

# Somerset Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 8<sup>th</sup> May 2013**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster Representative
	Steve DuBois	Locality Medicines Manager
	Dr Steve Edgar	LMC Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Dr Mike Holmes	South Somerset Representative
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Helen Kingston	East and Central Mendip Representative
	Dr Catherine Lewis	Bridgwater Representative
	Dr James Nicholls	West Mendip Representative
	Dr Andrew Perry	Taunton Representative
	Dr Carol Reynolds	North Sedgemoor Representative
	Martin Taylor	LPC Representative
Apologies:	Andrew Brown	Somerset Partnership Representative
	Dr David Davies	West Somerset Representative
	Liz Harewood	Locality Medicines Manager

## 1 INTRODUCTION

- 1.1 Dr Carol Reynolds and Steve DuBois were welcomed to the group.
- 1.2 Liz Harewood is leaving the CCG at the end of May and was thanked for all her hard work.

## 2 APOLOGIES

- 2.1 Apologies were received from Andrew Brown, Somerset Partnership Representative, Dr David Davies, West Somerset Representative and Liz Harewood, Locality Medicines Manager.

## 3 DECLARATIONS OF INTEREST

- 3.1 All GPs declared an interest in the prescribing budget
- 3.2 A declarations of interest form will be distributed for all PAMM members to complete for next meeting.

**4 MINUTES OF MEETING HELD ON 13<sup>th</sup> March 2013**

4.1 The Minutes of the meeting held on 13<sup>th</sup> March 2013 were agreed as a correct record.

**4.2 Review of Action points**

1. Oxygen read codes – completed
2. Prescribing Incentive Scheme – Has been approved by COG, waiting for final approval from the governing body which will be once the appendix detailing approved items for use of funds is completed – currently being drafted by CIG.
3. Amber drugs – on agenda
4. Insulin Passports – completed
5. New oral anticoagulants – completed

4.3 Matter arising – SG fed back from CD Lin, Caroline Gamlin is the accountable officer for CDs covering the 4 old PCTs (Bristol, North Somerset, Somerset, South Gloucester) and there will be one local network covering this area. Concerns regarding CDs should be raised with the area team. The medicines management team are providing support during the handover period.

**PART 1 – ITEMS FOR DISCUSSION OR DECISION****5 TERMS OF REFERENCE**

5.1 The terms of reference for PAMM need to be reviewed following the re-organization. A draft will be brought to the next meeting, any comments should be sent to SG.

5.2 GS confirmed that PAMM is a sub-group of COG and will have responsibility for performance managing practices with regards to prescribing, which will include providing support, training or guidance for outlying practices. QIPP data will be included quarterly on the PAMM agenda for monitoring purposes.

**6 ORAL GLUCOSE TOLERANCE TESTS**

6.1 GS thanked those who responded to the poll, which arose following NICE guidance on antenatal OGTTs which has led to midwives asking GPs to prescribe Polycal. There was a discussion around how to diagnose diabetes in housebound patients and a request was made for some guidance from COG. Jo Howarth will raise this with the maternity forum to develop a pathway for antenatal OGTTs which does not involve the GPs. The LMC gave their support for GPs to continue to assist in the interim.

**7 GOUT TREATMENT ALGORITHM**

7.1 We viewed the attachments, the study supports treating to target rather than only to relieve symptoms. Amendments to the pathway which were suggested at the previous PAMM have been made. The pathway will be

included in the prescribing formulary and there is an audit around gout in the prescribing incentive scheme.

## **8 BUDGET SETTING**

- 8.1 March prescribing data is due imminently. SG gave an overview of the budget setting arrangements agreed in November for the benefit of new members. SG proposed that dressings costs are removed from individual practices due to the various ways in which they are prescribed across the county. Although there is a decrease in the overall budget for 2013-14 compared to 2012-13, it is more than the forecast out-turn for 2012-13 and currently the spend trend is going down.

## **9 AF HAND HELD CARD AND PDA**

- 9.1 Each of the new oral anticoagulant companies produces their own patient cards and websites, this card has been produced by the European Society of Cardiology which is suitable for use with all of these drugs. It will be made available to patients through GP practices and Pharmacies. It will be raised at SPF for consideration of use in secondary care. There were some concerns raised around the content of the card, such as having a section for treatment indication when the card is specifically for AF, but it was agreed that it is a useful card to use for some patients.
- 9.2 The PDA website was viewed – it is available to practices to use if they wish. There will be an item in the MM newsletter highlighting the availability of the card and website and the concerns raised around the content of the card.
- 9.2 CL raised a card produced in Bridgwater which covers multiple conditions, it was agreed that this will be raised at a future meeting.

