NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 20th May 2015**

Present:	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Dr David Davies (DD)	West Somerset Representative
	Steve DuBois (SDB)	Somerset Partnership Representative
	Dr Adrian Fulford (AF)	Taunton representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Matt Harvey (MH)	LPC Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Dr Mike Holmes (MHo)	South Somerset Representative
	Gordon Jackson (GJ)	Lay Representative
	Albe Ng (AN)	Pharmacoeconomic Pharmacist at YDH
	Dr Carol Reynolds (CR)	North Sedgemoor Representative
	Dr Mark Vose (MV)	East Mendip representative
	Donna Yell (DY)	Prescribing Support Technician, Secretary
Apologies:	Dr Tony Austin (TA)	Chard, Crewkerne and Ilminster Representative
	Dr Diane Bungay (DB)	East Mendip Representative
	Dr Steve Edgar (SE)	LMC Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr James Nicholls (JN)	West Mendip Representative

1 INTRODUCTIONS

1.1 Albe Ng was introduced as an observer of the meeting.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST – nothing new

4 MINUTES OF MEETING HELD ON 20th May 2015

4.1 Agreed as an accurate record of the meeting.

4.2 Review of Action points

1. Amended declarations of interest for Lynda Coles - completed
2. Somerset Medicines and Clinical tasks policy – Liz Harewood to discuss standardised MAR at next county council/Sompar/CCG collaboration working group. – next meeting 11/6/15
3. Somerset Medicines and Clinical tasks Policy – CH to discuss further with Karen Taylor.
4. Temazepam initiating, reminder of hypnotic's guidance to go in newsletter – latest newsletter to be published.
5. TST D&TC proposed bridging therapy guidelines – on agenda to be discussed and added to SPF agenda for discussion 20/05/2015.
6. Antimicrobial toolkit data – unsure why on agenda. CH to check with AA.
7. Acute Kidney Injury, sick day rules cards – to be distributed in June, SDB requested a supply for Sompar.
8. Somerset Care, cutting / crushing tablets policy – SG contacted Somerset Care, shared our guidance and asked them to contact meds management if they have any issues with the guidance. GS highlighted the need for GPs to notify the medicines management team of any issues with particular care homes.
9. 2015/16 draft incentive scheme – has been approved by COG.

10. PAMM advice to COG – SG has discussed with Lucy Watson his plan for medicines managers to invite COG members to their annual practice review meetings. Some concern that this approach may create more of a barrier for practices. SG sees it as an opportunity for COG GP's to have a discussion about the pressures between both parties. GS said any meetings should incorporate both financial and quality agenda issues. SG asked if PAMM members meet and talk to COG members. There is no formal meeting arrangement. GS asked if COG has been informed of this proposal, SG confirmed that David Slack implied that he would like to see some way of getting COG members out to practices, feedback to go to COG next time.
11. Antipsychotic shared care guidelines – on agenda to be discussed.
12 & 13. 2015/16 Flu vaccination programme – on agenda to be discussed.
14. Formulary changes - completed
15 & 16. INR medication safety incidents reports – to come to PAMM in July
17. INR medication safety incidents report, INR testing and warfarin dose adjustment for pts taking antibiotics. – on agenda to be discussed, latest newsletter to be published.
18. Medication Safety Network – passed on to Karen Taylor.
19. Medication Safety Network, allergy read coding – on agenda to be discussed.
20. RUH Rivaroxaban proposal – on agenda to be discussed.
21. Care Home Pharmacist Service – on agenda to be discussed.
22. GlucoRx rebate scheme – on agenda to be discussed.
23. TA337 Rifaximin – completed.
24. CG28 Depression in children and young people – completed.
25. NG5 Medicines Optimisation, baseline tool completion – work in progress, to be added to agenda as a standard item.
26. LGB25 Older People in Care Homes – completed.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Antipsychotic Shared care Guideline (SCG) –
Sompar had raised concerns about the logistics of performing the blood and ECG monitoring for every patient taking an antipsychotic for the first 12 months of treatment. However, SDB stated this has now been resolved as the Minor Injuries Units (MIUs) are providing the service.

