

Minutes of the **Prescribing and Medicines Management Group** held in **The Mandeville Room, Abbey Manor Business Centre, They Abbey, Preston Road, Yeovil, Somerset**, on **Wednesday, 9<sup>th</sup> April 2014**.

Present:       Dr Geoff Sharp                   Chairman, CCG Prescribing Lead  
                  Dr Tony Austin                   Chard, Crewkerne and Ilminster  
                  Dr Diane Bungay                 East Mendip Representative  
                  Dr Steve Edgar                 LMC Representative  
                  Shaun Green                   Associate Director, Head of Medicines Management  
                  Liz Harewood                 Somerset Partnership Representative  
                  Catherine Henley             Locality Medicines Manager  
                  Dr Mike Holmes                South Somerset Representative  
                  Helen Kennedy                Prescribing Support Technician, Secretary  
                  Dr Carol Reynolds             North Sedgemoor Representative

Apologies:    Andrew Brown                   Somerset Partnership Representative  
                  Lynda Coles                    LPC Representative  
                  Dr David Davies                West Somerset Representative  
                  Dr Catherine Lewis            Bridgwater Representative  
                  Dr James Nicholls             West Mendip Representative  
                  Dr Andrew Perry                Taunton Representative

## **1       INTRODUCTIONS**

1.1       None

## **2       APOLOGIES FOR ABSENCE**

2.1       Apologies were received from Andrew Brown, Somerset Partnership Representative – Liz Harewood attended in his place; Lynda Coles, LPC Representative; Dr David Davies, West Somerset Representative; Dr Catherine Lewis, Bridgwater Representative; Dr James Nicholls, West Mendip Representative and Dr Andrew Perry, Taunton 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 and prescribing finance settlement.

3.3       Shaun Green declared an interest in item 6.1 – Vesomni®

## **4       MINUTES OF MEETING HELD ON 12<sup>th</sup> March 2014**

4.1       The minutes of the meeting held on 12<sup>th</sup> March 2014 were agreed as an accurate record.

4.2       Review of Action points

1. Insulin Initiation – LH provided a list of diabetic specialist nurses and the areas they cover which will be distributed to PAMM members following the meeting.
2. Communication between pharmacists and GPs – LC was not present but has asked CH to give the information on her behalf. There has been communication between the LPC secretary and the LMC secretary and they are preparing some information – PAMM asked for it to be presented here,

CH will feed back to LC.

3. Prescribing Incentive Scheme and Mini Audits – draft audits – on agenda
4. Prescribing Incentive Scheme and Mini Audits – response from finance for Prescribing Incentive Scheme funding – on agenda.
5. Ondansetron – completed
6. Domperidone for inadequate lactation – SG has been communicating with the Midwives who have now said they will prepare an application for the D&TCs at their home trusts.
7. Hapoctasin® - completed.
8. Ondansetron at Westlake – on agenda
9. Venlafaxine MR – SDB will take to MICP in May; LH said the MR version is often used on the acute wards when patients need to be started rapidly on antidepressant treatment. LH also mentioned there will be an update to RIO which will enable better discharge communication, SG asked if it would be possible to have a demonstration at PAMM – LH will inform us when this will be available. Electronic prescribing is also being rolled out to community hospitals.
10. Trimethoprim for acne – completed.

