NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 19th January 2022.**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, CCG
	Daniela Broughton (DB)	Prescribing Technician, CCG
	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, CCG
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative
	Dr Guy Miles (GM)	LMC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Carla Robinson (CR)	Public Health Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	Yeovil Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
Apologies:	Dr Adrian Fulford (AF)	Taunton Representative
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Dr Guy Miles and Zoe Talbot-White were introduced to the group.

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 10th November 2021

4.1 The Minutes of the meeting held on 10th November 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 5: Patient Group Direction for the administration of hyoscine hydrobromide injection by Registered Paramedics employed by Devon Doctors Ltd across the area covered by Somerset Clinical Commissioning Group – HB had discussions with Devon Doctors (DDOC) and Somerset FT palliative care consultants around this. The SFT palliative care team confirmed that hyoscine butylbromide (Buscopan) is the preferred hyoscine salt in Somerset (included in the Somerset JIC policy). However, DDOC paramedics only carry hyoscine hydrobromide in their vehicles (they do not carry Buscopan) which they use to cover both Devon & Somerset. DDOC Paramedics only use their own stock of drugs for administration against the PGD, hence the need for the PGD for hyoscine hydrobromide. The SFT palliative care team acknowledged that current practice would therefore continue and said this was not a problem. The group agreed to approve the PGD.

Action 8: RMOC information on shared care medicines for patients and carers leaflet – SM shared this with the Trust. They requested that this be brought back for review once the final leaflet has been published.

5 Matters Arising

5.1 Flu and Covid-19 vaccinations

There has been good uptake of the flu vaccination this season and flu cases remain low.

The COVID vaccination programme is progressing very successfully across Somerset and we benchmark well. Thank you to all in primary care for their involvement in the vaccination programme. Cases of Omicron are starting to plateau, although we are a little behind the rest of the country where cases are now starting to go down.

Normal winter pressures are extreme; additional beds and discharge solutions are being put into the system. The CCG is fully aware of the pressures in

primary care and that the national decision to introduce legislation around mandatory COVID vaccinations may cause issues with staffing.

SDB explained how Somerset NHS Foundation Trust are working hard to support vaccine hesitant staff and he hopes that there could be a system wide approach around this. CR flagged that Public Health had a 'vaccine buddy' scheme and suggested that perhaps this idea could be replicated for staff. SG has asked if this scheme could be replicated for flu in future.

5.2 2022/23 Scorecard

Proposed new indicators:

- ❖ Cost effective DPI combo inhalers
- ❖ Cost effective MDI combo inhalers
- ❖ Reduction in anti-cholinergic burden prescribing
- ❖ % Patients with all 8 diabetes care processes undertaken
- ❖ 50% reduction in oral morphine solution for all patients ***new proposal***
- ❖ % Edoxaban of all DOACs - ***new proposal***

It was agreed that the eye drop indicator (% eye drops for dry eyes below 50p per ml) which was proposed at the last meeting, will not to be included in the 2022-23 scorecard.

A new indicator has been proposed around reducing prescribing of oral morphine solution. This is an area where we have picked up significant harm being caused, as well as abuse by certain patient groups. It is something that the MM team have worked hard with the Trusts to tackle. The group viewed baseline data, which showed a big variation between practices. There was a discussion around this indicator and the lack of a commissioned service to support people with an addiction to prescribed medications. EW advised that Yeovil PCN is about to start an opioid reduction clinic. The committee approved this indicator for the 2022-23 scorecard. It was requested that the MM team produce a poster for use in clinical settings / waiting rooms to help reinforce the message.

Produce a poster to support the oral morphine solution indicator.

Action: Helen Spry

The group had a discussion around the nationally led procurement for DOACs. This was also discussed under item 9.1. Following the discussion, a new indicator, % edoxaban of all DOACs, was agreed. Again, baseline data showed a wide variation between practices. It was noted that this may be a slow process and therefore there was agreement that the target would be set low in the first year, at around 20-25%.

