

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 18th January 2023.**

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|------------|-----------------------------|--|
| Present: | Dr Andrew Tresidder (AT) | Chair, NHS Somerset GP Patient Safety Lead |
| | Hels Bennett (HB) | Medicines Manager, NHS Somerset |
| | Peter Berman (PB) | Lay Representative |
| | Bernice Cooke (BC) | Deputy Director Nursing and Inclusion, NHS Somerset |
| | John Digman (JD) | South Somerset West PCN Representative |
| | Steve Du Bois (SDB) | Somerset NHS Foundation Trust Chief Pharmacist |
| | Shaun Green (SG) | Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset |
| | Esther Kubiak (EK) | Medicines Manager, NHS Somerset |
| | Florence Lock (FL) | Public Health Specialty Registrar, Somerset County Council |
| | Steve Moore (StM) | Medicines Manager, NHS Somerset |
| | Sam Morris (SM) | Medicines Manager, NHS Somerset |
| | Dr James Nicholls (JN) | West Mendip Representative |
| | Andrew Prowse (AP) | Director of Pharmacy, SomersetFT and Yeovil |
| | Emma Russell (ER) | Chard, Ilminster and Langport PCN Representative |
| | Dr Rani Sophia (RS) | Consultant, Yeovil |
| | Zoe Talbot-White (ZTW) | Prescribing Technician, NHS Somerset |
| | Caroline Taylor (CT) | Prescribing Technician, NHS Somerset |
| | Dr Rob Tippin (RT) | LMC Representative |
| | Fivos Valagiannopoulos (FV) | LPC Representative |
| | Dr Tom While (TW) | Mendip PCN Representative |
| Apologies: | Dr David Davies (DD) | West Somerset PCN Representative |
| | Dr Val Sprague (VS) | LMC Representative |
| | Mihaela Tirnoveanu (MT) | Taunton Central PCN Representative |
| | Emma Waller (EW) | Yeovil PCN Representative |

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee.

Peter Berman was welcomed as the lay representative.

Bernice Cooke was welcomed as the deputy director of nursing and inclusion representative.

John Digman was welcomed as the South Somerset West PCN representative.

Andrew Prowse was welcomed as the director of pharmacy for SomersetFT and Yeovil.

Emma Russell was welcomed as the Chard, Ilminster and Langport PCN representative.

Caroline Taylor was welcomed as an observer.

Dr Tom While was welcomed as the Mendip PCN representative.

Steve Moore and Dr Rani Sophia were welcomed as guest speakers.

Apologies were provided as above.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Prescribing and Medicines Management Group received the Register of Members' Interests relevant to its membership.
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 NHS Somerset'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 16th November 2022

- 4.1 The Minutes of the meeting held on 16th November 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:

Due to the changes in the Somerset system (CCG to ICS, merger of the three trusts, one provider, one council) the need for SPF was reviewed and the decision was made to retire it, with its responsibilities being taken on by PAMM and SIMO. Now looking to expand PAMM membership and working on the draft TORs which will be sent out for comment.

The name of this committee will be changed to reflect the new role within the ICS for primary and secondary care.

5 Matters Arising

5.1 Contraceptive service update

The service specification has been published and the first tier will be repeat prescription for contraceptives. Unsure on how far progression has been made on landing in pharmacy. It seems there is an appetite for the service but no capacity.

5.2 **Scorecard Indicators 23/24**

Potential changes to take effect from April. Keeping vast majority of original indicators. Proposing three new indicators with some target adjustments.

- Retire (5) solifenacin / oxybutynin indicator as exceeding target. Introduce 10% Increase in Ezetimibe prescribing
- Retire (9) BGTS as we are best in region and exceeding target. Introduce safety indicator reducing teratogenic drugs being used in patients without contraceptive. Yet to agree target, so will bring back next month.
- Retire (10) gliflozins as majority of practices will reach target. Introduce greener agenda indicator % triptorelin 22.5mg of all GnRH analogues > 35%

PAMM requested the teratogenic target does not penalise practices that have small patient numbers, where the data could be skewed, despite having followed good medical practice.

-PAMM approved initial proposals subject to the contraceptive indicator measurements being finalised.

Work on teratogenic indicator for February PAMM.

