

**Clinical Commissioning Group**

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 9<sup>th</sup> October 2013**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster Representative
	Steve DuBois	Locality Medicines Manager
	Dr Steve Edgar	LMC Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Liz Harewood	Somerset Partnership Representative
	Dr Mike Holmes	South Somerset Representative
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Helen Kingston	East Mendip Representative (not present for full meeting)
	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
	Chris Simpson	Lay Observer
Apologies:	Dr David Davies	West Somerset Representative
	Andrew Brown	Somerset Partnership Representative
	Lou Evans	Lay Observer

**1 INTRODUCTIONS**

1.1 Chris Simpson was welcomed to the group.

**2 APOLOGIES FOR ABSENCE**

2.1 Apologies were received from Dr David Davies, West Somerset Representative, Andrew Brown, Somerset Partnership Representative who was replaced by Liz Harewood and Lou Evans, Lay Observer.

**3 DECLARATIONS OF INTEREST**

3.1 Declarations of interest were as attachment 1.

**4 MINUTES OF MEETING HELD ON 18<sup>th</sup> September 2013**

4.1 The minutes of the meeting held on 18<sup>th</sup> September were agreed as an accurate record with an amendment to the attendees, Martin Taylor was not present.

**4.2 Review of Action points**

1. GP/Pharmacy communication form – to be completed by next meeting.
2. Benzodiazepine addiction – SG has raised the issue of addiction to benzodiazepines and other prescription medicines with Caroline Gamlin, the accountable officer at the local area team; it will be raised with the health and wellbeing agenda.
3. Grapefruit juice poster – The amended poster was approved and will be

distributed to practices and pharmacies, it can also be placed on practice websites if desired.

4. Insulin Initiation – to be completed by next meeting.
5. Cephalosporins – raise within federations – on agenda.
6. Cephalosporins – speak to microbiology lead – on agenda.
7. DN Dressing project – newsletter – to be completed by next meeting.
8. DN Dressing project – update on progress – to be completed by next meeting.
9. 7 day prescribing – SG clarified that pharmacies and dispensing practices are funded through their contract to make reasonable adjustments in accordance with the disability and discrimination act and 7 day prescriptions should not be used to fund the use of MDS. Please could federation leads feed back any responses from their practices.
10. Community MAR charts – to go in November newsletter.
11. Antibiotic prescribing – to be completed by next meeting.
12. QIPP graphs – Insulin analogues – to be completed by next meeting.
13. Formulary – Sildenafil – completed.
14. Formulary – Aripiprazole – completed.
15. NICE CG171 – AB has discussed this with Catherine Weller and is waiting for a response.
16. Formulary – Fencino, Apidra and Insuman – completed.

## **PART 1 – ITEMS FOR DISCUSSION OR DECISION**

### **5 CEPHALOSPORIN AND QUINOLONE PRESCRIBING**

- 5.1 The individual prescriber data was viewed and SDB explained its limitations. Federation representatives are welcome to share with their practices, although HK and CL said that practice data is more useful than individual prescriber data which could be skewed by locum prescribing. GS has found out who the microbiology lead is at the Somerset pathology service but has yet to speak to him regarding alternatives to cephalosporins.

### **6 MILK RE-INTRODUCTION PLAN**

- 6.1 This pathway for milk reintroduction has been produced by the dieticians. PAMM agreed it is appropriate to share and it will go in the newsletter, federation leads can share with federations and it can be shared with pharmacies for signposting.

### **7 POSSIBLE CLAIMS FOR MEDICATION ERRORS**

- 7.1 The advert was viewed, it was presented to raise awareness and encourage continued good communication between GPs and pharmacists around safe prescribing. The following actions are encouraged:
- Pharmacists to challenge prescribing
  - Good handling of complaints within practices
  - Reporting mistakes to get shared learning
  - Use of Eclipse Live for safety alerts.

### **8 NEW REGULATIONS FOR THE USE OF SLS DRUGS FOR OTHER INDICATIONS**

- 8.1 SG explained that due to the new indications for ED drugs, the SLS rules have been changed to enable them to be prescribed in primary care. The new rules state that

the drugs can be prescribed for other conditions where indicated for any patient but the prescriber will still need to write SLS. This still does not address the issue of prescribing ED drugs for ED in patients with severe distress. None of these drugs are currently approved for other indications on the formulary and SG will ask that if secondary care would like GPs to prescribe for these new indications it should be raised via the D&TCs.

