Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 14th April 2021.**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, CCG
	Dr Jon Dolman (JD)	Health Education England GP Fellow at Somerset GP Education Trust
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative, LMC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Carla Robinson	Public Health Representative
	Helen Spry (HS)	Medicines Manager, CCG
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Dr Jon Dolman and Helen Spry were introduced to the group to present item 6.4. They left the meeting after this item.

2 REGISTER OF MEMBERS' INTERESTS

2.1 The Prescribing and Medicines Management Group received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.
The Prescribing and Medicines Management Group noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

3.1 Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is

excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Prescribing and Medicines Management Group.

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

4 MINUTES OF THE MEETING HELD ON 10th March 2021

4.1 The Minutes of the meeting held on 10th March were agreed as a correct record, subject to the following amendments:
Item 7.1: Remove the line 'responsibility for this lies with public health who commission sexual health services' and replace with 'this would require further discussion as a wider system'. Also clarify that the conversation moved on from the MHRA consultation on desogestrel reclassification to emergency contraception provision.

4.2 Review of action points

Most items were either complete or, on the agenda. The following points were specifically noted:

Action 1: Updated sick day rules cards – The updated cards have arrived. The Medicines Management Team will arrange to distribute these.

5 Matters Arising

5.1 2021/22 Scorecard

The new scorecard is now live and the Medicines Management team have been asked to focus on priority areas initially (discussed in further detail under item 8.4).

5.2 Covid-19 vaccinations

Despite various hurdles, the vaccination programme is going very well in Somerset. The committee thank primary care and everyone involved in the programme.

A new cohort is now eligible for vaccination. Not every PCN is signing up to vaccinate cohorts 10 to 12 so hopefully there will be some alternative arrangements in place to cover the wide/rural geographical area in Somerset. The Moderna vaccine has started to be used in the region although not yet in Somerset.

Public Health has been doing a lot of work on trying to increase vaccine uptake and ensure equity of access. They have been targeting various groups who suffer health inequalities including, those whose first language isn't English and in groups where there are higher levels of vaccine hesitancy.

5.3 PCN Representation

It has been agreed that KH will represent North Sedgemoor PCN going forwards as well as the LPC. AT has contacted the PCNs currently without representation but no representative has yet been identified.

Follow up with unrepresented PCNs. **Action: Andrew Tresidder**

5.4 POMH-UK Topic 9c Antipsychotics in LD

SDB presented the audit results to the committee. The audit used a sample of 100 patients diagnosed with Learning Disabilities at the Trust. One patient was found to have not received appropriate follow-up after initiation on antipsychotics. They also found that around 30% of patients in this sample were prescribed antipsychotics. It was noted that the sample size was very small therefore no meaningful conclusions could be drawn.

Somerset NHS Foundation Trust plan to carry out a re-audit using all eligible patients rather than just a sample. This will give more meaningful data and analysis and an accurate understanding of their current position with the standards.

The psychiatrists are keen to improve outcomes for all LD patients in Somerset and to support primary care to manage this.

5.5 STOMP leadership update

SDB explained that Somerset NHS Foundation Trust is in the process of building a search which can report on all medicines that have gone into discharge summaries. The data will be retrospective but it will enable them to start auditing discharge summaries and ascertain whether any medications were inadvertently not recorded as being for short-term use only, including benzodiazepines and antipsychotics, etc.

STOMP remains high on the agenda in Somerset and is a priority area in the scorecard.

6 Other Issues for Discussion

6.1 Minor Ailments Scheme – Updated chloramphenicol PGD

There has been a recent license change for chloramphenicol eye drops and they must not be given to children less than two years old as they contain boron and may impair fertility in the future. The SPC has been updated.

Due to this contraindication, the minor ailments scheme PGD has been updated to exclude children under two years. Practices and pharmacies have been informed of this change and advised not to prescribe or supply chloramphenicol eye drops to children under two.

