NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 12th February 2014**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster
	Andrew Brown	Somerset Partnership Representative
	Vicky Bull	Prescribing Support Technician
	Lynda Coles	LPC Representative
	Dr David Davies	West Somerset Representative
	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 Catherine Lewis	Bridgwater Representative
	Dr Carol Reynolds	North Sedgemoor Representative
	Dr Andrew Perry	Taunton Representative
Apologies:	Dr Diane Bungay	East Mendip Representative
	Dr James Nicholls	West Mendip Representative

1 INTRODUCTIONS

1.1 Vicky Bull and Lynda Coles were welcomed to the group. Lynda Coles has taken over the LPC representative position from Martin Taylor.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Dr James Nicholls, West Mendip Representative and Dr Diane Bungay who has taken over from Dr Helen Kingston as East Mendip Representative.

3 DECLARATIONS OF INTEREST

3.1 Standing declarations of interest were as attachment 1.

3.2 All GPs declared and interest in the Prescribing Incentive Scheme.

4 MINUTES OF MEETING HELD ON 15th January 2014

4.1 The minutes of the meeting held on 15th January 2014 were agreed as an accurate record.

4.2 Review of Action points

1. Insulin Initiation – The data viewed last month showed initiated by diabetic nurse, PAMM would like to know which areas this relates to. AB will provide a list of which diabetic nurse covers which area.
2. NICE CG171 – The continence team at Somerset Partnership follow the CCG formulary with regards to medication and Vicky Bull is working with the team on updating the preferred product list for incontinence appliances and will link to the appliance areas of the guideline.
3. NOACs decision aid – completed.
4. 2014-15 Incentive Scheme
5. ADHD SCG – completed.

6. Formulary Applications – completed.
7. DSU November – completed.
8. DSU December – completed.
9. Domperidone in breastfeeding – Evidence has been provided from the Head of Midwifery and Childrens Services at T&ST for the use of Domperidone in breastfeeding which will be reviewed and brought back to PAMM for a decision on whether to approve for use in Somerset, in the meantime GPs have clinical freedom to prescribe it at their discretion. There were concerns raised about how patients are being referred to GPs for treatment and this should be raised with Lucy Watson.

5 Matters Arising

5.1 Prescribing Incentive Scheme and Mini Audits – Bridgwater would like an audit on the appropriate use of oral Prednisolone including co-prescription of bone and gastro-protection – PAMM were favourable to this being an option.
Finance have agreed in principle to the incentive scheme for 2014-15.
CL raised that the process for accessing the funds can be quite cumbersome, GS asked for suggestions on how to improve the process to be forwarded to himself.

5.2 UKMI Q&A QT Intervals – This report suggests a medication and cardiac history review of patients treated with more than one drug with the potential to prolong QT interval in order to reduce the risk associated with this. Bridgwater are currently looking at reviewing polypharmacy and stopping medication where appropriate.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

6 Formulary Applications

6.1 Alogliptin – this is a new product with similar efficacy to other gliptins but is priced at a 20% discount. The recommendation is to approve this as 1st line on the formulary – all agreed. A mass switching programme will not be undertaken at present but switching is an option for practices with pressures on their prescribing budget.

6.2 Ondansetron – this is commonly used off label for nausea and vomiting in both pregnancy and for gastro-intestinal conditions and is also used for IBS. The evidence for off label use is not readily available at present – suggest carry forward to March 2014 meeting. If it is prescribed for nausea and vomiting due to chemotherapy this comes under specialist commissioning and should be referred back as a red drug.

6.3 Revlar Ellipta® - this is a new inhaler, available in two strengths, with a different fluticasone salt and a new LABA – these ingredients enable it to be given once a day, the evidence for the LABA shows it is equally effective as Formoterol. Trials show that the efficacy of Revlar Ellipta® is not superior to Seretide® but it costs less per month. Due to the fluticasone salt it appears to be a lower dose but is equivalent to Seretide® and even the lower strength is considered a high dose steroid with the associated side effects and risk profile. It is licensed for both Asthma and COPD and would be considered a step 3 treatment. This may cause issues as the separate ingredients are not available in the Ellipta® device meaning patients would need to be stepped down to different devices, however GlaxoSmithKline intend to transfer all other products to this device so this will be less of an issue in future. Concerns were raised around the safety of the new fluticasone salt particularly around cortisol suppression but data from the company shows that the incidence is comparable to that associated with Seretide®. The recommendation is to add to formulary as an

option – all agreed. SG highlighted that there will be several other combinations coming to the market in the next year and the CCG strategy is to ensure patients are generally only using and competent with one type of device so mass switches are not appropriate.

