

Minutes of the **Prescribing and Medicines Management Group** held in **Mandeville Room, Abbey Manor Business Park, Preston Road, Yeovil, Somerset, on Wednesday, 18th September 2013**

Present: Dr Geoff Sharp Chairman, CCG Prescribing Lead
 Dr Tony Austin Chard, Crewkerne and Ilminster Representative
 Andrew Brown Somerset Partnership Representative
 Dr David Davies West Somerset 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 Catherine Lewis Bridgwater Representative
 Dr Andrew Perry Taunton Representative
 Dr Carol Reynolds North Sedgemoor Representative
 Gordon Jackson Lay Observer

Apologies: Dr Helen Kingston East Mendip Representative
 Dr James Nicholls West Mendip Representative
 Martin Taylor LPC Representative

1 INTRODUCTIONS

1.1 Gordon Jackson was welcomed to the group.

2 APOLOGIES

2.1 Apologies were received from Dr Helen Kingston, East Mendip Representative; Dr James Nicholls, West Mendip Representative and Martin Taylor, LPC Representative.

3 DECLARATIONS OF INTEREST

3.1 Declarations of interest were as attachment 1.

4 MINUTES OF MEETING HELD ON 10th July 2013

4.1 The Minutes of the meeting held on 10th July 2013 were agreed as a correct record.

4.2 Review of Action points

1. Formulary – this will be completed by the next meeting.
2. SCGs – These have been updated and will be on the navigator app and the website.
3. Overspend/Underspend data – on agenda
4. NICE CG159, Escitalopram and Sertraline – completed
5. ESNM19, Lisdexamfetamine – on agenda
6. NICE CG160, RAG chart - completed
7. Formulary - completed
8. Grapefruit Juice Posters – on agenda

9. Pharmacy Interface Form – SG met with the LPC – this has been rolled out and is being used but there has not been any feedback so far. A 2-way form was discussed, this will be developed and brought back to a future meeting.
10. Terms of Reference - completed
11. QIPP Toolkit Graphs, Laxatives – There was a discussion around laxative use and if this relates to local care homes. It was agreed that where this was an issue it would be raised with the practices in their MM meetings.
12. QIPP Toolkit Graphs, Benzodiazepines – There was a discussion around prescribing for benzodiazepine addiction by turning point. This has been raised with Matthew Hibbert and Caroline Baker, they do prescribe but it is not a high priority so patients may be referred back to their GP whilst waiting to go onto a reduction programme. The CCG and SomPar have a benzodiazepine reduction policy which can be shared with practices if required. SG and GS will draft a letter to SCMP and it will also be raised with Public Health at SPF.
13. QIPP Toolkit graphs, Cephalosporins – on agenda
14. NICE TA288, Dapagliflozin – completed
15. Formulary, Desloratadine – completed
16. Formulary, Fidaxamicin – completed
17. Formulary, Monoprost - completed

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 GRAPEFRUIT JUICE POSTER

- 5.1 There was a discussion around the wording, the agreed changes will be made and the form along with the latest information about interactions from the USA will be sent to pharmacies and practices.

6 VACUUM PUMPS

- 6.1 This was raised as currently the clinic will recommend a device which the GP will prescribe, the patient will then have to return to the clinic for training on how to use it. The proposal is to redevelop the pathway so the patient only needs to visit the clinic once, the devices to be treated as a PBR excluded drug so the CCG would pay the trust for the devices. This would still mean that GPs will prescribe replacements and it was suggested that details of how long the devices last be sent when the patient is discharged from the clinic. All agreed to raise this at SPF.

7 INITIATION OF INSULIN – Jan to Mar 2013

- 7.1 This information was provided by the interface service, it had been raised as there were concerns that the service was initiating more patients on insulin analogues than would be expected. This data confirmed that there are more initiations on analogues by the interface service than by the secondary care trusts, however, the awareness has been raised so this should begin to reduce. The service will be thanked for the information and be asked to break it down by area. AB will look at the prescribing data.
- 7.2 SG raised the narrow choice of insulins on the formulary and suggested this be increased – this will be discussed next meeting.

8 CEPHALOSPORINS COMPARATOR

- 8.1 We viewed the data, there is a large range of prescribing across the county and in some areas this could be because of sensitivity data provided by the labs. The data will be taken to the C.diff. meeting and all federation leads should raise this at their meetings. GS will speak to the microbiology lead to get information on alternatives with similar spectrums to cephalosporins and share this information.