## **5 Matters Arising**

- 5.1 2014/15 Prescribing finance Settlement – SG and GS have a meeting with finance. The proposed budget was discussed at the November PAMM and it was agreed to request an uplift of £1.5m. Finance replied on 26<sup>th</sup> March with an offer of a 0% uplift based on the November forecast data (which was erroneous). There has also been no information around funding for the prescribing incentive scheme, but given that growth is likely to be around 3.6% cost (4% items) the current proposal would leave very few practices achieving an underspend making the incentive scheme irrelevant. Concerns were also raised that this would lead to disengagement from practices. It was noted that Somerset prescribing spend is currently around £12m per year less than the national average and has been for the past 7 years. SG and GS will propose an increase of £500k but this will still be challenging to achieve.
- 5.2 Fidaxomicin – this has already been approved in Somerset and is used in secondary care but is amber for use in primary care. One practice has recently declined to prescribe it in the community due to the cost. SG proposed to have a CCG risk share, similar to the NOACs as the numbers are likely to be very small. All agreed. This will prevent admissions but it was requested that there is an appropriate care pathway in place to ensure it is not overprescribed – this will be raised at the antibiotic prescribing group.
- 5.3 Draft Mini-Audits and Prescribing Incentive Scheme – SG ran through the mini audits which are currently being trialled by the MM team. There was a discussion around the prn audit and the limitations to running the necessary searches. There was a discussion around making the eclipse live audit list size related rather than a set 40 but it was agreed to leave it as it is. When discussing the MI audit it was noted that sartans don't have a benefit post MI in diabetic patients. When discussing the antipsychotic audit, LH mentioned that Somerset Partnership are developing a template with all monitoring requirements on it which can be sent to GPs once it is completed.  
Prescribing incentive scheme – GS explained that the details are that same as last year and that it will be raised at the meeting with finance. SG thanked practices for the 100% return on last year's audits. Shared learning will be given at the

- prescribing leads away day.
- 5.4 Ondansetron Risk Share at Westlake (C) – the draft letter was viewed which gives the background to the proposal and makes it clear that this is a one off to enable patients to benefit from prescribing incentive money which would otherwise be unavailable. All practices in the South Somerset Federation agree with the proposal whereby underspent practices will take on a proportion of the costs of the Ondansetron special to enable Westlake (C) to reach an underspend position. However, the latest data now shows that Westlake (C) may overspend by more than the cost of the Ondansetron special so the proposal may not need to be actioned. All agreed to support. SG will discuss the details once the March prescribing data is available.
- 5.5 Primary Care responsibilities – hormone therapy for gender dysphoria treatments – this was raised at the November PAMM. This new document released at the end of March raises the expectation that GPs share the care for these patients. The injections have been approved for this use and will be included in the enhanced service. This document also mentions Vaniqa cream – SG said that Somerset follows due process when considering additions to the formulary and that decisions are made for all patients, not just for specified groups. It is for this reason Vaniqa will remain non formulary and SG has fed this back.
- 5.6 Continence preferred products list – Vicky Bull has worked with Catherine Weller to update the guides. These will be distributed to practices via the MM team and to the district nurses through Somerset Partnership. Prescription clerks within practices may also find the guide useful as it gives approximate monthly quantities. CR raised the possibility of the budget for continence products prescribed by district nurses being given to Somerset Partnership in the same manner as the dressings. SG explained that the process of moving the dressings budget is still on-going and is anticipated to be complete by this time next year. Once this is running smoothly consideration can be given to transferring other areas of prescribing. The guides will be placed on the navigator app.
- 5.7 BMJ Fungal Nail Infection: Diagnosis and Management – this was raised as it mentions fungal nail infections should not be treated without a confirmed diagnosis. To be shared with podiatry to highlight the need for testing.
- 5.8 Errors involving Zuclopenthixol acetate/decanoate – LH raised this following a recent incident in Somerset. This poster will be shared with LC and go in the MM newsletter.
- 5.9 Clozapine – There are currently around 150 patients on Clozapine in Somerset. It is a red drug due to the extensive monitoring required, however, there was recently an incident where it was prescribed and dispensed in the community. It should be included on the patients electronic record for information around interactions and side effects but processes should be in place to ensure it is not issued. To be included in the MM newsletter. LH also mentioned that Clozapine is used at a very low dose for psychosis in patients with advanced Parkinson's disease, but again all monitoring will be undertaken by Somerset Partnership who will prescribe and dispense it.
- 5.10 Community MAR charts – LH raised that there are still many incidents occurring, particularly around insulin, where the MAR charts are not completed fully. If the chart is not fully complete the district nurses are not legally allowed to administer the medicine, this also includes if the allergy status box is not completed which is a common occurrence. To go in MM newsletter.

