

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 13th July 2022**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	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, NHS Somerset
	Dr Piers Jennings (PJ)	East Mendip & Frome Representative
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr Carla Robinson (CR)	Public Health Representative
	Dr Rob Tippin	LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Fivos Valagiannopoulos (FV)	LPC Representative
Apologies:	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee.

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 NHS Somerset'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 15th June 2022

4.1 The Minutes of the meeting held on 15th June were agreed as a correct record, subject to the following amendments:

4.2 Review of action points

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

1. Re-instated historical dementia SGC. The update is still being reviewed with Victor from the Mental Health trust. SG having a meeting with Peter Bagshaw to discuss the pathway.

5 Matters Arising

5.1 Community Hypertension case finding pharmacies & LPC update

FV informed PAMM of the national enhanced Hypertension case finding service provided by pharmacists in community pharmacy. It allows patients to attend ad-hoc for 2 blood pressure readings if they fit inclusion criteria (over 40 and no history of hypertension or under 40 with a family history of hypertension). These readings are then added to the PMR and sent to the GP. If the patient is identified as having high BP they will be offered 24h ambulatory BP monitoring. If a patient is unable to tolerate the ambulatory BP monitoring, they will be offered a home BP testing option. If a patient is found to have a BP of 200/120 they will be referred as clinically urgent to the acute service at the GP surgery.

There will likely be a public campaign to advertise this service.

GP surgeries can also refer patients to the pharmacy with conditions that require BP monitoring. There were many questions around whether this is part of the commissioned service or not.

Clarify the service specification and position around GPs referring patients for BP checks. **Action: SG/ FV**

PAMM raised concerns:

- Some community pharmacies are closing due to lack of staff and unable to dispense prescriptions in a reasonable timeframe, so any non-commissioned work is likely to exacerbate the problem.
- Patient care may become fragmented if regular BP monitoring is done in the pharmacy rather than the GP practice.
- GP practices are responsible for monitoring BP for patients with certain conditions or risk failing CQC.

- Patients that have high BP but are not clinically urgent should be told it is important to see the GP but not urgent as they will have likely had this for a while.
- NHS Somerset commission a blood pressure at home service. This needs to be linked up to avoid duplication. Options seem quite confused.
A process/ pathway needs to be put in place across Somerset. Feed this back to PH. **Action: CR**

LPC update.

CPCS roll out is going well, with less referrals back to GPs.

Some GP teams have decided to pause this service due to the issues with the pharmacies. It is something that needs to be fixed by working collaboratively.

Planning for flu season & covid vaccines.

Preparing for Hepatitis C testing pilot. This will focus on pharmacies with high needle exchange & daily pick-up rates. Will give further update at September meeting.

5.2 Dementia Drugs Shared Care Guideline - Updated

Draft being finalised and will come to PAMM in September. It will include clarity around deprescribing.

LMC position: Any patient being discharged to GP for consideration of annual reviews would be sent back. This is due to training levels across the county and the additional time needed for the appointment. This is the holding position.

Fully understand LMC position, however many of these patients will be on other medication that will require an annual review and SMR for QOF payments.

The SCG must be in agreement with appropriate support and training. The LMC position is being shared.

6 Other Issues for Discussion

6.1 Continence preferred product list for adults & catheter passport – For approval

Continence preferred product list for adults

Historically Somerset have not been very good with formulary compliance of continence products. Practices often feel unable to change once prescribed by hospital or community.

Caroline Taylor and Catherine Weller worked together to update the list. We will not be recommending practices actively switch this year due to pressures and other workflows.

The system wants to use catheter trays so we have asked for feedback on waste to ensure we are limiting waste and carbon footprint.

PAMM approved.

Add to website.

Action: Ezmerelda White

Catheter passport

For noting as already being used by services.

Reminder that Somerset does not support retrospective prescriptions for an appliance contractor or pharmacy.

6.2 Hyoscine butylbromide PGD – For approval

For use in palliative care.

