

Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 17th June 2015**

Present: Dr Geoff Sharp (GS) Chairman, CCG Prescribing Lead
Dr Adrian Fulford (AF) Taunton representative
Shaun Green (SG) Associate Director, Head of Medicines Management
Catherine Henley (CH) Locality Medicines Manager
Dr Mike Holmes (MHo) South Somerset Representative
Gordon Jackson (GJ) Lay Representative
Dr James Nicholls (JN) West Mendip Representative
Dr Mark Vose (MV) East Mendip representative
Donna Yell (DY) Prescribing Support Technician, Secretary

Apologies: Dr Tony Austin (TA) Chard, Crewkerne and Ilminster Representative
Dr Diane Bungay (DB) East Mendip Representative
Dr Steve Edgar (SE) LMC Representative
Dr Catherine Lewis (CL) Bridgwater Representative
Matt Harvey (MH) LPC Representative
Dr Carol Reynolds (CR) North Sedgemoor Representative
Steve DuBois (SDB) Somerset Partnership Representative
Dr David Davies (DD) West Somerset Representative

1 INTRODUCTIONS

1.1 At around 10am Rachel Rowe – Clinical networks programme manager SCCG, Jim McArdle – Interface clinical services and Adam Clements - Bayer arrived to discuss agenda item 6.2 and were introduced to the meeting, they left after having made their presentation.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST – nothing new**4 MINUTES OF MEETING HELD ON 20th May 2015**

4.1 Agreed as an accurate record of the meeting.

4.2 Review of Action points

1. Somerset Medicines and Clinical Tasks Policy – comments to be incorporated into the policy as suggested by Karen Taylor. PAMM also suggest changing the title to ‘Guidance’ rather than ‘Policy’ as difficult to implement as a must do policy. To stay on the agenda until completed.

2 & 3 PAMM terms of reference regarding immunisation monitoring – There had been a misunderstanding about the expectations of Public Health England (PHE). Having revisited the COG minutes and discussed with Julie Yates, the request was for some support to help improve immunisation uptake and not for another committee to monitor uptake. Ongoing discussion may result in the PAMM Terms of Reference needing to be amended again to remove the section on immunisation monitoring. The Somerset Immunisation group are already monitoring uptake but do not have any CCG GP representation on that committee. Need to feedback to Julie Yates via Lucy Watson PAMM position. GS to write to Lucy Watson.

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- 4 Antipsychotic shared care guidelines – further suggestions for amendment emailed this morning from SDB but CH and SG have not looked at yet, not yet concluded.
- 5 Bisphosphonate drug holidays – discussed at SPF no consensus that it should be adopted. Patients to be assessed individually.
- 6 Analgesic ski-slopes – on agenda to be discussed
- 7 Medication Safety Network allergy reporting – CH passed on PAMM feedback to Karen Taylor.
- 8, 9, 10 – Newsletter items, Medication Safety Network Allergy reporting, Temazepam initiating and Warfarin guidelines. newsletter not yet published.
- 11 Chronic Stable Angina Pathway – Ranolazine change to Green. CH to check if done.
- 12 Digoxin associated mortality in AF patients – newsletter item to be done. SG has had contact with a GP who has done a recent audit. SG has asked if the findings can be shared.
- 13 Formulary Changes – CH to check if done.
- 14 DSU – codeine in children <12 contraindication – SM still to do
- 15 Out-patient letter – has been shared through SPF. GS to write to the trust medical directors to promote its use.
- 16 2015/16 draft incentive scheme – amendments made
- 17 Care home medicines optimisation report – has been shared with prescribing leads
- 18 My Life Plan – concerns have been fed back
- 19 Guideline for the supplementation and blood monitoring of bariatric patients – Has been shared with the LMC, awaiting feedback, GS to write to SE.
- 20 Learning from 2014/15 incentive audits – on agenda to be discussed
- 21 PAMM meeting frequency – on agenda to be discussed
- 22 Prescribing as a standard agenda item at federation meetings – passed on
- 23 Immunisation monitoring not PAMM responsibility
- 24 & 25 for July PAMM

PART 1 – ITEMS FOR DISCUSSION OR DECISION**5 Matters Arising**

- 5.1 Warfarin bridging therapy guidelines – a number of amendments have been made following recommendations by SG. The agreement reached puts most of the workload with pre-op assessment nurses and trusts. There is a difficulty with trusts using differing guidance across Somerset. This guidance from MPH is likely to be adopted by YDH as they use the same haematologists.

