

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 15<sup>th</sup> June 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 DuBois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Esther Kubiak (EK)	Medicines Manager, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Dr Robert Tippin (RT)	LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Emma Waller (EW)	Yeovil Representative
Apologies:	Dr Piers Jennings (PJ)	East Mendip & Frome Representative
	Dr Carla Robinson (CR)	Public Health Representative
	Fivos Valagiannopoulos (FV)	LPC Representative

## **1 APOLOGIES AND INTRODUCTIONS**

AT welcomed everyone to the prescribing and Medicines Management Committee.

RT was introduced to the group as the LMC representative.

Apologies were sent as 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 11<sup>th</sup> May 2022**

4.1 The Minutes of the meeting held on 11<sup>th</sup> May were agreed as a correct record.

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

Most items were either complete or, on the agenda.

**Action 1:** Initiation of preferred brand of methylphenidate - PAMM requested that at specialist review patients are given trial off the drugs or a switch to more cost-effective version. This is not currently part of the shared care guide so ask for it to be raised with relevant consultant group and clinical director. **Action: SDB**  
Communicate this requested change to RUH. **Action: SG**

#### **5 Matters Arising**

##### **5.1 Implementing NICE CGM recommendations for T2 patients. [NG28] Type 2 diabetes in adults: management.**

Recommendation for PAMM to consider implementing NICE CGM recommendations for T2 patients.

NICE recommends prescribable CGM for the following:

Adults with type 2 diabetes on multiple daily insulin injections if any of the following apply:

- They have recurrent hypoglycaemia or severe hypoglycaemia
- They have impaired hypoglycaemia awareness
- They have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an is CGM device (or have it scanned for them)
- They would otherwise be advised to self-measure at least 8 times a day.
- They are an adult with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose

CGM remains Non formulary for Type 2 patients on oral medication only.

PAMM approved.

GlucoRx Aidex is more cost effective so add as first line choice.

Add prescribable CGM for Type 2 patients fitting the NICE criteria to the formulary.

**Action: EK**

PAMM also noted cost saving should be made to support this by not routinely offering self-monitoring of capillary blood glucose levels for adults with type 2 diabetes who are just on medication which doesn't cause hypos e.g. Metformin.

**5.2 Community pharmacy PCN Leads and Hypertension case finding pharmacies**

FV sent though the list of Community pharmacy PCN leads which the LPC have split input across the PCNs.

FV also sent the list of pharmacies signed up to the hypertension case findings, but PAMM are unsure if all of these are now active.

Confirm if all the listed pharmacies are now active.

**Action: FV**

**5.3 Dementia Drugs Shared Care Guideline**

The dementia shared care guide was withdrawn as it wasn't being followed. Patients were being discharge into Primary care without following the guidance.

The LMC have asked PAMM to review the prescribing of drugs for Dementia patients.

Appropriately trained clinicians in primary care should be diagnosing and if deemed clinically beneficial initiating prescribing in primary care, this may be something the LMC wishes to raise.

Too many patients remain on these drugs far past their therapeutic benefit, and therefore specialist should be advising on discontinuation when evidence of a therapeutic effect is no longer present. This would reduce the obligations in both primary care and specialist care.

PAMM does not support discharging patients to primary care clinicians who are not competent to discontinue drugs where therapeutic benefit is no longer present.

PAMM agreed to re-instate the previously existing Somerset shared care guideline.

Raise the contractual requirement for shared care guidelines to be followed with colleagues in the appropriate speciality.

**Action: SDB**

Add to website.

**Action: Ezmerelda White**

Recommence due process for reviewing the dementia shared care guidelines with the trust specialists.

**Action: HB & SM**

Bring reviewed dementia shared care guide to next PAMM.

**Action: ZTW**

## **6 Other Issues for Discussion**

### **6.1 Somerset end of year prescribing position: OpenPrescribing**

This data is available to the public and shows results on a number of measures chosen by open prescribing. It can be broken down into different levels.