6.4 Prostap ® - this has been available at a lower cost than Zoladex® for a while, it is given every 3 months as opposed to every 12 weeks meaning 1 less for every 3 years of treatment. The recommendation is to add to formulary as 2nd line after Triptorellin and before Zoladex® - all agreed.

6.5 Ciracidin® for Insomnia – this has been brought to PAMM due to the new license which is for treatment of primary insomnia in patients over 55 for up to 13 weeks and the current cost of Temazepam. It may also be an option for patients who are likely to be affected by the proposed driving under the influence of controlled drugs legislation and for frail elderly who may be susceptible to falls if prescribed benzodiazepines. The recommendation is to add to the formulary as an option for patients over 55 years for short term use for the shortest period necessary (2-4 weeks). In exceptional circumstances use may be extended to max licensed use of 13 weeks. This will go in the newsletter.

6.6 Similac Alimentum for Cows Milk allergy – this has been raised by the dieticians as the cost is lower than for the current product Milupa Aptamil Pepti® but it is equivalent. The recommendation is to approve 1st line ahead of Milupa® - all agreed.

7 Proposed changes to NHS availability of erectile dysfunction treatments: changing prescribing restrictions for Sildenafil

7.1 DH have launched a consultation to remove all prescribing restrictions for generic Sildenafil. This will solve the problem around patients with severe distress and hopefully bring in patients who are currently buying it over the internet who may have unmet need for cardiovascular risks. PAMM agreed to an official CCG response to the proposal.

8 Medicines and Self Care

8.1 SG proposed to re-launch with CCG logo and include treatments for thrush and fungal nail infections. Loaclised leaftets are being currently used in Bridgwater will all GP practices supporting the recommendations. This approach supports the CGG strategy to encourage patients to take responsibility for their own health. All agreed to relaunch and include topical treatments for thrush and fungal nail treatments. Launch date will be 1st April. Leaflets and posters will be printed. There will also be a press release and it was suggested it could be included in village newsletters.

9 REPORTS FROM OTHER MEETINGS

9.1 Federation Feedback

- South Somerset – MH – Have been discussing symphony project and withdrawal from QOF. Raised the issue of 1pt who is no longer under paediatric review and needs specials/red drugs prescribing but is having trouble being taken on by adult secondary care. SG said costs for this patient could be risk shared across the federation – MH will raise this as an option.
- West Somerset – DD – nothing to report.
- Central Mendip – GS –.nothing to report.
- Bridgewater Bay – CL – raised concerns around NOACs going back into prescribing budget next year as some practices have been slow to uptake and their use is still increasing, SG explained that prescribing data from the

final 6 months of 2013-14 will be taken into account when deciding the allocation of budget for NOACs in 2014-15. Also raised concerns around the availability of Caverject® although reports are that it is now available, SG said that any concerns around supply problems can be raised via locality medicines managers who can see if it is a national or local problem.

- Taunton – AP – have been discussing the use of funds from the prescribing incentive scheme, SG said that it is not PAMMs decision but that the agreement is for funds to be used where there would be a clinical benefit for patients and not for minor improvements to the facilities.
- Chard, Crewkerne and Ilminster – TA – have been looking at cellulitis guidelines and have noticed that antibiotic recommendations for patients allergic to penicillin appear to be contradictory – GS will check. Also raised concerns with patients being initated on/switched back to Venlafaxine MR by Somerset Partnership, AB asked for instances to be referred to him as this is also an indicator at Somerset Partnership.
- East Mendip – DB – not present.
- West Mendip – JN – not present.
- North Sedgemoor – CR – also raised concerns around patients being initiated on Venlafaxine MR and the increasing use of sterile dressing packs. The federation are reviewing use of bisphosphonates in osteoporosis, PAMM asked for any shared learning to be fed back. There is still no national guidance available for when to stop bisphosphonates and it should be looked at on a patient by patient basis.

9.2 COG – have been looking at the urgent care agenda.

9.3 Somerset Partnership MICP – have advised wards not to use Temazepam due to the current cost and have reminded them not to discharge patients on hypnotics initiated as an in-patient. They have been reviewing medicines for long term conditions, they are rolling out dispensing for discharge (patients will be discharged with at least a weeks supply). A new insulin chart is being developed. CL raised issues around MAR charts where DNs were refusing to administer from them unless they were written by the GP although some practices ask a trained prescribing clerk to complete the forms which the GP will sign, AB said that DNs should not be refusing to use these charts and instances should be fed to him for investigation. Somerset Partnership have a £1.2M budget for improving IT including electronic prescribing, the current system does not allow for printing of MAR charts but this may be a development in the future. Discharge summaries from community hospitals are also being looked at with a view to them being standardised.

