Somerset
Clinical Commissioning Group

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

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	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 Adrian Fulford (AF)	Taunton Representative
	Ed Garvey	Primary Care Commissioning Officer, CCG
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative, LMC Representative
	Dr Gareth Jones	LMC Representative
	Michael Lennox	CEO Community Pharmacy Somerset
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
Apologies:	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative
	Dr Carla Robinson	Public Health Representative
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Dr Gareth Jones was introduced to the group.

Ed Garvey and Michael Lennox were introduced to the group at 11:00am for item 10.8 and 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 9th June 2021

4.1 The Minutes of the meeting held on 9th June 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 – Sam Morris and Helen Spry will review this guidance as soon as capacity allows. A link has been placed on the CCG medicines used in childhood webpage to the table in recommendation 1.8 discussing risk factors for and clinical indicators of possible late-onset neonatal infection. Carry action forward.

Action 2: PCN Representation – No representatives have been identified as of yet for Bridgwater, CLIC and the Rural PCNs.

Action 3: Antipsychotic shared care guidance – Hels Bennett is updating this guidance which will be brought back to the September meeting.

5 Matters Arising

5.1 Covid-19 vaccinations

The vaccination programme is still going well in Somerset, although we are in a position where we are seeing another wave of infections coming through. These appear to be occurring mainly in younger children and unvaccinated persons, however we are also seeing infections in those who have been either single or double vaccinated. We move to the next phase of unlocking on Monday and the expectation is that this could lead to further peaking of infections. Local hospital admissions for covid patients are at low levels presently, however the Trusts have been quite overwhelmed lately with non-covid patients.

Planning for phase 3 potentially starts in September, depending on what the JCVI decide and how that will be commissioned.

There has been concern in the media around certain batches of the AstraZeneca vaccine which were manufactured in India potentially affecting a person's ability to travel to certain countries. The MHRA have confirmed that these batches are fine clinically.

The WHO has cautioned against individuals mixing vaccines from different manufacturers. The JCVI are looking at evidence coming out of trials around this.

It is expected that the enhanced service specification for flu vaccines will be released shortly. The group questioned whether covid vaccines will be co-administered at the same time as flu vaccines. This is not yet known, however it is thought that this would be difficult logistically.

We are seeing epidemic levels of childhood respiratory illnesses, including RSV.

5.2 Learning from complaints

SG highlighted a recent patient complaint to NHSE where the patient was prescribed both fluoxetine and tamoxifen concomitantly. Fluoxetine has the potential to reduce the efficacy of tamoxifen, which could lead to serious consequences. This interaction is listed in the BNF and there is an MHRA alert around it. SG wanted to raise awareness of this drug interaction, which was also discussed at the recent prescribing leads event.

5.3 CQC Urgent warning to Somerset practice

A GP practice in Somerset has been issued with a warning from CQC around medication safety. Nationally, CQC are inspecting a number of medication safety/monitoring areas, most of which we have covered on Eclipse Live searches but which should also be flagged by EMIS and on community pharmacy systems. Communications have been sent to practices around this.

The content and focus of the CQC searches have been agreed by the RCGP and the BMA. It is good from a patient safety point of view that these issues are being highlighted.

The Medicines Management team will very much try and support practices with this and will continue to educate as well as developing Eclipse Live as a useful support tool. We previously had a scorecard indicator around DOAC monitoring and we currently have ongoing programmes around some of these areas including SABA overuse and benzodiazepines.

The CQC search parameters are subject to change so focus shouldn't just be on the current problems, rather reviewing policies on medicines management as a whole.

Noted.

Add to Medicines Management newsletter. **Action: MM Team**

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

5.4 First progestogen-only contraceptive pills to be available to purchase from pharmacies

The MHRA have announced that progestogen-only contraceptive pills containing desogestrel will soon be available to buy in pharmacies after a consultation with a pharmacist. Two products (Lovima 75 microgram film-coated tablets and Hana 75 microgram film-coated tablets) have been reclassified but not yet launched. PAMM await more detail.

Bring back to September meeting.

5.5 Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years

Some licences for chloramphenicol eye drop products containing borax or boric acid buffers were recently updated to restrict use in children younger than 2 years of age to reflect warnings on maximum daily limits for boron exposure. The Medicines Management team updated the CCG antimicrobial guidance and chloramphenicol Minor Ailments Scheme PGD to reflect this.

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, the MHRA have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.