Areas we could do better:

- VSL#3 & Vivomixx – Bottom 2 %. Not recommended and no longer in the Drug tariff. For self-care.
- Toothpaste prescribing – Should only be prescribed by Dentists although some patients don't have access to dentists, so need to be pragmatic.
- Prescribing of hypnotics & other addictive drugs – On downward trend but not as fast as other areas of the country. Important for patient outcomes and protecting prescribers.

Many areas we are doing much better than the rest of the country:

- Soluble pain killers – salt content helping hypertension
- 7 day prescribing with support of LMC
- Short acting SABAs- same inhaler pathway
- High dose inhaled steroids
- MDI pathway
- Carbon footprint of salbutamol inhalers
- CGM one of the first to approve libre so maintained position above national uptake.

-Noted

Some PAMM members are concerned by the Edoxaban target as they have vast majority of patients on Apixaban – SG informed PAMM that PCNs could all reach the target by not switching the apixaban patients.

PAMM members discussed the opioids reduce target. They see it as important however the lack of pain clinics, workforce and time makes it difficult. The patient also needs to be ready to make the change and discontinuation reactions can be a barrier.

### **6.2 Managing PGDs when healthcare organisations merge, cease to exist or services are transferred to a new provider**

PAMM to confirm they support CCG PGDs transferring to ICS PGDs from July 1<sup>st</sup>. Information from SPS as to what needs to be done.

PAMM is PGD oversight group.

Recommendation: PAMM accepts from 1<sup>st</sup> July the transfer of the CCG PDG to ICB PGDs.

PAMM approved.

### **6.3 Registered Physio MSK PGDs – For approval**

These are existing PGDs which have been reviewed and updated to show review date and authorisation.

PAMM approved.

**6.4 Silver Sulfadiazine & Hydrogen Peroxide MAS PGDs**

These are existing PGDs which have had minor wording changes.

PAMM approved.

**6.5 Long term conditions guidance and recovery**

ICB strategy and priorities have not yet been announced.

Recovery will be a focus for the system post pandemic, although Covid cases are rising again.

Helpful guidance and flags some of the areas we have been focusing on as a medicines optimisation system: CVD, Diabetes, COPD & Asthma, People with Mental illness and Learning Difficulties, Cancer treatment gap.

-Noted

**6.6 Diazepam, Temazepam & Zopiclone tapering documents**

We are currently above nation average for prescribing these drugs.

Jon Dolman worked with SM to create these documents, as a guide for GPs with tapering and dealing with discontinuation reactions in patients. GPs will still need to use their own clinical judgement.

Documents have been sent through to MH DTC and have passed on to two specialists for comments. Comments so far: Diazepam guidance says when used for more than 4 weeks rather than 2, so taking pragmatic approach and will change to 2-4 weeks.

PAMM approved.

Add to Hypnotics & Anxiolytics page on website.

**Action: SM**

Send out documents to support the incentive scheme.

**Action: SM**

**7 Other Issues for Noting**

**8 Additional Communications for Noting**

**8.1 Levomepromazine injection supply issues – Email from SG**

-Noted

**8.2 Prescribable Real time CGM (GlucoRX Aidex) and freestyle libre for type 1 diabetics – update – Email from SG**

-Noted

**8.3 22/23 Medicines Management scorecard - Opioid prescribing targets – Email from Helen Spry**

-Noted

8.4 **IIF Edoxaban Target – Email from SG**

-Noted

**9 Formulary Applications**

9.1 **Feraccru, Ferric Maltol caps, Norgine**

Request from YDH change TLS from Red to Green.

Needed a clear SOP for which patient groups this should be used in. Recommend off license for once a day use in line with the other guidance. This guidance document to help steer primary care appropriately.

PAMM approved.

Ask YDH to correct the dose.  
Change TLS to **Green**.

**Action: SM**  
**Action: ZTW**

9.2 **Ryeqo 40mg/1mg/0.5mg film-coated tablets, 40 mg relugolix, 1 mg estradiol (as hemihydrate), and 0.5 mg norethisterone acetate, Gedeon Richter Ltd.**

Indicated for treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. NICE ID3842 (DRAFT)  
28 tablets £72, 84 tablets £216

Classify as **RED** drug initially. When more information around the drug and monitoring is available consider move to Amber.

