

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 8th October 2014**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster
	Dr Diane Bungay	East Mendip Representative
	Dr David Davies	West Somerset Representative
	Steve DuBois	Somerset Partnership Representative
	Dr Adrian Fulford	Taunton Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Matt Harvey	LPC 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:	Andrew Brown	Somerset Partnership Representative
	Dr Steve Edgar	LMC Representative

1 INTRODUCTIONS

- 1.1 Dr Adrian Fulford was welcomed to the group

2 APOLOGIES FOR ABSENCE

- 2.1 Apologies were received from Dr Steve Edgar, LMC Representative.

3 DECLARATIONS OF INTEREST

- 3.1 Standing declarations of interest were as attachment 1. Members were reminded to inform Helen Kennedy of any changes to the standing declarations of interest.

4 MINUTES OF MEETING HELD ON 10th September 2014

- 4.1 The minutes of the meeting held on 10th September 2014 were agreed as an accurate record.

4.2 Review of Action points

1. RIO – the new system went live yesterday and Somerset Partnership should be in a position to provide a demonstration at the November PAMM.
2. Aymes Shakes® - Geoff Sharp emailed Yvonne Barclay who has agreed to ask dieticians to write xxx or alternative, Geoff asked for any examples of where this has not happened to be brought back to PAMM.
3. Medicines Optimisation Dashboard – completed.
4. Insulin dependent diabetics and test strips – there have been no recent examples to feedback; if anyone has this occurring, please feedback to Shaun Green or Catherine Henley.
5. Antipsychotic shared care guideline – on agenda.
6. Formulary additions – completed.
7. Prescription Clerk training – Jo Ayre is working on the training package, there is a plan in progress which will be rolled out via the Medicines Managers to federations.

Clinical Commissioning Group

8. Communication with practices when prescriptions not collected/dispensed – this is on the agenda for the LPC meeting on 22nd October 2014. There was a discussion around procedures for dealing with prescriptions which have not been dispensed or collected and are returned to the practice, it was noted that there is a national issue around EPS where practices are not notified when this happens.
9. Depot antipsychotic injections – Steve DuBois provided some details of practices who are declining to take over depot antipsychotic prescribing on a systematic basis, some of the reasons given were that depot patients are not stable or that nurses are not trained to give i.m. injections. Steve DuBois will provide PAMM with the list of practices so Federation leads can speak with these practices.
10. Self-care – Shaun Green held a meeting with NHS Yeovil Health Centre and the Boots pharmacy to discuss this issue; this is also on the action sheet for the LPC and will be discussed at the next meeting on 22nd October 2014.
11. Toolkit Graphs – on agenda.
12. NICE CG181 – completed.
13. August DSU – completed.
14. Patient safety alert: resources to support the prompt recognition of sepsis and the rapid initiation of treatment – completed.

5 Matters Arising

- 5.1 Psychosis Shared Care Guideline – the advice that Somerset Partnership takes responsibility for prescribing of antipsychotics and physical monitoring for the 1st year was approved at the last PAMM. Somerset Partnership raised concerns about this as it is very different to current practice. Shaun Green highlighted that the position of the one person doing the monitoring and prescribing is the same as for red drugs as if these two are separated it increases risks for the patient. There will be further discussions around contractual arrangements between the CCG and Somerset Partnership, Steve DuBois was asked to provide numbers of patients likely to be affected and an estimate of the financial and workload impact on Somerset Partnership for the next PAMM.
- 5.2 UKMI Q&A Bariatric Surgery – this document raises that medicines are not required to be in liquid form for patients post bariatric surgery. This will be raised at SPF for a response from MPH.
- 5.3 The place of newer antidiabetic agents in diabetes therapy – Dapagliflozin is on the formulary as per NICE. The NICE technology appraisal states that Dapagliflozin should only be used as part of triple therapy with Metformin and a sulphonylurea as part of a clinical trial, however in practice it is being used as triple therapy. It now has a license extension to cover triple therapy and it was proposed to add it to the formulary with a statement around cost, stopping after 6 months if a reduction of 6mmol in HbA1c is not seen, and that it should not be used as part of quadruple therapy with Metformin, a sulphonylurea and a gliptin. It was also noted to increase the risk of minor hypos in triplet therapy with an incidence of 12.8% compared to 3.7% for placebo, metformin and a sulphonylurea – all agreed to add to the formulary.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