Eclipse Live searches have been set up to identify any prescribing in children under two years old. There are alternative eye drops on the formulary. We will continue to identify where this is becomes an issue with other eye drops and amend the formulary where appropriate.

6.2 UEA: Anticholinergic calculator and survey - invitation to access the tool and provide feedback

The committee noted this tool which raises awareness of anticholinergic burden in frail elderly patients. The CCG have fed back that the tool uses American descriptions of drugs – if we could get a tool using the English versions this would be helpful for prescribers.

6.3 RMOC: Shared Care for Medicines Guidance – A Standard Approach (RMOC) published

There was a discussion around this RMOC guidance. The committee noted this guidance however they agreed to maintain the current Somerset position.

It was agreed that the RMOC 'primary care refusal letter' had some aspects which could potentially be adopted in Somerset.

Review RMOC primary care refusal letter and put into a Somerset appropriate document which follows our current practice. **Action: MM Team**

6.4 Pain management and tapering regimes

Dr Jon Dolman, Health Education England GP Fellow at Somerset GP Education Trust (SGPET) attended for item 6.4 and delivered an excellent presentation on pain management and tapering regimes. Helen Spry, CCG Medicines Manager and pain lead also attended for this item.

Dr Dolman and Helen have been working together on this project and have developed medication tapering guidelines for a number of medicines. The committee endorse these documents and commend this work going forwards.

New NICE guidance has been published: [NG193] Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. There was a discussion around this guidance which was noted (further discussion under item 15.6).

It was noted that further guidance 'safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal' is expected to be published shortly.

Dr Dolman is due to present at the next prescribing leads afternoon. His presentation will also be available on the SGPET website. It was agreed that a biopsychosocial approach to pain management is good and embedding this knowledge in trainee GPs will be valuable.

SJM raised that it would be helpful for the LPC to empower community pharmacists around this since patients will often seek help from community pharmacists out of hours when they are experiencing worsening symptoms.

SG highlighted the importance of having a discussion with patients (including during SMRs) around what medicines they are actually taking, rather than reviews being a desktop exercise, as patients may not necessarily be taking what is listed on their repeat prescription. This is important as there have

been cases where patients admitted to hospital have been given full doses of opioids they are not currently taking, which has caused an overdose.

SDB highlighted a previous audit on an acute adult psychiatric ward which found that patients on long term opioids were predominantly diagnosed with personality disorder. He noted a proportion of patients addicted to opioids may have psychiatric disorders as comorbidities, which may make it harder to support a reduction regime. This highlights the need for a collaborative approach between primary and secondary care for mental health conditions as well as pain.

Share medication tapering guidelines with:
Primary care **Action: Helen Spry**
Somerset NHS Foundation Trust **Action: Steve DuBois**

Add medication tapering guidelines to CCG medicines optimisation website.
Action: Helen Spry

7 Other Issues for Noting

7.1 PCN Dashboard launch

-Noted.

7.2 Updated GMC guidance: Good practice in prescribing and managing medicines and devices

The Medicines Management team have received queries in the past around what is defined under prescribing, in particular issues around advising patients to purchase products over the counter, etc.

This guidance clarifies that ‘prescribing’ is used to describe many related activities, including:

- supplying prescription-only medicines
- prescribing medicines, devices, dressings and activities, such as exercise
- advising patients on the purchase of over the counter medicines and other remedies.

-Noted.

7.3 Category M reimbursement prices

The Department of Health and Social Care is announcing that from 1 April 2021, medicine margin will be adjusted upwards by £10.4 million per quarter (circa £3.47 million per month) through Category M reimbursement prices. This will impact prescribing spend going forwards.

-Noted.

7.4 Update on 2021/22 flu vaccine ordering

People aged 50 to 64 years old are expected to be included as an eligible cohort for the 2021/22 flu vaccination season. The flu vaccination reimbursement letter issued earlier this year is currently being updated to reflect the inclusion of the cohort and will be republished imminently.

