

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 11th May 2022.**

Present:	Hels Bennett (HB)	Medicines Manager, 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
	Esther Kubiak (EK)	Medicines Manager, CCG
	Jane Knowles (JK)	Chief Executive, Somerset Activity & Sports Partnership (SASP)
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Carla Robinson (CR)	Public Health Representative
	Dr Val Sprague (VS)	LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Fivos Valagiannopoulos (FV)	LPC Representative
Apologies:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the prescribing and Medicines Management Committee. Fivos Valagiannopoulos was welcomed to the group as the new LPC Representative. Dr Val Sprague was welcomed to the group as the new LMC Representative. Val is a GP at Taunton Road Medical practice, a GP appraiser and medical advisor for some courts and tribunals.

Jane Knowles, chief executive for SASP was welcomed as a guest speaker. 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 6th April 2022**

- 4.1 The Minutes of the meeting held on 6th April were agreed as a correct record, subject to the following amendments:
10.1 to state: 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.

4.2 **Review of action points**

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

Dementia shared care guide will come back to June meeting with option of reinstating guideline with clarification on how to take it forwards. Peter Bagshaw will contact the dementia team and ask them to halt any discharges.

Action 1: Raise initiation of preferred brand of methylphenidate at MH DTC.

Advice has been amended and will revisit at the next DTC.

Action 3: The cost of locums has increased so the PAMM GP payment should be increased to reflect this. Raise internally. Locum cost increases have been highlighted and it is being considered at corporate level.

5 **Matters Arising**

5.1 **Lifestyle changes over medication & surgery**

Somerset Activity & Sports Partnership is a physical activity organisation dedicated to increasing the health and happiness of residents in Somerset through physical activity and sport.

JK gave a presentation on the links between activity and positive physical and mental health outcomes, National and Somerset physical activity data and what SASP is doing to help improve these figures.

Main points:

- Physical activity provides many health benefits including reducing risk of multiple health conditions and preventing need for prescription medication.

- Physical activity levels have dropped since the Covid pandemic.
- Significant inequalities: Gender, Socio-economic groups, Age, Disability & Long-term health conditions & Ethnicity.
- Positive associations between activity and wellbeing. Not just about physical health. Use physical activity to help people manage mental wellbeing
- Patients that are inactive (less than 30 minutes of physical activity a week) are cause of most concern.
- Somerset Moves is a system wide strategy, adopted by Somerset CCG CEC and the health and wellbeing board. Focus on reducing inequalities, collaborative working & learning, prevention, and behaviour change.
- Need to integrate with Primary Care. Currently working with 3 PCNs on a data collection template and reporting tool for social prescribing health coaches. Understand the workload needs to sit with HCAs and Physios rather than GPs. The template will not be for the GPs to fill in only to view.
- A cohort of patients with back pain/ low mood/ depression (likely to move to opioids) will be asked to come and see their health and wellbeing coach to arrange a personalised care plan to prevent the move to opioids.
- SASP website will contain links to physical and mental health help options (Health walks, REVIVE, Activities to do at home, Take time, Men's sheds etc.) which will allow people to self-refer.

PAMM thanked Jane for the presentation.

PAMM GPs agreed that the additional workload is best sat with the wellbeing coaches but don't want it to lose the value of GP involvement. JK advised PAMM that the letters are normally signed and sent from a GP in the practice.

It can be a struggle to promote these programmes at times, so the more options the better. Need to first try and engage with patients that want to work with the programmes to improve their lives. Not all programmes will have the capacity to allow referral of all identified patients.

Share CEC Somerset Move document.

Action: ZTW

Link with JK around menopause workstreams.

Action: SM

Put link to the website in the newsletter and a reminder that patients can self-refer.

Action: EK

PAMM also discussed active travel to work, which looks to embed physical activity into the workforce. A positive for the NHS and the climate emergency. However, the infrastructure for active travel in the UK is poor and creates a large barrier for most. A government agency is looking into how the infrastructure can be improved.

5.2 **Contract update 22/23**

SG pulled together summaries for the medicine related aspects of the contract:

- Emergency Admissions – 10-15% of those are medicines related and can be prevented. Invested lots of time into eclipse alerts to allow intervention before admission.
- CVD Prevention – Focus on identifying patients with hypertension and getting the to amend lifestyle before medication. Have informed discussions with patients around different medications and optimising statin doses. Have the added thought process around FH. There is a 76 week wait to see Alex Bickerton in lipidology as he is the only person providing the clinic in Somerset. Business plan submitted for extra lipidology consult to reduce wait. LMC to be aware of the service gap. Lots of work has been done on AF and CHA₂DS₂-VASc. Eclipse highlights patients that are not anti-coagulated, this should be looked at as a priority. Work stream around identifying unknown AF. Work to be done on optimising the medication in those we know about. National procurement of edoxaban is cost effective. Indicator target has been reduced.
- SMRs – PCN pharmacist led service has been broken down into different clinical areas. Number of patients that can have a review is more than we will be able to do.
- Respiratory Care – Somerset are one of the best in the country around respiratory prescribing and admissions are continuing to decrease. Make sure patients are reviewed to align inhalers and step down. Carbon sustainability linked in.