At their recent DTC meeting SomPar had raised the issue that that while they were happy to undertake the physical monitoring for 12 months, as laid out in the SCG, for patients taking an antipsychotic in psychosis and schizophrenia, they weren't happy to undertake this level of monitoring for patients taking an antipsychotic in other indications. The reason for this is that monitoring isn't specifically recommended by NICE guidance for every indication, such as, low dose antipsychotics in Parkinson's Disease. Sompar had therefore suggested that the group of patients covered by the SCG should only be those covered by (CG178) Psychosis and Schizophrenia in adults: treatment and management i.e. as outlined under bullet point 5 under 'Responsibilities of the Psychiatric Service'.

SG pointed out that the NICE guideline for bipolar disorder also recommends that the secondary care team should maintain responsibility for monitoring the efficacy and tolerability of antipsychotic medication for at least the first 12 months and that the monitoring requirements are the same as those laid out in CG178. Therefore, patients receiving an antipsychotic to treat bipolar disorder should also be included in

the SCG. SG asked for a reference to NICE guidance for bipolar disorder to be added and for the SCG to be reviewed whenever any new guidance relevant to this topic SUCH AS, Challenging behaviour and learning disabilities is published. CH to amend the SCG.

SDB agreed to take the revised version to discuss with Sompar and aim to finalise the document with SG outside this meeting.

5.2 Immunising Primary School Children against Flu – SG had discussed with Public Health England (PHE) who don't intend the vaccination of primary school children to be a responsibility of GP practices. This is a national proposal. PHE are in the process of putting it out to tender for a service to provide flu vaccination to primary school children via a school based service. GP's will remain responsible for immunising pre-school children.

5.3 Somerset Immunisation uptake monitoring – PAMM terms of reference amendment, proposed additional wording: 4.20 To have oversight of immunisation uptake across Somerset and make recommendations to COG, as appropriate. – All agreed.

5.4 Somerset Immunisation Group meeting minutes and information –
SG is represented on the flu group but no representation on this group. PAMM viewed a report from Public Health England and a survey they carried out at GP practices. GS asked if we can get federation and practice level data. CH to request the data from Public Health England. PAMM will use this information to review quarterly as a standard agenda item. PAMM delegates to look at the data from May PAMM and bring any issues to June PAMM for discussion.

5.5 Flu Vaccination 75% achievers strategies –
PAMM viewed the responses and key points from the practices contacted as high achievers. This information was deemed useful and the key points will be shared with practices with the flu campaign materials sent out by the medicines management team for the 2015/16 season.

The free text service (which one practice used) is due to end on the 30th September; SG has raised it as a useful tool to NHS England suggesting they may want to extend the service.

Overall position in Somerset is that the percentage of uptake dropped compared to last year for age related flu vaccines. National feedback is that this is due to an increasing population in that age group and although practices are vaccinating more patients each year the uptake rate is dropping for flu vaccine. The Medicines Management Team will share this information with practices and request that they consider the demographic of their practice population when ordering vaccines for the coming season.

It was raised that media reports regarding the inclusion of the wrong strains of flu in the 14/15 vaccine may have an impact on uptake. Public health are trying to use the increased A&E attendance rates last year, in a positive light to promote vaccination uptake this year.

5.6 MHo brought a screen shot of an adverse reaction pop up from EMIS as he was tasked with checking a summary guideline from the Medication Safety Network at the last PAMM meeting.

There is only an adverse reaction read code as alternative to an allergy code. When you put the read code in, it is possible to add free text details. MHo suggested adding something like: “Yes true allergy – DO NOT USE”. The warning will flag up with the free text the next time someone tries to prescribe the related medication.

This information is to be fed back to Karen Taylor for the Medication Safety Network and an article to go in the newsletter giving a good and bad example of allergy recording.

The group discussed that NICE state that rashes should not be considered as true allergies unless accompanied by respiratory symptoms.

5.7 Warfarin Guidelines regarding antibiotics – follow on from discussion at April PAMM.

MHo brought guidance from BJH 2011 which states ‘All patients on warfarin who are prescribed a drug that may interact with it should have an INR performed after 3–5 days’. He had also attended a study day on anticoagulation at Sandy Park 28/2/2013 where the relevant speaker, Dr Tim Noke (Consultant Haematologist at Derriford Hospital), whose opinion was that clinicians should check INR 3-5 days after any change in medication. The rationale for this advice was that with the constant identification of new interactions,it was safer to do so.

MHo also brought Musgrove Park Hospital’s Warfarin initiation protocol which says INR should be checked at 2 days if there has been a dose change, but he felt this was more to do with their rapid anticoagulation protocol and not ongoing monitoring.

