

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 14th January 2015**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster
	Dr Diane Bungay	East Mendip 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
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Ian Lewin	Observer
	Dr Catherine Lewis	Bridgwater Representative
	Dr James Nicholls	West Mendip Representative
	Dr Carol Reynolds	North Sedgemoor Representative
Apologies:	Dr David Davies	West Somerset Representative
	Gordon Jackson	Lay Representative

1 INTRODUCTIONS

- 1.1 Dr Ian Lewin attended as an observer and was welcomed to the group.

2 APOLOGIES FOR ABSENCE

- 2.1 Apologies were received from Dr David Davies, West Somerset Representative and Gordon Jackson, Lay Representative

3 DECLARATIONS OF INTEREST

- 3.1 Standing declarations of interest were as attachment 1. Dr Carol Reynolds asked for a slight amendment to her standing declarations of interest.

4 MINUTES OF MEETING HELD ON 12th November 2014

- 4.1 The minutes of the meeting held on 12th November 2014 were agreed as an accurate record.
- 4.2 Review of Action points
1. RIO – Steve DuBois will ask the lead nurse for medicines management to come along and present RIO
 2. Psychosis shared care guideline – There is a meeting set for March 2015, Steve DuBois has asked for the data but has not received it yet.
 3. Spiriva Respimat® for asthma – the respiratory group has met and think that there may be a place for this in some patients but not as routine treatment, they recommended amber status in the traffic lights – all agreed.
 4. Inhaler chart – Steve Moore will put this in the formulary and announce it in the newsletter, please could all federation leads share this within their federation leads
 5. Navigator App update – completed.
 6. Formulary additions – completed.
 7. Specials recommended by British association of dermatologists for skin

disease – Catherine Henley has raised this through MPH D&TC, it will go in the MM newsletter.

8. NOACs and incidence of stroke – Geoff Sharp has asked public health to provide the data which will hopefully be available for the February meeting.
9. Continence preferred product list – Helen Kennedy will follow this up with Vicky Bull – PAMM asked for it to be added as a button at the top on the navigator app.
10. Antibiotic guidelines – The antibiotic guidelines can be printed in booklet format by selecting the option in the print menu – this will vary depending on the printer used. PAMM asked for this to be placed on the navigator app.
11. RUH Bath DPG – Zolendronate – Catherine Henley has enquired about this and it shouldn't affect Somerset GPs – completed.
12. Safety Scorecard – completed.
13. 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 – completed; Shaun Green has been asked where the information in the document has come from and has referred people to the national document.
14. November 2014 GP briefing self-monitoring of INR – raise the possibility of patients self-monitoring their INR being included in the commissioned service – completed.
15. SIGN 141 – Asthma – completed.
16. Rebate Schemes – completed.

5 Matters Arising

- 5.1 Incidence of CVE – discussed in actions from November meeting.
- 5.2 Proposals for incentive scheme audits – Shaun Green said that the incentive scheme should look at outcome based objectives to link with the prevention of admissions work. PAMM were happy with the proposed areas, the medicines management team will produce some draft audits.
- 5.3 Venlafaxine Indicator – proposed amendment – Shaun Green explained the proposal to change the status of Vensir® in the incentive scheme indicator. Following a discussion around the benefits of doing so all agreed to add as a positive preparation. Helen Kennedy will amend the indicator on eclipse.
- 5.4 Asacol to Octasa switch – viewed the letter from YDH which supports the switch in suitable patients – noted.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

6 Formulary Applications

- 6.1 Branded generic Quetiapine XL – viewed attachment showing different brands and costs, Biquelle XL® and Zaluron XL® were recommended to be added to the formulary – all agreed. Somerset partnership are waiting for PAMMs decision before reviewing their own formulary.
- 6.2 Xultophy® 100units/ml insulin degludec + 3.6mg/ml liraglutide solution for injection in a pre-filled pen – As neither individual ingredient is first line on the formulary it suggested to have this as not recommended – all agreed.
- 6.3 Levodopa/ Carbidopa/ Entacapone (Sastravi®) (Actavis) film coated tablets ranging from 50/12.5/200mg to 200/50/200mg £36.44 per 100 tabs – This is available in the same combinations as Stalevo® and offers a savings of around £25k/quarter if all