9 DN DRESSING PROJECT REVIEW

- 9.1 SG gave a background to the project. CL said that the teething problems which occurred at the beginning where DNs asked practices to prescribe the off-formulary dressings seem to be settling down. The report is encouraging but this needs to be compared against dressing prescribing. The roll-out will be slow and steady. There will be a summary of where we are with the roll-out in the newsletter and AB will give a verbal update in three months time.

10 FLU VACCINES

- 10.1 The nasal flu vaccines were discussed – there have been issues raised in the media about them containing pork proteins, the PGD has been amended so that patients can be excluded for religious or ethical beliefs.
- 10.2 There was a discussion around the supply of vaccines; the purchased vaccines are only available in packs of 10. SG looked at options and proposed a possible risk sharing between practices and the CCG to increase the uptake. PAMM supports the national programme but it was agreed that there will be no risk sharing programme.

11 RPS MULTI-COMPARTMENT COMPLIANCE AIDS

- 11.1 SG raised the MDS guidelines as the initiation of MDS in hospital was discussed last meeting. At T&ST there has been good uptake of the new guidelines and discharges on MDS have significantly reduced. MH raised this at YDH D&TC and was assured by John Martin that they are reviewing their use. SG will raise at SPF with YDH to see what's happening regarding implementation.
- 11.2 We looked at the 7 day scrip data – this will be raised with the top 12 practices and GS asked for feedback from this.

12 GUIDELINES FOR USE OF LISDEXAMPHETAMINE AND PROPOSED SCG

- 12.1 SG and CL will be meeting with the relevant services regarding the management of ADHD. SG raised the concern that specialists may not try immediate release methylphenidate first line but will go straight for Lisdexamfetamine, the feedback from YDH and SomPar is that it will be used as a last resort. SG recommends that it go on the formulary with the expectation that immediate release dexamfetamine is used 1st with the reasons why this is not suitable clearly stated to the GP if lisdexamfetamine is prescribed – all agreed to raise at SPF.

13 REPORTS FROM OTHER MEETINGS

- 13.1 Federation Feedback
- South Somerset – MH – Have been looking at GraspAF with a view to using NOACs if appropriate. Also raised the 2012-13 Incentive scheme, SG said the letter is due out this week.
 - West Somerset – DD – nothing to report
 - Central Mendip – SE – The federation would like to thank the Medicines Management Prescribing Support Team for their hard work

- North Sedgemoor – CR – nothing to report
- Bridgewater Bay – CL –
 - Shingles Vaccine – there have been requests for the shingles vaccine from patients who don't qualify for the national programme. The CCG recommends that they do not do private prescriptions for their own patients due to the limited supply available, if there was a large amount of private prescribing, there would be enough to vaccinate the target population.
 - Repeat prescribing – There has been feedback regarding the repeat prescribing systems for two pharmacies, SG asked for specific details to be sent to him to raise with the pharmacies concerned. The CCG recommends the use of the electronic repeat dispensing system as best practice.
 - Problems with items being out of stock have been raised, SG will raise again the SOP already in use with the LPC to ensure all pharmacies follow the local guidance.
 - One GP had a request to prescribe Domperidone for lactation from a patient but there was no information from the midwife or the neonatal unit. SG said that Domperidone is non-formulary for this indication and if trusts would like it to be considered it needs to be raised via the D&TCs.

13.2 COG – nothing to report

13.3 SPF – SG ran through the agenda and it was noted that there may be an increase in Tamoxifen prescribing following the NICE guidance for familial breast cancer.

13.4 Somerset Partnership MICP – AB ran through the memo and the current work stream around discharge notification from community hospitals. AB also raised two incidents regarding the completion of MAR charts which should be done by the GPs and not left to nursing staff to do – reminder to go in the MM newsletter

13.5 LPC – MT not present

13.6 Taunton and Somerset Anti-Microbial Prescribing Group – SDB ran through the minutes, the cellulitis guidelines are waiting to go on the navigator app. GS requested a laminated quick reference guide for antibiotic prescribing to be produced.

