

**Clinical Commissioning Group**

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 11<sup>th</sup> March 2015**

Present:	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Dr Tony Austin	Chard, Crewkerne and Ilminster Representative
	Steve DuBois	Somerset Partnership Representative
	Dr Steve Edgar	LMC Representative
	Dr Adrian Fulford	Taunton Representative
	Shaun Green	Associate Director, Head of Medicines Management
	Matt Harvey	LPC Representative
	Catherine Henley	Locality Medicines Manager
	Dr Mike Holmes	South Somerset Representative
	Gordon Jackson	Lay Representative
	Helen Kennedy	Prescribing Support Technician, Secretary
	Dr Catherine Lewis	Bridgwater Representative
	Dr James Nicholls	West Mendip Representative
	Dr Carol Reynolds	North Sedgemoor Representative
	Donna Yell	Prescribing Support Technician, Secretary (replacing Helen Kennedy)
Apologies:	Dr Diane Bungay	East Mendip Representative
	Dr David Davies	West Somerset Representative
	Dr Mark Vose	East Mendip Representative

**1 INTRODUCTIONS**

- 1.1 Donna Yell was introduced to the group as the replacement secretary taking over from Helen Kennedy.

**2 APOLOGIES FOR ABSENCE**

- 2.1 Apologies were received from Dr Diane Bungay, East Mendip representative, Dr David Davies, West Somerset Representative and Dr Mark Vose, East Mendip representative.

**3 DECLARATIONS OF INTEREST**

- 3.1 Standing declarations of interest were as the agenda. All GPs declared an interest in the prescribing budget and prescribing incentive scheme.

**4 MINUTES OF MEETING HELD ON 11<sup>th</sup> February 2015**

- 4.1 The minutes of the meeting held on 11th February 2015 were agreed as an accurate record.
- 4.2 Review of Action points
1. Psychosis shared care guideline – There is a meeting scheduled March 18<sup>th</sup> to discuss this.
  2. Colief drops – ongoing work for Sompar
  3. Out-patient prescribing – on agenda
  4. Formulary changes – completed
  5. Flu vaccine uptake – on agenda
  6. Symbicort item for newsletter – medicines management newsletter due to be sent.
  7. NICE NG1 item for newsletter – medicines management newsletter due to be

sent.

8. NICE NG1 raise with health visitors and dieticians – completed.

## **5 Matters Arising**

- 5.1 Pivmecillinam treatment duration in men added to infection control guidance as the recommended 3 days rather than the usual 7 day course of antibiotics for UTIs in men. It was suggested to add as an item for the medicines management newsletter, Geoff Sharp also suggested passing the information to GP's via federations meetings. Shaun Green said that there will be some national guidance coming out which will aim for a 1% reduction in antibiotic items for CCGs – the wider issue of antibiotic prescribing will be raised then.
- 5.2 Somerset Medicines and Clinical Tasks Policy – discussion around the application of the policy, unrealistic expectation on GP's to inform carers of every change of medication. Possible solutions suggested to print MAR charts in pharmacies, Matt Harvey highlighted that pharmacies have different methods for printing MAR charts and it would not be possible in every pharmacy, Matt Harvey will raise this at the next LPC meeting. Mike Holmes suggested to develop an automated IT solution which prints a letter at the point a change is made to a patient's medication in EMIS, Shaun Green will ask Sam Pearce our IT contact to investigate.  
There was a discussion around using the existing community MAR chart rather than creating a new one, Liz Harewood will raise this with the working group.  
It was mentioned that the Summary Care Record is an accurate record of what the patient is prescribed but the MAR is an accurate record of what the patient has taken. The county council are asking for PAMM to support this document, PAMM unable to sign off as a policy. It was agreed to support the document as guidance but will not sign it off as formal policy due to the limitations and practicalities.

