

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 14th September 2022**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	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, NHS Somerset
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Kate Shorthose (KS)	Consultant in palliative Medicine, St Margaret's Hospice
	Dr Val Sprague (VS)	LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton Representative
Apologies:	Fivos Valagiannopoulos (FV)	LPC Representative
	Emma Waller (EW)	Yeovil Representative

1 **APOLOGIES AND INTRODUCTIONS**

AT welcomed everyone to the prescribing and Medicines Management Committee.

Kate Shorthose, Consultant in palliative Medicine, St Margaret's Hospice was welcomed to PAMM.

Apologies as above.

AT spoke of the incredibly sad news of the death of Her Majesty Queen Elizabeth II and the resultant succession of His Majesty King Charles III.

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 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 13th July 2022

4.1 The Minutes of the meeting held on 13th July 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: Hypertension case finding pharmacies - Does allow GP practices to refer long standing patients to community pharmacy with their agreement. Fivos' practice are going to be looking into trialling that.

Action 4: Valproate audit - Due to reaudit to check improvement. Invite Georgina to October PAMM to talk about valproate audit. **Action: SDB**

Action 10: No replacement for Piers yet.

Action 11: Semaglutide for managing overweight and obesity – Requests coming into primary care for inappropriate use. When approved by NICE it will be a red drug.

IQoro – Is not recommended so should also only be in secondary care if they have approved use.

5 Matters Arising

5.1 PAMM TOR amendments

PAMM will now report to the Executive Committee (replaces Clinical Executive Committee). We are now ICB so all mentions of CCG will be removed from TOR.

Much as we wish to have all 13 PCNs represented by a GP due to the value and expertise they bring, we need to be pragmatic. It is increasingly difficult to recruit GPs to join PAMM due to the pressures within the system and limited GP time. This risks PAMM not being quorate.

Proposed changes to the TOR

1. From: 7.2. Meetings will be quorate with a minimum of four GPs or 3 GPs and Registered Non-Medical prescriber PCN representative members and the Head of Medicines Management or his nominated representative.

To: 3 GP's or registered non-medical prescriber PCN representative members...

2. From: 6.5 The Committee will be chaired by a nominated GP lead elected by the Committee members for a term of 2 years.

To: 6.5 The Committee will be chaired by a nominated member of the committee elected by the Committee members for a term of 2 years.

Feedback on proposed changes:

1. Approved, however medical representation needs to be maintained. With the changing face of primary care this seems practical. DD suggested a GP buddy system with the GP included on the PAMM distribution lists.

2. Approved. Propose for AT to continue as chair.

If another member would like to nominate themselves, please email Shaun Green by Tuesday 4th October.

Action: All

Ask for LMC members for expressions of interest to attend PAMM. Liaise to arrange.

Action: AT & VS

5.2 **Community Hypertension case finding pharmacies & LPC update**

Spreadsheet with signed up pharmacies. Will try to bring update of pharmacies that are ready and actively taking part.

The specification does allow referral for routine monitoring with agreement between pharmacy and GP practice.

Discussed pressures in primary care and is impacting community pharmacy more and more. Need to be cautious of flagging new services when they are struggling to do the day job.

5.3 **Palliative care s/c furosemide**

Kate Shorthose, consultant in palliative Medicine, St Margaret's Hospice attended to give a presentation on the palliative care s/c furosemide project.

KS is working with Ed Hayes on a Somerset wide project. To use furosemide in syringe driver s/c for patients with end stage heart failure with congestive heart failure symptoms. This is being done as an alternative to hospital admission for patients that want to be at home, but oral medication has become less effective or not possible.

- The specification uses standard furosemide 10mg/ml for injection, which is inexpensive and readily available. Will be administered in T34 syringe pump undiluted or diluted with 0.9%. This is unlicensed but there is extensive experience of use and is listed in the palliative care formulary.
- There has been published experience in various areas of the UK demonstrating effective use of it in this way.

