

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 12th October 2022**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Georgina Boon (GB)	Lead mental health pharmacist, SomersetFT
	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
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Florence Lock (FL)	Public Health Specialty Registrar, Somerset County Council
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Val Sprague (VS)	LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Fivos Valagiannopoulos (FV)	LPC Representative

Apologies: Emma Waller (EW) Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee. Florence Lock was welcomed as the new Somerset County Council representative. Georgina Boon was welcomed as a guest speaker. Apologies were provided 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. AT has updated his Interest to include chairing Somerset Pentagon. 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 14th September 2022

4.1 The Minutes of the meeting held on 14th September 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:

Action 2: Members for PAMM – VS has asked the Bridgewater clinical executive for permission to represent Bridgewater PCN rather than the LMC at future meetings.

Action 4: County Council Representative – FL welcomed as the new Somerset County Council representative. FL will be sharing the role with Harriet.

5 Matters Arising

5.1 POMH-UK valproate audit and re-audit

GB presented a brief overview of the POMH-UK valproate audit.

- POMH-UK – national audit system. Every system nationally now takes part. Data needs to be used with caution as some trusts are very different.
- The first set of audit data was collected in November 2020. Nationally the audit data showed a lot of gaps, so POMH-UK felt it was important to reaudit.
- The results around the Pregnancy Prevention Programme were disappointing so all prescribers were contacted due to high clinical risk. 1/3 were no longer on valproate. There is now a 3 monthly report sent to the team via RIO to assess if PPP has been completed, and this is closely followed up.
- New prescribers are being given all the reading around the PPP and valproate.
- SomersetFT currently in final stages of second audit. They have changed how they collect data to ensure a comprehensive review. Some patients won't have valproate on RIO as will have been given FP10, so a search is done on all patient notes.

GB has been invited back to PAMM in Spring once the Re-audit data has been published.

PAMM comments:

- Main issue in primary care is that certain patients on valproate are not having their annual form completed. If the specialist is not willing to do the annual form, primary care is advised to stop prescribing and refer back to service.
- Exclusion from PPP are not acceptable on grounds of sexual orientation or not considered to be sexually active.
- Valproate can be prescribed for other indications which does not fall under mental health team, important they are put on PPP.

5.2 **DRAFT Shared Care Protocol for Dementia July 2022 V4.3**

Worked with various teams over last 12 months to resolve some issues with dementia drugs supply and service. We were notified of a letter stating that the dementia service could discharge patients into primary care, it had not gone through any due process. As a result of this we withdrew the dementia shared care guide. After discussions with the dementia service lead it was agreed that a review of the shared care guide should be done as it was out of date. During the update of the guidance some potential improvements had been made to the pathways. The LMC did not agree to the updated pathway and asked to keep it as it had been with no patients being discharged into their sole care, due to lack of capacity in primary care. Because of this no significant changes have been made to the pathway. The guidance has been updated to include any new NICE, SPC, anticholinergic burden and pregnancy & lactation information

AT thanked everyone involved for their work on this.

SDB noted that the further support details need to be updated with an email address added for non-urgent contact.

Send correct contact details to SM/ HB for document to be updated.

Action: SDB & SM/HB

PAMM approved.

Add agreed SCG to the website.

Action: SM/HB

5.3 **IQoro device**

SALT team at the trust have internally approved use of IQoro. They trialled some free devices on certain patients which have now run out. They have asked if they can request GPs to prescribe. SG declined as PAMM decided not to add to formulary. The trust can continue to prescribe the device although they will need to find a budget to do so. Trusts should also notify primary care if they have prescribed the device for a patient. PAMM GPs were thankful for SG's support.

6 **Other Issues for Discussion**

6.1 **Community pharmacy contract changes**

There is a want nationally to develop a more clinical service in community pharmacy. By 2026 the degree course all pharmacists follow will have them qualify as an Independent Prescriber. In the meantime, they are trying to train the existing workforce of qualified pharmacists as Independent Prescribers and design services in community for these qualifications to be used. First will be some diagnostic services, contraception services and more Private PGDs. There will be capacity issues for these extra services especially with many pharmacies reducing opening hours. The hope is that these additional services in community pharmacy will have a positive impact on GP practices.

