

Minutes of the **Somerset Prescribing Forum** held via Microsoft Teams, on **Wednesday, 8th September 2021**.

Present:	Steve DuBois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Jean Perry (JP)	Contracts Manager, NHS Somerset CCG
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Zoe Talbot-White	Prescribing Technician, CCG
	Sarah Woolgar	Clinical Pharmacy Manager, Somerset NHSFT
Apologies:	Dr Clare Barlow (CB)	Chair D&TC, Somerset NHSFT
	Dr Orla Dunn (OD)	Public Health Representative
	Dr Carla Robinson (CR)	Public Health Registrar, Somerset County Council
	Caroline Taylor (CT)	Prescribing Technician, CCG
	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Antony Zorzi	Chief Pharmacist, acute, Somerset NHSFT

1 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Sarah Woolgar introduced herself and was welcomed to the group. SW is standing in for AZ.

Jean Perry joined the meeting for Part 2.

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 14th July 2021

4.1 The Minutes of the meeting held on 14th 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 2: Caesarean birth - Shared with Carla and asked to note and raise with relevant departments. To clarify the CCG did previously have a policy which will be retired, and responsibility will be passed back to Trusts of which they have been notified.

Action 3: RED to AMBER drugs - Transfer of patients has started to happen if Trusts receive any push back from Primary Care let us know and we will help. TA249/TA256/TA275/TA355 – We will double check with Steve Moore outside of the meeting that actions have been completed.

5 Matters Arising

5.1 Sativex[®] for the treatment of spasticity due to multiple sclerosis

Updated letter from Keith Ridge
-Noted

YDH have received correspondence from Musgrove wishing to make it available at YDH. It is on the YDH Medicines Committee agenda for September. Currently trying to establish numbers and financial implications for Trust before sign off.

Keep on agenda for November meeting.

Action: CT

5.2 Evidence for cost effectiveness of using compact low volume Oral Nutritional Supplement products for those not in renal failure / fluid restriction.

Dieticians recommended Change to:

This could include patients with; severe cardio-respiratory disease or illness, ascites, cancer, short bowel syndrome or high output stoma and eating disorders. And can be recommended in all other patients who have trialled normal volume SIP feeds but have been unable to gain benefit due to inability to tolerate consuming the full volume.

Do not switch confirmed haemodialysis patients or those on fluid restricted diets without discussing with Dietitian.

Initial draft included frailty (This was an accidental omission).

Query the inclusion of all cancer and frail patients as it is too wide a remit of patients. Many won't have an issue with drinking larger volumes and some would benefit from the extra fluids.

Discuss suitable re-wording with dieticians.

Action: SG & SM

We would ask trusts trial the full volume with in-patients then to implement this guidance if necessary.

5.3 **Risk review and Management – COVID 19**

Booster campaign – Still no clear guidance on covid boosters. Things will be clearer in next couple of weeks.

The immunocompromised document is proving a challenge with most of the drugs listed coming from Trusts. It is difficult identifying the cohort however the data is being pulled together into a system list to be able to invite patients to the mass vaccination sites.

Another pressure is the school immunisations that need to be completed by the October half term and will need pharmacist oversight. Supply routes still in discussion but likely to come through mass vaccination sites.

We are still waiting for guidance around co-administration of flu vaccine and covid vaccine.

5.4 **Joint Formulary platform**

Steve Moore looked at possibility of a joint formulary platform however due to costs and need to keep our formulary and guidance together and available to the public we can't take it forwards at this time. We will keep it in the background as Somerset becomes a wider system.

The Trusts platform currently restricts the IP addresses that can access it, so public access is not possible.

5.5 **Prescribing of THC:CBD spray (Sativex®) in line with NICE NG144**

-Noted

6 **Other Issues for Discussion**

-None this month

7 **Other Issues for Noting**

7.1 **Drug Monitoring Tool - SPS**

Replaces PDF version. Currently in beta testing form.

-Noted

Add link to formulary page.

Action: DW

Share link with relevant pharmacy colleagues for information. **Action: Trusts**

7.2 **Safety of medicines in porphyria - SPS**

-Noted

Lots of updates on SPS site likely it will become a repository for all medicine optimisation across the system.

