

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 March 2014**

Present: Dr Geoff Sharp Chairman, CCG Prescribing Lead
 Dr Tony Austin Chard, Crewkerne and Ilminster
 Dr Diane Bungay East Mendip Representative
 Lynda Coles LPC Representative
 Dr David Davies West Somerset Representative
 Steve DuBois Somerset Partnership 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 James Nicholls West Mendip Representative
 Dr Carol Reynolds North Sedgemoor Representative
 Dr Andrew Perry Taunton Representative

Apologies: Andrew Brown Somerset Partnership Representative

1 INTRODUCTIONS

1.1 Dr Diane Bungay has taken over the East Mendip representative position from Dr Helen Kingston and was welcomed to the group,

2 APOLOGIES FOR ABSENCE

2.1 Andrew Brown sent apologies, Steve DuBois attended in his place.

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 12th February 2014

4.1 The minutes of the meeting held on 12th February 2014 were agreed as an accurate record.

4.2 Review of Action points

1. Insulin Initiation – AB not present - To be carried over to next month.
2. Domperidone for breastfeeding – on agenda
3. Ondansetron off label – on agenda
4. Formulary applications – completed, the new version of the formulary should be released this week.
5. Circadin® - will be completed, newsletter due out soon.
6. Generic Sildenafil – SG will circulate the response to the DoH to PAMM.
7. Cellulitis Guidelines - completed
8. Pharmacy A Call to Action – completed.
9. Communication between pharmacists and GPs – SE has raised with the LMC who asked for numbers of incidences – LC will gather data.
10. PAMM agenda – completed.

5 Matters Arising

- 5.1 Prescribing Incentive Scheme and Mini Audits – Mini audits are currently being drafted – they will be distributed to PAMM members prior to the April meeting for comments.

An application has been made to finance for funding for the incentive scheme, there has been no response yet, GS will share the response with PAMM when it is available.

SG reminded GPs that this year's audits are due in at the end of March and asked for this to be raised within federations.

GS said concerns had been raised about the complicated process for claiming funds from the incentive scheme but said that the process needs to ensure robust governance is in place for the appropriate use of prescribing incentive funds.

- 5.2 Self-Care Posters – These will be launched on 1st April 2014. The attachments were viewed. Podiatrists were contacted regarding their views prescribing for fungal nail infection, they said that they are not able to prescribe and generally recommend self-care, only referring to GPs if the infection is causing an issue for the patient or it is clinically apparent. They will be discussing the issue at their next meeting.

We viewed the spend data for self-care medicines, the costs are significant and patients should be encouraged to self-care where appropriate, this will also hopefully reduce inappropriate self-referrals to A&E and MIUs.

- 5.3 November Forecast Profile – the explanation and apology from the PPD regarding the error in the November forecast profile were viewed and noted.

- 5.4 Ondansetron in pregnancy – SG explained that Ondansetron is currently a red drug for nausea associated with chemotherapy and that there have been some requests for off-licence use in pregnancy or nausea where other treatments have failed. The New England Journal of Medicine published a retrospective review which showed there are no adverse foetal outcomes when used in pregnancy. The current cost for the generic 4mg tablet is £1.88 for 10; however, as Ondansetron has the potential to prolong the QT interval when used in high doses caution is still required. The recommendation was to include Ondansetron for nausea in pregnancy or other nausea where other drugs have failed as an amber drug on the recommendation of a consultant, although they do not necessarily have to initiate it – all agreed. There was a discussion around its use in IBS – PAMM will consider this when evidence is provided.

- 5.5 Drug treatment in inadequate lactation – this was raised as GPs have been getting requests from patients on the advice of the midwives. The recent PRAC review recommends treatment duration of no more than one week. If Domperidone was added to the formulary for this indication there should be clear guidance on dose and duration, GPs may also have to decline requests in patients for whom it is contra-indicated. SG will raise with the midwives via Lucy Watson to ensure improved communication between the midwives and GPs when requests are made and that there is clear guidance available. Unless this is done, it will not be approved onto the formulary.

- 5.6 PRAC review of Domperidone containing medicines – discussed in 5.5.