It was mentioned that it can sometimes be difficult to establish what patients should be prescribed / how they should be monitored when operations are cancelled at the last minute. There was a debate about the wording of the document and who is responsible for monitoring INR particularly when GP practices are closed and how secondary care are informed of the test results.

The guidance has been shared with the LMC but no feedback received yet. GS to write to the LMC for their views before approval by PAMM and to RUH and Weston hospitals to inform them of the revised guidance being developed at MPH to promote consistency across Somerset.

- 5.2 Learning from 2014/15 incentive audits – CH talked through the presentation prepared by Steve Moore and Vicky Bull. There were some questions about the format of some of the results presented particularly for the antipsychotic and COPD audits. Need to clarify the meaning of the ranges of percentages. Summary of results and recommendations to be shared with practices.
- 5.3 Rifaxamin for encephalopathy traffic light status: Red – noted. BNSSG have categorised as Amber so potentially some variation in the north of the county.
- 5.4 Hypnotics, analgesics, tramadol and codeine ski slopes – There are some high prescribing practices and an over use of opioids in non-cancer pain across Somerset and nationally. The pain toolkit was shared with practices last year and there was a presentation by the pain service at the prescribing leads medicines management event in December 2014. SG is involved in the early stages of developing guidance for appropriate treatment of pain in collaboration with the pain team and Alf Collins to reduce the escalation of analgesics for patients with non-cancer pain. The advice will be around how to help patients to manage their pain rather than prescribing escalating doses of analgesics.

The potential for ‘diversion’ of prescribed drugs were mentioned, where prescribed medication is sold on the open market. SG confirmed that the Counter Fraud Agency is responsible for dealing with fraudulent prescription issues.

Work has been done in the past to try to minimise hypnotics. The data for practices prescribing high volumes tend to have a few patients who are using vast quantities. Somerset CCG prescribing data on hypnotics compares well with other CCG’s.

The debate was drawn to a close by GS who suggested the analgesics ski slopes as a good topic to be discussed at federation meetings to help promote changes in prescribing practice.

- 5.5 Somerset Medicines and Clinical Tasks policy, discussed during review of actions (item 1 above)
- 5.6 PAMM meeting frequency – a general discussion about reducing the number of meetings in a year to free up federation representatives to work within their federations to promote changes. It was agreed that reducing the number of meetings would increase the number of items to be discussed during a meeting and time constraints would make this difficult. Agreed no change.

6 Other Issues

- 6.1 Governing Body feedback – the email from Lucy Watson regarding feedback from the governing body was shared and noted.
'I can confirm that the Governing Body approved the Prescribing Incentive and Quality Improvement Scheme at the Governing Body today and David Slack and the GB commended the PAMM and the CCG medicines management team for their work and approach to clinical effectiveness and cost effectiveness of prescribing practice in Somerset and resulting quality and patient safety of meds management for patients'

- 6.2 Stroke prevention in AF an Interface Clinical Services programme – Jim McArdle, Rachel Rowe and Adam Clements (*as introductions*) came to present a proposal for a collaborative work programme to review the management of stroke prevention for atrial fibrillation patients within the CCG. Similar to the Apodi project but will not be holding clinics. Specialist pharmacists will go into practices and use a tool similar to Grasp AF to search for patients with AF who are at risk from a stroke and may benefit from an anticoagulant. The pharmacist will review the patient, looking at the accuracy of read coding, recommending anticoagulation for untreated patients and the safety of any anticoagulant already prescribed for patients. The pharmacist will then work with the patients' GP to implement the relevant appropriate medication changes, in line with national guidance.

