

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 16<sup>th</sup> November 2022**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	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
	Dr Florence Lock (FL)	Public Health Specialty Registrar, Somerset County Council
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr Val Sprague (VS)	Bridgewater Representative
	Mihaela Tirnovanu (MT)	Taunton Representative
	Dr Rob Tippin (RT)	LMC Representative
	Fivos Valagiannopoulos (FV)	LPC Representative
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Dr Tom While (TW)	Mendip Representative
	Emma Waller (EW)	Yeovil Representative
	Dr James Nicholls (JN)	West Mendip Representative

## 1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee.

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 12<sup>th</sup> October 2022**

4.1 The Minutes of the meeting held on 12<sup>th</sup> October were agreed as a correct record, subject to the following amendments:

##### **4.2 Review of action points**

Most items were either complete or, on the agenda. The following points were specifically noted:

Most items were complete or on the agenda.

The following points were noted:

Action 2:

The service specification for the contraceptive service isn't available yet, so no full update possible. A further update will be given in January (or February) once the specification has been published and more is known.

Action 4:

Scorecard- new indicators discussed including reduction of prescribing of teratogenic drugs without adequate contraception.

Suggestion to add in the green agenda into the incentive scheme for next year.

Feedback suggestions for January and February to move into the new financial year and scorecard year.

It was noted there may be financial pressure to make immediate savings due to the cost of inflation currently being seen. Comments by email invited over the next 2 months.

#### **5 Matters Arising**

##### **5.1 New members**

It was noted that:

-Dr Tom While will be joining on behalf of Mendip PCN, apologies sent for this meeting.

-Dr Val Sprague will now be representing Bridgwater PCN rather than the LMC.

-Dr John Digman **MAY** be joining as the representative for SSW PCN.

The committee still needs representation from:

North Sedgemoor

South Somerset East (rural)

CLIC

Taunton Deane West

## 5.2 **Cardiovascular risk from sodium containing paracetamol products**

The BMJ article from the drugs and therapeutics bulletin was discussed, reviewing the use of sodium-containing paracetamol products and their associated cardiovascular risk.

Report noted from DTB.

The Medicines Management team had a scorecard indicator previously, to reduce the use of soluble sodium containing products.

The OpenPrescribing picture was noted, some practices have started to increase their use, Medicines Management will link in with these practices and remind them of our position.

Contact practices to remind them of the Somerset position.

**Action: SG**

## 6 **Other Issues for Discussion**

### 6.1 **Medicines Optimisation mapping and future structures**

The Somerset medicines optimisation map infographic was noted, the committee agreed it's a very useful picture of the governance structures within medicines management.

Discussion ensued, it was noted that PAMM works very well, with recent mergers of trusts and providers within Somerset and now SFT merging with YDH in the new year, we will become the only system in the country with one ICB, one council and one trust for healthcare.

The Somerset Prescribing Forum (SPF), Somersets prescribing committee, originally had wide representation, with merging of trusts and providers, representation has reduced. The committee enabled consistency across the system, enabling one forum for approval across Somerset. It is proposed that SPF is wound down, so PAMM takes over the formal responsibility for Shared Care Protocols, Traffic Light System approval, and the joint formulary.

SIMO currently brings together the system pharmacy leads, but could benefit from other professional groups too, in the future the ICB will also commission optometry, dental and community pharmacy. SIMO picks up workstreams and RMOC as well as the green agenda.

It was noted that the committee wishes to continue to build links, particularly with public health, to identify unmet need and reduce health inequalities.

It was noted that PAMM runs efficiently and will continue in its current capacity, integrating some of the core processes from SPF for a high functioning, rapid decision-making committee. It was agreed that PAMM membership would be extended to appropriate members, strengthening the committee, winding down SPF into PAMM for the new year.

The chair supports the process of evolution as proposed.

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

## 6.2 **Genomics**

It was noted that genomics is around the corner, use of genomic testing to identify treatment choices, enabling identification of patients who won't benefit, or those who will gain harm from medicines vs. patients who will benefit from meds.

SG has flagged to education teams, acute trusts, nursing and medical directors, this needs to be on the radar for HCPs to have some knowledge on this area going forward. It was noted there will be national pilots starting next year, looking at genomic traits that will benefit from certain treatments.

Pilots will start out small from one PCN in the region, then with positive approval, they will roll out further. Workload and near patient testing was discussed, more will be known as the picture develops.

