

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 14th September 2016**.

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

1 INTRODUCTIONS - None

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1 Michael Lennox informed the group that he is pending joining the council of the National Association of Primary Care as a representative for community pharmacy.

Donna Yell to add this information to future agendas.

4 MINUTES OF MEETING HELD ON 6th July 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:

3. Stoma Care Annual Use Reviews – still ongoing, CH is waiting for a response. DY to remove from actions.

6. Delegate notes for feedback to commissioning locality prescribing leads

GS thanked TB for sharing his notes, the general feeling was that delegates wanted to continue to share PAMM information in their own ways rather than a standard approach.

11. Abasaglar biosimilar glargine DN patient switches – LH not present but SDB believes this was discussed and his understanding was that discussions between the CCG and through contracts had clarified the diabetic service wasn't commissioned to undertake switches purely as part of cost-effectiveness switch programmes. Patients would only be switched if their current non-glargine insulin did not suit

13. Self-care PPG support – GS wrote to the group but has not received a reply. GJ told PAMM the PPG only meets 3 times a year and are next due to

meet at their AGM in October.

The topic was discussed by the LMC where it was felt to be a conflicting situation for GP's and they would appreciate a whole service decision. Item to be re-visited at a later date.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Medicines Safety Network – Item postponed to October PAMM

5.2 Draft Template for practices considering stopping accepting repeat requests from Community Pharmacies / appliance contractors.

This item was discussed at length the main points were:

- Boots was the only pharmacy company to provide the CCG with copies of Managed Repeat Standard Operating Procedures when requested, they were reviewed and felt to be robust and the CCG approved.
- The CCG has evidence that previously approved SOP's from Boots are not consistently being followed and improper use of managed repeat systems leads to wasted medicines.
- Practices have been reminded that they authorise who they will accept repeat requests from and that if there is any cause for concern or, known waste, then practices can reject requests.
- Pharmacy repeat services do work for the majority of patients and a lot of practice work has been transferred to pharmacies as a result of managed repeat services being offered.
- Would like to see increased uptake of electronic repeat prescribing.
- CL read out a letter drafted by the Bridgwater Commissioning Locality aimed at informing patients that practices will no longer accept repeat requests from pharmacies intending to start from the 1st October. SG would approve this approach but the group felt the letter contained too much information and could be confusing to patients. CL to feedback comments.
- DY to share CL letter with delegates
- ML expressed the view that it was a shame that LPC and community pharmacy were not approached about this, in order to come up with a joint solution. He warned that if the high volume of repeat requests being dealt with by community pharmacy were to stop, the practices would have a lot of work to take back 'in house'.
- Delegates to raise SG letter template (once approved) with locality practices – for each practice to make their own decision.

5.3 Dementia Read Coding feedback

- Eclipse figures for patients on a cholinesterase inhibitor, without a coding for dementia, have increased slightly over the last 3 months.
- Possibly some issue with coding and may need to consider a standard set of codes.
- Eclipse uses QOF codes which practices may not be using.
- Reports from Medicines Management support staff indicate that quite a lot of patients have now been properly coded.

5.4 **Polypharmacy – SIGN guidance and App**

Polypharmacy App based on SIGN Polypharmacy Guidance:

<https://play.google.com/store/apps/details?id=com.tactuum.quris.nes.polypharmacy>

<http://www.polypharmacy.scot.nhs.uk/about/> links to Google play and App Store can be found at the bottom of the page.

Link to SIGN Polypharmacy Guidance:

http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf

- Delegates were asked to consider the above resources as a solution for the COG request for de-prescribing guidelines. The Medicines Management Team would find it difficult to draft and maintain a Somerset specific guidance and this was felt to be a best alternative.
- GS clarified that COG requested an A4 sheet – top ten items to consider when de-prescribing.
- CL pointed out the SIGN APP does have a useful page on this and is user friendly. GS to feedback comments to COG.
- PJ re-emphasised the importance of accurate coding where medicines are not suitable or declined.
- Eclipse Live alerts are being refined for safety issues.

