

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 11th November 2020**.

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Carla Robinson	Public Health Representative
	Zoe Talbot-White	Prescribing Technician, CCG
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Helen Cotton (HC)	South Somerset East & West and Yeovil Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Kyle Hepburn (KH)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater and North Sedgemoor Representative
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Dr James Nicholls (JN)	West Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

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 14th October 2020

4.1 The Minutes of the meeting held on 14th 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 1: Community Pharmacist Consultation Service – KH was not present at this meeting, however post-meeting he reported that he has had confirmation that all Somerset pharmacies are signed up to participate in this service apart from Evercreech, Bishops Lydeard, Dulverton and Crewkerne. Crewkerne do intend to provide the service.

5 Matters Arising

5.1 Opioid dose equivalents

It was agreed to adopt a system point of view and follow the updated BNF guidance. Aware that the palliative care team want to continue with their current process and prescribers are to be mindful of this. This item is on the agenda for the November Somerset NHSFT D&TC meeting.

Update formulary and website to reflect the updated BNF guidance.

Action: Daniela Wilson

5.2 Community Pharmacist Consultation Service – LPC/PCN Implementation Plan

KH was not present, however he provided a post meeting update that there has been no further movement on this as other things have eclipsed this and the documentation around its launch and the process of "how to" from NHSE is still under review. So, no further forward with it from pharmacy's point of view.

5.3 2021/22 Scorecard

Two new indicators have been suggested for the 2021/22 scorecard:

❖ Gliflozins as a % of gliflozins+gliptins – proposed target 50%

This quality indicator has been proposed due to recently published evidence around the cardiovascular benefits of gliflozins. This would replace the current Alogliptin indicator. It is proposed that new patients would be initiated on gliflozins in preference to gliptins or SGLT2s and existing patients with cardiovascular risk factors would be reviewed and switched, providing there are no contra-indications.

❖ Solifenacin /oxybutynin 2.5mg/5mg tablets as % of all incontinence drugs – 70%

We previously had a urinary incontinence indicator where solifenacin was project negative. Solifenacin is now off-patent and the cost has therefore reduced considerably. We have an agreement not to reverse switches within a twelve month period. There was no urinary incontinence indicator in the 2020/21 scorecard and this cost-saving indicator is proposed for the 2021/22 scorecard. Patients should firstly be reviewed to ascertain whether the medication is still appropriate and if so switched to solifenacin/oxybutynin providing there are no contra-indications.

As this meeting is not quorate these proposed indicators will be brought to the next meeting for agreement.

Suggestions for 2021-22 scorecard indicators to be fed back to Shaun.

Action: All

5.4 Flu vaccinations

There has been excellent uptake this year so far. There have been some supply issues which are resolving.

KH advised post-meeting that pharmacy has now been able to dip into the allocated stock pile for certain groups only. Companies have sent out information very recently around how to order from wholesalers and whom to offer the flu jab to.

5.5 COVID-19 vaccinations

It is looking very likely that the Pfizer covid-19 vaccine will be approved for use in the UK next month. A significant amount of focus has been going on around covid-19 vaccination planning.

There are a number of logistical issues to address. The Pfizer vaccine comes in multi-dose vials which have to be stored from manufacturer to wholesaler at minus 80 degrees Celcius. YDH is the designated hub for Somerset since they have a wholesaler license. There is work going on to identify one site within each PCN and potentially a mass vaccination site in Somerset which could deliver the vaccine. Once thawed, the vaccines must be administered to the patient within a five day period. A second dose of the vaccine needs to be administered 21 to 28 days after the first dose so there needs to be a process in place for re-calling patients. Staff need to be identified, released and trained to deliver the vaccines.

Each batch contains 975 doses of the vaccine, which need to be administered within five days of thawing. Prioritisation around which groups can have the vaccine is yet to be finalised. There are concerns around potential wastage if for example a PCN is sent one batch and there are less than 975 patients remaining in a particular group; questions have been raised around whether they are able to use the remaining doses on another group. A huge amount of work is going on around planning delivery of the vaccination programme including the logistics and practicalities.

