

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 12<sup>th</sup> May 2021**.

Present:	Dr Andrew Tresidder Hels Bennett (HB) Orla Dunn Dr Adrian Fulford (AF) Shaun Green (SG)	Chair, CCG GP Patient Safety Lead Medicines Manager, CCG Public Health Consultant Taunton Representative Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Catherine Henley (CH)	Governance and Clinical Operations Pharmacist, Somerset NHS Foundation Trust
	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
	Carla Robinson	Public Health Representative
	Helen Spry (HS)	Medicines Manager, CCG
	Emma Waller (EW)	Yeovil Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr David Davies (DD) Steve Du Bois (SDB)	West Somerset Representative Somerset NHS Foundation Trust Chief Pharmacist

## 1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Orla Dunn, Catherine Henley and Emma Waller were introduced to the group.

Orla Dunn left the meeting after item 5.2.

## 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 14<sup>th</sup> April 2021**

- 4.1 The Minutes of the meeting held on 14<sup>th</sup> April were agreed as a correct record.

PJ sought clarification around the gliflozin indicator which was discussed under item 8.6. SG clarified that all patients need individual reviews for all indicators, a decision could then be made over which patients required shared decision making on proposed change based upon their co-morbidities etc. and which patients it would be safe to inform that a change was going to be made.

#### 4.2 **Review of action points**

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

**Action 1: PCN Representation** - Emma Waller, Yeovil PCN Pharmacist will be representing Yeovil PCN. The group welcomed Emma. AT will contact the other PCNs currently without representation.

**Action 2: RMOC: Shared Care for Medicines Guidance** – The primary care refusal letter is being reviewed with a view to putting it into a Somerset appropriate document which follows our current practice. This requires a discussion with secondary care colleagues and is on the next Somerset NHS Foundation Trust D&TC agenda.

**Action 3: Medication tapering guidelines** – These have been uploaded to the CCG pain management webpage.

**Action 5: [NG193] Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain** – There is a need to ensure that this guideline is interpreted correctly. The guideline defines chronic primary pain as pain with no clear underlying cause, or pain (or its impact) that is out of proportion to any observable injury or disease.

## **5 Matters Arising**

### **5.1 Covid-19 vaccinations**

The vaccination programme is still progressing very successfully in Somerset. There have been a couple of issues with fridges, however on the whole there has been good progress. Five PCNs are moving on to the next cohorts and vaccinating the younger age groups. Supply issues are expected to resolve over the next few weeks.

The US has approved some vaccines for use in patients from age 12 There was a discussion around the proactive auditing of side effects following vaccination in Germany.

OD advised that there is great uptake in all age groups and in all areas, with a dip in the Glastonbury area.

### **5.2 Cardiovascular Disease update**

- ❖ National CVD Prevention Programme team update
- ❖ CVD prevention pack
- ❖ Eclipse Live – Somerset Hypertension data

SG and OD represent Somerset on the regional CVD programme board. SG gave an update from the board and shared the CVD prevention pack and Eclipse Somerset hypertension data. SG and OD have been trying to set up a specific CVD programme board in Somerset.

SG requested that PCN representative members raise the CVD prevention pack with PCN clinical directors. **Action: PCN representatives**

The CVD prevention pack shows the number of patients excluded from QOF and there was a discussion around this. Data shows that those who have been excluded from QOF tend to have worse outcomes. It would be beneficial to try and get engagement from these patients.

There was a discussion around a pilot study which has been carried out in the Dudley area using community pharmacies to identify cases of hypertension.

## **6 Other Issues for Discussion**

### **6.1 Updated PGDs**

The Nitrofurantoin and Depo-Provera PGDs have been updated by HB as follows:

Nitrofurantoin

- Added catheterised patients as a caution
- Added information around dizziness and driving

SJM requested that pregnancy and breastfeeding be removed from the exclusion criteria since it can be taken in pregnancy and whilst breastfeeding, providing the breastfed infant does not have G6PD deficiency which needs to remain on the exclusion criteria.