## **6 Other Issues**

- 6.1 PAMM start time - 9.30am was proposed as a revised start time, some reluctance as it will push the afternoon back, it was agreed to try 9.15am.
- 6.2 Communication on shared care medicines – discussion about the lack of information from secondary care when referring amber drugs for primary care prescribing under shared care guidelines. The assumption is that primary care will agree and only need to inform secondary care when declined this reduces the need for a positive response to be generated. Letters from secondary care to GP's often do not mention shared care guidelines which raises the concern that secondary care are not aware of them. There was a reluctance to introduce extra steps to acknowledge secondary care referrals, when trialled in the past it has resulted in extra workload, cost of postage and a delay for the patient receiving treatment. Conclusion was to ask secondary care to specify details in their referral letters mentioning the shared care guideline and the date of expected handover. Geoff Sharp has placed this item on the SPF agenda.
- 6.3 Bimatoprost (Lumigan<sup>®</sup>) eye drops strength change – 0.3% being withdrawn by manufacturer in March/April 2015, a trial has shown the 0.1% has the same clinical effect and less side effects. Ophthalmology secondary care support the change of strength in primary care without the need for a secondary care appointment but not a switch to Latanoprost which is a more cost effective option. Shaun Green has agreed with the ophthalmologists if a 0.3% generic becomes available we will recommend a switch to the generic. This will go in the newsletter.

**PART 1 – ITEMS FOR DISCUSSION OR DECISION****7 Formulary Applications**

- 7.1 Ensure<sup>®</sup> Shakes – a cost effective option same price as current formulary items. Recommended as green – all agreed. There will be a recommendation to switch from other ensure products to this one.
- 7.2 Cosmocol<sup>®</sup> paediatric and Half – line extensions, possible cost savings. Recommended as green – all agreed.
- 7.3 ThieCal<sup>®</sup> chewable tablets – current first line is Accrete D<sub>3</sub><sup>®</sup> a capsule shaped tablet to swallow twice daily, ThieCal<sup>®</sup> is the same price but a once daily chewable preparation offering a cost saving and concordance benefit. Recommended as green – all agreed.
- 7.4 Xenidate<sup>®</sup> - Sompar have approved for use in house not yet approved for switching. It is bioequivalent to Concerta<sup>®</sup> and is approximately 70% of the cost. If approved it will be a cost saving switch recommendation. Recommended as green – all agreed. Shaun Green suggested to put it in the scorecard – all agreed.
- 7.5 Dulaglutide (Trulicity<sup>®</sup>) injection – This is licensed for monotherapy where exenatide is not. More expensive than exenatide, no NICE guidance available and not on the horizon but there is for exenatide. Suggested to have as not recommended – all agreed
- 7.6 Exenatide (Bydureon<sup>®</sup>) modified release 2mg injection – recently launched as prefilled pen. Already on formulary as green just a new presentation – all agreed
- 7.7 Rivaroxaban (Xarelto<sup>®</sup>) license extension for 15mg and 20mg strengths for prevention of cardiovascular disease in patients with atrial fibrillation undergoing cardioversion. There has been an amendment to the SPC – Recommended to amend the formulary – all agreed. SPF discussing NOACS this afternoon.
- 7.8 Branded generic pregabalin products. Shaun Green mentioned the court case and NHS England's response to GP's which did not go to acute trusts. The CCG cannot deviate from that guidance. Recommended to hold for 1 month – all agreed. Steve Du Bois was asked to consider primary care costs when SOMPAR making recommendations on these branded generics for use in generalised anxiety disorder. Steve Du Bois informed the group that for Mental Health (MH) supplies it was relatively simple as for most (but not all) prescribing will either be for epilepsy or GAD or unlicensed generic supply / prescribing has already been approved, where neuropathic pain is the indication they'd recommended it be prescribed as Lyrica (in line with the "Pfizer ruling") – however it is sometimes unknown what the indication is if not for a MH condition. For community hospitals it was more complicated and Lyrica branded supply or prescribing will be recommended when used for neuropathic pain but generic is possible when for epilepsy, GAD or unlicensed use.

**8 Medicines Optimisation Clinical reference Group**

- 8.1 NHS England documents, currently secondary care focused. Shaun Green says at present there is no definitive impact on primary care.

**9 REPORTS FROM OTHER MEETINGS**

## Federation Feedback

- South Somerset – MH – symphony taking up a lot of time at federation meetings, there is an away day tomorrow which Ana Alves will attend.
- West Somerset – DD – not present
- Central Mendip – GS – Federation meeting next week

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- Bridgewater Bay – CL – nothing to report
- Taunton – AF – didn't attend
- Chard, Crewkerne and Ilminster – TA – nothing to report
- East Mendip – DB – not present
- West Mendip – JN – nothing to report
- North Sedgemoor – CR – all practices signed up to eclipse live.