PAMM approved.

Add to TLS **RED**.

**Action: ZTW**

9.3 **ClinOptic™ HA 0.1% and 0.21% sodium hyaluronate, P/F, ADAPt Pharma.**

Indicated for the relief of mild dry eye symptoms and contact lens irritation.  
10ml £4.15.

Same price as our current option.

PAMM approved.

Add to formulary.

**Action: EK**

9.4 **Rebrikel, Buprenorphine transdermal patches, Zentiva, Controlled Drug.**

5mcg/hr x4, £5.25, 10mcg/hr x4 £9.43, 20mcg/hr x4 £17.19

Cost effective brand for all strengths

green denotes our cost-effective brands / Scorecard project positive lists

% Saving by prescribing Zentiva brand (REBRIKEL)

Sevodyne – 5%, Bunov – 5%, Reletrans – 17%, Bupramyl – 25%, Panitaz – 25%,

Butec – 34%, BuTrans – 70%, Cat C – 70%

Supply issues have forced use of more expensive products so it would be practical to include additional cost-effective options on the formulary.

PAMM approved.

Add to formulary.

Action: EK

Add to scorecard project positive list.

Action: Ezmerelda White

#### 9.5 Opiodur, Fentanyl transdermal patches, Zentiva, Controlled Drug.

12mcg/hr x5 £5.64, 25mcg/hr x5 £8.07, 50mcg/hr x5 £15.09, 75mcg/hr x5 £21.05, 100mcg/hr x5 £25.94

Cost effective brand for all strengths

% Saving by prescribing Zentiva brand (OPIODUR) example below for 12micrograms / hour

Matrifen – 25%, Mezolar – 25%, Fencino – 33%, Victanyl – 55%, Yemex – 55%,

Durogesic – 55%, Cat C – 55%

PAMM approved.

Add to formulary.

Action: EK

Add to scorecard project positive list.

Action: Ezmerelda White

#### 9.6 Klisyri, Tirbanibulin 10mg/g ointment

Request from YDH to classify as Green drug.

There are currently other slightly more cost-effective products on the formulary for this indication. However, as it is only a 5-day treatment people are likely to be more compliant.

PAMM approved.

Add to formulary.

Action: EK

Add to TLS GREEN.

Action: ZTW

## 10 Reports From Other Meetings Feedback

### 10.1 Primary Care Network Feedback

DD- Extended access issues.

Pharmacy technicians working particularly well, especially with ward rounds in nursing and residential homes.

JN- Extended access issues.

EW- Hoping to appoint a clinical director soon. Also focusing on ward rounds.

MT- PCN looking at project to reduce oramorph prescribing and hypertension project.

RT- Extended access issues.

Difficulty recruiting pharmacist compared to similar sized PCNs nationally. This makes it an unfair comparison across the country. Having made funding available for specific post in rural and deprived areas, which are unable to be filled has increased inequality.

SG agreed with RT and informed PAMM of the struggle across the pharmacy system for workforce. Numerous community pharmacies are having to reduce opening hours or are unable to open as they have no pharmacist cover. There is hope of a South West school of pharmacy in the future but this will not solve the immediate issues.

## **Summary**

### 10.2 **LPC Report**

None this month

### 10.3 **LMC Report**

Dementia SCG previously discussed.

### 10.4 **Clinical Executive Committee Feedback**

CEC have decided there should be a Clinical Senate type approach to capture clinical executive voices. The statutory remit of the ICB structure is just one voice from Primary Care so this is a step forward. We are yet to see the detail.

Discussed National roll out of virtual wards, "Hospital at Home". A draft paper has gone to CEC to brief them. A lot of money will be going into treating patients in their own home. SG has raised concerns that draft paper does not include any pharmacist cover as Trust pharmacy input is needed. Steve & Andrew will need to put in how many pharmacists they will need. SG has also flagged medicine supply issues which needs sorting before roll-out. They will be Trust patients so Primary Care should not be involved with prescribing for these patients. Due process needs to be followed to involve Primary Care if needed.

