

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 10th September 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
	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 James Nicholls	West Mendip Representative
	Dr Carol Reynolds	North Sedgemoor Representative

Apologies:	Andrew Brown	Somerset Partnership Representative
	Dr Diane Bungay	East Mendip Representative
	Dr David Davies	West Somerset Representative
	Dr Catherine Lewis	Bridgwater Representative

1 INTRODUCTIONS

1.1 None

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Dr Diane Bungay, East Mendip Representative, Dr David Davies, West Somerset Representative and Dr Catherine Lewis, Bridgwater Representative. Taunton federation have not yet elected a representative.

3 DECLARATIONS OF INTEREST

3.1 Standing declarations of interest were as attachment 1.

4 MINUTES OF MEETING HELD ON 9th July 2014

4.1 The minutes of the meeting held on 9th July 2014 were agreed as an accurate record.

4.2 Review of Action points

1. RIO – RIO7 is going live next week and Steve DuBois will hopefully be able to give a demonstration at the next PAMM meeting.
2. Mental health discharge letters – Steve DuBois has been in correspondence around this, there is currently a work stream around streamlining the discharge process and possible doing electronic discharge through the e-messaging system. Liz Harewood and possibly an IT representative from Somerset Partnership will join the CCG discharge group.
3. Top commonly used expensive drugs – There was an item in the July newsletter. Two new drugs to be affected by increased costs are Dexamethasone 0.5mg and Hydrocortisone 10mg tablets. Geoff Sharp asked Shaun Green to raise these issues through external groups such as the Pharmaceutical Adviser group, which have links with the department of health, Shaun confirmed that these discussions do happen at these groups.

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4. Venlafaxine plain 75mg – Catherine Henley raised this at the Somerset Partnership D&TC; Andrew Brown is looking into it and will send a message to prescribers.
5. Guidance for healthcare professionals on drug driving – completed.
6. UKMI Domperidone for lactation – This will be treated as a red drug for that indication with Trusts supplying the full week course.
7. Formulary additions – Completed.
8. Bariatric supplements – Catherine Lewis was not present. Other PAMM GPs reported having requests for these.
9. Ames shakes® - Completed. Carol Reynolds reported that dieticians are still telling patients they need fortisips; this is difficult to change due to procurement processes. Steve DuBois will raise with the dieticians at Somerset Partnership, the request is in the letters they write 'xxx or a suitable alternative'. Geoff Sharp will raise this with Yvonne Barclay.
10. Infection management guidance – summary of changes – completed.
11. UTI pathway – completed. There was a discussion around appropriate course duration.
12. Medicines optimisation dashboard – The medicines management team have reviewed this and come up with some actions including encouraging practices to increase uptake of the pincer data and improving some prescribing markers. This will become a standing agenda item for PAMM.
13. Managing medical devices – completed.
14. C. diff algorithms – completed.
15. Antipsychotic shared care guidelines – on agenda.
16. Taunton federation representative – Geoff Sharp has been in contact but there is no-one with capacity to take up the role at present.
17. Insulin dependent diabetics and test strips – Caroline Reynolds had one patient and had a good conversation with the consultant who said they will try to add diabetic consumables to the discharge summary. Caroline will copy Shaun into the correspondence to raise with the acute trusts.
18. Drugs used in the treatment of type 2 diabetes – an updated one page summary will go in the formulary. Shaun Green has raised with secondary care the increasing use of newer products and 10 year data for Pioglitazone. New diabetic drugs will be on the agenda for the prescribing leads away day.
19. Best use of medicines in pregnancy website – will go in the next newsletter.

5 Matters Arising

- 5.1 Terms of Reference – update – NHS England are now responsible for writing PGDs to support the national routine immunisation schedule. We will be hosting the NHSE PGDs on our website but NHSE remain responsible for the clinical content and queries should be directed to them. There are a number of other PGDs that are still on the website that the CCG will continue to be responsible for if they are still required. However, no other group in the CCG is responsible for reviewing and approving PGDs and the SG believe that PAMM is the most appropriate group to perform this function. All agreed to add the review PGDs to the terms of reference for PAMM.