Action: SM

5.3 **NHS AAC - Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD**

-Noted

Emphasis on high intensity statins and when the target is not achieved add ezetimibe. We are doing well in Somerset as we have been encouraging this for some time. 40% reduction can be tricky with new patients with no history of figure so need to take pragmatic approach to optimise dose. Make sure women are aware of cholesterol and risk as many missed out and risk increases at menopause.

5.4 **Day Lewis hopes to launch pharmacogenomics service next year**

-Noted

Sarah Woolgar, senior pharmacist at SomersetFT, has been nominated as the pharmacogenomics lead for the trust.

Many pharmacogenomic services will likely to be private, which will result in inequalities. This is a live area and continually developing.

6 **Other Issues for Discussion**

6.1 **GOLD report - Global Initiative for Chronic Obstructive Lung Disease (COPD)**
StM presented the changes to the updated GOLD guidance for COPD.

Key messages:

- Best intervention for patient is to quit smoking
- Find the right type of inhaler for a patient to use.
- Use same inhaler types not a mixture.
- Push towards DPI on environmental grounds.
- Chose an inhaler a patient can and will use is more important than the content of the inhaler in some cases.
- Patient needs to actually use their prescribed inhaler.
- LABAs and LAMAs are always preferable to SABAs.
- LABA and LAMA together is preferable over single bronchodilator.
- If there is an indication for an ICS, the combination of LABA+LAMA+ICS has been shown to be superior to LABA+ICS and is therefore the preferred choice.

NICE has not updated COPD guidance since 2018. NICE tends to adopt GOLD eventually.

6.2 **'Just In Case' Box Protocol SOP - For approval**

This has been updated in the last few months by Dr Catherine Leask, palliative medicine consultant at SomersetFT. There was debate about quantities of controlled drugs to be included. They have taken a pragmatic approach with quantities of 5 of each, with a statement to allow for additional quantities, if required for complex symptoms. This document has been to the DTC for approval.

PAMM queried the ownership of the document. Dr Catherine Leask has been leading on this, but ownership is not stated on the document.

Liaise with Dr Leask and Hels Bennett to establish ownership and make additional changes including formatting. **Action: BC**

-PAMM approved subject to appropriate document ownership being established, and the formatting completed.

6.3 **2022/23 Community Pharmacy Contractual Framework National Clinical Audit - Valproate**

November audit published. Since had MHRA update. See 17.1
We are still seeing patients exposed to valproate and becoming pregnant.

6.4 **Primary Care pregnancy and lactation information for SSRI and SNRIs**

This document has been produced to help support prescribers in primary care for patients that become pregnant while on antidepressants. Sometimes GPs are unsure what is a safe alternative for a patient and the perinatal team get inappropriate referrals or see patients that have stopped suddenly and then need additional care. This document contains the necessary information to help manage majority of patients in primary care.

-PAMM approved

Add information on missed feed for drugs that can cause drowsiness. **Action: SM**
Add to website. **Action: SM**

6.5 **NHS England » 2023/24 priorities and operational planning guidance**

Still dealing with unprecedented demand and system recovery from Covid-19.
Planning to move forwards on prevention and health equalities as appropriate.

-Noted

7 **Other Issues for Noting**

7.1 **Esperion announces clear cardiovascular outcomes in trial of Nexletol (bempedoic acid) meets primary endpoint**

-Noted

7.2 **NIHR - Oral nutritional interventions in frail older people who are malnourished or at risk of malnutrition: a systematic review**

Review of 11 studies (n=822) found little evidence that oral nutritional supplements have significant effects on reducing malnutrition in frail adults. There was no evidence for body weight or BMI improvement, and a mixed narrative on the effect on the quality of life.

-Noted

Somerset prescribe a lot of sip feeds. Patients should try 'food first' as sip feeds can suppress a patient's appetite. Health coaches in primary care are being used to advocate food first.

Primary care has noticed an increase in hospital discharges with vague notes such as 'continue sip feeds' with no indication, dose, type. Unsure if this is just an RUH issue or wider. AP suggested an audit by primary care to establish cause of this problem.

Engage with dieticians to help prevent patients being discharged without necessary sip feed indications, dose, type etc. **Action: SM**

7.3 **Contract consultation: NHS England » 2023/25 NHS Payment Scheme consultation**

-Noted

8 **Additional Communications for Noting**

8.1 **Reviewing Methenamine effectiveness – Email from SG – 17/11/22**

-Noted

One of highest users across country due to our excellent prescribers in Somerset.
Need to review patients on dual use methenamine and antibiotics.