CEC has had its last formal meeting and unsure of the plans for next month.

### 10.5 **YDH Medicines Committee meeting – Last meeting 13/05/22**

- New formal application for ferric maltol.
- Using licensed Chloral Hydrate for as a sedative to be used in paediatrics.
- Critical medicine shortage of Dioralyte, the generic is available, and SM highlighted to paediatrics breastfeeding can help.
- Sugammadex administration in adults guidelines have been updated to include that the use of this drug is the equivalent of missing 1 day



contraceptive pill so other forms of contraception will be needed. In discussions of how to be inform the patient, (Pre-Op clinic/ Pre-printed wrist bands etc.).

- 10.6 **Somerset NHS Foundation Trust D&TC – Last meeting – 14/05/22**  
Nothing to note.
- 10.7 **Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 07/06/22**  
Nothing to note.
- 10.8 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC Summer 22**
- 10.9 **South West Medication Safety Officer Network Meeting – Last meeting 08/06/22**
- 10.10 **Regional Medicines Optimisation Committee South West – Next meeting: 08/06/22**  
AT was unable to attend the meeting but shared the agenda and noted the areas of interest:
- Medicines repurposing programme
  - Sustainability of inhalers.
- When minutes are available, they will be reviewed with relevant information brought back to PAMM.

## **11 Current Performance**

### **11.1 Prescribing Update**

SG presented the annual report 21-22

- Financial position positive as underspend position
- Increase in budget for this year and practices will received the 22-23 budget letters shortly.
- Quality improvement scorecard 491 greens in April 2021 to 566 greens in March 2022.
- Somerset CCG was in the top 10% for many prescribing indicators including High dose corticosteroids, ABX stewardship (various indicators), 7 day prescribing and many more.
- Despite workforce issues the eclipse live tool has continued to be updated and engagement has increased.
- Polypharmacy and over prescribing of hypnotics, anti-psychotics and opioid and other analgesics remains an area of focus for safety in Somerset.
- ICBs and Trusts asked to support carbon footprint work. Stopping patients being admitted saves more Co2 than changing inhalers.

-Noted

- 11.2 **March Scorecard Primary Care Network Trend**  
Overall improvement not as good as previous years.  
-Noted

## **12 Rebate Schemes**

- 12.1 None this month

**13 NICE Guidance May / June**

-Noted

**14 NICE Technology Appraisals**

14.1 [TA791] Romosozumab for treating severe osteoporosis – NEW  
This technology is commissioned by integrated care systems and clinical commissioning groups. Providers are NHS hospital trusts and primary care providers.

Classify as **RED** drug.  
PAMM approved.

Add to TLS **RED**.

**Action: ZTW**

**15 NICE Clinical Guidance**

15.1 [NG216] Social work with adults experiencing complex needs - New

-Noted

15.2 [NG218] Vaccine uptake in the general population – New

-Noted

15.3 [MTG70] Sleepio to treat insomnia and insomnia symptoms – New

SG has asked commissioners if sleep station will be recommissioned, waiting for an update.  
-Noted

15.4 [NG219] Gout: diagnosis and management - New

-Noted

15.5 [NG25] Preterm labour & birth – Update new recommendations on the use of repeat courses of maternal corticosteroids. For further details see update information.

-Noted

**16 Risk Review and Management**

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

17.1 **MHRA Drug Safety Update May**

MHRA Drug Safety Update May

Denosumab 60mg (Prolia): should not be used in patients under 18 years due to the risk of serious hypercalcaemia

-Noted

**18 Any Other Business**

18.1 **Dr Helen Cotton**

Dr Helen Cotton was a former member of PAMM, she passed away around a month ago after a short illness. It is a great loss and sadness for all that knew her. Helen put a huge amount into the system, and we are grateful to have worked with her.

**DATE OF NEXT MEETINGS**

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)