

Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 22nd February 2023**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	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
	Emma Russell (ER)	CLIC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Fivos Valagiannopoulos (FV)	LPC Representative
	Dr Tom While (TW)	Mendip Representative
Apologies:	Bernice Cooke (BC)	Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	John Digman (JD)	South Somerset West Representative
	Dr Val Sprague (VS)	Bridgwater Representative
	Dr Rob Tippin (RT)	LMC Representative
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the prescribing and Medicines Management Committee.

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.

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 18th January 2023

- 4.1 The Minutes of the meeting held on 18th January 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: 'Just in Case' SOP - In hand, discussing with EOL board who hold the remit and governance for policy – we have remit for medicines within the policy.

Action 4: Oral nutrition interventions – Ongoing, AP addressing at the Trust. There has been change in provider of oral nutrition at Trust, but primary care will not be switching products.

Action 5: Diazepam - Often started in MIU. Send correspondence to MIU. **Action: SG**

Action 6: Liothyronine - HB discussing with Dr Thomas. The wording in the SCP for reviewing patient suitability has been changed to 'Consider.' And guidance on how to do that has been added to SCP.

Discuss withdrawal of stock of liothyronine tablets in the trust. **Action: AP & SG**

5 Matters Arising

5.1 Name proposal: Medicines Programme Board

SG proposed Medicines Programme Board (MPB) as this name aligns with other new or replacement committees in the ICB.

The MPB will have overall responsibility for system wide medicines issues.

-Approved

Amend TOR to include additional responsibilities to be undertaken by MPB and then share with MPB members for comment before the March meeting. **Action: SM**

5.2 Scorecard Indicators 23/24

PAMM have already agreed some changes at previous meetings.

SM has produced the necessary data for proposed indicator 'Reduction in teratogenic drugs prescribed without contraception', which is aligned with CQC and Core20+5.

To achieve this scorecard indicator practices above the existing Somerset average will need to reduce by 10% and practices below will need to maintain starting position or reduce further.

-Approved

5.3 **CGM Update**

Dexcom one – Will be added to DT 1st March. This was launched without transmitter which had to be obtained from supplier. The NHS asked for transmitter and starter pack to be DT for prescribing. Makes it a simpler process.

Glucomen day – Will continue to support existing patients but have taken decision not to start new patients while they focus on GlucoMen Day Patch Pump.

Freestyle Libre one - Has been removed from DT.

Awaiting NICE publication on closed loops.

-Noted

6 **Other Issues for Discussion**

6.1 **None this month**

7 **Other Issues for Noting**

7.1 **EMA confirms measures to minimise risk of serious side effects with Janus kinase inhibitors for chronic inflammatory disorders**

This has not yet been replicated by MHRA.

-Noted

Review with MSO and raise awareness with specialties that use.

Action: AP

8 **Additional Communications for Noting**

8.1 Improving outcomes for patients with HF, CKD and/or Type 2 DIABETES – Email from SG – 26/01/23

-Noted

8.2 EMIS and QRISK – Email from SG – 08/02/23

-Noted

8.3 1690 Type 2 Diabetic patient in remission – Email from SG – 16/02/23

-Noted

Search should exclude gestational diabetes. Check search and edit if necessary.

Action: Steve Moore

8.4 Return to previous Sore Throat guidance as Strep A has reduced – Email from SG – 17/02/23

-Noted

8.5 DOAC DVT/PE treatments - safety issue – Email from SG – 20/02/23

-Noted

9 **Formulary Applications**

- 9.1
- **Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction**
 - **Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction**
- Currently not recommended by NICE, in Draft form with publications expected June 23. Won't be taken forward to discuss as formulary options until NICE change position.
-Noted
- 9.2 **Sativex with Shared Care Protocol**
Currently small numbers within Musgrove and Yeovil, with other patients having trialled it and discontinued due to lack of effectiveness or presence of side effects. Trusts are now more familiar with this drug and have requested change of traffic light status.
Proposed change from **Red** to **Amber** with shared care on 1st April 23.
- The shared care protocol needs to be put into the Somerset ICB format. Pregnancy needs to be listed as contra-indicated and other issues that have been identified by HB to be actioned with neurology. **Action: HB**
- Approved proposal for 1st April subject to shared care protocol changes.
- Update TLS on 1st April. **Action: ZTW**
Add shared care protocol to website on 1st April. **Action: HB**
- 9.3 **Paxlovid – NICE Therapeutics for people with COVID-19**
Currently final NICE draft guidance, expected publish date: 29/03/23
Proposed change of Traffic Light Status from **Red** to **Green** on 1st April 23.
Primary Care service pathway and guidance being created outside of PAMM which will include prescribing and dispensing of this drug with supply from a national wholesaler for certain cohorts of patients.
- Approved proposal for 1st April.
- Update TLS on 1st April. **Action: ZTW**
Share service pathway and guidance before or on 1st April. **Action: SG**
- 10 Reports From Other Meetings**
- Feedback**
- 10.1 **Primary Care Network Feedback**
Nothing to note
- Summary**
- 10.2 **LPC Report**
1) Drug Shortages still high & pharmacies are working extremely hard to source the drugs but often with slight delay to patients (often at a loss of revenue to pharmacists). HRT ongoing problem. Patience is needed, they are doing their best.
2) Lloyds in Sainsbury's closures and the Tesco in Glastonbury Closing in August - leaves us with 97 pharmacies in Somerset.
3) Dexcom one transmitters will be on DT from March

