

**Clinical Commissioning Group**

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 12<sup>th</sup> November 2014**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Diane Bungay	East Mendip Representative
	Dr David Davies	West Somerset Representative
	Steve DuBois	Somerset Partnership Representative
	Dr Steve Edgar	LMC 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
	Gordon Jackson	Lay 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 Tony Austin Chard, Crewkerne and Ilminster

**1 INTRODUCTIONS**

1.1 Gordon Jackson was welcomed to the group.

**2 APOLOGIES FOR ABSENCE**

2.1 Apologies were received from Dr Tony Austin.

**3 DECLARATIONS OF INTEREST**

3.1 Standing declarations of interest were as attachment 1.

**4 MINUTES OF MEETING HELD ON 8<sup>th</sup> October 2014**

4.1 The minutes of the meeting held on 8<sup>th</sup> October 2014 were agreed as an accurate record.

4.2 Review of Action points

1. RIO – Steve DuBois is currently following this up with IT and will let PAMM know when it will be possible to provide a demonstration.
2. Depot Antipsychotic Injections – provide list of practices declining to take on prescribing of depot antipsychotics – completed.
3. Depot Antipsychotic Injections – Speak to practices declining to take on prescribing of depot antipsychotics – Mike Holmes has spoken to Langport, they say their nurses are trained to give i.m. injections, they currently decline to prescribe Risperidone injections as they feel the LES does not adequately recompense the work undertaken, they will prescribe other depot antipsychotics. Adrian Fulford has also spoken to Lister House.
4. Psychosis shared care guideline – Steve DuBois has passed on the request for costing of extra workload and prescribing to finance but has not received any information back. There was a discussion around the NICE guidance and the possible increase in workload for Somerset Partnership. This will

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come back to PAMM next meeting. Steve DuBois will bring the costing for the proposed extra workload and prescribing.

5. Formulary additions – completed.
6. Spiriva Respimat® for asthma – The respiratory group met yesterday and Catherine Henley fed back the response from Steve Moore. Tiotropium is not formally in the asthma pathway or BTS guidance although it is in the SIGN guidance. Clinicians felt that it does have a place in therapy for some patients. Shaun Green and Steve Moore will discuss the proposed traffic light status after taking advice from the CCG Respiratory Group.
7. Inhaler chart – This was approved by the respiratory group for inclusion in the formulary, Shaun Green and Steve Moore will discuss how this should be communicated by the respiratory group to practices.
8. INR self-testing – on agenda.
9. Stable angina proposal – Geoff Sharp has informally fed back the suggestions to Mike Gorman, he will follow this up with some formal feedback.
10. Advice for GPs about using ACEIs and ARBs in chronic kidney disease – completed.
11. PGDs – Catherine Henley informed Marion Baker at the LMC of PAMMs decision.
12. Prescribing budget 2015-16 – discussions with finance are ongoing, Shaun Green will feedback any responses.
13. Toolkit graphs – completed.
14. CG30: Long-acting reversible contraception (update) – completed.
15. Navigator app update – Geoff Sharp will put this in the next GP bulletin.

**PART 1 – ITEMS FOR DISCUSSION OR DECISION****5 Formulary Applications**

- 5.1 Hyacyst – the application has not yet been received, this will be brought to PAMM when the application is available.
- 5.2 Nalmefene – NICE recommends nalmefene to help people reduce their dependence on alcohol – NICE have produced draft guidance recommending Nalmefene for men drinking more than 7.5 units of alcohol daily and women drinking more than 5 units daily. Final guidance is due to be released in November 2014. Shaun Green noted that the license states it should only be prescribed in conjunction with continuous psychosocial support. There was a discussion around psychosocial support and Catherine Lewis will raise this with SDAP as PAMM were unsure what support would be available. Turning point have previously declined to make an early application for its use. The estimated cost is around £1,000 per year per patient, however PAMM was unsure if there is any guidance available around the duration of treatment. This will be brought back to PAMM when the final NICE guidance is available.
- 5.3 Alogliptin in triple therapy with Metformin and a sulfonylurea – this was raised as there have been queries around its licence. The company has agreed that the wording in the license (Vipidia is indicated in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control) covers the use of this combination, there will be an item in the MM newsletter about this.