PAMM members have concerns that if the new services don't work as intended primary care will gain extra workload. This can only be monitored for the time being.

Appropriate communication is needed between the community pharmacy and primary care for these services to work effectively. The hypertension service uses email communication unless urgent and other services will likely use the same method if this continues to work for both settings.

New contraceptive service to launch in community pharmacy from 11th January.

Find out plan for contraceptive service roll out across Somerset.

Action: FV

7 Other Issues for Noting

7.1 **None this month**

8 Additional Communications for Noting

8.1 Temazepam Shortage – Email from SM – 16/09/22

-Noted

8.2 Approval of Glucomen Day r-tCGM – Email from SG – 20/09/22

-Noted

8.3 Influenza Vaccine Updates – Email from SG – 27/09/22

-Noted

8.4 Ozempic Shortage – Email from Steve Moore – 05/10/22

-Noted

8.5 Why annual Diabetes foot check is vital – Email from SG – 07/10/22

-Noted

Somerset worst in England for amputations.

FL will be leading on diabetes in SCC role and has offered to support this.

8.6 Asthma decision aid update – Email from SG – 10/10/22

-Noted

9 Formulary Applications

9.1 Zimed, Bimatoprost 0.3mg/ml eye drops PF, Medicon Healthcare

Reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension in adults (as monotherapy or as adjunctive therapy to beta-blockers).

3ml - £10.99

Cost effective option

PAMM agreed

Add to formulary.

Action: EK

9.2 Reagila, Cariprazine hard caps, Recordati pharmaceuticals Ltd.

Request from MH DTC.

Indicated for the treatment of schizophrenia in adult patients.

1.5mg x28 - £80.36

3mg x28 - £80.36

4.5mg x28 - £80.36

6mg x28 - £80.36

Previously not recommended only in exceptional circumstances/ agreed use in house. SomersetFT reviewed position and realised there was a gap. They have now aligned with All Wales and Scotland guidance – limited use for certain conditions. Evidence that it is more beneficial over some other drugs.

Proposal to add to traffic lights as Amber shared care with wording ‘Amber as therapy in patients where predominantly negative symptoms have been identified as an important feature.’

PAMM approved.

Add to TLS with above wording.

Action: ZTW

10 Reports From Other Meetings

Feedback

10.1 Primary Care Network Feedback

DD- There has been an increase in number of patients going to private gender reassignment clinics, some out of county. Should primary care be prescribing for these patients?

SG - ICB support prescribing of drugs for gender reassignment except for Vaniqua.

As long as prescribing GP is convinced of diagnosis, qualifications of consultant and fits NICE guidelines then they are funded to do so.

It is an area where the NHS has a commissioning gap. Waiting times are running into years. A patient can ask as any time to come back into NHS pathway. Tricky area as a national issue.

Share guidance on gender treatment at request of private services.

Action: SG

VS - Had a letter from a private consultant asking for them to take over prescribing of an adult ADHD patient. Wrote back and told the private consultant that they had to sign up to the Somerset shared care agreement. Was this correct?

SG – Yes however the patient could say they are no longer seeing their private consultant, in which case you potentially have to re-refer the patient into the NHS

services and then make the decision whether or not you're going to prescribe and monitor without a specialist involved.

Summary

10.2 LPC Report

- As before issues with closures and work force.
- New contraception service to launch in the new year.
- Additional services will hopefully alleviate some of the financial struggles.

10.3 LMC Report

Nothing to report

10.4 Executive Committee Feedback – Last meeting: 05/10/22

The Executive committee discussed:

- Priority for ICB is getting through winter and the next 6 months.
- Recognition across system everything is struggling, and we have not hit flu season or cold weather yet. The system is running constantly on Opal 4. Hospitals on internal escalations on and off. Ambulance services also struggling.
- Look at ways we can help with the escalated situation that exists.

