Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 10th November 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
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Yvonne Lamb	LPC Representative
	Dr Guy Miles	LMC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Carla Robinson	Public Health Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	Yeovil Representative
Apologies:	Dr Adrian Fulford (AF)	Taunton Representative
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Yvonne Lamb was introduced to the group, attending on behalf of the LPC. Yvonne provided an update for item 10.8 and left the meeting after item 5.4.

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 13th October 2021

4.1 The Minutes of the meeting held on 13th October 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 3: Patient Group Direction: For the supply of Aspirin 75mg dispersible tablets by Community Pharmacists in Somerset to pregnant patients considered to be at high risk of pre-eclampsia – HB is in the process of amending the PGD as discussed at the October PAMM meeting and this will be signed off by the appropriate persons and communications issued when complete. Carry action forward.

5 Matters Arising

5.1 Flu and Covid-19 vaccinations

Vaccinations are still progressing well in Somerset.

There have been some issues with flu vaccine data collection, as well as reports of difficulties in obtaining stock recently. Feedback from providers is that some are now trying to access stock from the national stockpile.

Yvonne reported that community pharmacy have had a very successful flu season so far.

It has been announced that covid vaccines will be made mandatory for frontline patient-facing NHS staff in England.

Committee members reported receiving a lot of patient enquiries around covid vaccines.

CR reported that Public Health are doing ongoing work around promoting access to vaccinations for all groups.

The school flu vaccination programme is running behind. This has been flagged as a risk and added to the risk register.

5.2 National menopause programme

The MM team started some work around the menopause several months ago, led by Sam Morris and in collaboration with local specialists. Dr Andrew Tresidder also released a Somerset Emotional Wellbeing podcast episode entitled ‘Demystifying the Menopause’ featuring Dr Kathryn Patrick.

There is now a national workstream around the menopause. The committee viewed and noted some slides from the national menopause programme. Sam provided an outline of the national programme and the work being done in the MM team. The new menopause section of the MM website is now live and the formulary has been updated.

We await further guidance around the menopause prescription cost issue which has recently been announced by the government and featured in the media. The committee do not recommend that 12 months’ supply is given at initiation due to the potential waste and supply chain issues this would cause. They felt that menopause prescriptions should be free of charge, rather than increasing the quantity supplied.

There has been a lot of supply disruptions around hormone replacement therapy products in recent years, which is not acceptable. It was flagged that there is a new medicine supply tool on the SPS website, discussed under item 8.7, which may be useful to prescribers and Sam will flag this to primary care when she issues communications.

Issue communications to primary care around the menopause workstream, including the new medicine supply tool. **Action: Sam Morris**

5.3 Prescribing Incentive Scheme - underspend payments – amendment proposal

An amendment to the Prescribing and Quality Improvement Scheme has been proposed, regarding the underspend payments.

The current scheme rewards underspending on budget, however due to national funding arrangements it is not possible to run this element of the scheme this year. The closure of Victoria Park Medical Centre and subsequent re-allocation of patients to other practices would also be an issue. It is proposed that this money is retained within the scheme and put towards the scorecard indicators, i.e. increased payments for achievement.

Agreed.

Issue communications around amendment to scheme. **Action: Shaun Green**

5.4 Scorecard suggestions for 2022/23

Proposed indicators to retire:

- Percentage of patients prescribed a DOAC who are co-prescribed a PPI – *likely to be achieved*
- Cost effective LABA/ Steroid inhalers – *proposal to split into two indicators: cost effective DPI and cost effective pMDI*
- Increasing high intensity statin prescribing as % all statins - *likely to be achieved / overlap with PCN DES*
- Statin prescribing for patients with unmet CVD prevention need – *overlap with PCN DES*
- Inhixa as a % of all enoxaparin prescriptions - *likely to be achieved*
- Solifenacin /oxybutynin 2.5mg/5mg tablets as % of all anticholinergic incontinence drugs - *likely to be achieved*

Proposed new indicators:

- Cost effective DPI combo inhalers
- Cost effective MDI combo inhalers
- Reduction in anti-cholinergic burden prescribing
- % Patients with all 8 diabetes care processes undertaken
- % Eye drops for dry eyes below 50p per ml

There was a discussion around the 2022/23 scorecard. It was proposed that a number of indicators (listed above) are retired since either they are likely to be achieved in this year's scorecard or they overlap with the PCN DES.

It was suggested that the current cost-effective inhaler indicator is split into two separate indicators for cost-effective DPIs and cost-effective pMDIs. The group agreed with this proposal and felt that a target of 50% was appropriate.