6 **Other Issues**

6.1 **Frail Elderly and preventable admissions**

BCP paper “Too many, too few, or too unsafe? Impact of inappropriate prescribing on mortality, and hospitalisation in a cohort of community-dwelling oldest old” was shared with the group to consider prescribing risks and highlight that a reduction in hospital admissions can be achieved by addressing unmet need

- There is a need to be mindful when making decisions about prescribing for frail elderly patients and blanket decisions to stop medications in certain age groups may not be appropriate.
- Clinical decisions should be individualised.
- There is a difficult balance to be found between addressing unmet need and causing harm from polypharmacy.

6.2 **Covert medications and DOLs - new court guidance**

Shared to highlight a recent court case.

- There could be legal implications for clinicians prescribing medicines known to be given covertly. Decisions about covert medicines administration need constant review and the patient care plan should specify a schedule for reviewing.
- Article to be added to newsletter.

6.3 **Antimicrobial Guidelines August update**

- The group viewed the August 2016 summary of changes.
- Most changes made to bring in line with national guidance.
- All changes agreed.

6.4 **Regional Medicines Optimisation Committees – discussion paper**

There was a group discussion, SG is compiling a response to feedback to NHS England by the deadline of September 19th.

6.5 **NICE quality indicators update**

- New indicators to be added to the NICE indicator menu for clinical commissioning groups.
- New indicators to be added to the NICE indicator menu for general practice and amendments to existing indicators
- Some practices still doing QOF may see these additional indicators.
- They could also be used to support measurement across the Sustainability and Transformation Plan (STP) footprints

6.6 **BAP guidance of management of physical health aspects of psychosis**

- SDB brought to start discussions with the group.
- Primarily – physical interventions have the most evidence of benefit in preventing the negative metabolic side effects of antipsychotics.
- BAP also state that medication can also be beneficial in metabolic side effects of antipsychotics. Metformin is suggested for unlicensed use in patients in pre-diabetic state and unlicensed use of antipsychotics.
- SDB also highlighted that dual use of antipsychotics e.g. aripiprazole (known to help reduce prolactin levels) may also be beneficial. This is not recommended by NICE.
- SG stated that shared care guidance, in line with NICE, is already in place and CCG would want an evidence based application from SomPar before there is any change in current practice.
- Await application to SPF.

6.7 **7 day prescribing**

Reviewed following the message to reduce 7-day prescribing sent to prescribers earlier this year:

- CCG total of 7 day prescriptions has reduced by 25%, this is ongoing work .
- PJ was asked how they made the significant change within his practice:
They reviewed 53 patients having 7 day prescriptions who were asked about changing – this provided some changes. There was a large waste issue with changes to meds part way through a cycle, the pharmacy now has a packing system which can be opened, changed and resealed and no longer has to dispose of a total supply and replace it.
- Decisions to use blister packs down to the pharmacist to establish if suitable for patients. Both community pharmacy and dispensing doctors can operate a 28 day system.
- 7-day prescribing is appropriate for some patients e.g. those at risk of suicide
- Good news story to be added to newsletter

6.8a **Self-care – proposal to revise leaflet and poster, COG recommendations (and consider adding wart and verruca treatments)**

- These documents are reviewed every year, there has been a recent proposal by one practice to add verruca and wart treatments to the list of medicines for Self-Care – Agreed.
- SG has presented a paper at COG suggesting a more robust CCG position is needed for self-care to support practices taking action. Proposes Self-care items be non-formulary once agreed by COG. – Agreed
- Formulary to be amended to add statements e.g. “non-formulary for hay-fever” for each area of self-care once agreed by COG.
- The LPC fully support the self-care agenda.

Suggested amendments to the leaflet and poster:

- Rearrange the ordering of the self-care items, listing the higher volume items at the top.
- Add, “These are the same medicines as your doctor could prescribe” to help with the message that prescribed medicines are equivalent to those which can be bought over the counter.

These proposals to go to COG in October and, if agreed, would be implemented in November. The message will need to be communicated effectively.

6.8b GS notified the group, of the COG decision to stop prescribing gluten free products. This is a financial decision with a potential cost saving of £385,000.

- COG are asking for a policy or decision paper to be presented in October.
- It will be important to engage with the Coeliac Society and patient groups about the decision to make gluten free foods non-formulary.
- PAMM agreed to support the recommendation but with some reservations expressed.
- The proposal hasn't gone to the governing body yet.

