

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 14th May 2014.**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster
	Lynda Coles	LPC Representative
	Steve DuBois	Somerset Partnership Representative
	Dr Steve Edgar	LMC Representative
	Dr David Davies	West Somerset Representative
	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
	Donna Yell	Prescribing Support Technician
Apologies:	Andrew Brown	Somerset Partnership Representative
	Dr Diane Bungay	East Mendip Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Dr James Nicholls	West Mendip Representative

1 INTRODUCTIONS

1.1 None

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Andrew Brown, Somerset Partnership Representative – Steve DuBois attended in his place; Dr Diane Bungay, East Mendip Representative; Shaun Green, Associate Director, Head of Medicines Management; Dr James Nicholls, West Mendip Representative.

2.2 Dr Andrew Perry has resigned as the PAMM representative for the Taunton Deane area federation who will nominate a new representative. All members expressed their thanks to Dr Andrew Perry for all of contributions to PAMM.

3 DECLARATIONS OF INTEREST

3.1 Standing declarations of interest were as attachment 1.

3.2 MH asked for his role of GP at Ilchester surgery to be removed the standing declarations of interest.

4 MINUTES OF MEETING HELD ON 9th April 2014

4.1 MH asked for the minutes to be corrected in 8.1, South Somerset Federation had been discussing stroke services not smoking cessation services. The minutes were then agreed as an accurate record of the meeting held on 9th April 2014.

4.2 Review of Action points

1. RIO – The training system is not yet available at Somerset Partnership.
2. 2014/15 Prescribing Finance Settlement – on agenda.
3. Fidaxomicin – Ana has raised this with the antimicrobial prescribing group and will provide an update for next month.
4. Continence Products Guides – completed.
5. Fungal Nail Infection – completed.

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6. Zuclopenthixol acetate/decanoate – share with Linda Coles – completed.
 7. Zuclopenthixol acetate/decanoate – item in newsletter – completed.
 8. Clozapine – completed.
 9. Community MAR charts – completed.
 10. Xailin products – completed.
 11. Medicines Optimisation in Care Homes – GS has been in discussion with the chair of adult services who is interested in helping support care homes reduce waste and is keen to have support.
 12. Medicines with supply issues – GS and SG have discussed this and agreed SG and the medicines management team will develop a list of the top drugs which are expected to be cheap but are actually very expensive, to be used to raise awareness. There was a discussion around pricing on GP systems and the possibility of recommendations from pharmacies.
 13. Antibiotic Guidelines – completed.
 14. Highbridge Medical Centre – GS has sent an offer of a seat twice but has had no response. HK has received communications from Highbridge requesting dates for PAMM, GS asked to be copied in to the emails.
- 4.3 Feedback from prescribing leads meeting – CL said the event was well attended with around 50% GPs and 50% medicines management. Approximately 23 practices were represented. Some Bridgwater practices said they preferred the federation seating layout previously used as this allows them to discuss ideas during the day, although it was felt that networking with other federations should also be encouraged. CL gave an overview of the agenda and explained the MiDos app. PAMM discussed how to improve attendance and suggestions were alternative venues, a later start as 1pm can be difficult for those who have a long drive, and the possibility of having it webcast.

5 Matters Arising

- 5.1 2014/15 Prescribing finance Settlement – GS and SG had a discussion with finance and secured an uplift of £500k on the prescribing budget. There was a discussion around practices achieving tighter budgets.
- 5.2 Cardiac Rehab Uptake Figures – This data was requested to support the MM mini audit around the new NICE guidance re secondary prevention of MI. The approach differs between YDH and MPH, both have good uptake and completion figures but YDH appears to be less effective at offering the programme. GS will raise this with Dr Mike Gorman, the CCG cardiac lead, to discuss with YDH.
- 5.3 MHRA – Domperidone: risk of cardiac side effects – The alert was viewed, it was noted that following this advice, GPs may be more reluctant to prescribe outside of the restricted indications if requested to by other professionals. The midwives have been asked to put forward an application to their D&TCs but feedback from Jon Beard is that this has not happened yet.

