

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 16th February 2022**.

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

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Prescribing and Medicines Management Committee.

Dr Catherine levers was welcomed to the group as the new LMC representative.

Apologies were provided as detailed above.

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 19th January 2022

4.1 The Minutes of the meeting held on 19th January were agreed as a correct record.

4.2 Review of action points

All items were either complete or, on the agenda.

5 Matters Arising

5.1 Flu and Covid-19 vaccinations

Flu

- We are nearly at the end of season. The second year of low cases, a saving grace with system pressures.
- Specifications are being looked at nationally.
- Practices have already ordered for the autumn.

Covid-19

- Specifications are being looked at nationally.
- A decision is being made about vaccinating the younger age groups.
- Vaccine uptake in vulnerable younger children has been low, however Somerset is still better than many areas.
- Soon we will be in a situation where vaccines start to go out of date. Unsure how they will be used.
- What happens next is out of our control.

5.2 2022/23 Scorecard – Morphine poster

Poster produced to support the reduction of inappropriate morphine solution use at the request of PAMM in January.

PAMM approved the poster with the following additions:

Not suitable for repeat prescribing.

Add supporting material to prevent blanket switch to codeine, as many patients will be over/under metabolisers.

Make requested changes to the poster.

Action: Helen Spry

Patients need to be made aware at point of discharge that morphine solution is a post-op supply and not to expect any further supply from GPs. Similar with any A&E admissions.

Raise this with Somerset and surrounding Trusts including A&E departments.

Action: SG

Send a letter to the manufacturers of morphine solution asking them to reduce sugar and alcohol content. **Action: SG**

5.3 **Lixiana Practical Guide**

-Noted

Discussed pricing. National programme to procure at a better price.

Discussed positives and negatives of injections.

Not looking for a mass switch at the moment as aware of service pressures.

Put link for this document onto the website. **Action: Ezmerelda White**

Send out this document as part of the package of resources to support new scorecard. **Action: SG**

5.4 **Cenobamate TLS clarification: Treatment is started in a tertiary epilepsy service. Suggest amber – after initiation and stabilisation via tertiary epilepsy service.**

This was discussed at January meeting, however NICE made an error. For clarification it is CCG commissioned drug as per the rest of epilepsy treatments.

It is only initiated in tertiary Trusts. Somerset Trusts aren't tertiary but may see patients coming from other trusts. No further action needed.

6 **Other Issues for Discussion**

6.1 **MHRA: Open consultation: Proposal to make Gina 10 microgram vaginal tablets (Estradiol) available from pharmacies**

Estradiol Currently POM.

Proposal to make it available from pharmacies for vaginal atrophy in over 50's when not had period for at least one year.

PAMM had mixed views on this.

Positive:

1. Would allow women better access to treatment.

Negatives:

1. Treatment length not indicated
2. Should not be seen as a selfcare condition. Atrophy needs to remain to be seen as a clinical condition.
3. How will pharmacist distinguish between thrush or atrophy? (Currently pharmacists unable to sell clotrimazole to over 60s due to the possibility of mistaking thrush symptoms for atrophy).
4. Discharge can be a sign of undiagnosed endometrial cancer.

Respond to the consultation as a committee with concerns of full diagnosis and other points listed above. **Action: SG**

7 Other Issues for Noting
7.1 SIGN 164: Eating Disorders

-Noted

Review document for medication related guidance and update CCG guidance where appropriate. **Action: MM Team**

Check document has been reviewed by SFT Mental Health Trust and feedback at March meeting. **Action: SDB**

7.2 NIHR Alert: People with the skin condition, hidradenitis suppurativa, need earlier diagnoses, more treatment options and wider support
-Noted

Review document and add relevant guidance to the dermatology webpage. **Action: SM**

7.3 NIHR Alert: Giving the progestogen only pill (POP) along with emergency contraception (EHC) encouraged women to use long-term contraception
-Noted

Giving supply of POP with EHC works well to bridge a gap.

Check effect of EllaOne with POP as it may interact. **Action: SM**

Flag with PH (Carla) as they commission EHC and will need to agree funding. **Action: SM**

7.4 NIHR Alert: Are you sure you are allergic to penicillin? Professionals and patients are urged to double-check
-Noted

Many illnesses can present similar symptoms to an allergic reaction (viral rash/ GI upset) so when penicillin is given, and symptoms occur it can be mistaken for an allergy.

SG has raised the possible over diagnosis of penicillin allergy with the antimicrobial group and system wide. Misdiagnosis can lead to more complex abx being given unnecessarily.

Undoing any historical misdiagnosis is very labour intensive from a provider point of view as all patient records across the healthcare system need changing.

When coding any 'adverse reaction or intolerance' on EMIS it flags as an allergy. There is no differentiation.

Raise nationally the need for different classification and coding on EMIS.

Action: SG

8 Additional Communications for Noting

8.1 Edoxaban now first line DOAC

-Noted

8.2 Dangers of Potent Topical Steroids

-Noted

8.3 Inclisiran dosing and administration

-Noted

9 Formulary Applications

9.1 Seffalair Spiromax (Salmeterol xinafoate/fluticasone propionate), Teva UK Ltd.

12.75/100, 60 inhalations=£23.97,
12.75/202, 60 inhalations=£23.97.