13.7 YDH D&TC – discussed Lisdexamfetamine, diabetic charts and diclofenac which will be removed from A&E.

PART 2 – ITEMS FOR INFORMATION OR NOTING

42 CURRENT PERFORMANCE

14.1 Prescribing Report - SG ran through and highlighted the significant reduction in practice budgets, at present 17 practices are forecast to overspend, however, the PPD made an error with the forecast calculations and data for July should show a significantly decreased underspend. SG also mentioned the Category M changes in

October which will bring a windfall of roughly £400K, however, at present it is unclear what will happen to this money.

- 14.2 June scorecard federation trend – viewed and noted.
- 14.3 Safety spreadsheet – viewed. It was noted that Spiriva Respimat was blank for this month on the sheet following the results from a new study showing no safety concerns with this form of Tiotropium compared with other forms.
- 14.4 Change in spend: 2011-2012 vs 2012-2013 – viewed graph. This can be shared with federations and the MM team will raise with those practices whose costs increased.

15 QUALITY INNOVATION PRODUCTIVITY PREVENTION

- 15.1 Toolkit graphs – the graphs were viewed, it will be raised with outliers via their MM meetings. The insulin analogue data was queried, prescribing data will be crunched by the MM teams to compare.
- 15.2 Potential Generic Savings – viewed; HEK raised that Cerazette to the Cerelle brand gives a greater saving than over generic ; Sildenafil is now off patent although not yet showing on the report, going to generic gives a huge saving. It was recommended to move Sildenafil to 1st line and encourage a switching programme – all agreed

16 NICE

- 16.1 Summary – CL ran through; It was proposed to add Aripiprazole to formulary as per NICE TA292 – all agreed; QS39 ADHD – this is relevant given the conversations around Lisdexamfetamine; CG168 – Varicose veins – may have an impact on primary care.
- 16.2 NICE CG171 – Urinary Incontinence – CL raised the possibility of categorising incontinence and having different options for each, AB will raise with Catherine Weller, the SomPar continence lead.

17 FORMULARY APPLICATIONS

- 17.1 Lisdexamfetamine – discussed and agreed to propose as amber at SPF
- 17.2 Fencino – proposed as another option alongside Matrifen due to its good adhesion data – all agreed.
- 17.3 Insuman and Apidra – recommended to add to formulary – all agreed

18 SAFETY ITEMS, NPSA ALERTS AND SIGNALS

- 18.1 July DSU was viewed last meeting
- 18.2 August DSU – There is a Parenteral iron service being developed by the Clinical Innovations Group but the product recommended in this service does not have the cautions mentioned in the DSU
- 18.3 September DSU – there is an update to the Parenteral iron guidance

19 ANY OTHER BUSINESS - none

DATE OF NEXT MEETING

Wednesday 9th October 2013, Meeting Room 2, Wynford House

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 18th September 2013			
1	GP/Pharmacy Communication Form	To be developed	Steve DuBois 13th November 2013
2	Benzodiazepine Addiction	Draft letter from CCG to SCMP	Shaun Green Geoff Sharp 13th November 2013
3	Grapefruit Juice Poster	Amend poster and send with latest interaction info to practices and pharmacies	Helen Kennedy 13th November 2013
4	Insulin Initiation	Look at prescribing data from SomPar and get breakdown of initiations by area from Interface Service	Andrew Brown 13th November 2013
5	Cephalosporins	Raise prescribing within federations	All Federation Leads 13th November 2013
6	Cephalosporins	Speak to Microbiology lead to get advice on suitable alternatives with similar spectrums	Geoff Sharp 13th November 2013
7	DN Dressing project	Summary of roll-out for newsletter	Steve Moore 13th November 2013
8	DN Dressing project	Update on progress	Andrew Brown 15th January 2013
9	7 day prescribing	Raise with top 12 practices and feedback to PAMM	Shaun Green 13th November 2013
10	Community MAR Charts	Reminder to GPs to do prescribing on MAR charts to go in newsletter	Steve Moore 13th November 2013
11	Antibiotic prescribing	Produce laminated quick reference guide	Helen Kennedy 13th November 2013
12	QIPP graphs	Insulin analogues – crunch exact data to compare	Steve DuBois 13th November 2013
13	Formulary	Move generic Sildenafil to 1 st line for ED	Steve DuBois 13th November 2013
14	Formulary	Add Aripiprazole as per NICE TA292	Steve DuBois 13th November 2013
15	NICE CG171	Discuss categorising and options with Catherine Weller	Andrew Brown 13th November 2013
16	Formulary	Add Fencino, Apidra and Insuman to formulary	Steve DuBois 13th November 2013