- 4) Impact of the Surgery in Chard may affect community pharmacies. Patients being transferred to Ariel surgery. Although they have communicated with local pharmacies, they are having trouble getting in touch with internet pharmacies.
- 5) GPCPCS is still ongoing and use should be encouraged.
- 6) Contraception service, we have no data on who has signed up to deliver this yet. The registration portal isn't live yet, will update when more information available.
- 7) Delay to the rollout of the CPCPCS A+E service.

10.3 LMC Report

No report this month

10.4 YDH Medicines Committee meeting – Next meeting 09/03/23

10.5 Somerset NHS Foundation Trust D&TC – Next meeting 24/02/23

10.6 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 07/03/23

10.7 Somerset Antimicrobial Stewardship Committee – Last meeting 23/01/23

For Noting.

This is a system wide group with representation from the ICB. Katie Heard to give a quarterly update at SIMO. Anything relevant can then be brought to MPB.

Remove 10.7 from MPB agenda.

Action: ZTW

10.8 South West Medication Safety Officer Network Meeting – Next meeting 07/03/23

10.9 Regional Medicines Optimisation Committee South West – Next meeting 13/03/23

11 Current Performance

11.1 Prescribing Update

SG presented an update of slides that went to ICB finance committee last month:

- Somerset 7th lowest for cost per ASTRO-PU and lowest in the region. This is thanks to the prescribers in primary care that have engaged with us over the years to ensure safe, cost-effective prescribing.
- Had the lowest spend in the region last quarter. Cornwall is the same size as Somerset but spend £12million extra per year. This is money we can invest in other services, benefiting the prescribers and their patients.
- Remains in the best 10% of systems on prescribing for many national benchmarking indicators.
- Spent a lot of time achieving good position on antimicrobial indicators. Will be helped with the formation of the system wide antimicrobial group.
- This year the number of number of items prescribed and dispensed nationally, has been highest volume year, which is a pattern being followed most years.
- Spend is increasing due to drug cost increases. Creating potential issues with dispensing at a loss. National talks are happening around this.
- Price concessions - Costs have gone up by £3million more than a normal year due to shortages.
- There has been an unprecedented £6.4million in year move. Prescribing in primary care is one of largest unfixed budgets and impacts on whether we

balance our budget as a system. Any overspend is less that can't be spent on other services.

-Noted

11.2 **November 22 Scorecard Primary Care Network Trend**

Extreme pressures across system have meant slower progress, although it is moving in the right direction. The new scorecard will start in April.

-Noted

11.3 **November 22 Green Trend**

NHS mandated to move to carbon neutral. Somerset has already made good progress in anaesthetic gases and inhalers.

A Decapeptyl injection indicator will be added to the 23/24 scorecard to continue our progress towards carbon neutral.

Somerset is making steady progress with some of the other indicators.

-Noted

11.4 **High-cost drug budget exception reporting**

SPF looked at high-cost drugs spend and exceptions coming through, so the MPB will be responsible for this now.

Somerset are due to have a meeting to set budget for the next financial year. Further updates will follow.

12 **Rebate Schemes**

12.1 None this month

13 **Existing NICE Implementation Assurance**

To discuss NICE approved drugs systems haven't been able to implement due to various different reasons.

Trusts have good process in place to seek assurance for implementation on NICE drugs.

PAMM / MPB Need to be aware of issues and appropriately supporting escalation onto risk registers.

13.1 **Cenobamate – NICE [TA753] implementation**

Somerset has not achieved its statutory duty of implementing NICE TA 753, Cenobamate for treating focal onset seizures in epilepsy.

The Tertiary epilepsy centre in Bristol has insufficient capacity to initiate Somerset Patients on this drug as required by TA 753. This has been added to the trust risk register. It is being discussed at the DTC this week.

The MPB will assess application in March 23 to allow Somerset FT to initiate cenobamate rather than tertiary centre.

Add Cenobamate to ICB risk register.

Action: Steve Moore

13.2 **Palforzia – NICE [TA769] implementation**

Somerset has not achieved its statutory duty of implementing NICE TA769, Palforzia for treating peanut allergy in children and young people.

