NHS
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, 14th October 2015**

Present:	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Dr Toby Burne (TB)	CLICK Representative
	Dr David Davies (DD)	West Somerset Representative
	Lou Evans	Audit Committee Chair
	Dr Adrian Fulford (AF)	Taunton representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Liz Harewood (LH)	Somerset Partnership Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Sophie Herman	LPC representative
	Dr Mike Holmes (MHo)	South Somerset Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Carol Reynolds (CR)	North Sedgemoor Representative
	Val Sprague	LMC representative
	Dr Mark Vose (MV)	East Mendip representative
	Donna Yell (DY)	Prescribing Support Technician, Secretary
Apologies:	Dr Diane Bungay (DB)	East Mendip Representative
	Matt Harvey (MH)	LPC Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Gordon Jackson (GJ)	Lay Representative
	Steve DuBois (SDB)	Somerset Partnership Representative
	Dr Steve Edgar (SE)	LMC Representative

1 INTRODUCTIONS

- Toby Burne was introduced as the new representative for CLICK Commissioning Locality.
- Sophie Herman was introduced as the LPC representative standing in for Matt Harvey.
- Lou Evans was introduced as an observer of the meeting. Invited by GS following a meeting of the audit committee.
- Val Sprague was introduced as the LMC representative standing in for SE.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1
- TB declarations to be added. DY to action.
- CH mentioned manufacturer's names are now added against new formulary applications to raise awareness where a conflict of interest may occur.

4 MINUTES OF MEETING HELD ON 15th July 2015

4.1 Agreed as an accurate record of the meeting.

4.2 Review of Action points
GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda. The following items were specifically noted:

- Out-patient letter – CH has had responses from three trusts, MPH and YDH are using the letter and SomPar are taking to their next senior management team meeting.

- LMWH perioperative bridging policy – CH to chase secondary care response to SPF suggested changes for next SPF (11/11/15)

- Pivmecillinam sensitivity testing – Banes, RUH and BNSSG have added to their formulary. There was a discussion around testing results, supply issues and duration of treatment.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising – none

6 Other Issues

6.1 **Update on AF project – Interface Clinical Services**

- An email between Rachael Rowe and SG was shared. It has come to light that although reassured that other pharma companies had been invited and declined to participate in this joint working project. Interface Clinical Services could not provide evidence. This has therefore stalled progress.

- There is another project around AF which may be considered in future. However, until we have reassurance that all companies with an interest in the project have been invited to participate, no further progress can be made.

- It is imperative that due process is followed and our 'Joint Working Policy' is adhered to before we give the go ahead to any such projects. GS queried if the policy is known throughout the CCG. SG mentioned that the CCG has a lot of policies that people may know of but not be familiar with in detail.

- CH to share 'Joint Working Policy' and remind clinical programme groups of its existence, and the need to adhere to it when working with pharma companies.

- SG informed the group of the good news with stroke reduction in Somerset, due to the historic work done promoting the use of NOACS. In 2014/15 there were 57 less strokes in the county than in 2013/14. The first quarter data of 2015/16 is showing an improvement on that. The spend on NOACS was around £3million last year and the predicted spend is around £4million this year, warfarin use remains stable. The savings are made in secondary care with reduced stroke treatments.

6.2 **Medicines Incident Reports: Quarterly report (quarter 2)**

- CH presented Jo Bird's report, the majority of reports are around warfarin patients who have had raised INR (>5). In the majority of cases no clear reason why this has happened is identified.

- Jo included the flow chart detailing the mechanism for reporting incidents as requested by PAMM within the report.

- SG mentioned an issue with Diamorphine 100mg being selected on GP systems rather than 10mg. In order to differentiate between these strengths it has been suggested removing the high strength morphine preparations from practice

formularies. It will still be possible to prescribe higher strengths but they would not be highlighted as formulary preference.