7.3 **Optimisation of resources for pathology laboratory work in relation to supply disruption to Becton Dickinson (BD) on their Blood Specimen Collection Portfolio.**

-Noted

Plans in place to mitigate. Primary Care are encouraged to use for urgent rather than routine until resolved.

7.4 **Amendments to lipid pathway and ordering Repatha and Praluent**

-Noted

Pathway will need to be amended going forward as NICE are likely to approve another drug (inclisiran sodium) that will need adding to the pathway. Inclisiran sodium will be amber or green. Primary Care will be administering some resistance is expected. It needs to be managed in a cost-effective way due to the differing prices when purchased/prescribed.

Bring back when inclisiran has been added to the pathway.

7.5 **Prevention / inequality / sustainability agenda's etc – SGLT2**

There has been a license extension for SGLT2s in CVD, prevention of heart failure & all CKD patients (dapagliflozin first for CKD).

EU guidance recommending SGLT2 for CVD.

NICE recommend SGLT2 in diabetics with severe and moderate CKD.

Somerset has just under 18,000 patients with CKD on the Primary Care registers. To prescribe an SGLT2 to all of these patients would be a cost of around £8.5 million.

Of those patients roughly 4,860 also have T2 diabetes. With 150 already on an SGLT2. So around 4700 patients will qualify. Costing around £2.25 million.

Focus initially on CKD patients with T2D. Work on optimising ACEi therapy and initiate a gliflozin as diabetic drug of choice (complimenting our work already in place with the current indicator). The savings created by not using a gliptin in these patients will balance the £2.25m spend.

We note the licence extension for dapagliflozin to all CKD patient but at the moment we will focus on the diabetics due to capacity and affordability.

If renal specialists recommend it to renal patients, we won't criticise or reverse their decision.

- 8 Additional Communications for Noting**
- 8.1 DHSC Monthly Supply Issues Update August**
 -Noted
 The previous switch from Clexane to Inhixa should lessen issues with this shortage.
 Feedback from some of the clinical teams is that Clexane is still being written on the discharge.
 Please can you do internal communications to support inhixa prescribing. AZ has raised.
 Further promote prescribing of Inhixa on discharge in Trusts.
Action: SW & AP
- 8.2 Heatwave advice**
 -Noted
- 8.3 Material to support appropriate prescribing of hypnotics and anxiolytics**
 -Noted
 Owen Howell is working on guidance for reducing addictive drugs.
 Share Owen's email address with SM.
Action: SDB
- 8.4 Increasing numbers of amoxicillin prescriptions-children aged 0-9**
 -Noted
 Primary Care are seeing more RSV patients. Known issue.
- 8.5 Adults and ADHD medication private & shared care requests**
 -Noted
 Increasing numbers of patients seeking self-diagnosis of ADHD due to lack of historical route in Somerset. Some deviate from NICE, shared care, license and guidance. Only accept from Private specialists when complaint with somerset formulary & NICE.

 SBD had a partial response from the service lead. They have started seeing patients but are not fully established. The lead is yet to confirm which cohort of patients they will see. We don't want to swamp a new service however GPs will want to know when they are accepting referrals.
- 8.6 Updated prescriber changes letter**
 -Noted
- 8.7 Dipstick & link to UTI antibiotics in over 65s - week 84 update**
 -Noted
 Somerset one of best in country.
- 8.8 Seqirus flu vaccine stock delay**
 Autumn 2021 flu vaccine delivery delay.
 -Noted
- 8.9 1000 nurse appointments a year**