#### Depo-Provera

- Added use before menarche as an exclusion
- Clarified how to be 'reasonably certain' that a patient is not currently pregnant, as per FSRH criteria for excluding pregnancy
- Expanded on risk factors for osteoporosis
- Expanded on reason why it should not be offered as a first line to patients less than 18 years of age due to effects on mineral bone density
- Added a caution for women who have recently given birth or had a termination
- Expanded on what details need to be recorded on the patient's clinical record, including that it has been given under a PGD and if given outside of the product marketing authorisation

If breastfeeding, Depo-Provera can be used from six weeks after delivery – SJM requested that this be added to the inclusion criteria in order to be explicitly clear and avoid any unnecessary delay for patients.

Other updates included minor formatting changes and updating broken links.

PJ informed the group that nitrofurantoin tablets currently cost less than the capsules included in the PGD. The MM team will look into this.

Updated PGDs approved.

Amend PGDs as agreed and distribute.

**Action: Hels Bennett**

## **6.2 Genital Tract Infections Formulary Update**

The group reviewed the updated CCG genital tract infections formulary.

It was raised that clotrimazole can be purchased over the counter when breastfeeding, if a GP has advised the patient to do so. Therefore the group agreed that 'breastfeeding' can be removed from the sentence around OTC restrictions for clotrimazole.

There was a discussion around the fact that evidence for the use of medicines in pregnancy and lactation is constantly under change and sometimes difficult to keep up to date with. It was therefore agreed to include relevant links throughout the guidance to the BUMPS website for use in pregnancy and the SPS website for use in breastfeeding in the first column of each section instead of noting current guidance throughout the guideline.

CR highlighted that SWISH offer online STI testing for people who are asymptomatic and the group requested that this be linked at the beginning of the guidance with information already in place for STI screening.

Update guidance with these changes.  
Upload to website.

**Action: Helen Spry**  
**Action: Daniela Wilson**

## **7 Other Issues for Noting**

### **8 Additional Communications for Noting**

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

Following identification of this issue, advice has been issued to primary care. Alternative eye drops have been added to the formulary and the Minor Ailment Scheme PGD has been updated.

-Noted.

#### **8.2 Incorrectly coded Type 1 diabetic patients**

-Noted.

Eclipse identified 177 patients coded as having Type 1 diabetes who had not been prescribed insulin in the last 120 days. 122 of these had not had insulin prescribed in the last 12 months.

It is believed that most of these are therefore incorrectly coded patients which will be affecting practices QOF, national diabetes audit performance and may in theory have implications for patients.

The MMT will set up a search on eclipse but would also advise practices to search on EMIS and rectify any incorrect coding.

Following this communication, feedback has been received that some codes were incorrect, however some were previously incorrect but had since been corrected and eclipse hadn't picked this up. This has been feedback to Eclipse.

#### **8.3 Atrial fibrillation: diagnosis and management**

Discussed under item 15.3

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

In line with other national immunisation programmes, Public Health England (PHE) will supply this vaccine from 1 June 2021 for the routine immunisation programme and immunisation of those with underlying medical conditions, rather than providers locally procuring the vaccine.

-Noted.

## **8.5 Estradot 75 and Elleste solo MX 40 and 80**

Estradot<sup>®</sup> 75micrograms/24 hours patches are out of stock until w/c 31 May 2021. Evorel<sup>®</sup> 75 patches and Estraderm MX 75<sup>®</sup> patches remain available and can support an increase in demand (each patch contains 75micrograms of estradiol). A Serious Shortage Protocol (SSP) was issued on 29/04/2021.

Elleste Solo MX<sup>®</sup> 40 and 80 transdermal patches are being discontinued and remaining supplies are expected to be depleted by October 2021 and July 2021, respectively. Alternative brands of estradiol transdermal patches of different strengths remain available.

There have been a number of supply issues around HRT products over the last 12-18 months. The formulary needs to be brought up to date – this will be done shortly. Sam has a meeting with a GP who has expressed an interest in supporting this work.

-Noted.

## **8.6 May 2021 supply issues update**

-Noted.

