

PRESCRIBING AND MEDICINES MANAGEMENT

Minutes of the meeting held at Wynford House, Yeovil on February 20th 2013

Present	Position	Initials
Shaun Green	Chair, Associate Director - Medicines Management, NHS Somerset	SG
Dr James Nicholls	West Mendip representative	JN
Dr David Davies	West Somerset representative	DD
Martin Taylor	LPC representative	MT
Dr Mike Holmes	South Somerset representative	MH
Dr Andrew Perry	Taunton representative	AP
Dr Steve Edgar	LMC representative	SE
Dr Helen Kingston	E/W/C Mendip representative	HK
Dr Catherine Lewis	Bridgwater representative	CL
Helen Kennedy	Prescribing Support Technician, secretary	HEK
Liz Harewood	Locality Medicines Manager	LH

1 Introductions

Dr James Nicholls and Dr David Davies were introduced to the group

2 Apologies for absence

Geoff Sharp
Jonathan Hinks
Ed Ford (replaced by David Davies)
Tony Austin
Andrew Brown

3 Declarations of Interest

Standing declarations as stated on agenda
All GPs declared an interest in the prescribing incentive scheme

4 Minutes of the meeting of 16th January 2013

Agreed as accurate.

PART ONE – Items for Discussion or Decision

5 Matters arising not covered elsewhere on the agenda

5.1 ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY NOVEMBER 14TH 2013

1. Medical and Clinical Tasks Policy – There is a meeting in 2 weeks, LH will feedback at next PAMM. LH gave overview of the policy for the new members.
2. EPS – No update at present.
3. Oxygen – On agenda
4. East Mendip Joint Working Framework – HK was not present at the beginning of the

meeting.

5. Depot Antipsychotics – We viewed the data, LH will contact practices who are not signed up to the LES but are prescribing depot antipsychotics.
6. Continence Preferred Product List – To be added to the agenda quarterly.
7. Wound Formulary – To be added to the agenda quarterly.

SG raised a recent national directive saying that from 1st April 2013 DN prescribing will be done on their own prescription pads and be charged to Somerset Partnership. There will need to be a transition period while DNs get their own pads. SG will meet with Partnership to discuss the issue and will issue a letter to GPs saying that practices should not accept prescription requests from DNs.

8. Early COPD Diagnosis Project – Completed.
9. Amber Drugs – SG has received no feedback. SCGs are currently being updated. Will be an agenda item next month. HEK will produce a list of current SCG drugs and circulate prior to the meeting.
10. Ivabradine for HF – EF not present. This has been raised with cardiology and SG has raised within the CCG. GPs may still get requests to prescribe this for HF outside of the NICE TA.
11. Baby Milk Resources – Completed.
12. Community MAR Charts – Completed.
13. Prescribing Incentive Scheme – On agenda
14. Prescribing Incentive Scheme – Completed
15. Insulin Initiation Audit – Completed.
16. Insulin Initiation Audit – SG has received a response from Su Down saying it is not possible to provide data of what has been initiated previously but will audit this going forward. Please can federation leads feed back if they still feel patients are being initiated on long acting insulin inappropriately.
17. Phenytoin Review Options – GS has drafted a letter and has agreement for the epilepsy nurse at MPH to review patients. SG will chase and discuss with GS.
18. Batch Prescribing – Completed.
19. Prescribing Leads Meeting – June 6th has been suggested as JH is available. Edgar Hall in Somerton was suggested as the venue, all agreed.
20. Meningococcal Vaccine – to go in the next issue of the MM newsletter.
21. Rebate Policy – To be discussed at February CCG meeting, awaiting comments. If approved, the CCG will be meeting with representatives and discussing rebates from April.

SG gave an overview of rebate schemes for new members.

22. Continence Preferred Product List – Completed, will be discussed within YDH.

5.2 Prescribing Incentive Scheme 2013/14

There was a discussion around the audit element of the scheme, particularly cellulitis, audit questions should relate to extractable data. SG will add more data to Gout and Cellulitis for further discussion. There is potential for 3 more audits, MH suggested antibiotics, CL proposed Depression. HEK will provide a list of audits set over the last 5 years.

CL said that GPs would be more incentivised if the scheme were safety focussed rather than financial, but SG said that finance would not approve a scheme which didn't produce savings. Please can all GPs feedback their views on the audit and financial aspects of the scheme.