It was agreed that it would be best to prioritise the practices that had not had involvement with Apodi in the past. It was mentioned that practices that were previously involved with the Apodi clinics may see Interface as an inferior service. However, Interface are focusing on improving the knowledge and skills of GP's to enable them to deal with future patients. SG mentioned that a majority of practices in Somerset are using Grasp AF; Interface assured the group they will use that tool if the practice prefers it.

As only one pharma company is involved (Bayer) SG mentioned the concern that we would not want to see patients being switched to Rivaroxaban (Xarelto[®]) inappropriately. SG also stated that the CCG will need to provide a report on funding. Interface confirmed that they can provide a monthly report to show the investment to date. SG requested an estimate of cost for one practice to begin with. GS would like assurances that the correct governance processes had been followed. PAMM agreed to support the proposal providing the correct governance process have been followed.

- 6.3 RCN insulin syringe guidance – Has been flagged to Sompar, the guidance says as a last resort pre-preparation can take place as long as there is an SOP in place. Sompar do not recommend it at all, their policy says it shouldn't happen. Discussion opened up to establish if there is a need for a policy to be in place to support pre-

preparation of syringes. Historically some experience of it happening for patients but not recent. Sompar to respond at next PAMM.

7 Formulary Applications

- 7.1 Fosfomycin Trometamol 3g sachets – This licensed product has become available. Use of FP10 to prescribe fosfomycin can replace the historic practice of faxing the hospital for supply. Proposed to go onto formulary as green on the recommendation of microbiologists – Approved.
- 7.2 Consilient brand emergency contraception: Upostelle – contains 1500mcg levonorgestrel and is licensed for the same indications as Levonelle[®] but approximately 20% cheaper – Approved.
- 7.3 Nutilis[®] Clear- Similar to Thick & Easy[®] clear and Resource[®] ThickenUp[®] clear but has a larger scoop and lower cost per scoop. – Approved
- 7.4 Sirdupla[™] 25/125mcg and 25/250mcg MDI - new LABA/corticosteroid inhaler containing the same active ingredients (fluticasone and salmeterol) as Seretide. Is not licensed in patients under the age of 18. The 25/125 is approximately £10 cheaper than Seretide and the 25/250 approximately £15 cheaper. – Approved
- 7.5 Prednisolone Dompe 1mg/ml oral solution single dose (5ml) vials – alternative option to very expensive soluble prednisolone tablets for patients who are unable to take solid prednisolone tablets. Dose for dose there is a 35% cost saving versus soluble tablets. GS asked about flavour, the SPC states Honey and Vanilla cream in its list of excipients. SG mentioned MPH has changed to crushing normal tablets. - Approved

9 REPORTS FROM OTHER MEETINGS

Federation Feedback

- South Somerset – MHo – during last meeting discussed budget; urinary infection resistance: microbiology from another area suggested evidence that using Amoxicillin 3g sachets in a single dose increased sensitivity. Ana Alves to discuss with Dr Bob Baker. Immunisation uptake: most practices felt they had put in a big effort to increase uptake but had come up against resistance from some Eastern Europeans, particularly the Polish community who may be misled in thinking it has to be paid for, the practices felt there wasn't enough advertising or promotion to dispel that thinking in Somerset. SG to feedback to Public Health; MHo is going to share the slides from Kate Brookman's respiratory presentation with all practices;
- West Somerset – DD – not present
- Central Mendip – GS – prescribing has been added as a standard agenda item. Safety and performance data was shared.
- Bridgewater Bay – CL – not present
- Taunton – AF – nothing to report
- Chard, Crewkerne and Ilminster – TA – not present
- East Mendip – MV – nothing to report
- West Mendip – JN – nothing to report
- North Sedgemoor – CR – not present

COG – nothing to report

Somerset Partnership D&TC – not present

YDH D&TC – next meeting 23/6/15

T&ST D&TC – next meeting 31/7/15

BNSSG Formulary Group – last meeting 2/6/15 – minutes not received. CH to chase

T&S Antimicrobial Prescribing Group – next meeting 12/8/15

RUH Bath DPG – CH viewed the minutes and reported the approval of the unlicensed use of rivaroxaban for thromboprophylaxis in patients requiring lower limb immobilisation following a fracture. The proposal went to the BCAP joint formulary committee where it was recommended that RUH should prescribe the full course. GS has written to RUH facing practices to advise of this.