- 5.4 Brimonidine (Mirvaso®) gel for the treatment of rosacea as part of rosacea pathway – Dermatology have made an application for this to be used as a final treatment where other options have not worked. They have provided a statement for its use, PAMM would like to add the following statement for its use: ‘where redness/flushing is causing significant issues for the patient’. The MM team will format the statement into a more usable pathway.
- 5.5 Specials recommended by the British Association of Dermatologists for Skin Disease – Despite the excellent position for specials there is more work to be done to reduce their use in Somerset. This document potentially reduces the number of specials options for skin conditions from around 500 to around 100 and will be discussed at the dermatology meeting this week. Catherine Henley will feed in PAMMs opinion. All agreed to support the document but concerns were raised about the possible uncapped cost with specials and would like assurance that licensed products would be used first line.
- 5.6 Liothyronine for the treatment of resistant depression – following the recommendation to repatriate all Liothyronine prescribing back to the consultant it became apparent that a small number of patients were prescribed this for treatment resistant depression although this had never been approved at Somerset Partnership or in the wider Somerset health economy. It has now been through the D&TC at Somerset Partnership and was approved for a small number of patients for whom all other treatment options have been explored, it is recommended in the Maudsley guidelines for this indication. Shaun Green said there is not enough evidence to approve it across Somerset so it will not be added to the formulary and will be considered not recommended.

## **6 Medication Safety Network – Medicines Safety Incidents Reporting Pilot – progress update**

Jo Bird attended to provide the update and was introduced to the group. It was noted more incidents were been reported through the healthcare professional feedback form than through datix, it was therefore decided to develop an new form based on the healthcare professional feedback form and run a pilot which has now started in Frome. This form is now also being used by Essex House and Edington surgeries for reporting their over 8 INRs. It can’t be rolled out to all practices until IT issues are resolved around the updates to windows 7 and the icon can be added to all desktops. Themes are being collated and any pharmacy issues are forwarded to the relevant email address for the pharmacy concerned. There was a discussion about making this form available to pharmacies and on the CCG website – this will be considered in future. The long term plan is to bring the themes of incidents to PAMM for discussion.

## **7 REPORTS FROM OTHER MEETINGS**

### **7.1 Federation Feedback**

- South Somerset – MH – discussed overspends and the concerns that this is due to NOACs – Shaun Green pointed out that there would need to be a top slice from the budget if NOACs were still removed from practices individual budgets so practices would not be in any better position. Geoff Sharp said it would be useful to see if the use of NOACs has reduced the incidence for stroke in Somerset. They also raised the navigator app – all practices encouraged to install the latest version, and formulary updates on EMIS,

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Helen Kennedy said that updates to practice systems should be done quarterly, however there has been a delay while a comprehensive list of formulary changes is produced and shared. They asked for the continence guide to be placed on the navigator app and for the antibiotic guidance to be produced in a booklet format, such as the one produced in Gloucester.

- West Somerset – DD – meeting next week.
- Central Mendip – GS – nothing to report.
- Bridgewater Bay – CL – have been looking at reducing spending but also looking at safety to improve engagement as practices are feeling disillusioned due to the tight budgets. They have noted that Somerset is in a good position nationally and that if prescribing costs increase cuts will need to be made elsewhere.
- Taunton – AF – nothing to report.
- Chard, Crewkerne and Ilminster – TA – not present.
- East Mendip – DB – nothing to report.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – nothing to report.

7.2 COG – nothing to report.

7.3 Somerset Partnership MICP – Minutes were not available but Steve DuBois ran through what was discussed including Lisdexamfetamine use, Melatonin use, NICE guidelines for drug allergy, Bi-polar disorder and INR self-testing, in-house cellulitis treatment for patients, ambulatory care and governance. Formulary decisions were: Alzest – approved; Methylphenidate LA – new ones in pipeline so leave for now; Liothyronine for treatment resistant depression – approved; Jaydess® – approved for use within the CASH service; Regional insulin tender – Aprida®, Insuman® and Lantus® - approved. Drugs and driving – the national leaflet will be issued to relevant patients. Annual review of traffic lights – clinicians asked if there are any proposed changes.

Geoff Sharp raised that as a community hospital Doctor he is often asked check INR results for the patients, Steve DuBois said that all community hospital wards should have a coagucheck device to be used for the patients rather than doing it through the GP surgery.

7.4 YDH D&TC – Mike Holmes fed back from the meeting – LMX4 cream has been approved for use in place of Ametop or Emla cream and Gabapentin has been proposed for peri-operative analgesia as advised by the Royal College of Anaesthetists.