- Noted
Decapeptyl 22.5mg only needs to be administered 6 monthly so may be of interest to specialists to reduce appointments and workload.
Inform relevant teams within Trusts. **Action: SW & AP**
- 8.10 **Vagifem to Vagirux - plastic/carbon footprint saving**
Sustainability and carbon footprint impact improvement.
-Noted
- 9 Formulary Applications**
- 9.1 **Entresto® (sacubitril and valsartan), Novartis Pharmaceuticals UK Ltd.**
Review changing traffic light status from **AMBER**, with shared care agreement to **AMBER**, with no shared care agreement.
- Approved
Change TLS from **AMBER**, with shared care agreement to **AMBER**, with no shared care agreement. **Action: ZTW**
Inform Primary Care of the change. **Action: SG**
- 9.2 **Forxiga® (dapagliflozin) for the treatment of chronic kidney disease.**
-Approved
Add to TLS **GREEN**. **Action: ZTW**
- 9.3 **Jardiance® (empagliflozin) for the treatment of symptomatic chronic heart failure with reduced ejection fraction.**
-Approved
Add to TLS **GREEN**. **Action: ZTW**
- 10 DTC decisions and other reports**
- 10.1 **Somerset NHS Foundation Trust Mental Health D&TC - Last meeting 08/06/2021 – Minutes not received**
SDB gave update at last SPF.
- 10.2 **YDH Medicines Committee - Last meeting 13/08/2021– Draft Minutes received. Next meeting 24/09/21**
Discussed at the July meeting:
- Diamorphine supply issues are problematic, and supply is being saved for caesareans.
 - Continuing work around steroid cards with MSOs and PPP for valproate.
- 10.3 **Somerset NHSFT D&TC - Last meeting – 23/07/21 – Minutes not received**
Nothing to note.
- 10.4 **Somerset Antimicrobial Stewardship Committee - 19/05/21 Minutes received – Last meeting 11/08/21 postponed**
Nothing to note.
- 10.5 **Somerset ICS Medicines Optimisation (SIMO) Committee - Last meeting 09/06/2021 –Minutes received**

Nothing to note.

10.6 RMOC function on SPS website

RMOC shared care guidance: Draft shared care protocols, consultation 3 and consultation 4

-Noted

Share any comments directly with RMOC.

Received a letter from RMOC asking for a representative from the Somerset system. As chair of Somerset wide committee AT has accept to attend on our behalf. Others from wider system will be asked to cover if AT unable to attend.

Part 2 – Items for Information or Noting

11 NICE Guidance August & September

-Noted

12 NICE Technology Appraisals

12.1 [TA719] Secukinumab for treating non-radiographic axial spondyloarthritis - New

-Approved

Commissioned by integrated care systems / CCG groups. Providers are NHS hospital trusts. Add to TLS **RED**. **Action: ZTW**

12.2 [TA718] Ixekizumab for treating axial spondyloarthritis - New

-Approved

Commissioned by integrated care systems / CCG groups. Providers are NHS hospital trusts. Add to TLS **RED**. **Action: ZTW**

12.3 [TA717] Duvelisib for treating relapsed follicular lymphoma after 2 or more systemic therapies (terminated appraisal)

-Noted

Add to TLS Terminated Appraisal.

Action: ZTW

12.4 [TA716] Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency - New

-Approved

Commissioned by NHS England. Providers are NHS trust hospitals. Add to TLS **RED**. **Action: ZTW**

12.5 [TA721] Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer - New

Negative Appraisal.

Add to TLS **Not Recommended**.

Action: ZTW

12.6 [TA720] Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma - New

-Approved

Commissioned by NHS England. Providers are NHS hospital trusts. Add to TLS **RED**. **Action: ZTW**

N.B. Confirmed commissioned by NHSE rather than CCG, minutes are a correct reflection.

12.7 **[TA139] Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome - Updated**

-Noted

Check formulary and ENT guidance are in line with updated advice.

Action: Steve Moore

12.8 **[TA722] Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement - New**

-Approved

Commissioned by NHS England. Providers are NHS trust hospitals. Add to TLS **RED**. **Action: ZTW**

12.9 **[TA723] Bimekizumab for treating moderate to severe plaque psoriasis - New**

-Approved

Commissioned by integrated care systems/CCGs and strategic transformation partnerships. Providers are NHS hospital trusts. Add to TLS **RED**.

Action: ZTW

13 **NICE Clinical Guidance**

13.1 **[NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation - Update**

-Noted

13.2 **[NG200] COVID-19 rapid guideline: vaccine-induced immune thrombocytopenia and thrombosis (VITT) - New**

-Noted

13.3 **[NG191] COVID-19 rapid guideline: managing COVID-19 -Updated**

-Noted

13.4 **[NG17] Type 1 diabetes in adults: diagnosis and management**

Updated recommendations on long-acting insulin therapy for adults with type 1 diabetes.

-Noted

Update formulary and diabetic guidance.

Action: Steve Moore

13.5 **[NG199] Clostridioides difficile infection: antimicrobial prescribing - New**

-Noted

Update antimicrobial guidance in line with NICE.

