

Somerset Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 15th January 2014**

Present:

Dr Geoff Sharp	Chairman, CCG Prescribing Lead
Ana Alves	Locality Medicines Manager
Dr Tony Austin	Chard, Crewkerne and Ilminster
Dr David Davies	West Somerset Representative
Shaun Green	Associate Director, Head of Medicines Management
Catherine Henley	Locality Medicines Manager
Dr Mike Holmes	South Somerset Representative
Helen Kennedy	Prescribing Support Technician, Secretary
Dr Catherine Lewis	Bridgwater Representative
Dr James Nicholls	West Mendip Representative
Donna Yell	Prescribing Support Technician

Apologies:

Andrew Brown	Somerset Partnership Representative
Dr Steve Edgar	LMC Representative
Dr Helen Kingston	East Mendip Representative
Dr Andrew Perry	Taunton Representative
Dr Carol Reynolds	North Sedgemoor Representative
Martin Taylor	LPC Representative

1 INTRODUCTIONS

1.1 Ana Alves and Donna Yell were introduced to the group.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Andrew Brown, Somerset Partnership Representative; Dr Steve Edgar, LMC Representative; Dr Helen Kingston, East Mendip Representative; Dr Andrew Perry, Taunton Representative; Dr Carol Reynolds, North Sedgemoor Representative; Martin Taylor, LPC Representative.

3 DECLARATIONS OF INTEREST

3.1 Standing declarations of interest were as attachment 1.

3.2 All GPs declared an interest in the prescribing incentive scheme.

4 MINUTES OF MEETING HELD ON 13th November 2013

4.1

4.2 Review of Action points

1. GP/Pharmacy Communication Form – completed.
2. Insulin Initiation – to be reviewed next month.
3. DN Dressing Project – this has been rolled out to South Somerset Federation and will continue to be rolled out across the county through 2014-15.
4. NICE CG171 – roll over to next month.
5. Nasal Flu Vaccines – completed.
6. Interim Gender Dysphoria Protocol and Service – completed.
7. Prescribing Incentive Scheme – Electronic Prescription Service – discussions around implementation are on-going, however there are plans to begin the roll-out across the county.

8. Anti-epileptics – completed.
9. NOACs – on agenda.
10. FLO TONE – completed.
11. Renavit – completed.
12. Fine point Needles – completed.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 NOAC Decision Aid

- 5.1 This will be distributed via the MM newsletter and has also been placed in the formulary. SG raised that there have been incidents in Bristol around NOACs and anti-platelets, they have issued some guidance which the MM team are reviewing and will either be distributed in the newsletter or in a separate communication. PAMM asked for a cover letter explaining that there are no head to head trials comparing individual agents when the NOAC decision aid is distributed.

6 Cellulitis Guidelines

- 6.1 These have been discussed at COG, they highlight the small evidence base for treatment with antibiotics but evidence does suggest short courses of high dose oral antibiotics are sufficient compared to parenteral antibiotics. After discussion PAMM agreed the following amendments:

- Add Doxycycline to the text
- Add Gout to differential diagnosis
- i.v. ceftriaxone is a red drug - Medical Assessment Unit In the differential diagnosis replace venous insufficiency with varicose eczema
- In differential diagnosis lymphoedema should include infected lymphoedema and be a red flag
- Add a warning to Doxycycline on the treatment page: Not for use in pregnancy
- Correct the spelling of Co-amoxiclav on the treatment page
- Add Amoxicillin and Clarithromycin to the flow chart as per text

The guidelines will be placed on the navigator app once the changes have been made.

7 2014-15 Incentive Scheme

- 7.1 Seasonal Flu Uptake – we viewed the data for nasal flu uptake in children, Somerset is better than peers but the uptake was generally low, although there was great variation across practices within Somerset. SG explained the proposal to include it in the incentive scheme to raise the uptake across Somerset. PAMM agreed to look again at when the end of year data is available.
- 7.2 CCBs – there are possible savings of £25K to £50K, although it was noted that the majority of practices have a high percentage of formulary CCBs and the practices who were very low are unlikely to change.
- 7.3 Sildenafil – with a target of 75% a large amount of money could be released, all agreed to add to the proposed scheme.
- 7.4 SG asked PAMM for any other suggestions.

8 MHRA Driving Under the Influence of Controlled Drugs

- 8.1 This is likely to become legislation in the near future, in order to protect patients it

was noted that dosages for these drugs need to be specific. It was suggested as an area to raise at the autumn prescribing leads meeting.

9 2014-15 Mini-Audit Suggestions

- 9.1 Review of prn doses for medicines implicated in the MHRA alert about driving under the influence of controlled drugs.
- 9.2 MI – review of patients on full doses of ACE/ARB/Beta Blockers – this ties in with the new NICE guideline for MI. NICE has an audit tool which could be reviewed to pick out appropriate questions for a mini audit – all agreed. Secondary care could also be encouraged to improve in-patient treatment.
- 9.3 COPD quality pyramid – review of over medicated patients on triple therapy – all agreed.
- 9.4 Anticholinergic load – audit polypharmacy for these drugs – all agreed.
- 9.5 QT Interval – this was discussed but the consensus was a preference for an audit on anticholinergic load.
- 9.6 Safety spread sheet – this was discussed but it was noted that this is already reviewed as a matter of course.

10 ADHD Shared Care Guidance

- 10.1 All agreed to amend the guidance according to the letter from Sue Roberts, the amended guidance will be distributed via the MM newsletter. There was also a discussion around a separate pathway for the use of ADHD medicines in adults.

11 Date of June Meeting – Proposal to move from 11th to 4th due to all day COG meeting

- 11.1 All agreed.