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

- 6.1 Fultium-D3 3,200IU capsules – This was recommended to add to the formulary as an option for high dose treatment, all agreed to add. There was a discussion around prevention doses and treatment doses and it was suggested to put an item in the MM newsletter around this.
- 6.2 Fostair 100/6 micrograms per actuation – this has now been licensed for use in

- 6.3 COPD and it was suggested to add this indication to the formulary, all agreed.
Dapagliflozin and Metformin (Xigduo®) – Traditionally Somerset CCG does not recommend fixed dose combinations due to the reduced flexibility of dosing this offers, GS suggested to add it as green to the traffic lights but not to include in the formulary, all agreed.
- 6.4 Avanafil (Spedra®) for the treatment of erectile dysfunction – This is a new drug for erectile dysfunction which is priced cheaper than Tadalafil and has a longer half life than Sildenafil, it was recommended to add it to the formulary as the 2nd line option, all agreed.
- 6.5 Brimonidine (Mirvaso®) gel for the treatment of facial erythema of rosacea in adults – there have been mixed results from trials and so far there have been no requests at D&TCs. It was agreed to have it as not recommended at present and raise at SPF so it can be passed on to dermatologists to see if it has a place in the care pathway.

7 Rebate Scheme Data

- 7.1 The data was viewed and noted. As agreed last year when the rebate policy was approved and new schemes will come to PAMM for approval.

8 Suggestions for Drug Monitoring in Adults in Primary Care

- 8.1 It was felt this is a very useful document to have as a reference but if all monitoring recommendations were implemented there would be an adverse effect on the pathology bill. It was agreed to place the document on the website for reference, SE will raise with the LMC for their view.

9 The NHS Atlas of Variation in Diagnostic Services

- 9.1 This documents shows differences across the country regarding diagnostic services, viewed and noted.

10 Mental Health Discharge Letters

- 10.1 The letter from Andrew Dayani was viewed, it was produced because of new NMC rules which state information written by nurses should not be relied upon for prescribing, therefore, prescribers should take the medication details from the cover note which is written by a doctor, rather than the prescribing section of the care plan which is written by a nurse. There was some concern that the care plan and the cover note may not match which could cause confusion, SBD will raise this with Somerset Partnership. GS asked if an example of the care plan + cover note could be brought to PAMM please.

11 2013-14 Mini Audit Results

- 11.1 CH ran through the presentation given at the prescribing leads away day
- 11.2 It was noted there is still a lot of work to be done to improve treatment of gout.
- 11.3 GS confirmed the Doxycycline dose for cellulitis is 100mg bd because a high dose is required, as with Flucloxacillin, AA is discussing this with Robert Baker.
- 11.4 The treatment with anticoagulants data for the CHADs audit does not add up, SM will do an eclipse live search to see what the situation is. HK to share with PAMM when available.
- 11.5 There were discussions around pregabalin for anxiety, MM support for implementing changes and re-auditing to ensure changes are made.

12 REPORTS FROM OTHER MEETINGS**12.1 Federation Feedback**

- South Somerset – MH – Have been discussing the possibility of stroke services being removed from YDH and taken to MPH, when looking at the surrounding areas it would seem there would be no local stroke services for the south Somerset federation.
- West Somerset – DD – have been talking about the overnight closure of Minehead MIU.
- Central Mendip – GS – The federation now only comprises three practices.
- Bridgewater Bay – CL – Looking at care home prescribing. Discussing with one home in particular re procedures as it seems to be a bit disorganised. They are also looking into whether temporary residents in care homes add an extra burden to one particular practice and will look at ways of distributing this more evenly across the federation.
- Taunton – no representative present.
- Chard, Crewkerne and Ilminster – TA – District nurse prescribing has been raised, GS asked if Somerset Partnership have any plans for distribution of nurse prescribers across the federations.
- East Mendip – DB not present.
- West Mendip – JN not present.
- North Sedgemoor – CR – meeting next week.

12.2 COG – Discussed the January prescribing report, SG updated verbally the February data to COG. The director of finance asked if the spend on NOACs is still appropriate given the tight budgets and when the results of reduced admissions for stroke in AF patients will be seen, this is difficult to answer but it was suggested the spend is still appropriate.

12.3 Somerset Partnership MICP – Have been reviewing the NICE guidance on pressure ulcer and the place of Debrisoft pad. They have also been discussing a new antipsychotic which has not yet been launched in the UK. The medicines management group at Somerset Partnership will now disband as the functions undertaken are now covered by other groups within the organisation. The MICP will now become the D&TC.