Geoff Sharp recognised that prescribing often gets squeezed off the federation agendas and will look to ensure this is more of a priority next year.

COG – meeting last week discussed budget and incentive scheme

Somerset Partnership D&TC – increase in in house melatonin prescribing suspect paed's migrating to SOMPAR; Anecdotal reports of GP's initiating temazepam rather than zopiclone, need to raise awareness amongst GP's to use lorazepam or diazepam – there will be a reminder in the newsletter; NICE guidance dabigatran and post-natal health, valproate in women of child-bearing age outside of epilepsy use - an audit is being done; Lurasidone was a red drug but has now been decommissioned, some pts have been initiated who will maintain but not initiating any new ones.

YDH D&TC – next meeting 17.3.15

T&ST D&TC – Shaun Green didn't attend full meeting. Proposed bridging therapy stopping warfarin - needs a working group, for discussion at SPF; Infliximab - now launched and approved, for discussion at SPF; Nortriptyline - most are stopping but kept for use on an exceptional basis for gastro patients; Soluble prednisolone – non-formulary within the trust, using normal crushed and suspended in water for paed's; Lumigan – strength change agreed.

BSSG Formulary Group – Catherine Henley viewed the minutes and reported nothing new.

T&S Antimicrobial Prescribing Group – meeting 18/3/15, PAMM looked at the agenda. Geoff Sharp asked if Taunton and Yeovil's advice reflects each other, concern about differing advice within Somerset. Mike Holmes informed the group that YDH use Musgrove microbiologists and labs. Shaun Green mentioned the strategic infection control group who work across the county: SIPAC – strategic infection prevention and control assurance meeting.

RUH Bath DPG – Catherine Henley viewed the minutes and reported nothing obvious.

LPC Report – Matt Harvey told the group about the success of the minor ailments scheme, evaluation showed an approximate saving of £6000 at a cost of approximately £1000. Having difficulties with the engagement of the area team to expand the service although the LPC are looking to extend the range of products covered – however, the national service which includes OTC products such as paracetamol and head lice treatment will not be rolled out in Somerset as it goes against the self-care agenda; Free NHS flu vaccination pilot successfully vaccinated 1106 patients across 58 pharmacies, 38% of patients had not been vaccinated the previous year and 18% had never been vaccinated. Pharmacies used as more convenient for patients than visiting their GP. Pharmacists able to target patients fitting the national criteria highlighted by their prescriptions; Summary care record - pilot of 15 pharmacies able to access SCR due to finish at the end of March, the pilot pharmacies will continue to be able to access SCR. National rollout expected to be within 2-3 years, Somerset expected to be one of the first areas to roll out due to good amount of GP's uploading records to the spine. Pilot showed without access to SCR 69% of patients would previously have been referred to their GP, 5% to A&E and 26% to out of hours service or 111; Electronic prescribing – majority of surgeries

expected to go live April/May/June 2015. There are issues with Emis Web and EPS which Alison Nation is working on.

## **PART 2 – ITEMS FOR INFORMATION OR NOTING**

### **10 Current Performance**

10.1 Prescribing Report – Shaun Green had prepared a report submitted to COG at the beginning of March regarding the budget proposal for 2015-16. Shaun ran through the prescribing report, the forecast Nov to Dec has increased against the budget by approximately £500,000 to £1.8million, this is expected to come down on January data, a high volume of prescriptions were submitted in December and less than usual in January.

Shaun Green mentioned stroke admissions - December data shows 70 less admissions than the same period last year, no national data, believed to be due to NOACS, better BP control and statin improved prescribing; Care homes - work is being well received, £75,000 savings identified so far, de-prescribing and improved relations with care home staff enabling better outcomes for patients; Finances – discussions are being held with COG and finance to decide the budget for 2015/16. Geoff Sharp explained the finances for next year are exceptionally tight. Shaun Green expects the spend to be £2million more than the £77million finance have offered. Finance have calculated a £1.7million saving against QIPP savings which they deducted from growth. Geoff Sharp believes these savings are already being made and therefore not possible as an additional saving. It was agreed that £700,000 was a more likely saving, to negotiate with finance.