LPC Report – not present

Somerset Immunisations group – not PAMM responsibility to monitor

Medicines Safety Network – minutes viewed and noted. PAMM comments on allergy reporting have been fed back to Karen Taylor. GS would like to check the terms of reference when finalised and to check that the meeting has representation from Sompar.

PART 2 – ITEMS FOR INFORMATION OR NOTING

10 Current Performance

10.1 Prescribing report – SG presented a report containing data for March and April. The end of year position for 2014/15 was an overspend of £1.7million, £0.6million arising from category M drugs. The practice end of year position shows the smallest number of practices underspending than previous years, due to a very challenging budget having been set. Somerset is the 23rd lowest CCG on all costs 15.75% below the national average.

2015/16 budgets have been set and practices have been notified. April data shows a growth in prescribing costs of 4.6%. SG has raised the risk of overspending with the relevant committees. There are now 20 scorecard indicators which the medicines management prescribing support team will be focusing on before commencing work on audits.

Still no agreed contract with Yeovil and Taunton trusts for PBR excluded drugs budget. A bio similar infliximab has been introduced in Taunton and can offer some significant cost savings that then get reinvested into the high cost drugs budget, to be followed up at Yeovil.

10.2 April scorecard federation trend – not available

10.3 April Safety spreadsheet – not available

10.4 Immunisation monitoring – not PAMM responsibility

13 Medicines Optimisation Dashboard

New version has been published but still in development - viewed and noted. Not felt to be needed as a standard agenda item, DY and CH to monitor for updates

and bring to PAMM when relevant. Utilises QOF data so may not be accurate as Somerset opts out of QOF.

14 Rebate Schemes

- 14.1 Rebates have been offered for Oxis[®] and Symbicort[®] both items are already on formulary, the rebate scheme will be accepted but no work on switching to these products will be undertaken

15 NICE

- 15.1 NG9: Bronchiolitis in children – does not recommend antibiotics, to be flagged to the antimicrobial group.
- 15.2 NG10: Violence and aggression, short term management in mental health, health and community settings and NG11: Challenging behaviour and learning disabilities, prevention and interventions for people with learning disabilities whose behaviour challenges. Both these are undergoing a compliance assessment at Sompar and their guidelines will be reviewed. Some sections do apply to primary care settings – noted.
- 15.3 TA341: Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism – already on formulary. Formulary to be updated with details of NICE guidance.

16 Safety Items, NPSA Alerts and Signals

- 16.1 May 15 DSU – Mainly secondary care. Noted.
- 16.2 NPSA May - Risk of death or severe harm due to inadvertent injection of skin preparation solution. Seems to apply to radio pharma procedures, secondary care. Noted.

17 BNF Changes

- 17.1 May 15 Newsletter – viewed and noted.

18 Any Other Business

- 18.1 MHo had experienced a situation during telephone triage with a patient having sub cut methotrexate, there was no information on the EMIS prescriptions screen. The patient informed MHo verbally in passing. A significant event report is being done. It shows there are still issues with GP's not knowing how to record 'Hospital Issue' medications, one of the GP's had to ask MHo how to do it. GS suggested a newsletter item with a "How To" guide for EMIS web. MV has had a significant event the other way round where a hospital issue item with a quantity of zero and directions stating 'hospital only' was still dispensed at a pharmacy. Their practice has reviewed and increased the number of Hospital issue items on records.
- 18.2 Pivmecillinam – green on formulary. Microbiology have removed co-amoxiclav from their sensitivity testing and replaced with pivmecillinam so likely to be more prescriptions for this drug. There are reports that stock can be difficult to obtain.

