fewer journeys and reduced packaging waste, etc. so is also more environmentally friendly.
Practices may wish to consider this if they are struggling with practice nurse capacity.

-Noted.

8.12 Vagifem to Vagirux - plastic/carbon footprint saving

Not only does this switch produce cost savings but it also will save plastic and reduce carbon footprint as it comes with a re-usable applicator and cleaning instructions. Some patients may not find this suitable but many may so it is worth re-visiting this.

-Noted.

9 Formulary Applications

9.1 Entresto® (sacubitril and valsartan), Novartis Pharmaceuticals UK Ltd.

Sacubitril/ valsartan is recommended as an option for treating people with heart failure with reduced ejection fraction, only in people:

- with New York Heart Association (NYHA) class II to III chronic heart failure and
- who are already taking a stable dose of angiotensinconverting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs) and
- with a left ventricular ejection fraction of 35% or less

Review to change traffic light status from **AMBER** shared care to **AMBER** no shared care.

Approved.

Amend TLS to **AMBER** no shared care. **Action: Zoe Talbot-White**

9.2 Forxiga® (dapagliflozin) for the treatment of chronic kidney disease.

Forxiga® (dapagliflozin) is now licensed in adults for the treatment of chronic kidney disease (CKD).

There have been discussions with the renal specialists around this and they are very much in favour of using it, although it is recognised that it is a huge cohort of patients. To treat all patients coded with CKD in Somerset would cost approximately £8.5m per year.

The committee noted the license extension and agreed that we would focus on type 2 diabetic patients with CKD initially, at a cost of approximately £2.25 million per year. This is supported by current work on the scorecard to switch gliptins to gliflozins, where the money saved will support the SGLT2 inhibitors prescribing. Patients with only CKD initiated on dapagliflozin by the renal specialists will be left on their treatment, but it won't be an initial focus of work.

Approved.

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

Add to TLS **GREEN**. **Action: Zoe Talbot-White**

Communicate this information to practices. **Action: Shaun Green**

9.3 Jardiance® (empagliflozin) for the treatment of symptomatic chronic heart failure with reduced ejection fraction.

Jardiance (empagliflozin) is now licensed in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction.

Approved.

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

Add to TLS **GREEN**. **Action: Zoe Talbot-White**

10 Reports From Other Meetings

Feedback

10.1 Primary Care Network Feedback

EW reported that Yeovil PCN are carrying on with phase 3 of covid vaccinations, although are struggling to plan for this due to capacity. They have been doing weekly care home rounds, although two homes are currently in lockdown due to covid so these have been virtual rounds. GPCPCS has been going very well in Yeovil and they are seeing a good number of referrals.

DD reported that West Somerset PCN has recruited a Pharmacy Technician. They are seeing increasing numbers of covid cases in patients in the 18-35 age group. The Watchet music festival may have contributed to case numbers.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 01/09/21

The focus in the system is very much how we will come together as an ICS, dealing with covid and system pressures. All acute trusts in the Somerset system are on OPEL 4, which normally we would see in winter but are now seeing in summer. Ambulance trusts have had to call the army in to support them. We have had the first ever practice closure in Somerset with Victoria Park, which has impacted on other practices around the area who have had to accept new patients. The CCG recognise the pressures being experienced in all parts of the system and on behalf of the CCG and CEC, SG would like to thank primary care for all the good work that they are doing.

10.3 YDH Medicines Committee meeting – Next meeting 24/09/21

10.4 Somerset NHS Foundation Trust D&TC – Last meeting – 23/07/21 – Minutes not received

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 21/09/21

10.6 Somerset Antimicrobial Stewardship Committee – Last meeting 11/08/21 – Minutes not received

10.7 South West Medication Safety Officer Network Meeting – Last meeting 07/09/21

Steve Moore attended this meeting and reported that the following was discussed:

- The July National Patient Safety Alert alert around patients with mechanical heart valves who may inadvertently been switched from a Vitamin K antagonist, usually warfarin, to a DOAC. Steve has ran a search on Eclipse to identify any Somerset patients.
- Conversion charts of opioid doses - drug SPCs can vary from the BNF/Pain Faculty conversion chart so caution is advised.
- Amiodarone and dronedarone use. Use in the South West varies - Somerset and Dorset are low users but others are quite high. Amiodarone is an older drug and not so effective compared to newer treatments so prescribers are advised to switch or stop wherever possible.
- Oramorph overuse. Trusts have been encouraged to better control TTOs from hospitals. Steve also raised that the generic oral morphine from Wockhardt has a bung and oral syringe whereas Oramorph does not.
- Sam Morris gave an update on her project of teratogenic medicines in women of child bearing age.
- Steve shared our project on aligning inhaler devices. The group appeared to be impressed with this work, which proved popular across the South West.
- Some drugs have strength variations if you prescribe liquid or tablets, for example, lithium, digoxin. SPS have produced an article entitled ‘Switching between liquid and tablet/capsule formulations – Which medicines require extra care?’.

-Noted.