Shaun Green raised the medicines safety office post which is held by Karen Taylor, there should be a group looking at medicines safety incidents and it was suggested PAMM is the best group to discuss this, although Karen has the decision on whether to use this group or start a new one. PAMM agreed this was reasonable, Catherine

- 5.2 Henley has invited Karen to the October PAMM and it will be discussed then. Proposed Mesalazine Brand Switches – Although it was agreed at the last PAMM to wait until secondary care has agreed to this switch, some changes have started via the medicines management team. It is on the agenda for SPF this afternoon and will be discussed in detail then with a consultant from MPH. There was a general discussion around brand switches in these patients and it was felt that some patients would not be appropriate to switch.
- 5.3 Antipsychotic Shared Care Guideline – Catherine Henley has discussed concerns raised at the last meeting with Rosemary Brook. Catherine talked through the changes. A few more changes were requested:
- Make it clear that the patients full care is under the psychiatric team for at least the 1st year
 - Ensure when care is handed to the GP the letter references the shared care guideline
 - Make it clear that abnormalities refers to metabolic abnormalities
- Catherine will take the amended version to the Somerset Partnership D&TC for approval and it will then be placed on the CCG website.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

6 Formulary Applications

- 6.1 Apixaban for DVT and PE – this is a license extension, all agreed to add to the formulary for these indications.
- 6.2 Lurasidone – this is a new oral antipsychotic which was discussed at the last Somerset Partnership D&TC. It seems to have fewer side effects but may be less effective, Somerset Partnership want to have it as an option and have agreed to have it as a controlled entry so all prescribing will be approved by Rosemary Brook, they have requested it is given red traffic light status, all agreed.
- 6.3 Budesonide 200mcg/6mcg Formoterol fumerate dehydrate inhaler (Duoresp Spiromax®) – this is a new product which is equivalent to the other brand of these ingredients and is licensed for both asthma and COPD. Although the push is to keep patients on the same type of inhaler, a switch to this brand will bring significant savings to the CCG and it is still a DPI. All agreed to add to the formulary as green.
- 6.4 Empagliflozin 10mg and 25mg film-coated tablets (Jardiance®) – the two other gliflozins are on the formulary as they have been approved by NICE, this will be reviewed by NICE later in the year. It is the same price as Dapagliflozin and a bit cheaper than Canagliflozin. All agreed to add to the formulary as green.
- 6.5 Liothyronine – the historical agreements from consultants were that this would not be recommended for long term use. There are now several patients in Somerset on this long term at significant cost. The recommendation is to have this as a red drug for long term use recommended by a consultant, all agreed.

7 Joint Working

- 7.1 Inhaler Stickers Proposal – Steve Moore has been working on this with the respiratory group. One pharmaceutical company have offered to fund stickers to be supplied to specialist nurses and community pharmacies to place on inhalers. It was confirmed that there was no reference to the Pharma company on the stickers. All agreed to approve the funding route. Steve will keep PAMM informed of the progress.

7.2 Stroke Prevention in Atrial Fibrillation Integrated Care Clinics – the attachments were viewed, they showed a decrease in patients on nothing or just on anti-platelets and an increase in patients on NOACs, the number of patients on warfarin stayed roughly the same. Steve Edgar had the project in his practice and said he felt no pressure to prescribe NOACs as the recommendations were made and it was up to the GP to decide whether to follow them. A summary will go in the newsletter with the overall numbers rather than practice specific details.

8 Prescription Clerk Training

8.1 This has been put together by Jo Ayre. Currently training for prescription clerks happens informally in practices but it was suggested to put together a formal one hour training session, this will help to reduce waste. One suggestion is to run four locality based training sessions or the medicines management team could provide training within practices. Geoff Sharp suggested sending a letter to practice managers stating what is on offer and it they would be prepared to release staff to attend. All agreed to support the project.
There was a discussion around non-collected prescriptions from pharmacies and how to improve communication with practices, Shaun Green suggested using the interface form, Lynda Coles will raise this with the LPC.

9 Antipsychotic Depot Injection Prescribing

9.1 This has been raised by Somerset Partnership as they are feeling there are lots of practices not taking over prescribing of depot antipsychotics. There is an enhanced service for Risperidone but the older drugs are considered part of the GP core contract. Due to no information about numbers of patients affected being provided, there is currently not enough information to make a decision on how to take this forward. The attachment was viewed which shows there at least 2000 antipsychotic injections are prescribed per year in primary care. Somerset Partnership are asked to provide actual instances including practice names so this can be raised by federation representatives in the first instance.