Date of Next Meeting

Wednesday 15th July 2015, Meeting Room 1, Wynford House, Yeovil

**PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS**

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 17th June 2015			
1	Somerset Medicines and Clinical tasks Policy	To discuss further with Karen Taylor – suggest change of title from policy to guidance.	Catherine Henley 15th July 2015
2	Stroke prevention in AF – Interface Clinical Services programme	Check with Rachel Rowe that correct governance processes has been followed.	Catherine Henley 15th July 2015
3	BNSSG formulary group meeting	Chase minutes of meeting held 2/6/15	Catherine Henley 15th July 2015
4	Medication Safety Network	check the terms of reference when finalised and to check that the meeting has representation from Sompar.	Catherine Henley 15th July 2015
5	Antipsychotic Shared Care Guidelines	Document to be concluded, feedback to PAMM when agreement is reached.	Catherine Henley & Shaun Green 15th July 2015
6	Eastern Europeans immunisation uptake	Feedback comments from South Somerset federation meeting to public health	Shaun Green 15th July 2015
7	Immunisation Uptake Monitoring	Feedback PAMM position to Lucy Watson and Julie Yates	Geoff Sharp 15th July 2015
8	Warfarin bridging therapy guidelines	Letter to be written to the LMC for their views on the document.	Geoff Sharp 15th July 2015
9	Warfarin bridging therapy guidelines	Letter to be written to RUH and Weston hospitals to inform them of the revised guidance being developed at MPH to try to get some consistency across Somerset.	Geoff Sharp 15th July 2015
10	Out-patient letter	Letter to be written to the trust medical directors to promote use.	Geoff Sharp 15th July 2015
11	Guideline for the supplementation and blood monitoring of bariatric patients	Letter to be written to the LMC for their views on the document.	Geoff Sharp 15th June 2015
12	DSU - Codeine in children <12 contraindication	To do a search to establish if any in Somerset	Steve Moore 15th July 2015
13	Learning from 2014/15 incentive audits	Clarification on the meaning of the percentage ranges for the Antipsychotic and COPD audit results. Summary of results and recommendations to be shared with practices. Results to be tidied and slide 13 typo “beta clocker” to be corrected.	Steve Moore & Shaun Green 15th July 2015

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14	Formulary changes	<ul style="list-style-type: none"> • Ranolazine to be changed to green on traffic lights and formulary ref Chronic Stable Angina pathway. • Pregabalin for GAD and Epilepsy change to green on traffic lights. • Fosfomycin Trometamol 3g sachets – Green on recommendation of microbiologists. • Upostelle[®] branded generic emergency contraceptive – Green • Nutilus[®] Clear - Green • Sirdupla[®], new LABA/corticosteroid inhaler cheaper alternative to Seretide – Green • Prednisolone Dompe 1mg/ml oral solution single dose (5ml) vials, cheaper alternative to soluble prednisolone – Green • Apixaban – update formulary with details of new NICE guidance 	Steve Moore 15th July 2015
15	Newsletter articles	<ul style="list-style-type: none"> • Medication Safety Network – allergy reporting. Information from MHo to go in newsletter highlighting a good and bad example. • Temazepam initiating. Reminder of hypnotics guidance. • Warfarin guidelines. Article regarding INR testing recommendations when prescribing medications that may interact. • Digoxin associated mortality in AF patients. Article based on the European Heart Journal article May 2015 • Hospital Only medication recording. Article with a “How to” guide for EMIS web prescription records. 	Steve Moore 15th July 2015
16	NG9: bronchiolitis in children	Guidance to be flagged to the antimicrobial group.	Ana Alves 15th July 2015
17	Amoxicillin 3g Sachets	Query regarding microbiology from another area suggesting evidence that using Amoxicillin 3g sachets in a single dose increased sensitivity. Ana Alves to discuss with Dr Bob Baker	Ana Alves 15th July 2015
18	RCN insulin syringe guidance	Sompar to respond with their policy decision at next PAMM.	Steve Du Bois 15th July 2015
19	Analgesic, tramadol and Codeine ski-slopes	To be shared at federation meetings to prompt a discussion to promote change in prescribing practice.	PAMM federation representatives. 15th July 2015
20	INR medication safety incidents reports	Search for practice specific data on number of patients with INR >5 to compare with medication incident reports.	Steve Moore 15th July 2015
21	INR medication safety incidents reports	Report for the anticoagulation steering group last year to be updated for this year, present at July PAMM.	Jo Bird 15th July 2015