Primary care will be commissioned to deliver the vaccination programme seven days a week from 8am to 8pm, including in care homes. Non-registered staff are able to administer the vaccine if supervised by a suitable, qualified vaccinator.

SDB reported that there are plans to shift some stock to Musgrove Park hospital for distribution within Somerset Foundation Trust. Their clinical skills team are working hard to work up a model to be able to rapidly and extensively train all the vaccinators needed for this programme. Rather than pre-filled syringes, the vaccine comes in multi-dose vials which need re-constituting and drawing up so they will need the relevant paraphernalia in order to train vaccinators.

We will await detail in the final protocol and enhanced service.

6 Other Issues for Discussion

6.1 Myasthenia Gravis

The group discussed and approved adding Myasthenia Gravis as an indication to both the Azathioprine and Methotrexate shared care agreements.

Update Shared Care Protocols to include this indication.

Action: Hels Bennett

6.2 Flash glucose monitoring for learning disability patients

We implemented use of Freestyle Libre flash monitoring in Somerset back in November 2017. It was agreed at PAMM as soon as became available on the Drug Tariff and Somerset was one of first areas in the country to do so.

We set tight criteria initially and we loosened those criteria approximately twelve months later when NHSE came out with their commissioning position and provided some national funding to implement that in a minimum of 20% of type 1 diabetic patients. Somerset now uses flash glucose monitoring in more than 20% of patients so although we have national money which ends next march we have embraced this and are getting the benefits from its use.

Last month information was shared on Freestyle Libre 2 which has the ability to have alarms and flag to patients when they are going out of range by sending a message or bleeping to their monitoring device or their phone. This will be helpful in patients who struggle to recognise their hypoglycaemic episodes.

NHSE have now recommended that the national position is to offer this to Learning Disability patients with type 1 or type 2 diabetes. The funding for this is yet to be established.

PAMM support adopting this position in Somerset.

7 Other Issues for Noting

7.1 Updated Standard Operating Procedure (SOP) for Community Pharmacies

-Updates noted.

8 Additional Communications for Noting

8.1 Reminder - appliance contractors should not be requesting retrospective prescriptions

-Noted.

8.2 Supply Issues Update

-Noted.

8.3 New Somerset CCG pain webpage

The Medicines Management section of the new CCG website is coming along and will be a topic at the prescribing leads event.

The new pain management page was highlighted to the group.

-Noted.

8.4 FreeStyle Libre 2

FreeStyle Libre 2 Sensor was added to the Drug Tariff on November 1st, although there may be a delay to them appearing on the EMIS system. They are the same price as the existing sensors and offer additional alarm functionality. A different reader is required (if not using the app).

We do not have information on supply availability but would recommend that initially only patients with a specific identified need for alarms are initiated or moved over to the Freestyle Libre 2 sensor.

Once on the EMIS system please ensure care when prescribing and dispensing Freestyle Libre 1 and Freestyle Libre 2.

-Noted.

8.5 Pharmacy home delivery service update

-Noted.

KH advised post-meeting that pharmacies are preparing to promote other means of pickups for patients who are unable to; family and friends first, volunteer service and then if needs must via the delivery service. Messaging has been offered from the LPC to the same effect to create a consistent message on this.

8.6 Dipstick & link to UTI antibiotics in over 65s - week 42 update

This project is going well. At week 42 the rate of prescribing linked to UTI dipsticks was 57% lower than the week 1 baseline.

There have been some dramatic changes seen in a number of practices since week 1 and the practices that remain high were reassured that this is an easy change to make. Reduction in the use of urine dipsticks for the over 65's will also save the practice money and will lead to more appropriate antibiotic prescribing.

-Noted.