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

**6 Formulary Applications**

- 6.1 Vesomni® Solifenacin and Tamsulosin – SMC Decision – SG explained this is a new combination product priced at the same price as Solifenacin 5mg. Historically Somerset has not recommended the use of combination products due to the lack of flexibility they offer. Given that there are many other options on the formulary ahead of Solifenacin it was felt that this combination may encourage use of this 3<sup>rd</sup> line drug over the 1<sup>st</sup> and 2<sup>nd</sup> line drugs. SG proposed to not place it on the formulary, all agreed as there are very few patients who take both Tamsulosin and Solifenacin in Somerset so any potential savings would be small.
- 6.2 Xailin® products – HK explained where the new products would be placed in the formulary and the current alternatives if approved. There was a discussion around the benefits of having more than one option on the formulary and the likelihood of re-using single use vials for up to 12 hours or keeping a 3.5g tube in use for 3 months as recommended for some current formulary products. All agreed to add.

**7 Medicines Optimisation in Care Homes**

- 7.1 The waste data from Pharmacy Plus was viewed and showed a large number of returned items from a small selection of care homes. Reports from the homes using this system are that it is very difficult to remove items from the PDA and the MAR chart meaning that they get re-ordered, items also get re-ordered at the end of each month even if they are when required medicines. Issues which could cause this were discussed such as Somerset Care's policy of returning all unused items at the end of each month rather than keeping them and not re-ordering; issues of poor communication where GPs are not informed when patients refuse to take their medicines so these keep being prescribed even though they are not being used and the managed repeat services which order everything routinely and anecdotally when patients have even told the pharmacy that they don't want/need a particular item that month – Somerset CCG does not support these schemes, except for at Boots where we have seen the SOP which includes checking which items are required with the patient.

**8 REPORTS FROM OTHER MEETINGS**

- 8.1 Federation Feedback
- South Somerset – MH – Have had the away day – talked about stroke services, Somerset Practice Quality Scheme, Symphony, Insulin Analogue Prescribing and the projected prescribing outturn.
  - West Somerset – DD not present.
  - Central Mendip – GS – Nothing to report.
  - Bridgewater Bay – CL not present.
  - Taunton – AP not present.
  - Chard, Crewkerne and Ilminster – TA – discussed nurse prescribing.
  - East Mendip – DB – currently reviewing and stepping down asthma patients.
  - West Mendip – JN not present.
  - North Sedgemoor – CR – raised supply issues – GS suggested MM team share the top 10 medicines with supply issues with suggestions for alternatives as some straightforward switches (i.e. capsules to tablets) are very expensive. Agreed, this will be done monthly, separate to the newsletter.
- 8.2 COG – nothing to report.

- 8.3 Somerset Partnership MICP – next meeting is in May. Temazepam will be raised due to the current cost.
- 8.6 Weston D&TC – viewed minutes – there are still issues arising where practices are asked to prescribe dosette boxes for patients still in hospital. There was a discussion around dosette boxes generally and it was re-iterated that it should be the pharmacy who decides if a dosette box is necessary.
- 8.7 T&S Antimicrobial Prescribing Group – AA has recently sent around an update to the antibiotic guidelines, it was suggested that a summary of changes would be useful – this will be in the MM newsletter. LH raised that there will be a review of the antibiotic guidelines for in-patients at Somerset Partnership and a representative from there will attend the AMPG.
- 8.8 RUH Bath DPG – minutes viewed and noted
- 8.9 LPC Report – LC not present.

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

### **9 Current Performance**

- 9.1 Prescribing Report – SG ran through the report – the CCG is still forecast to underspend but currently a third of the practices are forecast to overspend. The report mentions the income from the rebate schemes – the income data and new products agreed will be brought to next PAMM. Eclipse live has been agreed for another year at the reduced rate – MH asked if a facility to enable consultants to view patient data was available within Eclipse live as this has been raised within the Symphony project – advised to raise with Steve Moore who is the lead for Eclipse live.
- 9.2 January Scorecard Federation Trend – viewed and noted – most practices have shown improvement against the indicators.
- 9.3 Safety Spread sheet – viewed and noted. LH said that Diclofenac has now been removed from the MIU stock lists. Alfacalcidol is included on the sheet due to the requirement for monthly calcium monitoring, as we now have vitamin D preparations on the formulary, alfacalcidol use should be reducing.