- patients switched however the company have not yet provided bioequivalence data and it has not yet been raised with the Parkinson's disease specialists. This will be followed up for the next meeting.
- 6.4 Duaklir Genuair® (Almirall), formoterol/ acclidinium inhaler for COPD – This is a new LABA/LAMA combination of acclidinium and formoterol available in the same device as Eklira®. It is a breath actuated product and the dose is 1puff twice daily, it is the same cost as Anoro Ellipta® and is only licensed for COPD. The colour is currently blue but this will be changed to orange by September 2015 due to the possible confusion with reliever products. It was recommended to add it to the formulary as a treatment option – all agreed.
- 6.5 Epimax® cream – This is made by the same company which makes Aquamax cream, it is SLS free, available in a pump pack and is less greasy and cheaper than Aquamax so could be appropriate for patients who use the lighter emollients. The dermatologists will obtain samples and trial it. It was recommended to add as the first line emollient – all agreed.
- 6.6 Invita D3 – recommend traffic light status change from amber to green – this is a once a month high strength vitamin D preparation, it was suggested that for patients who require long term vitamin D supplementation it would be a cost effective option – all agreed to change to green.
- 6.7 Methenamine (Hiprex) – recommend change traffic light status from amber to green – this was originally approved as amber last year, the microbiologists see no reason why GPs cannot prescribed this for prophylaxis and long term treatment – all agreed to change to green.
- 6.8 Ciclosporin for non-transplant indications – recommend change traffic light status from red to amber – If this were to change to amber there would be monitoring implications which could require an enhanced service for GPs. Shaun Green explained the risks and benefits of changing to amber for these patients. There was a discussion around adding red drugs to the clinical systems and it was requested that instructions on how to do this on EMIS web are included in the newsletter. PAMM agreed to keep this as red for all indications.
- 6.9 Lyrica® (pregabalin) pain patent and generic prescribing – There was a discussion around the letter received about the pain patent for Lyrica®. Shaun Green advised that recommendations to prescribers are not given until generic pregabalin preparations are available – all agreed.
- 6.10 Generic aripiprazole – differences between Abilify® and generic Aripiprazole (generic not licensed to treat bipolar disease – it was recommended to approve generic Aripiprazole for the antipsychotic indication and review in a few months when prices are available for the generic preparations – all agreed.

7 Management of Infection Guidance for Primary Care

- 7.1 The attachments were viewed and the changes noted.

8 Depo Provera® PGD

- 8.1 Catherine Henley has worked with a GP and nurse to draft the PGD for Depo Provera® requested by GPs. The only change recommended was to review in 2 years rather than one – approved.

9 REPORTS FROM OTHER MEETINGS

- 9.1 Federation Feedback

- South Somerset – MH – meeting tonight, Ana Alves will be present to discuss

antibiotics.

- West Somerset – DD – not present.
- Central Mendip – GS – nothing to report.
- Bridgewater Bay – CL – no meeting.
- Taunton – AF – no meeting.
- Chard, Crewkerne and Ilminster – TA – no meeting.
- East Mendip – DB – nothing to report.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – nothing to report.

Geoff Sharp has sent out a letter regarding the current prescribing position and asked that all federation leads raise that the medicines management team are available to support practices.

- 9.2 COG – discussed the antibiotic paper and looked at the use of antibiotics in secondary care – this will be raised at SPF this afternoon.
- 9.3 Somerset Partnership D&TC – there has been a further meeting since the minutes in attachment 14. They have been discussing issues around where the D&TC sits and reviewing the terms of reference. Discussed Nalmefene and accepted it in line with the NICE TAG. Discussed Memantine and acetylcholinesterase inhibitor combinations and will retain these patients as they are outside of the shared care guideline. They have approved Xenedate as a ‘me-to’ methylphenidate and will review formulary choices once the current flurry of ‘me-to’s’ are out. They will be looking at Melatonin use in ADHD as it has been noted that current use is growing. They have also approved generic Aripiprazole and a ‘me-to’ galantamine XL. Mike Holmes raised that he has been asked not to use cyclizine in syringe drivers, Steve DuBois will take this back to Somerset Partnership.
- 9.4 YDH D&TC – next meeting 20.1.15
- 9.5 T&ST D&TC – Have been reviewing the use of dexamethasone in haematology and oncology patients and trying to use prednisolone where possible. It was noted that the shared care guidelines are due for review before being made available on the new CCG website – Catherine Henley and Helen Kennedy are working through these.
- 9.6 BNSSG Formulary Group – there are no minutes available for the November meeting yet.
- 9.7 T&S Antimicrobial Prescribing Group – viewed the minutes – noted.
- 9.8 RUH Bath DPG – viewed the minutes – noted.
- 9.9 LPC Report – The memory service is starting in 11 pharmacies over the next month – this involves a memory screening test which may result in a referral to the GP, they will also review the medicines to see if any could be causing cognitive decline. Details will be provided in the MM newsletter. There are currently discussions on-going to improve the minor ailments scheme and uptake across the county; on behalf of the LPC Matt Harvey thanked the CCG and LMC for their support with this scheme. There is currently no meeting set up regarding EPS although Matt Harvey has raised this with Martin Silk, the CCG are keen to increase the use of repeat dispensing through EPS.