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

7.6 BNSSG Formulary Group – have approved Molludab for a restricted number of patients.

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

7.8 RUH Bath DPG – viewed attachments. Catherine Henley raised the item around Zolendronate which states the shared care guideline will need to be reviewed, Catherine will clarify the impact of this.

7.9 LPC Report – Matt Harvey reported there have been discussions around the process for informing GPs on non-collected prescriptions, actions taken are decided by the individual pharmacist and there is currently a mixed picture in Somerset, with some sending back full prescriptions, most informing GPs of non-collected CD prescriptions and very few informing GPs of one item not collected on a script for multiple items. The LPC would be happy to discuss with the CCG ways that the process could be improved. There was a discussion around this and all federation leads were asked to

enquire what practices do with returned prescriptions, particularly in dispensing practices and it was suggested this could be an area for audit.

They have also been discussing EPS – there is a new function available on EMIS web available on the SCR section which shows the status of a prescription, there is also the prescription tracker but the script number needs to be known to use this.

There was a discussion around and PAMM supports the promotion of repeat dispensing through EPS

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

### **8 Current Performance**

8.1 Prescribing Report – Shaun Green ran through the report, the October category M changes will impact by increasing the spend by about £600k. Shaun will raise with finance as PAMM agreed this should be considered when the incentive scheme payments are calculated.

8.2 August Scorecard Federation Trend – viewed and noted.

8.3 Safety spread sheet – viewed and noted. This now includes some eclipse alerts to see if improvements are being made.

The issue of Methotrexate with no folic acid was raised, it was noted that patients could be appearing in this alert because they are prescribed a box of 28 folic acid tablets which would last around 6 months. Steve Moore is asked to amend the alert to reflect this.

### **9 Medicines Optimisation Dashboard**

The dashboard is still a prototype and so there is nothing new to report. Shaun Green did raise the issue that the commissioning for value pack is sometimes at odds with the dashboard.

### **10 November 2014 Briefing for GP practices Self-Monitoring of INR**

10.1 Shaun Green gave the background and ran through the document which was created using the NICE guidance and British Haematology Society Report. The guidance is intended to support GPs to identify appropriate patients who may wish to monitor their own INR. There was a discussion around the following areas:

- Frequency of testing and if it would be possible to have an agreement between the practice and the patient around the number of strips the practice is prepared to prescribe – Shaun referred to the spec for the commissioned service as individuals would have different requirements depending on their conditions – Shaun agreed to add the relevant information from the spec to the document.
- Steve Edgar asked if these patients would sit within the current commissioned service – the don't at present but Geoff Sharp said this is currently being reviewed and he would raise it.
- Gordon Jackson asked what happens in other areas around this issue – in most cities the service is still undertaken at a hospital but in Somerset most INR testing is done in primary care.

### **11 SIGN 141 – British guideline on the management of asthma**

11.1 This has been updated; the respiratory group will report any major changes which prescribers should be aware of. Federation leads are asked to raise the update with practices.

**12 Rebate Schemes**

- 12.1 Two new patient access schemes have been offered for Insuman® and Aprida®, these are both on the formulary and are the most cost effective options even without a rebate. Shaun Green explained that the offers are for 1. A full rebate on any increase in prescribing over the next two years and 2. A quarterly 20% rebate on any prescribing of these insulins. PAMM agreed that if we could get engagement from the diabetic teams to use these insulins then option 1 would reap the most benefit. Shaun will follow this up with governance etc.

**13 NICE**

- 13.1 NICE CG186 Multiple sclerosis: management of multiple sclerosis in primary and secondary care – this is aimed at specialist commissioning but it was noted it does not recommend the use of Sativex®.
- 13.2 NICE CG187 Acute Heart Failure: diagnosing and managing acute heart failure in adults – noted.
- 13.3 NICE CG188 Gallstone disease – noted.

**14 Safety Items, NPSA Alerts and Signals**

- 14.1 October DSU – the issue around Dexamethasone injection was raised, this is rarely prescribed in Somerset and the medicines management team are contacting individual prescribers.
- 14.2 MHRA information sent to healthcare professionals September 2014 – viewed and noted.

**15 BNF Changes**

- 15.1 Noted.