A discussion followed the presentation of this information. GS said it would be helpful to highlight the issues in the newsletter.

SG mentioned the discussion of bridging therapy at Taunton D&TC and informed PAMM that a draft guideline has been produced which is being presented at SPF 20/5/2015. GS informed the group that the enhanced service for anticoagulation monitoring is being redrafted and will cover warfarin initiation and bridging therapy.

5.8 Draft out-patient letter – a standardised letter proposed for use in hospital out-patient clinics to help improve communications between the clinic, GP’s and the patient. The following lines have been added at the top of the letter:

Notes to Patient:
The medicines that we have asked your doctor to prescribe for you DO NOT need to be started straight away.
Please take this letter to your GP practice who will generate a prescription for you to collect within 5 working days.
You DO NOT need to make a special appointment to see your doctor unless requested by the specialist.

The aim is to prevent patients mistakenly thinking that they need to request an urgent prescription –from their GP

GS will share with the four trusts around Somerset to try to get a joined up approach. There is a discharge working group being led by Karen Taylor who will be aiming to develop an electronic solution to this process.

5.9 Learning from 2014/15 incentive scheme audits – not discussed, a late addition to the agenda. To be added to the June PAMM agenda.

5.10 Incentive Scheme Audits 2015/16 – COG has approved and recommended having an incentive scheme. It has been rebadged as the "Prescribing and Quality Improvement Scheme" This year there is 1 mandatory audit around antibiotics to tie in with the Quality Premium reduction in antibiotic prescribing targets. Then there is a choice of 3 out of 5 other audits (AKI, Osteoporosis and Falls, Asthma, Frailty and scorecard performance) for a maximum payment on 4 audits. The Medicines Management Team will be sending out a package of resources to support practices in each audit area. COG want to see specific practice action plans and for the practice to be able to provide evidence of work carried out against the action plan. This requirement needs to be added to each of the audit details regarding action points.
Discussed and agreed.

6 Other Issues

6.1 My Life Plan – version 34. Presented and discussed. It is a very comprehensive tool designed to provide full details of a person's health history and care wishes as well as details relevant to emergency healthcare staff. Ideally it should be a 'live' electronic document. The group discussed the difficulty of keeping a 43 page paper document up to date whenever changes are made for a patient.

The acute medication section contains multiple lines which were felt to be too many and the repeat medication section contains fewer lines. It was not felt to be an accurate way of recording a list of patient medications, the Summary Care Record or the patient's most recent list of repeat medications from their prescription were thought more likely to be a more accurate resource.

There was a question as to who would be responsible for filling in the document, and the understanding is, that it's the patient's responsibility, under the supervision of a healthcare worker. The group agreed that it is a good idea to have single document where all information about a patient is stored. However, the medication section was felt to be difficult to manage and could potentially contain erroneous information and cause issues if it was used by ambulance staff and on admission to hospital. Medications need to be incorporated into this type of document but there are difficulties managing the accuracy of the information. DD is running a trial with Age UK using a model like the Somerset House of Care and has been asked to pass on the concerns as part of that trial. GS to feed back to the working group for the document.

6.2 Refer to Pharmacy Scheme – MH outlined the LPC project in conjunction with Sompar and YDH regarding a referral pathway for patients to pharmacy on discharge from hospital. The aim is to reduce readmissions through problems and misunderstandings over medicines.

The hospital pharmacy team or discharging nurse should run through the patient's medication with them and any issues they have with being able to take medications. This is completed on a computer database which gets sent to the patient's local pharmacy. The pharmacy is then able to access the information and can contact the patient to invite them in for a review, perform medication reconciliation, look out for any adverse drug reactions and if, any difficulties with the medication arise then, the

information can be passed to the GP.

The outcome of any review is passed back to the hospital. Currently pharmacies do not get informed about patients who have been in hospital or if there have been any changes to their medications. The project is starting as two separate pilots starting initially on the 21/6/15 in Wellington Community Hospital (11 beds) discharging to Wellington pharmacies followed by a gradual roll out across the Sompar estate. YDH are also intending to begin the pilot with respiratory patients through the local Yeovil pharmacies. Taunton will be approached when data has been collected from the initial pilots. Concern was raised for the patients who cannot get to the pharmacies. MH stated that the hope is that these pilots will provide evidence of patients who are unable to get to the pharmacies and may need home visits. Currently the pharmacy has to apply to NHS England for permission to perform a domiciliary review and the pharmacist would need cover to be able to leave the pharmacy to perform a review, which becomes costly. The evidence collected from the pilot will be taken to NHS England to highlight these problems.