10.8 LPC Report

There was no LPC representative present at this meeting, however the LPC had shared an update in advance on the GP Community Pharmacy Consultation Service (GPCPCS) showing activity levels.

The service has still not been launched in every PCN as of yet, however where it has been launched there are some good activity levels so far. Hopefully this gains good feedback on the benefits it is producing. The LPC will keep PAMM updated on how the service is going.

10.9 Exceptional items from out of area formulary meetings

BNSSG Joint Formulary Group:

- Agreed bempedoic acid as **RED** and noted that Somerset have agreed it as **AMBER**.
- Had an in-depth discussion around testosterone use in women with low libido who are optimised on HRT who have either early menopause or surgical menopause. Approved as TLS **AMBER** 3 months shared care pending development of a shared care protocol. Dr Juliet Balfour will be attending the October PAMM meeting to present a formulary application for testosterone use in women.
- A business case to request funding from BNSSG CCG for an NHS menopause clinic is being developed. There is no NHS menopause clinic within the South West and the nearest clinics are Birmingham, Poole and London.
- Added Fluomizin vaginal tablets to the formulary as **AMBER** no shared care in the treatment of bacterial vaginosis and **RED** for the treatment of trichomoniasis vaginalis.
- Agreed for Sanatogen Complete A-Z tablets to be included onto the BNSSG formulary for intestinal failure patients under the care of the nutrition team. Also agreed to include Forceval soluble tablets for intestinal failure patients under the care of the nutrition team who have swallowing difficulties. Both **AMBER** no shared care. Reviewing equivalent products.
- Updated rifaximin Shared Care Protocol.
- Updated mycophenolate Shared Care Protocol - included new indications and changed TLS for some other indications from **RED** to **AMBER** 3 months. Mycophenolate is **RED** in Somerset.

-Noted.

10.10 RMOC Update

HB has reviewed the RMOC shared care guidance: draft shared care protocols, consultation 3 and consultation 4.

Consultation 3

Atomoxetine:

- ADHD product licensed for patients from 6 years old.
- RMOC SCP is for patients within adult services only
- Amber drug in Somerset Traffic Light System – included in ADHD SCP which covers patients from 6 years old

Guanfacine (Intuniv®):

- New ADHD product licensed for patients between 6 – 17 years of age, use in adults is off-label
- RMOC SCP is for patients within adult services only (i.e. off-label use)
- RED drug in Somerset Traffic Light System, therefore not for shared care in Somerset

Riluzole

- Indicated to extend life or the time to mechanical ventilation for patients with amyotrophic lateral sclerosis (ALS).
- Amber drug in Somerset Traffic Light System

Consultation 4

Azathioprine (non-transplant):
- Amber drug in Somerset Traffic Light System – included in DMARD SCP

Hydroxychloroquine:
- Amber drug in Somerset Traffic Light System – included in DMARD SCP

Mycophenolate mofetil (non-transplant):
- RED drug in Somerset Traffic Light System for all patients (transplant and non-transplant)
- Deemed non-core GMS for prescribing and monitoring purposes and primary care lacks the capacity to pick up the workload to safely monitor patients without significant funding and workforce investment.
- Feedback comments have been sent to RMOC North.

-Noted.

11 Current Performance

11.1 Prescribing Update

- Due to staff absences, not all the data which usually goes into the prescribing report is included this month.
- The closure of Victoria Park Medical Centre in August 2021 and subsequent re-allocation of patients to other practices will require a future re-working of affected practices individual budgets.
- The NHSBSA are currently not providing end of year forecasts due to the national funding arrangements for H1 and no clarification on full year funding.
- New NICE technology appraisals will drive prescribing costs with growth expected for example from approval of incilisiran (for lipid management) and SGLT2 inhibitors for heart failure and chronic kidney disease.
- GP prescribing will be expected to deliver a £750,000 quality, innovation, productivity and prevention (QIPP) saving. The prescribing support team have been asked to focus on the review of urinary incontinence prescribing and switch to solifenacin during September.
- 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 South West 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. There has been an improvement in each of the four national measures. There has been a further reduction in the number of items of antimicrobials, so all practices were within the target for Antibacterial items per Star PU.

- 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 there has been a great improvement in prescribing more potent statins as per NICE guidance.
- The revised Somerset Integrating Pharmacy and Medicines Optimisation (IPMO) strategy has been submitted to NHSE and has been recognized as an example of good practice. The strategy outlines where medicines optimisation is and can contribute to delivering the NHS objectives including reducing health related inequalities and reducing the NHS carbon footprint.
- The Medicines Management team will be developing a more formal plan going forwards around the carbon footprint of medicines and will bring this back to PAMM.
- Somerset benchmarks well on most national safety metrics, but still has some where improvements are required. Polypharmacy and over prescribing of hypnotics, anti-psychotics and opioid and other analgesics remains an area of focus. Dr Jon Dolman and Helen Spry have been doing a good piece of work around opioids and new resources have been produced to support the opioid reduction programme.
- Prescribing of teratogenic medication to women of child bearing age continues to grow in national importance following the valproate safety program. We continue to increase the number of searches on eclipse live flagging such patients. A specific Somerset CCG QI program around teratogenic medication safety has been initiated by the CCG medicines optimization team led by Sam Morris.
- Changes have been announced to the Community Pharmacy contract which again should support improved clinical outcomes and medicines optimization, these should be welcomed by the Somerset system and again mirror much of our focus.
- High cost drugs budget spend for 2021/22 remains a block contract arrangement. A regional high cost drugs finance group has been formed to develop opportunities for collaboration and savings.

