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, 9th September 2015**

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

1 INTRODUCTIONS - none

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST – nothing new

3.1 Viewed the Barbara Hakin letter sent to CCG Accountable Officers in England on 28th July 2015 regarding allegations that a number of individuals in the NHS may have acted inappropriately in dealings with pharmaceutical companies. All attendees were asked to ensure their declarations of interest were complete and up to date. This is particularly important for PAMM where prescribing formulary decisions are being made.

4 MINUTES OF MEETING HELD ON 15th July 2015

4.1 Agreed as an accurate record of the meeting.

4.2 Review of Action points

GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda. The following items were specifically noted:

- Out-patient letter – CH checked the accompanying introduction letter which did request trusts acknowledge receipt however we have not received any responses from the trusts. CH to contact trusts to ask whether they have received and implemented the new outpatient letter.

- Medicines Incident Reports
  - To raise at the LPC meeting in September (following this PAMM meeting) to encourage dialogue and a no blame culture between pharmacies and practices, sharing medicines incident reports to increase learning opportunities without additional paperwork – MH to report back in October.

- Pharmacy net – The pharmacy incidents are managed by David Ward in the NHSE Area Team, if Jo Bird receives a meds incident relating to pharmacy she sends it via email to england.bnsssg-pharmacy@nhs.net, they are reviewed and escalated to the pharmacy where the incident occurred for investigation. David Ward has informed Jo that they are about to review the process as it is not working very well at the moment.

- GS asked if Jo can provide a flow chart which shows how the various reports are dealt with – DY to ask Jo to provide for next PAMM.

- RCN insulin syringe guidance – The guidance allows for some advance preparation of insulin doses by nurses in exceptional circumstances and PAMM have enquired whether SomPar would be adjusting its' own policy on this topic. SomPar response was fed back to the commissioning team in May 2015. In summary: Our Medicines Policy states that this should / must not happen and the Trust view is that there is no need for it to happen with the current service provision. Therefore, no amendments to practice or Standard Operating Procedures will need to be developed.

- Provision of bowel preparations from Weston Hospital - PAMM members have been copied into the email conversation to support them in saying no to supplying bowel preparations to Weston hospital patients undergoing investigations or surgery. SG has also asked Weston directly to cease requesting that GPs prescribe bowel preparation products for this purpose, citing safety concerns and potential delays to treatment.

- Learning from 2014/15 incentive audits - information to be amended, clarified and shared – Steve Moore and SG to do.

- Newsletter articles – Hospital Only medication recording, Greater Manchester have produced RED drug management guides for GP systems which SG has cascaded to GP practices outside of the newsletter. DATIX e-form promotion and the change in reporting INR>5, following the approval of the enhanced service specification to be added to the next newsletter.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 LMWH perioperative bridging policy - PAMM have received a formal response regarding the concerns they raised around which party is responsible for doing the monitoring and when. The policy has been amended to reflect this however the LMC still want to improve the way it's written for clarity. SG asked SE to look through the policy with CH at the end of this meeting to feedback additional suggested changes to SPF this afternoon. SE was also asked to share the proformas included in the policy through the LMC.

5.2 Guideline for the supplementation and blood monitoring of bariatric patients – PAMM have received a response regarding the issues they raised and most queries have been answered. PAMM accepts the prescribing recommendations although strong evidence is sparse.

Bariatric surgery is nationally commissioned and the service specification states that the monitoring should stay within secondary care for 2 years after surgery.

Therefore, GPs should carefully consider whether to accept early handover of patients on a case by case basis. The LMC are saying transfer of care should not happen until after 2 years since this would be unfunded work.

5.3 IV Iron therapy – The ambulatory care group have asked us to review our position on IV iron with a view to facilitating its' use in primary care. The iron product of choice has not been firmly decided but Ferinject® is on the formulary as an amber drug in view of its reduced infusion time and fewer side effects compared with alternative IV iron products. Currently, the budget for prescribing sits within secondary care.