Palforzia has a complex dosing schedule which the local allergy service is currently unable to fulfil. It is believed no South West provider has a service for this drug, so no pathway exists out of area.

Add Palforzia to ICB risk register.

Action: Steve Moore

14 NICE Technology Appraisals

- 14.1 [TA860] Maribavir for treating refractory cytomegalovirus infection after transplant
Commissioned by NHS England. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.2 [TA861] Upadacitinib for treating active non-radiographic axial spondyloarthritis
Commissioned by integrated care systems. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.3 [TA862] Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments
Commissioned by NHS England. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.4 [TA863] Somatrogen for treating growth disturbance in people 3 years and over
Commissioned by ICB. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
Add to High-Cost Drugs spreadsheet. **Action: AP**
- 14.5 [TA864] Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted
Commissioned by NHS England. Providers are Specialist Respiratory Centres.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.6 [TA865] Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma
Commissioned by NHS England. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.7 [TA866] Regorafenib for previously treated metastatic colorectal cancer
Commissioned by NHS England. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**
- 14.8 [TA868] Vutrisiran for treating hereditary transthyretin-related amyloidosis
Commissioned by NHS England. Providers are NHS hospital trusts.
-Noted
Add to TLS 'Red'. **Action: ZTW**

- 14.9 Terminated appraisal - [TA869] Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.10 Terminated appraisal - [TA867] Mitapivat for treating pyruvate kinase deficiency
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 15 NICE Clinical Guidance**
- 15.1 New - [NG231] Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management
This guideline covers monitoring, treatment and follow-up for people aged 18 and over with Barrett's oesophagus and stage 1 oesophageal adenocarcinoma. It includes advice on endoscopic and non-endoscopic techniques. It aims to improve outcomes by ensuring the most effective investigations and treatments are used.
-Noted
- 15.2 Update - [CG181] Cardiovascular disease: risk assessment and reduction, including lipid modification
Added a new recommendation on aspirin for primary prevention of CVD.
-Noted
Add to MM Newsletter. **Action: EK**
- 16 Risk Review and Management**
- 16.1 Prescribing Budget Overspend
Update risk score. **Action: Steve Moore**
- 16.2 New risk- Inability to implement ICB commissioned NICE TAs.
Patients potentially harmed as no access to the drug. Add to risk register as per 13.1 & 13.2.
- 17 Safety Items, NPSA Alerts and Signals**
- 17.1 **MHRA Drug Safety Update January**
Electronic Prescribing and Medicines Administration Systems: report adverse incidents on a Yellow Card
-Noted
- Topical testosterone (Testogel): risk of harm to children following accidental exposure
-Noted
Add to MM Newsletter. **Action: EK**
- Xaquia (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations
-Noted
Add to MM Newsletter. **Action: EK**
- 17.2 **NIHR evidence**
•Research provides reassurance about the safety of testosterone treatment

-Noted

•A pause in methotrexate treatment boosted the immune response to the COVID-19 vaccine

-Noted

17.3 **NPSA**

Use of oxygen cylinders where patients do not have access to medical gas pipeline systems

-Risk assessments completed in trusts and no local issues identified in Somerset.

Supply of Licensed and Unlicensed Epidural Infusion Bags

-Trusts in Somerset used this an opportunity to align epidural infusion bag choice.

NIDEK EyeCee One preloaded and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure

-Noted

18 **Any Other Business**

18.1 SPS Safety Updates

Reports to prevent future deaths were a good reminder that appropriate storage of medicine is paramount in preventing harm to patients.

-Noted.

18.2 Somerset Suicide Rates

Somerset has the highest suicide rate in the South West. SG is trying to find out figures for medication related suicides. This may be an area of work that needs support and shouldn't be ignored.

18.3 Community pharmacy - Focus on genomic medicines

Day Lewis to launch private service for genetic testing on genomes and response to medicines. 10% patients can't metabolise codeine and 20% can't metabolised clopidogrel. If NHS roll out similar testing, we will achieve better medicine optimisation, which is better for patients, the NHS and the carbon neutral goal.

18.4 Community pharmacy - MDS

Lloyds pharmacies are looking to withdraw their MDS service, which will puts them at odds with their legal requirements to make reasonable adjustments. This is a reflection on the workload and capacity issues being felt across the whole of community pharmacy. Although there seems to be an overprovision of the MDS service, there are certain patients that do need them as a reasonable adjustment. If the contractor is refusing to provide, then patients may take legal action. There is nothing we can do as an ICB.

DATE OF NEXT MEETINGS

22nd March 2023 (SIMO following)

26th April 2023

24th May 2023 (SIMO following)

21st June 2023

26th July 2023 (SIMO following)

27th September 2023 (SIMO following)

25th October

29th November 2023 (SIMO following)