

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 4th May 2016**.

| | | |
|------------|-------------------------|--|
| Present: | Dr Geoff Sharp (GS) | Chairman, CCG Prescribing Lead |
| | Dr Toby Burne (TB) | CLICK Representative |
| | Steve DuBois (SDB) | Somerset Partnership Representative |
| | Dr Adrian Fulford (AF) | Taunton representative |
| | Shaun Green (SG) | Associate Director, Head of Medicines Management |
| | Matt Harvey (MH) | LPC Representative |
| | Catherine Henley (CH) | Locality Medicines Manager |
| | Dr Piers Jennings (PJ) | East Mendip representative |
| | Gordon Jackson (GJ) | Lay Representative |
| | Dr Catherine Lewis (CL) | Bridgwater Representative |
| | Dr Robert Munro (RM) | LMC Representative |
| | Dr James Nicholls (JN) | West Mendip Representative |
| | Dr Carol Reynolds (CR) | North Sedgemoor Representative |
| | Donna Yell (DY) | Prescribing Support Technician, Secretary |
| | | |
| Apologies: | Dr Mike Holmes (MHo) | South Somerset Representative |
| | Dr David Davies (DD) | West Somerset Representative |
| | Liz Harewood (LH) | Somerset Partnership Representative |

1 INTRODUCTION

Dr Robert Munro was introduced to the group as the LMC representative taking over from Steve Edgar.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

No changes

No conflicts of interest on agenda.

4 MINUTES OF MEETING HELD ON 13th April 2016

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 had been raised on the agenda. The following items were specifically noted:

2. Sompar sip feeds leaflet – In progress, action to carry over to June PAMM.

4. Stanek Teva spotlight brand – CH has received confirmation that Stanek is bioequivalent to Stalevo. Agreed add to formulary as **GREEN** alongside Sukkarto.

5. Prescription Pad supply issue – due to problems with the new ordering portal process. The situation is nearly resolved PJ practice has received deliveries of pads now. LMC escalated a query about the problem and the response from the NHS England (NHSE) area team was to tell patients the practice was unable to prescribe for them. This was discussed and it was agreed that the suggested action from NHSE was impractical and potentially dangerous.

The group discussed the suggestion of borrowing prescription pads from another practice. PAMM agreed that this would be a reasonable temporary solution if prescription supplies should fail again, providing accurate records are made of the transfer of prescription serial numbers between practices so that there is a

clear audit trail. CH to email NHSE area team to raise our concerns and make them aware that for reasons of business continuity, PAMM will recommend borrowing from another practice in the future should the need arise. PAMM would also like the details of their learning to be shared in light of this significant event.

7. Melatonin for Hemicrania Continua – T&S D&TC have adjusted their formulary in line with ours.

9. NICE QS120: Medicines Optimisation – on SPF agenda for discussion this after noon (4/5/16).

10. Drug Safety Updates – the general sense amongst the group is that these get forwarded to GP's via practice managers.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Dermatology Formulary chapter – update

AA has added a section at the start of the chapter around self-care dermatology preparations which link to the guidance sent out to practices at the beginning of the year.

Consideration is being given to adding a self-care icon against individual formulary preparations suitable for over the counter purchase. Medicines Management (MM) team to take forward.

5.2 Butec price reduction

- Already approved on formulary SG has just been notified of a further price reduction. This will now save 20% against originator brand (Butrans[®])
- The legal case against Sandoz regarding the launch of Reletrans[®] is still ongoing.
- Butec is now available on EMIS Web systems.

6 Other Issues

6.1 Medicines Incident Report

Jo Bird came to present her Quarter 1 report. The following points were noted:

- There has been a reduction in reporting and Jo is doing some work through localities to promote the reporting system.
- No 'extreme risk' incidents were reported in quarter 1.
- As expected, there has been a reduced number of warfarin reports because practices are now only required to report incidences of INR >8 or where patients have come to harm.
- Documentation of warfarin incidents is significantly better.
- There are some good examples of good practice.
- No particular trends noted for the CCG
- The team have a good system for reporting to NRLS and should receive some good CCG data next month which may show some national trends and benchmark against other CCGs
- One particular incident was looked at SG felt it could be more significant than a 'moderate event', with not enough detail. JB explained the rating is based on the NHS Risk Scoring Matrix and a moderate rating could in fact be quite a significant event.

A number of moderate INR incidents were looked at, including one where a patient with a very raised INR who was on dialysis, was unable to attend for testing due to conflicting medical appointments

GS asked the group if they knew how dialysis affects INR, no definite knowledge amongst group members, CH to ask a haematologist to clarify.

A number of issues with patient held 'yellow books' not being updated have also appeared over the last year.

The report will be discussed with the medication safety officers and this should be raised with them to tackle within their Trusts.

