

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, 9th July 2014.**

Present: Shaun Green Associate Director, Head of Medicines Management
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
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

Apologies: Dr Geoff Sharp Chairman, CCG Prescribing Lead
Andrew Brown Somerset Partnership Representative

1 INTRODUCTIONS

1.1 None

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Dr Geoff Sharp, Chairman, CCG Prescribing Lead and Andrew Brown, Somerset Partnership Representative – Steve DuBois attended in his place. Taunton federation are yet to elect a representative.

3 DECLARATIONS OF INTEREST

3.1 Standing declarations of interest were as attachment 1.

4 MINUTES OF MEETING HELD ON 4th June 2014

4.1 The minutes of the meeting held on 4th June 2014 were agreed as an accurate record.

4.2 Review of Action points

1. RIO – This will be delayed until the new version of RIO is available.
2. Prescribing leads meeting – SG is discussing dates with CL and when confirmed will send out invites which will include a question around webcasting, this will be looked into further if there is enough demand for it.
3. Cardiac rehab figures – completed.
4. Mental health discharge letters – SBD is meeting with Chris Mortimer to discuss discharge as there are many versions of discharge letters available within Somerset Partnership, they will also discuss the possibility of electronic discharge. SBD will feedback after the meeting.
5. Domperidone GI restrictions – completed.
6. Tramadol changes to CD legislation – Helen Spry has made a link with the

pain management specialist services and has been looking at investment into some resources around pain management.

7. Draft physical monitoring form for patients taking antipsychotics – CH has discussed this with Somerset Partnership, Rosemary Brook said that it is difficult to get blood tests in these patients so they generally do Hba1c and fasting blood glucose at the same time; CH mentioned that she had read that HBA1c might be a less suitable diagnostic marker of diabetes in patients taking antipsychotics. CH agreed to look into this further.
8. Draft letter for domiciliary care agencies to communicate with GPs – CH has discussed this with Andrew Palk and there is a note on the policy that the letter should not be used at present.
9. Draft letter for domiciliary care agencies to communicate with GPs – federations leads have asked what is currently happening in their localities but have had no response.
10. Fluoxetine dispersible (Olena®) – completed.
11. Balance Activ BV – completed.
12. T&S AMPG – completed. CG is also meeting with Claire Higdon who leads the pathway and will ensure the changes are made.
13. Top commonly used expensive drugs – SG has sent out the PSNC information, GS has asked for more detail around products that have been expensive for a while, SG and SM will work on something to go into the newsletter.
14. 2013-14 incentive scheme – all calculations are now completed; GS will approve the communication to practices.
15. Venlafaxine plain 75mg – the supply issues have now been resolved. Vensir® is a new brand of MR Venlafaxine which is much cheaper than the generic price and other brands, it will be added to the formulary as an option for patients who cannot tolerate the plain tablets. CL raised that there are still issues Somerset Partnership initiating patients straight onto the MR version with no communication around the reason, CH and SBD will raise this.
16. May DSU adrenaline pens – HK had produced a graph which shows usage is growing; SG has not recommended switching between products due to issues around re-training patients and the different shelf lives between products. It is most important to ensure that they are issued to patients with an appropriate diagnosis and that patients are educated to avoid allergy triggers.
17. Prescribing incentive scheme 2014-15 – this has now been amended, 2.12 now states that achievement will be measured on an average of January to March 2015. SG noted that the incentive scheme is based on an overall underspend of the prescribing budget, it is possible that this year the budget will overspend but this won't be known until later in the year when the forecast figures are available. If this is likely, SG and GS will raise this with finance and COG if necessary.

5 Matters Arising

- 5.1 Guidance for healthcare professionals on drug driving – the attachment was not available, HK will send out to PAMM members and the link will go in the MM newsletter.
- 5.2 UKMI Domperidone for Lactation – UKMI has produced this guidance for use of Domperidone for lactation which recommends a maximum maternal dose of 30mg for one week. SG will raise this with the trusts and if the maximum dose is to be

exceeded it will be treated as a red drug – PAMM supports this position. SG will also raise the possibility of trusts issuing the one week course as GPs have raised concerns around methods of communicating the request to the GPs.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