-Noted.

11.2 Antimicrobial prescribing 2021-22 Q1 update

Somerset are doing very well and exceeding every national indicator. We are one of the best CCGs in the country on the four national benchmarks. There are one or two practices who are not within the targets on one or more of these indicators and we try to work with these practices to establish why this is happening and to support them. Many thanks to primary care for their continued work on this important area of prescribing.

12 Rebate Schemes

12.1 Pradaxa (dabigatran etexilate), Boehringer Ingelheim, Commence Date: 19/07/2021.

-Noted

13 NICE Guidance September

-Noted

14 NICE Technology Appraisals

15 NICE Clinical Guidance

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

-Update.

Reviewed the evidence and updated the recommendations on long-acting insulin therapy.

-Noted.

15.2 [NG199] Clostridioides difficile infection: antimicrobial prescribing

-New.

Helen Spry will review this guidance and ensure that the formulary recommendations are in line. We have queried the fact that metronidazole has been removed from the pathway as we felt that it still had a place.

-Noted.

15.3 [NG9] Bronchiolitis in children: diagnosis and management

-Update

Updated the recommendations on oxygen saturation thresholds for referral to hospital, admission, management and timing of discharge.

-Noted.

15.4 [NG201] Antenatal care

-New

This guideline updates and replaces NICE guideline CG62 (published March 2008).

-Noted

Review guidance with regards to medicines recommendations.

Action: Sam Morris

SM highlighted that YDH have extended their free vitamins offer. They provide the Healthy Start vitamins to Black people and people with dark skin from booking or as soon as possible. The Healthy Start scheme eligibility is only from 10 weeks of pregnancy, which potentially causes eligible people to miss folic acid and vitamin D for the first 10 weeks of their pregnancy as advised (folic acid for the first 12 weeks, and vitamin D throughout pregnancy and lactation). YDH are also encouraging stop smoking and CO monitoring, however some staff are reluctant at present due to concerns around taking

CO measurements due to COVID-19 although, CO monitoring is not considered an aerosol generating procedure.

15.5 [NG203] Chronic kidney disease: assessment and management
-New

This guideline is an update of several other guidelines and replaces them. NICE have made new recommendations on the assessment and management of chronic kidney disease, management of hyperphosphataemia in people with chronic kidney disease and the management of anaemia for people with chronic kidney disease.

-Noted

For adults with CKD and type 2 diabetes, recommendation 1.6.7 states to offer an SGLT2 inhibitor, in addition to an ARB or an ACE inhibitor at an optimised dose if: ACR is more than 30 mg/mmol, and they meet the criteria in the marketing authorisation (including relevant eGFR thresholds).
NICE do state that they are currently reviewing the evidence on SGLT2 inhibitors in people with CKD and type 2 diabetes, and may update recommendation 1.6.7 as a result of this.

Ensure CCG prescribing recommendations are in line with this guidance.
Action: MM Team

15.6 [NG204] Babies, children and young people's experience of healthcare
-New
-Noted

The group welcomed this guidance. They felt that the visual summary was particularly helpful and that the checklist in fact applies to a lot of areas when deciding which treatments or pathways are appropriate for a patient. This is one for us all to reflect on our practice, not just in one particular area but across all areas of our practice.

The guidance and visually summary have been linked on the medicines in pregnancy, lactation and children webpage.

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

Added new recommendations on non-invasive respiratory support and doxycycline, and updated existing recommendations on heparins.

-Noted.

15.8 [NG202] Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s
-New
-Noted

The CCG are ensuring that policies around ENT surgery are compliant with what NICE are recommending in this guidance.

Review guidance with regards to medicine recommendations.

Action: MM Team

16 Risk Review and Management

No new risks identified.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update August

-Noted

There is a requirement that practices have systems and processes in place to respond to CAS alerts. CQC are looking at this during their inspections. It would useful for GP members to raise this within their PCNs to ensure that practices have these systems and processes in place to disseminate and act on information.

Raise within PCNs. **Action: PCN Representatives**

18 BNF Changes

18.1 BNF Update July and August

-Noted.

With regards to Enstilar, we do pick up in Eclipse some patients on high doses long-term which need reviewing, to be slowly stepped down and to ensure that a steroid card is issued.

Prescribers are advised to use the electronic BNF where possible rather than the paper version, as the electronic version is more up to date.

Take BNF updates to MM team meetings to review. **Action: MM team**

18 Any Other Business

18.1 Hormone Replacement Therapy

SM is currently reviewing the HRT formulary chapter and a new menopause page will be added to the MM website in due course.

DATE OF NEXT MEETINGS

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)