There was a discussion around the proposed anticholinergic burden indicator. The group were interested in the national dashboard data and supported this quality indicator to reduce patient harm. A target will be agreed next year when more data is available.

SDB highlighted that a system wide education session around anticholinergic burden is being arranged and colleagues should expect an invitation in due course.

An indicator has been proposed around ensuring that practices complete the 8 diabetic care processes in primary care. Although historically we have had some fairly good performance, some practices are not completing some of the care processes, for example smoking status, foot checks and kidney disease blood tests. Somerset have poor outcomes around minor amputations and are a regional outlier for this. The committee approved of this quality indicator to improve the health of our diabetic population.

An indicator has been proposed around the use of cost-effective eye drops, for which the target would need to be set quite high to achieve the savings.

This is an indicator that the group may consider and will be brought back to the January meeting.

The MM team are open to suggestions from all members, whether these are cost saving indicators or quality indicators where we are not performing well.

Committee members to discuss with their practices and PCNs and bring back suggestions for 2022/23 scorecard. **Action: All**

6 Other Issues for Discussion

6.1 Devon Doctors PGDs

Three Devon Doctors PGDs which were due for review have been reviewed and updated - HB submitted to PAMM on behalf of Devon Doctors:

- Levomepromazine
- Midazolam
- Hyoscine hydrobromide

There are no major clinical changes.

The committee approved of the levomepromazine and midazolam PGDs.

SDB flagged that Somerset use hyoscine butylbromide, whereas Devon use hyoscine hydrobromide. He advised running this past the palliative care team as if a different product is being used by the out of hours service then this needs to be communicated very clearly as there have been incidents around this in the past. GM is also aware of incidents around this.

Raise with palliative care team and Devon Doctors. **Action: Hels Bennett**

6.2 SABA overuse document for patients

This guidance has been prepared by David Long, LMC Respiratory Nurse advisor and dovetails with work we have done historically.

The committee were supportive of this guidance and workstream. However, they felt that the threshold set in the guidance of recalling patients who have been prescribed over three SABA inhalers per year was too low a number if this is to be a focus piece of work. They felt that this would be a huge workload as realistically most patients have over three devices issued per year, for example many patients request one device for home/school/separate households, etc. and there will also be a cohort of patients who are advised to use their SABA pre-exercise or for acute exacerbations and therefore may use more doses over a shorter period and have fluctuating usage. The committee felt that setting the threshold at over six SABA devices per year would be more appropriate. EW reported that community pharmacy carried out an audit of patients issued more than six SABA devices per year and this yielded a huge number of patients.

Feedback PAMM's comments. **Action: Shaun Green**

7 Other Issues for Noting

7.1 Study of mirtazapine for agitated behaviours in dementia (SYMBAD): a randomised, double-blind, placebo-controlled trial

There was a discussion around this study, which SG has raised with the specialists. The earlier SADD trial was also flagged.

This study is on the agenda to be discussed at the Somerset NHS Foundation Trust Mental Health D&TC meeting next month.

-Noted.

8 Additional Communications for Noting

8.1 Formulary approval of Inclisiran

Practices have been informed of the formulary approval of Inclisiran and its place in the lipid pathway.

-Noted.

8.2 Valproate monitoring

We have made excellent progress in implementing the national alert for annual checks and pregnancy prevention program for women of childbearing age prescribed valproate products.

In addition to the childbearing issue, practices have been reminded of the requirement to ensure that valproate patients have annual FBC / LFT checks.

-Noted.

8.3 Dipstick & link to UTI antibiotics in over 65s - week 93 update

At week 88 the overall Somerset CCG rate of prescribing linked to UTI dipsticks was 78.2% lower than the week 1 baseline. This is our best result so far.

-Noted.

8.4 Ordering Repatha - Evolocumab

Somerset is the first system in the country to move prescribing of Evolocumab and Alirocumab into primary care as part of our strategy to improve treatment and outcomes for patients with Familial hypercholesterolaemia or high risk CVD with hypercholesterolaemia. Numbers are currently small and transfer for most patients has progressed smoothly. However one or two practices and patients have encountered difficulties with ordering Repatha. Advice has been shared with practices around how to order Repatha directly.

-Noted.