SomPar are proposing to undertake a pilot scheme at Frome Community Hospital where GPs and secondary care consultants can refer patients for IV iron therapy closer to home. MV commented that RuH runs a similar scheme which works very well.

There is still debate around whether or not SomPar will supply the drug or whether patients will be supplied with an FP10 so they can collect the iron and bring it to clinic. SDB commented that asking patients to collect the iron and bring the supply to clinic is likely to present some difficulties around patients forgetting to do this and potentially inappropriate drug storage conditions. Sompar would prefer to supply ambulatory care to ensure correct storage and enable a more reliable, traceable supply route. It was agreed that supply of IV iron via SomPar would be the most appropriate route.

It is anticipated that the majority of patients who would be eligible for this treatment in a community hospital setting are under the care of a secondary care consultant. It is rare that GPs would initiate IV iron.

A lot of IV iron sits with specialist commissioning at the moment such as renal patients. However, it would be positive to, where possible, move some appropriate patients away from acute Trusts.

There are some medico legal issues to be addressed if GPs are being asked to prescribe the iron at the point of referral to the service

The CCG is aware that this may be viewed as a commissioning issue by acute Trusts.

Excluding the commissioning implications, from a patient centred point of view it was agreed this is a better pathway than the patient having to visit an acute trust for treatment.

GS agreed to write to the ambulatory care group with the PAMM and SPF comments

6 Other Issues

6.1 Vitamin D and Health report – the draft report executive summary was viewed. It states that the evidence base for the benefits of vitamin supplementation is low but it advises people in the UK should be receiving Vitamin D supplements. This re-emphasises what the chief medical officer said. The formal document is to be brought to PAMM when finalised. There is a blood test available but it's expensive and open to interpretation. Rickets prevalence is low in our population. However, Vitamin D prescribing is increasing in Somerset and there is likely to be an increased

pressure to prescribe supplements going forward. However, for the majority of people this could be viewed as a self-care or public health issue.

6.2 Prednisolone 25mg tablets safety issue – information received from the Medication Safety Network meeting around a DATIX incident report was shared. A patient was harmed when they took a large overdose of prednisolone, the patient was dispensed both 25mg and 5mg strengths. PAMM agreed to remove the 25mg strength from the formulary to help prevent future incidents. Info to be shared with GP's to only use multiples of 5mg tablets via newsletter.

6.3 & 6.4 Triamcinolone and Lidocaine injection Patient Group Directions (PGDs) for the treatment of intra/extra-articular musculoskeletal lesions requiring local corticosteroid injection. These have been requested by a practice who run OASIS East which is commissioned by the CCG to provide physiotherapy services. Currently only this one practice provides this service but the PGDs have been drafted so that they could be adopted by other practices and used by nurses if necessary.

Last year PAMM decided to reduce the number of PGDs that the CCG produces. However, it has been necessary to write these PGDs because of the need for this service which is commissioned by the CCG.

PAMM were asked to note that the PGDs are based on original documents provided by SomPar but they have been amended slightly.

No further comments were made on the content of the PGDs and PAMM members agreed to approve. SG asked PAMM members to provide any further comments to CH who will pass the finalised PGDs to Lucy Watson for her comments and for a GP to sign off

6.5 Infection management guidance update – August summary of changes was viewed and changes agreed. Information to be shared with GPs particularly around the diverticulitis guidance.

6.6 Pivmecillinam sensitivity testing – the CCG has highlighted to the microbiologists that that pivmecillinam sensitivity is not being flagged in the sensitivity testing results. The response from the local microbiologists was:

"… as to whether it gets reported depends a) on the organism b) the other sensitivities c) the clinical details supplied

If it is a Pseudomonas, enterococcus or staph saprophyticus we would not report pivmecillinam because intrinsically it wouldn't work.

For coliforms:

If the organism is sensitive to the (cheaper) options of amox, trim, nitrofurantoin we would not usually release Pivmecillinam sensitivity.

If the organism was S to nitrofurantoin/ trimethoprim but the clinical details said "renal impairment, allergic to trimethoprim" we would report pivmecillinam. In reality the clinical details part of the request is often blank."