### **10 NICE**

- 10.1 Summary of guidance released March 2014 – noted
- 10.2 PH51 Contraceptive services with a focus on young people up to the age of 25 – SG has raised this with Public Health England (PHE), particularly around the requirement to increase preventative prescribing for the morning after pill – no action to be taken until PHE provide us with proposals.

### **11 Safety Items, NPSA Alerts and Signals**

- 11.1 March DSU – viewed and noted.
- 11.2 MHRA Information sent to healthcare professionals – March – Noted.

### **12 Any Other Business**

- 12.1 SG raised the discussions which have occurred with YDH around budgets for Denosumab for bone metastases. Due to the current financial climate, this is not something to push ahead with at the moment.
- 12.2 GS raised on-going discussions around hospices requesting access to FP10s for emergency situations where a delay would not be beneficial for the patient. If this were to happen, each organisation would need a prescriber code and would need to

take responsibility for the budget and ordering the prescriptions. There would also be issues around communication with GPs and updating MAR charts if DNs are to administer the medicines. It was felt that currently this is not a priority as medicines are able to be accessed in an emergency by conventional routes such as the patients GP, the out of hours service and the use of just in case boxes.

- 12.3 GS highlighted that Highbridge Medical Centre are not in a federation and have raised concerns that they are not in the loop regarding prescribing issues – it was suggested therefore to offer them an unfunded seat at PAMM as an observer – all agreed.

**14 Date of Next Meeting**

Wednesday 14<sup>th</sup> May 2014, Meeting Room 2, Wynford House, Yeovil

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 9<sup>th</sup> April 2014</b>			
1	RIO	Provide Demonstration for PAMM	<b>Somerset Partnership Representative When Available</b>
2	2014/15 Prescribing Finance Settlement	Feedback to PAMM Members following meeting with finance	<b>Geoff Sharp 14<sup>th</sup> May 2014</b>
3	Fidaxomicin	Raise need for care pathway when used in the community at the antibiotic prescribing group	<b>Ana Alves 14<sup>th</sup> May 2014</b>
4	Continance Products Guides	Arrange for guides to be placed on the Navigator App; share with full MM team and include in newsletter.	<b>Steve Moore 14<sup>th</sup> May 2014</b>
5	Fungal Nail Infection	Raise with podiatry	<b>Somerset Partnership Representative 14<sup>th</sup> May 2014</b>
6	Zuclopenthixol acetate/decanoate	Share with Lynda Coles	<b>Catherine Henley 14<sup>th</sup> May 2014</b>
7	Zuclopenthixol acetate/decanoate	Include in newsletter	<b>Steve Moore 14<sup>th</sup> May 2014</b>
8	Clozapine	Include in newsletter	<b>Steve Moore 14<sup>th</sup> May 2014</b>
9	Community MAR charts	Include issues around incomplete charts in newsletter	<b>Steve Moore 14<sup>th</sup> May 2014</b>
10	Xailin products	Add Xailin Fresh® Xailin Gel® and Xailin Night® to formulary	<b>Steve Moore 14<sup>th</sup> May 2014</b>
11	Medicines Optimisation in Care Home	Approach LA to discuss the possibility of introducing changes to care home provider contracts a requirement to address medication wastage.	<b>Shaun Green Geoff Sharp 14<sup>th</sup> May 2014</b>
12	Medicines with supply issues	Develop monthly alert with top 10 medicines with supply issues and recommended alternatives	<b>MM Team 14<sup>th</sup> May 2014</b>
13	Antibiotic Guidelines	Include summary of changes in the newsletter	<b>Steve Moore 14<sup>th</sup> May 2014</b>
14	Highbridge Medical Centre	Offer a seat as an observer at PAMM	<b>Geoff Sharp 14<sup>th</sup> May 2014</b>