- Inclusion criteria: Patients with end stage heart failure requiring parenteral diuretics for symptom control, unresponsive to high dose oral diuretics and where care is being delivered in community and they wish to stay there.
- Exclusion criteria: No symptoms likely to benefit from high dose parenteral diuretics, might benefit from hospital admission for other reasons, inadequate support to stay at home or had a previous reaction.
- Aiming to start the pilot in October 2022, in Crewkerne, Wellington & West Somerset. It will be managed by palliative care doctors with support from heart failure team. Patients will be monitored by the pilot GP trainees along with Ed and Kate. DNs will be responsible for the syringe drivers and checking for site reactions. Advice will be taken from secondary care for any potential interactions with other syringe driver drugs. Supply will initially be anticipated so the community pharmacy can order it, possibility of it being added to the emergency drug list in 2023. Will be looking to roll pilot out more widely and link with Hospital at Home.

-PAMM approved as this will only affect small numbers and could be brilliant for the patient. They wish it all the success and thanked Kate for presenting today.

6 Other Issues for Discussion

6.1 National shared care protocols

- Ciclosporin (oral) for patients within adult services (non-transplant indications)
- Mycophenolate mofetil and mycophenolic acid for patients within adult services (non-transplant indications)

Current TLS **RED**

There is currently a national workstream to produce shared care protocols for Amber drugs, to stop duplication of work. Most of the national shared care protocols align with ours however Ciclosporin and Mycophenolate are RED in Somerset.

Proposal to note these have been produced and keep as RED in Somerset. Currently no demand for these drugs but if Primary Care would like to prescribe then a monitoring service would have to be commissioned.

-Noted

7 Other Issues for Noting

7.1 Reclassification of Gina (estradiol) 10 microgram vaginal tablets for treatment of vaginal atrophy to Pharmacy (P) medicine

The availability of this product form pharmacies will improve access for some however Somerset do not want to change formulary position or add it to the self-care agenda.

-Noted

7.2 NIHR: Overall cardiovascular risk should drive the decision to start blood pressure treatment

Expert commentary is provided for a UK database study which found the risk of a CV event was more accurately predicted by using QRISK2 than by blood pressure (BP). Decision to start treatment should thus be based on overall risk profile (e.g., cholesterol & weight) rather than BP.

-Noted

**8 Additional Communications for Noting
SG will not be sending any communications during the national mourning period.**

8.1 License extension - Empagliflozin indicated in adults for the treatment of symptomatic chronic heart failure with preserved ejection fraction – Email from SG -14/7

-Noted

8.2 Icosapent ethyl for reducing risk in patients with existing risk factors and raised triglycerides – Email from SG – 14/7

-Noted

8.3 Reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza (flu) Vaccination Programme – Revised 2022 – Email from SG – 22/7

-Noted

8.4 Approval of Dexcom one real time CGM – Email from SG – 01/08

-Noted

8.5 Query in relation to zero stock level in community pharmacies – Email from SG – 03/08

-Noted

This is a growing issue, and the prices are rising because of it. We have a standardised approach across Somerset and the South West. Pharmacies are obliged to prescribe a brand if generic is not available. The guidance is trying to stop companies only allowing their stores to use a specific wholesaler. Independents can be more flexible than the chains.

8.6 Semaglutide quantities – Email from SG – 03/08

-Noted

8.7 Patients prescribed Freestyle libre and Aviva test strips – Email from SG – 05/08

-Noted

If care homes are requesting test strips unnecessarily NHS Somerset are happy to support practices to refuse prescriptions on the grounds that testing needlessly is harming the patient.

8.8 Thank You - High potency Statins – Email from SG – 09/08

-Noted

8.9 2022/23 flu season training resources – Email from SG – 11/08

-Noted

8.10 Lipid management search tools – Email from SG – 12/08

-Noted

8.11 National protocol - influenza vaccine – Email from SG – 30/8/22

-Noted

8.12 Hypromellose 0.3% drops - removal from drug tariff – Email from SG – 31/8/22

-Noted

8.13 Vaccine Update – Email from SG – 1/09

-Noted

8.14 Emollients BEE study | Best Emollients for Eczema (BEE) – Email from SG – 2/09

-Noted

8.15 Codeine and Tramadol poor metabolisers – Email from SG – 6/09

-Noted.

May not be seeking due to abuse may be in 10% cohort not getting benefit with side effects. Genetic & genomic testing will be coming to primary care in the next few years which may help identify these patients.