- LH spoke about the insulin incident. A type 2 diabetic on insulin, during admission her insulin dose was changed. The discharge summary stated her insulin dose as: “Humulin I 60 units at night". The patient interpreted the capital 'I' as the number 1 and self-administered 160 units of Humulin I instead of 60 units. The suggestion is to add the word Insulin after the product name i.e. Humulin I insulin 60 units at night. Sue Down is leading on getting this message out.

- Some areas seem to be reporting on DATIX more than others. It was felt to be useful to share the report and to raise awareness of DATIX reporting through the newsletter. The flow chart is being shared through the safety net newsletter.

6.3 **Antimicrobial resistant quarterly surveillance workbooks**

- Viewed and noted, not felt to be useful to share more widely.

6.4 **Self-Care Medicines**

- The BMA GPC report “Responsive, safe and sustainable” (page 11) was viewed and noted.

- SG brought a revised 2015/16 copy of the medicines management self-care leaflet to the group, there is no change to the list of products. There was a discussion around the wording and suggested changes:
  - A Link to the self-care forum has been added.
  - Change ‘In some circumstances your doctor can still prescribe these medicines on the NHS if they believe a true clinical need exists.’
    To
    ‘In exceptional circumstances your doctor can still prescribe these medicines on the NHS if they believe self-care is not appropriate.’
  - Add ‘and are the same as’ to
    ‘Many of these products are cheap to buy and are readily available along with advice from pharmacies, as well as shops and supermarkets (which are often open until late)’

- Self-Care ties in with savings and the budget pressure and could also help with work load burden. It is a difficult message and ultimately the clinical decision to treat rests with individual GP’s.

- Bridgwater commissioning locality have edited the leaflet adding each GP’s name to discourage patients playing them off against each other.

7 Formulary Applications

There was a discussion around the decision to add manufacturer’s names to the agenda. Lou Evans said that if a member had a declaration of interest with that manufacturer they should leave the room for the duration of the discussion. The group agreed that it would be useful to include the manufacturer’s name for clarity and to highlight to members where they may have a conflict of interest.

7.1 **Synjardy (empagliflozin/metformin)** *Boehringer Ingelheim Limited*
12.5mg/1000mg, 12.5mg/850mg, 5mg/1000mg, 5mg/850mg,
All strengths £36.59 for 56 tablets.

- This combination product costs the same as Empagliflozin alone.
- A similar combination preparation already exists as green on the traffic lights: Xigduo® (dapagliflozin and metformin) where patient choice or compliance dictates a combination form.
- Agreed to add to formulary with **GREEN** traffic light status for stable patients.

7.2 **Binosto 70mg (alendronic acid) effervescent tablets**
Internis Pharmaceuticals Ltd. approx £22.50 for 4 tablets.

- Costs approximately the same as Alendronic Acid oral solution.
- Dissolve tablet in 120ml of water (oral solution = 100ml dose.)
- MHo asked if it was full of sodium and a look at the SPC confirmed it contains 602.54 mg of sodium.
- Approved as alternative for patients with swallowing difficulties. **GREEN**

8 REPORTS FROM OTHER MEETINGS

Commissioning Locality Feedback

South Somerset – MHo – Meeting tomorrow, MHo and Ana Alves will be giving a talk on asthma, encouraging changes and step down.