## **8.7 Dipstick & link to UTI antibiotics in over 65s - week 68 update**

At week 68 the rate of prescribing linked to UTI dipsticks was 67.2% lower than the week 1 baseline.

-Noted.

## **9 Formulary Applications**

### **9.1 Sucralfate 1g/5ml oral suspension sugar free, Sigma Pharmaceuticals Plc**

£73.75 (200ml)

Licensed product.

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

Approved.

Add to specials guidance.

**Action: Hels Bennett**

### **9.2 Udrate<sup>®</sup> cream (10% Urea / 5% lactic acid), Ennogen Healthcare Ltd. £9.89 (100g)**

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

product on safety grounds.

Approved.

Add to formulary.

**Action: Daniela Wilson**

**9.3 GlucoRx Allpresan<sup>®</sup> diabetic foot foam creams, GlucoRx Ltd**

GlucoRx Allpresan<sup>®</sup> diabetic foam cream BASIC (5% Urea):

Indicated for dry, sensitive foot skin in diabetic patients

125ml: £5.50

300ml: £9.75

GlucoRx Allpresan<sup>®</sup> diabetic foam cream INTENSIVE (10% Urea):

Indicated for very dry to chapped foot skin in diabetic patients

125ml: £5.50

300ml: £9.75

Approved.

Add to formulary and emollient guidance.

**Action: Daniela Wilson**

**10 Reports From Other Meetings**

**Feedback**

**10.1 Primary Care Network Feedback**

Nothing to report.

**Summary**

**10.2 Clinical Executive Committee Feedback – Last meeting 05/05/21**

Nothing to report

**10.3 YDH Medicines Committee meeting – Next meeting 21/05/21**

**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 08/06/21**

**10.6 Somerset Antimicrobial Stewardship Committee – Next meeting 13/05/21**

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

## **10.8 LPC Report**

11 out of 13 PCNs have now signed up to deliver the GP Community Pharmacy Consultation Service (GPCPCS) and most will be live and operating by the end of July. All 13 have expressed an interest and will be live by the end of Summer.

Somerset LPC, alongside the LPCs in Devon and Cornwall are working with the Academic Health Science Network to upscale an electronic repeat dispensing (eRD) project. 3 PCNs in Cornwall, 4 in Devon and 3 in Somerset will be utilised for the scheme. Somerset remains the lowest for eRD nationally at present. A pilot was started in Yeovil, however COVID got in the way of this. This is looking to start up again.

There has been a slow but sure increase in the different services offered by community pharmacy. The Minor Ailment Scheme (MAS) is starting to pick up again, as is supervised consumption and Naloxone supply.

19 pharmacists have recently been trained to supply Champix.

## **10.9 Exceptional items from out of area formulary meetings**

BNSSG Joint Formulary Group:

- Added Evorel Conti patches to the formulary
- Added Qlaira to the formulary as TLS Amber no shared care as an option for patients with premature ovarian insufficiency requiring contraception and HRT cover where standard oral contraceptives are not suitable
- Changed the traffic light status for Mycophenolate for treatment of autoimmune hepatitis (AIH) and inflammatory bowel disease (IBD) from TLS Red to TLS Amber 3 months. This remains Red in Somerset.

## **10.10 RMOC Update**

Nothing to report.

## **11 Current Performance**

### **11.1 Prescribing Update**

No report this month.

A position has been agreed with finance for the primary care prescribing budget for next year. Practice budgets will be issued shortly.

### **11.2 February Scorecard Primary Care Network Trend**

-Noted.

SG and AT were appreciative that primary care have continued to make these improvements whilst dealing with the pandemic and thanked primary care colleagues for their efforts.

The group thanked the Medicines Management team for their support over the last year with prescribing and also helping to set up the covid vaccination clinics.



**11.3 February Safety Spreadsheet**

None this month.

**12 Rebate Schemes**

**12.1** None this month.

**13 NICE Guidance May**

-Noted

**14 NICE Technology Appraisals**

**14.1 [TA694] Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia**

-New.

-Positive Appraisal.

Commissioned by CCGs. Providers are NHS hospital trusts and GPs.

Approved.

Add to TLS as **RED**.