Previously authorised other salt. Asked Devon Doctors to use this salt to come in line with our formulary.

PAMM approved.

Get PGD signed off and completed for use.

Action: HB

7 Other Issues for Noting

Updated PGDs, Methylprednisolone & Triamcinolone

Approved at PAMM in June.

Following confirmation from SFT, lidocaine allergy was removed from the Exclusion criteria (neither product contains lidocaine).

-Noted

Get PGDs signed off and completed for use.

Action: HB

8 Additional Communications for Noting

8.1 Re-instatement of shared care for prescribing of Dementia drugs – Email from SG – 15/06

-Noted

8.2 CGM for type 2 diabetics on multiple daily insulin injections – Email from SG – 16/06

-Noted

8.3 Hidden sugars - Glycaemic index CGM for type 2 diabetics on multiple daily insulin injections – Email from SG – 17/06

-Noted

8.4 Referrals to Sleepstation – Email from SG – 23/06

-Noted

8.5 **Apixaban: DOAC patent challenge update – Email from SG – 23/06**
-Noted

8.6 **Ferric Maltol - change in traffic light status to Green update – Email from SG – 30/06**
SG apologised for sending out this communication prematurely as it still needs approval from SPF this afternoon.
-Noted

8.7 **FW: Lipid Management Pathway webinar – invitation – Email from SG – 01/07**
-Noted

8.8 **Improving the management of chronic pain: reducing harm from opioids – Email from SG – 06/07**
-Noted

8.9 **Inhaler scorecard indicators - £1M savings – Email from SG – 07/07**
-Noted.
No change to financial pressures in Somerset. We are the most cost-effective prescribers in the area. Focus is on aligning the pathways.

8.10 **Emis Pain audit searches and updated audit questions to support QOF Quality Improvement (QI) modules – Email from HS – 11/07**
-Noted

9 **Formulary Applications**

9.1 **Tamsulosin 400mcg/ Dutasteride 500mcg capsules, generic.**
Combination product better for environment & patient. More cost effective. Proposal to add Dutasteride singularly and in combination with Tamsulosin to formulary. Recommend patients on combination Tamsulosin/ Finasteride switch to Tamsulosin/ Dutasteride.

PAMM approved.

Add to formulary.
Add to TLS **Green**.

Action: EK
Action: ZTW

9.2 **Trimbaw pMDI 172 micrograms/5 micrograms/9 micrograms pressurised inhalation, solution, Chiesi Ltd.**
1x 120 dose £44.50. Add to formulary. Will not be a preferred product and not for switching to.
PAMM approved.

Add to formulary.

Action: EK

Add in inhaler VENN diagram.

Action: Caroline Taylor

- 9.3 **Dexcom ONE Glucose Monitor for Type 1 - Type 2 Diabetes, Dexcom UK**
Anticipated in August drug tariff. Expected to be £900 per year (more expensive than glucoRX aidex. £780). Licensed for use in under 14s unlike aidex.

Early application, for approval on the condition it is added to August Drug Tariff.

Proposal to add to formulary as first line for younger age group 4-14 years and as second line for adults.

PAMM approved, pending addition to drug tariff.

Add to formulary (if added to August drug tariff).
Add to TLS **Green** (if added to August drug tariff).

Action: EK
Action: ZTW

- 9.4 **Epival CR, sodium valproate, Gerot Lannach UK Ltd**
30 x 300mg tablets £3.40, 30 x 500mg tablets £5.67

Have a dual license, for epilepsy and bipolar disorder. More cost effective than Epilim Chrono and Generic.

Somerset have the pregnancy prevention programme in place for women of childbearing age for which this will be included.

Need to be careful of destabilisation of patients when switching. Understood to be bioequivalent to Epilim Chrono. Epilepsy nurse specialist at Musgrove is happy to support use. However unsure if it is equivalent to Depakote.

Proposal to add to formulary as first line recommendation for controlled release.

PAMM approved.

Add to formulary.
Add to TLS **Amber**.