8.2 **Patients with ACB 6+ / medication & falls – Email from Hels Bennett – 02/12/22**

-Noted

- 8.3 Diazepam - not recommended for back pain or sciatica – Email from Helen Spry – 13/12/22
-Noted
Many still have not had visibility of this message, with GPs and MUIs still prescribing. There needs to be a stronger push.

Send additional communications to reinforce message. **Action: SG**

- 8.4 Pharmacy Protocols for switching antibiotics – Email from SG – 19/12/22
-Noted
There are still some issues although the situation has improved since this email was sent.

9 **Formulary Applications**

9.1 **Liothyronine Capsules, Roma Pharmaceuticals LTD**

5mcg x 28 = £55, 10mcg x 28 = £65, 20mcg x 28 = £55

Cost-effective capsules have been launched, reviewing prescribing position.

Dr Julia Thomas, consultant endocrinologist at SomersetFT has produced a shared care protocol. For liothyronine capsules to be prescribed in primary care, the due process must be followed: Patients who are poorly controlled, despite optimisation, can be referred into the specialist team at SomersetFT to trial liothyronine (past results have shown that when properly trialled, around two thirds of patients have no clinical benefit). There will only be a small number of slots available per month.

PAMM questioned this statement in the shared care protocol 'Following initiation and discharge at least once every three years GP should discuss converting T3/T4 combo to T4 monotherapy'. Add 'when deemed clinically appropriate' to this statement, as many GPs do not feel they have the necessary guidance to implement this.

Proposal to change liothyronine (capsules only) TLS to **AMBER**, from April, for patients who have been found to have a clinical benefit after trial with endocrinology.

- PAMM approved to commence from April 2023 subject to approval of final wording of shared care protocol.

Review document for any other necessary changes.

Action: HB

Update TLS in April.

Action: ZTW

Acute settings to stop stocking tablets and only stock capsules.

Action: AP

PAMM to consider Liothyronine in management of depression (NICE guidance) if MH submit a shared care protocol.

Submit MH liothyronine shared care protocol at future meeting.

Action:

SDB

9.2 **Salcrozine gastro-resistant tablets, Mesalazine, Galen Ltd**

100 x 500mg = £21.52, 60 x 1000mg = £25.82

Cost effective brand

Needs to be prescribed by brand.

-Approved

Add to formulary.

Action: EK

9.3 **Azithromycin Prophylactic for COPD**

Recommended: NICE [NG115](#)

Has been used for a number of years recommended as off license use when appropriate. Treatment is started by secondary care.

Bring formulary in line with current practise.

-Approved.

Add to formulary.

Action: EK

9.4 **Wynzora, calcipotrol 50mcg/g / betamethasone dipropionate 0.5mg/g cream, Almirall Ltd**

Indicated for topical treatment of mild to moderate psoriasis vulgaris, including scalp psoriasis, in adults.

60g = £35.66

Cost effective product.

-Approved

Add to formulary.

Action: EK

9.5 **Safinamide, Xadago 100mg and 50mg, Zambon UK Ltd.**

For Parkinson's disease

50mg x 30 = £69.00, 100mg x 30 = £69.00

Dr Rani Sophia attended PAMM to request change of TLS for Safinamide, from not recommended to Amber. To use in a small number of patients if they have failed trials of the other more cost-effective drugs.

-Approved. **Amber**, third line option, where first line options have been trialed and failed. Parkinson's Specialist initiated.

Change TLS status from Not recommended to **Amber** with agreed criteria.