Licensed for treatment of individuals aged ≥ 12 years not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short-acting β_2 agonists.

Suggested switch in asthmatics only

Seretide 50/250 to Seffalair 12.5/100 -lower ICS dose and £7 per inhaler saving

Seretide 50/500 to Seffalair 12.5/202 – lower ICS dose and £6 per inhaler saving

PAMM agreed to add to formulary.

Add to formulary.

Update inhaler Venn diagram.

Add to scorecard indicator as positive.

Action: Steve Moore
Action: Caroline Taylor
Action: Ezmerelda White

9.2 Tolthen XL (Tolterodine Modified Release), Northumbria Pharma Ltd.

2mg x28=£6.99, 4mg x28=£6.99

Most cost-effective brand with no price increase for at least 5 years.

PAMM agreed to add to formulary.

Add to formulary.
Add to cost effective brands list.

Action: Steve Moore
Action: Caroline Taylor

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

No feedback this month.

Contact PCNs to ask for representatives to attend PAMM. **Action: SG & AT**

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 02/02/22

With ICS/ICB development it is uncertain if CEC will continue in current format.

10.3 YDH Medicines Committee meeting – Last meetings 14/01/22 – Minutes not received. SM updated at the last meeting.

10.4 Somerset NHS Foundation Trust D&TC – Last meeting – 11/02/22 – Minutes not received

SG attended and discussed Levetiracetam Injection TLS entry: Palliative care use on named patient basis to be prescribed initially by palliative care specialist for patients stabilised on oral levetiracetam who can no longer swallow. Epilepsy patients unable to swallow oral levetiracetam. Agreed to amend to **AMBER**.

Amend Levetiracetam Injection TLS to **AMBER**.

Action: ZTW

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 07/12/21 – Minutes not received – SDB & SJM updated at the last meeting

10.6 Somerset Antimicrobial Stewardship Committee – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting 01/03/22

10.8 LPC Report

No representative present.

10.9 Exceptional items from out of area formulary meetings

This was discussed at the January meeting.

10.10 Regional Medicines Optimisation Committee South West (RMOC) – Next meeting 03/03/22

Share March agenda with PAMM members when received.

Action: AT

11 Current Performance

11.1 Prescribing Update

Update at next meeting

11.2 November Scorecard Primary Care Network Trend

-Noted

SG thanked everyone for support with this and noted the slow progress is due to system pressures (Covid-19, workforce etc.).

Any underspend from the incentive scheme will go against bottom line and reinvested into services. SG is working with finance to establish the budget for the next financial year.

12 Rebate Schemes

12.1 Yaltormin® SR (Metformin hydrochloride Prolonged Release Tablets), Wockhardt UK Ltd.

Commence date: 1/02/22.

-Noted

13 NICE Guidance January & February

-Noted

14 NICE Technology Appraisals

14.1 [TA764] Fremanezumab for preventing migraine

Fremanezumab is commissioned by integrated care systems and clinical commissioning groups. Providers are NHS hospital trusts.

Neurology isn't currently in position to implement use of these products. Not being used as per NICE due to Somerset service gaps.

PAMM agreed TLS – **RED**.

Add to TLS – **RED**.

Action: ZTW

14.2 [TA769] Palforzia for treating peanut allergy in children and young people

Palforzia is commissioned by integrated care systems and clinical commissioning groups. Providers are NHS hospital trusts.

It is not currently tariff excluded – a request went to the pricing team for addition to the excluded list, which was not supported.

PAMM agreed TLS – **RED**.

Add to TLS – **RED**.

Action: ZTW

15 NICE Clinical Guidance

15.1 [NG81] Glaucoma: diagnosis and management -Update

January 2022: We have reviewed the evidence and made new recommendations on treatment and organisation of care for people with ocular hypertension and chronic open angle glaucoma (COAG). These recommendations are marked [2022].

Also made the following changes to recommendations without an evidence review:

Wording was added throughout to clarify that surgery refers to glaucoma surgery and to reflect the new recommendations on 360° selective laser trabeculoplasty.

Wording was added to recommendation 1.4.11 to clarify that people with suspected COAG should be offered treatment if they are at risk of visual impairment within their lifetime.

-Noted

Somerset Ophthalmology currently unable to provide the laser treatment as first line due to system pressures. If able to utilise this treatment, savings would be made from the drug budget and patients would have better outcomes. SG has already raised with the Trusts.

Review NICE guidance and update any relevant CCG guidance.

Action: MM team

15.2 [NG191] COVID-19 rapid guideline: managing COVID-19 -Update

On 27 January 2022, we added recommendations on neutralising monoclonal antibodies for people with COVID-19 who are not in hospital.

-Noted

16 Risk Review and Management

None this month

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update January

-Noted

18 Any Other Business

18.1 SDB requested all committee MS Teams invites to be sent in advance for the year.

Send MST invites for PAMM, SPF & SIMO. **Action: ZTW & Caroline Taylor**

DATE OF NEXT MEETINGS

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)