6.3 Somerset CCG Website prescribing pages – it is recognised that the website is not ideal. There are lots of resources for GPs on the medicines management pages but they are not easy to find at the moment. The link is regularly published in the newsletter and shared with practices. Steve Moore is the editor but any additions to the website currently have to be authorised by someone else.

6.4 Antibiotics Quality Premium – prescribing element. The full document was noted. The full premium is worth £2.5million to the CCG 10% of which is around improving the prescribing of antibiotics. Hence the inclusion as a mandatory audit in the Prescribing and Quality Improvement Scheme.

6.5 Enhanced service for drug monitoring in primary care. Awaiting a final document - to be brought to a future PAMM.

6.6 Chronic Stable Angina pathway amendments – amendments made following last SPF. No change to the pathway, Ranolazine has been changed from amber to green, change to atorvastatin rather than simvastatin following NICE update. Noted MHo noticed that Ranolazine is still amber on the traffic lights – Steve Moore to change.

6.7 Bisphosphonate drug holidays – SIGN have issued guidance around osteoporosis which includes a section regarding bisphosphonate drug holidays. SG has raised with secondary care for comment but no feedback yet. It says there isn't any evidence to identify from trials if drug holidays are effective in reducing skeletal adverse effects but they do go on to make some recommendations. Somerset has poor outcomes relating to fractures, higher numbers of fractures among over 65's than we should have. SIGN do make some recommendations about how long treatment should continue for with each medication. Secondary care have been asked for their advice regarding primary care adopting this guidance. Item to be added to SPF agenda. – Noted

6.8 Digoxin associated mortality in AF patients – European Heart Journal article May 2015. SG raised with local cardiologists. The main concern is when it's used in monotherapy in AF patients. SG has shared the information with practices and GS suggests an item included in the newsletter. – Noted.

6.9 Guideline for the supplementation and blood monitoring of bariatric surgery patients – Discussed at last Musgrove D&TC, revision to their guidelines. Service is commissioned by NHS England and not the CCG though GP's may be asked to pick up the monitoring. It may be useful from a patient centred point of view as a reference tool – Noted.
To be passed to the LMC for comment.

7 Formulary Applications - None

8 Medication Safety Network *(Quarterly item)* – last meeting 30/4/15 minutes not received.

9 REPORTS FROM OTHER MEETINGS

Federation Feedback

- South Somerset – MHo – while locuming MHo has noticed there is still some Fucidin cream being prescribed he will raise at the federation meeting 20/5/15.
- West Somerset – DD – a matter arising from a CQC inspection regarding the security of prescription pads particularly those stored in printers. Advice was to remove all prescriptions from all printers at night and store them in a locked cupboard or to have lockable printers. The myth buster section of the CQC website details the expectations. These solutions are impractical but it may be worth contacting IT about obtaining lockable printers.
- Central Mendip – GS –meeting being held next week
- Bridgewater Bay – CL – not present
- Taunton – AF – nothing to report
- Chard, Crewkerne and Ilminster – TA – not present
- East Mendip – MV – nothing to report
- West Mendip – JN – not present
- North Sedgemoor – CR – nothing to report

COG – Recognise the challenging budget and wish to build relations between COG and PAMM GPs and working with practices on the prescribing agenda. They have requested that prescribing is included as a standard agenda item in federation meetings. They approved the amendments that were made to the incentive scheme in response to their suggestions.

Somerset Partnership D&TC – met 07/05/2015, minutes to be finalised. Eppinix XL branded generic ropinerole has been approved for internal use. Space chambers will now be supplied through MIU's. Have adopted the Rewisca branded generic pregabalin as suggested by PAMM.

YDH D&TC – next meeting 23/6/15

T&ST D&TC – met 13/5/15 minutes received, topics of note were warfarin bridging policy and bariatric guidelines already discussed in this PAMM.

BNSSG Formulary Group – last meeting 21/04/2015 minutes received and viewed by CH, nothing to report.

T&S Antimicrobial Prescribing Group – last meeting 13/05/2015 minutes received and viewed nothing to report.

RUH Bath DPG – CH viewed the minutes and reported the approval of Rivaroxaban for anticoagulation after lower limb fracture who need immobilisation. The next step is for that proposal to go to the BCAP joint formulary committee. We await their decision on this unlicensed use. CH will monitor the progress and report back as necessary.