## **10 AMBER DRUGS AND SCGs**

- 10.1 The updated list of amber drugs and SCGs was viewed. The following SCGs were agreed to be no longer needed and will be retired:
- Bicalutamide (for all indications)
  - Goserelin (for all indications)
  - Lanthanum and Sevelamer as now red drugs; feedback from secondary care has been that they are not able to immediately take back all patients and have requested that primary care continue to prescribe on an interim basis.
  - Levetiracetam
  - Pregabalin
  - Tacrolimus
  - Triptorellin (all indications)
  - Valproate
- 10.2 It was agreed that there is no need to develop guidance for Calcium Acetate

and that Prucalopride can be changed to green to avoid the need for admission.

10.3 The following drugs could not be decided upon and all PAMM members are asked to review the drugs so a decision can be made at the next meeting:

- Anastrazole
- Buserelin (all indications)
- Sodium Clodronate (all indications)
- Tizanidine
- Letrozole
- Exemastane
- Entacapone

10.4 The following SCGs need to be updated:

- Atypical Antipsychotics
- Riluzole

## **11 APIXABAN IMPLEMENTATION PRIORITIES**

11.1 This guidance replicates that produced for the other new oral anticoagulants, this was agreed and it was noted that the MM team are working on one document covering all of the new anticoagulants.

## **12 VENLAFAXINE LEAFLET**

12.1 This leaflet was prepared to aid in the switch to plain venlafaxine as part of the incentive scheme. It was agreed and will be made available to community pharmacies and prescribers; there will also be a link on the website.

## **13 REPORTS FROM OTHER MEETINGS**

13.1 Federation feedback

- Bridgwater – CL – Raised the issue of private prescriptions – the LMC view was clarified which is that you can prescribe privately to your patients if you offer an NHS script at the same time. This is also covered in the prescribing dilemmas document and a reminder of this will go in the MM newsletter
- Nothing to report from all other federations

13.2 COG – GS– Have approved the incentive scheme

13.3 SPF – NICE and formulary issues are on the agenda

13.4 Somerset Partnership MICP – AB not present, there is a meeting being held tomorrow.

13.5 Bath DPG – Viewed attachment

- 13.6 LPC Report – MT – Meet next week. Looking at stop smoking service to improve the existing service and develop a new service. There has been ongoing work to improve the website and they have also set up Facebook and twitter accounts. Have met with Avon LPC and discussed ways to save resources including joint training and improving cross-border working.
- 13.7 YDH D&TC – MH – Discussed Lisdexamfetamine for ADHD in children, a decision will be delayed until NICE and SMC make their guidance available.
- 13.8 MPH D&TC – nothing to report
- 13.9 Weston Area D&TC – viewed minutes. CR will discuss with Helen Spry re attending the meetings.
- 13.10 Anti-microbial Prescribing Group – viewed agenda, meeting this pm. Steve DuBois will no longer be able to attend as the meeting clashes with SPF where Steve now takes the minutes.

#### **14 CURRENT PERFORMANCE**

- 14.1 Prescribing Report – SG ran through the report which is required quarterly for COG, SG will produce a quick monthly update for PAMM.
- 14.2 Federation Scorecard Trend - viewed
- 14.3 Formulary Compliance by Federation – viewed
- 14.4 Flu Vaccine Data – viewed, there was a discussion around procurement of flu vaccines. SG said that the new nasal flu vaccine for children will be down to practices to procure and will be an added pressure on the prescribing budget.
- 14.5 Catheter Data – viewed – there is ongoing work to improve the position. HEK was asked to add the continence products to the formulary for practice systems.
- 14.6 Wound management data – viewed
- 14.7 Safety Spreadsheet – viewed, the reduction in the use of strontium was noted
- 14.8 Oxygen Contract – Practice data will be available soon, Sheryl Vincent will link with the COPD review work stream.

#### **15 QUALITY INNOVATION PRODUCTIVITY PREVENTIOIN**

- 15.1 Dressings management – SG said that there are various streams of work

around the management of dressings; a plan will be developed to ensure the most appropriate people are in charge. SG also said that a letter will be distributed soon around the change to district nurse prescribing.

## **16 NICE**

16.1 Summary of new guidance in Mar/Apr 2013 – noted

- 16.2
1. CG157 Hyperphosphataemia in chronic kidney disease – noted. This steers towards secondary care initiating calcium based drugs rather than Sevelamer or Lanthanum.
  2. CG158 Conduct disorders in children and young people – noted, SDB to review
  3. TA276 Cystic Fibrosis (pseudomonas lung infection) – colistimethate sodium and tobramycin – noted, recommended as red drugs
  4. TA279 Vertebral Fractures – vertebroplasty and kyphoplasty – noted
  5. TA280 Rheumatoid Arthritis – abatacept (2<sup>nd</sup> line) (rapid review of TA234) – noted – secondary care issue
  6. TA282 Idiopathic pulmonary fibrosis – pirfenidone – noted – secondary care issue
  7. TA278 Asthma (severe, persistent, patients aged 6+, adults) – omalizumab (rev TA133, TA201) noted – secondary care issue

16.3 It was agreed that for PAMM only a summary is necessary unless there are specific publications relevant to primary care.