Action: ZTW

10 **Reports From Other Meetings
Feedback**

10.1 **Primary Care Network Feedback**

Nothing to report

- Summary**
- 10.2 **LPC Report**
Nothing to report
- 10.3 **LMC Report**
Nothing to report
- 10.4 **YDH Medicines Committee meeting – Last meeting 04/01/23**
Discussed:
- Safinamide application
 - Medicines shortages
 - Covid updates – issue raised around breastfeeding parents being vulnerable affected ongoing basis. Update from SPS regarding medicines with WHO guidance on covid for breastfeeding parents. Passed on for inclusion.
- 10.5 **Somerset NHS Foundation Trust D&TC – Last meeting 18/11/22**
Nothing to note
- 10.6 **Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 06/12/22**
Discussed:
- Antipsychotic shared care - struggling with some practices being unable to take on shared care prescribing, as some patients can't easily travel to the trust to get depot injections.
Had some instances where the letter has implied, they are discharging the patient to primary care. The position remains these patients aren't discharged it is shared care. The responsibility for monitoring and blood tests lies with the trusts.
 - Sleep station referrals - some exclusion criteria which would exclude some patients already on treatment.
- 10.7 **Somerset Antimicrobial Stewardship Committee – Next meeting 23/01/23**
- 10.8 **South West Medication Safety Officer Network Meeting – Next meeting 07/03/23**
- 10.9 **Regional Medicines Optimisation Committee South West – Last meeting 12/12/22**
Useful presentations, AT recommends looking at them. Good learning points which can be used for CPD.
- 11 Current Performance**
- 11.1 **Prescribing Update**
SG gave an update to PAMM:
- Prescribing budget - started the year with an underspend but has shifted, due to increase in cost of generics and price concessions. £5 million overspend is the largest in year shift.
 - ABX shortages caused huge number of problems. NHS England and DoH need to put measures in place before announcing to the press. Once announced, demand for ABX in primary care went through the roof. Mechanisms had to be put in place.

- The contraception service has been delayed. However, there are proposals for more pilots and services to be rolled out, moving more services from primary care to community pharmacy.
- Perform very well as system which is encouraging despite pressures in primary care. The scorecard is improving each month.
- We continue to promote Eclipse Live for patient safety. It captures may CQC and unmet need requirements.
- High cost drugs currently managed in block contracts with trusts. This may move to hybrid management for 23-24.
- Specialist commissioned medicines will remain with NHSE until at least April 24.

-Noted

11.2 **October 22 Scorecard Primary Care Network Trend**

-Noted

11.3 **High-cost drug budget exception reporting**

Nothing to note

12 **Rebate Schemes**

12.1 None this month

13 **NICE Guidance December & January**

-Noted

14 **NICE Technology Appraisals**

14.1 **[TA840] Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (terminated appraisal)**

-Noted

Add to TLS Not Recommended.

Action: ZTW

14.2 **[TA839] Ruxolitinib for treating acute graft versus host disease refractory to corticosteroids (terminated appraisal)**

-Noted

Add to TLS Not Recommended.

Action: ZTW

14.3 **[TA842] Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (terminated appraisal)**

-Noted

Add to TLS Not Recommended.

Action: ZTW

14.4 **[TA841] Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)**

-Noted

Add to TLS Not Recommended.

Action: ZTW

14.5 **[TA844] Luspatercept for treating anaemia caused by myelodysplastic syndromes (terminated appraisal)**

-Noted

Add to TLS Not Recommended.

Action: ZTW

- 14.6 **[TA843] Luspatercept for treating anaemia caused by beta-thalassaemia (terminated appraisal)**
-Noted
Add to TLS Not Recommended. **Action: ZTW**
- 14.7 **[TA845] Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (terminated appraisal)**
-Noted
Add to TLS Not Recommended. **Action: ZTW**
- 14.8 **[TA847] Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (terminated appraisal)**
-Noted
Add to TLS Not Recommended. **Action: ZTW**
- 14.9 **[TA854] Esketamine nasal spray for treatment-resistant depression – New**
Negative Appraisal
Add to TLS Not Recommended. **Action: ZTW**

Highlight to the MH trust to make sure they are aware it was rejected. **Action: SM**
- 14.10 **[TA852] Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments – New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.11 **[TA851] Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer - New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.12 **[TA850] Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy -New**
Negative Appraisal
Add to TLS Not Recommended. **Action: ZTW**
- 14.13 **[TA849] Cabozantinib for previously treated advanced hepatocellular carcinoma -New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.14 **[TA853] Avatrombopag for treating primary chronic immune thrombocytopenia -New**
Positive Appraisal
Commissioned by ICS. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**

