

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 11th February 2015**

Present:	Dr Catherine Lewis Ana Alves	Bridgwater Representative; Acting Chair Locality Medicines Manager, present for discussions around antibiotics/infection guidance
	Dr Robert Baker	Consultant Microbiologist T&ST, present for agenda item 9.
	Dr Diane Bungay Steve DuBois	East Mendip Representative Somerset Partnership Representative
	Dr David Davies	West Somerset Representative
	Dr Adrian Fulford	Taunton Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Catherine Henley	Locality Medicines Manager
	Dr Mike Holmes	South Somerset Representative
	Jill Leppard	Somerset Partnership – present for RIO demonstration
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Carol Reynolds	North Sedgemoor Representative
Apologies:	Dr Geoff Sharp Dr Tony Austin Dr Steve Edgar Dr James Nicholls Matt Harvey Gordon Jackson	Chairman, CCG Prescribing Lead Chard, Crewkerne and Ilminster Representative LMC Representative West Mendip Representative LPC Representative Lay Representative

1 INTRODUCTIONS

- 1.1 Jill Leppard and Dr Robert Baker were introduced to the group at the appropriate times.

2 APOLOGIES FOR ABSENCE

- 2.1 Apologies were received from Dr Geoff Sharp, CCG Prescribing Lead; Dr Tony Austin, Chard, Crewkerne and Ilminster Representative; Dr Steve Edgar, LMC Representative; Dr James Nicholls, West Mendip Representative; Matt Harvey, LPC Representative and Gordon Jackson, Lay Representative.

3 DECLARATIONS OF INTEREST

- 3.1 Standing declarations of interest were as the agenda.

4 MINUTES OF MEETING HELD ON 14th January 2015

- 4.1 The minutes of the meeting held ON 14th January 2015 were agreed as an accurate record.
- 4.2 Review of Action points
1. RIO – Jill Leppard, a non-medical prescriber and lead for electronic prescribing from Somerset Partnership attended to give a demonstration of the new RIO system. She gave an overview of the system including case records, core assessments, electronic prescribing, Clozapine monitoring form and Antipsychotic monitoring form. Some of the main points to note are:

- A snapshot of patient notes can be downloaded to a separate device for home visits, amendments can be made to this which can be updated on the main system when returning to base.
- All community and in patients are now on the RIO system, it is also used by the District Nurses and the Independent Living team
- Rowan and Magnolia ward are now using electronic prescribing, this will be rolled out to the rest of the mental health wards over the year
- There is a function to add a formulary for electronic prescribing
- E-messaging can be used to send messages to GPs
- Forms similar to the Clozapine and Antipsychotic can be developed for other drugs such as Lithium
- It is not currently accessing the summary care record or linked to ordercomms
- Somerset Partnership are working with Servelec to improve audit functions to enable eclipse live type searches to be performed

A discussion around integration with GP practices and MAR charts followed.

2. Psychosis shared care guideline – There is a meeting scheduled during March to discuss this.
3. Spiriva Respimat® for asthma – completed.
4. Inhaler Chart – completed.
5. Specials recommended by British association of dermatologists for skin disease – completed.
6. NOACs and incidence of stroke – Public Health have not yet provided any information, but Shaun Green has included some in the prescribing report.
7. Continence preferred product list – in progress.
8. Antibiotic guidelines – minor updates will be agreed today. An A5 booklet can be printed from any practice.
9. Proposals for incentive scheme audits – these are on hold while discussions are ongoing around the incentive scheme.
10. Venlafaxine Indicator – completed.
11. Formulary decisions – completed.
12. Sastravi® - on the agenda.
13. Adding Red drugs to EMIS web as hospital prescribed – completed.
14. Memory service – completed.
15. Scorecard federation trend – completed.
16. Safety scorecard – completed.
17. Rebate scheme – policy noted and approved.
18. NICE TA325 – completed.
19. PH56 – completed.
20. Medicines incident report – completed.

5 Matters Arising

- 5.1 Further changes to infection guidance for Primary care – Ana Alves ran through the minor changes according to NICE and approved by microbiology. There was a discussion around whether to recommend i.m. benzylpenicillin or Amoxycillin 1g orally as a pre-admission dose, GPs felt that they were more likely to have benzylpenicillin available as this is the recommendation for suspected meningitis, however they felt that most GPs would not carry this routinely for home visits and only usually pick it up if they suspected meningitis, therefore it was agreed this should go in the newsletter as a recommendation and reminder to have it

available.

There were further discussions around the infection guidance including the acute treatment duration for COPD – which was later clarified with Dr Robert Baker. All changes were agreed and the update guidance will be made available on the website and the navigator app.

Shaun Green raised the possibility of having a county wide approach to antibiotics but at present the acute trusts prefer to continue with their own antibiotic groups, Steve DuBois said that Somerset Partnership would be happy to sign up to Somerset wide group and continue to have internal antibiotic stewardship.