PART 2 – ITEMS FOR INFORMATION OR NOTING

10 Current Performance

- 10.1 Prescribing Report – Shaun Green ran through the report which is based on October

data and shows a very significant change from the September position. Some of this change is due to practices claiming for Fluenz® prescriptions which was centrally procured and therefore shouldn't be claimed, there was also a national increase in spend of around £51M in the month. The best expectations are for an overspend of around £1M at the end of the year. Shaun Green and Geoff Sharp have met with finance to discuss next year's budget but there has been no decision from finance as yet. They also discussed the incentive scheme as it is currently based on an overall underspend, Geoff and Shaun suggested that finance recognise the effort and quality work undertaken by practice but there has been no decision made, there has been no decision made around funding for next year's scheme either.

- 10.2 October scorecard federation trend – this now includes previous indicators and recommendations to show engagement by practices in cost saving measures due to the current financial pressures. There were recommendations for formatting on the Macrogol to Laxido® indicator and to check that it doesn't include the paediatric products.

There were discussions around the use of more than 6 bronchodilators a year and this was suggested as an eclipse live search.

There was a discussion around the use of diuretics when co-prescribed a calcium channel blocker such as amlodipine and that it may be more beneficial to switch these patients to an alternative calcium channel blocker rather than add in a diuretic for the side effect of swollen ankles.

There were further discussions around the forecast overspend, budget, medicines management support budget and engagement.

- 10.3 Safety spread sheet – noted. PAMM asked for new indicators to be populated with historic data.
- 10.4 Potential generic savings – viewed and noted.

11 Medicines Optimisation Dashboard – nothing new to report.

12 Rebate Schemes

- 12.1 The policy was recently updated and has been circulated to PAMM members, please could this be reviewed so it can be formally accepted at the February meeting. There are no new schemes proposed this month.

13 NICE

- 13.1 TA327: Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism – this was accepted onto the formulary as per NICE. There was a discussion around the current practice for patients presenting with suspected DVT – most people are offering a NOAC, this is not yet the case in community hospitals as the pathway has not been updated.

- 13.2 TA325: Nalmefene for reducing alcohol consumption in people with alcohol dependence – this is for reduction of alcohol use rather than for completely stopping and the main issue raised is the provision of psychosocial support. The attachment was viewed; Shaun Green now feels that as this is for dependent drinkers they should be referred onto another service; Shaun has raised this with public health as reducing alcohol use is one of their priorities. Shaun recommended having this as an amber drug for patients who are having psychosocial support and require on-going treatment, however it was suggested to have it as a red drug until an appropriate service is available for these patients – all agreed to make red. A statement will be issued to prescribers.

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13.3 PH56: Vitamin D: increasing supplement use among at-risk groups – Shaun Green discussed the recommendations, the response from Shaun and Geoff Sharp was viewed and PAMM was asked to provide any comments by the end of next week after which it will be issued as the PAMM response.

13.4 CG191: Pneumonia: Diagnosis and management of community and hospital acquired pneumonia in adults –noted.

14 Safety Items, NPSA Alerts and Signals

14.1 Medicines Incident Report – Karen Taylor and Jo Bird attended to present the report. The reporting system will be launched more widely when the IT solution is available to have a button in the same place on every GP desktop. Positive actions have already come out of incidents raised, Shaun Green asked for federation leads to raise within their federations to increase reporting.

14.2 November and December DSU – noted.

14.3 NHSE Patient safety alert: Risk of distress and death from inappropriate doses of naloxone in patients on long-term opioid/opiate treatment – noted.

14.4 Public Health England: Advice for prescribers on the risk of the misuse of pregabalin and gabapentin – Catherine Lewis raised concerns around patients prescribed pregabalin along with Methadone or for generalised anxiety disorder as some of these patients could divert supplies; if they are considered high risk she recommends considering using 7 day prescriptions.

