

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 6th April 2022.**

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, CCG
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Associate director of pharmacy for community and mental health services, SFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Dr Catherine levers (CI)	LMC Representative
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative
	Esther Kubiak (EK)	Medicines Manager, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Dr Carla Robinson (CR)	Public Health Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Mihaela Tirnovanu (MT)	Taunton Representative
	Emma Waller (EW)	Yeovil Representative
Apologies:	Dr James Nicholls (JN)	West Mendip Representative
	Kyle Hepburn (KH)	North Sedgemoor Representative & LPC Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee.

Mihaela Tirnovanu was welcomed to the group as the new Taunton Representative.

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.

SDB will update the register with his new job role.

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 16th March 2022

4.1 The Minutes of the meeting held on 16th March 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: Dementia toolkit – SM to discuss with other team members. This action is in hand.

Action 4: Retirement of Dementia SCG – Follow nice guidance. If GP hasn't got the relevant specialist knowledge or expertise, then they need to refer to mental health specialist.

Action 7: Shared care with ADHD and antipsychotics depot- Has been reported on RADAR and SDB will check it has been followed up.

5 Matters Arising

5.1 Flu and Covid-19 vaccinations

Flu season has come to an end. The revised guidance for 22/23 has raised some concerns as GPs have already ordered vaccines based on cohorts from last year.

Covid focus is on the spring boosters for >75 and immunocompromised and children >5. Along with planning ahead for next steps.

5.2 Past scorecard indicators

SG pulled together data for some past indicators for PAMM to view.

For most of the indicators, we remain above national average.

SG has flagged with individual practices if they have slipped on certain indicators.

Preferred brand of methylphenidate performance has dropped and fallen below national average. PAMM has requested the initial prescriber uses the preferred brand.

Raise initiation of preferred brand of methylphenidate at MH DTC.

Action: SDB

5.3 **Scorecard Indicator - Trimethoprim**

ABX national targets and having a sepsis lead has been in the scorecard for the past few years, as a result we are one of best areas in country for ABX stewardship.

This year there will be more of a focus on trimethoprim. Reducing the number of trimethoprim Rx in patients >70 years old. The target will be set at the CCG average for the past year.

-PAMM approved.

5.4 **Contract update 22/23**

-Noted

Bring back more detail around prescribing elements to the next meeting. The PCN incentive scheme has been on hold for the past couple of years due to covid. There are lots of new indicators which PCNs and practices will have to look at. Many around SMRs and prescribing related clinical areas.

Review contract update document and bring back finer detail to next meeting.

Action: SG

PAMM members to flag contract update to PCN clinical directors. **Action: All**

6 **Other Issues for Discussion**

6.1 **Interim TOR amendment**

PAMM discussed proposed changes for committee to be quorate.

PJ represents 2 PCNs. So would reduce number needed to be quorate. Minimum number of GPs needed as they are principal prescribers. Can't be quorate without GPs.

NMPs to be included in membership as they have a lot to bring.

Changes to be made:

- Not quorate if we have less than 3 GPs.
- Capture SDB new title in the TOR.
- Include NMPs on membership.

Make changes to TOR as discussed.

Action: SM

The cost of locums has increased so the PAMM GP payment should be increased to reflect this. Raise internally.

Action: SG

6.2 **22-23 Incentive Scheme**

Currently 64 GP practices in Somerset. Due to the Victoria Park closure and redistribution of patients halfway through the year, the budgetary part of the incentive scheme was suspended.

Proposal to reinstate budgetary performance alongside the scorecard for the incentive scheme. -PAMM agreed.

Current incentive scheme states 'Practices must have a dedicated prescribing lead GP and a dedicated sepsis lead.' Multiple practices have raised that it is not a GP leading on meds optimisation.

Proposal to remove need for Prescribing lead to be a GP. -PAMM agreed. It should be up to the practice to choose an appropriate prescribing lead based on staff and skill mixes.

Update incentive scheme to reflect PAMM decision.

Action: SG

6.3 **MAS PGDs – Hydrogen Peroxide 1% & Silver sulfadiazine 1%**

Community pharmacy PGDs for impetigo. Currently in use, routine review, and update.

- Removed breastfeeding from excluded and moved to caution.
- Flamazine not licenced for impetigo. Off label. Recommended by microbiologist.

-Approved

7 Other Issues for Noting

7.1 **Methenamine email from Helen Spry**

-Noted

Reviewed evidence and have been advocating methenamine as safer than long term ABX for UTI in certain cohort of well hydrated patients. Ahead of the curve with this.