LPC Report – Follow on from an item previously raised regarding Bridgwater federation insisting on pharmacies completing a form to show they have followed the guidelines regarding obtaining items which are out of stock. There is a standard interface form which was recommended for use at a previous PAMM across Somerset rather than having different forms for each federation. The LPC are saying no to using the Bridgewater form, MH just wanted to double check PAMM's position. – PAMM agreed with LPC

As part of the forthcoming smoking cessation service if pharmacists decide Champix is the best option for a patient they may recommend it. , However, they cannot supply it and will need to send a 'Dear Dr' form to the GP to prescribe. Start date has not been established MH to inform us when decided.

GS asked for feedback on the prescribing leads meeting held 7/5/15 – SG stated that this was well attended. Feedback regarding the respiratory nurse, Kate Brookman's presentation was excellent. Any useful learning points to be shared rather than sharing all slides from the presentations.

PART 2 – ITEMS FOR INFORMATION OR NOTING

10 Current Performance

10.1 Prescribing Report – data only out 19/5/15 so no report presented. SG gave a verbal update. Final overall spend was £76.1milliion representing an overspend of £1.7million.
Due to changes in population, overall CCG ASTRO PUs have gone up 1.3%. 34 practices in Somerset have grown by less than 1.3% and some practice populations have reduced. This will affect the budgets set for 2015/16.

10.2 March scorecard federation trend – viewed and noted. No current high value savings as all done previously so the CCG now needs to start looking at smaller item savings.

10.3 March Safety spreadsheet – not presented

11 Care Home Medicines Optimisation report

11.1 Target was to visit 25% of care homes in Somerset in 2014/15 This has been achieved, mainly between October and March. Ana Alves is leading this work stream. Developing report tools for pharmacists performing care home visits which enables better data analysis than we have previously had and has written this report. A significant total of 2447 interventions were reported with an approximate estimated annual saving of £100k. Interventions included safety interventions and cost and waste savings. The report will be shared with prescribing leads after this PAMM.

12 APODI stroke prevention in AF report

12.1 Approved through PAMM about 18 months ago, a joint working programme with pharma. The aim was to review patients currently diagnosed with AF with a

CHA_2DS_2Vasc score of more than one for appropriate anti-coagulation.

- After removal of vulnerable or inappropriate patients, a total of 4999 patients were invited across 61 practices
- 2190 patients attended the 53 clinics.
- There were 171 DNAs overall.
- 43% of the patients who were invited attended the clinic.

100% of patients attending the clinics found the experience beneficial. Lots of the recommendations were made to improve anticoagulation and tackle patients on aspirin monotherapy to receive appropriate anticoagulation. This has increased costs across the CCG but is implementing best practice and improving patient outcomes.

13 **Medicines Optimisation Dashboard** – the new version is due to be released before next PAMM but no changes yet.

14 **Rebate Schemes**

14.1 GlucoRx - a rebate scheme has been signed. GlucoRx is the cheapest option in the drug tariff and has all equivalent sizes.

15 **NICE** – no recent publications due to the election.

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

16.1 April 15 DSU – Hydroxyzine & prolonged QT interval, this has gone onto the safety scorecard now.

16.2 Codeine use in children <12 contraindicated – GP's need to be aware. SG understands trusts are looking into it and SDB believes Sompar has moved away from this practice.
Steve Moore to do a search on patients <12 receiving codeine.

16.3 High strength insulin – at the moment none on formulary in Somerset but there are one or two named patients in the area. There may be requests for shared care going forward. If the outcomes are improved over a 6 month trial period then shared care can be requested by secondary care.

17 **BNF Changes**

17.1 April 15 Newsletter – not viewed. SG said any important information is shared via the formulary and newsletter.

18 **Any Other Business**

18.1 MHo was approached by a GP who had changed surgery recently enquiring about the ski-slopes for analgesics, can we get data for codeine and tramadol comparison. As a CCG we are on the higher end for analgesics, a pain pack was sent to each practice about 6 months ago because there is a cohort of high user patients who are difficult to control. Alf Collins wants to produce some guidance to try and reduce the escalation of patients up the opiate ladder so there may be more information in the future.

18.2 Sompar raised the status of pregabalin on traffic lights for anxiety as currently not recommended. SG recommendation to PAMM is change to green as it's a licensed indication. To go to SPF.