5.3 Devon Doctors Ltd Out of Hours Patient Group Directions

HB outlined the 7 DDOC PGDs which are due for review and approval:

- Paracetamol
- Codeine
- Ibuprofen
- Naproxen
- Salbutamol
- Prednisolone
- Prochlorperazine for nausea and vomiting

There are no major changes to the analgesia PGDs since the last review. Some MHRA warnings have been added to the codeine PGD around use in children. It was noted that Paramedics cannot prescribe codeine as it is a controlled drug, however they are able to supply it under a PGD.

Some additional cautions will be added to the prednisolone PGD, including around use of SSRIs and nicorandil.

SM highlighted that the salbutamol PGD recommends assessing and referring all infants aged under 12 months to a medical practitioner where available or referring directly to the Emergency Department via 999 ambulance. Clinical efficacy of nebulised salbutamol in infants under 18 months is uncertain; as transient hypoxia may occur supplemental oxygen therapy should be considered. Therefore it was suggested that the age threshold in the PGD is amended to under 18 months rather than 12 months.

The prednisolone and salbutamol PGDs have been sent to the respiratory group for comments.

SM noted that the prochlorperazine PGD lists the third trimester of pregnancy under both the caution and the exclusion sections. It was suggested that in the current climate, with regards to hospital capacity, removing it from the exclusion criteria and leaving it under cautions would be a pragmatic approach.

SM also suggested that the inclusion and exclusion criteria for parental/ guardian consent should be made clearer. Throughout many of the documents, ‘where patient/parent/guardian consent has been given’ is listed as a criteria for inclusion and ‘where patient/parent/guardian consent has NOT been given’ as a criteria for exclusion. However, the same documents also state that children aged under 18 years are excluded. The group agreed that this is ambiguous and may cause some confusion so the wording should be reviewed and made clearer.

The committee were happy to approve the PGDs with the above amendments.

Feedback comments to DDOC. **Action: Hels Bennett**

5.4 Primary care networks: network contract directed enhanced service from 20 December 2021

The national position was noted and our local position will reflect this. The Medicines Management team fully appreciate the current pressures in both GP practices and community pharmacies.

-Noted.

5.5 NIHR Signal: Research shows some types of HRT are linked to lower risks of breast cancer

There was a discussion around this signal and the importance of informed decision making and discussing risks and benefits, which do change over time. The group noted this as a helpful signal, supportive of the direction of travel. It was highlighted that there are numerous resources around the menopause available on the MM website.

6 Other Issues for Discussion

6.1 None this month

7 Other Issues for Noting

7.1 All Wales Medicines Strategy Group (AWMSG) COPD Management and Prescribing Guideline

The group noted this guidance, which they felt was very useful. The guidance has been shared with the respiratory group and may be something that we look to adopt parts of in future.

8 Additional Communications for Noting

8.1 Change to dose for Iron deficiency prescribing

Practices have been informed of the change in guidance for iron deficiency prescribing to one tablet/capsule once a day dosing as initial treatment, based on the British Society of Gastroenterology update. We have many patients prescribed doses above this who we would recommend are reviewed and reduced to once a day dosing if clinically indicated as per the new guidance. Thank you to EW for flagging this.

-Noted.

8.2 B12 investigation and oral cyanocobalamin prescribing

Some additional searches have been set up on the CCG project section of Eclipse Live, including low B12 levels in patients with COPD, those with dementia and those on antidepressants.

Improving low B12 levels in these patients would improve their wellbeing and outcomes, prevent harm (e.g. prevent falls), and potentially inappropriate initiation of other drugs e.g. anti-depressants.

-Noted.

8.3 Prescribing recommendations from memory clinic

The MM have been made aware of prescribing switch recommendations coming from the memory clinics. It has been asked that these are stopped until a proper due process of reviewing any evidence to support or not these recommendations has taken place as per the long standing agreed due process. This does not affect prescriber's clinical freedom.

-Noted.

8.4 COPD and HF SMRs

Some reminders have been shared:

- The inhaler pathway optimisation to DPI alone or MDI alone applies equally to COPD patients.
- We are seeing considerable growth in triple therapy in COPD patients so a reminder that triple therapy should be trialled and the benefits established before continuation. Excess steroid use in COPD patients carries risks.
- Consider cardiac issues causing breathing problems in COPD patients, as there is a considerable overlap between HF and COPD – Consider tests to diagnose HF and look to optimise HF therapy as that will also help COPD symptoms.

