

Minutes of the **Somerset Prescribing Forum** held via Microsoft Teams, on  
**Wednesday, 16<sup>th</sup> November 2022.**

Present:	Dr Clare Barlow (CB)	Chair D&TC, Somerset NHSFT
	Steve DuBois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Jean Perry (JP)	Contracts Manager, NHS Somerset
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead

Apologies:

## 1 **APOLOGIES FOR ABSENCE AND INTRODUCTIONS**

Andrew welcomed Dr Florence Lock, Somerset County Council, Public Health Registrar to the group

**Apologies:** None received yet

## 2 **REGISTER OF MEMBERS' INTERESTS**

2.1 The Somerset Prescribing Forum received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

The Somerset Prescribing Forum 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 Somerset Prescribing Forum.

There were no declarations of interest relating to items on the agenda.

## 4 **MINUTES OF THE MEETING HELD ON 16<sup>th</sup> September 2022**

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

4.2 **Review of action points**

-All complete

**5 Matters Arising**

5.1 **Discuss membership**

The Somerset medicines optimisation map infographic was noted

Somerset Prescribing Forum (SPF) originally had wide representation, but with the merging of trusts and providers representation has reduced.

SPF enable consistency across the system, enabling one forum for approval across Somerset.

With the system changing, we will have one provider organisation covering both acute trusts and the community provider and one council. Only three parts of the system now exist compared to seven or eight when the forums were first set up.

Reviewing all our ICB committees in parallel with the work the trusts are doing, looking at trust's internal committees. All going forward in the same direction from the medicine's optimisation point of view.

Discussed at this morning's Prescribing and Medicines Management (PAMM) meeting, the proposition that PAMM takes over the formal responsibility for the joint formulary, traffic lights authorisation and shared care approval. Also looking at population health to identify unmet need and reduce health inequalities.

On the premise that Somerset ICS Medicines Optimisation (SIMO) committee, pick up area's like linking into the Regional Medicine's Optimisation Committee (RMOC), forging links to the Academic Health Science Network. As well as the green carbon strategy around medicines.

PAMM will continue in its current capacity, integrating some of the core processes from SPF for a high functioning, rapid decision-making committee. PAMM membership would be extended to appropriate members, strengthening the committee.

Getting the right people in the right committee looking at the right things. Secondary care focused work streams SPF has historically looked at such as high-cost drugs, NICE TAs monitoring compliance and specialist commissioning may return to the ICB. Potentially, could be picked up through the trust medicines structures, governance structures or D&TC.

The plan for PbR excluded drugs would be for the trust to have the budget, looking at any exceptions against spend at the internal trusts D&TC and medicines governance committees. Rather than us policing them over their high-cost drug spend they have knowledge of what they are spending and can give assurance to us of why. Assuming that we are on a block contract. Discussion ensued amongst members.

Proposal that, as the existing committee this is the last meeting of SPF, and we take forward the new structures going into the new year.

The chair supports the process of evolution as proposed.

**Vote of approval - unanimous agreement by committee and chair.**

Andrew T thanked everyone very much for all their input into SPF over the years and for carrying that forward.

**5.2 Future of SPF**

-Covered in item 5.1

**5.3 Medicines Optimisation Mapping and future structures**

-Covered in item 5.1

**6 Other Issues for Discussion**

**6.1 GPs to start genetic testing patients before prescribing statins, antidepressants and PPIs – Pilot. National genomic test directory**

There is a rapid expansion of genomic tests that are available both in the specialist arena and coming to primary care. Raising awareness that people that are at a senior level need to start conversations about how we're going to manage this across a merged trust or a whole system.

Members encouraged to discuss within their specialities and wider directorate meetings.

-Noted

**6.2 AWaRe (SFT / YDH)**

The chair welcomed Katie Heard, consultant antimicrobial pharmacist for SomersetFT.

Katie has been asked, as part of the antimicrobial stewardship committee, to present to SPF, it was highlighted that they are not heading in the right trajectory for the contract clause 21.3. (Reducing the broad-spectrum use of antimicrobials as a percentage)

Katie shared a report and clarified that it's been discovered there's a data issue. Correction will improve the results.

Actions have been agreed to try and further improve the position:

- Working together now Katie in post
- Use benchmarking data to identify things going the wrong way, then drilling down to try and reverse
- Following guidelines and behaviour change

Katie will send report to relevant person, feeding back that SPF have received the report and happy with the actions.

Shaun highlighted the approach needs to be, the correct antibiotics for the correct patient for the correct condition.

## **7 Other Issues for Noting**

### **7.1 Reagila<sup>®</sup>, cariprazine hard capsules 1.5mg, 3mg, 4.5mg, 6mg - £80.36 x 28**

Proposal to add to traffic lights as **AMBER** shared care for specific sub-group for better outcomes.

PAMM approved.