- Summary article to be written for newsletter.

6.2 **LMWH** – bridging policy update

PAMM amendments have been added, the aim was to get a joined up agreement between TSH, YDH, Weston and RUH this has been difficult. We are waiting for a response from Jon Standing on YDH adoption of the policy, will discuss at SPF this afternoon (4/5/16)

The LMC have concerns about the potential impact of this policy on primary care. In line with PAMM Terms of Reference (ToR), if the policy were to have any significant impact on primary care workload it is a PAMM responsibility to raise with the Primary Care Joint Committee for the consideration of an enhanced service. There is some work being done to quantify the likely workload. Information provided by Dr Mark Dayer (Consultant Cardiologist at MPH) based on numbers from Taunton, suggests a handful of patients per practice per year will require bridging therapy. GS asks whether this justifies an enhanced service. We are awaiting further information.

CR raised the issue of primary care needing to provide monitoring services at weekends. It was established that Sompar do not provide phlebotomy services at weekends.

6.3 **Stoma care annual use review**

Taunton Stoma nurses have made an offer to provide patient reviews in the Taunton area. The main discussion points were:

- Room hire charging is an issue as the Trust are unable to offer practices any money for room hire PAMM would support this but it is up to practices to decide whether they take up the service, it could be a good opportunity to reduce costs on these appliances.
- It was suggested that Sompar hubs may have rooms available to use. SDB confirmed they do have rooms which can be rented at a favourable rate.
- The group think YDH nurses also offer this service.
- A good opportunity for collaboration amongst practices should be discussed within localities.
- Promote as an available service in the GP bulletin and a small piece in the MM newsletter.

6.4 **'Off license' prescribing requests from secondary care**

There was a discussion around general requests from secondary care for prescribing outside drug product licensed and what responsibilities GPs have around this and whether or not they are able to refuse.

It was explained that our guidance since 2007 has been through the traffic light system. In the first instance, prescribers should check the traffic lights to see the drug has been previously approved for the indication requested.

The aim is to ensure that treatments deemed 'specialist prescribing' (where primary care doesn't have the expertise to manage) are retained by the relevant specialist

We have a good process for assessing new products and indications for formulary approval and products are assigned a green, red or amber traffic light status dependent on where they are most suitable to be prescribed

However, it is not possible to cover all drugs and indications in the local guidance. If in doubt GP's should refer to the GMC guidance on unlicensed prescribing and take a clinical decision. If the request is for a drug that the GP is unaware of, or for a condition they have no knowledge of and they don't feel clinically competent to prescribe, it then they can decline the request. The decision should not be based on cost or workload and clinical freedom rests with the GP.

Prescribers should also ask specialists whether the drug and/or indication has been approved by the relevant Trust drug and therapeutics committee (D&TC).

Reminder of the GMC wording unlicensed medicines to be added to MM newsletter.

MM team to look at putting a flow chart together to show the process for decision making and bring back to PAMM.

6.5 Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults (updated)

Recently updated guidance from NHS England was shared.

Somerset has previously approved the use of hormone therapy off license in the management of gender identity patients. However, eflornithine (Vaniqa[®]) cream is not approved for the management of facial hair for any patients in Somerset (men or women) and this won't change.

NHSE commission an enhanced service for the administration of these injections from Somerset GP practices but not others in the region for use in prostate cancer patients. When approached over 12 months ago they signalled that they won't commission it's use for this. This decision could contradict equality legislation.

The national network has recommended to NHS England that they should commission across the country and produce shared care guidelines

The document is very prescriptive and states the GP's should prescribe.

Exeter is our nearest clinic, but we do have patients going to clinics in London and Brighton.

One GP stated that their recent experience is that some patients are not being seen by the clinic despite not yet being stabilised. This information should be fed back through the healthcare professional feedback form to NHS England.

Waiting for more information from NHS England.

7 Formulary Applications – none

8 REPORTS FROM OTHER MEETINGS Commissioning Locality Feedback

South Somerset –MHo – not present

West Somerset – DD – not present

Central Mendip – GS – nothing to report

Bridgwater Bay – CL – nothing to report

Taunton – AF – nothing to report

Chard, Crewkerne and Ilminster – TB – nothing to report

East Mendip – PJ – nothing to report

West Mendip – JN – nothing to report

North Sedgemoor – CR – nothing to report

COG – GS – not present at COG meeting.

SG prescribing report being presented next time.

Somerset Partnership D&TC - next meeting 5/5/16

Undergoing restructuring of medicines governance arrangements following CQC report. They will be establishing a number of different committees to replace the different functions of the D&T committee.

YDH D&TC - last meeting 12/04/2016 – minutes not received

The main points were raised by MHo at April PAMM.

T&ST D&TC – next meeting 20/05/16

BNSSG Joint Formulary Group – last meeting 23/02/2016 – minutes received & 12/04/16 - minutes not received.