12 REPORTS FROM OTHER MEETINGS

12.1 Federation Feedback

- South Somerset – MH – meeting next week.
- West Somerset – DD – had discussed suggestions for the mini-audits.
- Central Mendip – GS – meeting tomorrow.
- Bridgewater Bay – CL – met in December, discussed MAR sheets – concerns re frequency of re-writing, GPs feel that it takes a lot of time – advised to raise via Somerset Partnership. Concerns re lack of direction from specialised when dosages are changed, particularly from ophthalmology, GS recommended incidents are raised as a patient safety issue via the professional feedback form. Another area raised was around midwives telling patients to get treatments from GPs without communicating this to the GPs, GS also recommended to raise this via the professional feedback form.
- Taunton – AP – not present.
- Chard, Crewkerne and Ilminster – TA – nothing to report.
- East Mendip – HK – not present.
- West Mendip – JN – nothing to report.
- North Sedgemoor – CR – not present.

- 12.2 COG – nothing specific for medicines management to report. Have been focussing on the 5 year strategy. GS gave an outline of the current QOF position and highlighted the message that practices are still expected to focus on quality areas and treat patients well.

- 12.3 YDH D&TC – the minutes were viewed and noted.
- 12.4 T&ST D&TC – the latest minutes were discussed at the last PAMM.
- 12.5 Weston D&TC – the minutes were viewed and noted.
- 12.6 T&S Antimicrobial Prescribing Group – There has been an on-going discussion around out-patients and parenteral antibiotic treatment. AA will raise the Somerset Partnership antibiotic guidelines mentioned in AOB.
- 12.7 LPC Report – MT not present.

PART 2 – ITEMS FOR INFORMATION OR NOTING

13 Current Performance

- 13.1 Prescribing Report – Produced using October data. SG ran through. The end of year position is varying greatly each month. SG has asked finance for a £1M increase (1.5%) to the prescribing budget for 2014-15, which is lower than national estimates of a 3.4% increase.
- 13.2 October Scorecard Federation Trend – viewed and noted.
- 13.3 Safety Spread sheet – SG raised the recommendation for withdrawal of Strontium, there were still 217 scripts dispensed in October. The spread sheet was noted.
- 13.4 Potential Generic Savings July to September 2013 – noted.

14 NICE

- 14.1 TA298 - Ranibizumab for choroidal neurovascularisation – this has been approved and was brought to PAMM for information.
- 14.2 CG172 – MI Secondary Prevention – viewed for information, this was discussed as a suggestion for a mini-audit.
- 14.3 CG173 – Neuropathic Pain – Pharmacological management – For information, Pregabalin is no longer a 1st line recommendation, the formulary has been updated accordingly.
- 14.4 TA301 Diabetic macular oedema - fluocinolone acetonide intravitreal implant (rapid review of TA271) – this has been approved and was brought to PAMM for information.

15 Formulary Applications

- 15.1 Rivaroxaban for signs and symptoms of DVT – GS recommended to approve in the DVT pathway as an alternative to enoxaparin as it is already being used in this way. Informally; trials show that Rivaroxaban is more cost effective and has better outcomes than low molecular weight heparins. All agreed to propose this to the pathway group within the CCG. It was noted that COG have approved a D-Dimer kit project for Taunton Federation.
- 15.2 Shortec® - Oxycodone – approved and added to the formulary.
- 15.3 Priligy® - Dapoxetine – this is a short acting SSRI licensed for premature ejaculation which has a good evidence base. There is currently no pathway within Somerset for this condition, anecdotally GPs are not seeing many patients but this does not mean that there are a significant number who are suffering without discussing it with their GP. All agreed to add this to the formulary.
- 15.4 Fidaxomicin – has been previously approved but was raised again as YDH have asked questions around funding. Nationally it is not seen as a PBR excluded drug. Numbers are low. It was agreed it should be funded via the contract as per other high cost treatments such as Vancomycin.
- 15.5 Canagliflozin – Recommended to add to formulary – all agreed.

16 Safety Items, NPSA Alerts and Signals

- 16.1 November DSU – Noted, Mefloquine and Sodium Valproate issues will be raised via the MM newsletter.
- 16.2 December DSU – noted, Rituxamab has been raised with secondary care, Dorzolamide and Clopidogrel issues will be raised via the MM newsletter.
- 16.3 Strontium – noted.

17 Any Other Business

- 17.1 SG raised the new respiratory treatment which will be on the February agenda.
- 17.2 MH raised Domperidone in breastfeeding – CL will forward the info she has. Any issues are to be raised via the professional feedback form.

18 Date of Next Meeting

Wednesday 12th February 2014, Meeting Room 1, Wynford House

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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 15th January 2014			
1	Insulin Initiation	Look at prescribing data from SomPar and get breakdown of initiations by area from Interface Service	Andrew Brown 12th February 2014
2	NICE CG171	Discuss categorising and options with Catherine Weller	Andrew Brown 12th February 2014
3	NOACs decision aid	Distribute via MM newsletter with covering note	Steve Moore 12th February 2014
4	2014-15 Incentive Scheme	Suggestions for incentive scheme indicators	All PAMM members 12th February 2014
5	ADHD SCG	Distribute amended version via MM newsletter	Steve Moore 12th February 2014
6	Formulary applications	Rivaroxaban, Shortec, Priligy, Canagliflozin all to be added to the formulary	Steve Moore 12th February 2014
7	DSU November	Raise Mefloquine and Sodium Valproate issues in MM newsletter	Steve Moore 12th February 2014
8	DSU December	Dorzolamide and Clopidogrel issues to be raised in MM newsletter	Steve Moore 12th February 2014
9	Domperidone in Breastfeeding	Forward information to PAMM	Catherine Lewis 12th February 2014