6 Formulary Applications

- 6.1 Alprostadil 3mg/g cream (Vitaros®) – there have been some supply issues with other alprostadil products on the market. Vitaros® is a cream which is administered topically. As the price compares favourably to other products, it was recommended to add it to the formulary once it has been added to the SLS list – all agreed.
- 6.2 Dipyridamole 200mg + Aspirin 25mg (Molita®) – this is a new branded generic which is equivalent to Asasantin Retard® but is 43% cheaper. SBD raised that the SPC says the pack should be discarded 30 days after opening. The only available pack size at present is 100 (2 bottles of 50 tablets) which poses a risk of waste if both bottles are in use at the same time. PAMM asked for the application to be withdrawn until the smaller pack sizes are available.
- 6.3 InVita D3 25,000 IU oral solution – there is still no national guidance around the use of plain vitamin D. This application was made as Somerset CCG recommends using licensed products where available and it will also be raised at SPF this afternoon. The recommendation is to add to the formulary as an option for a minority of patients when recommended and initiated by specialists – all agreed. CL raised the issue of the obesity service recommending supplements for pre-op patients; CL will send the details to SG who will discuss the evidence base for this with the service at MPH and also raise the new NICE guidance re bariatric supplements.
- 6.4 Mesalazine brand switches – the new updated guidance states that it is possible to switch between brands, this will also be raised at SPF; PAMM agreed to added a statement around interchangeability of brands to the formulary but no switching programme would take place until secondary care have agreed.
- 6.5 Denosumab (Prolia®) – new indication: Men at increased risk of fracture – all agreed to update the formulary with the new indication.
- 6.6 Budesonide 9mg gastro-resistant granules – new indication: induction of remission in patients with mild to moderate active Crohn's disease – dose 9mg once daily – these granules are equivalent to and no more expensive than the 3mg capsules used three times a day – all agreed to add to formulary.
- 6.7 Cosmocol® - this is a new branded Macrogol priced competitively with Laxido and Movicol. Laxido have confirmed they will reduce their price by 20% to remain competitive. For flavours other than orange Cosmocol will be the most cost effective preparation, all agreed to add to the formulary as a second line option for patients who do not want orange flavour.
- 6.8 Aymes Shakes® - this is a newer shake powder which is equivalent to Complian and available in a range of flavours; it can be mixed with water rather than milk where necessary but would not give the same nutritional benefit as if it was mixed with milk. All agreed to add to formulary 1st line for patients who have not been switched to other cost effective choices (Complan or Fresubin). SG will raise with the dieticians but it was noted that there are issues around secondary care contracts for enteral feeding.

7 Infection Management Guidance Summary of Changes Feb to June 14

- 7.1 The attachment was viewed and will go in the newsletter. The guidance is updated

regularly. It was noted that the indication for Mupirocin should be for MRSA.
 7.2 CL raised concerns that some patients could be over treated due to the UTI pathway which recommends treatment for all patients with leukocytes on the dip-stick in conjunction with symptoms, however these patients may not need treatment; SG will raise this with the pathway group.

7.3 SG is aware of issues with the supply of nitrofurantoin and there are discussions on-going around alternatives. SG also raised concerns that microbiologists are discussing moving nitrofurantoin to 1st line due to the growing resistance with trimethoprim, but this will lead to an increased resistance to nitrofurantoin.

8 National Audit of Schizophrenia Resources

8.1 The Royal College of Psychiatry have produced some resources around the physical aspects of patients on antipsychotics, this will be in the newsletter and has been raised with Somerset Partnership.

9 Medicines Optimisation Dashboard

9.1 This has been produced nationally and has a comparison of all CCGs with their position around some national indicators. Somerset CCG is in a good position in most indicators; the MM team will look at where improvements can be made and where possible look at the practice positions for those indicators, particularly the prescribing indicators. SG highlighted that Somerset is in a good position for NOAC prescribing although has been overtaken by some areas but this may be due to a mass switching programme from warfarin which is not recommended in Somerset.

10 MHRA Managing Medical Devices

10.1 This is guidance produced by the MHRA and has been raised as there is some use of medical devices in primary care so practitioners and commissioners need to be aware of the guidance. This will be shared with Karen Taylor the medical devices safety officer and Clair Higdon who is involved in pathway development. Table 1 is a list of some of the devices covered by the guidance.

11 Development of two C Diff management Algorithms

11.1 Two algorithms have been locally produced following national guidance re the management of C. Diff. This will be included in the antibiotic guidance and will be raised with the out of hours service.

12 Antipsychotic Shared Care Guidelines

12.1 The old SCG has been updated to reflect the new NICE guidance for patients taking antipsychotics. The group agreed that it would be worth emphasising the need to take action when results are abnormal. GPs requested that psychiatrists review whether the antipsychotic is causing the physical condition and to discuss this with the patient and consider changing the drug or adjusting the dose as appropriate. The group agreed that GPs should be involved in the medical management if physical problems are identified as psychiatrists don't always feel confident to treat. Somerset Partnership review the antipsychotics and make the GP aware of any physical problems that have been identified. It was noted that there needs to be clarification around the wording for referring back to the consultant as psychiatry should be retaining the patients and reviewing their mental health annually as a minimum. It was requested the wording for the frequency of blood tests was changed to baseline, 3 months after starting antipsychotic treatment and annually

thereafter. CL raised that the guideline needs to state lipid monitoring is a GP responsibility. There was also a discussion around agreement with the LMC and SG said that this meeting is for discussing the clinical aspects of SCGs and impacts on workload should be raised at other meetings. The guidelines will be discussed at the Somerset Partnership D&TC tomorrow; CH will raise these concerns and bring back to PAMM when ready.