9 Formulary Applications

9.1 **Ogluo Glucagon solution for injection pre-filled disposable devices, Tetris Pharma Ltd**

Tetris Pharma Ltd

500micrograms/0.1ml or 1mg/0.2ml - £73.00

Very expensive compared to current option. Although it may be useful in some patients that do not have much warning of hypos. This would be small cohort as most learn their warning signs.

Proposal to add to TLS '[Not for general use](#)', for individual exceptional cases.

-Approved
Add to TLS [Not for general use](#). **Action: ZTW**

- 9.2 **Itzenal, alimemazine sugar-free oral solution, Zentiva UK**
7.5mg/5ml 100ml - £89.00, 30mg/5ml 100ml - £99.00
Licensed for pre-medication as a sedative before anaesthesia in children aged between 2 to 7 years. It has powerful antihistamine and anti-emetic actions, used in the management of urticaria and pruritus.

This is the most cost-effective preparation. Low usage in Somerset. Some concerns around inappropriate use.

Proposal to add to TLS '[Not for general use](#)', to be prescribed on case-by-case basis.

-Approved
Add to TLS [Not for general use](#). **Action: ZTW**

- 9.3 **Senshio, Ospemifene 60 mg film-coated tablets, Shionogi**
28 - £39.50
Indicated for the treatment of moderate to severe symptomatic vulvar and vaginal atrophy (VVA) in post-menopausal women who are not candidates for local vaginal oestrogen therapy.
Senshio, scottishmedicines.org.uk

Trying to ensure cost effective evidence-based products get approved. Offers alternative option to certain women needing alternative treatment.

-Approved
Add to formulary. **Action: EK**
Add to TLS [Green](#). **Action: ZTW**
Raise with menopause service. **Action: SM**

- 9.4 **GlucoMen Day real-time CGM, GlucoMen.**
14-day sensor - £33.50
Another real-time CGM approved for use in the drug tariff. Proposal to add to formulary as another option.

-Approved
Add to formulary. **Action: EK**
Add to TLS [Green](#). **Action: ZTW**

- 9.5 **Virgan, Ganciclovir eye gel 0.15%, Thea Pharmaceuticals Ltd**
5g - £19.99

Proposal first line for treatment of acute herpetic keratitis in adults (excluding pregnancy and children).

-Approved

- Add to antimicrobial guidance. **Action: HS**
 Add to formulary. **Action: EK**
 Add to TLS **Green**. **Action: ZTW**
- 9.6 **Aciclovir Agepha 3% eye ointment, AGEPHA Pharma s.r.o.**
 4.5g - £45.00
 Proposal first line for treatment of acute herpetic keratitis in children and pregnancy (licenced). Second line for adults.
- Approved
 Add to antimicrobial guidance. **Action: Helen Spry**
 Add to formulary. **Action: EK**
 Add to TLS **Green**. **Action: ZTW**
- 9.7 **Hydrocortisone Oral Solution, Colonis Pharma Ltd**
 Licensed for replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old).
 Drug tariff special
 5mg/5ml 100ml - £20.16
 10mg/5ml 100ml - £15.84
- Approved
 Add to specials guidance. **Action: HB**
 Add to formulary. **Action: EK**
 Add to TLS **Green**. **Action: ZTW**
- 9.8 **Zacco, Clobazam 5mg/5ml & 10mg/5ml, Thame Laboratories**
 Indicated in adults for short-term symptomatic treatment (2-4 weeks) only of anxiety severe, disabling or subjecting the individual to unacceptable distress.
 5mg/5ml 150ml - £90
 10mg/5ml 150ml - £95
- Despite the high cost it is the cheapest available.
- Approved
 Add to preferred brands. **Action: Caroline Taylor**
- 9.9 **Branded Hypromellose 0.3% eye drops**
 Generic has been removed from Cat C in drug tariff and now priced against branded. To control costs proposal for these to be the preferred brands:
- AacuLose Hypromellose 0.3% (10ml) - 71p
 - AaproMel 0.3% (10ml) - 69p
 - Lumecare Tear Drops 0.3% (10ml) - 80p
- Approved
 Add to preferred brands. **Action: Caroline Taylor**
- 9.10 **Thick and Easy Clear powder, Fresenius Kabi**
 126g - £6.50

This is an area where we are driven by secondary care procurement. The Trust will be moving over to thick and easy powder form 1st November. This creates overlap period with both products being used, raising safety concerns in care homes. Alternat preparations are made up differently so can create swallowing problems. Fresenius will provide training to care homes.