-Noted.

8.5 Adjustment to 2021-22 prescribing and quality improvement scheme

Information about the amendments to the 2021-22 prescribing and quality improvement scheme has been shared with practices.

-Noted.

8.6 Gliptin and GLP-1 agonist NOT recommended

A reminder that studies have not shown a benefit of using a GLP-1 agonist in combination with a DPP-4 inhibitor. The combined use of a GLP-1 agonist with a DPP-4 inhibitor, both incretin-based drugs, have not been shown to significantly lower blood sugar when combined as treatment or have additive effects on weight loss. This combination is not recommended in NICE guidance.

NICE also states to only continue GLP-1 mimetic therapy if the person has a beneficial metabolic response (a reduction of HbA1c by at least 11 mmol/mol [1.0%] and a weight loss of at least 3% of initial body weight in 6 months). CCG searches have been set up on Eclipse looking for this combination; most are alogliptin + GLP1. It is recommended that a review is carried out and

GLP1 is stopped if NICE 6 month targets are not reached, or gliptin stopped if GLP-1 has reached target.

-Noted.

8.7 Diabetics prescribed Oramorph

Disappointingly, the number of diabetic patients prescribed Oramorph has now risen to 495 from 385 last September.
The medico-legal risks highlighted by the regional CD Accountable Officer remain, as do the clinical risks to diabetics and patients with alcohol issues due to the high levels of sugar and alcohol in Oramorph.
The MM team continue to recommend review and step down of opiate medication in non-palliative patients and a switch away from Oramorph to Zomorph capsules or Sevredol immediate release tablets in patients where there is no clinical need for a liquid.
Optimising therapy and outcomes for diabetic patients is one of our strategic priorities and as we invest in new treatments we also need to deprescribe those treatments causing potential harm.
Relevant patients can be found using Eclipse Live or a simple EMIS search.

-Noted.

8.8 Update: Repatriating high dose liraglutide prescribing

Prescribers are reminded that liraglutide as Saxenda is a RED drug for specialist prescribing as per NICE.

The weight management service has flagged that currently there is a significant waiting time for new referrals so repatriation will be a slow process and they will only accept those meeting the non–diabetic NICE criteria:
• *they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre)*

For those diabetic patients on high dose (non-formulary) liraglutide, discussion with the diabetes specialist and consideration of switch to high dose semaglutide would be the formulary recommendation. Semaglutide has a flat pricing structure and so is a cost-effective treatment even at high dose.

-Noted.

8.9 Amoxicillin 500mg TDS for 5 days only (most indications)

Somerset does exceptionally well on national benchmarking for antimicrobial stewardship, yet we still have issues with E.coli and other infections causing admissions and harm.
Region have been looking at this and flagged to us that we have the highest rate of 7 day amoxicillin prescribing in the South West. A 5 day pack exists

and is the recommended duration for most common infections, as per the formulary. Practices have been asked to share this with all prescribers so that we can improve our position and keep antibiotics effective.

-Noted.

8.10 Somerset flu outbreak

Somerset has recently seen its first care home flu outbreak, which has been managed accordingly. It is believed that most care homes have already been visited for flu vaccinations but practices have been prompted to double check as we are aware that the focus has very much been on COVID vaccination delivery. Practices have also been asked to remind staff not to delay their own flu vaccinations.

-Noted.

8.11 Antiviral pathway: Covid Medicine Delivery Units in Somerset

From Monday 20th December there has been a national roll out of treatments for clinically extremely vulnerable individuals who test positive for Covid. The first line treatment is intravenous sotrovimab, a neutralising monoclonal antibody that is active against both delta and omicron variants of Covid-19, which is being delivered at both Musgrove Park Hospital and Yeovil District Hospital. The second line treatment is oral molnupiravir, an antiviral given as a 5-day course.
The pathway for identification of these patients is through a national system which uses a number of registries to identify the majority of these individuals. Those patients identified through this system will be contacted within 48 hours of a positive result (including over the bank holiday weekends), clinically triaged to confirm eligibility for treatment and then treated on either the MPH or YDH site. Information has been provided on how to refer into this service.