Currently our genetic testing service is based at Bristol, we currently don't have testing in Somerset specifically, a catch up will be needed. Our patients will continue to be referred out of area until this is implemented locally.

## 6.3 **Folic acid PGD**

This PGD facilitates access to 5mg folic acid during the conception period or pregnancy, necessary for patients who are at risk or have higher folate needs, to improve speedy access for patients to start as soon as possible, and to reduce health inequalities improving access.

Midwife supply under PGD was discussed, this isn't within our remit, but it was noted that most parents will not see their midwife before pregnancy or early in the pregnancy when folic acid needs to be started.

The LPC welcomed this as it complements the aspirin PGD.

Approved, to sign off and pass to primary care contracts.

**Action: HB**

## 6.4 **Lipid Management Pathway**

The pathway was noted. Updated guidance will be shared onto the formulary website.

Somerset priority is to increase the potency of statins un use, we have gone from the lowest area 25% usage of high potency, to the best 10% in the country. Before we can add in new drugs to therapy, we need to ensure use of ezetimibe is added into maximise therapy to improve LDL and triglyceride levels.

Add to website NB. NICE TAG805 is not included.

**Action: Ezmerelda White**

## 7 **Other Issues for Noting**

7.1 None yet this month

## 8 **Additional Communications for Noting**

8.1 Approval of Ivermectin oral – Email from SG - 17/10/22

- Noted
- 8.2 Briefing for GPs on pharmacy contract changes – Email from SG – 18/10/22  
-Noted
- 8.3 Notice re - eclipse live safety alerts – Email from SG – 19/10/22  
-Noted
- 8.4 NICE Osteoarthritis revised guideline -paracetamol and weak opioids – Email from SG – 20/10/22  
-Noted
- 8.5 Improving outcomes - optimising lipid lowering therapies – Email from SG – 25/10/22  
-Noted
- 8.6 Canagliflozin and increased risk of lower limb amputations – Email from SG – 25/10/22  
-Noted
- 8.7 Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults – Email from SG – 27/10/22  
-Noted
- 8.8 QRISK - preventing CVD – Email from SG – 27/10/22  
-Noted
- 8.9 Clinical risks with Fluoroquinolone prescribing – Email from SG – 08/11/22  
-Noted

**9 Formulary Applications**

- 9.1 Liraglutide and Insulin degludec as individual items, in combination with Insulin. TLS from Red to Amber. Requested by Alex Bickerton. Combined products are currently amber, separate RED, propose to make all AMBER so all in line.

-Approved

Update TLS to **AMBER** for combination and individual products.

**Action: ZTW**

- 9.2 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, noted and approved as cost effective.

Add to formulary.

**Action: EK**

- 9.3 Assicco, Glycopyrronium Bromide, Morningside Healthcare  
1mg x 30, £79.00  
2mg x 30, £123.00

Cost effective product

Add to formulary.

**Action: EK**

- 9.4 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

Tapentadol is not a preferred opioid and should only be used within licence, however the MR caps are more cost effective than MR tabs.

Add to formulary.

**Action: EK**

- 9.5 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.

Add to formulary.

**Action: EK**

## **10 Reports From Other Meetings Feedback**

### **10.1 Primary Care Network Feedback**

Taunton: focus on IIF work and indicators, activity around flu is progressing well, and is expected to carry on in November and early December. Covid vaccination activity has plateaued for now.

Mendip: Report difficulties in recruiting pharmacists, creating a limitation at PCN and practice level, they have brought in a pharmacy care coordinator within ARRS, but recruitment remains difficult.