**16 Any Other Business**

- 16.1 Communication of out of stock medication between community pharmacies and GP practices – Matt Harvey raised this issue which has occurred in the Bridgwater area as a new form for communicating these issues has been developed, the LPC was concerned that there could possibly be 9 different forms developed by federations and asked if there could be a county wide process for developing and approving these forms, however, they did appreciate that some pharmacies need to be reminded to follow the agreed process. Catherine Lewis invited Matt Harvey to the Bridgwater prescribing group to discuss issues occurring locally. Geoff Sharp asked to remind the LPC that when a Pharmacist advises an item is out of stock it is helpful to the prescriber to be advised of an alternative item that is in stock.
- 16.2 Shaun Green raised the 2015-16 prescribing budget – there will hopefully be something to bring to the January PAMM, it was proposed to keep the incentive scheme going, everyone was asked to provide ideas for indicators, audit or other ideas on how to approach the incentive scheme.

**17 Date of Next Meeting**

Wednesday 14<sup>th</sup> January 2015, Meeting Room 1, 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 12<sup>th</sup> November 2014</b>			
1	RIO	Provide Demonstration for PAMM	<b>Somerset Partnership Representative When available</b>
2	Psychosis Shared Care Guideline	Provide numbers of patients likely to be affected and an estimate of the financial and workload impact on Somerset Partnership	<b>Steve DuBois 14<sup>th</sup> January 2015</b>
3	Spiriva Respimat® for asthma	Discuss proposed traffic light status	<b>Steve Moore 14<sup>th</sup> January 2015</b>
4	Inhaler Chart	Add to formulary and discuss communication to practices from respiratory group	<b>Steve Moore 14<sup>th</sup> January 2015</b>
5	Navigator App update	Advise practices to update the navigator app via the GP bulletin	<b>Geoff Sharp 14<sup>th</sup> January 2015</b>
6	Formulary Decisions	<ul style="list-style-type: none"> <li>• Hyacyst – no application provided</li> <li>• Nalmefene – wait until final NICE guidance available</li> <li>• Alogliptin in triple therapy with Metformin and sulfonylurea – approved, please inform practices via MM newsletter</li> <li>• Brimonidine (Mirvaso®) gel – approved; format statement into usable pathway and include statement mentioned in 5.4.</li> <li>• Specials recommended by British association of dermatologists for skin disease – Add reference to this document to formulary</li> <li>• Liothyronine for treatment resistant depression – not recommended</li> </ul>	<b>Steve Moore 14<sup>th</sup> January 2015</b>
7	Specials recommended by British association of dermatologists for skin disease	Feed PAMMs comments into the dermatology meeting	<b>Catherine Henley 14<sup>th</sup> January 2015</b>
8	NOACs and incidence of stroke	Follow up with public health to see if the incidence of stroke in Somerset has decreased since NOACs were introduced	<b>Geoff Sharp 14<sup>th</sup> January 2015</b>
9	Continence preferred product list	Arrange for it to go on Navigator app	<b>Vicky Bull 14<sup>th</sup> January 2015</b>
10	Antibiotic Guidelines	Consider producing a booklet version	<b>Ana Alves 14<sup>th</sup> January 2015</b>
11	RUH Bath DPG – Zolendronate	Clarify the impact of the proposed update to the shared care guideline on Somerset	<b>Catherine Henley 14<sup>th</sup> January 2015</b>

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<b>12</b>	Safety Scorecard	Amend Methotrexate and folic acid alert to show prescribing of folic acid in the last 6 months.	<b>Steve Moore</b> <b>14<sup>th</sup> January 2015</b>
<b>13</b>	November 2014 GP Briefing Self-monitoring of INR	Add relevant information from the specification for the commissioned service regarding frequency of monitoring to the briefing document	<b>Shaun Green</b> <b>14<sup>th</sup> January 2015</b>
<b>14</b>	November 2014 GP Briefing Self-monitoring of INR	Raise the possibility of patients self-monitoring their INR being included in the commissioned service	<b>Geoff Sharp</b> <b>14<sup>th</sup> January 2015</b>
<b>15</b>	SIGN 141 – Asthma	Raise update within federations	<b>All federation leads</b> <b>14<sup>th</sup> January 2015</b>
<b>16</b>	Rebate Schemes	Follow up acceptance of offer 1.	<b>Shaun Green</b> <b>14<sup>th</sup> January 2015</b>