NHS
Somerset
Clinical Commissioning Group

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

Present:	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Christina Gray	Consultant in Public Health, Somerset County Council	CG
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Dr Geoff Sharp	GP Delegate (Central Mendip Federation), Chair	GS
	Stephanie Wadham	Medicines Information / Formulary Senior Pharmacist, Yeovil NHS Foundation Trust	SW
	Donna Yell	Prescribing Support Technician, NHS Somerset CCG	DL
In attendance	Lee Harnden	Commissioning Manager, Somerset County Council	
	Albe Ng	Pharmacoeconomic Pharmacist, Yeovil District Hospital	
Apologies:	Rosemary Brook	Consultant Psychiatrist Somerset Partnership	RB
	Lynda Coles	Vice Chair, Local Pharmaceutical Committee	LC
	Steve Du Bois	Acting Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS

1 WELCOME

Shaun Green welcomed everyone and explained that he would be acting as chair because GS was unable to join SPF until later due to another meeting. The following people were introduced to the group:

- Albe Ng (Pharmacoeconomic Pharmacist from YDH) who had come to observe the meeting.
- Christina Gray (Public Health Consultant) who was deputising for Orla Dunn was introduced to the group.
- Lee Harnden (Commissioning Manager, Somerset County Council) who had come to discuss nalmefene prescribing.

2 APOLOGIES

Apologies were provided as detailed above.

3 DECLARATIONS of INTEREST

SG asked for declarations of interest- no new interests were declared.

4 MINUTES OF THE MEETING HELD ON 11th March 2015

4.1 The Minutes of the meeting were agreed as an accurate record.

4.2 SG ran through the action points from the last meeting. The following items were specifically noted:

1. **Dry Eye Treatment Pathway -** SG updated the group that the pathway has been approved. The approved version has been given to Sheryl Vincent for wider sharing with optomotrists and it will also go onto the Navigator App.

2. **Melatonin for Hemicrania Continua and PD related sleep disorder –** CB updated the group that she is dealing with a query from SPF re. the length of treatment for patients with these conditions. **Action CB**

3. **CG61 Irritable bowel syndrome in adults**

   SG asked that the issue of 'off label' use of TCAs and SSRIs in IBS should be considered by the relevant Drug and Therapeutics Committees (DTCs) within acute trusts.

   Action CB &SK

4. **Generic Pregabalin**

   SG stated that normal due process had been followed by the CCG and that Rewisca® is the formulary choice for licensed indications of epilepsy and Generalised Anxiety Disorder but not for neuropathic pain. Need to ensure that the formulary and TLS are updated to reflect this. **Action Steve Moore**

5. **Acute Kidney Injury (AKI)**

   SG stated that the resources are now available for circulation. The 'sick day rules' card needs to be interpreted and an explanatory letter is being sent to GPs and other healthcare professionals to explain how they should be used

   SW said that YDH would like to liaise over plans and SG agreed that the CCG will share the primary care audit and details of the 'Think Kidneys' website.

   Action CH

   SK stated that YDH is working to improve the identification and highlighting

patients at significant risk of AKI via lab reports by monitoring for a significant increase in creatinine. SG requested that Trusts bring back, information on what they are doing internally to identify and prevent/minimise AKI.

Action SK/CB/ SW/ JB

6. **DEFINE antibiotic benchmarking data-** It was considered that it was more important to look at the antibiotic audit that the local hospitals are being asked to undertake as part of the quality premium.

7. **Bone morphogenic protein**

   NHS England (NHSE) has now formally stated that they don't commission this product. Trusts will now need to go through an IFR process to get this for individual patients. SG requested that Trusts discuss how they are using it and if there is no application for continued use is made he proposed to decommission its use. **Action JB/SW**

8. **Treatment of Chronic Stable Angina –**

   SG stated there had been a proposal from a pharmaceutical company to audit the treatment of chronic stable angina but the CCG is waiting for a formal application to PAMM.

5 MATTERS ARISING (not otherwise on the agenda)

5.1 Review of SPF Terms of Reference

The amended ToRs were agreed provided that the following amendments are made:

- 2.2 should state 'NHS constitutional rights'

Action: CH

5.2 Nalmefene for reducing alcohol consumption in people with alcohol dependence.

Christina Gray (Public Health Consultant) and Lee Harnden (SCC Commissioning Manager) attended to discuss this item.