Everything we are trying to do in medicines optimisation (Prevent admissions & re-admissions, quality & safety) should help prevent workload in primary care and trusts.

Devon LMC send a survey of three questions every week to primary care to find out system pressure. Somerset may adopt in the future and there are reports of practices with escalation in place.

10.5 YDH Medicines Committee meeting – Last meeting 16/09/22

The Trusts are in the process of merging so will align meetings also.

10.6 Somerset NHS Foundation Trust D&TC – Next meeting November

10.7 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 06/12/22

10.8 Somerset Antimicrobial Stewardship Committee – Next meeting 19/10/22

This meeting will resume next week and will continue on a quarterly basis.

10.9 South West Medication Safety Officer Network Meeting – Next meeting 07/03/22

EK shared two fatality reports to highlight the need to check drug indications and monitor appropriately.

PAMM discussed the following points:

- Many patients do not know what their medicines are for.
- Some practices advocate adding the indication to the dispensing label.
- MDS do not help with patient knowledge as it removes need for patient to know what they are taking and why.
- Shared decision making is key.
- It is thought that around 40-50% of patients don't take their medicines as prescribed.

10.10 **Regional Medicines Optimisation Committee South West – Next meeting
12/12/22**

11 Current Performance

11.1 Prescribing Update

- Predicted underspend came down by £1.6 million in one month. Underspend to diminish as commonly used generic drugs in short supply. Impact of drug shortages and associated price rises. Current position much worse than 2020.
- Impacts on community pharmacy with inflation and cost pressures. Agreement for additional funding to be kept and added in to keep more stability in sector.
- Continuing shortage of drugs will have a massive impact all around. If community pharmacy can't get drugs and refer to primary care, it causes extra workloads and then delays for patients. This could increase ambulance calls outs and admissions for patients without medication.
- Scorecard progress is improving as teams start to look at new indicators.
- Annual visits nearly complete, most have been positive. Primary care under more pressure than ever which increases limitations.
- SM has done lots of work for prescribing in pregnancy and breastfeeding. As a result, we have one of best websites in country for this. SM gained recognition at the last Chief Pharmaceutical Officers webinar on the presentation on patient safety.

11.2 July Scorecard Primary Care Network Trend

-Noted

PAMM will begin to discuss new indicator ideas at the November meeting.

Please bring any ideas to next meeting or email SG beforehand.

Action: All

11.3 July Green Trend

-Noted

12 Rebate Schemes

12.1 None this month

13 NICE Guidance September & October

-Noted

14 NICE Technology Appraisals

14.1 None this month

15 NICE Clinical Guidance

15.1 **[NG122] Lung cancer: diagnosis and management – Updated**

Updated to include some TAs and pathways

-Noted

16 Risk Review and Management

17 Safety Items, NPSA Alerts and Signals

17.1 **MHRA Drug Safety Update September**

- Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations

-Noted

Some have misinterpreted this guidance and think they must not switch; however, this is just highlighting the need for caution.

17.2 NIHR Alerts: Assisted conception is linked to cardiovascular disease and birth complications

-Noted

18 Any Other Business

18.1 ScriptSwitch

VS asked if using ScriptSwitch would help cut down on workload with the medicine availability issues.

Somerset do not have ScriptSwitch. The last time it was considered it was decided that the money was better spent on people in the workforce.

18.2 Prescribing leads

SG informed PAMM that the next prescribing leads meeting will take place 22nd November. It would be appreciated if PAMM members could encourage colleagues to attend.

DATE OF NEXT MEETINGS

16th November 2022 (SPF following)

18th January 2023 (SPF following)

22nd February 2023 (SIMO following)

22nd March 2023 (SPF following)

26th April 2023 (SIMO following)

24th May 2023 (SPF following)

28th June 2023 (SIMO following)

26th July 2023 (SPF following)

27th September 2023 (SPF following)

25th October (SIMO following)

29th November 2023 (SPF following)