- MHo has received a letter from a GP about a patient who has moved into a care home. Elderly type 2 Diabetic who was well controlled on sliding scale, the District Nurses refuse to do anything with sliding scale, she has had a couple of admissions and is now unstable. LH said there is a debate around sliding scale and variable rate dosing. Sliding scale is very technical and used in hospitals when initiating patients. Variable rate dosing is something that Sue Down and SomPar are working on, adding an option to the new insulin chart to enable district nurses to administer variable rate doses. At the moment it is very difficult for the nurses since they can only administer the dose they're told. LH asked for the details to discuss outside the meeting.
- Epimax and Aquamax problem with scorecard not having a pump as a project positive, the tubs look messy and unpleasant after a while. Epimax are about to launch a 500ml product which is not a pump but a squeezable type container. When launched it will be added to the scorecard, scorecard target is only set at 50%, partly due to this issue. It was queried whether shower gels and washes are included as project negative. SG thinks not but CH to check.
- Scorecard Project positive drugs availability. MHo Rx'd Upostelle and Prednisolone Dompe yesterday but encountered issues with pharmacies obtaining a supply. A debate followed, this is an ongoing issue, all pharmacies should be able to contact their supplier and obtain urgent supplies. There is a policy for pharmacies to follow when they cannot source from their own wholesaler. There is a difference between wholesaler issues and supply issues; it's often difficult for GP's to determine which is happening. Patients should be made aware that there are alternative pharmacies and online services are now available, it's not necessary to always go to the same pharmacy.

West Somerset – DD – 1 less practice now as Brendon Hill has closed.

Central Mendip – GS – has had their last meeting, as Mendip is now a single combined commissioning locality.

Bridgewater Bay – CL – nothing to report

Taunton – AF – nothing to report

Chard, Crewkerne and Ilminster – TB – nothing to report

East Mendip – MV – nothing to report

West Mendip – JN – not present

North Sedgemoor – CR – Weston hospital is still requesting GP's to provide pre-op bowel preparation. GS has had a letter informing him the matter has been resolved. CR to share details with SG.

COG

- SG's prescribing report was presented.

- Our CCG is in a difficult budgetary position as are lots of other CCG's in the country, for the first time it looks as though we will not be able to fulfil the commitment to provide a financial surplus. The CCG is looking at all directorates to find ways to close the gap. The easiest places to look for savings are the cash budgets which includes the continuing healthcare budget and the prescribing budget. There was a discussion around opportunities for finding savings and it was suggested that good practice by the better achievers on the prescribing scorecard and under spenders should be shared with the poorer performers. A letter is going to be sent from David Slack to all practices to push the message of engaging with the medicines management agenda and that good practice should be adopted by all.

- CL suggested discussing two points at the up-coming prescribing leads away afternoon on 26th November. 1) What's out of GP control and 2) the perception of the prescribing budget as a virtual budget and the lack of awareness of the impact it has on other budgets. SG said he will touch upon it at that meeting.

- CR asked about the provision of prescribing support for practices. They agreed work streams earlier in the year but have not had a support person to action the changes and she does not have time to action herself. Her practice is underspent but there is still work that can be done. SG confirmed that where work has been agreed the practice should get the support to action the changes. Currently the funding we have to provide support equates to 2.5 hours per practice, per week. If the CCG wants changes made at a faster pace to release the savings then more investment is needed to provide the necessary support to practices. Currently support is allocated according to the needs of the practice so some get more support and some get less. Unfortunately, the financial resource we currently have does not match the level of support that practices would like to receive.

- Dr Lisa Horman from Blackbrook Surgery took a presentation to COG around things that irritate GP's or add to their workload. It included two slides on medicines and prescribing. The presentation had not yet been shared with the LMC. A response was sent to Dr Horman by GS and SG regarding the issues she

raised relating to prescribing and medicines management, many of which were out of the control of the CCG.

Somerset Partnership D&TC - last meeting 10/09/2015, minutes received.

- LH reported mainly internal decisions. She highlighted a Clozaril patient who was admitted to MPH where it was discontinued as it was not recorded on the patients GP record. They have robust processes for informing GP's when a patient is on Clozaril, any dose changes and when the patient has a red blood result. The issue is where practices are not recording 'Hospital Issue' medicines on patient records. This was recently highlighted in the medicines management newsletter.

- SomPar discharge records are soon to become electronic which may help.

YDH D&TC - last meeting 22/9/15, minutes received.