-Noted.

8.12 Improving CVD outcomes - Thank you

Practices have been thanked for all their efforts to improve CVD outcomes by switching from low intensity statins to high intensity statins.

Over a period of 2 years (covering Covid) Somerset has moved from being a CCG in the bottom 20% to now being in the top 10%. This is a massive improvement so well done to all.

-Noted.

8.13 Understanding informed consent in medicines-related conversations

Following recent changes in law which reinforce the importance of providing information focused on what is material to individual patients, guidance has been produced by Specialist Pharmacy Service (SPS) to support prescribers. The use of prescribing tools to support safe deprescribing and informed consent are discussed. When deprescribing is undertaken in partnership with patients, supported by the knowledge, skills and experience of both patient and clinicians and the patient's values and preferences based on clinical skill, judgement and evidence-based medicine, law presents no barriers to deprescribing or switching medication to safer and more cost-effective alternatives. Hopefully prescribers find this information helpful.

-Noted.

9 Formulary Applications

9.1 Lixiana® (edoxaban) film-coated tablets, Daiichi Sankyo UK Limited.
Lixiana is indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA).

Lixiana is also indicated in treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and for the prevention of recurrent DVT and PE in adults.

This item was also discussed under item 5.2. There was a discussion around the nationally led procurement for DOACs, which has resulted in edoxaban being the most cost-effective option. The CCG have entered into the national scheme and ended any local rebates for these products.

Edoxaban was approved as the first-line DOAC, where its use is appropriate.

Update formulary. **Action: Daniela Broughton**

9.2 Utrogestan® 200mg vaginal capsules (micronised progesterone), Besins Healthcare (UK) Ltd.
As per updated NICE guidance [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management recommendations:

1.5.2 Offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage. [2021]

1.5.3 If a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy. [2021]

This is off-label use of vaginal micronised progesterone.

Also discussed under item 15.7.

The updated NICE guidance has been discussed with the Trust. They have been asked to provide the initial supply, in order to avoid in any potential delay in treatment whilst the patient obtains a prescription from the GP. The committee felt it would be appropriate for the Trust to provide four weeks supply (or if the patient is over 12 weeks pregnant, then enough to last up until 16 weeks). If a four week supply doesn't take the patient up to 16 weeks then the committee agreed that primary care could provide the remainder of the supply. This would require good communications from the Trust.

Approved as TLS **AMBER** for this indication, subject to agreement from the Trust around supply.

Add to TLS **AMBER**, subject to agreement from the Trust around supply.

Action: Zoe Talbot-White

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

GM reported that North Sedgemoor PCN is experiencing a real shortage of GPs and there was a discussion around the reasons for this.

JN reported difficulties in prescribing tinidazole on EMIS, which is the first line treatment for Giardiasis in the infection management guidance. SG explained that we don't see a lot of usage in Somerset and established that this product has been discontinued in the UK and can be imported via special order. This can be discussed with Microbiology.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 01/12/21

CEC await more information on committee arrangements going forwards, as we move from a CCG into an ICS and ICB.

10.3 YDH Medicines Committee meeting – Last meetings 19/11/21 & 14/01/22 – November minutes received

SM attended both meetings and reported the following:

- There were discussions around Covid treatments and policies.
- They went through the acute pain policy, which SM highlighted excludes pregnant and breastfeeding patients. SM is supporting the development of appropriate resources for this cohort of patients.
- Some PGDs have been updated.
- Have moved back to Moviprep, as were having some issues with Plenvu.
- There were discussions around vaginal micronized progesterone as per updated NICE guidance [NG126].
- The oral methotrexate policy has been updated. They have added pregnancy and breastfeeding as exclusions prior to administration, as well

as ensuring men are informed they cannot donate sperm for six months after ceasing treatment.