- 5.2 EPS – Matt Harvey was not present but Shaun Green reported that there was a meeting around EPS the previous day, 30 practices are now live on the system and the roll out will continue, Bridgwater wanted to go live all at the same time but the pilots have shown it is better to do this practice by practice. Some pharmacies are now accessing the summary care record and this has been very beneficial, the national picture is very encouraging.

6 Other Issues

- 6.1 Pathways for Cow's Milk Protein Allergy – The attachments were viewed, they have been updated following the launch of Alfamino and Althera; the pathways have been approved by the dieticians and have been updated in the formulary. Mike Holmes raised that at the South Somerset GP education day there was a talk by Alison Boothe recommending Colief drops, these should only be prescribed if there is a proven lactose intolerance, it was noted that these are also recommended by health visitors – Steve DuBois will feed this back to Somerset Partnership.
- 6.2 Outpatient Prescribing – This was raised as there are currently 4 different approaches from the 4 different trusts. Existing guidance is that for anything urgent a script should be issued by the clinic either to be dispensed in the hospital pharmacy or at a community pharmacy; anything that is not urgent will be communicated to the GP to prescribe and the patient should expect a 10-14 day wait for this to be ready. All agreed that communication between the clinic, the patient and the GP needs to be improved, with some handwritten information from the clinic to the GP being illegible and some patients not understanding that there will be a wait for the prescription. Data viewed showed that out patient FP10 prescribing has significantly increased over the last 10 years while in-house (hospital pharmacy) prescribing has decreased. All agreed that the working group currently looking at discharge information would be the most appropriate group to look at this issue. Shaun Green is happy to raise incidents with trusts where the clinic is not providing immediately necessary treatment such as antibiotics although he noted he has not heard of this type of incident in at least the last year.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

7 Formulary Applications

- 7.1 Ultibro® Breezhaler 85 micrograms/43 micrograms, inhalation powder hard capsules – this was approved as green as an option for patients taking the individual components.
- 7.2 Fultium-D3 20,000 IU Capsule – the evidence base for use of vitamin D is poor, the previous position was that unlicensed high dose preparations should be prescribed by the hospital, this is now a licensed high dose preparation and the recommendation was to have as green as an option for a loading dose – all agreed.

There was some information sent out from the medicines management team last week around the use of vitamin D.

- 7.3 NICE TA323: Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142) – this was originally specialist commissioning, but now NHS England have said that it is CCGs responsibility to commission. This needs to be approved onto the formulary within 3 months of the NICE TAG, all agreed to have as red – this will be raised at SPF in March.
- 7.4 Sastravi 100mg/25mg/200mg Film-coated Tablets – this is equivalent to Stalevo but 50% cheaper and offers savings of around £3-4k per month across the CCG. The local neurologists are positive about trying the product and bioequivalence data from the company shows that the release properties are quite similar to Stalevo. All approved as green with switching recommended if GPs feel individual patients would be suitable.

8 Smoking cessation budget arrangements

- 8.1 When commissioning for smoking cessation moved to public health, the arrangement was for the CCG to keep the budget, Public Health have now re-commissioned the service and have asked for the budget. There should be further information about the new service before April, a decision will be made once this is available.

9 Acute UTI antibiotic treatment options in primary and secondary care

- 9.1 Dr Robert Baker attended to discuss the role of Pivmecillinam in the treatment of acute UTIs and was introduced to the group.
Dr Baker gave an interesting presentation detailing resistance levels to current therapy options and the efficacy and safety profile for Pivmecillinam.
The recommendations are:
To use 1st line for ESBL infections ahead of Fosfomycin which will remain 2nd line for infections not sensitive to Pivmecillinam or penicillin allergy – all agreed.
- To use 1st line instead of Trimethoprim for all UTIs – would have a cost pressure of around £400K/year – not agreed, the following alternatives were proposed:
 - To use 2nd line as an alternative to Nitrofurantoin if history of treatment failure with Trimethoprim – all agreed
 - To use 2nd line to Nitrofurantoin in frail vulnerable patients with eGFR >45 – all agreed
 - To use 1st line for frail vulnerable patients with eGFR <45 – all agreed.
- Dr Baker suggested an educational podcast could be produced for use by GPs to update their knowledge on the new treatment recommendations for UTIs – all agreed, but would need to be seen by PAMM for approval prior to distribution.

10 Flu vaccine uptake as at 31st December 2014

- 10.1 The attachments were viewed. There has been less uptake in Somerset than in other parts of BNSSSG and there is still work to be done in certain areas. Please could federation leads raise within federations and find ways of increasing uptake for next year.

