

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 13th November 2013**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster Representative (not present for full meeting)
	Dr David Davies	West Somerset Representative
	Steve DuBois	Locality Medicines Manager
	Dr Steve Edgar	LMC Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Catherine Henley	Locality Medicines Manager
	Dr Mike Holmes	South Somerset Representative
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Helen Kingston	East Mendip Representative
	Dr James Nicholls	West Mendip Representative
	Dr Andrew Perry	Taunton Representative
	Dr Carol Reynolds	North Sedgemoor Representative
	Martin Taylor	LPC Representative
	Peter Rowe	Lay Observer
Apologies:	Dr Catherine Lewis	Bridgwater Representative
	Andrew Brown	Somerset Partnership Representative

1 INTRODUCTIONS

- 1.1 Peter Rowe and Catherine Henley were introduced to the group.

2 APOLOGIES FOR ABSENCE

- 2.1 Apologies were received from Dr Catherine Lewis, Bridgwater Representative and Andrew Brown, Somerset Partnership Representative.

3 DECLARATIONS OF INTEREST

- 3.1 Standing declarations of interest were as attachment 1.
3.2 All GPs declared an interest in the prescribing budget setting process.
3.3 All GPs declared an interest in the prescribing incentive scheme.

4 MINUTES OF MEETING HELD ON 9th October 2013

- 4.1 The minutes were agreed as accurate with changes to 16.1 and 19.
4.2 Review of Action points
1. GP/Pharmacy Communication Form – the form was viewed, HEK will forward to PAMM for comments within 2 weeks. It will be distributed via the GP bulletin once finalised.
 2. Benzodiazepine Addiction – on agenda
 3. Insulin Initiation – Andrew Brown is not present – carry forward to next meeting.
 4. Cephalosporins – raise with federations – completed.
 5. Cephalosporins – speak to microbiologist – GS contacted the microbiologists at Taunton and Bath, due to significant resistance rate with Amoxicillin there

are no suitable alternative antibiotics for treatment of UTIs in the community.

6. DN Dressing project – summary for newsletter – completed.
 7. DN Dressing project – update on progress – Andrew Brown is not present – carry forward to next meeting.
 8. Antibiotic prescribing – needs minor amendment due to changes in recommendations; GS raised that the cellulitis guidelines will come to PAMM next month.
 9. QIPP graphs – SDB showed the graphs, QIPP graphs are long acting insulin analogues as a % of intermediate and long acting insulin analogues. It would be useful to have more information from the community service. To discuss with AB next meeting.
 10. NICE CG171 – Andrew Brown is not present – carry forward to next meeting.
 11. Milk Re-introduction Plan – completed.
 12. Joint Working Proposal AF - Robert Koya-Rawlinson of Apodi explained the proposed programme. The programme is funded by Bayer and is covered by clause 18 of the ABPI regulations; however it falls under the CCG joint working policy which suggests all companies who produce medicines in the target drug group should be approached for funding – this would require re-negotiation at a senior level by Apodi. Rachael Rowe is the project manager for the CCG. There was a discussion around how logistically the whole county could be covered, SG said that the CCG would prioritise which practices to begin with. RR read out the aims of the project. RR and RKR left.
There was a discussion around the criteria for inclusion, particularly as some patients who are currently untreated would not be suitable candidates for NOACs.
All agreed to support as a joint working project once concerns have been dealt with. RR will roll out the project via federations who will offer it to practices.
 13. Budget Setting Process – completed.
 14. Nasal Flu Vaccines – there is new national guidance being released from Public Health England – SG will distribute when it is available.
 15. NICE Consultation – HEK to discuss with SG.
- 4.3 SDB said that the traffic lights are now on the navigator app in the formulary section and a new version of the formulary is due out in a few weeks.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 SCP - ADHD

- 5.1 SG explained that there has been shared care guidance for ADHD drugs available for a number of years but that there are differences in approach from specialists across the county. There was a meeting between specialists from YDH, MPH and CAMHS, SG and CL to discuss treatments, monitoring issues and addressing gaps between child and adult services.
- 5.2 An amalgamated SCG have been produced for the 4 available drugs. There are differences between NICE guidance and the SPCs so prescribers are referred to the SPCs for individual drugs. Consultants will see patients annually as a minimum and ideally every 6 months. Cardiac monitoring is recommended every 3 months and BP centile charts for children are available on the MM website pages.
- 5.3 There was a discussion around the guidance particularly around the GP

responsibilities. SG will raise the concerns at SPF this pm.