The antimicrobial guidance and PGD have been updated accordingly.

-Noted.

6 Other Issues for Discussion

7 Other Issues for Noting

7.1 Somerset Antimicrobial Stewardship Strategy

The group noted the Somerset Antimicrobial Stewardship Strategy. They felt that the strategy fits with the work being done in primary care around antimicrobial stewardship and that there are good working relationships as a system around antimicrobial use.

8 Additional Communications for Noting

8.1 Care homes - Vitamin D supplements - when government supply comes to an end

At the beginning of the year, the government provided a free four month supply of daily vitamin D supplements for residents in residential and nursing care homes in England. This supply will soon be coming to an end. The daily supplements provided by the government contain 10 micrograms (400 international units (IU)) of vitamin D and are a food supplement, not a prescribed medicine. They are equivalent to those that are readily available in supermarkets, pharmacies and health food shops.

Care home providers are required to meet resident's full nutritional needs in line with regulation 14 (Part A) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this should include food supplements where necessary, such as vitamin D.

PHE recommends that people who live in a care home take vitamin D supplements throughout the whole year as they will not get enough vitamin D from sunlight because they have little or no sunshine exposure. As per CQC guidance, care homes should consider how to support people to continue to take vitamin D when the free supplies end.

As mentioned above, vitamin D supplements are widely available in retail outlets - they should not be prescribed. If advice is required regarding suitable products – care homes may wish to discuss with their community pharmacy.

Care homes should make sure they have a policy to support people to take vitamin D supplements and should continue to record the administration of vitamin D supplements in the most appropriate way for their home e.g. MAR chart, daily notes, nutrition or dietary records.

-Noted.

8.2 DHSC Supply Issues Update for Primary and Secondary Care: July 2021

-Noted.

All Champix® (varenicline) products are unavailable until further notice. A supply disruption alert was issued on 24th June 2021. Patients currently prescribed this treatment will require review. Helping a patient to stop smoking should not be delayed if they are motivated to stop as other effective options are available.

8.3 Dipstick & link to UTI antibiotics in over 65s - week 77 update

At week 77 the overall Somerset CCG rate of prescribing linked to UTI dipsticks was 70% lower than the week 1 baseline. This project has made great progress and work continues with some of the practices who are still at higher levels.

Reduction in the use of urine dipsticks for the over 65s will lead to more appropriate antibiotic prescribing and has the added benefit of saving money

for practices.

A reminder that catheterised adult patients should also not have urine dipsticks performed.

-Noted.

8.4 Medication Safety in Somerset

Discussed under item 5.3

8.5 Monitoring in Chronic Kidney disease

Eclipse data shows Somerset CCG has 3000+ patients on practice chronic kidney disease registers who do not have a record of creatinine / eGFR in the last year. The MM team recommend that this known group is considered for priority of recall for updated blood tests, alongside those on medication which needs dose adjustment based on renal function e.g. DOACs
It is also worth reminding patients that they are advised not to eat any meat in the 12 hours before having a blood test for creatinine/eGFR. Avoid delaying the despatch of blood samples to ensure that they are received and processed by the laboratory within 12 hours of venepuncture.

-Noted.

9 Formulary Applications

9.1 Acopair® (tiotropium) 18 microgram, inhalation powder capsules with device, Viatris.

£19.99 (30 capsules + device)

Indicated as a maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD).

Approved.

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

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

Add to inhaler VENN diagram. **Action: Caroline Taylor**

9.2 Tiogiva® (tiotropium) 18 microgram, inhalation powder, hard capsules, Glenmark Pharmaceuticals Europe Ltd.

£22.67 (30 capsules + inhaler)
£21.78 (30 capsules)
£43.55 (60 capsules)

Indicated as a maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD).

Approved.

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

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

Add to inhaler VENN diagram. **Action: Caroline Taylor**

9.3 Oxyact® (oxycodone hydrochloride) film-coated tablets, Kent Pharma UK Ltd.
5mg = £5.15 (56)
10mg = £10.29 (56)
20mg = £20.57 (56)

Indicated for the treatment of severe pain, which requires opioid analgesics to be adequately managed.

Approved.

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

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

9.4 Strivit® D3 (colecalciferol) soft capsules, Strides Pharma UK Ltd.
3,200IU = £9.32 (30)
20,000IU = £13.15 (30)

Indicated for the treatment of vitamin D deficiency (serum 25(OH)D <25 nmol/l).