The RUH use a different lab and Lucy Watson has written to them regarding this issue but she has not received a response. However they are reviewing their

guidance and it is hoped they will align with what is happening elsewhere in Somerset. SG to ask for a formulary status of pivmecillinam in the north of the county.

7 Formulary Applications

7.1 **Abasaglar (insulin Glargine) 100 units/mL solution for injection in cartridge & pre-filled pen** (£35.25 for 5x3ml) - This biosimilar insulin is approximate £6 per 5 cartridges cheaper than non biosimilar insulin glargine. It has the same amino acid sequence as Lantus.

Agreed to add to the formulary as first choice insulin glargine with GREEN traffic light status. Formulary to be updated.

7.2 **Spiolto Respimat 2.5 microgram/2.5 microgram, inhalation solution** - This is tiotropium bromide monohydrate and olodaterol hydrochloride (LAMA/LABA) inhaler for adults with COPD. The individual respimat devices are already on the formulary.
It was agreed to add this inhaler to the formulary for those patients with COPD already using either tiotropium or olodaterol in a respimat device that need a second agent. Giving the combined inhaler would cost effective and may improve compliance. GREEN traffic light status. Formulary to be updated

7.3 **Alzain® (pregabalin) capsules** - Rewisca® (Consilient brand) is currently the formulary choice of pregabalin for patients with epilepsy and generalised anxiety disorder but the requirement for pharmacies to provide redacted copies of prescriptions has caused some problems.

Dr Reddy's are now offering Alzain a price at least 30% below the category C drug tariff price and at least 5% below any category M guaranteed for 2 years. This makes the product the most cost effective of the choices currently on offer. There is no requirement to fax scripts to the manufacturer.

Teva have also launched a product which is 30% cheaper than the category C Drug Tariff price.

Agreed to add both Alzain and Teva pregabalin to the formulary for GAD and Epilepsy indications ONLY alongside Rewisca brand. Formulary to be updated. GREEN

7.4 **Repatha® SureClick and Repatha® Prefilled Syringes (evolocumab)** - This is the first in a new class of lipid lowering drug (an IG2 monoclonal antibody) licensed for:

Adult patients with hypercholesterolaemia and mixed dyslipidaemia as an adjunct to diet:

• in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or,

• alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

It is also licensed in patients aged over 12 years who have familial hypercholesterolaemia.

The SPC states that the effect of Repatha® on cardiovascular morbidity and mortality

has not yet been determined.

Dose is usually 140mg every 2 weeks or 420mg by injection once a month. Price =£320 for 2 x 140mg pens or prefilled syringes

Due to the cost and lack of clinical outcome data, It was agreed that the CCG will wait until NICE publish their guidance (due April 16) This product will have a BLACK 'Not recommended' TLS status.

7.5 **Glucoject® lancets PLUS 33G (200)** £5.50 - These lancets are more cost effective than other lancets on the market. They are ultrafine and compatible with most type A lancing devices. It was agreed to add to the formulary as the preferred option.

7.6 **Apomorphine in Parkinson's Disease commissioning decision** – This has previously been looked at and given RED 'hospital only' Traffic Light status. YDH have a doctor who wants to use apomorphine in a small cohort of patients and YDH would like the CCG to consider either making it a shared care drug or providing additional funding. This will be considered by SPF later on but the issue has been brought to PAMM to ask GPs to consider the formulary status of the drug.

SG explained that apomorphine is currently considered 'within tariff' and therefore the costs should be covered by YDH baseline funding.– PAMM agreed that apomorphine should remain 'hospital only' including all consumables needed to administer it.