## **9 POLYCAL FOR GLUCOSE TOLERANCE TESTING**

- 9.1 This was raised as HbA1c testing has been approved in Somerset as a diagnostic test for diabetes. GPs are still being asked to prescribe Polycal for OGTTs by the midwives. GS clarified that this has been raised with the maternity services who will organise their own clinics and access their own supplies of Polycal. GPs are to arrange their own supplies for their own tests as it is breaking the ABCS rules to prescribe it for this indication.

## **10 JOINT WORKING PROPOSAL – CLINICS FOR STROKE PREVENTION IN AF**

- 10.1 A proposal from an external company to undertake a project to identify untreated AF patients has been raised with SG for approval by PAMM. There has been lots of work by practices in the last few years around identifying and treating AF patients and an ongoing pharma sponsored project within the CCG. SG has several concerns around the details of the proposal where it doesn't meet the CCG policy for joint working. PAMM were unable to approve the proposal in its current form, SG will raise the queries and bring it back when it has been amended.

## **11 MEDICINES MANAGEMENT SUPPORT FOR PRACTICES**

- 11.1 GS asked for information of prescribing support within practices to be raised to ensure all practices who will benefit from support are getting it. SG said the system currently works well and although there are still some practices who decline support, others are now receiving support where they have previously declined it. HK said the support is particularly effective when solutions are provided with the highlighted problems.

## **12 REVIEW OF BUDGET SETTING AND SHARING WITH PRACTICES**

- 12.1 This has been raised because some practice managers have asked if the details of how budget allocations were made can be shared. SG explained some of the changes to individual practice budgets including changes in ASTRO PU allocation due to population changes, 10% increase in the budget for exceptional drugs and that practices use of these drugs will change and the removal of £3m from the overall budget. There was a discussion around whether non-anonomised budget calculation data should be shared with practices. It was agreed that practices can apply through SG to view all data. A statement will be released.

## **13 NASAL FLU VACCINES**

- 13.1 This is following on from the discussion from last month around the use of the nasal flu vaccines for children outside of the 2-3 age group. The company have confirmed they are able to supply on a box by box basis which will limit waste. The PPD have said it is upto the CCG to decide if practices can claim 'broken bulk' for expired stock which was not used. All agreed to this proposal, SG will inform practices. There was a discussion around inclusion criteria for the vaccine and practices were referred to the PDG and the Green Book. SG will check if national advice from the JVCI differs

from the SPC.

**14 NICE SCOPING CONSULTATION: VEDOLIZUMAB FOR TREATING MODERATE TO SEVERE ACTIVE CHRON'S DISEASE AFTER PRIOR THERAPY [ID690]**

14.1 Somerset CCG has been randomly selected as a consultee by NICE. This is not on the TORs for PAMM or SPF but SG suggests it is added to the TORs for PAMM – all agreed. SG has provide his details to NICE and will feedback comments. The CCG was asked as an organisation that will commission the service from trusts. All comments on the consultation are to be fed to SG who will copy PAMM into the response to NICE.

**15 REPORTS FROM OTHER MEETINGS**

15.1 Federation Feedback

- South Somerset – MH – had the federation away day and discussed budgets, the incentive scheme and the MM mini audits.
- West Somerset – DD – not present.
- Central Mendip – SE – Has raised 7 day prescribing but has not yet had feedback.
- North Sedgemoor – CR – nothing to report.
- Bridgewater Bay – CL – nothing to report.
- Taunton – AP – nothing to report.
- Chard, Crewkerne and Ilminster – TA – nothing to report.
- East Mendip – HK – not present.

15.2 COG – nothing to report

15.3 SPF – Lisedexamfetamine was discussed, SG is meeting with representatives for ADHD today; cost wise this is not a huge risk as immediate release dexamfetamine costs around £20 for 28 days.

15.5 LPC – Have been looking at how to reduce A&E admissions via the use of the minor ailments scheme and raised that it would be helpful if practices could signpost patients to the service. Once available a list of participating pharmacies will be placed on the LPC website, NHS 111 will be able to signpost patients and posters will be placed in pharmacies, if the service is not available in a particular pharmacy the pharmacist will signpost the patient to the nearest participating pharmacy. They have also been looking at dementia awareness and are planning to have dementia champions within pharmacies.