Will flag to practices when prescribing both as not appropriate.

8 Additional Communications for Noting

8.1 **Medicines supply tool**

-Noted

Monthly pdf file listing drugs in short supply has formally ended. People will need to use this online tool to find out about products. Prescribing leads and PCN lead encouraged to have access to this.

PAMM discussed how out of stock prescription items are handled between the prescriber and the pharmacy, including the need for a suitable alternative to be suggested when applicable.

Communication is key. Yeovil and Taunton are using a WhatsApp group to communicate and share stock it is working well.

The CCG has a document with steps a pharmacy should follow.

Ask LPC to share the CCG medicine supply document and reinforce good practice.

Action: SG

The right to buy issue needs to be stopped. The CCG support professionals' clinical freedom to override a company stopping them ordering items as the patient must come first. Instances need to be raised via super intendant.

8.2 **Personally Administered Items**

-Noted

8.3 **Scorecard Indicators 22-23**

-Noted

Will send out advice and guidance at intervals, so not to overwhelm practices. More details and EMIS searches will follow in the next few months.

Indicator 13 (reduction of oral morphine sol) will be weighted based on individual practices.

8.4 **Updated IIF incentives – Edoxaban plans etc**

-Noted

Focus on addressing unmet need.

Add to newsletter.

Action: EK

9 **Formulary Applications**

9.1 **Sereflo Ciphaler 50mcg salmeterol / 250 mcg fluticasone, Cipla EU Ltd**

1 x 60 dose =£33.95

PAMM approved.

Add to Venn diagram.

Action: Caroline Taylor

Add to formulary.

Action: EK

9.2 **Actimorph, Orodispersible morphine SF tabs, Ethypharm UK Ltd**

1mg x 56 =£2.00, 2.5mg x 56 =£2.50, 5mg x 56 =£3.50, 10mg x 56 =£4.75, 20mg x 56 =£9.50, 30mg x 56 =£13.00.

CD registered product.

Cost effective with low dose options to help with stepping down.

Advantageous over liquid oramorph as no alcohol or sugar content. Also, no sodium content. May be useful rather than codeine for acute injury.

PAMM approved.

Not yet stocked at suppliers. Chase manufacturer for a date. **Action: SG**
Add to formulary when available from wholesalers. **Action: EK**

SG is in discussion with YDH and MPH around alternatives to oramorph.

Contact 111 to highlight this products advantages over oramorph when available. **Action: SG**

9.3 **GlucoRx AiDEX Sensor, GlucoRx Ltd**

1 Sensor £29.95

First Realtime CGM product to be available in the Drug Tariff, from April.

AiDEX gives Realtime update every 5 mins with no need to scan. Only for >14 years.

Cost effective option as £10 a month cheaper than Libre. If all patients switched would be £160,000 saving per year over libre.

Need a commissioning policy for Realtime CGM that won't be available in the Drug Tariff and need to make prescribing decisions on those that are available in Tariff. SG is discussing with diabetes specialist.

Accept GlucoRx AiDEX Sensor onto CCG formulary for type1 patients fulfilling the existing historical national criteria for freestyle Libre.

PAMM Approved.

Add to formulary as per PAMM approved requirements. **Action: EK**

10 **Reports From Other Meetings Feedback**

10.1 **Primary Care Network Feedback**

DD, West Somerset PCN are in throws of working out the extended access requirements. DD also shared that many practices have concerns around the retirement of the dementia shared care guidelines.

Another part of the organisation made an agreement that they could discharge patients without shared care. We had no control over that decision despite SG raising internally. Now are unable to stop services discharging to GPs without shared care and because the drugs that were on the dementia shared care guideline had little need for ongoing monitoring the document became obsolete.

GPs and A&E are unable to refuse patients. When other services become overwhelmed, they default to discharging back to the GP even when clinically inappropriate and unsafe to do so.

There is a need for Mental Health specialists in PCNs, however there is a lack of mental health pharmacists across the county.

When memory clinic discharge, patients have no ongoing support. Much of the support isn't meds related so need to establish who else can be brought in to help manage.

The LMC and PCN need to raise the above issues with clinical directors for a joint approach.

CCG will support practices who decline to accept patients being discharged from the Dementia service. LMC will raise their concerns outside of the PAMM meeting.

Summary

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

Nothing to note. Waiting for ICS and committee structure.

