

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

Present:	Hels Bennett (HB)	Medicines Manager, CCG
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Donal Farrell (DF)	GP Registrar at Summervale Surgery, Ilminster
	Dr Catherine Ievers (CI)	LMC Representative
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Carla Robinson (CR)	Public Health Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Emma Waller (EW)	Yeovil Representative
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead

## 1 APOLOGIES AND INTRODUCTIONS

SM welcomed everyone to the Prescribing and Medicines Management Committee.

Donal Farrell was welcomed to the group as an observer.

Apologies were provided as detailed above.

The PAMM committee members reflected on the sad and sudden passing of Dr Barry Moyses, a much-respected GP and previous member of PAMM.

## 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. However the meeting was not quorate so all decisions were sent out to members for virtual approval. Enough members replied to allow virtual approval of all decisions made within the following minutes.

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

- 4.1 The Minutes of the meeting held on 16<sup>th</sup> February were agreed as a correct record.  
The meeting was not quorate so the minutes were re-distributed for virtual approval, which was received.

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

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

**Action 4: SIGN 164: Eating Disorders – Feedback from SDB:**

Sent the document to the lead prescriber in the service and awaiting a response. Will feedback to PAMM once a response has been received.

#### **5 Matters Arising**

- 5.1 Flu and Covid-19 vaccinations - Eligible cohorts for influenza vaccination 22/23  
Eligibility has changed slightly for 2022/23. Cohorts no longer included are:
- those aged 50 to 64 years
  - secondary school children in Years 7 to 11 (between 11 & 15 years old)

-Noted

#### **6 Other Issues for Discussion**

- 6.1 **Reducing Antipsychotic Prescribing in Dementia Toolkit**

Prescqiipp toolkit containing useful references and pathways.

-Noted

Add to dementia section of the mental health page and to the dementia webpage when complete (with a note of the date added). **Action: SM**

Add screenshot of template summary to formulary. **Action: Steve Moore**

Share relevant sections with care homes and PCN teams. **Action: HB**

Add link to newsletter. **Action: SG**

Highlight document within PH and link with HB. **Action: CR**

## 6.2 **Diabetic nephropathy proteinuria guideline – For comment**

SFT has updated the guideline for treating and referring patients with type 2 diabetes and proteinuria to incorporate the recent SGLT2i guidance and data. Comments from YDH & MHP diabetes consultants have already been incorporated. They have asked for any further comments.

SG has already shared comments;

- Add Rosuvastatin 10mg as additional high potency option.
- Use QRISK 2/3 for assessing CVD risk.
- Numbers are large and capacity in primary care strained but we fully support trying to implement.

Shaun has updated Eclipse live to reflect NICE

CR has some more comments.

Send comments to SM via email.

**Action: CR**

## 6.3 **Retirement of Dementia SCG**

Discussed at Mental Health DTC last week.

It is an old shared care guideline now surplus to requirements as GPs do a large proportion of monitoring.

The drugs on the retired SCG will remain amber.

CI raised a concern around the mental health teams asking GPs to titrate the doses of these drugs and the LMC don't feel this is appropriate.

Feedback to trusts around the need for titration to be done by mental health teams rather than GPs.

**Action: SG**

## 7 **Other Issues for Noting**

### 7.1 **New 22/23 Scorecard**

-Noted

Queries were raised around the switch from liquid oramorph to tablets. There is no low dose Sevredol so questioned suitability of orodispersible.

Look into suitability of orodispersible tablets for this indicator and clarify scorecard switch to practices. **Action: SG**

PAMM explained to CR how the scorecard works within the practices. It is dependent on enthusiasm of the practice. The MM sessional team are also valued. Scorecard indicators are set to try and compliment PCN work.

7.2 **Breastfeeding and medication presentation & e-Learning for GPs Prescribing for breastfeeding mothers**

SM worked with infant feeding group to produce document. Any learning needs or questions please email SM.