10.4 Somerset NHS Foundation Trust D&TC – Last meeting – 18/11/21 – Minutes not received

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 07/12/21 – Minutes not received

SM and SDB attended and reported the following:

- SM has proposed work on mental health prescribing in pregnancy, to ensure that ongoing treatments are also suitable for use in breastfeeding, to prevent destabilising patients with unnecessary switches after delivery of the baby.
- There was an in-depth discussion around the off-license prescribing of antipsychotics, which was mainly centred around managing risks and benefits. SM and SDB made it clear that asking GPs to prescribe antipsychotics off-label in primary care is not appropriate and that specialists need to maintain responsibility for this. A lot of the prescribing appears to be in patients with personality disorders. SDB advised that the Trust are working to improve their position around the physical health aspects of these patients as well as their mental health.
- There was a discussion around the study of mirtazapine for agitated behaviours in dementia (SYMBAD): a randomised, double-blind, placebo-controlled trial, which was discussed at the November PAMM meeting.
- The Trust's non-medical prescribers support patients with ADHD. Clinical governance support and oversight was discussed so that safe prescribing can continue within their competencies.

10.6 Somerset Antimicrobial Stewardship Committee – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting 01/03/22

10.8 LPC Report

No representative in attendance this month.

10.9 Exceptional items from out of area formulary meetings

BNSSG have changed TLS status for Fidaxomicin for C. difficile infection from **Red** to **Amber** no shared care. They are also developing a shared care protocol for testosterone (Tostran 2% gel) / (Testogel 50mg/5g gel sachets) for women with low libido who are on HRT who have either early menopause (age 45 and under) or surgical menopause. TLS **Amber** 3 months shared care once the shared care protocol has been developed.

-Noted.

10.10 RMOC Update

Nothing to report.

11 Current Performance

11.1 Prescribing Update

- The NHSBSA forecast end of year out-turn is £87,922,883, which equates to an underspend of £3,030,117.
- NCSO monthly price concessions continue but have reduced through the year. Cat M price reductions have also fed into the healthy underspend position.
- New NICE technology appraisals will continue to drive prescribing costs with growth expected for example from approval of incilisiran (for lipid management) and SGLT2 inhibitors for HF and CKD.
- A national procurement deal has been reached on the use of DOACs with savings being returned to the CCG centrally rather than via prescribing costs. The cost of greater use of DOACs should be offset by the procurement savings.
- The CCG continues to maintain its excellent anti-microbial stewardship position –There has been an improvement in each of the 4 national measures. One area of anti-microbial stewardship which could be improved is in the over prescribing of 7 day amoxicillin courses rather than 5 day.
- Between April and May there was no improvement in the 2021-21 scorecard quality indicators with the May position being 491 green indicators, however July saw a significant increase to 528 greens. The latest October figure is now 555 green indicators.
- Practices reviewing eclipse live safety alerts remains a key recommendation which will stand CCG practices in a good position as nationally greater focus is turned to the safe prescribing agenda. It will also support practices given the CQC focus on safe monitoring of harmful medication.
- Nationally, there is a renewed focus on number of clinical areas including prevention of cardio-vascular disease. Most Somerset GP practices have improved on the existing CVD scorecard indicators around prescribing more statins for unmet need and there has been a great improvement in prescribing more potent statins as per NICE guidance.
- The PCN DES and IIF workstreams have on the whole been paused to focus on the COVID program.
- Workforce risks remain a significant issue across the whole system for most professional groups.
- Somerset benchmarks well on most national safety metrics, but still has some where improvements are required. Polypharmacy and over prescribing of hypnotics, anti-psychotics and opioid and other analgesics remains an area of focus. New resources have been produced to support the opioid reduction programme, which remains a growing area of concern.
- Prescribing of teratogenic medication to women of child bearing age continues to grow in national importance following the valproate safety program. We continue to increase the number of searches on eclipse live flagging such patients. A specific Somerset CCG QI program around teratogenic medication safety has been initiated by the CCG medicines

optimization team led by Sam Morris. This work has been shared nationally with MHRA.

- Changes have been announced to the Community Pharmacy contract which again should support improved clinical outcomes and medicines optimization, these should be welcomed by the Somerset system and again mirror much of our focus.