5.3 Gout Pathway

The CCG would like a pathway for Gout on the navigator app and prescribing guidance in the formulary. SG discussed the rationale for the pathway and requested feedback via email so it can be discussed further.

5.4 Important Info re Red Drugs

The letter has been sent out around the arrangements for specialist commissioning post April and feedback from practices has been very positive. There was a discussion about how to record red drug prescribing on clinical systems and it was suggested this should be raised at the user group meetings.

6 Other Items for Discussion

6.1 Good Practice in Prescribing and Managing Medicines and Devices

This was shown to make PAMM aware of updated guidance from the GMC. There are not many changes from previous versions and it still states that unlicensed or off licence medicines should only be used in the absence of a licensed alternative.

6.2 Prescribing Expensive Brands

This letter was sent out a while ago as a supportive document from PEC to encourage generic prescribing where patients may prefer the brand. It has now been updated and now reflects the CCG and PAMMs position. All agreed to send out again.

Reports from other Meetings – issues arising

Federation Feedback

CMF (SE) - nothing to report

E Mendip (HK) – raised spending incentive scheme money, SG suggested putting a bid in to Andy Hill.

South Somerset (MH) – GPs are finding re-writing MAR charts every 28 days very time consuming, to be raised next meeting.

North Sedgemoor (JH) – JH not present

West Somerset (DD) – nothing to report

Taunton (AP) – the continence formulary has been greatly received and raised if there will be an ostomy formulary. LH said that there is guidance in production for quantities and dispensing labels as well as accessories. Will bring to PAMM when ready.

Bridgwater (CL) – Use of Oxycodone in palliative care, SG will raise as it has been noted palliative care nurses sometimes bypass Morphine.

- GPs being asked to prescribe lymphoedema garments, GS is raising this outside of PAMM.
- ED Drugs – currently no service to prescribe for patients with severe distress, federations should raise this with the CCG to request a commissioned service.

West Mendip (JN) – nothing to report

COG – EF & GS not present, HK – nothing to report. SG said currently developing the working with pharmaceutical companies policy and will bring back to PAMM once reviewed by COG.

Somerset Partnership MICP – no meeting

MPH D&TC – no meeting.

Taunton and Somerset Anti-microbial Prescribing Group – viewed agenda.

YDH D&TC – MH – Apixaban has now been approved by SPF and is on the formulary, when NICE have approved it, there will be a discussion around a 1st line choice, in the meantime the guidance will be updated.

- Racecadotril has been approved for in-patient use at YDH, will be added to agenda for next PAMM.

BANES/RUH D&TC – nothing this time, will bring minutes to future meetings

BCAP – nothing this time, will bring minutes to future meetings

LMC/PCT/CCG Liaison –nothing to report

LPC – will meet with Avon LPC due to the formation of the LAT which covers Bristol, North Somerset, Somerset and South Gloucester. Have historically worked with Devon and Dorset.

LPN – nothing to report.

CD LIN – no meeting. Waiting to hear about new regulations and LAT responsibilities. There is a current consultation regarding the possibility of Tramadol being made a controlled drug.

6 PART 2 – Items for Information or Noting

Current Performance

Prescribing Report – SG ran through the report and expressed congratulations for the underspend. Most practices are now signed up for Eclipse Live, SM is able to give demo's to practices or federations if required.

November Scorecard – Noted. To bring the trend in future as this is more useful.

Safety Spreadsheet – Not viewed this month.

Oxygen Contract – Viewed data from Cheryl Vincent. There are two reports; one showing what products are prescribed and how many patients per practice, the other report is a snapshot which can be produced per practice. Internal CCG data will be available in a few months. LH highlighted the increased cost of over £100 for an emergency supply, which should be avoided if possible. AP will suggest a read code to be used by practices to ensure they can easily identify patients on Oxygen, it was noted that practices continue to be charged after a patient's death until the company has been informed of this so it is important to be able to manage these patients effectively within practice.

Quality Innovation Productivity Prevention

Nothing this month

7 Formulary Issues

Dapagliflozin (Forzega) – NICE has provisionally not approved this.

Insulin Degludec (Tresiba FlexTouch) – The FDA has not approved this and has asked for further safety data.

Lixisenatide (Lyxumia) – NICE have performed product review.

SG recommends leaving the current formulary choices and pathways as they are and suggests the above 3 items are non formulary. All agreed.