11 REPORTS FROM OTHER MEETINGS

Federation Feedback

- South Somerset – MH – Ana Alves attended the last meeting and was very

well received, they would like her to return for another meeting.

- West Somerset – DD – nothing to report
- Central Mendip – GS – not present
- Bridgewater Bay – CL – trying to arrange a meeting to discuss the prescribing budget.
- Taunton – AF – nothing to report
- Chard, Crewkerne and Ilminster – TA – not present
- East Mendip – DB – nothing to report
- West Mendip – JN – not present
- North Sedgemoor – CR – nothing to report

COG – nothing to report

Somerset Partnership D&TC – viewed the minutes but the content was discussed last meeting.

YDH D&TC – next meeting 17.3.15

T&ST D&TC – next meeting 13.2.15

BNSSG Formulary Group – Catherine Henley viewed the minutes and reported they have also made Nalmefene a red drug and have been looking at the new inhalers.

T&S Antimicrobial Prescribing Group – meeting due 11.2.15 has been cancelled

RUH Bath DPG – last meeting 8.1.15 – minutes not yet available.

LPC Report – Matt Harvey not present

PART 2 – ITEMS FOR INFORMATION OR NOTING

12 Current Performance

- 12.1 Prescribing Report – Shaun Green ran through the report; the overspend has come down slightly, but there are only 26 practices forecast an underspend which has implications for the incentive scheme. Discussions are ongoing around the incentive scheme for this year and the possibility of one for 2015-16. The self-care campaign will be re-launched and there may be a focus around self-care for hay fever. Shaun also presented a paper for planning the 2015-16 budget and discussions are ongoing. PAMM supports the position that it is not appropriate to give a budget with zero growth.
- 12.2 October scorecard federation trend – all showing positive trends in most areas, there may need to be some conversations in future with practices who are not engaging with the indicators. There followed a discussion around the current engagement of practices, some have disengaged due to the budget, they feel it is unachievable and so do not prioritise prescribing savings over other areas of workload.
- 12.3 Safety spread sheet – viewed and noted.

13 Medicines Optimisation Dashboard – nothing new to report.

14 Rebate Schemes

- 14.1 Symbicort – the rebate is a small percentage but there is lots of use so the rebate could be big, Symbicort is still on the formulary and PAMM recommends brand prescribing for both Duoresp and Symbicort to ensure the patient gets the correct device and that the CCG gets the correct payment under the rebate scheme. There will be an item in the newsletter around brand prescribing.
- 14.2 Zoladex – this was approved, Zoladex is on the formulary but is not first line.
- 14.3 Oxis – this is a big rebate percentage wise but not many patients. Again, brand

prescribing is recommended.

15 NICE

- 15.1 NG1: Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people – Catherine Lewis highlighted the main points, there is a red flag chart which can go in the newsletter along with the ‘not a problem’ symptoms and treatment options. Steve DuBois will raise with the health visitors and dieticians.

16 Safety Items, NPSA Alerts and Signals

- 16.1 Medicines Incident Report – this will be presented quarterly
- 16.2 January 15 DSU – noted. Female patients in the specified age group prescribed Vaproate have been identified using eclipse live and alerts have been sent. Steve DuBois said that Somerset Partnership will do an audit around this.
- 16.3 Patient safety alert – Harm from using Low Molecular Weight Heparins when contraindicated – noted. There was a discussion around the use of low molecular weight heparins in community hospitals. Shaun Green also mentioned the very recent alerts around thickening agents and daffodils.

17 BNF Changes

- 17.1 Viewed. Drug driving legislation comes into effect from 2nd March, Diane Bungay asked if there was a patient leaflet available to raise awareness, Shaun Green said that the mini-audit around prn doses is aimed at these patients

18 Any Other Business - none raised**Date of Next Meeting**

Wednesday 11th March 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 11th February 2015			
1	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
2	Colief drops	Ensure relevant professionals are aware of the ACBS rules around prescribing of colief drops	Steve DuBois 11th March 2015
3	Out-patient prescribing	Suggest to relevant parties that the working group currently looking at discharge information also looks at out-patient prescribing	Shaun Green 11th March 2015
4	Formulary changes	<ul style="list-style-type: none"> •Ultibro breezhaler – green for patients on individual components •Fultium-D3 20,000IU – green •NICE TA323, epoetin and darbepoetin – red •Sastravi – amber, as per other products 	Steve Moore 11th March 2015
5	Flu Vaccine Uptake	Raise with federations and discuss ways of improving uptake for next year	All Federation Leads 11th March 2015
6	Symbicort	Item to go in newsletter around brand prescribing	Steve Moore 11th March 2015
7	NICE NG1	Red flag chart and not a problem symptoms to go in newsletter	Steve Moore 11th March 2015
8	NICE NG1	Raise with health visitors and dieticians	Steve DuBois 11th March 2015