18.3 Frequency of PAMM meetings, currently hold 10 meetings over the year. No meeting in August or December. GS has suggested the meeting goes to two monthly to enable some work by the federation representatives on the alternate month in

tackling unengaged or low achieving practices. SG does think the meetings cover a large quantity of items currently and changing to every two months would increase the number of items to get through. To be considered by PAMM members and discuss at next meeting.

Date of Next Meeting
Wednesday 17th June 2015, Meeting Room 1, Wynford House, Yeovil

NHS
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PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 20th May 2015			
1	Somerset Medicines and Clinical tasks Policy	To discuss further with Karen Taylor	**Catherine Henley 17th June 2015**
2	PAMM terms of Reference	PAMM plan and position for monitoring immunisation uptake to be shared with COG	**Catherine Henley 17th June 2015**
3	Somerset Immunisation uptake monitoring	To obtain federation and practice level data for review at PAMM	**Catherine Henley 17th June 2015**
4	Antipsychotic shared care guideline	CH to update in line with PAMM discussions and SDB to take amendments back to SomPar for discussion	**Catherine Henley/ SDB 17th June 2015**
5	Bisphosphonate Drug Holidays	SIGN guidelines to be added to SPF agenda.	**Catherine Henley 17th June 2015**
6	Analgesic ski-slopes	Compose codeine and tramadol ski slopes for comparison.	**Catherine Henley 17th June 2015**
7	Medication Safety Network – allergy reporting	Feedback from PAMM to be passed on to the Medication Safety Network via Karen Taylor	**Catherine Henley 17th June 215**
8	Medication Safety Network – allergy reporting	Information from MHo to go in newsletter highlighting a good and bad example of allergy reporting.	**Steve Moore 17th June 2015**
9	Temazepam initiating	Reminder of hypnotics guidance to go in newsletter	**Steve Moore 17th June 2015**
10	Warfarin Guidelines	A newsletter article to be written regarding INR testing recommendations when prescribing medications that may interact.	**Steve Moore 17th June 2015**
11	Chronic Stable Angina pathway	traffic lights to be amended. Ranolazine now green.	**Steve Moore 17th June 2015**
12	Digoxin associated mortality in AF patients	Newsletter item based on the European Heart Journal article May 2015	**Steve Moore 17th June 2015**
13	Formulary changes	• Ranolazine to be changed to green on traffic lights and formulary ref Chronic Stable Angina pathway. • Pregabalin for GAD and Epilepsy change to green on traffic lights.	**Steve Moore 17th June 2015**
14	DSU - Codeine in children <12 contraindication	To do a search to establish if any in Somerset	**Steve Moore 17th June 2015**
15	Out-patient letter	To be shared with the four trusts around Somerset and Karen Taylor as Discharge Working Group lead.	**Shaun Green 17th June 2015**

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16	2015/16 draft incentive scheme	sentence to be added to each audit around actions, along the lines of "the practice should be able to show some evidence of follow-up if requested"	**Shaun Green 17th June 2015**
17	Care Home Medicines Optimisation report	To be shared with prescribing leads	**Shaun Green 17th June 2014**
18	My Life Plan	Concerns regarding medication section of this document to be fed back	**Geoff Sharp 17th June 2015**
19	Guideline for the supplementation and blood monitoring of bariatric patients	Guideline to be shared with the LMC for comment.	**Steve Edgar 17th June 2015**
20	Learning from 2014/15 incentive audits	Pamm members to look at summary compiled by Steve Moore for discussion at next PAMM.	**PAMM members 17th June 2015**
21	PAMM meeting frequency	Suggestion of moving to alternate monthly meetings to be considered by members and discussed at next PAMM.	**PAMM members 17th June 2015**
22	Prescribing as standard agenda item	To ensure included as a standard agenda item in federation meetings, to include immunisation uptake.	**Federation representatives 17th June 2015**
23	Somerset Immunisation uptake monitoring	PAMM members to review papers from May PAMM for discussion at 17th June PAMM	**PAMM members 17th June 2015**
24	INR medication safety incidents reports	Search for practice specific data on number of patients with INR >5 to compare with medication incident reports.	**Steve Moore 15th July 2015**
25	INR medication safety incidents reports	Report for the anticoagulation steering group last year to be updated for this year, present at July PAMM.	**Jo Bird 15th July 2015**