Some clinicians are prescribing high doses based on recommendations from secondary care. This is a cost effective brand for the higher strength products.

Approved.

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

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

9.5 Luforbec® (beclometasone/formoterol) 100/6 microgram per actuation pressurised inhalation solution, Lupin Healthcare UK Ltd.
£23.45 (120 dose pMDI)

Indicated in the regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2-agonist) is appropriate:

- patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled rapid-acting beta2-agonist or

- patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists.

Also indicated for the symptomatic treatment of patients with severe COPD (FEV1 < 50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.

Alternative to Fostair with same licensed indications and equivalent extrafine formulation.

Approved.

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

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

Add to inhaler VENN diagram. **Action: Caroline Taylor**

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback

All PCN representatives reported that they are experiencing high demand and pressure in primary care at present. They feel that this is not helped by the press. AT is writing an article for the LMC newsletter around why people are angry with the NHS and he will take representative's feedback on board for this.

DD reported seeing a real increase in children with mild viral illnesses.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 07/07/21

SG advised that CEC are very aware of the current pressures in primary care and the CCG are trying to fulfil their supportive role as best as they can. Communications are regularly being issued to the public around other avenues of support before accessing their GP, e.g. pharmacies, 111, MIUs, etc.

Four policies have been to CEC:

Continuous glucose monitoring – Commissioned cohorts extended to now include patients under four years old and type 1 patients on the Learning Disability register.

Caesarean section – The CCG caesarean birth policy has been retired.

Knee surgery – Widened criteria to reflect national guidance around treating meniscal tears.

Acupuncture – NICE have recommended considering a course of acupuncture for people aged 16 years and over to manage chronic primary pain. A policy will be agreed however there is a recognised commissioning gap at present as there are no services that can provide as per the NICE recommendation. This will need addressing going forwards.

10.3 YDH Medicines Committee meeting – Last meeting 02/07/21 – Minutes received

- The shortage of diamorphine impacting surgeries is a concern and guidance is being formalised around substitutions. Supplies are being reserved for obstetrics.

- Medication Safety Officers (MSO) for the South West have met regarding the steroid emergency card patient alert. Some South West Region Trusts have actioned the entire recommendations from the SPS. YDH are not yet compliant and are organising a sub group to go through the alert before the next meeting to see what can be signed off.

- SM asked for feedback regarding the pregnancy prevention programme. Dave Donaldson, YDH MSO is liaising with Steve Moore and other MSOs around this. Everybody is keen to get this right and ensure compliance with annual reviews.

10.4 Somerset NHS Foundation Trust D&TC – Next meeting – 23/07/21

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 07/09/21

SDB advised that staffing at the Trust has been heavily impacted by colleagues and/or their children being told to self-isolate, which is impacting on their ability to see patients in a timely manner.

10.6 Somerset Antimicrobial Stewardship Committee – Last meeting 13/05/21 – Minutes received

- Reduced capacity for Antimicrobial Stewardship (AMS) – Microbiologists not had capacity for most of the past year and Pharmacist input at SFT ceased owing to reduced staffing and need to cover vaccination centres. Enquiring about the possibility of recruiting community pharmacists as bank staff to provide cover for the COVID vaccine centres. New countywide Consultant AMS Pharmacist job is awaiting approval.
- There has been confusion around whether to use SFT guidance or the CCG guidance in MIUs and ED. Most of the variation occurs in UTI and sexual health treatment guidance. SDB clarified that CCG guidance is to be used for primary care patients using MIUs or ED and SFT guidance for secondary care indications. The MPH formulary will be updated in due course to reflect this.

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

10.8 LPC Report

Ed Garvey and Michael Lennox attended the meeting for this item and provided an update on the GP Community Pharmacist Consultation Service (GPCPCS).

This is a national service which is being deployed locally. The aim is about getting the right care for patients, at the right time, in the right place with the right professional. Primary care are presently under a huge amount of strain and are seeing a lot of minor ailments where patients could be better seen by a pharmacist which would save time for GPs. The service should also help to relieve winter pressures. The Patient Access platform has been utilised for the service which links in with Pharm Outcomes.