**PART 2 – ITEMS FOR INFORMATION OR NOTING**

**16 CURRENT PERFORMANCE**

16.1 Prescribing Report – SG ran through the report and highlighted the change in outturn from the June data due to the PPD error. SG also highlighted eclipse live as a safety tool, it has prevented some admissions by flagging issues early.

16.2 July scorecard federation trend – noted, the trend is very positive.

- 16.3 Safety spreadsheet – noted.
- 16.4 Wound Management Formulary Adherence – the charts were viewed, there is a large variation but this could be due to the size of federations. The data will be viewed 6 monthly.
- 16.5 Incontinence Appliance Preferred Product Adherence – noted. There was a discussion around the use of formulary products and changing to formulary once patients are discharged from other services.

**17 NICE**

- 17.1 Summary – noted.

**18 SAFETY ITEMS, NPSA ALERTS AND SIGNALS**

- 18.1 None available

**19 ANY OTHER BUSINESS**

- SE – asked if Ondansetron is on the formulary. Confirmed as red in the traffic lights as specialist commissioning because it is not used for generalised nausea. SG said that if prescribers want to use it for other conditions trusts should raise it via the D&TCs.
- SG – raised staff changes within the medicines management team. SDB and DK are leaving the team. PAMM wished them both well in their new jobs.

**DATE OF NEXT MEETING**

Wednesday 13<sup>th</sup> November 2013, Meeting Room 2, Wynford House

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

<b>NO.</b>	<b>SUBJECT</b>	<b>OUTSTANDING RESPONSIBILITY</b>	<b>ACTION LEAD</b>
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 9<sup>th</sup> October 2013</b>			
<b>1</b>	GP/Pharmacy Communication Form	To be developed	<b>Steve DuBois 13<sup>th</sup> November 2013</b>
<b>2</b>	Benzodiazepine Addiction	Draft letter from CCG to SCMP	<b>Shaun Green Geoff Sharp 13<sup>th</sup> November 2013</b>
<b>3</b>	Insulin Initiation	Look at prescribing data from SomPar and get breakdown of initiations by area from Interface Service	<b>Andrew Brown 13<sup>th</sup> November 2013</b>
<b>4</b>	Cephalosporins	Raise prescribing within federations	<b>All Federation Leads 13<sup>th</sup> November 2013</b>
<b>5</b>	Cephalosporins	Speak to Microbiology lead to get advice on suitable alternatives with similar spectrums	<b>Geoff Sharp 13<sup>th</sup> November 2013</b>
<b>6</b>	DN Dressing project	Summary of roll-out for newsletter	<b>Steve Moore 13<sup>th</sup> November 2013</b>
<b>7</b>	DN Dressing project	Update on progress	<b>Andrew Brown 15<sup>th</sup> January 2013</b>
<b>8</b>	Antibiotic prescribing	Produce laminated quick reference guide	<b>Helen Kennedy 13<sup>th</sup> November 2013</b>
<b>9</b>	QIPP graphs	Insulin analogues – crunch exact data to compare	<b>Steve DuBois 13<sup>th</sup> November 2013</b>
<b>10</b>	NICE CG171	Discuss categorising and options with Catherine Weller	<b>Andrew Brown 13<sup>th</sup> November 2014</b>
<b>11</b>	Milk Re-introduction Plan	Item for MM newsletter, share with federations, share with pharmacies	<b>Steve Moore, Federation Leads, Martin Taylor 13<sup>th</sup> November 2013</b>
<b>12</b>	Joint Working Proposal AF	Raise concerns with current proposal	<b>Shaun Green 13<sup>th</sup> November 2013</b>
<b>13</b>	Budget Setting Process	Produce statement for practices on how to access budget setting calculations	<b>Shaun Green Geoff Sharp 13<sup>th</sup> November 2013</b>
<b>14</b>	Nasal Flu Vaccines	Check if information from JVCI differs from SPC	<b>Shaun Green 13<sup>th</sup> November 2013</b>
<b>15</b>	NICE Consultation	Add role of consultee for NICE to TORs for PAMM	<b>Shaun Green 13<sup>th</sup> November 2013</b>