Shaun Green informed the group that the budget will look like an increase to practices because the dressings spend is going back in. The risk of losing practice engagement was discussed. It was agreed to go back to finance to suggest a compromise budget figure of £78million;

Incentive Scheme – three options were proposed for the 2015/16 incentive scheme.

1. No scheme
2. Prescribing plus an additional scheme (with a lower prescribing element)
3. Prescribing alone

Majority of the group agreed to option 3. Prescribing alone. Finance have set aside £350,000 to fund the scheme. Geoff Sharp asked for consideration and ideas for what the scheme should look like. Steve Edgar suggested something targeting frail and elderly patients but no details. Members to let Geoff Sharp and Shaun Green know ideas.

10.2 November Scorecard Federation Trend – looked at performance for the 3 key indicators. Finance has agreed that the work done towards achieving scorecard indicators in 2014/15 will be rewarded as part of the incentive scheme. Details to be finalised. Shaun Green said the intention is to have a much bigger scorecard going forward to reflect the medicines management work, Geoff Sharp asked if it could be consistent with national recommendations, Shaun Green said that QIPP indicators are also monitored.

10.3 Safety spread sheet – viewed and noted. Eclipse live monitoring mentioned as part of safety monitoring.

10.4 October to December 2014 Toolkit graphs – viewed and noted, a new graph including co-amoxiclav with quinolones and cephalosporins has been introduced although it was not felt to be helpful to group these together. They will be raised with individual practices to highlight areas of concern.

- 11 Medicines Optimisation Dashboard** – nothing new to report.
- 12 Rebate Schemes** – nothing new to report
- 13 NICE**
- 13.1 NG3: diabetes in pregnancy – noted, Mike Holmes raised that OGTT will be used to diagnose gestational diabetes rather than HbA1c.
- 13.2 NG2: bladder cancer – noted
- 13.3 LGB25: older people in care homes – roll over to April PAMM
- 13.4 NG5: Medicines Optimisation – roll over to April PAMM  
Geoff Sharp requested to highlight all in Medicines Management newsletter.
- 14 Safety Items, NPSA Alerts and Signals**
- 14.1 February DSU – Shaun Green mentioned the drug driving legislation which is now live and arrests have been made.
- 14.2 Patient safety alert – risk of severe harm and death from unintentional interruption on non-invasive ventilation. - noted
- 14.3 Patient safety alert – Risk of death from asphyxiation by accidental ingestion of food/fluid thickening powder. – noted as a care home issue
- 14.4 Acute Kidney Injury – a focus for the national agenda in the coming year. It has been flagged to community pharmacies and will be included as part of safety work. Shaun Green shared NHS Highland's Medicine Sick Day Rules Cards – Interim evaluation. Suggested that the medicines management team develop similar patient information cards and distribute across Somerset – all agreed to look at further. Shaun Green to talk to locality medicines managers at their meeting 13/3/15. Carol Reynolds suggested it as an idea for the 2015/16 incentive scheme.
- 15 BNF Changes** – noted.
- 16 Any Other Business**
- 16.1 Mike Holmes informed the group of a Somerset Care policy he has recently encountered which prevents care staff cutting or crushing any medications. Shaun Green will raise with Somerset Care, he explained that cutting or crushing tablets renders them unlicensed as does flushing down a PEG tube and often liquid preparations are unlicensed. For advice refer to special guidance.
- 16.2 Attachments distributed to PAMM members as zip files caused difficulties for some members. Agreed to revert to usual format for distribution.
- 16.3 YDH selected by NHS England as 1 of 29 Vanguard sites - noted
- 16.4 Steve Du Bois mentioned there have been some recent issues with avoidable C-Diff cases connected with RUH Bristol labs - noted

**Date of Next Meeting**

Wednesday 15<sup>th</sup> April 2015, Meeting Room 1, 9.15am, Wynford House, Yeovil.