PAMM viewed a paper copy of the new physical monitoring form which is under development by SomPar to assist with the monitoring of patients taking antipsychotics. This will help SomPar to meet the monitoring requirements set out in NICE CG 178. It is aimed that the information recorded on the form will also be sent to the GP. How the information will be sent to GPs is yet to be decided. PAMM members discussed the idea that it would be helpful if SomPar could use Eclipse to record the monitoring data so that GPs would have easy access to the data rather than recording it again. CH agreed to ensure that the monitoring form is formally put on the PAMM agenda for discussion next time. CH to ask Steve Moore whether it would be possible to share the Eclipse System for recording and sharing patient data with GPs.

12.4 YDH D&TC – the notes taken by AA were viewed. MH raised the proposed use of Tapentadol for post-op colorectal patients where constipation would be a problem, this is to go in the MM newsletter for information, patients will be discharged with a short course and it is not expected that GPs will be required to continue prescribing. Humulin R U-500 will be used at YDH for a select group of patients who require extremely high doses of insulin (currently one patient), there will be appropriate safeguards in place to prevent errors, this will only be prescribed from the hospital,

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although it should be entered on GP systems as a hospital prescription. This should go in the MM newsletter for information and should also be raised via the LPC newsletter to ensure if any erroneous primary care prescriptions are issued, they are not dispensed in community pharmacies.

- 12.5 T&ST D&TC – the notes taken by AA were viewed.
Bioactive BV will be discussed at SPF this afternoon. Methanamine Hippurate is a treatment for lower UTI infections but is antibiotic bactericide rather than an antibiotic requested by the microbiologists for the prophylaxis and long term treatment of chronic or recurrent lower urinary-tract infections in patients without known renal tract abnormality. It works through conversion to bactericidal concentrations of formaldehyde in acidic bladder conditions. It is not effective for treating upper UTI infections. This will also be discussed at SPF this afternoon.
Linaclotide has been approved as a red drug at MPH.
- 12.6 Weston D&TC – the minutes were viewed. CR said there was still an issue around a lack of discharge summaries being sent to practices.
- 12.7 T&S Antimicrobial Prescribing Group – meeting this afternoon.
- 12.8 RUH Bath DPG – the agenda was viewed and noted. There was a proposal for the treatment of thromboprophylaxis in patients with lower limb fractures which mentioned GPs prescribing lower weight molecular heparin, GS will ask if this is likely to occur and will copy in BANES CCG for information.
- 12.9 LPC Report – Have been working on the minor ailments scheme and the self-care agenda. Have also been looking at emergency supply out of hours. EPS is going live in many areas. The waste campaign materials sent out by the MM team are being utilised.

PART 2 – ITEMS FOR INFORMATION OR NOTING**13 Current Performance**

- 13.1 Prescribing Report – There was no formal prescribing report as the March data has only just become available. The February data showed not much change from January.
- 13.2 February Scorecard Federation Trend – Viewed and noted. CH mentioned that the target for the urinary incontinence drugs will be increased to 60% for 2014-15.
- 13.3 Safety Spread sheet – Viewed and noted. Domperidone has been added following the latest safety alerts.

14 NICE

- 14.1 Summary of guidance released April 2014 - Viewed and noted.
- 14.2 DG12 Measuring fractional exhaled nitric oxide concentration in asthma – this recommended fractional exhaled nitric oxide concentration measuring as an option but it is clear that further research is required. It should be raised with the respiratory group for consideration.
- 14.3 CG179 Pressure Ulcers – This has useful information on when antibiotics should be used and it makes it clear that there is not routine role for nutritional supplements if the patient has adequate dietary intake, if this is not the case, dietician assessment is required. It will be raised in Somerset Partnership for the community hospitals and the headlines and web links should be in the MM newsletter.
- 14.4 CG178 Psychosis and Schizophrenia in Adults – Compliance Assessment – SBD raised section 1.5.3.2 of the compliance assessment which relates to the monitoring of the physical health of patients with psychosis or schizophrenia once their care has

been transferred to primary care, this is not something that Somerset Partnership has any control over and is therefore given a 0 score.

- 14.5 QS61 – Infection prevention and control – CL raised this as it gives clear guidance on the use of antibiotic formularies, strategies for improvement, decontamination of hands before and after patient contact etc. It is useful for primary care.