6.9 **Vitamin D PHE press release**

- Guidance suggests everyone in the UK should have Vitamin D supplements during the months of September to March if their diet does not contain enough.
- This is a low cost item and should be seen as ‘self-care’.
- Vitamin D to be added to the Self-Care agenda, poster and leaflet.
- Area to be looked at for de-prescribing.
- Share the information more widely.

7 Formulary Applications

7.1 **Glycopyrronium Bromide 1 mg/5 ml Oral Solution** is indicated for use in adults as an add-on therapy in the treatment of peptic ulcer

- New product launch.
- Off License use of a licensed product is safer than using an unlicensed special.
- Approved – **GREEN**

7.2 **Liraglutide – Type 2 diabetes monotherapy license extension** - Noted.

- 7.3 **Cholurso 250mg film coated tablets** *HFA Healthcare*
- 30% cheaper than generic and other branded Ursodeoxycholic acid 250mg capsules.
 - Low savings as low usage.
 - Approved – **GREEN**
- 7.4 **Monuril 3g sachet (Fosfomycin) granules for oral solution** *Profile Pharma*
- £4.86/sachet (vs £75.45 AMco generic)
 - Significant discount to currently available product
 - Approved - **GREEN**
- 7.5 **Insulin Degludec (Tresiba®)** *Novo Nordisk A/S*
- Tresiba®▼ 100 unit/mL FlexTouch® 5 pen pack £46.60
Tresiba®▼ 200 unit/mL FlexTouch® 3 pen pack £55.92
Tresiba®▼ 100 unit/mL Penfill® 5 cartridge £46.60
- Previously approved on a name patient basis with Taunton specialists.
 - SG has seen some audit data which shows benefit for patients unable to tolerate other insulins.
 - Non-inferior to other insulins
 - Recent price reduction brings it in line with other formulary insulins.
 - Approved - **GREEN**
- 7.6 **Enstilar Cutaneous Foam (equivalent to Dovobet)** *Leo Laboratories*
- Brought back to PAMM after receiving information from specialist dermatologists.
- TST DTC Agreed to add to formulate. Dermatologists were keen on this product.
 - Priced the same as Dovobet.
 - Approved - **GREEN**
- 7.7 **Ecogen branded specials**
- Offering a discount in line with Drug Tariff prices.
 - Small number of patients involved – very small savings available.
 - Pharmacies are under no obligation to supply a specified brand of Special as it is unlicensed.
 - Highlight availability to practices concerned, not added to formulary but reviewed with other specials monthly – add to specials guidance.
 - This company have also brought out branded generics for Aspirin 75mg tablets (Danamep) and paracetamol 500mg caplets (Paravict) offering a 30% saving. Some concern that mass switching would result in stock issues particularly for high volume items. We should be looking at it as savings can be made but unhappy to push until the company proves itself – approved.
- 7.8 **Blood Glucose Monitor Test Strips**
- Big area of spend, currently no formulary preference.
 - Aim to move towards test strips costing <£10 per 50 strips and ISO compliant.
 - Significant savings available, if 100% of suitable patients switched, this could provide £750,000 savings.
 - Potential for this area to be an indicator in the 17/18 scorecard.
 - All companies will provide patients with free meters.
 - Patient letters will be drafted.

- Practices recommended to look to become familiar with 3 - 4 products so that there will be fewer problems if there are supply issues. Once decided, practices could ask pharma to support making the changes.
- Highlighted to Sompar that PAMM are considering this with the expectation that Sompar will comply and agree with the proposed changes.
- PAMM agreed – practices to be asked to start looking at this area immediately.

7.9 Nutricomp Drink Plus BBraun

- chocolate / strawberry / banana / vanilla
- £1.12 per bottle (200ml) / £4.48 per pack
- Additional low cost item to be added to formulary preferences as an alternative option.

Some areas in the country have made a move towards stopping the prescribing of all sip feeds. Somerset CCG COG have not looked at this.

There may be unexpected consequences of stopping sip feeds resulting in increased hospital admissions and poor wound healing.

Somerset CCG is already one of the lowest prescribers of sip feeds in the country.