-Noted.

7.5 CVD prevention during and after the COVID-19 pandemic - Guidance for integrated care systems

-Noted.

7.6 Quality and Outcomes Framework guidance for 2021/22

-Noted.

7.7 GP Contract

The committee noted the following documents:

- Network Contract Directed Enhanced Service - Investment and Impact Fund 2021/22: guidance
- Network Contract Directed Enhanced Service - Contract specification 2021/22 - PCN Requirements and Entitlements
- Network Contract Directed Enhanced Service - Structured medication reviews and medicines optimisation: guidance

8 Additional Communications for Noting

8.1 Dipstick & link to UTI antibiotics in over 65s - week 64 update

At week 64 the rate of prescribing linked to UTI dipsticks was 62.4% lower than the week 1 baseline. This is a leading project and it is great that this piece of work is becoming embedded. The committee congratulate Helen Spry and everybody in primary care care who has worked on this.

-Noted.

8.2 Dovobet to Dalonev ointment

Practices have been informed of the addition of Dalonev to the formulary which is an excellent cost saving opportunity and they have also been advised of stock availability.

However, before switching we would advise patients are reviewed looking at whether their historical use of Dovobet has been safe – many patients have Dovobet on repeat without review and have potentially exceeded recommended use and may therefore be at risk of adrenal suppression. This should be considered and a slow reduction recommended before switching and ongoing use is restricted as appropriate e.g. by adding

Dovobet/Dalonev as acute rather than repeat. Such patients who have been using long term probably require a new steroid card.

-Noted.

8.3 Community Pharmacy Consultation Service

This national service has been launched and is rolling out in phases across Somerset. The implementation toolkit has been shared with PCNs, practices and pharmacies. It is recommended that discussions regarding the implementation of the pathway take place at a local PCN footprint level. This will support consistency across geographies, and will open communications with the pharmacies usually accessed by patients local to PCN practices.

With spring just around the corner it is an ideal opportunity to refer appropriate patients to their pharmacy and self-care for hayfever and other minor ailments for which GP practices should no longer be prescribing.

There are licensing limitations on some OTC/Pharmacy products which prevent their sale e.g. to certain age groups – we have tried to capture these in our self-care guide, but again the community pharmacy is best placed to give the most up-to-date advice and suggestions on alternatives or signposting if a medicine is not required.

We hope practices and pharmacies can collaborate and make this a success in Somerset.

KH advised that feedback from practices involved in the service so far has been positive and it seems to be going well.

-Noted.

8.4 Somerset CCG Scorecard Priorities Q1 2021

The 2021/22 scorecard is live and the Medicines Management team have been asked to prioritise two areas with practices for quarter one.

Subject to clinical agreement and no contraindications:

1) Revisit inhaler alignment to DPIs only – low carbon footprint option (including salbutamol switch to easyhaler) or MDIs only – high carbon footprint option if patient unable to use DPI technique
a. Encourage steroid step down
b. Encourage provision of steroid cards to those regularly requiring high dose
c. Review and reduce SABA prescribing quantities and move to acute
d. Move to cost effective formulary choice combinations.

2) Scorecard changes to improve our diabetic patient outcomes
a. Identify and support practices with gliptin to gliflozin switch (discuss with community pharmacies stock levels, etc.)
b. In those taking both gliptin and gliflozin – recommend gliptin discontinuation and increase in gliflozin dose
c. Rationalise semaglutide doses x1 device = 4 weeks supply
d. Offer statin to all diabetic patients (as per NICE)
e. Flag patients requiring any of the 8 core process
f. Support discussion around dietary approaches e.g. low carbohydrate (which if successful may negate need for gliflozin)

-Noted.

8.5 Chloramphenicol eye drops - contraindicated in children<2

Practices have been made aware of this matter. Discussed under 8.5.

-Noted.