If the receptionist feels that a patient can be seen by community pharmacy then they fill out a brief template on Patient Access using EMIS, which pings over to the pharmacy. The patient receives a text message confirming that they have an appointment booked with the community pharmacy of their choice. The pharmacist accesses the referral on Pharm Outcomes and is responsible for phoning the patient within a four hour time frame. They will ask the patient whether they wish to have their consultation carried out over the phone if appropriate or arrange to come into the pharmacy to see the pharmacist. Once the consultation has been completed, the pharmacist will record the information on Pharm Outcomes and it will ping back to the GP with the outcome for their records.

At the start of the service some engagement work was done with Patient Participation Groups to try and understand how the service would work for patients and this has been really helpful in building the project.

The target is to have 10 of the 13 PCNs in Somerset engaged and using the service by the end of July/beginning of August and we are on track to achieve this. 425 interactions have been made in a month from the 14th June across 21 practices so the service is looking really positive so far. Consultations have been for a variety of conditions and these are likely to fluctuate throughout the year with seasonal variations. The initial start will be slower whilst reception teams gain confidence in understanding what works well in engaging with patients and trying to educate patients in the role community pharmacy has to play.

Over the next couple of weeks a much higher number of referrals is expected as more practices start to come on board. Initially there is a target of 10 referrals per week per practice, with the hope that in time this will grow to around 10 per day per practice.

So far, approximately:

- 65% of consultations have been conducted via telephone

- 33% have just been given advice, which would have been the same had they have been seen by the GP
- 33% have been given advice and an over the counter medication recommended
- 4% have been referred into PGDs
- 9% have appropriately been referred back to the GP to arrange an appointment for urgent care
- 20% have been referred back to the GP to arrange a non-urgent routine appointment

Training packages have been given to practices including materials for receptionists such as videos with role play scenarios, phraseology, lists of conditions, etc., as well as clinicians guides to using the service. The toolkit grows as time goes on and in response to feedback from users.

Every practice has received a communications pack with posters, website content, FAQs, etc. which is NHS branded. Practices can share materials individually however they wish to.

PAMM queried how the service works where practices use AskMyGP, eConsult, etc., since GPs often triage patients in these instances and they wondered how it would get picked up by reception staff. ML advised that the GP can either ping the request to reception staff for them to do a referral or they can use the clinicians guide to do so themselves.

PAMM commend Ed, Michael and all involved on the successful roll out of the service.

Share clinicians guide to GPCPCS with PAMM. **Action: Michael Lennox**

Discuss GPCPCS with PCNs. **Action: PCN Representatives**

Sam queried whether community pharmacy colleagues are aware of the CCG self-care guide. Michael will liaise with Sam around this outside of the meeting.

Include CCG self-care guide in LPC bulletin. **Action: Michael Lennox**

There has been system level working with the CCG communications team around self-care, minor illness and pharmacy first. The LPC and CCG have created some materials including some short videos around summer illnesses and conditions including hayfever. In the autumn time when all practices are live, they are hoping to create a video around the GPCPCS featuring a GP interaction with a patient and the patient going to the pharmacist for a consultation. It is hoped this will help with getting key messages across to support winter pressures.

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

10.10 RMOC Update

The RMOC Shared Care Working Group have developed a further three draft shared care protocols (Atomoxetine, Guanfacine and Riluzole) which are now open for national consultation.

Review RMOC shared care guidance consultation 3. **Action: Hels Bennett**

Going forwards RMOC will be changing their terms of reference and will be looking for representation from every ICS. A discussion will need to be had around who attends on behalf of Somerset.

-Noted.

11 Current Performance

11.1 Prescribing Update

None this month.

11.2 April Scorecard Primary Care Network Trend

-Noted.

Some indicators are already green whilst others have more work to be done.

Indicator 5: Percentage of patients on same inhaler type (just MDI or just DPI) is particularly pleasing at 61.08%, having started out at 26.35% in April 2020. This contributes to better outcomes for our patients who will have better inhaler techniques.

Indicator 10: Increase high intensity statin prescribing as percentage of all statins is also looking positive at 64.48% and bringing much better outcomes for patients.

11.3 April Safety Spreadsheet

Not available this month.

12 Rebate Schemes

12.1 Fixkoh Airmaster® (Salmeterol/Fluticasone), Thornton & Ross Ltd, Commence Date: 01/07/2021

-Noted.

12.2 On call Extra® blood glucose test strips, Connect2Pharma, Commence Date: TBC

-Noted.

12.3 Viscotears HA® and Viscotears HA Plus® eye drops, Bausch & Lomb, Commence Date: TBC

-Noted.