The group discussed the fact that there is a narrow group of patients who do not require immediate detoxification may benefit from nalmefene. CG stated that they had looked carefully at the NICE guidance and the evidence around prescribing of nalmefene is not very strong. The success of treatment relies on a high degree of compliance with the medicine as well as psychosocial intervention. It was agreed that the level of psychosocial support required to prescribe nalmefene is more than primary care would ordinarily be able to supply.

The local authority have recently recommissioned an integrated drug and alcohol service. The commissioned service provides a range of interventions including 'alcohol brief interventions' that allow referral into appropriate services.

Public health and the Local Authority don't recommend that nalmefene is appropriate for shared care and it wouldn't be a first-line treatment for anyone attending their commissioned services

It was agreed that GPs will refer patients who request nalmefene into Turning Point to consider treatment by the specialist service. SG said that it would be useful to have a simple statement that went out to GPs on this.

Action: CH/CG

TLS to be updated with info on nalmefene. **Action: Steve Moore**

5.3 Standardised outpatient communication letter

There have been lots of anecdotal reports that patients are requesting urgent prescriptions from their GP for non-urgent medicines that have been recommended in outpatient clinic.

A new outpatient template letter was discussed. It was agreed that the wording at the top would be changed to read "it will take a minimum of 5 working days for your GP to generate a prescription. **Action: CH**

JB said that TST will adopt this letter in outpatients but there is currently no way of easily getting an electronic version onto the system. They will look to do this in September when the TST IT systems change. SW said that YDH are hoping to use this template.

SG proposed sharing the same letter with Weston and RUH. **Action: SG**

5.4 Improved communication on shared care medicines

SG explained that the Medicines Management Team is aware that Shared Care Guidelines (SCGs) in Somerset are in need of review but there is no dedicated resource to undertake this work.

The CCG is aware that there are sometimes issues with GPs refusing to enter into these voluntary agreements. JB pointed out that some GPs refuse to take part in shared care for DMARDs and the care of these patients remains under the rheumatologists. SK said that shared care works well most of the time but subcutaneous methotrexate can be more problematic to get GPs to take on.

SG said that the CCG recognises the need to get a system in place that works well for patients. He asked that Trusts let the CCG know if they believe that there are any SCGs that are particularly needed.

CH to provide the web link to the Somerset SCGs to CB and SK. **Action: CH**

5.5 Progress of Drug Monitoring in Primary Care Enhanced Service

This document has not yet been finalised, so not discussed.

5.6 Guidance on use of supplements and monitoring for bariatric surgery

SG stated that this document had been approved at the last TST DTC meeting and the good points were at PAMM earlier on, but we now need to await comments from LMC.

CB said that the author would be very happy to discuss the guideline with anyone at the CCG and that we need to be pragmatic and to do what is best for patients.

SG acknowledged that this does not represent a major change from what has been happening historically. It was agreed that GPs should continue as before until LMC have formally responded.

5.7 Low Molecular Weight Heparin bridging therapy guidance

SG thanked CB for explaining, in a lot of detail, the issues raised by the first draft of this guidance. Initial feedback from PAMM was that there were no major issues because all advice, monitoring and adjustment will be undertaken in Pre Op Admission Clinic (POAC).

CB explained that the authors have responded on the following points:

- Mechanical heart valves should sit in the 'moderate risk' group
- There is no evidence for stopping warfarin 5 days before surgery with a mechanical heart valve.
- The authors have differing opinions whether a CHA_2DS_2-VASC or CHADs2 score should be used to assess stroke risk in patients with Atrial Fibrillation (AF). The current document specifies CHADs2. SG stated that NICE guidance recommends CHA_2DS_2-VASC and GP clinical systems are moving towards this

YDH have yet to decide whether or not they will use this policy. SG said that it would be best to try to get a consensus between YDH and TST.

CB agreed to:

- Hand back the guidance to the authors for them to take forward and to ask them to agree whether a CHA_2DS_2-VASC or CHADs2 score will be used.
- Ask the authors whether they would like to share the draft with YDH now or after the final version is completed.

Action: CB

6 OTHER ISSUES

6.1 Antipsychotic Shared Care Guideline (SCG)

The guideline had been discussed at PAMM earlier in the day. Sompar previously 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 had confirmed this has now been resolved as the Minor Injuries Units (MIUs) are providing the service.