Approved

**Add to TLS **AMBER** 'as therapy in patients where predominantly negative symptoms have been identified as an important feature.'**

**Action: ZTW**

## **8 Additional Communications for Noting**

**These are items shared by the MMT with primary care colleagues, which may be of interest for trusts and the wider system.**

### **8.1 Temazepam Shortage. Temazepam is in short supply with an expected date of return of 5<sup>th</sup> December 2022**

-Noted

### **8.2 Safety issues with growing off license ondansetron use**

Inappropriate prescribing identified and highlighted.

-Noted

### **8.3 Influenza Vaccine updates**

-Noted

### **8.4 Why annual diabetes foot check is vital**

-Noted

### **8.5 Asthma decision aid update**

-Noted

### **8.6 Approval of Ivermectin oral Outbreaks of scabies, approved unlicensed use**

-Noted

### **8.7 Briefing for GPs on pharmacy contract changes**

-Noted

### **8.8 NICE Osteoarthritis revised guideline -paracetamol and weak opioids**

-Noted

### **8.9 Improving outcomes - optimising lipid lowering therapies**

Several newer drugs now included in the lipid pathway.

-Noted

8.10 **QRISK - preventing CVD**

Highlighted the need to measure patients QRISK and practices are actively actioning the results.

-Noted

8.11 **Ozempic Shortage**

-Noted

8.12 **Canagliflozin and increased risk of lower limb amputations**

-Noted

8.13 **Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults**

-Noted

8.14 **Clinical risks with Fluoroquinolone prescribing**

Making sure we are using the right antibiotics for the right conditions.

-Noted

**9 Formulary Applications**

9.1 **Zimed<sup>®</sup>, Bimatoprost 0.3mg/ml eye drops PF**, Medicon Healthcare 3ml - £10.99

Reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension in adults (as monotherapy or as adjunctive therapy to beta-blockers). Cost effective option

PAMM agreed

-Approved

**Add to formulary**

**Action: Esther Kubiak**

**Add to cost-effective brands**

**Action: CT**

9.2 Liraglutide and Insulin degludec as individual items

TLS from **RED** to **AMBER** in combination with Insulin

Requested by Alex Bickerton

Approved

**Update TLS: change to **AMBER** definition**

**Action: ZTW**

9.3 **Delofine XL, Felodipine**, Morningside Healthcare

2.5mg x 28 £4.25, 5mg x 28 £1.98, 10mg x 28 £1.98

More cost effective than generic

-Approved

**Add to cost-effective brands list**

**Action: CT**

9.4 **Assicco, Glycopyrronium Bromide**, Morningside Healthcare

1mg x 30, £79.00. 2mg x 30, £123.00

Cost effective product

-Approved

**Add to cost-effective brands list**

**Action: CT**

**9.5 Tapimio prolonged-release capsules, tapentadol, Neuraxpharm UK Ltd**

50mg x 28 = £10.59, x 56 = £21.17

100mg x 56 = £42.35

150mg x 56 = £63.52

200mg x 56 = £84.69

250mg x 56 = £105.87

We don't favour tapentadol however the MR caps are more cost effective than MR tabs

-Approved

**Add to cost-effective brands**

**Action: CT**

**9.6 Oxylan prolonged-release tablets, Oxycodone, Gerot Lannach**

5mg x 28 = £2.75, 10mg x 56 = £5.50, 20mg x 56 = £9.90, 40mg x 56 = £21.50

80mg x 56 = £43.00

More cost effective than current formulary choice.

