

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 10th July 2013**

Present: Shaun Green Acting Chair, Associate Director, Head of Medicines Management
 Dr Tony Austin Chard, Crewkerne and Ilminster Representative
 Steve DuBois Locality Medicines Manager
 Liz Harewood Somerset Partnership Representative
 Dr Mike Holmes South Somerset Representative
 Helen Kennedy Prescribing Support Technician, Secretary
 Dr Helen Kingston East Mendip Representative
 Dr Catherine Lewis Bridgwater Representative
 Dr James Nicholls West Mendip Representative
 Dr Andrew Perry Taunton Representative
 Dr Carol Reynolds North Sedgemoor Representative
 Martin Taylor LPC Representative

Apologies: Andrew Brown Somerset Partnership Representative
 Dr David Davies West Somerset Representative
 Dr Steve Edgar LMC Representative
 Dr Andrew Perry Taunton Representative
 Dr Geoff Sharp CCG Prescribing Lead

1 INTRODUCTIONS

1.1 Liz Harewood was welcomed back as Somerset Partnership Representative.

2 APOLOGIES

2.1 Apologies were received from Andrew Brown, Somerset Partnership Representative – Liz Harewood attended in his place, Dr David Davies,, West Somerset Representative, Dr Steve Edgar, LMC Representative, Dr Andrew Perry, Taunton Representative and Dr Geoff Sharp, CCG Prescribing Lead.

3 DECLARATIONS OF INTEREST

3.1 Declarations of interest were as attachment 1.

4 MINUTES OF MEETING HELD ON 8th May 2013

4.1 The Minutes of the meeting held on 8th May 2013 were agreed as a correct record with the removal of Martin Taylor as attendee.

4.2 Review of Action points

1. Terms of Reference – GS has discussed with the patient participation group the possibility of a lay member attending the September meeting.
2. Terms of Reference – have now been approved by COG – on agenda
3. Prescribing Incentive Scheme – completed; Practice prescribing budgets have been sent to the PPD and the people who update the dashboard, it was agreed that the locality medicines managers would share each practices

budget with the prescribing lead.

4. Traffic Lights – SDB has spoken to the people who maintain the navigator app, an update will be released in September to make it more functional and easier to use, the navigator app will be a central point for pathways and other resources while the website is still under development. The traffic lights will be included on the app with links to other documents.
Helen Belben is the MM lead for EMIS WEB and will raise issues with EMIS.
5. Formulary – ongoing – to be completed by September
6. SCGs – ongoing – to be completed by September
7. Prescribing Profiles – to be followed up
8. Overspend/Underspend data – ongoing
9. Safety Spreadsheet – to be followed up
10. Parenteral Iron – SG has raised this with GS, there is a meeting planned re enhanced services for GP practices where it will be discussed – the service has started at Frome on 26th June.
11. QIPP plan – ongoing – there is a QIPP strategy meeting at the end of July and the plan will be updated following this
12. NICE CG159 – ongoing – will be completed by September
13. ESNM19 – ongoing – will be completed by September
14. NICE CG160 – ongoing – will be completed by September
15. Formulary – ongoing – will be completed by September
16. Working with Pharma paper – completed, has been to COG and been approved – on agenda

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 VENLAFAXINE MR TO PLAIN TABLETS

- 5.1 There has been mixed success in practices. The attachment was viewed (information was originally from Warwick), the target is not 100% as some patients will suffer side effects such as nausea. The information is to be shared with prescribing leads. LH said that this indicator has been discussed at Somerset Partnership who are generally supportive except in extremely ill patients or those who have previously not tolerated the plain tablets.

6 GRAPEFRUIT JUICE POSTERS

- 6.1 Bridgwater federation have raised the issue of drug interactions with grapefruit juice. Examples of posters were viewed but the consensus was for a more simple version to be produced – the MM team will work on a poster which will be shared with pharmacies and GPs.

7 INITIATION OF MONITORED DOSAGE SYSTEMS IN HOSPITAL

- 7.1 An issue has been identified of staff in hospitals other than pharmacists have been initiating the use of monitored dosage systems (MDS). SG wrote a letter to the four local hospital trusts explaining that all the evidence says it should only be pharmacists who make the decision to initiate and MDS, although they can take advice and requests from other staff. MPH have responded to say the procedures have been changed and now it is only pharmacists who initiate MDS, other trusts have yet to respond. Somerset Partnership community hospitals receive their medication supplies from YDH so will liaise with them.