8.5 B12 investigation and oral cyanocobalamin prescribing

Due to covid, a number of patients were switched from I.M hydroxocobalamin 1mg/1ml solution for injection ampoules to oral cyanocobalamin. Somerset currently now has >1000 patients prescribed oral cyanocobalamin at an annual cost of £130,000. We would recommend that patients prescribed oral cyanocobalamin are reviewed and considered (depending on diagnosis/indication) for switching to IM Hydroxocobalamin 1mg/1ml 2-3 monthly. If all oral cyanocobalamin patients were able to switch this would save the NHS in Somerset >£100,000 per year.

If however a clinical decision is made to keep the patient on oral cyanocobalamin then we would recommend consideration of 1mg per day dose (no clinical concerns exist in moving to this higher dose) as this would rule out the possibility of sub optimal dosing – 'care must be taken if low dose oral cyanacobalamin is used as this risks suboptimal treatment of latent and emerging pernicious anaemia with possible inadequate treatment of neurological features.'

Please can we remind prescribers that the BSH guidance for non-dietary vitamin B12 deficiency is oral cyanocobalamin can be offered at a dose of 1mg per day until regular IM hydroxocobalamin can be resumed.

Based on the current mixture of doses being used, moving to oral cyanocobalamin 1mg would also be cost saving on average compared to using 50mcg or 100mcg tablets and would ensure less risk of sub optimal dosing.

-Noted.

8.6 Long term nitrofurantoin - why it should be avoided and monitoring requirements if it is prescribed

A statement around long term nitrofurantoin use from Dr Robert Baker, Consultant Microbiologist at Somerset NHS Foundation Trust has been shared with primary care.

Key Messages

• Nitrofurantoin treatment should not be prescribed beyond six months unless the benefits outweigh the risks.
• Patients receiving long-term nitrofurantoin treatment should be monitored for changes in pulmonary and hepatic function.
• Nitrofurantoin treatment should be discontinued at the first sign of pulmonary or hepatic damage, or neuropathy.

The Somerset CCG hydration leaflet has also been re-shared with primary care.

-Noted.

Committee members reported seeing requests for long term nitrofurantoin use coming from Urology.

Raise long term nitrofurantoin use with Urology. **Action: Shaun Green**

8.7 Online Medicines Supply Tool / November supply issues

The DHSC Supply Issues Update for Primary and Secondary Care: November 2021 has been shared with primary care.

DHSC and NHSE/I in conjunction with the NHS Specialist Pharmacy Service have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the tool you will be required to register with the SPS website. Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare.
You can use the tool to search for information on medicine supply issues by drug class, severity of issue, and by new, ongoing, or resolved issues. You will also be able to check when a medicine is expected to be back in stock. Prescribers, pharmacy professionals, and pharmacy procurement leads are encouraged to register.

The committee noted this as a useful tool.

9 Formulary Applications

9.1 WockAIR® (budesonide/formoterol) breath-actuated dry powder inhaler, Wockhardt UK Ltd

160 micrograms/4.5 micrograms
320 micrograms/9 micrograms

£19.00 (120 inhalations)

Wockair is indicated in the regular treatment of asthma where long acting β2-agonist and inhaled corticosteroid is appropriate.
It is also indicated in the symptomatic treatment of COPD with a FEV_1 <70% predicted and a history of exacerbations despite regular bronchodilator therapy.

Approved.

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

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

9.2 **Avenor® (salmeterol/fluticasone) pressurized inhalation, suspension, Zentiva**
25 microgram/50 microgram, £13.50 (120 inhalations)
25 microgram/125 microgram, £14.99 (120 inhalations)
25 microgram/250 microgram, £19.99 (120 inhalations)

Avenor is indicated in the regular treatment of asthma where use of a combination product (long-acting β_2 agonist and inhaled corticosteroid) is appropriate.

Approved.

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

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

9.3 **Epesri® (ethosuximide) 250mg capsules, Strides Pharma UK Ltd**
£103.25 (56)

Indicated for selective control of absence seizures (petit mal) even when complicated by grand mal. It is also indicated for myoclonic seizures.

Approved.

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

We have a small number of patients in Somerset prescribed ethosuximide and will advise practices of the saving per pack if switched to Epesri.
Action: Shaun Green

9.4 **Lagevrio® (molnupiravir) 200 mg hard capsules, Merck Sharp & Dohme (UK) Limited**
Lagevrio® is indicated for treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness (see sections 4.2 and 5.1 of SPC for information on posology and limits of clinical trial population).

Approved.

There are some logistical issues around implementation which will need to be addressed over the next few weeks as more information comes out.