13 REPORTS FROM OTHER MEETINGS

13.1 Federation Feedback

- South Somerset – MH – nothing to report.
- West Somerset – DD – meeting in two weeks, HS has been doing lots of work in the federation improving the uptake of medicines management support.
- Central Mendip – GS – not present
- Bridgewater Bay – CL – have been talking about the prescribing budget and producing federation wide action plans including looking at care home prescribing, self-care etc. Reports are that practices are feeling disillusioned due to the wider financial pressures.
- Taunton – no representative present, CH will contact the federation to ask for a representative to be nominated.
- Chard, Crewkerne and Ilminster – TA – meeting next week.
- East Mendip – DB – SM and team have been doing lots of work within the federation particularly around stoma use and Tina Maddams will be doing some clinics at Frome. DB will ask if other federation members would like to hold clinics for their patients. They have also been working on pop-ups on EMIS web and have four drugs active at the moment as a trial.
- West Mendip – JN – have been discussing nursing/care home usage of creams etc, SG clarified they should only be on FP10 if for a specific patient and there is a clinical need, but they can't be prescribed for stock (i.e. for use for multiple patients). The MM team are raising with the homes the shelf life of creams etc and that they don't need to be replaced every month. This led to a discussion around self-care.
- North Sedgemoor – CR – have raised issues around district nurses and dieticians saying that patients must have fortisips, SDB says that this shouldn't be happening, SG is happy to raise this and asked for any instances to be sent to him or for dieticians to be referred to him; SBD will also raise within Somerset Partnership. Issues have also arisen whereby new insulin dependent diabetic patients are being discharged with an inadequate amount of test strips and no information about the make of strips or meters being given to the GPs. SG will raise this with the trusts.

13.2 COG – nothing to report.

13.3 RUH Bath DPG – viewed attachments. GS has raised the issue around thromboprophylaxis for lower limb fractures – this has not progressed as yet.

13.4 LPC Report – LC – the MAS scheme signposting document has been produced and will be sent to GPs, this includes the exclusions to the scheme, for example, sodium cromoglycate is excluded for patients under 3 years of age. The full information will be sent out soon and will include a list of participating pharmacies, LC said that most regular locums in Somerset will be trained so hopefully the service can continue when the usual pharmacists are on leave.

They are also looking at emergency supply and healthy living pharmacies. SG raised the on-going pharmacy first campaign.

PART 2 – ITEMS FOR INFORMATION OR NOTING**14 Current Performance**

- 14.1 There is only one month's prescribing data available at present so there is no forecast yet.
- 14.2 April Scorecard Federation Trend – viewed, this shows continued good progress against the indicators.
- 14.3 Safety spread sheet – viewed and noted. SM will be producing a monthly report around this in future.

15 Rebate Schemes

- 15.1 Viewed and noted. The CCG has been approached around two new schemes for drugs already on the formulary:
- Seretide – 1.5% rebate for current use, the proposal would be to accept subject to reading the fine detail.
 - Episanta – SG needs to check there are no set levels of usage or the expectation that usage would increase.

All agreed to accept these schemes subject to confirming the details.

16 NICE

- 16.1 CG180 – Atrial Fibrillation – this includes the NOACs, is very negative to sotalol (it was noted that Somerset is above the national average for use of sotalol), mentions the use of dronedarone for maintenance of patients, specifically states not to use aspirin as monotherapy for prevention of stroke, there is a change from the use of CHADS2 to CHADS2VASC and mentions the use of HASBLED for assessing bleeding risk, gives a figure for time within range on warfarin to be able to assess patients as being stable or unstable and it also raises wider use of ablation which is an issue for commissioners.
- 16.2 TA315 – Canagliflozin in combination therapy for treating type 2 diabetes – it was noted that there are a lot of new drugs and recommendations for combinations of drugs for the treatment of Type 2 diabetes, the MM team will do a piece of work to rationalise all the guidance, appraisals and recommendations.
- 16.3 TA314 – Implantable cardioverter defibrillators and cardiac resynchronisations therapy for arrhythmias and heart failure – significant increase of patients eligible for ICD, SG has flagged this as a risk to the organisation regarding funding for the extra patients.
- 16.4 All other NICE updates were noted.

