

PRESCRIBING AND MEDICINES MANAGEMENT

Minutes of the meeting held at Wynford House, Yeovil on March 13th 2013

Present	Position	Initials
Geoff Sharp	Chair, CCG joint prescribing Lead	GS
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 Tony Austin	Chard, Crewkerne and Ilminster Representative	TA
Dr Catherine Lewis	Bridgwater representative	CL
Andrew Brown	Somerset Partnership Representative	AB
Helen Kennedy	Prescribing Support Technician, secretary	HEK
Liz Harewood	Locality Medicines Manager	LH

1 Introductions

2 Apologies for absence

Jonathan Hinks
Helen Kingston

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 20th February 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 20th February 2013

1. Medical and Clinical Tasks Policy – The meeting was cancelled, LH will feedback when information is available.
2. EPS – No update at present, MT will feedback when information is available. SG raised that there is no longer a requirement for PCTs/CCGs to be authorised by the secretary of state to carry this forward. Roll out will be discussed at COG.
3. East Mendip Joint Working Framework – HK not present, will feedback when information is

available.

4. Depot Antipsychotics –LH will complete this week.
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. Shared Care Guidelines – Completed – on agenda.
7. Phenytoin Review Options – The letter was sent out last week.
8. Prescribing Incentive Scheme – Completed – on agenda.
9. Gout Pathway – SG has now passed this on to Pat Jenkins.
10. Oxycodone in Palliative Care – SG has received a response saying that Palliative Care Services follow PCT formulary and guidance.
11. Ostomy Guidance – We viewed the chart which is almost ready, LH is waiting for clarification from Tina Maddams about a couple of points.
12. Oxygen – This is being discussed and will be brought to PAMM prior to distribution.
13. Oxygen – Suggested read codes are '*Home Oxygen Supply*' 6639 and '*Home Oxygen Stopped*' 663E. Newsletter item please.
14. Roflumilast – Viewed, it was recommended that these practices have a discussion with the consultant.
15. NICE CG155 – On agenda.
16. C. Diff. – Letter was distributed after the last meeting.
17. Formulary Changes – Completed.

5.2 Prescribing Incentive Scheme 2013/14 and Draft Mini Audits

The incentive scheme has been re-drafted since distribution of papers and the latest version was viewed. Finance has approved the scheme in principle. There was a discussion around incentivising overspending practices by allowing a reduction in projected overspend to qualify for some incentive money as in previous years, all agreed to add this in.

The proposed audits were viewed and SG explained the rationale for each. It was agreed a statement should be added to say that if the audit prescribing area has been covered for QP it should not be chosen to do as part of the incentive scheme.

There was a discussion around the use of funds and it was agreed that the federation element can be distributed amongst the practices if desired. The list of pre-approved items which has been through COG will be reviewed by the Clinical Innovations Group and distributed. It will be recommended that the use of funds for training staff on clinical IT systems be approved. Please could all members feed back their views on the incentive scheme, the audits and the pre-approved list to SG by next week so they can be considered by COG?

The aim is to send out the scheme, the audits and the list in April.

5.3 Community MAR Charts

GPs feel that 28 days is very frequent for re-writing the community MAR charts, AB said that the charts had been increased from 14 to 28 days following feedback and he will remind the community

nurses that the extension sheets are available. The charts are a way of standardising care across the county and prior to this there was no standard form for administration of medicines by care workers. The charts will be reviewed 1 year after they were released.

5.4 Bridgwater Federation Prescribing Focus

CL talked about the prescribing group in Bridgwater federation which has been running for a while. CL is the federation prescribing lead and the prescribing group has been meeting monthly since January 2012 to provide guidance and support for the federation and be a link to medicines management.

They have looked at gluten free foods, sip feeds, patient self care, dressings formulary and incontinence appliances and have sent out a newsletter called health points and localised a leaflet on medicines for self care. Areas they hope to look in future include the new anticoagulants, obesity pathways, antibiotics, prescribing in the elderly (the federation has a complex care GP), antipsychotics, safety (inc eclipse live), patient info awareness and develop the communications between medicines management and practices.

SG said that the work done by the group on sip feeds and baby milks led to the medicines management audit on this area and county wide guidance, this is a good model for federation working and if adopted widely federations could focus on 1 or 2 areas each year and feedback, any guidance produced could come to PAMM for endorsement.

CL was thanked for her presentation and an excellent piece of work.

5.5 Amber Drugs

Viewed the list of amber drugs and shared care guidelines, could GPs please feedback recommendations for shared care guidelines (those that are needed and those that are no longer needed) to HEK.

5.6 NICE CG155 – Psychosis and Schizophrenia in Children and Young People

LH produced a summary of issues relevant to primary care following the last PAMM. The guideline is currently under review at Somerset Partnership and any issues that arise in the community as a result of this should be flagged with them.

6 Other Items for Discussion

6.1 CVD Outcomes Strategy

This is a new national document which recommends that all individual vascular diseases are grouped together and looked at as a whole.

6.2 Gluten Free Foods

This document was produced in Wales, it was agreed to re-brand as Somerset guidance and distribute.

6.3 Rebate Schemes Meetings 22.4.13

Viewed SGs agenda for meeting with Reps regarding rebate schemes, all products being discussed are currently on the formulary. All schemes will get final approval from PAMM.

Reports from other Meetings – issues arising

Federation Feedback

Central Mendip(GS) – have looked at federation scorecards, particularly opiates where they are influenced by secondary care especially from the pain clinic in Bath.

E Mendip (HK) – HK not present.