8.6 Gliptin to Gliflozin letter

Practices have been provided with resources and information to support the gliptin to gliflozin indicator. .

SG confirmed that patients will need to be reviewed on an individual basis.

-Noted

8.7 Discontinuation of Peristeen and Substitution to Peristeen Plus

In July Coloplast are discontinuing their trans anal irrigation system, Peristeen, and substituting it with Peristeen Plus. There will be no difference in cost. Peristeen Plus is an improved version of Peristeen, and all patients will need to order the new version. Peristeen parts are not compatible with Peristeen plus parts.

Practices have been given early notification of this change. It may be helpful to identify patients now and plan for a change and contingencies should EMIS not update codes in sufficient time, etc.

-Noted.

9 Formulary Applications

9.1 Otigo® (phenazone/lidocaine hydrochloride) 40 mg/10 mg/g ear drops, solution, Renascience 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.

Contraindicated in infectious or traumatic perforation of the tympanic membrane (including myringotomy).

Approved.

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

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.

Approved.

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

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.

This formulary application was a request from secondary care.

Approved.

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

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback
The PCNs are busy with the covid vaccination programme and DES at present. Nothing else to report.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 07/04/21
Nothing to report.

10.3 YDH Medicines Committee meeting – Last meeting 12/03/21 – Minutes not received (SJM attended)
Nothing to report.

10.4 Somerset NHS Foundation Trust D&TC – Next meeting 14/05/21

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting TBC

10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting 03/06/21

10.8 LPC Report
Work is ongoing around the GP Community Pharmacy Consultation Service (discussed under 8.3) and the Discharge Medicines Service.

A number of community pharmacies have expressed interest in providing COVID-19 vaccinations, in addition to those pharmacies who are already involved.

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

10.10 RMOC Update
Discussed under item 6.3.

11 Current Performance

11.1 Prescribing Update

- The end of year forecast spend is £87,891,381 which is now over £4M above budget. This gross forecast does not take into account the costs of influenza and pneumococcal vaccines which are passed to public health.

- Category M price rises and NCSO monthly price concessions awarded due to poor medicines supply in the system are both continuing to contribute to price inflation. There was an additional category M rise in prices for the 3 months from January 2021 which may further impact the outturn position.

- Initial discussion have taken place with finance representatives to determine the prescribing budget for 2021-22.

- Latest national benchmarking shows Somerset continues to perform very well on a basket of financial and quality measures. The CCG is the best in the country on some of the inhaler indicators.

- 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.

- 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 572 greens achieved in January which is a great improvement on the start position.

11.2 January Scorecard Primary Care Network Trend
-Noted.

The inhaler and statin indicators have significantly improved since they were introduced.

11.3 January Safety Spreadsheet
Quinine prescribing has significantly reduced since the introduction of the safety spreadsheet. Prescribing of methotrexate 10mg tablets is still happening despite not being recommended in Somerset. SJM highlighted that community pharmacists should be challenging this with prescribers if they come across prescriptions for the 10mg tablets in community.

12 Rebate Schemes

12.1 Dalonev® ointment (Calcipotriol/Betamethasone) 50 micrograms/g + 0.5 mg/g ointment, Mibe Pharma UK Limited, Commence date: 01/03/21.
-Noted.

13 NICE Guidance April
-Noted

14 NICE Technology Appraisals

14.1 NICE FAD: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia
NICE are expected to approve Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. If this is approved it will have a specialist access scheme attached to it. PAMM await publication of this guidance.

15 NICE Clinical Guidance

15.1 [NG80] Asthma: diagnosis, monitoring and chronic asthma management

-Update

Highlighted the importance of including advice in the personalised action plan on minimising indoor air pollution and reducing exposure to outdoor air pollution.

-Noted.

15.2 [NG144] Cannabis-based medicinal products

-Update

NICE has issued a clarification on recommendations for the use of unlicensed cannabis-based medicinal products for severe treatment-resistant epilepsy. This clarification has the same status as the guideline and should be read alongside it.