7.10 Neon Verifine insulin pen needles Neon Diagnostics £4.50/100

4mm, 5mm, 6mm & 8mm

- Cost effective alternative insulin pen needle
- Proposed to add to formulary alongside current formulary recommendations.
- Approved - **GREEN**

7.11 Tricare insulin pen needles Owen Mumford £5.36/100

4mm, 5mm, 6mm, 8mm & 12mm

- Cost effective alternative insulin pen needle
- Proposed to add to formulary alongside current formulary recommendations.
- Approved - **GREEN**

8 REPORTS FROM OTHER MEETINGS

Commissioning Locality Feedback

South Somerset –MHo – Not present

West Somerset – DD – meeting next week - nothing to report

Central Mendip – GS – nothing to report

Bridgwater Bay – CL – nothing to report

Taunton – AF – nothing to report

Chard, Crewkerne, Ilminster and Langport – TB – nothing to report

East Mendip – PJ – nothing to report

West Mendip – JN – nothing to report

North Sedgemoor – CR – not present

COG – GS – discussed under item 6.8

Somerset Partnership D&TC – last meeting 18/5/2016 - cancelled

SDB to share the minutes of the latest meeting.

items discussed included:

- CG90 update, MAOI and Dosulepin
- Guanfacine Red drug – Sompar have placed as 3rd or 4th line
- BAP guidance
- Horizon scanning, quarterly Paliperidone dosing was not very enthusiastically received. Pts need monthly monitoring anyway. Not recommended, and await consultant application.
- Due process and governance, exceptional treatment process, right to reply for individual patients.

YDH D&TC - last meeting 19/07/2016 – minutes not received

T&ST D&TC – last meeting 29/07/2016 – minutes received

AF noted not much relevant to primary care.

- Cost of Buccastem is very expensive and has been removed from formulary
- Have stopped using low dose co-codamol
- Safinamide case for parkinsons – being discussed at SPF this afternoon
- Evolve range of eye drops provides a small saving for the trust – CCG savings to be calculated.

BNSSG Joint Formulary Group – last meeting 05/07/2016

CH viewed after receiving last minute and noted

- Approved a Sacubitril/valsartan shared care protocol similar to Somerset
- Rivastigmine for parkinsons disease dementia added to traffic lights as amber
- Donepezil made Green, have GP's with special interest in dementia who are initiating it, but this is not set up in Somerset

BNSSG DTC – last meeting 27/7/2016 – minutes not received.

T&S Antimicrobial Prescribing Group – last meeting 10/08/2016 – minutes not received.

RUH Bath DPG – last meetings 09/06/2016 & 14/07/2016 – minutes received

CH viewed and reported nothing to note

Weston D&TC – last meeting 28/07/2016 – minutes received

CH viewed and reported nothing to note

LPC Report

1. The pharmacy contract cuts are on hold following the change of ministers.
2. Current community pharmacy contracts are not sustainable. The NAPC have set up a working party who are creating a toolkit to support community pharmacy working in a multi-speciality community provider framework. ML shared the terms of reference.

A community pharmacy 5 year forward view paper has been written. DY requested to share the links to this document, ML suggested looking at the executive summary.

3. Very active regional NHS England team engaging with pharmacy with representatives being sought to work around sustainability and transformation plans. ML sits on the board of this group.

In the process of writing a paper supporting expanding the role of community pharmacy minor ailments and minor illness work across Devon, Somerset, Cornwall and Avon, aiming at uniformity across the area. This will help rationalise emergency supply processes and also links into the NHS 111 service and working with GP out of hours services.

4. ML shared a paper presented at a recent LPN meeting looking at how to begin systemising pharmacy staff development into being part of a primary care team. All delegates given a print out.
5. 2 engagement events are being held on the 27th Sept and 28th Sept in Yeovil and Taunton respectively. GJ was invited to attend. CH is attending the Taunton one. Michael Bainbridge is attending the Yeovil one.
6. ML requested DY to circulate his contact details to all members and gives his personal promise to help with any issues around pharmacies. He requested that any local decisions around pharmacy are shared with him rather than contractors getting a letter and him not knowing any background information.