Proposal to revert to this as first line on safety grounds from November 22.

-Approved

Add to sip feed guidance.

Add to formulary.

Action: Ezmerelda White

Action: EK

9.11 **Nebulised asthma rescue therapy in children.**

Home use of nebulisers in paediatric asthma should be initiated and managed only by specialists.

This was raised a few years ago and prescribing has reduced. Want to tighten TLS to make nebulisers for under 18s Red. Can still be used in acute setting as one off if needed but not for routine prescribing.

Proposal to make **RED** for paediatric use.

-Approved

Change to TLS **RED**.

Action: ZTW

Consider changing to **RED** for adult use at future PAMM.

9.12 **Xaqua, Metolazone 5 mg Tablets, Renaissance Pharma Ltd.**

Licensed for oedema in congestive heart failure, oedema in renal disease and hypertension

20 tabs - £110 (can be halved)

Despite the high cost it is cheaper than the equivalent special product so will be cost saving.

-Approved

Add to specials guidance.

Add to formulary.

Add to TLS **Amber**.

Action: HB

Action: EK

Action: ZTW

10 **Reports From Other Meetings Feedback**

10.1 **Primary Care Network Feedback**

MT – PCN will be having meeting in September to discuss how to achieve IIF targets.

DD – Expressed concerns over referrals from pharmacy to the GP for certain self-care items. This is a licensing issue. We have self-care guidance on the Somerset NHS website.

We are aware of the pressure and understand that not a lot gets discussed over the summer.

Summary

10.2 LPC Report

FV noted in his apologies there was nothing to report

10.3 LMC Report

Nothing to report

10.4 Executive Committee Feedback – Next meeting TBC

10.5 YDH Medicines Committee meeting – Next meeting 16/09/22

10.6 Somerset NHS Foundation Trust D&TC – Last Meeting 29/07/22

Nothing Primary Care related

10.7 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 13/09/22

SDB chaired the meeting, and the following were discussed:

- Substance misuse and alcohol – Trying to align policies with YDH and Musgrove to have more of a system wide approach
- Dementia shared care guide - This will come back to PAMM
- NICE depression guidance:
 - Epival approved for in house use.
 - Risperidone long acting generic. Not directly equivalent to Risperidal Consta so waiting for information on the paliperidone long acting injection and cost implications before making any decisions.
 - SM working with Stelios to co-produce brief guidance for management of patients that are pregnant and on mental health medications. SSRIs will be completed first.
- Cariprazine – Scotland and Wales use with restrictions. Have asked for it to come to PAMM next month. Holding position as RED drug.

10.8 Somerset Antimicrobial Stewardship Committee – Next meeting TBC Summer 22

10.9 South West Medication Safety Officer Network Meeting – Last meeting 06/09/22

Linking with local and regional acute trusts to share information on safety alerts and incidents. EK will be liaising with SFT MSO to improve sharing.

10.10 Regional Medicines Optimisation Committee South West – Last meeting 12/09/22

AT attended the following were discussed:

- Green agenda - Somerset was mentioned several times for its great performance
- Genomics & pharmacy - Free training currently available

- Medicines safety – Sam Morris mentioned for the great work on medication in pregnancy and breastfeeding
- Digital transformation
- Glucose monitoring & diabetes network

11 Current Performance

11.1 Prescribing Update

The first financial forecast is positive however the generic shortage price increases are not yet captured in the data and will come in the following months.

Logistical issues and the inflation of price to move goods is starting to have an impact. This is outside of our control but PAMM need to be aware of and finance have been informed.

Medicine shortages are impacting primary care, community pharmacy, and patients, as issues grow patient harm increases. Aripiprazole is an example of a widely used drug which is difficult to obtain in certain strengths. It is concerning and the real impacts are starting to show.