8 SCCG PHARMACY INTERFACE FORM

- 8.1 Discussions with the LPC resulted in a request for a standard form for communication between pharmacists and GPs. It can be used for any relevant communication issue, e.g. clinical, out of stock, patient has stopped taking/is not collecting medicines. All members supported the form, SG will raise it with the LPC.

9 APPROVED POLICY WORKING WITH THE PHARMACEUTICAL INDUSTRY

- 9.1 This policy has been approved by COG. SG explained the policy, it relates to CCG authorised joint working policies and can be used for federations if they approach the CCG for authorisation or support but it is not intended to be used for individual independent contractors. The CCG will try to include more than one company in any project to reduce bias towards particular products. PAMM will be the control mechanism for county wide projects.

10 TERMS OF REFERENCE

- 10.1 The amended document was viewed. HEK will distribute to PAMM members.

11 REPORTS FROM OTHER MEETINGS**11.1 Federation Feedback**

- Bridgwater – CL – have found issues with practices moving to EMIS web who are not able to use Eclipse Live, SDB explained that they need to re-sign the agreement, if issues still occur, please discuss with SM.
Dispensing practices have raised supply issues with eye drops – there are lots of supply issues at present.
Practices have been approached about using Fluarix tetra for their seasonal flu vaccine – this is on the agenda. SG said that the nasal flu vaccine will be available from ImmForm for two and three year olds and also for children in at risk groups.
- West Mendip – JN – nothing to report.
- Chard, Crewkerne and Ilminster – TA – nothing to report – meeting today.
- South Somerset – MH – have been looking at patients attending the walk in centre as this will be a risk for the federation achieving an underspend, it will be discussed at the end of the year.
- North Sedgemoor – CL – nothing to report
- East Mendip – HK – federation will be moving to EMIS web in November.

- 11.2 COG – nothing further to report

- 11.3 SPF – nothing to report – meeting this afternoon

- 11.4 Somerset Partnership – meeting tomorrow. Last meeting they looked at drug spend, Bridgwater have moved to the dressings service and Mendip will follow, there has been some feedback that the service isn't working, LH will feedback to partnership issues around printers not being available for DN's in practices. There will not be a letter to practices yet but SG will discuss a deadline with Somerset Partnership.

- 11.5 LPC – nothing to report – meeting monday

PART 2 – ITEMS FOR INFORMATION OR NOTING**9 CURRENT PERFORMANCE**

- 9.1 Prescribing Report – This has not been produced as the April data is not enough to produce something meaningful – there will be three months data available by the September meeting so a report will be produced then.
- 9.2 Scorecard trend – viewed. There has been good progress with the statins; the CCG is already green on the urinary incontinence indicator; some progress has been made on the plain venlafaxine indicator. Although the sartans and morphine indicators have been dropped they will still be reviewed to ensure practices don't slip from the good progress made last year.
- 9.3 Safety spreadsheet – Diclofenac has been added following the latest safety alert and advice regarding ergotamine preparations has been added. Simvastatin 80mg is included but not as the 2*40mg doses as this information can't be gleaned from e-pact. Spiriva respimat and Strontium are reducing. LH said her understanding is that strontium is suspended whilst patients are in community hospitals.
- 9.4 Oxygen contract – Sheryl Vincent has stated that she doesn't have the capacity to crunch the data and as this is not a PAMM responsibility it will now be removed from the agenda.

10 QUALITY INNOVATION PRODUCTIVITY PREVENTION

- 10.1 We viewed the graph. NHS Yeovil walk in centre was removed as the data is not representative of prescribing for their own patients. SDB will investigate laxative usage
- 10.2 SDB will query with turning point if prescribing is undertaken for benzodiazepine addiction as this has been raised in Bridgwater. Public Health will raise the possibility of commissioning a service for other addictions such as OTC painkillers.
- 10.3 Locality medicines managers will review trends for Cephs and Quinolones and raise with practices where usage is rising.
- 10.4 Potential generic savings data was viewed – overall there is a possible £50k saving per quarter to be made by switching to generic. Viagra is now off patent and practices are encouraged to switch to generic. Sildenafil will be discussed at the next PAMM with the proposal to move to first line in the formulary, a switching programme will also be discussed.
- 10.5 Eye drops were discussed, there is an agreement for ophthalmologists to initiate latanoprost and there is a possibility of moving the glaucoma service to optometrists.

11 NICE

- 11.1 The summary of NICE guidance was viewed. Discussions around the use of Tamoxifen for prevention of breast cancer as per NICE CG164 are ongoing.
- 11.2 NICE CG161 – falls and QS34 – self harm are to be reviewed at SPF.