- MHo mentioned a request that got rejected. There is a stock supply issue with BCG for bladder instillation, YDH have a supply of unlicensed BCG from Germany which they don't feel they can use while they can obtain the licensed product. Patients cannot switch between preparations during their course of treatment. They have a concern that it will potentially lose them a lot of money.

T&ST D&TC – next meeting 13/11/2015

BNSSG Formulary Group - last meetings 21/5/15, 23/7/15 – minutes received

- CH viewed and reported their urologists are no longer recommending use of once daily tadalafil post radical prostatectomy.

T&S Antimicrobial Prescribing Group - last meeting 12/8/15, minutes received.

- MHo highlighted the pivmecillinam item. They have added a statement recommending pivmecillinam only for patients with uncomplicated cystitis and not for patients with sepsis / systemic symptoms.

RUH Bath DPG - last meeting 13/8/15 minutes received,

- CH viewed and reported nothing to note.

LPC Report – nothing to report

Medicines Safety Network – next meeting 27/10/15

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 **Prescribing Report**

- The July end of year forecast spend has now risen to £78,490,914, this represents a predicted overspend of £1,456,914, The NHSBSA forecast spend is however below the £79M spend which was forecast by PAMM.

- SG reported that a preliminary view of August data suggests a further reduction but this is not felt to be accurate.

- The scorecard ski-slopes and trend were viewed.
  2015 Quarter 1 performance; April 655 Green indicators
  May 691 Green indicators
  June 704 Green indicators

- At the current pace it would take about 2 ½ to 3 years to get to 100% green scorecard indicators. It was made clear to COG that the changes cannot all be made by the medicines management team as the team is lean and small, and the current pace of change is too slow to impact adequately this year.

- SG brought to PAMM a print out for each member listing the top 500 savings switches for their practice. He did also say that even if all switches were made tomorrow in all practices the prescribing budget would still not underspend. It is also not possible to expect to switch all patients for each of the listed savings as it may not be clinically appropriate for everyone.

- Because all high value savings have been dealt with in previous years we are having to switch large numbers of patients to make large savings. MHo reiterated that it is not a simple process to make some of the switches and involves an in depth review of each patient and additional monitoring.

- Somerset is in a strong position nationally on both the overall use of antibiotics and the use of antibiotics less likely to lead to C.Diff. However both locally and nationally there continues to be growth in the number of C.Diff cases. There is a need to engage patient group's expectations on antibiotics.

- Care home work continues to make good clinical interventions and cost savings, we are looking to expand but constraints on time and financial resources needs investment.

- The April to June toolkit graphs for dementia drugs, lipid lowering and bisphosphonates were viewed and noted as these are areas where Somerset has lower rates of prescribing compared with other local CCGs. This may indicate some unmet need in the county and there is a wide variation between individual practice spending in these three areas. The graphs show the highest prescribed quantities are in practices where we know a lot of work has been done in these areas. It was mentioned that the location of dementia care homes may have an impact on practice spends in this area.

9.2 **July Scorecard Federation Trend** - viewed and discussed with 9.1

- CR requested to have an individual practice report rather than have to search the large spreadsheets.

- MHo has produced a spreadsheet to share with South Somerset Commissioning Locality which lists the project positives and negatives at a glance.

- There are EMIS protocols developed by the medicines management team which can be imported into GP systems which help when making prescribing decisions.

9.3 **July Safety Spreadsheet** - viewed and noted.

- Prednisolone 25mg has been added following last PAMM recommendation to remove from formulary.

10 Rebate Schemes –nothing new

11 NICE Guidance

11.1 **NHS Sheffield CCG framework of NICE guidance -** Viewed and noted

- CL highlighted the CV risk assessment section, recommended use of Atorvastatin 20mg first line for primary prevention and 80mg for secondary. SG confirmed the formulary was updated when the guidance came out and is part of the reason for suggesting a switch away from rosuvastatin. Many patients will have gone from simvastatin to rosuvastatin without considering atorvastatin. The message is out that Atorvastatin is off patent and GP's can use it but some may not be aware that atorvastatin is the first line choice. CL suggested highlighting this to GP's, information to be added to newsletter.