-Noted

Add to newsletter. **Action: SM & SG**

**8 Additional Communications for Noting**

8.1 NICE T2 Diabetes Update

-Noted

8.2 Leveller article reply

-Noted

8.3 Morphine poster & letter

-Noted

8.4 IIF PCN incentive target to both increase DOAC use in untreated AF patients and secondly to try and achieve 60% of AF patients anti-coagulated with edoxaban

-Noted

**9 Formulary Applications**

9.1 **TESTOGEL 40.5mg transdermal gel in sachet, Besins Healthcare (UK) Ltd.**

30 sachets = £31.11

**This will replace the 50mg in 5g sachet.**

Licensed for use in adults as testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed.

PAMM approved to add to formulary.

The menopause formulary and website have already been updated.

Update male formulary page.

**Action: Steve Moore**

Add to TLS **Green**.

**Action: ZTW**

**9.2 Rosuvastatin hard capsules, Ranbaxy (UK) Ltd a Sun Pharmaceutical Company**

[5mg x 28](#)= £8.52

[10mg x 28](#)= £9.54

[20mg x 28](#)= £12.72

[40mg x28](#)= £15.12

The pellets are licensed to be administered via nasogastric tubing making them more cost effective than liquid alternatives.

PAMM approved to add to formulary.

Add to formulary.

**Action: Steve Moore**

Add to TLS **Green**.

**Action: ZTW**

Add to specials guidance.

**Action: HB**

**9.3 Sativex® for the treatment of spasticity due to multiple sclerosis.**

Application for shared care.

PAMM felt that due to such small numbers using Sativex still in Somerset, there is limited experience amongst specialists and none in primary care. Therefore, while the committee aspire toward shared care, they feel it is too early and would like to review the situation in 3-9 months.

Additional comments from PAMM members:

- The development of shared care guideline should be led by consultants in secondary care.
- Closer two-way relationship will be needed for shared care of Sativex.

Update TLS wording and keep as **Red**.

**Action: ZTW**

**10 Reports From Other Meetings Feedback**

**10.1 Primary Care Network Feedback**

EW informed PAMM that Yeovil currently doesn't have a clinical director.

There was nothing else to note.

**Summary**

**10.2 Clinical Executive Committee Feedback – Last meeting 02/03/22**

SG not present to discuss. Anything relevant will be discussed at the next meeting.

10.3 **YDH Medicines Committee meeting – Meeting postponed to 18/03/22**

10.4 **Somerset NHS Foundation Trust D&TC – Next meeting – 14/05/22**

10.5 **Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 08/03/22 – Minutes not received**

Discussed:

- Shared care with antipsychotics and off label prescribing. More work being done around this.
- Agreed to retire shared care for dementia drugs.
- Approved a new melatonin preparation Adaflex: for Insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient. Licensed and less risky in MHRA hierarchy. Looking at ways to move to shared care for some appropriate melatonin patients. Melatonin audit by POMH UK benchmarking audit group coming later this year. Will form a pathway for some stage in the future. Results of audit will come to PAMM in due course.
- Shared care with ADHD and antipsychotics depot. Another meeting being held tomorrow to discuss the blocks in the system. Hand over communication is not adequate. There has been a recent incident with a patient going to both settings to receive a depot (thankfully they did not receive from both).

Check the Depot incident was logged on RADAR.

**Action: EW / SDB**

10.6 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC Summer 22**

10.7 **South West Medication Safety Officer Network Meeting – Last meeting 01/03/22 – Minutes received**

Minutes will be reviewed and anything relevant will be discussed at the next meeting.

10.8 **LPC Report**

LPC not present to discuss.

10.9 **BNSSG Joint Formulary Group Meeting – Adults Formulary – Last meeting – 25/01/22 minutes received**

Nothing to note.

10.10 **Regional Medicines Optimisation Committee South West – Last meeting 03/03/22**

AT not present to discuss. Anything relevant will be discussed at the next meeting.

**11 Current Performance**

11.1 **Prescribing Update**

-Noted

There is a forecast underspend for the end of the year. PJ raised concern that unmet need could be a cause of underspend. It is however likely due to more realist budget negotiated by SG, CAT M price reductions and other cost saving workstreams put in place by the MM team.