## **17 FORMULARY APPLICATIONS**

- 17.1
1. Paliperidone – maintenance therapy in schizophrenia for adults – SG explained the application from Somerset Partnership including the cost difference compared to Risperdal Consta and that there is no cold chain required, all agreed happy to proceed.
  2. NICE FAD Rivaroxaban for treating PE and preventing recurrent venous embolism – proposal to adopt as per NICE – all agreed.
  3. Lucentis – NICE FAD Retinal Vein Occlusion – proposal for amendment to indication, this is a secondary care issue and was raised for information.
  4. ESNM110 Lixisenatide – proposal to adopt and make first line as has good outcomes, is once daily and is cheaper than the others in its class – all agreed.
  5. ESNM11 Racecadotril – in adults and in children – proposal to keep secondary care only – all agreed.
  6. ESNM116 Linaclotide – IBS with constipation in adults – proposal to have as not recommended as there has not yet been an application from secondary care – all agreed.
  7. ESNM17 Zonisamide monotherapy for partial onset seizures in

epilepsy – proposal to amend indication, this is a secondary care issue and was raised for information.

8. ESNM18 Lower urinary tract symptoms secondary to benign prostatic hyperplasia: tadalafil – there has not yet been an application from secondary care, recommendation is not to commission for this indication – all agreed. NB GPs cannot prescribe for this indication due to the rules around SLS.
9. ESUOM9 Modafanil – fatigue in MS – as MS is specialist commissioned the proposal is to make red for this indication – all agreed. This will go in the MM newsletter as the media interest may generate requests from patients.
10. ESUMO10 Oral Desmopressin – nocturia/nocturnal polyurea in men with lower UTI symptoms – proposal to support primary care use (has a NNT of 2) – all agreed.

## **18 SAFETY ITEMS, NPSA ALERTS AND SIGNALS**

- 18.1 Drug safety updates March and April – noted
- 18.2 Rotavirus Vaccination – highlighted the changes to the vaccine schedule, there is an issue around the use of PGDs which are unlikely to be produced by public health, it was agreed that the MM team would continue to produce PGDs for vaccines.
- 18.3 Measles Vaccine for healthcare workers – this was raised as a concern for practice staff; it will be discussed at LMC/CCG meeting and also with public health.

## **19 RISK REGISTER – nothing to report**

## **20 ANY OTHER BUSINESS**

- 20.1 Patient Access Rebate Schemes – viewed the attachment, SG met with pharmaceutical companies and signed up to agreements on behalf of the CCG.

## **DATE OF NEXT MEETING**

Wednesday 12<sup>th</sup> June 2013

**Somerset**  
**Clinical Commissioning Group**

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 20<sup>th</sup> February 2013</b>			
<b>1</b>	Declarations of Interest	All PAMM members to complete for	<b>All PAMM members 12<sup>th</sup> June 2013</b>
<b>2</b>	Terms of Reference	Feed comments to SG	<b>All PAMM members 12<sup>th</sup> June 2013</b>
<b>3</b>	Gout Treatment Algorithm	Treatment pathway to be announced in medicines management newsletter	<b>Steve Moore 12<sup>th</sup> June 2013</b>
<b>4</b>	AF Hand Held Card and PDA	Item in MM newsletter	<b>Steve Moore 12<sup>th</sup> June 2013</b>
<b>5</b>	Amber Drugs and SCGs	Review SCGs for specified drugs for next meeting	<b>All PAMM members 12<sup>th</sup> June 2013</b>
<b>6</b>	Prescribing Dilemmas Document	Reminder in MM Newsletter	<b>Steve Moore 12<sup>th</sup> June 2013</b>
<b>7</b>	Continence products	Add preferred continence product to practice formularies and write instructions for synonyms on EMIS	<b>Helen Kennedy 12<sup>th</sup> June 2013</b>
<b>8</b>	District Nurse prescribing	Send letter to practices detailing change	<b>Shaun Green 12<sup>th</sup> June 2013</b>
<b>9</b>	NICE CG158	Review for primary care implications	<b>Steve DuBois 12<sup>th</sup> June 2013</b>
<b>10</b>	Modafanil	Formulary decision to go in MM newsletter	<b>Steve Moore 12<sup>th</sup> June 2013</b>
<b>11</b>	Vaccines	Produce PGDs for new vaccines	<b>Steve DuBois 12<sup>th</sup> June 2013</b>