10 **Reports From Other Meetings**
Feedback

10.1 **Primary Care Network Feedback**
EW reported that Yeovil PCN are continuing with covid and flu vaccinations and they have started a diabetic clinic with secondary care. They are also continuing to work with homeless people.

DD reported that West Somerset PCN have been given recurring funding for their Living Better Nurses, who are a really good resource and visit elderly patients in their own home, signposting, etc. This is good news for the PCN as funding had been a concern previously.

GM reported that North Sedgemoor have recruited Health Coaches, who are very positive and motivated.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 03/11/21

CEC have been discussing the current pressures in the system, including the increased RTT waiting times. The ICB CEO is due to be announced next week.

10.3 YDH Medicines Committee meeting – Next meeting 19/11/21

10.4 Somerset NHS Foundation Trust D&TC – Next meeting – 18/11/21

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 07/12/21

10.6 Somerset Antimicrobial Stewardship Committee – Last meeting 11/08/21 – Minutes not received

10.7 South West Medication Safety Officer Network Meeting – Next meeting TBC

10.8 LPC Report

Yvonne provided an update from the LPC:

GPCPCS training continues for practices. The service has been very successful so far. Since the service launched in June, there have been over 3600 referrals from GP practices into community pharmacies. The LPC are looking at data and picking up some things which could be improved with the national service and are feeding this back to NHSE, as well as working with PharmOutcomes to improve the service.

Community pharmacies in Somerset are still experiencing workforce issues and the LPC have been reviewing closure reports.

The Discharge Medicine Service (DMS) has been launched from YDH. It went live in July and to date there have been approximately 745 discharges for the service. It can take up to three months for a DMS to be complete, however the

service seems to be working well so far. Community pharmacies are feeding back to YDH any areas which could be improved, for example they have had a couple of referrals for deceased patients and those who have been discharged into care homes so they are working together to improve any issues.

Twenty contractors are now signed up to provide the new hypertension case finding service, provided they can obtain the proper blood pressure monitors. They expect this service to start slowly in the new year.

10.9 Exceptional items from out of area formulary meetings
Nothing this month.

10.10 RMOC Update
HB outlined the RMOC shared care guidance: draft shared care protocols, consultation 6.

The four drafts included in this consultation are:

- Leflunomide
- Mercaptopurine
- Hydroxycarbamide
- Information on shared care medicines for patients and carers

Our Hydroxycarbamide shared care protocol is due to be updated so it will be useful to draw from the RMOC guidance when we do our update.

The information on shared care medicines for patients and carers leaflet is useful and something we could adapt in Somerset.

Share RMOC information on shared care medicines for patients and carers leaflet with the Trusts. **Action: Sam Morris**

11 Current Performance

11.1 August Scorecard Primary Care Network Trend
Overall prescribing rates dipped in August. A few indicators which were heading in the right direction slipped back into red in August. Hopefully this is just a blip and we return to the improving trend going forwards. Most indicators are on a good trend and there is an expectation that this trend continues so that some of these indicators can be retired at the end of the year.

-Noted.

12 Rebate Schemes

12.1 None this month

13 NICE Guidance November
-Noted

14 NICE Technology Appraisals

14.1 None this month

15 NICE Clinical Guidance

15.1 [NG206] Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management

-New

-Noted

16 Risk Review and Management

The roll out of the school vaccination programmes have been added to the risk register elsewhere. Nothing else to note from a medicines optimisation view.

17 Safety Items, NPSA Alerts and Signals

17.1 Topical corticosteroids: information on the risk of topical steroid withdrawal reactions

-Noted.

17.2 Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication

-Noted.

17.3 NIHR Alert: Statins do not commonly cause muscle pain and stiffness

The committee noted this signal as a useful resource to flag to patients.

Members reported that patients appear to be tolerating atorvastatin better than they did simvastatin.

18 BNF Changes

18.1 BNF Update October

-Noted.

18 Any Other Business

18.1 [TA664] Liraglutide for managing overweight and obesity

GM reported receiving a number of queries from patients seeking liraglutide for weight loss. Other members reported the same and it was highlighted that this was in the media fairly recently. SG confirmed that this is a specialist indication only, for prescribing by a tertiary service.

18.2 Dr Adrian Fulford

Dr Adrian Fulford is retiring. The committee commended Adrian as a wonderful member and a great advocate for medicines management and we wish him all the very best in his retirement. Adrian is happy to continue representing the PCN whilst he does locum work, if the PCN are happy for him to do so. The group would be very happy to keep Adrian as a member.

DATE OF NEXT MEETINGS

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)