10 REPORTS FROM OTHER MEETINGS

10.1 Federation Feedback

- South Somerset – MH – the federation is involved in the symphony project. MH has noticed several elderly patients prescribed oral hypoglycaemics despite having a very low HbA1c, Shaun Green confirmed this is already set up as an eclipse live alert.
- West Somerset – DD – not present.
- Central Mendip – GS – nothing to report.
- Bridgewater Bay – CL – not present.
- Taunton – no representative present.
- Chard, Crewkerne and Ilminster – TA – no meeting since last PAMM.
- East Mendip – DB – not present.
- West Mendip – JN – nothing to report
- North Sedgemoor – CR – have been reporting requests from MPH pre-op to prescribe post-op analgesia to go home with, they will push these back. One practice has been working hard on the self-care agenda but has found the pharmacies have been telling patients to go back to the GP and get it on prescription – Carol will provide details for Shaun Green, the medicines management team can then arrange joint meetings between the practice and

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- pharmacy. The federation have also raise they are feeling less engaged due to tighter budgets and less MM support, Shaun said that Taunton federation have also raised this.
- 10.2 COG – nothing to report.
 - 10.3 Somerset Partnership MICP – Have discussed Venlafaxine and Lurasidone as previously mentioned, they have also agreed all previous PAMM and SPF formulary changes.
 - 10.4 YDH D&TC – minutes viewed and noted.
 - 10.5 T&ST D&TC – the pregabalin and gabapentin option grid is already being used, this will be presented at the prescribing leads meeting. The discussion around Mesalazine was noted. Tramadol use has decreased by 95% and there have been no issues around this.
 - 10.6 BNSSG Formulary Group – the drug decisions for Weston Hospital are made by the BNSSG formulary group, Catherine Henley has requested the minutes for the next meeting.
 - 10.7 T&S Antimicrobial Prescribing Group – Cellulitis and infection management guidelines are on the agenda.
 - 10.8 RUH Bath DPG – no minutes have been provided since June.
 - 10.9 LPC Report – LC – nothing to report.

PART 2 – ITEMS FOR INFORMATION OR NOTING**11 Current Performance**

- 11.1 Prescribing Report – Shaun Green has been asked to produce a report around promoting safe and effective prescribing, which if approved will come to PAMM next month. The total overspend of £9000 is very encouraging but it is not likely to be accurate as it is the first forecast. 32 practices are forecast to overspend. Shaun raised that the incentive scheme was written when a large underspend was expected, it will be difficult to maintain the overall budget this year so it is important to incentivise practices to do the hard work.
There are several campaigns running this year, Shaun also raised the supply issues with the flu vaccine and stated it is okay to purchase a more expensive vaccine in order to vaccinate patients.
The Abbey Manor overspend is related to a GP working at Abbey Manor but the costs were allocated to Hendford last financial year and this data is what the budget was calculated on; both practices have now agreed to move a portion of budget to move from Hendford to Abbey which will be effective from next month.
- 11.2 June Scorecard Federation Trend – viewed and noted.
- 11.3 Safety spread sheet – viewed and noted. There has been a patient safety incident around Methotrexate 10mg where a patient was admitted.
- 11.4 Toolkit Graphs April to June 2014 – federation leads were advised to view these to highlight outlying practices. Shaun Green has looked at the CCG position compared to other CCGs and Somerset is in a good position on most of them. It was noted that the use of cephalosporins and quinolones is high for the out of hours service, the data will need to be checked and if it is high it will be raised with SWAST. Helen Kennedy will produce a table ranking practices on their appearance in the top or bottom 10 in the graphs.
- 11.5 Potential Generic Savings – Helen Kennedy raised the issue around the difference between the overall CCG list and the individual practice list which means there are actually more savings than stated. There is currently around £200,000 spent on

these brands per year. Guidance supporting the change to generic has previously been sent out.

- 11.6 Red Drugs – viewed and noted. There is approximately £150,000 spent per year on red drugs.
- 11.7 Specials – the overall spend is around £350,000 per year but Somerset is in an excellent position when compared nationally.

12 County Wide Cellulitis Guidelines

- 12.1 The existing guidance had to be reviewed as two consultants involved were not happy with the final document. Shaun Green agreed to lead the piece of work to ensure it is approved through the right routes including PAMM. The document is now a flow chart and has been approved by microbiology, it also links to the sepsis guidance document. The recommendation to use i.v. antibiotics has been removed. PAMM approved it but asked for the word ‘admit’ to be replaced with ‘refer’. It will be placed on the navigator app once it has been approved at SPF this afternoon.

13 Infection Management Guidance

- 13.1 The documents were viewed and noted. They will now be published on the CCG website.

14 Reduction in Pfizer supply of Flu vaccine

- 14.1 This was discussed in 11.1.

15 Rebate Schemes

- 15.1 There are no new schemes proposed.