PART 1 – ITEMS FOR DISCUSSION OR DECISION**6 Formulary Applications**

- 6.1 Ondansetron off label – discussed in 5.4.

- 6.2 Hapoctasin® - This is a branded generic buprenorphine patch which gives a 40% discount on the drug tariff price. Although buprenorphine is not on the formulary, there are some pockets of use across Somerset. The options are to just recommend a switch where the patches are already in use or to also add to the formulary as an option for patients who cannot swallow but require pain relief less potent than Fentanyl – PAMM agreed to the second option.
- 6.3 Linaclotide – YDH have approved this as a red drug for consultant recommendation in IBS; however there has been at least one practice who received a request to prescribe it in primary care. The recommendation was to propose this as an amber drug for GPs to initiate on the advice of a consultant – PAMM agreed, this will now be raised at SPF.

7 Terms of Reference – Equality Statement

- 7.1 Following equality and diversity training across the CCG it was noted there is a requirement to include a statement on equality in the terms of reference for PAMM. The new statement was approved.

8 REPORTS FROM OTHER MEETINGS

8.1 Federation Feedback

- South Somerset – MH – raised Ondansetron at Westlake – the consensus within the federation was that underspent practices will take on the risk, SG asked for this in writing, this can then be raised higher within the CCG. SG said that the MM team are trying to facilitate the patient's transition to appropriate adult care, MH expressed thanks to Ana Alves for her work with this. Have been discussing cephs and quinolones and asked if Ofloxacin drops are included in this and if it is possible to have ski slopes of practice improvements – this needs to be raised with the locality medicines manager who should be able to provide the data. Ana Alves has been invited to attend the federation away day.
- West Somerset – DD – Raised that a new practice is moving to West Somerset federation. SG said that the recent EPS pilot in Porlock went well – please could PAMM have some feedback around this.
- Central Mendip – GS – Have been discussing the prescribing scorecard. Two practices will be moving from Central Mendip to South Somerset from 1st April 2014.
- Bridgewater Bay – CL – have looked at the newsletter and discussed the reduction of emails from the MM team. Practices have requested a hard copy and following a discussion it was agreed not to provide a hard copy as not all practices require this – those who do can print it off within the practice. There was a query regarding possibility of the optometrist service prescribing, this will need to be raised with the area team who commission the service.
- Taunton – AP – nothing to report.
- Chard, Crewkerne and Ilminster – TA – no meeting this month.
- East Mendip – DB – nothing to report.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – nothing to report.

8.2 COG – nothing to report.

- 8.3 Somerset Partnership MICP – have been discussing the fall safe project and are working with them to ensure the RAG scoring document is accurate as the present document appears to have some flaws.

A discharge notification sub-group has been started – there will be an upgrade to the clinical system in May which will enable electronic discharge notes to be produced.

Electronic prescribing is currently being rolled out.

The best practice group is leading on the NICE guideline for schizophrenia.

The two warfarin charts currently in use will be amalgamated, there have been discussions around the insulin charts, and there have been discussions around the audits and allergy status on charts.

Aripiprazole LA has been approved as a red drug for an initial period of 6 months to monitor its use.

The wound care formulary group is now running again.

Somerset Partnership currently spends around £7.5K/yr on Denosumab injections for patients who are in-patients when this 6 monthly injection is due and asked if there was a possibility for some extra funding to cover this – SG said that this is covered by the current funding arrangements.

Rosemary Brookes raised that some GPs have been asked by secure units to prescribe Olanzapine injections and said that this request should be refused.

- 8.4 YDH D&TC – this was discussed last month. MH said that although Diclofenac has been removed from A&E one of his patients had been discharged from A&E with some.

- 8.5 T&ST D&TC – have raised the non-compliance around Mannitol. Discussed the headache/migraine guidelines and now have staff trained to give botox injections; acupuncture is also recommended in the guidelines but it was felt as this is a non-drug treatment it is not within the remit of the committee. It appears that the cancer drug fund is continuing as there are new drugs being added to the list. Rifaximin was discussed – this is a hospital only drug.

- 8.6 Weston D&TC – have not received any recent minutes.