15 Safety Items, NPSA Alerts and Signals

- 11.1 April DSU – This mentions reporting medication errors, the CCG is working on a process for this which will be brought to PAMM when it is available.

- 11.2 MHRA Information sent to healthcare professionals – April – viewed and noted.

16 BNF Changes

- 16.1 Viewed and noted. This will go in the MM newsletter with a link for signing up to the emails.

17 Any Other Business

- 17.1 Goserelin for breast cancer – GS raised this as there had been a request to prescribe in primary care but it was red in the traffic lights. This has previously been agreed as amber, the traffic lights will be amended.

- 17.2 Improving communication between GPs and Community Pharmacy – This has been discussed between the LMC and LPC although no action has been taken yet. SE will raise with Harry Yoxall to see about progressing the proposals.

- 17.3 LC raised the need to re-educate patients about waiting times for prescriptions, it should be 5 working days from request to collecting from the pharmacy if the script is sent straight there, this is obviously not the case for prescriptions collected from the surgery by the patient when they can expect the usual practice waiting time.

- 17.4 There was a discussion around EPS and repeat dispensing.

18 Date of Next Meeting

Wednesday 4th June 2014, Plucknett Suite, Abbey Manor Business Park, Yeovil

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

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 9th April 2014			
1	RIO	Provide Demonstration for PAMM	Somerset Partnership Representative When Available
2	Highbridge Medical Centre	Forward emails re PAMM representative to Geoff Sharp	Helen Kennedy 4th June 2014
3	Prescribing Leads Meeting	Look at alternative venues and possibility of webcasting	Medicines Management Team 4th June 2014
4	Cardiac Rehab Uptake	Raise YDH figures for offering cardiac rehab compared with those for MPH with Dr Mike Gorman	Geoff Sharp 4th June 2014
5	Fultium D3 3,200IU	Add to formulary and include an item around treatment and prevention doses for vitamin D	Steve Moore 4th June 2014
6	Fostair 100/6	Add COPD indication to formulary	Steve Moore 4th June 2014
7	Xigduo	Add to traffic lights as green	Steve Moore 4th June 2014
8	Spedra	Add to formulary as 2 nd line option	Steve Moore 4th June 2014
9	Mirvaso	Raise at SPF to pass to dermatologists	Catherine Henley 4th June 2014
10	Drug Monitoring in Adults	Place on website as reference document (with note to say prescribers are not expected to follow all recommendations)	Steve Moore 4th June 2014
11	Drug Monitoring in Adults	Raise with LMC	Steve Edgar 4th June 2014
12	Mental Health Discharge Letters	Raise concerns over possibility of differing information in care plan and cover note and provide an example of care plan + cover note for PAMM	Steve DuBois 4th June 2014
13	CHADs mini audit	Share results from eclipse live search with PAMM	Helen Kennedy 4th June 2014
14	Somerset Partnership Physical Monitoring Form	Put form on the PAMM agenda for next meeting and explore the possibility of SomPar using Eclipse to record the data	Catherine Henley 4th June 2014
15	YDH D&TC - Tapentadol post-op	Item in newsletter for information	Steve Moore 4th June 2014
16	YDH D&TC – Humulin R U-500	Item in MM newsletter	Steve Moore 4th June 2014
17	YDH D&TC – Humulin R U-500	Item in LPC newsletter	Lynda Coles 4th June 2014

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18	Bath DPG – Thromboprophylaxis	Enquire if GPs will be expected to prescribe LWMH and copy in BANES CCG	Geoff Sharp 4th June 2014
19	NICE DG 12	Raise with respiratory group	Steve Moore 4th June 2014
20	NICE 179	Headlines and web links to go in newsletter	Steve Moore 4th June 2014
21	BNF changes	Newsletter item with link for sign-up	Steve Moore 4th June 2014
22	Goserelin for breast cancer	Change from red to amber in the traffic lights	Steve Moore 4th June 2014
23	Improving communication between GPs and Community Pharmacy	Enquire with Dr Harry Yoxall about how work is progressing regarding joint LMC/LPC message to go to GPs and pharmacists	Steve Edgar 4th June 2014
24	Re-educating patients on the time they need to allow for prescriptions to be generated by the GP and dispensed by the pharmacy	LMC and LPC to work together on this	Steve Edgar / Lynda Coles 4th June 2014