At their recent DTC meeting SomPar had also 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'.

However, it had been pointed out at PAMM 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 had 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. **Action CH**

SDB had agreed at PAMM, to take the revised version to discuss with Sompar and aim to finalise the document with SG outside this meeting. **Action SDB/SG**

6.2 National acute trust PHE antibiotics data validation audit

This audit is a requirement under the CCG Quality Premium for this year. SG asked whether Trusts were ready to undertake this audit.

JB responded that TST have already started the audit but the data won't be formally requested until July.

YDH were asked to provide assurance that they will be undertaking the audit.
Action: SW

6.3 Review of Medicines Management website content

Not discussed in detail as already raised at PAMM meeting earlier.

6.4 Bisphosphonate 'drug holidays'

SIGN have updated their guidance on osteoporosis treatment, in which they mention' drug holidays' for patients who are prescribed bisphosphonates.

SIGN says there isn't any evidence to identify from trials if drug holidays are effective in reducing skeletal adverse effects but then goes on to make some recommendations. SG has raised with secondary care for comment but has received no feedback yet.

The group viewed the Somerset outcome data and has poor outcomes relating to fractures, higher numbers of fractures among over 65's than it should have. There are concerns that if drug holidays are implemented, there is a risk that this position will be made worse. SIGN do make some recommendations about how long treatment should continue for with each medication.

It was agreed to wait for comments from specialists and any evidence that they may hold regarding the benefits of bisphosphonate drug holidays. There are no plans to change existing guidance for Somerset at the moment.

7 D&TC DECISIONS

7.1 Somerset Partnership D&T meeting

There were no minutes available from the last meeting held 7/5/15. The main feedback was related to the antipsychotic SCG which had been discussed earlier.

The minutes will be brought to the next meeting.

7.2 TST

There were no minutes available yet from the last meeting held 15/5/15. CB highlighted the following points :

- TST is considering its oral oxycodone brand choice following a request from the hospice for trusts across Somerset to use the same brand in order to reduce the risk of errors.
- Micafungin had been approved for the treatment of invasive fungal in infection on the advice of microbiology.
- Dymista®- fluticasone/ azelastine nasal spray for the treatment of allergic rhinitis had been considered, and made 'not recommended' due to the high cost compared with other nasal sprays licensed for this indication. SPF agreed to make the product black i.e. not recommended in the TLS.

  Action: Steve Moore
- Hyacyst®- had been approved for the treatment of painful bladder syndrome. SG explained

- Magnaspartate® had been approved as the TST as an oral magnesium supplement

- Melatonin has been accepted for: Hemicrania continua – approved as an amber drug to ensure that recommendation is made by secondary care. Also for Parkinson's disease related sleep disorder as a green drug.

  SG stated that we would need to get confirmation from TST on expected treatment duration. In order to approve we would need expect the licensed product, Circadin to be used with a maximum treatment duration for insomnia of 13 weeks. CH to email Nigel Ankcorn. **Action CH**

7.3 Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)

CB Stated that the main thing was the approval of micafungin which had been minuted through DTC.

7.4 YDH

The YDH DTC have not met for a while so there were no new minutes.

7.5 BNSSG Joint Formulary Group

Nothing significant was noted.

7.6 RUH Bath D&TC

Nothing significant was noted.

8 NICE

8.1 A summary of the NICE guidance published since the last SPF was presented to the Forum for information and noted. The group noted that no new guidance had been published April due to election. The only new guidance since the last meeting was published in March

8.2 TA337: Rifaximin for preventing episodes of overt hepatic encephalopathy

SG stated that this product will go into the formulary as per NICE sand that TST currently consider this a 'specialist drug'. However, there are anecdotal reports from around Bristol that GPs are being asked to prescribe rifaximin for this indication.

He said that, in theory, rifaximin could be considered to be 'within tariff' but cost

should not be an overriding factor for retaining prescribing in secondary care. Prescribing in primary care may help to reduce costs elsewhere in the system.

NICE states that this drug could help reduce hospital admissions The usual course length should be 6 months but some patients may need long term treatment.

It was agreed the SG would seek advice from the specialists before bringing this back to SPF to decide on Traffic Light status.