17 Safety Items, NPSA Alerts and Signals

- 17.1 June DSU – patients prescribed both ACEIs and ARBs will be reviewed in primary care; patients prescribed Ivabradine will be reviewed as a search on eclipse live showed lots of polypharmacy.
- 17.2 MHRA information sent to healthcare professionals May and June 2014 – viewed and noted.
- 17.3 NHSE Patient safety alert: On risk of harm relating to interpretation and action on Protein creatinine ratio results in pregnant women – viewed and noted.
- 17.4 NHSE Patient safety alert: Standardising the early identification of acute kidney injury – the implication is that trusts will send out alerts on patients identified as being at risk so these will begin to be seen in primary care.

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- 17.5 NHSE Patient safety alert: Risk of using vacuum and suction drains when not clinically indicated – viewed and noted.
- 17.6 SG Working to get a simpler system of incident reporting. This will make it easier to look at trends in safety incidents in Somerset. The medicines safety officer will be asked to report on this to PAMM.
- 17.7 Best Use of Medicines in Pregnancy Website – this is a new resource for patients with lots of leaflets being developed which often recommend patients see their GP for advice, the website has a link to UKTIS which is the healthcare professional website, this will be in the MM newsletter and the LPC will also raise it in their newsletter.
- 18 **BNF Changes** – viewed and noted. SG raised that the hard copy of the bnf is only updated annually and the website is updated monthly, he advised all healthcare professionals to sign up to the update and use the eBNF.
- 19 **Any Other Business**
- 19.1 DB raised the issue of Demeclocycline being prescribed for hyponatraemia initiated by secondary care and asked if there is any guidance around long term use for this indication. SG asked that specific incidences are raised through the locality medicines managers who can then raise with the relevant trusts.
- 20 **Date of Next Meeting**
Wednesday 10th September 2014, Meeting Room 1, Wynford House, Yeovil

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 9th July 2014			
1	RIO	Provide Demonstration for PAMM	Somerset Partnership Representative When Available
2	Mental Health Discharge Letters	Provide feedback from meeting with Chris Mortimer	Steve DuBois 10th September 2014
3	Top commonly used expensive drugs	Item for newsletter – including those items which have been expensive for a long time	Shaun Green Steve Moore 10th September 2014
4	Venlafaxine plain 75mg	Raise initiating patients onto MR with no reason given with Somerset Partnership	Steve DuBois Catherine Henley 10th September 2014
5	Guidance for healthcare professionals on drug driving	Send to PAMM members and include link in MM newsletter	Helen Kennedy Steve Moore 10th September 2014
6	UKMI Domperidone for lactation	Raise recommendations with trusts and discuss possibility of trusts issuing the full weeks course	Shaun Green 10th September 2014
7	Formulary additions	Vitaros® - Add to formulary once on SLS list InVita D3 – add to formulary for patients where it is recommended and initiated by specialists Prolia® - Update formulary to include new indication Mesalazine brands – add statement to formulary re interchangeability Denosumab – update formulary in include new indication Budesonide 9mg gastro-resistant granules – add to formulary Cosmocool® Add to formulary as second choice Aymes Shakes® - Add to formulary as first line for patients not already taking a cost effective option	Steve Moore 10th September 2014
8	Bariatric supplements	CL to provide examples of requests for pre-op patients for SG to raise with bariatric service along with new NICE guidance	Catherine Lewis Shaun Green 10th September 2014
9	Aymes Shakes®	Raise with dieticians as an option	Shaun Green 10th September 2014

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10	Infection Management Guidance – summary of changes	Amend indication for Mupirocin and include in newsletter	Ana Alves Steve Moore 10th September 2014
11	UTI Pathway	Raise concerns that the pathway will lead to over treatment of patients	Shaun Green 10th September 2014
12	Medicines optimisation dashboard	Look at where improvements can be made and produce practice positions to review where possible.	Medicines Management Team 10th September 2014
13	Managing Medical Devices	Share with Karen Taylor and Claire Higdon	Shaun Green 10th September 2014
14	C.Diff. Algorithms	Include in antibiotic guidance and raise with out of hours service	Ana Alves Shaun Green 10th September 2014
15	Antipsychotic shared care guidelines	Raise concerns with Somerset Partnership	Catherine Henley 10th September 2014
16	Taunton federation representative	Contact the federation re a representative	Catherine Henley 10th September 2014
17	Insulin dependent diabetics and test strips	Raise issues of patients being discharged with an inadequate amount of strips and no information provided to GPs with trusts	Shaun Green 10th September 2014
18	Drugs used in the treatment of Type 2 diabetes	Rationalise all the guidance, appraisals and recommendations	Medicines Management Team 10th September 2014
19	Best Use of Medicines in Pregnancy Website	Item for MM and LPC newsletters	Steve Moore Lynda Coles 10th September 2014