8 REPORTS FROM OTHER MEETINGS

Federation Feedback

- South Somerset – MHo –not present
- West Somerset – DD – not present
- Central Mendip – GS – looked through safety spreadsheets and audits
- Bridgewater Bay – CL – nothing to report
- Taunton – AF – meeting is tomorrow (10th Sept 2015)
- Chard, Crewkerne and Ilminster – no representative
- East Mendip – MV – was asked to confer with PAMM following a practice CQC inspection where they were asked what they have in place for identifying members of staff potentially abusing medicines or prescriptions. The main discussion points were:
  - They asked Steve Moore for advice and he offered to run a search for prescriptions for drugs with potential for abuse dispensed outside of the practice area.
  - A search within EMIS was suggested for items which have been issued and then cancelled as it could be possible to issue and print a prescription and then cancel it on the system and still take the FP10 to a pharmacy for dispensing.
  - BMA guidance produced in 2012 flagged up policies which should be in place for a CQC visit.
  - Practices should review permission levels of the staff who are able to reissue prescriptions which are reported as lost. We believe EMIS can identify reprinted prescriptions.

- There is also an issue where patients request prescriptions too early and could potentially receive more than 12 months prescriptions over a year if they repeatedly re-order too early.
- It will be a lot harder to abuse prescriptions in this way with electronic prescribing.
- GS suggested contacting Andy Knight the local counter fraud specialist to see if he has any suggestions and shared learning from elsewhere. GS to share Andy Knight's contact information with MV.

- West Mendip – JN – nothing to report
- North Sedgemoor – CR – not present

COG – nothing to report

Somerset Partnership D&TC – next meeting 10/09/2015

YDH D&TC – next meeting 22/9/15

T&ST D&TC – last meeting 31/7/15 minutes received, neither CH nor SG were able to attend, SG asked members to read through the minutes. CH had viewed and reported the main items were the low molecular weight bridging policy, guidance on supplements and monitoring for patients after bariatric surgery and melatonin in hemicrania continua and Parkinson's Disease which will all be discussed at SPF later this afternoon.

BNSSG Formulary Group – last meetings 2/6/15, 14/7/15 and 1/9/15 minutes not received and last update on website is April 2015. Weston D&TC do receive these minutes so CH to ask Helen Spry to share with PAMM.

T&S Antimicrobial Prescribing Group – last meeting 12/8/15 minutes not received.

RUH Bath DPG – last meeting 9/7/15 minutes received, CH viewed and reported nothing to note.

LPC Report – MH not present

Medicines Safety Network – last meeting 28/7/15 minutes received and noted. Terms of reference viewed and noted although still in draft form. The network is involved in local and regional information sharing between CCG's and Karen Taylor has also recently been involved in a national WebEx seminar.

CH stated that Karen Taylor asked PAMM to note that individual Medication Safety Officers need to take the Terms of reference through their own organisational governance procedure.

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Prescribing Report – we now have the first quarters data which predicts an initial forecast overspend of approximately £1million. There will be category M changes to take into account in October which may skew this result. The growth nationally over this quarter was 4.17% and for Somerset 3.48%.

The England prescribing cost/astro in quarter 1 15/16 now stands at 17.8% above

the Somerset prescribing cost/astro. Financially this equates to Somerset prescribers spending ~£14M less on prescribing than the England average CCG.

Somerset has achieved this position through a long history of work focused on evidence based cost effective prescribing guidance and support to primary and secondary care prescribers. The need to continue to identify and treat areas of unmet need was also highlighted.

For 2015/16 Somerset CCG introduced a more comprehensive scorecard of 20 indicators of cost effectiveness prescribing. The scorecard is updated each month and data shared with practices. Performance trends against the indicators are monitored on a monthly basis and against a possible 1500 total green indicators the monthly improvement is recorded on the CCG PMO database.

The scorecard ski-slopes and trend were viewed.

2015 Quarter 1 performance;

April 655 Green indicators
May 691 Green indicators
June 704 Green indicators

This month on month improvement in the scorecard goes some way to showing that despite the challenging budgets that practices have been set they are still engaged with the medicines management agenda.

The lowest 9 ranked practices on the scorecard were reviewed. Historically, dispensing practices are nearer the bottom of the ranked scorecard because some of the suggested changes affect their profits. One practice disengaged last year because of the difficult budget but they have agreed to make some changes this year.

PAMM federation representatives were asked to lead by example in improving their scorecard position.