Action: SG

8.3 TA 336: Empagliflozin in combination therapy for treating type 2 diabetes

PAMM had agreed to add to the formulary as per NICE **Action: Steve Moore**

SG noted that the FDA have recently issued a warning around 'gliflozins' being associated with ketoacidosis.

8.4 TA 338 Pomalidomide for relapsed and refractory multiple myeloma previously treated with lenalidomide and bortezomib

Negative appraisal- Guidance noted. Black Traffic Light status with a note- 'not routinely commissioned'. **Action: Steve Moore**

8.5 TA 335: Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome

PAMM had agreed to add to the formulary as per NICE **Action: Steve Moore**

SG noted has raised awareness with specialists. Because they already have experience with ticagrelor and prasugrel, it is not likely that there will be any sudden switch to using Rivaroxaban instead.

8.6 NG 5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

SG encouraged Trusts to bring a baseline assessment back to SPF to look at any gaps in provision alongside the CCG.

Action: JB, JS and SDB

8.7 NG 6: Excess winter deaths and morbidity and the health risks associated with cold homes

CG stated that 'warmer homes' are going to be on their Public Health, health protection agenda and that if the CCG wants additional information then public health can provide it.

SG said that it is important that Trusts try to ensure that patients are discharged into a warm home.

8.8 NG 7: Maintaining a healthy weight and preventing excess weight gain among adults and children

SG commented that orlistat is currently the only prescribable drug licensed to help with weight loss. The main aims should be to encourage a healthy diet and physical activity.

CG said that public health would like to promote a 'make every contact count' approach and to raise awareness with other health professionals. SG suggested that LPC may be interested in helping

8.9 Depression in children and young people: Identification and management in primary, community and secondary care

Guidance noted. SomPar to review guidance as part of their DTC.

Public Health Guidance- None in Mar or Apr 15

NICE Diagnostic Guidance- Nil Noted

9 HORIZON SCANNING

The following horizon scanning documents were made available to SPF members in advance of the meeting. Relevant items from these documents had already been added to the agenda:

9.1 • **RDTC Monthly Horizon Scanning document Nov and Dec 14**

9.2 • **UKMI Prescribing Outlook and New Drugs Online**

9.3 • **A list of forthcoming NICE ESNM**

9.4 • **NICE forward planner**

10 FORMULARY APPLICATIONS

10.1 Branded Generic Pregabalin:

PAMM had previously agreed to use Rewisca® for licensed indications of Generalised Anxiety Disorder (GAD) and epilepsy ONLY. SG stated that we cannot recommend it for neuropathic pain. **Action: Steve Moore**

10.2 Traffic light status of pregabalin for generalised anxiety disorder

SomPar had also asked that pregabalin status for GAD is made green TLS status (currently not recommended). Agreed. **Action: Steve Moore**

10.3 Aviticol® (Ashfield Healthcare) 20,000iu Vitamin D capsules

Agreed. Formulary to be updated. **Action: Steve Moore**

SG noted that most recommendations for high dose vitamin D should come from secondary care.

11 NHS ENGLAND SPECIALIST COMMISSIONING

11.1 Changes to NHS England commissioned drugs list

SG highlighted that the main change is that teriparatide in men is now 'not routinely commissioned'. Trusts should identify relevant patients and make appropriate changes to billing. Trusts should also review the full list and ensure that they are billing appropriately. **Action: JB & SW**

12 PBR EXCLUDED DRUG MONITORING

SG noted that he is still waiting for formal confirmation of the 15/16 budgets.

JP raised an issue that 2 patients on adalimumab had been repatriated from TST to YDH and that they are unsure how to resolve the issues with the budget. SG suggested that the money should follow the patient.

13 Medicines Optimisation Prototype Dashboard

SG stated that this is in the process of being updated. The update had been on hold due to the election

14 DRUG SAFETY

14.1 MHRA Drug Safety Update Mar and Apr 2015

These were noted and SG asked that trusts review the Drug Safety updates and take appropriate action. **Action: All**

Specifically, the following items were highlighted and Trusts were asked to take appropriate action:

- **Hydroxyzine- liked to QT prolongations.** SG commented that Trusts may wish to review their use of this drug.
- **Codeine use in children –** Trusts confirmed that they are acting on this
- **High strength insulin**

14.2 NHSE Patient safety alert – Patient safety alert – Managing risks during the transition period to new ISO connectors for medical devices