-Noted.

11.2 October Scorecard Primary Care Network Trend

Most indicators are in a better position, despite COVID-19 and workforce issues. A particular positive is the high potency statin indicator, where over a period of 2 years (covering COVID) Somerset has moved from being a CCG in the bottom 20% to now being in the top 10%. This is a massive improvement and thanks have been shared with practices.

-Noted.

12 Rebate Schemes

12.1 Biquelle® XL (quetiapine modified release tablets), Aspire Pharma Ltd. Extension to rebate contract - Effective from 01/08/21.

The agreement for Biquelle XL differs from previous agreements as it covers both 30 and 60 packs, and the recently introduced 600mg x 30 pack.

-Noted.

12.2 WockAir® (budesonide/formoterol) breath-actuated dry powder inhaler, Wockhardt UK Ltd, Commence date: 01/01/22.

-Noted.

12.3 Solacutan® (diclofenac sodium) 3% gel, Mice Pharma UK, Commence date: 01/01/22.

-Noted.

13 NICE Guidance November, December and January

-Noted.

14 NICE Technology Appraisals

14.1 [TA753] Cenobamate for treating focal onset seizures in epilepsy

-New.

-Positive Appraisal.

Commissioned by CCGs. Providers are NHS hospital trusts.

Agreed as TLS **AMBER**, subject to discussions at SPF.

Add to TLS **AMBER**. **Action: Zoe Talbot-White**

15 NICE Clinical Guidance

15.1 [NG188] COVID-19 rapid guideline: managing the long-term effects of COVID-19
-Update.

On 11 November, NICE made new recommendations and updated existing recommendations on identification; planning care; multidisciplinary rehabilitation; follow up, monitoring and discharge; and service organisation. They also updated the list of common symptoms, emphasising that these may be different for children.

-Noted.

15.2 [NG191] COVID-19 rapid guideline: managing COVID-19
– Update

On 22 November, added a new recommendation on ivermectin.

On 1 December, updated existing recommendations on colchicine.

On 14 December, added a statement to the recommendation on casirivimab and imdevimab about the Omicron variant.

On 16 December, added a new recommendations on COVID-19-associated pulmonary aspergillosis. Revised their statement about the Omicron variant in the recommendation on casirivimab and imdevimab.

-Noted.

15.3 [NG208] Heart valve disease presenting in adults: investigation and management
-New.
-Noted.

15.4 [CG187] Acute heart failure: diagnosis and management
-Update.

In November 2021, NICE withdrew the recommendations on valvular surgery and percutaneous intervention because they have been replaced by the NICE guideline on heart valve disease.

-Noted.

15.5 [NG203] Chronic kidney disease: assessment and management
-Update.

In November 2021, NICE updated their guidance on SGLT2 inhibitors for adults with type 2 diabetes and chronic kidney disease. For the new recommendations, see managing chronic kidney disease in the NICE guideline on type 2 diabetes in adults.

-Noted.

15.6 [NG28] Type 2 diabetes in adults: management
-Update.

In November 2021, NICE reviewed the evidence on SGLT2 inhibitors for adults with type 2 diabetes and chronic kidney disease, and made new recommendations. See the section on chronic kidney disease for more information.

-Noted.

15.7 [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management
-Update.

In November 2021, NICE reviewed the evidence and made new recommendations on the use of progesterone in threatened miscarriage.

Discussed under 9.2 and vaginal micronised progesterone has been approved as **AMBER** for this indication, subject to agreement from the Trust around supply.

15.8 [NG143] Fever in under 5s: assessment and initial management
-Update

In November 2021, NICE added a definition of sepsis to recommendation 1.2.2. They also added a cross reference to table 2 to guide users to the risk stratification tool for children aged under 5 years with suspected sepsis (table 3 in the NICE guideline on sepsis).

-Noted.

15.9 [NG209] Tobacco: preventing uptake, promoting quitting and treating dependence
-New.
-Noted.

CR flagged that the Somerset Smoke Free Life service is available to refer to.