13 NICE Guidance July

-Noted.

14 NICE Technology Appraisals

14.1 [TA708] Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis

Positive Appraisal

Commissioned by CCG.

Approved.

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

15 NICE Clinical Guidance

15.1 [NG197] Shared decision making

-New

-Noted

15.2 [CG138] Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

–Update

The recommendations on shared decision making were replaced by NICE's guideline on shared decision making.

-Noted

15.3 [CG142] Autism spectrum disorder in adults: diagnosis and management

-Update

Amended the recommendations on identification and assessment to clarify that when the Autism-Spectrum Quotient – 10 items (AQ-10) is used to assess for possible autism, the score at which the person should be offered a comprehensive assessment is 6 or above.

-Noted

SG has raised this with the relevant service and they have advised that they do not use this tool.

15.4 [CG170] Autism spectrum disorder in under 19s: support and management

-Update

Added new recommendations on interventions for feeding problems, including restricted diets to highlight the need for assessment and referral for children and young people.

-Noted

15.5 [NG196] Atrial fibrillation: diagnosis and management

-Update

10 June 2021: Amended recommendation on using the ORBIT score to assess bleeding risk so that it links to a calculation tool that includes the full list of criteria, including reduced haemoglobin, reduced haematocrit and history of anaemia.

30 June 2021: Further corrected recommendation 1.2.2 on using the ORBIT score to assess bleeding risk to reinstate the link to the previous calculation tool, which was amended in error on 10 June. The tool includes the full criteria, including options for reduced haemoglobin and reduced haematocrit which are available once the patient's sex has been selected.

-Noted

15.6 [NG198] Acne vulgaris: management

-New.
-Noted.

The formulary has been updated in accordance with this new guidance around acne management. The second line antibiotic is currently being reviewed and will be updated in due course.

For certain patients, acne of any severity can cause psychological distress and mental health disorders. This guidance recommends that clinicians should consider referral to mental health services if a person with acne experiences significant psychological distress or a mental health disorder, including those with a current or past history of suicidal ideation or self-harm, a severe depressive or anxiety disorder or body dysmorphic disorder.

There is currently a gap in provision around this and SG has flagged this to the relevant teams.

The guidance reminds that topical retinoids and oral tetracyclines are contraindicated during pregnancy and when planning a pregnancy and that these patients will need to use effective contraception, or choose an alternative treatment to these options.

The guidance also reinforces the MHRA safety advice around oral isotretinoin, which is a **RED** drug in Somerset and requires a Pregnancy Prevention Programme (PPP) to be in place.

16 Risk Review and Management

Nothing to report

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update June and July

-Noted

Healthcare professionals are reminded to be vigilant for suspected adverse reactions associated with the use of herbal and homeopathic medicines and interactions with other medicines and report suspicions to the MHRA's Yellow Card scheme.

The group queried whether CBD oil has any interactions. There are some specific recommendations around CBD oil so this will be brought back to the next meeting.

There was a discussion around resources for interactions associated with herbal and homeopathic medicines.

18 BNF Changes

18.1 BNF Update June

-Noted.

18 Any Other Business

18.1 Entresto®

PJ asked if the traffic light status of Entresto® could be reviewed. At present in Somerset it is **AMBER** with a **shared care agreement** in place. Issues have been reported with Somerset patients under RUH Cardiologists as BSW CCG has Entresto® as **AMBER** with **no shared care** after initiation.

It was agreed to review Entresto® Traffic Light Status at the next meeting.

18.2 Prescribing of over the counter medicines in pregnancy

GJ raised a query around the prescribing of over-the-counter (OTC) items in pregnancy. He has had reports of pregnant patients being advised by their midwives to contact their GP for prescriptions for OTC items, for example thrush treatment, Gaviscon for indigestion, etc. GJ sought to clarify the PAMM position on this, since many patients have a maternity exemption card entitling them to free of charge prescriptions.

It was confirmed that unless there is a clear clinical need for a prescription, for example due to licensing issues, then these patients should be advised to purchase these items over the counter. Licensing restrictions for OTC items can be found in the CCG self-care guide, which is on the medicines management self-care webpage. The guide is due to be web based shortly.

Raise with maternity liaison groups. **Action: Sam Morris**

18.3 Dr Gareth Jones

The group thanked Gareth for all of his input and support at the June and July PAMM meetings.

DATE OF NEXT MEETINGS

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