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) – confirmed that DD will be the PAMM representative for West Somerset.

Taunton (AP) – nothing to report.

Bridgwater (CL) – There have been issues regarding the new red drugs with the local renal unit, will copy SG into correspondence.

West Mendip (JN) – nothing to report

South Somerset (MH) – nothing to report.

Chard, Crewkerne and Ilminster (TA) – nothing to report

COG – Have discussed the Phenytoin letter and rebate schemes. COG and PEC will be receiving reports from PAMM through the MM team.

Somerset Partnership MICP – Have discussed the use of Paliperidone – waiting for more information.

There has been feedback that some Somerset practices are using the NPSA issues insulin passports, could all federations please feedback that they should be using the non-standard Somerset version, item for MM newsletter. SG asked AB to raise any incidents on Datix.

FP10s for district nurse prescribers are going to Partnership, but there are issues with obtaining prescription pads. Changes will not be advertised to primary care until everything is in place.

Somerset Prescribing Forum – viewed agenda for meeting this pm.

MPH D&TC – Metolazone is Amber – it is not marketed in the UK.

Ivabradine for heart failure is Amber – there is a lack of specialist nurses available in Somerset, GPs can accept or decline prescribing according to their preference, this is a commissioning issue for the CCG.

Azithromycin for patients with non CF bronchiectasis – the respiratory consultants presented evidence that it prevents admissions. Consultants will initiate and give guidance to GPs regarding duration of treatment. For long term treatment it is recommended Patients will need a baseline ECG as it can prolong the QT interval. This is an Amber indication.

Urology have place plain Tolterodine first line followed by MR Tolterodine second line and Solifenacin third line. For overactive bladder they recommend Mirabegron – on agenda.

Mannitol inhaler for CF patients is a Red indication.

BANES/RUH D&TC – nothing to report.

BCAP – nothing to report.

LMC/PCT/CCG Liaison –nothing to report

LPC – the no smoking scheme in pharmacies is being pushed to achieve greater effect, looking to start a pilot for a new scheme and will update as and when.

The results of the MUR+ for asthma and COPD pilot have been quite poor, time was an issue in one pharmacy.

The minor ailments scheme is due to be re-launched.

ISMN 40mg, Indapamide, Sertraline and Temazepam prices have increased due to lack of availability, this is a temporary price rise under NSCO.

LPN – last meeting this month, the pilot finishes at the end of March.

CD LIN – SG is meeting with Caroline Gamlin to discuss the future of her role as accountable officer going forward, SGs role ends on 31st March. Will feedback once arrangements are known.

6 PART 2 – Items for Information or Noting

Current Performance

Prescribing Report – Not available, SG is looking at what is required by COG.

December Scorecard Federation Trend – Noted. Good progress generally.

Safety Spreadsheet – Viewed the trend data. It was agreed this should be discussed at the practice annual meeting with MM. HEK will send out so it can be discussed within federations.

Oxygen Contract – No update.

Quality Innovation Productivity Prevention

Nothing this month

7 Formulary Issues

Racecadotril – from YDH D&TC has been approved for use in hospital. Agreed as Red in primary care.

Mirabegron – It is viewed positively in the draft NICE TAG although is not in the clinical guideline. SG suggests it is adopted in Somerset as per the TAG for patients intolerant of other drugs or where they are ineffective, supported by urology. All agreed to add to formulary as third line option. QuickMist – this was discussed and agreed as non-formulary a few years ago. SG has spoken to Stuart Brock in past who has agreed it as non-formulary. The budget for NRT goes to public health from 1st April and Stuart Brock has now asked for this to be added to the formulary – all agreed.

8 Safety Items, NPSA Alerts and Signals

Drug Safety Update February – noted.

9 NICE Guidance / Bites

Guidance issued in February

- TA274 – Ranibizumab – noted
- TA275 – Apixaban – Updated guidance for this and next two new anticoagulants in the pipeline is in progress. It was agreed that the indication for these new drugs is included in the directions to reduce risk – item for MM newsletter.

There was a discussion around recording red drugs on clinical systems.

10 Living Well for Longer

This national document encourages preventative prescribing and supporting patients to take these medicines. CCG will provide support to practices via federation managers and MM team.

11 Risk Register

The two risks raised with the CCG are the prescribing budget and PBR excluded drugs, this will need to be populated going forward.

12 Any Other Business

GS – terms of reference, these will be brought to the next meeting.

SG – new NICE guidance and the formulary, more formulary issues should be discussed at PAMM

- Ingenol Mebutate gel – viewed the document from SMC where all evidence had been reviewed, all agreed to add to formulary. Discussion around using documents from other bodies for review of addition to formulary and all agreed.

TA – Date of next meeting was confirmed as 3rd April 2013.

LH – Changes to formulary 15th edition viewed. New formulary is on the website, changes document will be sent out in which LH will highlight the fusidic acid issue.

**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	Oxygen	Read Codes – Item for MM Newsletter	Steve Moore 3rd April 2013
2	Incentive Scheme	Feedback views on incentive scheme, audits and pre-approved list to SG	All PAMM members 20th March 2013
3	Amber Drugs	Feedback views on shared care guidelines to HEK	All GPs 3rd April 2013
4	Insulin Passports	Feedback that practices should be using Somerset version	All Federation Leads 3rd April 2013
5	Insulin Passports	As above, item for MM newsletter	Steve Moore 3rd April 2013
6	New oral anticoagulants	Item for MM newsletter (record indication on directions)	Steve Moore 3rd April 2013