- 11.3 NICE TA290 – Mirabegron has been approved as third line in the formulary for treatment failure with antimuscarinics or where they are not tolerated or contra-indicated.
- 11.4 NICE TA287 – Rivaroxaban has been approved on the formulary for treatment of pulmonary embolism and prevention of recurrent deep vein thrombosis. It has been requested that secondary care provide advice of treatment duration when patients are discharged.
- 11.5 NICE TA288 – Dapagliflozin had previously been rejected for the formulary, as it is now recommended by NICE it was recommended to add to the formulary – all agreed. It will also need to be added to the diabetes pathway – this will be discussed at SPF.

12 FORMULARY APPLICATIONS

- 12.1 Desloratadine – the drug tariff price is now £2.62 per 28, it was proposed to add it as an extra choice of antihistamine on the formulary – all agreed.
- 12.2 Fluarix Tetra – this vaccine is 4 valent and provides some cover for influenza B. The flu report was viewed and although there was some influenza B activity in Somerset, it was mostly not in the high risk patients who would be vaccinated. Fluarix Tetra is mentioned but not specifically recommended in the national flu vaccination programme. If all at risk patients in Somerset were vaccinated with Fluarix Tetra it could possibly prevent some extra cases of influenza B but the cost would be around £1m more than if the usual vaccines were used. All agreed not to approve and not to add to formulary, for this reason it will not be added to the PGD.
- 12.3 Fidaxomicin – this is a new treatment for c. Difficile. It has previously been discussed with the microbiologists who agreed not to use it, however, new Public Health England guidance recommends it. The proposal was to include it in the formulary as an amber drug initiated on the advice of a microbiologist in accordance with the algorithms in the guidance but only for the licensed duration of 10 days – all agreed.

13 SAFETY ITEMS, NPSA ALERTS AND SIGNALS

- 13.1 The June Drug Safety Update was viewed, all issues relevant to primary care have already been raised.

14 CARE HOME INTERVENTIONS

A sample of interventions by the medicines management team were viewed, this information can be shared. The CCG is collecting numbers of interventions by the complex care GPs but not the details. These numbers will be compared against admissions from care homes and hopefully we will see reductions.

15 ANY OTHER BUSINESS

- 15.1 SG - There is a new product call Monoprost – it is a preservative free form of Latanoprost and is on the formulary and MPH. The proposal was to add it to the

formulary for patients who cannot tolerate eye drops containing preservatives – all agreed.

DATE OF NEXT MEETING

Wednesday 18th September 2013 at Abbey Manor Business Park

**PRIMARY CARE MANAGEMENT TEAM MEETINGS
SCHEDULE OF ACTIONS**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 10th July 2013			
1	Formulary	Look at the possibility of amalgamating the formulary, traffic lights and SCGs into one document	Steve DuBois 18 th September 2013
2	SCGs	Review and update existing documents, produce required guidance	Steve DuBois Shaun Green 18 th September 2013
3	Overspend/underspend data	Produce a chart showing the change from last year by practice	Helen Kennedy 18 th September 2013
4	NICE CG159	Add Escitalopram and Sertraline to formulary for social anxiety disorder	Steve DuBois 18 th September 2013
5	ESNM19	Add Lisedexamfetamine to traffic lights as not recommended	Steve DuBois 18 th September 2013
6	NICE CG160	Add RAG chart to formulary and include in MM newsletter	Steve DuBois Steve Moore 18 th September 2013
7	Formulary	Add Tapentadol to formulary	Steve DuBois 18 th September 2013
8	Grapefruit Juice Posters	Develop Somerset version for distribution to pharmacies and GPs	Helen Kennedy 18 th September 2013
9	Pharmacy Interface Form	Raise with LPC	Shaun Green 18 th September 2013
10	Terms of Reference	Distribute to PAMM	Helen Kennedy 18 th September 2013
11	QIPP Toolkit Graphs	Investigate laxative usage	Steve DuBois 18 th September 2013
12	QIPP Toolkit Graphs	Investigate prescribing by Turning Point	Steve DuBois 18 th September 2013

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13	QIPP Toolkit Graphs	Review cephalosporins and quinolones graphs to identify increasing usage and raise with practices	All Locality Medicines Managers 18th September 2013
14	NICE TA288	Add Dapagliflozin to formulary	Steve DuBois 18th September 2013
15	Formulary	Add Desloratadine to formulary	Steve DuBois 18th September 2013
16	Formulary	Add Fidaxamicin to formulary and traffic lights as amber drug	Steve DuBois 18th September 2013
17	Formulary	Add Monoprost to formulary	Steve DuBois 18th September 2013

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