10.3 YDH Medicines Committee meeting – Last meeting 18/03/22

Sam gave an update:

- YDH contacted patients affected by the Alimantum and Elecare recall.
- High numbers of covid.
- Minor updates to many PGDs.
- Audit of errors and missed doses on discharge summary. 10,000 errors per year. If multiplied for Musgrove who don't have the same pharmacy checking procedures could be potentially 20,000 missed errors.
- Request for Ferric maltol to be added to formulary hadn't followed due process so likely to come to us in the next few months.

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: Steve Du Bois gave update March meeting

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

Nothing to note

10.8 LPC Report

No LPC representative attended.

10.9 BNSSG Joint Formulary Group Meeting – Adults Formulary – Last meeting – 15/03/22 minutes not received

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

Going forward the MM team will review and discuss RMO documents and bring anything relevant.

Review RMO documents for PAMM.

Action: MM Team

11 Current Performance

11.1 Prescribing Update

-None this month

11.2 January Scorecard Primary Care Network Trend

-None this month

12 Rebate Schemes

12.1 SELEXID® 200mg tablets, Karo Pharma UK Ltd. Commence date: 01/04/22

-Noted

13 NICE Guidance March

-Noted

14 NICE Technology Appraisals

14.1 None yet this month

15 NICE Clinical Guidance

15.1 [NG136] Hypertension in adults: diagnosis and management -Update

March 2022, updated guidelines:

- Reviewed the evidence and made a new recommendation on blood pressure targets for people who have both hypertension and cardiovascular disease.
- Reassessed evidence on antihypertensive drug treatment from the previous version of this guideline (without a new evidence review) and made a new recommendation to cover people who have both hypertension and cardiovascular disease.

-Noted

Update formulary.

Action: EK

15.2 [NG214] Integrated health and social care for people experiencing homelessness -NEW

This guideline covers providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

-Noted

Lots of recommendations about integrating health and social care. SM has passed to Lee Reid, CCG equalities lead. Lee has recently implemented the national GP access cards scheme. It is for patients with no fixed abode to be able to access healthcare more easily. It is working well in the Taunton and Yeovil PCNs. Director support needed to get more engagement from other PCNs.

CR to arrange a meeting with Lee Reid discuss.

Action: CR

This will be an issue for the ICB. It needs a clinical champion.

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

March 22 updated existing recommendations on casirivimab and imdevimab - for people hospitalised because of COVID-19.

-Noted

15.4 **[NG17] Type 1 diabetes in adults: diagnosis and management – Update**

March 2022: Updated to offer a choice of rtCGM or isCGM (flash), based on individual preferences, needs, characteristics, and the functionality of the devices available.

-Noted.

Adopt a holding position and bring back to PAMM in May.

PAMM Agreed.

Add to May agenda.

Action: ZTW

15.5 **[NG18] Diabetes (type 1 and type 2) in children and young people: diagnosis and management -Update**

March 2022: Updated to offer real-time CGM to all children and young people with type 1 diabetes, alongside supportive education to use it and also to offer isCGM (flash), to those aged ≥ 4 years unable to use rtCGM or who express clear preference for isCGM.

-Noted

Aidex for only >14 years. Falls out of this committee's remit. For SPF to consider in May.

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

March 2022: Updated to offer isCGM ('flash') to adults with type 2 diabetes on multiple daily insulin injections, providing certain criteria met, including self-measuring ≥ 8 times a day. Also to consider rtCGM as alternative if available for same or lower cost.

-Noted

Potentially a huge number of T2 patients would fall into this category.
Adopt a holding position and bring back to a PAMM meeting in Summer after analysis of patient cohorts and affordability.

PAMM Agreed.

16 Risk Review and Management

17 Safety Items, NPSA Alerts and Signals

17.1 MHRA Drug Safety Update March

- Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision
- Metformin in pregnancy: study shows no safety concerns

-Noted

17.2 NIHR alert: Almost half those on long-term antidepressants can stop without relapsing - Informative and accessible health and care research

-Noted

18 Any Other Business

18.1 Lifestyle changes over medication & surgery

An area we need to work on delivering in Primary Care.

Investment in nutritionists within Primary Care is in progress. PCNs can now employ dieticians and health coaches.

Need to be mindful of equality and audience when offering lifestyle advice as not one size fits all.

The right start and education are important. Mental Health and nutrition need to be a focus for children in schools.

It is a Public Health issue, and we need their support to tackle this.

Decide on a guest speaker for next meeting and invite to present (Possibly: John Dolman, Tom McConnell, Jane Sasp or another). **Action: SG & AT**

Add to agenda for next month.

Action: ZTW

DATE OF NEXT MEETINGS

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)