16 NICE

- 16.1 CG30 Long-acting reversible contraception (update) – noted.
- 16.2 CG181 Lipid Modification – Atorvastatin has now been made first line with a high dose for secondary prevention; the threshold for primary prevention has been reduced to a 10% risk. There was a discussion around priorities for prescribing. The NICE bites and a summary will go in the newsletter.
- 16.3 CG182 Chronic Kidney Disease – due to a change in the markers used, this will reduce the number of patients classified as having CKD.
- 16.4 CG183 Drug allergy: diagnosis and management of drug allergy in adults, children and young people – this flags a risk of miscoding allergies, Mike Holmes is looking into how best to code intollerances.
- 16.5 CG184 Dyspepsia and gastro-oesophageal reflux disease – noted.
- 16.6 TA317 Acute coronary syndrome – prasugrel with PCI (review TA182) – noted.
- 16.7 TA318 Lubiprostone for treating chronic idiopathic constipation – Lubiprostone will need to be added to the formulary to be compliant with NICE, there will be a formulary application next month.

17 Safety Items, NPSA Alerts and Signals

- 17.1 July DSU – viewed and noted.
August DSU – emergency hormonal contraception is suitable for all women, there will be an item in the newsletter.
- 17.2 MHRA information sent to healthcare professionals July 2014 – viewed and noted.
- 17.3 Patient safety alert: Resources to support the prompt recognition of sepsis and the

rapid initiation of treatment – the document was viewed and the toolkit was noted. Nursing and patient safety will need to recommend actions for the CCG. A link to the GP toolkit will go on the medicines management website.

- 17.4 NHSE Patient safety alert: risks arising from the breakdown and failure to act on communication during handover at the time of discharge from secondary care – viewed, there was a discussion around discharge, Catherine Henley asked if practices were having issues with discharge from the community and mental health services, the answer was yes.
- 17.5 NHSE Patient safety alert: Risk of using vacuum and suction drains when not clinically indicated – noted.
- 17.6 NICE safe staffing guidance for nursing in adult in-patient – noted.

18 BNF Changes

- 18.1 Viewed and noted.

19 Any Other Business

- 19.1 Steve Edgar said that the letter for communication with GPs in the Medicines and Clinical Tasks Policy for domiciliary care workers had been viewed by the LMC but while LMC supports its aims the system was considered unworkable.
- 19.2 Mike Holmes raised that the traffic lights are not easy to access via the navigator app and asked if it could be on the front page. He also raised aspirin – no it is no longer recommended for various conditions what is the position for this – the risks of bleeding outweigh the benefits unless the patient has known CVD not covered by any other NICE recommendations and it is no longer recommended for primary prevention such as hypertension or diabetes.

20 Date of Next Meeting

Wednesday 8th October 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 10th September 2014			
1	RIO	Provide Demonstration for PAMM	Somerset Partnership Representative 12th November 2014
2	Aymes Shakes®	Raise with Somerset Partnership dieticians and Yvonne Barclay	Steve DuBois and Geoff Sharp 8th October 2014
3	Medicines Optimisation Dashboard	Add to PAMM agenda as standing item	Helen Kennedy 8th October 2014
4	Insulin dependent diabetics and test strips	Copy Shaun Green into correspondence to raise with acute trusts	Carol Reynolds 8th October 2014
5	Antipsychotic Shared Care Guideline	Take amended version to Somerset Partnership D&TC and put on website when approved	Catherine Henley 8th October 2014
6	Formulary additions	Apixaban for DVT and PE – green Lurasidone – red DuoResp Spiromax® - green Empagliflozin – green Liothyronine - red	Steve Moore 8th October 2014
7	Prescription Clerk Training	Develop roll-out plan	Jo Ayre 8th October 2014
8	Communication with practices when prescriptions not collected/dispensed	Raise using the interface form for this purpose with the LPC	Lynda Coles 8th October 2014
9	Depot Antipsychotic Injections	Ask Somerset Partnership for details of practices declining to take on prescribing.	Steve DuBois 8th October 2014
10	Self-care	Provide Shaun Green with details of pharmacies telling patients to get self-care meds on prescription	Carol Reynolds 8th October 2014
11	Toolkit Graphs	Produce table ranking practices on appearance in top or bottom 10 on charts	Helen Kennedy 8th October 2014
12	NICE CG181	Summary and NICE bites for newsletter	Steve Moore 8th October 2014
13	August DSU	Newsletter item re EHC suitable for all women	Steve Moore 8th October 2014
14	Patient safety alert: Resources to support the prompt recognition of sepsis and the rapid initiation of treatment	Link to the GP toolkit to go on the MM website	Steve Moore 8th October 2014



Somerset
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