- Also to note that pts using high intensity statins should have liver and lipids checked after 3 months of treatment, the NICE guidance also says there is no need for a fasting test.

12 NICE Technology Appraisals

12.1 **TA355: Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation -** viewed and noted

- Add to formulary, **GREEN** as another treatment option.

13 NICE Clinical Guidance

13.1 **NG20: Coeliac disease: recognition, assessment and management**

- CL thinks the labs do the testing as recommended.
- Reminder of auto-immune and other GI things to consider.
- Nothing specific regarding medicines management to note.

13.2 **NG21: Home care: delivering personal care and practical support to older people living in their own homes**

- CL highlighted a section specifically related to medicines management. Health professionals should make sure carers have specific support around medicines management, there should be a written care plan by health professionals, containing information about the purpose of the medicine, the dose and timing the importance of non-compliance and what to do if non-compliant.
- SG has fed through to the My Life Plan working group.
- SomPar care plans contain lots of information around mental health treatments.

14 Safety Items, NPSA Alerts and Signals

14.1 **Proton pump inhibitors: very low risk of subacute cutaneous lupus erythematosus**

- CL viewed and reported a very rare association with sun exposed areas and arthralgia. Pts should avoid the sun, stop the PPI and GP should consider this as a possibility. Use topical steroid treatment.
- It can occur years after patients have been exposed to the drugs.

14.2 **Pseudoephedrine and ephedrine: update on managing risk of misuse in the UK**

- CL reported this is a review of the 2008 guidance restricting the sale and prescribing of pseudoephedrine and ephedrine which came about because they can be used in the illegal manufacture of methyl amphetamine.

14.3 **Patient Safety Alert – Supporting the introduction of the National Safety Standards for Invasive Procedures**

- CL reported this highlights the national guidance and local safety standards,

looking at never events. Operating on the wrong site, retaining foreign objects etc.
- Lucy Watson and her safety team have taken it on board and it has been spread through the contract and quality discussions with the acute trusts.
- May apply to practices performing vasectomies.

15 BNF Changes

15.1 **September 2015 Newsletter**

- All changes previously discussed at PAMM
- CL reported a Tramadol dose update from the website. Acute pain dose, 100mg starting dose then 50-100mg every 4-6hrs. Chronic pain 50mg starting dose and increase the dose to response, doses >400mg should not be needed.
- Hard copies of BNF and Children's BNF will now only be issued annually.
- Recommend use of electronic versions which are updated regularly.

16 Any Other Business

16.1
- MV liaised with Andy knights about the subject of spotting prescribers with a problem of substance abuse and prescription abuse raised at their CQC inspection and queried with PAMM last month. Andy suggested ways they might investigate someone who had been referred to them. Possibly looking at prescriptions issued at unusual hours or patients who have one episode of a CD but no clinical indication in their notes. Both these are difficult to search for in EMIS so the practice are going to look at CD's issued outside the practice area and cancelled CD prescriptions quarterly.
- Medicines management already monitor out of area dispensing to monitor GP moves between practices, they can drill down on CD prescriptions if required by practices.

16.2 SG reiterated he is being challenged to do more on the financial position and he will be approaching practices to do more, he is aware of the demands already being made but he requested support from practices in this.

16.3 Lou Evans thanked the group for his invitation to observe a meeting.

16.4 MV informed the group he will no longer be representing East Mendip. The newly formed Mendip commissioning locality is looking for a new representative.