## 11.2 **December Scorecard Primary Care Network Trend**

-Noted

## 12 **Rebate Schemes**

### 12.1 **AQUACEL® Extra and AQUACEL® Ribbon dressings, ConvaTec Ltd.**

Commence date: 01/03/22

-Noted

### 12.2 **HydraMed & HydraMed Forte, Farmigea Ophthalmics Limited.**

Commence date: 01/03/22

-Noted

## 13 **NICE Guidance March**

-Noted

## 14 **NICE Technology Appraisals**

### 14.1 **[TA775] Dapagliflozin for treating chronic kidney disease | NEW**

Evidence-based recommendations on dapagliflozin (Forxiga) for chronic kidney disease in adults.

PAMM approved to add to formulary.

Add to formulary.

Add to TLS **Green**.

**Action: Steve Moore**

**Action: ZTW**

### 14.2 **[TA773] Empagliflozin for treating chronic heart failure with reduced ejection fraction | NEW**

Evidence-based recommendations on empagliflozin (Jardiance) for treating chronic heart failure with reduced ejection fraction in adults.

PAMM approved to add to formulary.

Add to formulary.

Add to TLS **Green**.

**Action: Steve Moore**

**Action: ZTW**

## 15 **NICE Clinical Guidance**

### 15.1 **[NG191] COVID-19 rapid guideline: managing COVID-19 -Update**

On 23 February 2022, we added recommendations on molnupiravir and remdesivir for people with COVID-19 who do not need supplemental oxygen. On 10 March 2022, we added a new recommendation on awake prone positioning and updated existing recommendations on non-invasive respiratory support.

-Noted

### 15.2 **[NG28] Type 2 diabetes in adults: management -Update**

In February 2022, we reviewed the evidence on drug treatment and made new recommendations.

-Noted

**15.3 [MTG67] Prontosan for treating acute and chronic wounds | NEW**

Prontosan is not recommended for treating acute wounds because the evidence is very limited.

-Noted

**15.4 [NG212] Mental wellbeing at work | NEW**

This guideline covers how to create the right conditions for mental wellbeing at work. It aims to promote a supportive and inclusive work environment, including training and support for managers and helping people who have or are at risk of poor mental health.

-Noted

**15.5 [NG213] Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education | NEW**

This guideline covers support for disabled children and young people with severe complex needs, from birth to 25 years. It aims to encourage education, health and social care services to work together and provide more coordinated support to children and young people, and their families and carers.

-Noted

CR and SDB may want to highlight to appropriate colleagues.

**15.6 [NG91] Otitis media (acute): antimicrobial prescribing | Update**

In March 2022, we reviewed the evidence and added a recommendation on eardrops containing an anaesthetic and an analgesic because a licensed preparation is now available in the UK. For more information, see update information.

-Noted

Otigo ear drops are already on Somerset formulary.

**16 Risk Review and Management**

Nothing to note this month.

**17 Safety Items, NPSA Alerts and Signals**

**17.1 MHRA Drug Safety Update February**

COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry

Registry asks for both maternal and paternal exposure.



-Noted

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions

-Noted

As MSO for Somerset CCG Steve Moore has increased the eclipse live searches for macrolides.

**17.2 NIHR alert: Combination inhaler is effective in mild asthma**

-Noted

**17.3 Voluntary recall of Abbott Alimentum and EleCare allergy formulae - FSA**

-Noted

**18 Any Other Business**

**18.1 Past scorecard Achievement Trends**

PAMM suggested the MM team could compare trends from previous years to check achievement and re-run old scorecard indicators to check for any slippage, to help learning.

MM team to investigate the possibility of PAMMs request. **Action: MM Team**

**DATE OF NEXT MEETINGS**

6<sup>th</sup> April 2022 (SIMO following)

11<sup>th</sup> May 2022 (SPF following)

15<sup>th</sup> June 2022 (SIMO following)

13<sup>th</sup> July 2022 (SPF following)

14<sup>th</sup> September 2022 (SPF following)

12<sup>th</sup> October 2022 (SIMO following)

16<sup>th</sup> November 2022 (SPF following)