5.3 **Interim TOR amendment**

Changes made:

- Updated CCG to ICB for longevity as we change over, in the coming months.
- Added in one GP or non-medical prescribing registered professional from each commissioning locality.
- Updated SBD title.
- CEC representative updated to include 'or ICB equivalent'.

Further changes to be made:

- Add Public Health representative to the membership.

PAMM will try to appoint a new lay representative.

Contact engagement for support with recruiting a new lay representative. **Action: SM**

PAMM approved the changes.

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

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

[NG28] Type 2 diabetes in adults: management

These NGs were discussed at PAMM in April. Along with PAMM approving the addition of GlucoRx AiDEX to the formulary for type1 patients fulfilling the existing historical national criteria for freestyle Libre. The criteria will now be changed to include all type 1 patients for CGM and Flash monitoring.

Update CCG website.

Action: Ezmerelda White

Update formulary.

Action: EK

SG took a CGM paper to CEC last week around the management of patients and CGM devices. It was agreed that PAMM will have the remit around any CGM devices in the Drug Tariff, and there will be a commissioning policy for all non-prescribable CGM devices. Because prescribable devices are half the cost, patients will be expected to trial them for 6 months before they may have the option to move to a non-prescribable device.

PAMM to look at NICE recommendations around T2 patients on insulin at June meeting. Add to agenda.

Action: ZTW

Dexcom have produced a cost effective CGM that may enter the Drug Tariff 1st June. If it is not considerably more than the GlucoRx AiDEX and is less than Freestyle Libre then SG will send out an email for virtual formulary approval.

5.5 Flu and Covid-19 vaccinations

Flu – Work will begin for the next season shortly.

Covid – There is an expectation in the autumn, a 4th dose of vaccine will be offered to most at-risk population, depending on JCVI and evidence. Still looking at the rest of the world for any new variants of concern. Data shows cases are dropping in the Southwest and the rest of the country.

6 Other Issues for Discussion

7 Other Issues for Noting

7.1 Increase in hepatitis (liver inflammation) cases in children under investigation
Raise awareness of the increasing number of hepatitis cases in children with no identifiable cause.

-Noted

8 Additional Communications for Noting

8.1 **PAMM decision – GlucoRx AiDEX**

-Noted

8.2 **22/23 Prescribing & Quality Improvement scheme**
-Noted

8.3 **22/23 Antimicrobials Scorecard Target**
-Noted

8.4 **MHRA Pregabalin**
-Noted

Overused potentially in a lot of the population across the country. Use in pregnancy carries a risk which has been shared at national level by MHRA. The SPC notes the teratogenic risks but not as widely noted as the valproates. Awareness needs to be raised to protect patients and prescribers with medicolegal responsibility. If secondary care will not provide the annual review, then GPs should notify them of intent to stop prescribing.

Somerset CCG have multiple searches set up to identify patients of childbearing age on medication with a teratogenic risk, including pregabalin and gabapentin. Pregnancy prevention needs to be on GP record.

8.5 **AF & Stroke**
-Noted

8.6 **Potential sepsis patients and Ambulance waits**
-Noted

Discussion at CEC. Ambulances are currently breaching all arrival times due to pressures on the system. A practice recently experienced a wait of up to four hours for a patient with suspected sepsis.

Reminder to follow CCG guidance on Sepsis and ABX administration in Primary Care if ambulance delay is expected.

8.7 **Guidance on prescription duration**
-Noted

The number of prescriptions continues to increase each year due to rising age of population and co-morbidities, putting added pressure on Primary Care and Pharmacies.

SG has reissued the Somerset guidance for prescribing durations:

- 28 – 56 day supply for suitable patients (consider safety and the need for monitoring)
- 28-day supply for Care home residents
- Maximum 30-day supply for controlled drugs

- eRD at 28 or 56 day intervals for maximum of 12 months
- Patients requesting >84 days e.g. for foreign travel should be declined and deregistered and advised to seek medical care in new place of residency
- Reduce polypharmacy and stop prescribing for self-care appropriate items

Some GPs are experiencing issues with patients contacting them as their EPS prescriptions have not been done by the pharmacy. EPS daily pick up also seems to be causing difficulties.

Contributing factors may be:

- Post-dated prescriptions can only be retrieved from the spine on the specific date.
- Workload and workforce issues in community pharmacy.
- The settings for how ERDs have been set up (Surgery have limited to every 28 days).

Better communication between the PCNs and pharmacies will help recognise and solve these issues.

The LCP were going to appoint a community pharmacist within the PCNs to link with the surgeries.

Contact LPC to get a current list of community pharmacist links.