Overspend / underspend is not a reliable indicator for engagement, the scorecard gives more of an understanding of how engaged practices are with the medicines management agenda.

The toolkit graphs for dementia drugs, lipid lowering and bisphosphonates were viewed and discussed as these are areas where Somerset has lower rates of prescribing compared with other local CCGs. This may indicate some unmet need in the county and there is a wide variation between individual practice spending in these three areas. The graphs show the highest prescribed quantities are in practices where we know a lot of work has been done in these areas.

9.2 June Scorecard Federation Trend – viewed and discussed with 9.1

9.3 June Safety Spreadsheet – viewed and noted. The trend is generally in a positive direction, any negative trends are looked into by the Medicines Management team more closely. Eclipse live searches have been developed around the safety indicators. Prednisolone 25mg to be added.

9.4 Potential generic Savings – Quarterly graph was presented. The NHSBSA calculate a potential £85k savings for Somerset this quarter if all patients were switched away

from branded preparations. However, it is not possible to insist all patients have generic prescriptions as doing so may result in non-compliance with treatment in some cases. It was highlighted that a lot of work has been done in this area but it needs constant monitoring and switching to generic products does offer a savings opportunity.

9.5 Toolkit Graphs – viewed and noted. SG requested members look at the graphs in more detail outside the meeting. The following graphs were specifically discussed:

- The pain / analgesics ski-slope - the group felt that there may be a correlation between low referral rates for hip and knee surgery versus high analgesic prescribing. There may also be an issue with newly registered GP's selecting the correct medication but issuing large quantities – there should be local discussions on the duration of analgesics to be prescribed.

- Antibacterials ADQ/Star PU – CCG prescribing in quarter1 is higher than surrounding CCGs. This is a surprise but could potentially be skewed by the Yeovil walk-in centre.

- Benzodiazepines – show a good decreasing position.

- Blood Glucose lowering – Somerset is the lowest user in the area for sulphonylureas versus other blood glucose lowering drugs. This is driven by the interface team being advocates of gliptins and gliflozasins. SG has therefore raised this issue with the interface team and SomPar to ask them to follow the CCG prescribing formulary.

9.6 Antimicrobial prescribing - toolkit graphs viewed and noted. The majority of practices are on a downward trajectory which is good news. Other CCGs in our cluster are performing better.

Ana Alves has done a lot of work with the Yeovil Walk-in Centre and their trends are coming down, they have a very small number of registered patients so their results are skewed by the large number of unregistered patients they see.

GS asked about specials and if we should be monitoring at PAMM. The medicines management team produce specials guidance and monitors the specials prescribed on a monthly basis. Somerset is the second lowest prescriber of specials in the country.

10 **Rebate Schemes** – Adcal D3 and Cetraben recently signed. The CCG gets a significant amount back through rebate schemes which helps to offset the prescribing overspend. Rebate schemes are confidential and are not promoted or advertised and so do not influence prescribing decisions.

11 **NICE Guidance**

11.1 NHS Sheffield CCG framework of NICE guidance - It was agreed that this document is a useful summary for use at PAMM and SPF. CH to obtain copies going forwards.

NICE Technology Appraisals

11.2 **TA345: Naloxegol for treating opioid-induced constipation** - Positive appraisal

noted.
Naloxegol is recommended as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. Cost = £55/ month

The guidance is quite specific on what constitutes an inadequate response to laxatives:

An inadequate response is defined as opioid‑induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

Agreed to add to formulary as per NICE with GREEN TLS status.

11.3 **TA354: Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism** - Positive appraisal. Agreed that the CCG will commission for patients covered by the TAG. Formulary to be updated –GREEN traffic light status. NOAC chart to be updated.

12 NICE Clinical Guidance

12.1 **NG14: Melanoma: assessment and management** – viewed and noted

12.2 **NG15: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use –** NHSE patient safety alert on antimicrobial stewardship was also viewed. Ana Alves is taking through the antimicrobial groups and completing the baseline assessment for the CCG. The acute trusts need to go through the baseline tool themselves.

The recommendations it contains are to be added to the antimicrobial guidance.