SG asked trusts to flag this alert to their medical device safety officers as this alert is not within the remit of PAMM/ SPF

15 ANY OTHER BUSINESS

None noted

15 DATE OF NEXT MEETING

- 15th July 2015 **at Wynford House (Meeting Room 1), Yeovil**

Venue: Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 20 MAY 2015

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
1	**Declarations of interest**	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	**All (on going)**
2	**Melatonin for Hemicrania Continua and PD related sleep disorder**	CB to confirm the intended melatonin product and duration of treatment for these conditions.	**CB 15th July 15**
3	**TCA and SSRI use recommended in NICE CG61 Irritable bowel syndrome in adults**	'Off label' use of TCAs and SSRIs in IBS should be considered by the relevant Drug and Therapeutics Committees (DTCs) within acute trusts	**CB/ SK 15th July 15**
4	**Acute Kidney Injury**	Liaise with secondary care over plans and share the primary care audit and details of the 'Think Kidneys' website.	**CH 15th July 15**
5	**Acute Kidney Injury**	Trusts bring back, information to SPF on what they are doing internally to identify and prevent/minimise AKI.	**CB/ SK/ SW/JB 15th July 15**
6	**Bone morphogenic protein**	Trusts to discuss how they are using it and bring an application for continued use to SPF if considered necessary.	**JB/ SW 15th July 15**
7	**Amend SPF Terms of Reference**	Amend 2.2 as per minutes.	**CH 15th July 15**
8	**TA 325: Nalmefene for reducing alcohol consumption in people with alcohol dependence**	Write a simple statement on referral route to go to GP in next newsletter	**CH/CG/ Steve Moore 15th July 15**
9	**Standardised outpatient communication letter**	Amend wording, as discussed and share with Trusts	**CH 15th July 15**
10	**Shared Care Guidelines**	Catherine to provide the website link to CB and SK	**CH 15th July 15**
11	**Guidance on the use of supplements and monitoring for bariatric patients.**	Await comments on guidance from the LMC	**CH 15th July 15**
12	**LMWH perioperative bridging policy**	Hand back the guidance to the authors for them to take forward and to ask them to agree whether a CHA_2DS_2-VASC or CHADs2 score will be used. Ask the authors to share the guidance with YDH for comment when appropriate	**CB 15th July 15**
13	**Antipsychotic Shared Care Guideline (1)**	Amend SCG to cover psychosis, schizophrenia and bipolar NICE guidance and pass to SDB at SomPar	**CH 17th June 15**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
14	**Antipsychotic Shared Care Guideline (2)**	SDB to take amended SCG back for consideration at SomPar and agree with SG outside meeting	**SDB/SG 15th June 15**
15	**National acute trust PHE antibiotics data validation audit**	YDH to provide assurances that they will be undertaking the audit	**SW 31st June 15**
16	**TA337: Rifaximin for preventing episodes of overt hepatic encephalopathy**	Seek advice from specialists on proposed traffic light status.	**CB 15th July 15**
17	**NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes**	Trusts to bring a baseline assessment back to SPF to look at any gaps in provision alongside the CCG.	**JB, JS & SDB 15th July 15**
18	**Changes to NHS England commissioned drugs list**	Identify men who are being given teriparatide in men and make appropriate changes to billing. Trusts also to review the full list and ensure billing appropriately.	**JB & SW 15th July 15**
26	**Formulary/ Traffic Light Changes**	• **Pregabalin (as Rewisca®) – GREEN** Traffic Light status for GAD and epilepsy indications only • **Pregabalin for GAD – GREEN** Traffic Light status for GAD (previously not recommended) • **TA 325: Nalmefene** Update TLS with referral pathway. • **Dymista®- fluticasone/ azelastine nasal spray BLACK 'not recommended'** Traffic Light status • **TA337: Rifaximin for preventing episodes of overt hepatic encephalopathy –** ensure TLS status is RED for this indication • **TA 336: Empagliflozin in combination therapy for treating type 2 diabetes**- add to the formulary and TLS as GREEN as per NICE • **TA 338 Pomalidomide** Black Traffic Light status with a note- 'not routinely commissioned'. • **TA 335: Rivaroxaban for preventing adverse outcomes after acute management of ACS-** add to formulary and TLS as per NICE - amber status for this indication	**Steve Moore 15th July 15**