CH viewed the minutes from 23/02/2016 meeting.

Points of interest were:

- Waiting on NICE decisions on **Alirocumab** - Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet.
- **Rivaroxaban** - DVT post limb fracture and immobilisation has been approved with a red 'hospital only' status. It was noted that RuH have previously approved the off licence use of rivaroxaban for this purpose. GS had sent a letter at that time to practices facing the RuH that they may see this being used for this indication
- **Cangrelor** – has been approved with a red 'hospital only' status. This is for co-administration with aspirin in adult patients with coronary artery disease undergoing percutaneous coronary intervention (PCI) who have not received an oral P2Y12 inhibitor prior to the PCI procedure and in whom oral therapy with P2Y12 inhibitors is not feasible or desirable. The BNSSG JFG had approved the inclusion of cangrelor onto the formulary for 'out of hospital arrest patients', unable to take oral antiplatelets.
- **Riluzole liquid** has been approved for inclusion on the formulary for patients with motor neurone disease who meet NICE criteria.

Cangrelor and Riluzole have not yet come to PAMM and SPF for formulary consideration – to bring to June meeting.

BNSSG DTC – last meeting 20/01/2016 – minutes received & 12/04/16 – minutes not received.

CH viewed the minutes and the only item of note was a discussion around NOACS, they were asked to consider making a first line recommendation but would go against the NHS constitution and NICE to recommend one over another - no decision to promote a particular preparation.

Dabigatran antidote was raised by PJ and should its availability influence the decision to use Dabigatran over the other options. It will form part of the discussion with a patient when deciding which NOAC preparation to commence them on but there is no recommendation to switch current patients. The decision on which drug to use should result from an informed discussion between the patient and the clinician.

T&S Antimicrobial Prescribing Group – next meeting 11/05/2016

RUH Bath DPG – last meetings 10/12/2015, 14/01/2015 & 11/02/2016 – minutes not received.

A letter has been sent from GS to RUH DPG Chair to try to get more reliable communication of the DPG minutes

Weston D&TC – last meeting 10/03/2016 – minutes not received

LPC Report – MH

There have only been a small number of discharges that have been identified to the discharge project; the issue seems to be YDH not sending discharge information to pharmacies as agreed. The technician lead at YDH believes this to be an IT issue.

Discussions are still needed on how to engage with Sompar.

There was a discussion around the minor ailments scheme. Some GPs have experienced difficulties at lack of availability and variable service. MH informed the group that NHS England only commission half of all pharmacies in Somerset to provide the service. It works best when there is close liaison between practices and pharmacies to know when and where the scheme is available.

MH informed the group that this is his last meeting as the LPC lead, his replacement has not yet been appointed, DY to be informed.

Medicines Safety Network – next meeting 18/05/2016

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Prescribing Report

SG presented his report based on February data which will be presented to COG on the 11/5/16. The main points were:

- CCG forecast is £1.5million overspend against the prescribing budget
- Locally this is not seen to be a good result, but overall Somerset prescribing expenditure compares very well with national performance.
- Eclipse Live shows reported prescribing savings for Somerset roughly 5% more than national.
- Practice budgets will be set around the end of May. We are hopeful that 16/17 prescribing budget gives a reasonable chance of a break even position at year end.

- 16/17 scorecard has potential savings of £2.5million if all indicators go green. This is not realistically achievable. The earlier work is carried out on switch savings the more benefit there is over the year
- No provision has been made for additional resources for prescribing support team or care home reviews.
- Section 3 of the report highlights to the CCG some of the workload issues created for GPs in engaging with the MM agenda.
- Most available switches only offer relatively small annual savings for practices per year so lots of switches are needed to achieve the £2.5million saving being requested by finance.
- National graphs ranking the Somerset CCG position against peers show the CCG to be in a very good position and provide from a medicines optimisation point of view. Eclipse Live alerts seem to be having a positive effect.

9.2 February Scorecard Commissioning Locality Trend – viewed and noted

Progress on the financial plan is based on the scorecard, now have over 900 green indicators compared

GS asked if a figure could be added to show the savings made by the work done on the scorecard indicators.

SG can add the amount that would have been spent if we hadn't done the work.

9.3 February Safety Spreadsheet – viewed and noted

Mupirocin was questioned as the nasal ointment is recommended for decolonisation of MRSA. – is it included here? Steve Moore to check.

10 Rebate Schemes - Luventa XL (galantamine) & Zaluron XL (Quetiapine)
Fontus Health

Both have previously been approved onto formulary as brand recommendations.

A short term rebate scheme has been offered and agreed since preparations already on formulary. Not for sharing with primary care just for PAMM info.