14.5 NHSE Patient safety alert: Risk of death and serious injury from delays in recognising and treating ingestion of button batteries – noted.

14.6 NHSE Patient safety alert: Risk of death or serious harm from accidental ingestion of potassium permanganate preparations – noted.

15 BNF Changes

15.1 Noted. Geoff Sharp said that there is another version which is more user friendly.

16 Any Other Business

16.1 Geoff Sharp raised guidance from RDE and MPH for bariatric patients recommending including prescribing vitamin D – this has not been through any process at the CCG and will be raised at SPF this afternoon.

16.2 Steve Edgar said that the LMC are happy with the Depo Provera® PGD.

16.3 Steve DuBois raised the discontinuation of Piportil® and asked for patients identified by the MM team to be reviewed. Steve also raised supply issues with Priadel® 200mg and suggested using half a 400mg tablet and increase lithium testing frequency during this period. Finally Steve said that the pharmacy only presentation of Diclofenac has now been withdrawn, this is now a prescription only medicine.

16.4 Catherine Lewis raised an incident where a practice was asked to prescribe the full month of enoxaparin for a patient following an operation on their foot, Shaun Green confirmed the agreement is for the hospital to provide this, the practice should not be asked to prescribe it at all in these circumstances.

16.5 Carol Reynolds raised a similar issue whereby a practice was asked to prescribe post-operative pain relief; GPs were reminded to raise issues such as these through the professional feedback form.

17 Date of Next Meeting

Wednesday 11th February 2015, 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 14th January 2015			
1	RIO	Invite lead nurse for MM to provide demonstration for PAMM	Somerset Partnership Representative When available
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	Steve DuBois When available
3	Spiriva Respimat® for asthma	Add to traffic lights as Amber	Steve Moore 12th February 2015
4	Inhaler Chart	Add to formulary, put link in newsletter and forward to federation leads to share within their federations	Steve Moore All Federation Leads 12th February 2015
5	Specials recommended by British association of dermatologists for skin disease	To go in MM newsletter	Steve Moore 12th February 2015
6	NOACs and incidence of stroke	Provide information requested from public health	Geoff Sharp 12th February 2015
7	Continence preferred product list	Arrange for it to go on Navigator app as a button at the top	Helen Kennedy Helen Vicky Bull 12th February 2015
8	Antibiotic Guidelines	Arrange for guidelines including printable version to be placed on the navigator app	Ana Alves 12th February 2015
9	Proposals for incentive scheme audits	Produce draft audits	Medicines Management Team 12th February 2015
10	Venlafaxine Indicator	Amend on eclipse to include Vensir® as a positive preparation	Helen Kennedy 12th February 2015

11	Formulary Decisions	<ul style="list-style-type: none"> •Biquelle XL and Zaluron XL to add to formulary. •Xultophy® - add to traffic lights as not recommended. •Duaklir Genuair® - add to formulary •Epimax® cream – add to formulary as first line emollient. •Invita D3 – change traffic light status from amber to green and add to formulary. •Methanamine (Hiprex®) – change traffic light status from amber to green and add to formulary. •Generic Aripiprazole – add to formulary for antipsychotic indication •Amend Dabigatran on the formulary as per NICE TA327 •Add Nalmefene to traffic lights as red drug. 	Steve Moore 12th February 2015
12	Sastravi®	Obtain bioequivalence data and raise with Parkinson's specialists	Catherine Henley 12th February 2015
13	Adding Red drugs to EMIS web as hospital prescribed	Include instructions in newsletter	Steve Moore 12th February 2015
14	Memory Service	Provide details of the pharmacy memory service in the newsletter	Steve Moore 12th February 2015
15	Scorecard federation trend	<ul style="list-style-type: none"> •Format Macrogol to Laxido® indicator and ensure does not include paediatric products •Add eclipse live search for patients using more than 6 bronchodilators per year 	Steve Moore 12th February 2015
16	Safety scorecard	Populate new indicators with historic data	Helen Kennedy 12th February 2015
17	Rebate schemes	Review new policy for formal acceptance at the next meeting	All members 12th February 2015
18	NICE TA325	Issue statement to prescribers around red traffic light status	Shaun Green 12th February 2015
19	PH56	Send comments on response to Shaun Green	All PAMM members 23rd January 2015
20	Medicines Incident Report	Raise new reporting facility within federations and encourage prescribers to increase reporting of medicines related incidents	All federation leads 12th February 2015