Action: EK
Action: ZTW

The Mental Health Trust have recently done a valproate audit. Some patients had been given an inappropriate or unlicensed product.

Share audit with SM.

Action: SDB

- 9.5 **Empagliflozin for Heart Failure**

Empagliflozin has received its expected license extension, so now licensed for all Heart Failure patients, diabetics, and non-diabetics. Jardiance is indicated in adults for the treatment of symptomatic chronic heart failure.

SG has flagged with consultants, and they support it being on formulary.

Proposal to add to formulary before NICE TA as patients will get better outcomes from use.

PAMM approved.

Add to formulary.
Add to TLS **Green**.

Action: EK
Action: ZTW

**10 Reports From Other Meetings
Feedback**

10.1 Primary Care Network Feedback

None this month

Summary

10.2 LPC Report

See 5.1

10.3 LMC Report

Main topic is the dementia SCG. It is currently being reviewed and revised after recent reinstatement.

Also started discussing use of Mycophenolate and Ciclosporin further updates will follow.

10.4 Clinical Executive Committee Feedback

None this month

10.5 YDH Medicines Committee meeting – Next meeting 13/07/22

10.6 Somerset NHS Foundation Trust D&TC – Last meeting – 14/05/22 – SG gave update in June

10.7 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 07/06/22 – HB gave update in June

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 minutes not yet received

10.10 Regional Medicines Optimisation Committee South West – Next meeting: TBC

11 Current Performance

11.1 April Scorecard Primary Care Network Trend

Not available this month.

12 Rebate Schemes

12.1 Hylo Night eye ointment, Scope Ophthalmics Limited, Start date: TBC

-Noted

- 12.2 **Hylo Fresh eye drops, Scope Ophthalmics Limited, Start date: TBC**
-Noted
- 13 **NICE Guidance June/ July**
-Noted
- 14 **NICE Technology Appraisals**
- 14.1 **TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides**
There are a number of monitoring requirements around this drug but not significant enough to class as Amber or Red. Only for use when LDL under control.
- Proposal to add to formulary as a Green drug.
- PAMM approved
- Add to formulary. **Action: EK**
Add to TLS **Green**. **Action: ZTW**
Send out monitoring requirements to GPs. **Action: SG**
- 14.2 **TA808 Fenfluramine for treating seizures associated with Dravet syndrome – TLS RED**
-Noted
- 14.3 **TA10765 (in development) Semaglutide for managing overweight and obesity**
TAG not yet published as in development.
PAMM to approve a position for release in August as no meeting.
- Currently over a year wait to for the weight service. Diabetes service could be considered for part of the specialist weight service. As we move into ICB there is potential to discuss the best commissioning options for the patient. It needs to be done more holistically.
- PAMM agreed to approve as per NICE when released for use in secondary care.
- Add to TLS **Red** (when TAG released). **Action: ZTW**
- 14.4 **TA803 Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs**
-Noted
- 14.5 **TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease**
-Noted
- 15 **NICE Clinical Guidance**

- 15.1 **[NG220] Multiple sclerosis in adults: management – New**
 -Noted
 MS managed by secondary care.
- Discuss use of bladder drugs in MS patients with MS specialists in secondary care. **Action: SM**
- This guidance recommends an MS pharmacist. Flag to Antony Zorzi and Andrew Prowse. **Action: EK**
- Patient with multiple relapses on high dose steroids may need bone sparing agents. Run eclipse search. **Action: EK**
- Run eclipse search for regular use of high dose steroids. Raise with Steve Moore. **Action: EK**
- 15.2 **[NG221] Reducing sexually transmitted infections – New**
 -Noted
- SWISH offer online home STI testing which includes chlamydia, gonorrhoea, HIV and syphilis. Unsure if Somerset Community Pharmacies still have free chlamydia testing kits available.
- SWISH to review guidance.
- Flag with appropriate sectors in PH. **Action: CR**
- 15.3 **[NG222] Depression in adults: treatment and management - New**
 -Noted
- The Somerset system need to do more work on deprescribing antidepressants. Too medication focused. Needs more information around activity, nature, and nutrition.
- Review guidance and ensure formulary is up to date. **Action: EK**
 Ask Andrew Keefe for digital resources. **Action: EK**
 Flag guidance to Andrew Keefe. **Action: SM**
- Challenged PCOG on how to fill the commissioned Mental Health roles. Lots of people have left workforce because of covid. Looking at international recruitment and university liaising.
- 15.4 **[NG17] Type 1 diabetes in adults: diagnosis and management – Update – recommendations on periodontitis.**
 -Noted
- 15.5 **[NG18] Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Update – new recommendations on periodontitis.**
 -Noted