9.4 YDH D&TC – approved Linaclotide for moderate to severe IBS as a red drug, consultant only, PAMM reported that some practices have been asked to prescribe. SG asked for this to come to PAMM next month. Diclofenac has been completely removed except for PR forms. Generic Zolendronic acid has been approved for use off license for osteoporosis due to the low cost of £9 per injection. The MI risk associated with Dabigatran was raised.

9.5 T&ST D&TC – date of next meeting 14.2.14

9.6 Weston D&TC – CR raised they have had issues with discharge summaries from Weston, sometimes there are none and sometimes they come early which can be a risk if events occur between the discharge being sent and the patient being discharged.

9.7 T&S Antimicrobial Prescribing Group – date of next meeting 12.2.14

9.8 LPC Report – LC – Have been working on the dementia strategy encouraging

pharmacists to review and improve early diagnosis, a form has been developed which pharmacists can use if they have concerns around a patient who may have undiagnosed dementia. Have been looking at the Call To Action document with regards to pharmacy involvement in management of long term conditions, HEK will forward to PAMM.
Raised communication issues between Pharmacies and GPs, occasionally pharmacists have difficulty speaking to a GP if they have a clinical concern as the receptionists will try to deal with it – for some issues this is fine but for others it is important to have a conversation with the GP – SE will raise via the LMC newsletter. Also, GPs are reminded to use the communication form for any patient specific issues they would like to raise with the pharmacy.

PART 2 – ITEMS FOR INFORMATION OR NOTING

10 Current Performance

10.1 Prescribing Report – SG ran through the report and highlighted the error in PPD calculation for the forecast figures. Finance have yet to reply to the budget request for 2014-15. Noted.

10.2 November Scorecard Federation Trend – Noted, the draft NICE guidance was discussed which recommends statins for patients with a 10% risk over 10 years.

10.3 Safety Spread sheet – noted. This is under review to ensure only up to date issues are reported on, i.e. removal of Spiriva Respimat® due to latest evidence showing there is no increased risk.

10.4 Prescribing toolkit Jul-Sept 2013 – viewed and noted. This data can be used at federation level and is also presented at the annual practice MM meetings. If any federations would like more detailed data, please speak to the locality medicines managers.

11 Cost Comparison Charts

11.1 Noted – these can be used for highlighting possible cost savings.

12 NICE

12.1 Summary of guidance released January 2014 – this was mostly secondary care focussed. Noted.

12.2 CG176 Head Injury – SG has raised this with secondary care, it contains useful information for assessing symptoms and when to refer.

12.3 CG175 Prostate Cancer – this is a good educational tool around prostate cancer.

12.4 TA303 Multiple sclerosis (relapsing) – teriflunomide – this is a technical appraisal and sits under specialist commissioning.

12.5 PH49 – Behaviour change – this could be a useful document to support practices to encourage self-care and healthy lifestyles.

13 Safety Items, NPSA Alerts and Signals

13.1 January DSU – noted.

13.2 MHRA Information sent to healthcare professionals – January – Noted. There was useful information around combined hormonal contraceptives and Cosopt eye drops.

14 Any Other Business

14.1 MH raised changing the date of the June meeting to 4th on the agenda as agreed at PAMM January 2014 – HEK will change.

14.2 SG raised the prescribing leads meeting which is to be held on 1st May at Edgar Hall, Somerton.

15 Date of Next Meeting
Wednesday 12th March 2014, Meeting Room 1, Wynford House

PRIMARY CARE MANAGEMENT TEAM MEETINGS
SCHEDULE OF ACTIONS

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 15th January 2014			
1	Insulin Initiation	Provide a list of diabetic nurses and the localities they cover.	**Andrew Brown 12th March 2014**
2	Domperidone for breastfeeding	Review evidence	**MM Team 12th March 2014**
3	Ondansetron off label	Find evidence for off label use so it can be reviewed at the next PAMM	**MM Team 12th March 2014**
4	Formulary applications	Alogliptin, Revlar Ellipta®, Prostap®, Circadin® and Similac Alimentum® to be added to the formulary	**Steve Moore 12th March 2014**
5	Circadin®	Details of formulary approval to be included in the newsletter – particularly age and initial treatment duration	**Steve Moore 12th March 2014**
6	Generic Sildenafil	Draft response to DH re proposal	**Shaun Green Geoff Sharp 12th March 2014**
7	Cellulitis Guidelines	Ensure that the antibiotic recommendations for patients allergic to penicillin are correct	**Geoff Sharp 12th March 2014**
8	Pharmacy A Call to Action	Distribute document to PAMM	**Helen Kennedy 12th March 2014**
9	Communication between pharmacists and GPs	Raise concerns about difficulties experienced by Pharmacists when trying to discuss clinical issues with GPs via LMC newsletter	**Steve Edgar 12th March 2014**
10	PAMM agenda	Change date of June meeting to 4th	**Helen Kennedy 12th March 2014**