-Noted.

15.3 [NG191] COVID-19 rapid guideline: managing COVID-19

This guideline updates and replaces several other COVID-19 rapid guidelines and evidence summaries. Also includes new recommendations on the use of therapeutics for people with COVID-19.

-Noted.

15.4 [NG192] Caesarean birth

Update/replacement guideline.

NICE have reviewed the evidence and made new recommendations on the benefits and risks of caesarean birth compared with vaginal birth, methods to reduce infectious morbidity, methods for uterine closure, methods to prevent and treat hypothermia and shivering, monitoring after caesarean birth and pain relief.

They have also made some changes without an evidence review:

Updated some wording to bring the language and style up to date, without changing the meaning.

Updated some recommendations to bring them in line with current terminology and practice.

Combined, clarified or reworded some recommendations to make them clearer and to improve ease of reading.

The CCG have a policy for caesarean births which is being reviewed.

-Noted.

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

The CCG antimicrobial guidance has been updated in line with NG190. All recommendations are taken from the NICE guidance, other than silver sulfadiazine 1% cream (Flamazine) which we recommend locally to try and reduce the excessive use of fusidic acid due to localised resistance.

PAMM approve of the update.

Circulate updated guidance. **Action: Helen Spry**

Add to CCG website. **Action: Daniela Wilson**

15.6 [NG193] Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

-New

-Noted

There was a further discussion around this guidance, which was touched upon under item 6.4.

One of the recommendations for the pharmaceutical management of chronic primary pain is to not initiate medicines including but not limited to opioids, paracetamol, NSAIDs, benzodiazepines and antiepileptics. If a person with chronic primary pain is already taking any of the medicines listed in the recommendation then the prescribing should be reviewed as part of shared decision making.

Antidepressants are recommended as a consideration, if not contraindicated and after a full discussion of the benefits and harms. It should be explained to the person that this is because these medicines may help with quality of life, pain, sleep and psychological distress, even in the absence of a diagnosis of depression.

The committee agreed to adopt these recommendations.

Review guidance and update formulary accordingly. **Action: MM Team**

The guidance does recommend a number of non-pharmacological therapies for managing primary chronic pain, including exercise programmes and physical activity, acceptance and commitment therapy (ACT) cognitive-behavioural therapy (CBT) and acupuncture. The CCG does not currently commission acupuncture however discussions are taking place around this.

It should be noted that this guideline refer to the assessment of all chronic pain, but management is limited to chronic primary pain only (which NICE have specifically defined in the guideline). Secondary chronic pain should be

managed in line with the NICE guideline for the underlying chronic pain condition if the underlying condition adequately accounts for the pain and its impact. When chronic primary pain and chronic secondary pain coexist, clinical judgement should be used to inform shared decision making about management options in section 1.2 of this guideline and in the NICE guideline for the chronic pain condition.

15.7 [NG169] COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response
-New
-Noted.

15.8 [NG172] COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response
– Update

Updated recommendations on treatment considerations for patients not known to have COVID-19 to take into account COVID-19 vaccination status.

-Noted.

16 Risk Review and Management
Nothing to report

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update March
-Noted

18 BNF Changes

18.1 BNF Update March
-Noted.

There is updated advice on antiepileptic drugs in pregnancy following a comprehensive safety review (MHRA/CHM advice). 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. It is hoped that the Safer Medicines in Pregnancy and Breastfeeding Consortium will begin to shed light on this issue.

18 Any Other Business

18.1 SG and AT would like to thank committee members who have stuck with us through this difficult year and for all of their valuable contributions.

DATE OF NEXT MEETINGS

12th May 2021 (SPF following)
9th June 2021 (SIMO following)
14th July 2021 (SPF following)
8th September 2021 (SPF following)
13th October 2021 (SIMO following)
10th November 2021 (SPF following)