At the end of August, a pharmacy in Somerset permanently closed. This is the first for many years. Several pharmacies are also reducing opening hours. A sign of the difficulties within community pharmacy. This will add to the burden in A&E, MIUs and primary care.

Pharmacist workforce issues within community pharmacy, the ICB and acute trusts. Some community pharmacies are having to close at short notice as no pharmacist cover.

As a system we do very well on national measures and we are continuing good work on safety measures, so thank you.

11.2 June Scorecard Primary Care Network Trend

A handful of indicators are beginning to move from red and amber to green. Certain practices are leading this change in data, while some are yet to make any progress.

11.3 June Green Trend

Somerset began the inhaler work years ago to improve outcomes for patients rather than as part of the green agenda. This has resulted in Somerset being having the lowest carbon footprint from inhalers.

The Green trend is showing other workstreams we are working on which include reducing our medicines plastic waste, nurses time and tablet burden.

We will be considering incentivising these for the scorecard next year.

Feedback on the Green Trend along with additional suggestions. Please bring to October PAMM. **Action: All**

12 Rebate Schemes

12.1 Zacco (Clobazam) 5mg/5ml & 10mg/5ml oral suspension SF 150ml, Syri Limited, Thame Laboratories. Commence date: TBC
-Noted

12.2 Sevodyne (Buprenorphine) 5, 10, 15 & 20mcg/hour transdermal patches, Aspire Pharma LTD. Commence date: 01/08/22
-Noted

13 NICE Guidance July & August & September

-Noted

14 NICE Technology Appraisals

14.1 **[TA814] Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis - New**
-Noted

14.2 **[TA815] Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs - Replaces TA711**
-Noted

14.3 **[TA820] Brolucizumab for treating diabetic macular oedema - New**
-Noted

15 NICE Clinical Guidance

15.1 **[NG14] Melanoma: assessment and management -Updated**
Updated recommendations on genetic testing, staging, surgery for stages 0 to III melanoma, anticancer treatment for people with stage III and IV melanoma, and follow-up.
-Noted

15.2 **[NG17] Type 1 diabetes in adults: diagnosis and management – Updated**
Updated recommendations on blood pressure targets
-Noted

15.3 **[NG122] Lung cancer: diagnosis and management – Updated**
Updated produced new treatment pathways
-Noted

15.4 **[NG209] Tobacco: preventing uptake, promoting quitting and treating dependence – Updated**
Updated recommendations on treating tobacco dependence in the section on stop-smoking interventions for Allen Carr's easyway.
-Noted

15.5 **[NG224] Urinary tract infection in under 16s: diagnosis and management - New**
-Noted
To review and update antimicrobial guidance accordingly. **Action: HS**

- 15.6 **[NG225] Self-harm: assessment, management and preventing recurrence - New**
-Noted
- 15.7 **[CG189] Obesity: identification, assessment and management – Updated**
Updated recommendations on identifying and assessing overweight, obesity and central adiposity.
-Noted
- 16 Risk Review and Management**
None this month
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 **MHRA Drug Safety Update July & August**
- **Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure**
 - **Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists (Discussed 9.11)**
 - **PRAC starts review of topiramate use in pregnancy and women of childbearing potential**
- Noted
- 17.2 **NIHR Alerts: Chronic kidney disease is often undiagnosed and untreated**
-Noted
Unmet need that needs to be addressed.
- 18 Any Other Business**
- 18.1 Carla Robinson no longer with Somerset County Council they will be in touch to arrange another attendee.
-Noted
Thanks to Carla who has moved on.
Contact County Council to ask for details of new attendee. **Action: AT**

DATE OF NEXT MEETINGS

- 12th October 2022 (SIMO following)
- 16th November 2022 (SPF following)
- 11th January 2023 (SPF following)
- 8th February 2023 (SIMO following)
- 15th March 2023 (SPF following)
- 19th April 2023 (SIMO following)
- 17th May 2023 (SPF following)
- 14th June 2023 (SIMO following)
- 12th July 2023 (SPF following)
- 13th September 2023 (SPF following)
- 11th October (SIMO following)
- 8th November 2023 (SPF following)