- Summary**
- 10.2 **LPC Report**  
Our plan will be to support contractors in the best way we can hopefully with an integrated IT based solution for communications between pharmacies and practices. How we do that is to be determined, until we have a service spec for the contraceptive service, it's hard to conjure what we can do at this moment, as we don't have the full details of the service yet.  
Activity around flu is progressing well and is expected to carry on in November and early December. Covid vaccination activity has plateaued for now
- 10.3 **LMC Report**  
RT will be taking over from VS to represent the LMC. The LMC is pleased that the dementia SCG has been finished and are observing the pharmacy hypertension service with interest.
- 10.4 **Executive Committee Feedback – Next meeting TBC**  
November meeting not attended by pharmacy, but no medicines related items on the agenda.
- 10.5 **YDH Medicines Committee meeting – Last meeting 11/11/22**  
Shorter meeting than usual. Some safety audits discussed including avoiding omittance of desmopressin in patients with diabetes insipidus upon admission. PGD updates were also discussed.
- 10.6 **Somerset NHS Foundation Trust D&TC – Next meeting 18/11/22**
- 10.7 **Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 06/12/22**
- 10.8 **Somerset Antimicrobial Stewardship Committee – Last meeting 19/10/22**  
Update received from Helen Spry.  
It was the first meeting since May 21.  
Spent most of the time discussing:
  - ToR (Membership)
  - Strategy
  - Work Plan
  - Brief report from each organisation - SFT, YDH, the ICB & SFT community hospitals.
- 10.9 **South West Medication Safety Officer Network Meeting – Next meeting 07/03/22**
- 10.10 **Regional Medicines Optimisation Committee South West – Next meeting 12/12/22**
- 11 Current Performance**
- 11.1 **August Scorecard Primary Care Network Trend**  
-Noted  
Moving from Reds and Ambers to yellows and greens is positive, it was noted we will work with practices who are drifting in the wrong direction, the good work seen in the scorecard was noted, particularly in the current pressures being experienced in primary care.

- 11.2 **August Green Trend**  
Noted, discussed the inclusion of the green agenda in the incentive scheme for 2023.
- 12 Rebate Schemes**
- 12.1 Ranexa MR tablets, Ranolazine, A. Menarini Farmaceutica Int SRL. Commencing: 01/10/22  
-Noted
- 12.2 Vizidor (Dorzolamide) & Vizidor Duo (Dorzolamide/Timolol) eye drops, Bausch & Lomb U.K Limited. Commencing: 01/09/22  
-Noted
- 13 NICE Guidance October & November**
- 14 NICE Technology Appraisals**
- 14.1 **[TA832] Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids**  
Guidance noted  
Ensure wording in TLS matches NICE. **Action: ZTW**
- 15 NICE Clinical Guidance**
- 15.1 **[NG226] Osteoarthritis in over 16s: diagnosis and management**  
-Updates and replaces [CG177]  
Noted  
Ensure formulary in line. **Action: EK**
- 16 Risk Review and Management**  
It was noted the financial cost projection is currently still a slight underspend, but supply availabilities are problematic and creating pressure in the system. If patients start missing medications, coming to harm further action will need to be taken.
- VS updated increasing difficulties for patients to access medicines when pharmacies are closed without notice. Support patients to access open provision, noted to Datix issues so continual review can be made.
- LPC would like to hear which pharmacies are struggling so they can support the pharmacies in question. Reported stock issues should be shared with LPC for further support too.
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 **MHRA Drug Safety Update October**
- MedSafetyWeek November 2022: Every Yellow Card report helps to improve patient safety
- Meds safety week encouraging use of #MedSafetyWeek sharing good practice via social media.
- 17.2 **NIHR Alerts**
- Review finds little evidence to support gabapentinoid use in bipolar disorder or insomnia

To raise at the Mental Health meeting, ensure care with use of these drugs, looking at contraception in people who are of childbearing age and have the potential for pregnancy.

**18 Any Other Business**

18.1 Community pharmacy contractual framework national clinical audit 2022/23. Raising national audit- focussed look at Valproate safety. Ensure Pregnancy prevention programme (PPP) is in place, a good audit to choose to do, hopefully Somerset pharmacies will be taking part and flagging up safety gaps.

Primary care should expect referrals from pharmacy where there are missing PPP's.

18.2 SG- Treatment of covid positive patients. National work is being done to review which treatments can be moved into primary care, first step would be to make these available in pharmacy, with clear pathways for prescribing. Progress will be brought to January with an update. NICE are reviewing evidence from the trials, evidence hasn't been published yet.

**DATE OF NEXT MEETINGS**

18<sup>th</sup> January 2023

22<sup>nd</sup> February 2023

22<sup>nd</sup> March 2023 (SIMO following)

26<sup>th</sup> April 2023

24<sup>th</sup> May 2023 (SIMO following)

28<sup>th</sup> June 2023

26<sup>th</sup> July 2023 (SIMO following)

27<sup>th</sup> September 2023 (SIMO following)

25<sup>th</sup> October

29<sup>th</sup> November 2023 (SIMO following)