6 Formulary Applications

- 6.1 Lubiprostone for treating chronic idiopathic constipation – this has been approved by NICE and was approved as green at SPF, all agreed to add it to the formulary as green but only in line with the NICE guideline.
- 6.2 Umeclidinium 55 micrograms (Incruse Ellipta®) – This is a long acting antimuscarinic agent and is once daily dosing. Others formulary drugs in this group are Spiriva Respimat® and handihaler®, Eklira® and Seebri®. The proposal was to add to the formulary as another option, all agreed.
- 6.3 Umeclidinium/vilanterol 55/22 (Anoro®) – This is a long acting antimuscarinic agent in combination with a long acting beta-agonist, it is only licensed for COPD and is given once daily. All agreed to add to formulary.
- 6.4 Beclometasone and formoterol 100/6 (Fostair NEXThaler®) – this is a newly released DPI and has the same BDP equivalent as Fostair MDI which is already on the formulary. All agreed to add to formulary.
- 6.5 Olodaterol 2.5 microgram solution for inhalation (Striverdi Respimat®) – this is a long acting beta agonist on its own, there is no evidence to suggest it is more effective than Salmeterol but could be useful for patients already using the Respimat® device who struggle with other devices – all agreed to add to the formulary for these patients.
- 6.6 Tiotropium (Spiriva Respimat®) – licensed for asthma – the license has now been extended to include asthma although treatment with a long acting antimuscarinic agent is not currently in the asthma pathway. This will go to the respiratory group for discussion and it was agreed to have it not recommended for asthma at present. (note, the handihaler is still only licensed for COPD).
- 6.7 Quetiapine MR (Ebesque XL®) – this has been approved at Somerset Partnership and is a 50% reduction in price compared to the leading brand, however it does not include a 150mg strength. Somerset Partnership also agreed that if the letter states generic Quetiapine or Seroquel® that it is fine to substitute Ebesque XL® unless specifically stated. The manufacturer has said it will always remain below drug tariff price for generic Quetiapine MR. All agreed to add to the formulary.
- 6.8 Jaydess® 13.5mg intrauterine delivery system – this has been approved for use in the CASH service where a coil is appropriate but the Mirena® is not suitable or not tolerated. All agreed to add to the formulary.
- 6.9 Brimzolamide 10mg/ml and Brimonidine 2mg/ml eye drops (Simbrinza®) – this is a new combination of two products, neither of which are 1st line in their class on the Somerset formulary and is actually more expensive than giving them separately. It was suggested to have this as not recommended – all agreed.

7 Medication Safety Network Development

Karen Taylor attended to explain the role of the medications safety officer and the medication safety network. Karen proposed that PAMM becomes the arena for the Somerset medication safety network and SPF is the area for pulling the primary and secondary care networks together. All agreed, there will be a standing agenda item for medication incident reports to discuss any themes or learning which can be shared. The proposal will be forwarded to SPF.

8 INR Self-testing

Historically the PCT and then CCG did not recommend self-testing but there are currently around 20 patients across Somerset who do this. It has been approved by NICE for patients who prefer to self-test and who are physically and cognitively able to do so. It was noted that some patients may be more suited to a NOAC and there

are risks around training, dose adjustments and over testing leading to an increase in cost for the strips. Shaun Green will draft a proposal to come to PAMM next month.

9 Stable Angina Proposal

Rachael Rowe and Graham Knight of the RES Consortium attended to present the proposal. This project has been proposed following a recommendation from the cardiac network who identified management of patients with stable angina as an area where treatment could be improved. The project aims to review the pathway and audit compliance against this pathway.

PAMM raised some concerns about the project including:

- Res consortium need to provide a list of which companies have been approached for sponsorship in developing the project so that we can establish that the group are working in line with our policy on working with the pharmaceutical industry
- PAMM are clear that they don't want to use the St George's Pathway that has been suggested. The Cardiac Programme Group should be reminded of the Somerset CCG Formulary and our own Stable Angina Pathway.
- Data collection for prioritising service should be looked at as Eclipse does not cover all practices in Somerset and if MIQUEST data is to be used, the Somerset GPIT team should be involved as there have been issues when this data has been used in the past.
- The project group should look at integrating their pathway with the navigator app.
- The project group need to consider what impact the project may have on other services e.g. demand for advice and guidance, secondary care appointments, stents and other procedures and how this might be managed.
- COG needs to agree that this project is a priority for the Cardiac Programme Group.
- It would be good to pilot in one practice to start with to identify any problems and to ensure that the impact on GP workload is manageable.