Medicines Safety Network – last meeting July 2016 - postponed

PART 2 – ITEMS FOR INFORMATION OR NOTING

9

Current Performance

9.1

Prescribing Report

- SG presented his report, now has data forecasting an end of year outcome underspend of £3.3million. Only based on 3 months data and is expected to change.
- SG has seen July data, which has not been shared widely yet, but this also predicts an underspend.
- Scorecard changes made last year have reduced this year's spend. Scorecard is continuing to improve. May 2016 showed 454 green indicators, June 2016 showed 476 green indicators.
- This work helps to reduce the financial gap but doesn't close it and that's why we are having to look at unsavoury areas.
- SG has been asked to provide an additional £2.6million savings on top of what was estimated to be possible. CCG adrift by £14million.

9.2

June Scorecard Commissioning Locality Trend – viewed and noted

- Overall improvement in the right direction.
- Some practices not prepared to tackle some areas
- Significant change in indicators from 1 year ago which is providing savings.

9.3 **June Safety Spreadsheet** – viewed and noted

- Most items going in the right direction
- has been monitored for 3 years
- helps with de-prescribing issues
- GS noted the rise in mirabegron use, SG confirmed this is driven by the anticholinesterase reviews as part of scorecard switches. The safety issue comes from a problem with uncontrolled hypertension.

9.4 **Quarter 1 toolkit graphs** – viewed and noted

- GP Delegates were asked to look at and raise at their commissioning locality meetings.
- Some outlying practices may need to focus on areas with poor performance.

9.5 **Potential Generic Savings** – viewed and noted

- this is individually shared with practices
- constant changes with new products coming off patent
- unable to change patients unable to tolerate alternatives or who insist on brands.

11 Rebate Schemes

Have recently been signed for Biquelle XL (quetiapine) , Gatalin XL (galantamine) & Repinex XL (ropinerole) [*Aspire Pharma*] commenced 1st Sept – Noted

10 Medicines Optimisation Dashboard – refreshed August 16

CH picked out items of interest and shared comparison graphs for:

Use of EPS, repeat dispensing, medicines use reviews, mental health, Grasp AF, antibacterials, NSAIDS, oral anticoagulants, antidiabetic and osteoporosis.

12 NICE Guidance

12.1 **NHS Sheffield CCG framework of NICE guidance (July)** – noted

12.2 **NHS Sheffield CCG framework of NICE guidance (August)** – noted

13 NICE Technology Appraisals

13.1 **TA404 Degarelix for treating advanced hormone-dependent prostate cancer** – for noting

- NICE have approved, await an application from trust DTC's before adding to formulary.
- This has enhanced service implications which need to be shared with the joint committee.

14 NICE Clinical Guidance –

14.1 **NG49 Non-alcoholic fatty liver disease (NAFLD): assessment and management**

Noted

guidance around vitamin E, fatty acids and pioglitazone to be added to formulary.

- 14.2 **NG50 Cirrhosis in over 16s: assessment and management** – Noted
prophylactic antibiotic guidance to be raised with the antibiotic group.
- 14.3 **NG51 Sepsis: recognition, diagnosis and early management** – Noted
Information to be added to antimicrobial guidance
- 14.4 **NG52 Non-Hodgkin's lymphoma: diagnosis and management** – Noted
for secondary care
- 14.5 **CG181 Cardiovascular disease: risk assessment and reduction, including lipid modification (update)** – Noted
- 14.6 **CG71 Familial hypercholesterolaemia: identification and management (update)**
there has been an amendment to the Ezetimibe guidance – to be added to formulary.
- 14.7 **CG64 Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures (update)** – Noted
- 14.8 **CG140 Palliative care for adults: strong opioids for pain relief (update)** – Noted
- 14.9 **CG44 Heavy menstrual bleeding: assessment and management (update)**
– Noted, approves a drug already on formulary - Ulipristel
- 14.10 **CG126 Stable angina: management (update)** – Noted
- 14.11 **CG141 Acute upper gastrointestinal bleeding in over 16s: management (update)** – Noted
footnote added covering license info of H2 receptor agonists for this not PPI.
- 14.12 **CG142 Autism spectrum disorder in adults: diagnosis and management (update)** – Noted
deletion of 2 research recommendations
- 14.13 **CG156 Fertility problems: assessment and treatment (update)** – Noted
review on IU insemination evidence. No impact to treatment policy, Somerset doesn't follow NICE guidelines.
- 15 Safety Items, NPSA Alerts and Signals**
- 15.1 **NHS South Region South West Controlled Drugs Newsletter – August** – Noted
Morphine liquid not a full CD so may not be viewed in the same light.
feeds into national work stream around the overuse of opiates.
- 15.2 **NPSA: Resources to support safer care of the deteriorating patient (adults and children)**
Useful list of resources, toolkits and guidance.
Share with safety network.