Products for Hypomagnesaemia – Magnaphate is by consultants for this. NICE have reviewed it and said it is no better than other salts, there have been discussions with secondary care and Mucogel has been proposed as the treatment to be used in primary care, all agreed. Currently waiting to hear if that would be in the same in secondary care.

LH asked if Magnesium Trisilicate could be removed from the formulary as there is not really a place for it, all agreed.

SG asked for PAMM members to highlight any new developments for consideration of addition to the formulary.

SG recently sent out communication re options for Vitamin D prescribing which has been well received by GPs. Advice is that if patients require supplementation with Calcium or Vitamin D and combination product should be used unless patients are intolerant or contra-indicated for one or the other.

LH raised that Flutiform needs to be primed with up to 4 puffs if it has not been used for 48 hours or it gets cold. Recently, following a rep visit a practice enquired re a wholesale switch to Flutiform, the position remains that it should be considered patient by patient and patients should be using only one type of inhaler.

Dabigatran/Rivaroxaban – Somerset is the biggest user in the country of these two medicines and accounts for 25% of national use. SG has been asked if this has led to an increase in admissions due to side effects and it appears not. Please could all GPs feedback any issues re these medicines. SE raised the use of these for DVTs and PEs and generally the treatment duration is the same as for Warfarin.

8 Safety Items, NPSA Alerts and Signals

Drug Safety Update January – Noted. Tredaptive has been withdrawn; SG has raised keeping these patients under secondary care if Consultants wish to switch to Niacin which is only available as an import.

Roflumilast (Daxas) – LH will look to see who is prescribing this.

9 NICE Guidance / Bites

Guidance issued in January

- Exogen – there are ongoing discussions with the trusts re commissioning.
- Tadalafil – this is not recommended by NICE.
- Watch BP – this was noted to be a useful tool.
- CG155 – this will be looked at within Somerset Partnership, LH will review to see if there are any primary care issues.

NICE Bites January – there is now a link for these on the website.

10 Risk Register

Nothing to report

11 Any Other Business

LH highlighted the changes to future dates.

MT raised the discontinuation of Eltroxin – MM team are aware and making changes where necessary.

MT raised again that LPC members would like to attend federation meetings.

Cdiff – Community hospitals will send the letter to GPs if pts have acquired Cdiff. HEK will distribute the letter to PAMM for information.

**PRIMARY CARE MANAGEMENT TEAM MEETINGS
SCHEDULE OF ACTIONS**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 20th February 2013			
1	Medical and Clinical Tasks Policy	Inform Somerset County Council Medical and Clinical Tasks Policy Group outcomes of pilot	Liz Harewood At end of pilot
2	EPS	Feedback outcome data from pilot practices	Martin Taylor When available
3	East Mendip Joint Working Framework	Provide audit and feedback of service	Helen Kingston 13th March 2013
4	Depot Antipsychotics	Contact practices who are prescribing but are not signed up to LES	Liz Harewood 13th March 2013
5	Shared Care Guidelines	Produce a list of amber drugs which have SCGs	Helen Kennedy 13th March 2013
6	Phenytoin Review Options	Share re-drafted letter	Geoff Sharp 13th March 2013
7	Prescribing Incentive Scheme	Provide information of MM audits set over last 5 years	Helen Kennedy Completed
8	Prescribing Incentive Scheme	Feedback views on audit and financial aspects of scheme	All GPs 13th March 2013
9	Gout Pathway	Feedback views on pathway and prescribing guidance via email to SG	All GPs 13th March 2013
10	Oxycodone in palliative care	Raise with palliative care service	Shaun Green 13th March 2013
11	Ostomy Guidance	Share guidance for quantities and accessories with PAMM	Liz Harewood When available
12	Oxygen	Discuss with Sheryl Vincent how to share data with practices	Liz Harewood 13th March 2013
13	Oxygen	Suggest appropriate read code to record patients on Oxygen	Andrew Perry 13th March 2013
14	Roflumilast	Provide data of who is prescribing this	Liz Harewood 13th March 2013
15	NICE CG155	Review to see if there are any primary care issues	Liz Harewood 13th March 2013
16	Cdiff	Distribute letter to PAMM for information	Helen Kennedy completed
17	Formulary Changes	Mucogel – for hypomagnesaemia Magnesium Trisilicate - remove	Liz Harewood 13th March 2013