The concerns will be sent to Dr. Mike Gorman (Cardiac Clinical Lead for CCG); PAMM agreed to consider the programme once the above concerns have been addressed.

10 Advice for GPs about using ACEIs and ARBs in Chronic Kidney Disease

Following on from the alert around acute kidney injury, practices have asked for advice. The attached document is adapted from the North East Clinical Network document and is for patients already on treatment, PAMM asked if it could include some advice for initiating patients, and also around the sick day rules.

11 Patient Group Directions

Catherine Henley has been reviewing the PGDs as there are currently a large number available on the CCG website. NHS England are responsible for PGDs for centrally commissioned services such as vaccines. The remaining PGDs have been mainly used by CASH nurses but some have historically been used by practice nurses. The medicines management team have reviewed them and believe that they are no longer required as they are for planned work or for items which have no legal need for a PGD. PAMM agreed to remove the remaining PGDs, Catherine will email Dr Steve Edgar to inform the LMC of the decision, practices will then be informed via the GP bulletin, it can be revisited if lots of practices want the PGDs.

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

- South Somerset – MH – have been discussing Symphony. Ilchester is now in an overspend position and are having issues trying to separate prescribing data for salaried GPs.
- West Somerset – DD – nothing to report.
- Central Mendip – GS – nothing to report.
- Bridgewater Bay – CL – have been looking at medicines safety, prescribing budget and are looking at changes for savings and reducing waste from care homes and pharmacies over ordering.
- Taunton – AF – nothing to report.
- Chard, Crewkerne and Ilminster – TA – Catherine Henley was present at the meeting where the cost of NOACs was discussed, some practices have recently had an increase in NOAC prescribing due to holding review clinics; the license of Alogliptin was also discussed.
- East Mendip – DB – have been looking at sharing resources across the federation such as nurses.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – have been looking at eclipse, have discussed prescribing budget, have discussed sip feeds and written to dieticians. Are currently moving to EMIS web.

12.2 COG – complemented the work of the Bridgewater prescribing group. Shaun Green presented a paper on promoting safe and cost effective prescribing. The possibility of an overspend on the prescribing budget and how this affects the incentive scheme was discussed, Shaun has been asked to look at alternatives to the incentive scheme as the prescribing budget is now less likely to underspend.

12.3 Somerset Partnership MICP – have been discussing nursing staff administering adrenaline for anaphylaxis. Are still working on improvements to discharge notifications. Have also been looking at NICE guidance including the quality standard for delirium and the lipid lowering guidance. There are work streams on going around falls. The formulary additions from last PAMM and SPF were discussed, and also depot injections and the psychosis shared care guideline.

12.4 YDH D&TC – next meeting 21.10.14.

12.5 T&ST D&TC – next meeting 14.11.14.

12.6 BNSSG Formulary Group – the minutes from these meetings have not been provided yet.

12.7 T&S Antimicrobial Prescribing Group – next meeting 12.11.14.

12.8 RUH Bath DPG – viewed and noted.

12.9 LPC Report – LC – nothing to report.

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

13.1 Promoting Safe and Cost Effective Prescribing Report – Shaun Green presented this paper to COG and highlighted the current prescribing position and showed the position compared to national. The current position is a predicted overspend which will be increased by around £600,000 due to the October category M changes. PAMM needs to formally write to finance regarding the prescribing budget for 2015-16, Shaun will draft this letter to come to PAMM next month.

- 13.2 July Scorecard Federation Trend – viewed and noted.
- 13.3 Safety spread sheet – not available.
- 13.4 Toolkit Graphs April to June 2014 – viewed. PAMM asked for the chart to show practices in federation clusters so that it can be shared with federations.

- 14 Medicines Optimisation Dashboard**

This is a national dashboard and is currently being developed and updated, it will remain on the agenda as a standing item with any relevant information being presented as it occurs. There is nothing new to report this month.

- 15 Rebate Schemes**
 - 15.1 There are no new schemes proposed.