Action: SG

8.8 **Removal of Diprobase cream and ointment from drug tariff**

-Noted

9 **Formulary Applications**

10 **Reports From Other Meetings Feedback**

10.1 **Primary Care Network Feedback**

Nothing to report this month.

Summary

10.2 **LPC Report**

FV is one of the clinical pharmacist joint leads for Tone Valley PCN, as well as the Somerset LPC representative for independent contractors.

FV gave an LPC update:

- The LPC are pleased with progress of ICS and have become embedded in the discussion and leadership groups.
- Somerset were second in the country for GPCPS referrals last month.
- Hypertension case finding service. Some pharmacies have already started case finding. Currently a list of pharmacies signed up to the hypertension service however it does not mean they are ready to start offering the service.
- Hoping to launch Hepatitis C testing pilot for Somerset in the next month or so. It did not happen nationally because of Covid. Will start with a few sites that lead on needle exchange. Will update PAMM when service launches. PH have been updated on this work stream.
- Working with AP to resolve the lack of DMS from MPH.

- Staff retention and locum shortages in community pharmacy are a challenge.

Share the list of pharmacies ready to offer the hypertension service when it is ready at the end of the month. **Action: FV**

- 10.3 **Clinical Executive Committee Feedback – Last meeting 04/05/22**
CEC discussed the Ambulance issue (8.6).
There will also be a meeting later today to discuss the ICS development and where clinical input sits. SG will give feedback if it results in any changes to committee structures directly affecting PAMM.
- 10.4 **YDH Medicines Committee meeting – Last meeting 18/03/22 – Minutes not received: Sam Morris gave update at April meeting**
Meeting structures will change with the merger of the trusts. Discussions are starting to happen around medicines governance, how to streamline and unify to remove duplication of work.
- 10.5 **Somerset NHS Foundation Trust D&TC – Next meeting – 14/05/22**
- 10.6 **Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 07/06/22**
- 10.7 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC Summer 22**
- 10.8 **South West Medication Safety Officer Network Meeting – Next meeting 08/06/22**
- 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 – Next meeting: 08/06/22**
- 11 Current Performance**
- 11.1 **Prescribing Update**
Current position points towards an underspend of £1m. SG is in discussions with finance to secure an extra £1m growth for the coming year to facilitate unmet need and identified investment requirements.
- Inflation rates across the world are impacting costs and availability of medications.
- With regards to medication shortages, PAMM GPs raised concerns around the high numbers of prescription change requests they receive, without an appropriate alternative suggested. The South West medicines shortage guidance was resent to the LPC following the April PAMM meeting as a reminder of good practice.
- 11.2 **February Scorecard Primary Care Network Trend**
-Noted
- 12 Rebate Schemes**

- 12.1 Abbott, Freestyle Libre sensor & Freestyle Libre 2 sensor. Commence date: 1st May 2022
-Noted
- 13 NICE Guidance April**
-Noted
- 14 NICE Technology Appraisals**
14.1 None this month
- 15 NICE Clinical Guidance**
15.1 **[NG128] Stroke and transient ischaemic attack in over 16s: diagnosis and initial management – Update**
April 2022, new recommendations on blood pressure control for people with acute intracerebral haemorrhage.

-Noted
Review and add any relevant medicine related guidance to formulary. **Action: EK**
- 15.2 **[NG215] Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults -New**
This guideline covers general principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care.

-Noted
Somerset guidance is in line with this, but we need to improve practice. As a group healthcare professionals tend to be good at adding in but less so at taking them out.
- 15.3 **[NG217] Epilepsies in children, young people and adults -New**
This guideline covers diagnosing and managing epilepsy in children, young people and adults in primary and secondary care, and referral to tertiary services. It aims to improve diagnosis and treatment for different seizure types and epilepsy syndromes and reduce the risks for people with epilepsy.

-Noted
- 15.4 **[NG191] COVID-19 rapid guideline: managing COVID-19 -Update**
6 May 2022, added new recommendations on baricitinib.

-Noted
- 16 Risk Review and Management**
- Financial control and spend.
 - Can revisit the issue with supply of medications if situation worsens.
- 17 Safety Items, NPSA Alerts and Signals**
17.1 **MHRA Drug Safety Update April**

Pregabalin (Lyrica): findings of safety study on risks during pregnancy.
A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary.

-Noted

17.2 **NIHR Alerts**

- People of all ages benefit from drugs to lower blood pressure
- Almost half of those on long-term antidepressants can stop without relapsing

-Noted

Highlight in the newsletter.

Action: EK

18 Any Other Business

18.1 Paliperidone long-acting injection

SBD informed PAMM that paliperidone long-acting injection is coming off patent this month, with a generic product likely to launch in autumn, hopefully bringing some cost savings. MH DTC will be looking to restrict the initiation of paliperidone to the longer acting preparations to optimise savings.

DATE OF NEXT MEETINGS

15th June (SIMO following)

13th July 2022 (SPF following)

14th September 2022 (SPF following)

12th October 2022 (SIMO following)

16th November 2022 (SPF following)