It contains a link to the RCGP TARGET GP learning area which was felt to be a useful educational tool.

Somerset data shows a 10% reduction on last year's antibiotic prescribing. It's anticipated that we are ticking a lot of the baseline assessment boxes already. Good news to be shared in the newsletter.

12.3 **NG17: Type 1 diabetes in adults: diagnosis and managemen**t – viewed and noted. Contains quite a few new recommendations and from the news release it does try and tighten up HbA1c targets, talks about self-monitoring and continuous monitoring devices which might create a commissioning issue. This will be flagged to the diabetes group and relevant areas will be flagged to primary care.

12.4 NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management – viewed and noted

12.5 NG19: Diabetic foot problems: prevention and management – viewed and noted. Somerset does have an issue with foot amputations. The antibiotics guidance was flagged to the antimicrobial group who felt our guidance already complied.

13 Safety Items, NPSA Alerts and Signals

13.1 **Denosumab (Xgeva▼, Prolia); intravenous bisphosphonates: osteonecrosis of the jaw**—further measures to minimise risk. – viewed and noted. SG highlighted the need to have all dental work completed and healed before commencing treatment.

13.2 **Latanoprost (Xalatan®): increased reporting of eye irritation since reformulation –** applicable to this brand only which has been reformulated to allow storage outside of the fridge. Due to generic prescribing work not too many patients are prescribed by brand. - Noted

13.3 **New Yellow Card smartphone app for reporting suspected side effects** – is available to download through Google Play and iTunes. To raise awareness of its availability through newsletters from both the Medications Safety Network and Medicines Management.

13.4 **Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when taken with amiodarone** Drug Safety Update - GOV.UK – although secondary care medicines, the interaction with amiodarone is relevant to primary care, few patients implicated in Somerset – Noted.

14 BNF Changes

14.1 **July and August 2015 Newsletters – viewed and noted**

SG recommended that GP's use the eBNF and download the monthly updates rather than relying on paper copies which will now only be issued annually.

There was a question around where EMIS web drug information comes from – it looks like BNF information. SG confirmed that it actually comes from the Multilex database which is based on the BNF but is updated more slowly than the BNF. The BNF smartphone app relies on individuals regularly updating the apps on their individual devices.

15 Any Other Business

15.1 Geoff highlighted the Prescribing Leads afternoon which has now been booked for Thursday 26th November at Somerton Edgar Hall as a date for people's diary.

Date of Next Meeting

Wednesday 14th Oct 2015, Meeting Room 1, Wynford House, Yeovil

NHS
Somerset
Clinical Commissioning Group

PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 9th SEPTEMBER 2015				
1	Out-patient letter	Write to trusts to chase acknowledgment of receipt of the letter.	**Catherine Henley 14th Oct 2015**	Completed
2	Medicines Incident Reports	To raise at the LPC meeting in September to encourage dialogue and a no blame culture between pharmacies and practices, sharing medicines incident reports to increase learning opportunities without additional paperwork	**Matt Harvey 14th Oct 2015**	Completed – item going into LPC newsletter
3	Medicines Incident Reports	Jo Bird to provide a flow chart which details how the various reports are dealt with.	**Jo Bird 14th Oct 2015**	On agenda, provided within Medicines Incident report
4	LMWH perioperative bridging policy	SE and CH to check through the policy and suggest further amendments to go to SPF following PAMM (9th Sept 2015)	**Steve Edgar & Catherine Henley 9th Sept 2015**	Completed
5	LMWH perioperative bridging policy	LMC to share the proformas in the policy with GP's	**Steve Edgar 14th Oct 2015**	In progress – to be discussed with Taunton locality
6	IV Iron therapy	PAMM statement to be shared with the Ambulatory care group	**Geoff Sharp 14th Oct 2015**	Completed
7	Triamcinolone and Lidocaine PGD's	Finalise the documents following PAMM comments and pass to Lucy Watson to sign off.	**Catherine Henley 14th Oct 2015**	Completed
8	Infection management Guidance	Updated information to be shared with GP's particularly around diverticulitis guidance	**Ana Alves 14th Oct 2015**	Completed
9	Pivmecillinam sensitivity testing	To ask for a formulary status on pivmecillinam from the north of the county	**Shaun Green 14th Oct 2015**	Completed = Green
10	Prescription and medicines abuse CQC issue	To share Andy Knight's contact information with Mark Vose with respect to the CQC enquiry about identifying issues with staff abusing prescriptions or medicines.	**Geoff Sharp 14th Oct 2015**	Completed
11	BNSSG Formulary Group minutes	CH to ask Helen Spry to share the minutes received at Weston D&TC with PAMM	**Catherine Henley 14th Oct 2015**	Completed