- 15.3 **Restricted use of open systems for injectable medication** - noted
- 15.4 **Resources to support the care of patients with acute kidney injury** - noted
- 15.5 **Nasogastric tube misplacement: continuing risk of death and severe harm**
- noted
- 15.6 **July DSU newsletter** – see below
- 15.7 **Warfarin: reports of calciphylaxis** - noted
- 15.8 **Citalopram: suspected drug interaction with cocaine; prescribers should consider enquiring about illicit drug use** - noted
- 15.9 **August DSU newsletter** - noted
- 16 BNF Changes**
- 16.1 **BNF update July 2016** – viewed and noted
- 16.2 **BNF update August 2016** – viewed and noted
- 16.3 SG mentioned to the group the advice received from NICE regarding the BNF app:
NICE is circulating a warning that the BNF app for iOS devices (Apple) has a fault leading to a small amount of information being out of date. Users are advised to delete the app and reinstall it from the Apple Store. Online and Android versions of the BNF are not affected.
- The warning appears on the NICE Smartphone apps page -
<https://www.nice.org.uk/about/what-we-do/nice-apps-for-smartphones-and-tablets>
- Android devices and all [online web versions of the BNF](#) are unaffected
- 17 Any Other Business**
- 17.1 SDB: SWISH have as raised that the CCG formulary chapter on contraception needs to be brought into line with the latest Faculty of Sexual Health guidance is concerned. Meds Man has been asked for a volunteer to join the SWISH team on reviewing the chapter. Agreed.
- 17.2 SDB would like a copy of the 'cease and desist' letter SG sent to Great Bear Healthcare regarding the provision of free lunches. SG meeting with Great Bear soon and will feedback.
- 17.3 SG raised an issue around the Yeovil area with needle stick injuries – A&E giving HIV packs and requesting follow up from GPs. A&E have been informed it doesn't sit with GPs to follow-up. Any problems need to be forwarded to SG. Needle sticks within a practice should be dealt with by occupational health.
Once all details clear add information to newsletter.
- Date of Next Meeting:** Wednesday 12th October 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 14th September 2016				
1	Declarations of interest	Add additional declaration for Michael Lennox to future agendas	Donna Yell 12th Oct 2016	Completed
2	Draft Template for practices considering stopping accepting repeat requests from Community Pharmacies / appliance contractors	Share Bridgwater commissioning locality draft letter for stopping pharmacy repeat requests. Delegates to raise SG and Bridgwater letter templates with locality practices – for each practice to make their own decision.	Donna Yell Commissioning Locality delegates	Completed
3	Polypharmacy – de-prescribing guidance	SIGN App and guidance feedback to COG	Geoff Sharp 12th Oct 2016	Completed
4	Self-care	<ul style="list-style-type: none"> • Leaflet and Poster to be updated to include verrucas + warts and vitamin D • List of self-care meds to be reordered to put the higher volume items at the top. • “These are the same medications as your doctor could prescribe” to be added 	Donna Yell Helen Spry 12th Oct 2016	Completed
5	Vitamin D	Guidance to be shared for de-prescribing vitamin D and advice for Self-care	Shaun Green 12th Oct 2016	Completed
6	Ecogen branded specials	Add to specials guidance Highlight availability to practices prescribing equivalent unlicensed specials.	Helen Spry 12th Oct 2016	Completed
7	Blood Glucose Monitor test strips	raise with practices move towards using test strips costing <£10 per 50 strips.	Shaun Green 12th Oct 2016	Completed
8	Quarter 1 toolkit graphs	GP Delegates were asked to look at and raise at their commissioning locality meetings.	GP delegates 12th Oct 2016	
9	NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	Feedback to Lincoln Andrews that there is rarely any advice given to GP’s on treatment durations provided by specialists initiating time limited medications.	Catherine Henley 12th Oct 2016	In Progress
10	TA404 Degarelix for treating advanced hormone-dependent prostate cancer	Enhanced Service implications to be raised with the joint committee	Geoff Sharp 12th Oct 2016	Completed
11	NG50 Cirrhosis in over 16s: assessment and management	prophylactic antibiotic guidance to be raised with the antibiotic group.	Ana Alves 12th Oct 2016	In progress