8.7 Hypnotics/benzodiazepines, antidepressants (including low dose amitriptyline) and antipsychotics in patients without capacity e.g. Dementia patients

The Medicines Management team continue to get enquiries concerning covert administration of medication and administration of medication to patients without capacity. This is a complex legal area on which we can only give opinion and prescribers may wish to consider taking their own legal and professional advice. SG highlighted some key points around this.

-Noted.

9 Formulary Applications

None this month

**10 Reports From Other Meetings
Feedback**

10.1 Primary Care Network Feedback

DD reported that West Somerset have recruited a PCN Pharmacist.

Nothing to report from the other PCNs as representatives not present at this meeting.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 04/11/20

SG reported that an Evidence Based Intervention (EBI) policy has been agreed for the laser treatment of glaucoma. There is a good evidence base to suggest that this should be being done earlier. There will be quite a long implementation period although going forwards there will be less spend on eye drops for glaucoma as a result and better outcomes for patients.

10.3 YDH Medicines Committee meeting – Last meeting 06/11/20 – Minutes not received

SJM attended and reported the following:

YDH are using plenty of remdesivir at the moment and are seeing stock coming back in and borrowing from elsewhere when needed where others have excess. They are seeing an improvement in patients from around 15 days of illness down to around 11 days of illness.

They discussed hydrocortisone parenteral treatment in certain cohorts of patients and are going to plan to train the appropriate patients on how to use their own injections, how to draw up medication and self-administer. They did mention they would then redirect patients to practice nurses for further support, advice and training. SJM highlighted that this could be problematic as practice nurses are busy doing other essential work at present and this not in a specific commissioned service. YDH said this would be a fall-back and the aim is to have an endocrinology nurse to do training but they do not currently have the endocrinology nurse in post, they are looking into this and auditing.

10.4 MPH D&TC – Next meeting 19/11/20

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 08/12/20

10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting 03/12/20

10.8 LPC Report

KH was not present, however he provided an update post-meeting:

LPC support has been focussed on PCN engagement and there are a number of engagement events with pharmacy leads and making the Pharmacy Quality Scheme points achievable.

Further efforts have been focussed on flu support and messaging, COVID support and signposting.

Only 55% of pharmacies have access to PPE via the national portal, when it was reported a few weeks ago that Somerset had 76% registered. This could be due to the switch in NHSMail. The LPC are enquiring about this and encouraging contractors to sign up and avail of PPE.

10.9 Exceptional items from out of area formulary meetings

None this month.

10.10 RMOC Update

None this month.

11 Current Performance

11.1 Prescribing Update

- The GP prescribing budget for 2020-21 is £83,758,744. The end of year forecast spend, which is subject to change at this early point is £85,593,618. This gross forecast does not take into account the expected costs of influenza and pneumococcal vaccines which are passed to public health, which would be expected to bring the forecast over spend to below £1M.
- Cat M price rises and NCSO monthly price concessions awarded due to poor medicines supply in the system are both continuing to contribute to price inflation.
- Nationally and locally there is an increased focus on medicines shortages and supply chain resilience. Prescribers are reminded to maintain normal prescribing intervals and pharmacies have been informed not to stockpile.
- Pharmacist workforce risks are growing across the region and in Somerset as PCNs employ more pharmacists. This positive development is reducing the ability of the CCG commissioned pharmacist support to practices and the ability to maintain a medicines optimisation focus. Workforce risks exist in community Pharmacy and acute trust pharmacy. A pharmacy workforce strategy is being developed as part of the Integrated Pharmacy and Medicines Optimisation Transformation Strategy.
- Significant progress was made through the year by practices reviewing eclipse live alerts.
- COVID-19 continues to have a significant risk for Care home residents and PCN Pharmacists will have a growing role in supporting care homes with SMRs and providing advice. Eclipse live has developed a SMR prioritization tool for identifying patients at highest risk who would benefit most from a review and potential deprescribing or optimisation of medication.
- The CCG continues to maintain its excellent anti-microbial stewardship position – with most practices exceeding the national targets each month. A specific quality improvement focus on unnecessary dip stick use in >65s during 2020 has produced positive results.
- We continue to build on progress made last year by primary care in rationalizing respiratory inhalers to either MDI or dry powder. The NHS contract gives a national focus on, (where clinically safe), reducing MDI use in favour of DPIs to support the NHS cutting carbon emissions plan.
- High cost drugs budget spend for 2020/21 remains a block contract arrangement. A regional high cost drugs finance group has been formed to develop opportunities for collaboration and savings.