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12	NHS Sheffield CCG framework of NICE guidance	To obtain future versions for sharing at PAMM	**Catherine Henley 14th Oct 2015**	Completed
13	Medicines Safety Network	Individual Medication Safety Officers need to take the Terms of reference through their own organisational governance procedure.	**Liz Harewood –** SomPar **Luca Puntillo –** Shepton Mallet treatment centre **Stephanie Wadham –**YDH **Rebecca Myers –** LPC **Sue Oakley –** SW ambulance trust **Lee Prosser –** Taunton and Somerset trust	Passed to Karen Taylor and Medicines Safety Network to complete.
14	Learning from 2014/15 incentive audits	Clarification on the meaning of the percentage ranges for the Antipsychotic and COPD audit results. Summary of results and recommendations to be shared with practices. Results to be tidied and slide 13 typo "beta clocker" to be corrected.	**Steve Moore & Shaun Green 14th Oct 2015**	In Progress
15	• NG17: Type 1 diabetes in adults: diagnosis and management. • NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management • NG19: Diabetic foot problems: prevention and management	Flag to the diabetes group and any relevant recommendations to GP's	**Shaun Green 14th Oct 2015**	Completed
16	Availability of Yellow card smartphone app for reporting suspected medication side effects.	To be shared in the Safety Net newsletter	**Karen Taylor 14th Oct 2015**	Item going in next Safety Net newsletter
17	NG15: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use	Recommendations to be added to the antimicrobial guidance	**Ana Alves 14th Oct 2015**	Completed

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18	Formulary changes	• Remove prednisolone 25mg tablets from formulary. • Abasaglar (insulin Glargine) 100 units/mL solution for injection in cartridge & pre-filled pen - Add as preferred glargine insulin, **GREEN** • Spiolto Respimat 2.5 microgram/2.5 micrograms, inhalation solution (tiotropium bromide monohydrate and olodaterol hydrochloride) for adults with COPD- Add as an option for those already using either tiotropium or olodaterol in a respimat device who need a second agent. - **GREEN** • Alzain® (pregabalin) capsules and Teva Pregabalin - add to the formulary for GAD and Epilepsy indications- alongside Rewisca® - **GREEN** • Repatha® SureClick and PFS (evolocumab)- TLS **BLACK**- not recommended • Glucoject lancets PLUS 33G (200) £5.50- more cost effective than other lancets on the market. They are ultrafine and compatible with most type A lancing devices. Add as first choice lancet – **GREEN** • NICE TA345: Naloxegol for treating opioid induced constipation- Add to formulary with **GREEN** TLS status as per TA as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. • NICETA354**:** Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism. Add with **Green** TLS status and update NOACs table	**Steve Moore 14th Oct 2015**	Completed
19	Prednisolone 25mg tablets	To be added to the safety spreadsheet.	**Steve Moore 14th Oct 2015**	Completed

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20	Newsletter articles	• Promote the e-form and share the link for practices to report incidents via DATIX • Removal of 25mg prednisolone from formulary following a medication overdose incident. • To promote the change in reporting of INR >5, following the approval of the enhanced service specification. • Good news around the reduced antibiotic prescribing to be shared – 10% reduction in antibiotic prescribing on last year's data. • Availability of Yellow card smartphone app for reporting suspected medication side effects.	**Steve Moore 14th Oct 2015**	Medicines Management Newsletter due out Mid October.