- 15.6 **[NG28] Type 2 diabetes in adults: management – Update - new recommendations on periodontitis.**
-Noted
- 15.7 **[NG223] Social, emotional and mental wellbeing in primary and secondary education - New**
This has been highlighted to share with the education team.
-Noted
- 15.8 **[CG191] Pneumonia in adults: diagnosis and management – Reinstated after withdrawal due to Covid-19 pandemic**
-Noted
- Review guidance to ensure any ABX guidance is aligned. **Action: Helen Spry**
- 15.9 **[MIB176] IQoro for hiatus hernia**
Some practices have received patient requests for this device. However there has been no specialist request to add to formulary.
PAMM agreed add to TLS as 'Not recommended' and non-formulary.
- Add to TLS 'Not recommended'. **Action: ZTW**
Send communication of this decision to practices. **Action: SG**
- 16 Risk Review and Management**
None this month.
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 **MHRA Drug Safety Update June**
Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk.
-Noted
Consider adding into annual monitoring of diabetic patients and any planned pre-pregnancy reviews.
- Roche Accu-Chek Insight insulin pump with NovoRapid PumpCart insulin cartridges: alert following cases of insulin leakage.
-Noted
- 17.2 **NIHR Alerts**
How to improve discussions about osteoarthritis in primary care
-Noted
- People with polymyalgia rheumatica need a falls assessment and regular treatment reviews
-Noted
PAMM would like confirmation of what Somerset classify as long-term high dose steroid use.

Check NICE guidance for classification of long-term high-dose steroids.

Action: EK

18 Any Other Business

18.1 Pilot for subcutaneous furosemide for end stage heart failure

SDB has brought this to PAMM for initial feedback to give it the best chance of success.

The pilot is due to start in September and it will be a cautious roll out as they need to get a feel for how it will work in rural areas. Expecting small numbers for Somerset. Local pharmacies to the pilot will be asked to keep stock of the drug.

There is evidence that subcutaneous furosemide can be used to give symptomatic relief from drowning in fluids at very end stages of palliative care. The intention of prescribing this is to try and prevent admissions especially if this is not what the patient or family want, and some patients are less keen on sedative options. It gives patients more choice.

Concerns from PAMM:

- Blood monitoring inappropriate.
- Needs to be discussed with heart failure programme group.
- Risk at life prolonging as there comes a stage to stop.
- Diamorphine more effective.
- End of pilot it will become GP palliative care prescribing for an off-license product.
- Renal function.
- Remove – reason to stop, when patient dies. This is self-explanatory.

Discuss PAMM's concerns with Ed Hayes and invite to Sept PAMM.

Action: SDB

18.2 Piers stepping down from PAMM

This will be the last PAMM meeting Piers attends.

PAMM members collectively and personally thanked Piers for his valued contributions and input over the years.

Ask colleagues for interest in attending PAMM.

Action: PJ

18.3 Potential last meeting for Carla

This will likely be the last PAMM meeting Carla attends.

Carla will let us know formally when confirmed.

PAMM thanked Carla for her valued input over the past 18 months.

DATE OF NEXT MEETINGS

14th September 2022 (SPF following)

12th October 2022 (SIMO following)

16th November 2022 (SPF following)