6 INTERIM GENDER DYSPHORIA PROTOCOL AND SERVICE

- 6.1 SG raised this as it is a national specialised commissioning service and the recommendations differ to current local guidance. The national document recommends GPs share prescribing of some treatments, SG suggested these are added to the formulary and to enhanced services where appropriate, all agreed.

7 COMMISSIONING TREATMENT FOR DEPENDENCE ON PRESCRIPTION AND OVER THE COUNTER MEDICINES

- 7.1 SG has had some correspondence with turning point and the pain specialist who would both like to be more involved but are not currently commissioned for it. Commissioning now lies with Public Health – SG has raised with them as an issue.

8 PRESCRIBING BUDGET 2014-15

- 8.1 GS said that once the process had been agreed it should be discussed within federations to ensure practices are able to engage in the process.
- 8.2 SG explained that the budget for 2013-14 was set at £71M + an extra £1.6M for NOACs. SG expects the £1.6M budget to be fully spent if not exceeded this year and any extra work around identifying unmet need such as the joint working proposal would increase the spend. The budget was initially separated from individual practice budgets to encourage their use. SG now recommends this is brought back into these budgets but be included in the high cost drugs allocation. Overall, to cover growth SG recommends asking for a £1M increase in the overall prescribing budget – all agreed.
- 8.2 The budget setting process for 2013-14 was viewed. SG proposes to increase the amount for deprivation to 3% and reduce the allocation for ASTROs accordingly. SG suggested due to continuing differences in provision across the county, the budget for dressings is kept separate for at least another year. SG suggested that final budgets are distributed to practices via the MM team, rather than via the dashboard as currently happens – this would enable context to be given at the same time. All agreed.

9 PRESCRIBING INCENTIVE SCHEME 2014-15

- 9.1 SG would like to keep the current arrangement of a mixture of federation and individual practice rewards. There was a discussion around the audits and GS suggested revisiting some previous audits – all agreed. SH raised that there will be a national push around the electronic prescription service and that this could be an indicator on the incentive scheme – PAMM requested an update on the current position within Somerset.

10 PPRS – HEADS OF AGREEMENT 2014

- 10.1 There will be a new agreement between the pharmaceutical industry and Department of Health around the pricing of branded products – more detail should be available in January. However, current information suggests that ABPI and DoH do not support primary care rebate schemes – this could lead to them being pulled by the pharmaceutical companies or NHS England pushing CCGs to withdraw from the schemes.

11 RPS – NOW OR NEVER: SHAPING THE FUTURE OF PHARMACY

11.1 This document was shared for information. There was a discussion around the role of community pharmacies in reducing emergency admissions.

12 NOACs

12.1 Viewed Wiltshire info, around NOACs – GS suggested Somersetising and distributing to GPs, however it was noted that there is currently lots of changes going on with licence extensions and a new product due out next year, the decision aid was felt to be most useful. SDB will use the current CCG guidance and that produced by Wiltshire to review the priority list and produce something similar to the one page decision aid – this will be distributed to practices and included in the formulary. Any guidance issued has been agreed to include source reference as Wiltshire CCG.

13 NEW ADVICE ON SWITCHING BETWEEN MANUFACTURERS FOR ANTI-EPILEPTICS

13.1 This alert details where it is important for patients to receive the same brand of anti-epileptic – it will be in the MM newsletter and SG will be doing some work around this within the MM team.

14 REPORTS FROM OTHER MEETINGS

14.1 Federation Feedback

- South Somerset – MH – have discussed budget setting, 7 day prescribing, shingles vaccine and cephs and quinolones.
- West Somerset – DD – have discussed intermittent supply issues and raised the dashboard – GS said that the dashboard is currently undergoing a re-vamp.
- Central Mendip – SE – have discussed 7 day prescribing.
- Bridgewater Bay – CL – not present.
- Taunton – AP – have discussed budget setting.
- Chard, Crewkerne and Ilminster – TA – meeting next week.
- East Mendip – HK – had a joint leads meeting and will be focussing on respiratory.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – nothing to report.