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12	NG51 Sepsis: recognition, diagnosis and early management	Information to be added to antimicrobial guidance	Ana Alves 12 th Oct 2016	Completed
13	Self-care PPG support	Write to the PPG lead to find out to what degree they would be prepared to support the CCG with asking patients to purchase their self care medicines.	Geoff Sharp 12 th Oct 2016	In Progress
14	NPSA: Resources to support safer care of the deteriorating patient (adults and children)	share list of useful resources with Safety network	Catherine Henley 12 th Oct 2016	Completed
15	Great Bear Healthcare	SDB requested copy of cease and desist letter SG sent, and to be given feedback following SG meeting with Great Bear	Shaun Green 12 th Oct 2016	Completed
16	CCG Formulary Sexual health chapter	Volunteer from the Medicines management team to work with SWISH to review this	Meds Man Team 12 th Oct 2016	In Progress
17	LPC Report	Share links to the community pharmacy 5 year forward view paper with PAMM members.	Michael Lennox Donna Yell 12 th Oct 2016	Completed
18	Newsletter articles	<ul style="list-style-type: none"> • Stoma care annual use review. Advertise the offer of this service by Taunton Stoma nurses to practices • Covert medications and DOLs - new court guidance Article to be written to raise awareness • 7 day prescribing Good news story on reduction of 7-day prescribing. • Needle Stick injuries issue with A&E giving HIV packs and requesting follow-up from GP's. Once all details clarified add to newsletter for information. 	Steve Moore Quarterly newsletter next <u>due Nov 2016</u>	
19	Traffic Light changes	<ul style="list-style-type: none"> • Monuril 3g sachet (Fosfomycin) granules for oral solution £4.86/sachet – GREEN • Insulin Degludec (Tresiba[®]) 100 unit/mL FlexTouch[®] 5 pen pack £46.60 200 unit/mL FlexTouch[®] 3 pen pack £55.92 100 unit/mL Penfill[®] 5 cartridge £46.60 Approved – GREEN 	Steve Moore 12 th Oct 2016	completed

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<p>20</p>	<p>Formulary changes</p>	<ul style="list-style-type: none"> • Glycopyrronium Bromide 1 mg/5 ml Oral Solution is indicated for use in adults as an add-on therapy in the treatment of peptic ulcer - GREEN • Liraglutide – Type 2 diabetes monotherapy license extension • Cholurso 250mg film coated tablets 30% cheaper than generic and other branded Ursodeoxycholic acid 250mg capsules – GREEN • Enstilar Cutaneous Foam Equivalent formulation and priced the same as Dovobet Approved – GREEN • Insulin Degludec (Tresiba[®]) 100 unit/mL FlexTouch[®] 5 pen pack £46.60 200 unit/mL FlexTouch[®] 3 pen pack £55.92 100 unit/mL Penfill[®] 5 cartridge £46.60 Approved – GREEN • Neon Verifine insulin pen needles 4mm, 5mm, 6mm & 8mm £4.50/100 Approved – GREEN • Tricare insulin pen needles 4mm, 5mm, 6mm, 8mm & 12mm £5.36/100 Approved – GREEN • Antimicrobial Guidelines August update All changes agreed at PAMM • Blood Glucose Monitor Test Strips recommend using test strips costing <£10 • Nutricomp Drink Plus chocolate/Strawberry/banana/vanilla £1.12 per bottle (200ml) Additional low cost item to be added to formulary as an additional option. • NG49 Non-alcoholic fatty liver disease (NAFLD): assessment and management guidance around vitamin E, fatty acids and pioglitazone to be added to formulary • CG71 Familial hypercholesterolaemia: identification and management (update) there has been an amendment to the Ezetimibe guidance – to be added to formulary. 	<p>Steve Moore & Joanne Ayre 12th Oct 2016</p>	<p>Completed</p>
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