- 16 NICE**
 - 16.1 CG30: Long-acting reversible contraception (update) – this has a nice summary table which could be linked to the formulary in appendices a and b. Noted.
 - 16.2 CG184: Dyspepsia and gastro-oesophageal reflux disease – this puts community pharmacies as 1st line contacts and promotes lifestyle advice, using medication in a stepwise manner, including stepping down and an annual review for patients on long term treatment. Noted
 - 16.3 CG183: Drug allergy: diagnosis and management of drug allergy in adults, children and young people – this contains useful assessment tables and a drug allergy chart, it highlights an area which needs looking at and also the lack of readcodes available for allergies and intolerances. Noted.
 - 16.4 CG185: Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care – this mostly focuses on social management, carers and supporting and referring to secondary care, it also mentions long term management of the physical health of these patients. Somerset Partnership will be looking at this guideline. Noted.
 - 16.5 TA322: Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5g cytogenetic abnormality – Noted.

- 17 Safety Items, NPSA Alerts and Signals**
 - 17.1 September DSU – viewed and noted. A query was raised that it states Nitrofurantoin is ineffective in patients with a low eGFR but then goes on to say it is okay to give short courses in these patient, Shaun Green has raised this.
 - 17.2 MHRA information sent to healthcare professionals August 2014 – viewed and noted.

- 18 BNF Changes**
 - 18.1 Viewed and noted.

- 19 Any Other Business**
 - 19.1 Mike Holmes – there are two versions of the navigator app in practices at present, on the one with the light blue tab it is difficult to get to the traffic lights, it is much easier in the one with the black tab, Geoff Sharp will raise this via the GP bulletin.
 - 19.2 Shaun Green raised that sub-cutaneous Methotrexate is on the formulary.
 - 19.3 Shaun Green raised the information released by the medicines management team recently around switching from Temazepam to Lorazepam or Diazepam as part of a reducing programme.

19.4 Geoff Sharp said that Dr Ian Lewin, the specialist doctor on the governing body, will be attending the January PAMM as a one-off to observe the process.

20 Date of Next Meeting

Wednesday 12th November 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 8th October 2014			
1	RIO	Provide Demonstration for PAMM	Somerset Partnership Representative 12th November 2014
2	Depot Antipsychotic Injections	Provide PAMM with the list of practices declining to take on prescribing of depot antipsychotics	Steve DuBois 12th November 2014
3	Depot Antipsychotic Injections	Speak to practices highlighted by Steve DuBois who are declining to take on prescribing of depot antipsychotics	Federation leads 12th November 2014
4	Psychosis Shared Care Guideline	<ul style="list-style-type: none"> • Provide numbers of patients likely to be affected and an estimate of the financial and workload impact on Somerset Partnership 	Steve DuBois 12th November 2014
5	Formulary Additions	<ul style="list-style-type: none"> • Lubiprostone – green • Incruse Ellipta® - green • Anoro® – green • Fostair NEXThaler® - green • Striverdi Respimat® - green • Spiriva Respimat® for asthma – not recommended • Ebesque XL® - green • Jaydess® - green Simbrinza® - not recommended. 	Steve Moore 12th November 2014
6	Spiriva Respimat® for asthma	Raise with respiratory group	Steve Moore 12th November 2014
7	Inhaler chart	Take to respiratory group to approve	Steve Moore 12th November 2014
8	INR Self-testing	Draft proposal for PAMM to consider	Shaun Green 12th November 2014
9	Stable Angina Proposal	Raise concerns with Dr Mike Gorman	Geoff Sharp 12th November 2014
10	Advice for GPs about using ACEIs and ARBs in Chronic Kidney Disease	Amend to include information around initiation in these patients.	Medicines Management Team 12th November 2014
11	PDGs	Email Dr Steve Edgar to inform the CCG of the decision and write article for GP bulletin re removing them from use.	Catherine Henley 12th November 2014
12	Prescribing Budget 2015-16	Draft letter to finance	Shaun Green 12th November 2014
13	Toolkit Graphs	Update to show practices in federation clusters and distribute to PAMM	Helen Kennedy 12th November 2014

Somerset
Clinical Commissioning Group

14	CG30: Long-acting reversible contraception (update)	Link tables in appendices a and b to formulary	Steve Moore 12th November 2014
15	Navigator App update	Advise practices to update the navigator app via the GP bulletin	Geoff Sharp 12th November 2014