- 14.15 **[TA855] Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy – New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.16 **[TA856] Upadacitinib for treating moderately to severely active ulcerative colitis -New**
Positive Appraisal
Commissioned by ICS. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.17 **NICE Draft guidance: Somatrogen for treating growth disturbance in children and young people aged 3 years and over**
This will be sent for virtual approval once TAG published.
- 14.18 **[TA858] Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma -New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.19 **[TA857] Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma -New**
Positive Appraisal
Commissioned by NHS England. Providers are NHS hospital trusts.
Add to TLS **Red** drug. **Action: ZTW**
- 14.20 **[TA859] Angiotensin II for treating vasopressor-resistant hypotension caused by septic or distributive shock (terminated appraisal)**
-Noted
Add to TLS Not Recommended. **Action: ZTW**
- 15 NICE Clinical Guidance**
- 15.1 **[NG37] Fractures (complex): assessment and management - Updated**
November 2022: Reviewed the evidence on negative pressure wound therapy, and updated recommendation 1.2.31. For some recommendations we have replaced the word 'debridement' with 'wound excision'.

-Noted

Share with wound team. **Action: CT**
- 15.2 **[NG228] Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management - New**
This guideline covers diagnosing and treating an aneurysmal (caused by a ruptured aneurysm) subarachnoid haemorrhage and its complications. It provides

recommendations to improve diagnosis and ensure that the most effective treatments are offered. It includes guidance on follow-up care and information for people (aged 16 and over) who have had an aneurysmal subarachnoid haemorrhage, their families and carers.

-Noted

For trusts to review. Flag to relevant trust lead.

Action: AP

15.3 **[NG229] Fetal monitoring in labour - New**

This guideline covers methods for monitoring the wellbeing of the baby during labour. It includes risk assessment to determine the appropriate level of fetal monitoring, using clinical assessment in addition to fetal monitoring and interpreting and acting on monitoring findings.

-Noted

Take to LMNS.

Action: BC

15.4 **[CG190] Intrapartum care for healthy women and babies -Updated**

December 2022: Removed section 1.10 on monitoring during labour because these recommendations have been replaced by the NICE guideline on fetal monitoring in labour. We also updated the links in recommendations 1.4.9, 1.4.10 and 1.12.22.

-Noted

Take to LMNS.

Action: BC

15.5 **[NG230] Thyroid cancer: assessment and management -New**

This guideline covers diagnosis and management of thyroid cancer in people aged 16 and over. It aims to reduce variation in practice and increase the quality of care and survival for people with thyroid cancer.

-Noted

For trusts to review. Flag to relevant trust lead.

Action: AP

15.6 **[CG124] Hip fracture: management - Updated**

January 2023: Reviewed evidence for management of intracapsular hip fracture and femoral component design used for hemiarthroplasties, and updated recommendations. Made 2 new recommendations for research. Made a clarification in recommendation 1.6.9 because of changes to the AO classification.

-Noted

15.7 **[NG213] Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education - Updated**

January 2023: Updated recommendations 1.15.24 -1.15.26 to replace 'must' with 'should' and to indicate employers in recommendation 1.15.25 are health and social

care. Added a new glossary term for support workers as referred to recommendation 1.13.10.

-Noted

16 Risk Review and Management
Financial position and medicines supply main risks.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update November & December

- Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months
- Update on MHRA review into safe use of valproate

Still considerable national concern. MHRA are reviewing data and may introduce more stringent controls. Two specialists now needed to review and confirm that no other treatments are tolerated. There is significant risk that Valproate will be withdrawn in the future.

We continue to have good processes in place, so no need to move to RED drug. The ICB is happy to support practices if a consultant won't complete an annual review for a patient.

Flag MHRA valproate update to Trusts.

Action: SM

17.2 NIHR Alerts

- Methenamine is as good as antibiotics at preventing urinary tract infections

-Noted.

Somerset have advocated for many years, even when challenged by specialists.

- Making the most of community pharmacies

-Noted

Need to keep revisiting the first advocacy. There will soon be roles for pharmacist prescribers in community pharmacy which will help the system.

18 Any Other Business

18.1 LMNS committee

BC chairs the LMNS committee and is happy to feedback from that meeting to PAMM.

Discuss LMNS attendance.

Action: SM & BC

18.2 Earlier start time

PAMM agreed to trail an earlier start time (9am) for the February meeting.

Arrange new start time and calendar invites.

Action: ZTW

DATE OF NEXT MEETINGS

22nd February 2023

22nd March 2023 (SIMO following)

26th April 2023

24th May 2023 (SIMO following)

28th June 2023

26th July 2023 (SIMO following)
27th September 2023 (SIMO following)
25th October
29th November 2023 (SIMO following)