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

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 11<sup>th</sup> March 2015</b>			
1	Psychosis Shared Care Guideline	Provide numbers of patients likely to be affected and an estimate of the financial and workload impact on Somerset Partnership	<b>Steve DuBois 15<sup>th</sup> April 2015</b>
2	Pivmecillinam	Item to add to newsletter and raise at federation meetings around duration of treatment	<b>Steve Moore and Federation Leads 15<sup>th</sup> April 2015</b>
3	Somerset Medicines and Clinical Tasks Policy	Approach Sam Pearce for development of an automated IT solution to notify carers of patient medication changes.	<b>Shaun Green 15<sup>th</sup> April 2015</b>
4	Somerset Medicines and Clinical Tasks Policy	Add to LPC agenda for discussion	<b>Matt Harvey 15<sup>th</sup> April 2015</b>
5	Somerset Medicines and Clinical Tasks Policy	Raise issue of needing a standardised MAR chart with the working group	<b>Liz Harewood 15<sup>th</sup> April 2015</b>
6	Somerset Medicines and Clinical Tasks Policy	Raise with patient safety for comment	<b>Catherine Henley 15<sup>th</sup> April 2015</b>
7	Bimatoprost	Item for newsletter re ok to change to 0.1% in primary care	<b>Steve Moore 15<sup>th</sup> April 2015</b>
8	Formulary changes	<ul style="list-style-type: none"> <li>• Ensure<sup>®</sup> Shakes – green</li> <li>• Cosmocol<sup>®</sup> Half and Paed – green</li> <li>• ThieCal<sup>®</sup> chewable – green</li> <li>• Xenidate<sup>®</sup> - green</li> <li>• Dulaglutide (Trulicity<sup>®</sup>) – not recommended</li> <li>• Exenatide (Bydureon<sup>®</sup>) prefilled pens – green</li> <li>• Rivaroxaban (Xarelto<sup>®</sup>) license extension for 15mg and 20mg strengths – green</li> </ul>	<b>Steve Moore 15<sup>th</sup> April 2015</b>
9	Xenidate <sup>®</sup>	Add to scorecard indicators as a cost saving option.	<b>Helen Kennedy 15<sup>th</sup> April 2015</b>
10	Pregabalin branded Generics	Postponed for 1 month in March meeting, to add to agenda for April PAMM	<b>Donna Yell 15<sup>th</sup> April 2015</b>
11	Temazepam initiating	Reminder of hypnotics guidance to go in newsletter	<b>Steve Moore 15<sup>th</sup> April 2015</b>
12	T&ST D&TC Proposed bridging therapy stopping warfarin	Needs a working group, for discussion at SPF	<b>Shaun Green 15<sup>th</sup> April 2015</b>

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<b>13</b>	T&ST D&TC Infliximab - now launched and approved,	For discussion at SPF	<b>Shaun Green 15<sup>th</sup> April 2015</b>
<b>14</b>	Budget and Incentive Scheme	Decisions to be discussed with finance	<b>Geoff Sharp and Shaun Green 15<sup>th</sup> April 2015</b>
<b>15</b>	Ideas for incentive scheme	Members to consider and propose ideas for 2015/16 incentive scheme.	<b>PAMM Members 15<sup>th</sup> April 2015</b>
<b>16</b>	Antimicrobial toolkit data	Co-amoxiclav to be divided out from quinolones and cephalosporins. Areas of concern to be highlighted to practices.	<b>Shaun Green 15<sup>th</sup> April 2015</b>
<b>17</b>	NICE guidance LGB25 and NG5	Items not discussed 11 <sup>th</sup> March 2015. Add to agenda for 15 <sup>th</sup> April 2015	<b>Donna Yell 15<sup>th</sup> April 2015</b>
<b>18</b>	NICE guidance	All recent items to be mentioned in newsletter	<b>Steve Moore 15<sup>th</sup> April 2015</b>
<b>19</b>	Acute Kidney Injury. Sick Day Rules cards	Discuss development of pt cards and distribution across Somerset with Pharmacist Managers.	<b>Shaun Green 15<sup>th</sup> April 2015</b>
<b>20</b>	Somerset Care cutting/crushing tablets policy	Contact Somerset Care to discuss	<b>Shaun Green 15<sup>th</sup> April 2015</b>