-Approved

**Add to formulary**

**Action: Esther Kubiak**

**Add to cost-effective brands list**

**Action: CT**

**10 DTC decisions and other reports**

**10.1 Somerset NHS Foundation Trust Mental Health D&TC - Next meeting**

06/12/22 postponed to 13/12/2022

-Looking at restructuring

**10.2 YDH Medicines Committee - last meeting 11/11/22**

-Discussed MRSA and MSSA policy

-Escalation on drug shortages

**10.3 Somerset NHSFT D&TC - Next meeting 18/11/22**

-Nothing to note

**10.4 Somerset Antimicrobial Stewardship Committee - Last meeting 19/10/22**

**10.5 Somerset ICS Medicines Optimisation (SIMO) Committee - Last meeting**

12/10/22

**10.6 Regional Medicines Optimisation Committee (Southwest) -Next meeting**

12/12/22

**Part 2 – Items for Information or Noting**

**11 NICE Guidance & Oct September, October, November**

- Noted
- 12 NICE Technology Appraisals**
- 12.1 **[TA824] Dexamethasone intravitreal implant for treating diabetic macular oedema** -New  
 -Approved  
**ICS Commissioned. Add to TLS RED** **Action: ZTW**
- 12.2 **[TA822] Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (terminated appraisal)**  
 -Noted
- 12.3 **[TA826] Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal)**  
 -Noted
- 12.4 **[TA825] Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis** - New  
 -Approved  
 Providers are specialist centres with expertise in the management of ANCA-associated vasculitis  
**NHSE Commissioned. Add to TLS RED** **Action: ZTW**
- 12.5 **[TA823] Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer** - New (Within the Cancer Drugs Fund)  
 -Approved  
**NHSE Commissioned. Add to TLS RED** **Action: ZTW**
- 12.6 **[TA829] Upadacitinib for treating active ankylosing spondylitis** - New  
 -Approved  
**ICS Commissioned. Add to TLS RED** **Action: ZTW**
- 12.7 **[TA831] Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer** - New  
**Add to TLS Not Recommended** **Action: ZTW**
- 12.8 **[TA828] Ozanimod for treating moderately to severely active ulcerative colitis** - New  
 -Approved  
**ICS Commissioned. Add to TLS RED** **Action: ZTW**

- 12.9 **[TA827] Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy** - New  
 -Approved  
**NHSE Commissioned. Add to TLS RED** Action: ZTW
- 12.10 **[TA834] SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal)** -New  
 -Noted
- 12.11 **[TA835] Fostamatinib for treating refractory chronic immune thrombocytopenia** - New  
 -Approved  
**ICS Commissioned. Add to TLS RED** Action: ZTW
- 12.12 **[TA833] Zanubrutinib for treating Waldenstrom’s macroglobulinaemia** - New  
 -Approved  
**NHSE Commissioned. Add to TLS RED** Action: ZTW
- 12.13 **[TA832] Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids** -New  
 -Approved  
**ICS Commissioned. Add to TLS RED** Action: ZTW
- 12.14 **[TA830] Pembrolizumab for adjuvant treatment of renal cell carcinoma** - New  
 -Approved  
**NHSE Commissioned. Add to TLS RED** Action: ZTW
- 12.15 **[TA837] Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma** - New  
 -Approved  
**NHSE Commissioned. Add to TLS RED** Action: ZTW
- 12.16 **[TA836] Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy** - New  
 -Approved  
**NHSE Commissioned. Add to TLS RED** Action: ZTW

- 12.17 **[TA838] Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis (terminated appraisal)**  
-Noted
- 13 NICE Clinical Guidance**
- 13.1 **[CG118] Colorectal cancer prevention: colonoscopic surveillance in adults with ulcerative colitis, Crohn's disease or adenomas** -Updated  
-Noted
- 13.2 **[NG122] Lung cancer: diagnosis and management** - Updated  
-Noted
- 13.3 **[NG226] Osteoarthritis in over 16s: diagnosis and management** -Updates and replaces [CG177]  
-Noted
- 13.4 **[NG227] Advocacy services for adults with health and social care needs**  
-New  
Raised with relevant safeguarding agencies.  
-Noted
- 14 Specialist Commissioning**
- 14.1 **To discuss any issues raised by the acute trust**  
Growth. Additional funding for the aseptic sites
- 15 Safety Items, NPSA Alerts and Signals**
- 15.1 **MHRA Drug Safety Update September & October**  
-Noted
- 15.2 **Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations**  
NHS Somerset preference is for trusts and specialists to initiate patients on the most cost-effective preparation.  
-Noted
- 15.3 **Rucaparib (Rubraca<sup>™</sup>): withdrawal of third-line treatment indication**  
-Noted
- 15.4 **MedSafetyWeek November 2022: Every Yellow Card report helps to improve patient safety**  
-Noted

- 15.5 **NIHR alerts:**  
**Assisted conception is linked to cardiovascular disease and birth complications**  
-Noted
- 15.6 **Review finds little evidence to support gabapentinoid use in bipolar disorder or insomnia**  
Raised at the MH D&TC for discussion.  
-Noted
- 16 High-Cost Drugs**
- 16.1 **To discuss any issues raised by the acute trust with regards to high-cost drugs growth**  
SFT data not received, to chase up.  
YDH: appears underspent against budget.  
Blocked any further orders of Lucentis  
-Noted
- 17 Any Other Business**
- 17.1 **Reminder to undertake COI training annually and online Interests Register.**  
-Noted
- 17.2 **Any items arising from PAMM not on the agenda**  
-No additional items
- 18 Risk review and management**  
Drug shortages, GP practices flagged this at PAMM this morning.  
-Noted
- 19 Additional AOB**  
**AOB** Shaun thanked everyone who's attended this committee over the years. It's produced some really good work. A real big thank you for your involvement, Andrew, Claire, Steve. It's helped keep Somerset patients safe, but also got us to a good position where we benchmark very well with the national prescribing measures in both secondary and primary care.  
SM: I'd like to echo thanks. I've really enjoyed being part of this committee. Andrew T thanked everyone on the committee for all their hard work and particularly Shaun and the MMT. It's been a great privilege to work with you all. Members are willing to co-operate and work together, making things happen because people want it to happen.