14.2 COG – Cellulitis guidelines – COG discussed and approved.

14.3 YDH D&TC – raised c.difficile.

14.4 T&ST D&TC – paedS want to switch brands of Midazolam, this will be raised at SPF this pm. It is important to ensure there is good communication with patients and carers when the switch occurs.

14.5 T&S Antimicrobial Prescribing Group – have raised concerns around staffing in pharmacy; have received a MAFTA award; C.diff was raised but was not an issue at this meeting.

14.6 LPC – the BNSSSG LPN are looking for a chair person.

PART 2 – ITEMS FOR INFORMATION OR NOTING**15 CURRENT PERFORMANCE**

- 15.1 Prescribing Report – SG ran through the report. The spend for dressings is more than for NOACs so is still an area to focus on. There has been no information from the area team regarding the category M windfall – if this money is requested by and given to the area team – the true prescribing underspend will be £1.1M. SG highlighted the ongoing work around unmet need and long term conditions. There was a discussion around the high overspending and underspending practices.
- 15.2 August scorecard federation trend – noted.
- 15.3 Safety spreadsheet – noted.

16 NICE

- 16.1 Summary of NICE guidance issued in October 2013 – viewed. SG highlighted the new faecal calprotectin diagnostic test for IBS – this is a new service and is available via order comms.
- 16.1 RD&TC Horizon Scanning Document – viewed. This document will be reviewed monthly within the MM team and PAMM agreed that they would only need to see relevant items.

17 FORMULARY APPLICATIONS

- 17.1 FLO TONE – SG explained this is meant to be used with a placebo as part of training on inhaler technique but would need to be prescribed for individual patients and could be used when the in-check device is not suitable – All agreed to add to formulary
- 17.2 Renavit – Requested by Bristol to use instead of Dalyvit for renal patients as Renavit is more cost effective. All agreed to add to formulary. SG has raised with Dorchester and Exeter renal units but has not yet received feedback.
- 17.3 Fine Point Needles – this is a new product which is approximately half the cost of other brands; all sizes and lengths are available and there is a flat pricing structure. All agreed to add to formulary and recommend a swap – there will be an item in the MM newsletter

18 SAFETY ITEMS, NPSA ALERTS AND SIGNALS

- 18.1 October DSU – noted.

19 ANY OTHER BUSINESS

- SG – CQC have visited a dispensing practice and raised concerns around prescriptions being issued before they have been formally signed by the prescriber. This was raised as an issue by the PCT in 2009, SG said it will be raised within the CCG and with the LMC.

20 DATE OF NEXT MEETING

Wednesday 15th January 2014, Meeting Room 1, Wynford House



Somerset
Clinical Commissioning Group

DRAFT

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 13th November 2013			
1	GP/Pharmacy Communication Form	To be circulated via GP Bulletin	Steve DuBois Catherine Henley 15th January 2014
2	Insulin Initiation	Look at prescribing data from SomPar and get breakdown of initiations by area from Interface Service	Andrew Brown 15th January 2014
3	DN Dressing project	Update on progress	Andrew Brown 15th January 2014
4	NICE CG171	Discuss categorising and options with Catherine Weller	Andrew Brown 15th January 2014
5	Nasal Flu Vaccines	Distribute PHE national guidance	Shaun Green 15th January 2014
6	Interim Gender Dysphoria Protocol and Service	Add recommended treatments to formulary and enhanced services	Steve DuBois Catherine Henley Shaun Green 15th January 2014
7	Prescribing Incentive Scheme	Provide update of current position in Somerset around the electronic prescription service	Shaun Green 15th January 2014
8	Anti-epileptics	New advice on switching between manufacturers – to go in newsletter	Steve Moore 15th January 2014
9	NOACs	Review priority list and produce one page decision aid for distribution and inclusion in formulary	Steve DuBois Catherine Henley 15th January 2014
10	FLO TONE	Add to formulary	Steve DuBois Catherine Henley 15th January 2014
11	Renavit	Add to formulary	Steve DuBois Catherine Henley 15th January 2014
12	Fine Point Needles	Add to formulary and item for Newsletter	Steve DuBois Catherine Henley Steve Moore 15th January 2014