**Action: Zoe Talbot-White**

**15 NICE Clinical Guidance**

**15.1 [NG194] Postnatal care**

-New

This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.

Sam provided an overview of this guidance which really enforces listening to parents' views and concerns. It also reinforces the need for healthcare professionals to have a good understanding of the safe use of medicines whilst breastfeeding. In addition it discusses safe sleep, mental health and the importance of making each visit count.

-Noted

CR has flagged the new NICE guidance to the head of service for public health nursing and the health visiting team.

There was a discussion around improving maternity services and postnatal health, including perinatal mental health support. SJM recently flagged the NIHR Signal: 'Pregnancy loss leads to post-traumatic stress in one in three women' to the Women and Children's team.

A piece of work is currently being carried out in Somerset around introducing

a PGD for aspirin in pre-eclampsia.

**15.2 [NG195] Neonatal infection: antibiotics for prevention and treatment**  
-New

This guideline covers preventing bacterial infection in healthy babies of up to and including 28 days corrected gestational age, treating pregnant women whose unborn baby is at risk of infection, and caring for babies of up to and including 28 days corrected gestational age with a suspected or confirmed bacterial infection. It aims to reduce delays in recognising and treating infection and prevent unnecessary use of antibiotics. The guideline does not cover viral infections.

-Noted.

This guideline contains a useful table listing risk factors for clinical indicators of possible late-onset neonatal infection and has been linked on the CCG medicines used in childhood webpage.

Liaise with Helen Spry to ensure that CCG antimicrobial guidelines are aligned with this guidance. Bring back any comments to next meeting.

**Action: Sam Morris**

**15.3 [NG196] Atrial fibrillation: diagnosis and management**

-New

-Noted

There was a discussion around this guidance.

The guidance recommends using ORBIT as a bleeding risk tool.

It recommends considering anticoagulation with a DOAC for men with atrial fibrillation and a CHA2DS2-VASc score of 1, taking into account the risk of bleeding. This brings in a new cohort of patients. SG has discussed this with secondary care colleagues and they have been moving in that direction anyway.

For adults with atrial fibrillation who are already taking a vitamin K antagonist and are stable, the guidance recommends they continue with their current medication and discuss the option of switching treatment at their next routine appointment, taking into account the person's time in therapeutic range.

Review formulary and update in line with guidance.

**Action: Shaun Green & Daniela Wilson**

SG has issued communications to primary care around this guidance. He has shared the latest stroke admissions data, showing growth in the Somerset stroke admissions rate significantly higher than England and 42.2% of our stroke patient admissions with known AF were not anti-coagulated.

There is an alert on Eclipse for patients with a CHA2DS2-VASc score of 2 or more but not anti-coagulated.

CVD prevention is expected to be introduced into the PCN DES from October and we will continue to support practices in identifying unmet need.

## **16 Risk Review and Management**

The prescribing budget has been overspent this year, which is a recognised risk. This has been mitigated by some extra national funds to cover some of the COVID related costs.

## **17 Safety Items, NPSA Alerts and Signals**

### **17.1 MHRA Drug Safety Update April**

Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration.

-Noted.

## **18 BNF Changes**

### **18.1 BNF Update April**

-Noted.

The Safer Medicines in Pregnancy and Breastfeeding Consortium, formed of the MHRA and partner organisations, will contribute to the slow improvement of the information available in the BNF on the use of medicines in pregnancy and breastfeeding.

## **18 Any Other Business**

### **18.1 New Prescribing and Medicines Management website**

The group complimented the new Prescribing and Medicines Management website and felt that it is a great resource worth sharing.

Ask LMC to share MM website.

**Action: Andrew Tresidder**

The Medicines Management team welcome any feedback on topics or resources which would be useful to include on the website.

### **18.2 Safety of medicines in pregnancy work stream**

The Medicines Management team led by Sam Morris and Steve Moore have commenced a quality improvement project on “safety of medicines in pregnancy”. This will include new links and guidance on our website and new searches on eclipse live.

This will be brought back to the September meeting.

**DATE OF NEXT MEETINGS**

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)