15.10 [NG131] Prostate cancer: diagnosis and management
– Update.

In December 2021, NICE reviewed the evidence and made a new recommendation on risk stratification for people with newly diagnosed prostate cancer.

They have also made changes to other recommendations without an evidence review to reflect the change in risk stratification model.

-Noted.

Raise with the Trust to see if they will be adopting this. **Action: Shaun Green**

15.11 [NG12] Suspected cancer: recognition and referral
-Update.

In December 2021, NICE reviewed the evidence on fixed and age-adjusted thresholds for prostate-specific antigen testing and updated the recommendations on referral for suspected prostate cancer.

-Noted.

15.12 [CG150] Headaches in over 12s: diagnosis and management
– Update.

In December 2021, NICE changed the strength of their recommendation on metoclopramide or prochlorperazine for acute migraine from 'offer' to 'consider', to better reflect the balance of benefits and risks of these treatments.

It has been flagged to prescribers that topiramate is contraindicated in pregnancy and in women of child-bearing potential if not using highly effective contraception when used for migraine prophylaxis.

-Noted.

15.13 [NG210] Pelvic floor dysfunction: prevention and non-surgical management
-New.
-Noted.

Noted that NICE state not to offer vaginal diazepam to treat pelvic floor dysfunction, even for women with high muscle tone.

The MM team will review this guidance and include anything useful on our website. **Action: Sam Morris and Daniela Broughton**

15.14 [NG211] Rehabilitation after traumatic injury
-New.
-Noted.

Review guidance and bring anything relevant back to PAMM.
Action: MM team

16 Risk Review and Management
Nothing to report.

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update November and December

-Noted.

17.2 Yellow fever vaccine (Stamaril): new pre-vaccination checklist
-Noted.

17.3 Adrenaline auto-injectors: reminder for prescribers to support safe and effective use
-Noted.

The CCG adrenaline auto-injector advice on use for GPs and patients has been updated to include a link to this Drug Safety Update.

17.4 Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium
-Noted.

17.5 Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus
-Noted.

Communications have been issued around this.

17.6 COVID-19 Therapeutic Alert: Withdrawal of the Recommendation for Consideration of Inhaled Budesonide as a Treatment Option for COVID-19
-Noted.

17.7 NIHR Signal: Persistent throat symptoms should not be treated with pills that reduce stomach acid
The group noted this signal.

SG has asked the Trust to raise this with the relevant teams.

The committee wanted to ensure that the ENT team specifically are made aware of this signal.

Raise with ENT. **Action: Shaun Green**

18 Any Other Business

18.1 Medicines Management communications audit
GM presented an audit around Medicines Management communications, which was carried out by a large practice and has been discussed at the LMC. GM explained that the overall feeling was that the less communications which are received, the more likely they are to be read and actioned.

SG explained that this is fully taken onboard and the MM team appreciate the current pressures in primary care. The MM team have taken steps to try and reduce the number of communications issued recently and ensure that they are directed to the appropriate persons, and will continue to do so.

18.2 Prescribing Leads events

PJ queried whether any dates have been agreed for the 2022 Prescribing Leads events. SG confirmed that dates have not yet been arranged but we will issue communications when they are.

18.3 Dr Adrian Fulford

Dr Adrian Fulford is retiring and will no longer be able to attend PAMM meetings. The group shared their thanks to Adrian for all of his valuable contributions to the committee over the years and wish him all the very best in his well-deserved retirement. Adrian has asked the PCN to look into finding a new representative.

18.4 LMC Representation

Dr Guy Miles will no longer be able to attend PAMM meetings on behalf of the LMC. The committee thanked Guy for his attendance at recent meetings and for all his valuable input.
Post meeting note: Dr Catherine Ievers will represent the LMC at PAMM going forwards.

DATE OF NEXT MEETINGS

16th February 2022 (SIMO following)
16th March 2022 (SPF following)
6th April 2022 (SIMO following)
11th May 2022 (SPF following)
15th June 2022 (SIMO following)
13th July 2022 (SPF following)
14th September 2022 (SPF following)
12th October 2022 (SIMO following)
16th November 2022 (SPF following)