Action: Helen Spry

- 13.6 **[NG9] Bronchiolitis in children: diagnosis and management - Update**
 -Noted
 Raise awareness in Primary Care around oxygen saturations thresholds for referrals. **Action: SG**
- 13.7 **[NG201] Antenatal care - New**
 -Noted
 Update relevant guidance in line with NICE. **Action: SM**
- 13.8 **[NG202] Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s - New**
 -Noted
 Pass to relevant team to update guidance in line with NICE. **Action: SG**
- 13.9 **[NG204] Babies, children and young people's experience of healthcare - New**
 -Noted
 Update relevant guidance in line with NICE. **Action: SM**
- 13.10 **[NG203] Chronic kidney disease: assessment and management -New**
 -Noted
 Prioritising diabetic patients as discussed in 7.5.
 Update formulary and relevant guidance in line with NICE.
Action: Steve Moore
- 14 Specialist Commissioning**
 None to discuss this meeting
- 15 Risk review and management**
- 15.1 **Risk review and Management - COVID 19**
 If substantial risks identified Trusts can ask for a covid cell meeting to see if there is any help we can give across the system.
- 16 Safety Items, NPSA Alerts and Signals**
- 16.1 **MHRA Drug Safety Update August**
 -Noted
- 16.2 **First progestogen-only contraceptive pills to be available to purchase from pharmacies**
 -Noted
 Hana & Lovima will be available in pharmacies
 The CCG are not changing their position on contraception. This is just a step forwards for access.
- 16.3 **Xeljanz - Direct Healthcare Professional Communication 23.07.21**
 -Noted

16.4 **Truberzi - Public statement & European Medicines Agency**

Product withdrawn.

-Noted

Remove entry from TLS.

Action: ZTW

17 **BNF Changes**

17.1 **BNF Update July & August**

-Noted

SM will put table together for review in more pragmatic way for future meetings.

SM currently finalising HRT guidance.

Send to SW & AP for comments before sending to PAMM.

Action: SM

18 **Any Other Business**

18.1 **Overdue Follow-ups**

JP shared that there is a possible risk around shared care with Rheumatology patients.

As it stands Musgrove have total of 977 overdue a follow-up by 10 months or more. 585 of these are overdue by 12 months or more. From this data it would appear the GPs are sharing care with no one.

Backlog thought to be caused by staffing issues rather than the process itself.

We need to check if Rheumatology use a separate system for follow up with shared care patients.

SG explained that we have a good process in place for the drug monitoring part of shared care due to the enhanced service of monitoring DMARDs.

However, the patient would be missing out on the specialist oversight, any deterioration and how beneficial the drug still is.

YDH neurology are unable to fulfil all migraine treatments, so patients are being referred out. Explore this as an option for STF Rheumatology follow ups.

YDH have reduced their backlogs by employing pharmacists rather than consultants as they were unable to fill posts.

SFT to review workforce model and consider employing pharmacists if consultant roles are unable to be filled.

Action: SW

Formally share SFT and YDH data with individual Trusts.

Action: JP

Trusts to follow up on the data and check it is a correct representation.

Action: SW & AP

Ask Trusts to carry out risk assessment around patients not having an annual review, with risk of litigation.

Action: JP

Raise backlog issue within the CCG, with need to carry out risk assessment and arrange to meet with JP to discuss.

Action: SG

18.2 MSO meeting summary

Discussed at the September meeting:

- July NatPSA alert around patients with mechanical heart valves who may inadvertently be switched from VKS, usually warfarin to a DOAC.
- Conversion charts of opioid doses. SPC can vary from the BNF/Pain Faculty conversion chart.
- Amiodarone and dronedarone use. Somerset and Dorset low but others quite high in South West. Amiodarone is an old drug and not as effective compared to newer treatments. Switch or stop wherever possible.
- Oramorph over use. Trusts have been encouraged to better control TTOs from hospitals. Generic oral morphine from Wockhardt has a bung and oral syringe where Oramorph does not.
- An update on project of teratogenic medicines in women of child bearing age
- A project on aligning inhaler devices.
- Some drugs have strength variations if you prescribe liquid or tablets, lithium, digoxin.

DATE OF NEXT MEETINGS

10th November 2021

MEETING DATES FOR 2022

19th January

16th March

11th May

13th July

14th September

16th November