11 NICE Guidance

11.1 NHS Sheffield CCG framework of NICE guidance (April) – noted

12 NICE Technology Appraisals

12.1 TA388: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction – for noting

- Has already been approved pre NICE as Amber on traffic lights. Secondary care to initiate and titrate then request primary care to take over prescribing.
- Will only be commissioned for patient fitting the three NICE criteria.
- Has already featured in the MM newsletter.
- Has been built into future prescribing costs.
- Will start to see more during the course of the year and with Somerset's demographic this will become a high cost prescribing area.

Viewed NICE costing template, Somerset population roughly 1% of national so approximately 1000 patients costing £1200 each per year.

13 NICE Clinical Guidance

13.1 NG46: Controlled drugs: safe use and management - noted

Highlights the need for good SOP's, audit trails and stock checks in practices

CQC visit feedback has highlighted the need for good CD management, drug storage and prescription security.

13.2 CG90: Depression in adults: recognition and management – updated

In April 2016, recommendation 1.10.5.1 was deleted and replaced with a link to the NICE interventional procedure guidance on repetitive transcranial magnetic stimulation for depression.

CH cannot find recommendation 1.10.5.1 to know what was replaced.

SG mentioned that CCG recommendations around the place in therapy of dosulepin and Mono Amine Oxidase Inhibitors may need revisiting from guidance and traffic lights point of view.

SG has started a dialogue with Sompar to look into producing some guidance around reducing or switching these patients if appropriate. SDB has put on the agenda for Specialist Mental Health D&T and the oversight group will look at how to help manage and review those patients that they have initiated.

14 Safety Items, NPSA Alerts and Signals

14.1 April DSU newsletter – viewed and noted

14.2 Paraffin-based skin emollients on dressings or clothing: fire risk - noted

Information to be added to dermatology formulary.

14.3 Meprobamate: licence to be cancelled - noted

14.4 Live attenuated vaccines: avoid use in those who are clinically immunosuppressed - noted

14.5 Apomorphine with domperidone: minimising risk of cardiac side effects - noted

14.6 SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis - noted
FDA reported this issue some time ago which has been previously noted at PAMM

15 BNF Changes - noted

15.1 BNF update April 2016 – viewed and noted

16 Any Other Business

GS thanked MH for his contribution over the last two years as the LPC representative.

Date of Next Meeting: Wednesday 15th June 2016, Meeting Room 1, Wynford House, Yeovil

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

| NO | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | STATUS |
|---|--|---|--|---|
| ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 4th May 2016 | | | | |
| 1 | Self-Care icon for formulary | MM team to consider adding an icon to self-care preparations within the formulary. | Steve Moore Gaynor Woodland 15th June 2016 | Completed |
| 2 | Sip Feeds | Leaflet being produced by Sompar outlining different brand comparisons for patients to be shared with PAMM | Liz Harewood 15th June 2016 | In Progress |
| 3 | Stoma Care Annual Use Reviews | Promote as a service to patients the offer by Taunton Stoma nurses to perform annual use reviews for practices via GP Bulletin | Catherine Henley 15th June 2016 | In Progress |
| 4 | Off license prescribing requests from secondary care. | Flow chart to be designed to show the decision making process for agreeing or declining off-license prescribing requests. | Shaun Green Catherine Henley 15th June 2016 | In Progress |
| 5 | Prescription Pad supply issue | Email NHS England to <ul style="list-style-type: none"> raise PAMM concerns make them aware that for a reoccurrence of the situation PAMM would recommend borrowing pads from another practice. Ask for detail of their learning following this significant event. | Catherine Henley 15th June 2016 | Completed |
| 6 | Access to Gender Identity Clinic Exeter difficulties | Feedback difficulties for patient through the Healthcare Professional Feedback form | Carol Reynolds 15th June 2016 | |
| 7 | Scorecard Commissioning Locality trend | Add figure of what spend would have been if switches not made against practice indicators | Shaun Green Steve Moore 15th June 2016 | In Progress |
| 8 | Affect of Dialysis on INR | To request information from haematologist | Catherine Henley 15th June 2016 | On Agenda |
| 9 | Safety Spreadsheet | Is mupirocin nasal ointment included in the mupirocin line – it is recommended for decolonisation of MRSA. | Steve Moore 15th June 2016 | Completed – Nasal ointment is excluded. |
| 10 | Paraffin-based skin emollients on dressings or clothing: fire risk | Information to be added to dermatology formulary | Ana Alves 15th June 2016 | In Progress |
| 11 | CG90: Depression In adults; recognition and management | <ul style="list-style-type: none"> Review recommendations for dosulepin and Mono Amine Oxidase Inhibitors for traffic lights. Sompar to look into producing some guidance around reducing or switching these patients if appropriate. | Steve Moore Steve Du Bois 15th June 2016 | Completed In Progress |

Continued on next page