11.2 August Scorecard Primary Care Network Trend

The number of green indicators is increasing and the scorecard is looking quite encouraging at present.
-Noted.

11.3 August Safety Spreadsheet

No update this month.

- 12 Rebate Schemes**
- 12.1 Xarelto® (rivaroxaban) 10mg, 15mg & 20mg tablets, Bayer, Commence Date: 1st October 2020.**
-Noted.
- 13 NICE Guidance October**
-Noted
- 14 NICE Technology Appraisals**
- 14.1 None this month**
- 15 NICE Clinical Guidance**
- 15.1 [NG100] Rheumatoid arthritis in adults: management**
-Update.
Amended the ‘treat to target’ recommendations to clarify that multiple disease-modifying anti-rheumatic drugs can be offered one after the other to achieve treatment targets.
-Noted.
- Update Shared Care Guideline. **Action: Hels Bennett**
Update formulary. **Action: Daniela Wilson**
- 15.2 [NG184] Human and animal bites: antimicrobial prescribing**
-New.
-Noted.
Update the CCG antimicrobial guidelines. **Action: Helen Spry**
- 15.3 Liraglutide for managing overweight and obesity**
NICE have published a final appraisal determination document and it is looking likely that they will recommend this. If NICE publish this as a tag, PAMM are happy to endorse it for prescribing in secondary care.
- 15.4 [NG161] COVID-19 rapid guideline: delivery of systemic anticancer treatments**
-Update.
Removed the option to defer treatments that prevent long-term complications, and amended guidance on treatments suitable for home delivery.
-Noted.
- 16 Risk Review and Management**
No new risk identified this month.
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 MHRA Drug Safety Update October**
-Noted.

17.2 Warfarin and other anticoagulants: monitoring of patients during the COVID-19 pandemic

-Noted.

This links in with the scorecard and PCN incentive scheme and we have a safety programme in Somerset around this.

17.3 Every report counts: report suspected adverse drug reactions and take part in #MedSafetyWeek (2–8 November 2020)

-Noted.

The CCG encourages practices to report suspected adverse drug reactions via the Yellow Card scheme.

17.4 NIHR Signal: Prozac may be the best treatment for young people with depression – but more research is needed

-Noted.

18 BNF Changes

18.1 BNF Update October

-Noted.

18 Any Other Business

18.1 South Somerset East & West and Yeovil Representation

Helen Cotton has been appointed as Training Programme Director for Somerset and is therefore stepping down from her role at PAMM.

The group were very sorry to lose her and thanked her greatly in her absence. Helen contributed significantly to the energy, discussion and involvement of GPs in PAMM and put in quite a lot of challenge which is very important in this committee. The group wished her all the best in her new role.

As well as representing South Somerset East and West and Yeovil PCNs, Helen also represented the LMC at PAMM.

Contact the LMC to identify a replacement representative.

Action: Andrew Tresidder

18.2 World Antimicrobial Awareness Week

It was highlighted that next week is World Antimicrobial Awareness Week. Helen Spry has circulated information on what we are planning in Somerset as well as website/social media resources, email signature banners and information on how to become an antibiotic guardian.

DATE OF NEXT MEETINGS

13th January 2021 (SPF following)
10th February 2021
10th March 2021 (SPF following)
14th April 2021
12th May 2021 (SPF following)
9th June 2021
14th July 2021 (SPF following)
8th September 2021 (SPF following)
13th October 2021

10th November 2021 (SPF following)