- 8.7 T&S Antimicrobial Prescribing Group – viewed and noted. Trimethoprim for acne was kept as a red drug for this indication only due to monitoring requirements. It was noted that the BNF includes using Trimethoprim 300mg twice daily for acne but this is an unlicensed indication.

- 8.8 LPC Report – LC – nothing to report.

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

- 9.1 Prescribing Report – SG raised the change between the November and December forecasts and that Strontium will not be withdrawn but will have restrictions on its use. A possible issue around the of the prescribing of a GP working for Abbey Manor being allocated to Hendford Lodge has been raised – once details have been confirmed the PMD will be amended accordingly.

- 9.2 November Scorecard Federation Trend – improvements in the indicators were noted. Statins are being removed from the scorecard for 2014-15. CL raised that there are still some mixed messages coming from Somerset Partnership around Venlafaxine MR, SBD will ask that the reasons why patients are recommended to have the MR preparation are included in the letters to the GPs.

- 9.3 Safety Spread sheet – noted.

- 9.4 Potential Generic Savings – viewed and noted.

- 9.5 Prescribing toolkit Oct-Dec 2013 – viewed and noted. These graphs use the new ASTRO PU weightings so there may be some changes compared to previous versions.

10 Blood monitoring measures in patients receiving trimethoprim 300mg twice daily for acne

- 10.1 This was raised by a practice in Taunton who had been asked to prescribe it. It was discussed at the Taunton and Somerset anti-microbial prescribing group as above.

11 NICE

- 11.1 Summary of guidance released February 2014 – it was noted that in the guideline for osteoarthritis CG177 there are no changes to current prescribing recommendations.
- 11.2 CG178 Psychosis and Schizophrenia in Adults – this includes some specific recommendations for secondary care around monitoring the physical wellbeing of patients for the first 12 months or until the patient is stable. It also raises the requirement for primary care to look for other health issues in this patient group.

12 Safety Items, NPSA Alerts and Signals

- 12.1 February DSU – raised the risk of DVT with CHC – noted.
- 12.2 MHRA Information sent to healthcare professionals – February – Noted. SG is aware there is a national shortage of Valsartan and has sent out an email with recommendations.

13 Any Other Business

- 13.1 SG raised that consultants at YDH have proposed the move of 4 weekly Denosumab for patients following chemotherapy for bone metastases to primary care – this will involve long discussions around an enhanced service and there would need to be a pathway change. SG is leading the discussions around this work.
- 13.2 GS asked about the agenda for the prescribing leads away day – this is currently being developed.
- 13.3 CL raised the issue of vast numbers of drugs with supply problems – this is a national problem and has been raised high up in the NHS.

14 Date of Next Meeting

Wednesday 9th April 2014, Plucknett Suite, 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 15th January 2014			
1	Insulin Initiation	Provide a list of diabetic nurses and the localities they cover.	Andrew Brown 9th April 2014
2	Communication between pharmacists and GPs	Gather numbers of incidences where pharmacists are having difficulty being able to speak to a GP about a clinical matter	Lynda Coles 9th April 2014
3	Prescribing Incentive Scheme and Mini Audits	Circulate draft mini audits for comments prior to April meeting	Shaun Green Prior to 9th April 2014
4	Prescribing Incentive Scheme and Mini Audits	Circulate response from finance to request for funding for Prescribing Incentive Scheme	Geoff Sharp 9th April 2014
5	Ondansetron	Add to traffic lights as an amber drug	Steve Moore 9th April 2014
6	Domperidone for inadequate lactation	Raise concerns with midwives	Shaun Green 9th April 2014
7	Hapoctasin®	Add to formulary	Steve Moore 9th April 2014
8	Ondansetron at Westlake	Provide proposal for risk share in writing to PAMM	Mike Holmes 9th April 2014
9	Venlafaxine MR	Raise concerns around recommendations for Venlafaxine MR and ask for reasons to be included in communications to GPs	Steve DuBois 9th April 2014
10	Trimethoprim for acne	To be added to traffic lights as a red drug for this indication only at a dose of 300mg twice daily.	Steve Moore 9th April 2014