Date of Next Meeting

Wednesday 11th Nov 2015, Meeting Room 1, Wynford House, Yeovil

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PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 14th OCTOBER 2015				
1	Declarations of Interest	Add Toby Burne declarations to Agendas	**Donna Yell 11th Nov 2015**	Completed
2	LMWH perioperative bridging policy	CH to chase response to SPF suggested changes for next SPF	**Catherine Henley 11th Nov 2015**	Awaiting response from authors
3	Joint Working Policy	remind clinical programme groups of its existence, and the need to adhere to it when working with pharma companies	**Catherine Henley 11th Nov 2015**	Completed
4	Medicines incident report	Share with prescribers via safety net newsletter.	**Karen Taylor 11th Nov 2015**	Completed
5	Self-Care leaflet amendments	° Change 'In some circumstances your doctor can still prescribe these medicines on the NHS if they believe a true clinical need exists.' To 'In exceptional circumstances your doctor can still prescribe these medicines on the NHS if they believe self-care is not appropriate.' ° Add 'and are the same as' to 'Many of these products are cheap to buy and are readily available along with advice from pharmacies, as well as shops and supermarkets (which are often open until late)'	**Donna Yell 11th Nov 2015**	Completed
6	Weston Hospital Bowel Prep requests.	Carol Reynolds to share details of recent requests with Shaun Green to chase up.	**Carol Reynolds & Shaun Green 11th Nov 2015**	Pending
7	Sliding Scale / Variable Rate Dosing Insulin	Issues with South Somerset patient. Mike Holmes to be share details and discuss with Liz Harewood	**Mike Holmes & Liz Harewood 11th Nov 2015**	On hold, pt admitted to community hospital
8	Epimax and Aquamax scorecard indicator	To check if the scorecard includes shower gels and washes. These should not be included.	**Catherine Henley 11th Nov 2015**	Completed
9	Practice scorecard and budget	What's out of GP control and the perception of the prescribing budget as a virtual budget and lack of awareness of the impact it has on other budgets. To be raised at the prescribing leads away afternoon.	**Shaun Green 26th Nov 2015**	Due 26th Nov at prescribing leads away afternoon.
10	Practice Scorecard and PMD reports	Individual practice reports to be sent rather than large spreadsheets containing all Somerset practices.	**Steve Moore 11th Nov 2015**	Completed

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11	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 11th Nov 2015**	
12	Formulary changes	**Binosto 70mg (alendronic acid) effervescent tablets** *Internis Pharmaceuticals Ltd*. approx £22.50 for 4 tablets. • Costs approximately the same as Alendronic Acid oral solution. • Dissolve tablet in 120ml of water (oral solution = 100ml dose.) • MHo asked if it was full of sodium and a look at the SPC confirmed it contains 602.54 mg of sodium. Approved as alternative for patients with swallowing difficulties. **GREEN**	**Steve Moore 11th Nov 2015**	Completed
13	Traffic Light changes	**Synjardy (empagliflozin/metformin) tablets,** 12.5mg/1000mg, 12.5mg/850mg, 5mg/1000mg, 5mg/850mg, • All strengths £36.59 for 56 tablets. • This combination product costs the same as Empagliflozin alone. • A similar combination preparation already exists on the traffic lights Xigduo® (dapagliflozin and metformin) GREEN Where patient choice or compliance dictates a combination form. Approved as **GREEN** for stable patients	**Steve Moore 11th Nov 2015**	Completed

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13	Newsletter articles	• Promote the e-form and share the link for practices to report incidents via DATIX • Removal of 25mg prednisolone from formulary following a medication overdose incident. • To promote the change in reporting of INR >5, following the approval of the enhanced service specification. • Good news around the reduced antibiotic prescribing to be shared – 10% reduction in antibiotic prescribing on last year's data. • Availability of Yellow card smartphone app for reporting suspected medication side effects. • Highlight atorvastatin as first line choice of statin. Also to note that pts using high intensity statins should have liver and lipids checked after 3 months of treatment, the NICE guidance also says there is no need for a fasting test.	**Steve Moore 11th Nov 2015**	In progress