NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 12th October 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 Mike Holmes (MHo)	South Somerset Representative
	Dr Piers Jennings (PJ)	East Mendip representative
	Gordon Jackson (GJ)	Lay Representative
	Michael Lennox (ML)	LPC 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 Catherine Lewis (CL)	Bridgwater Representative
	Dr Carol Reynolds (CR)	North Sedgemoor Representative

1 INTRODUCTIONS – Karen Taylor came to present items 5.1 and 5.2; she left after making her presentations.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1 SDB pointed out that the management of Lister House surgery has been taken over by Somerset partnership.

4 MINUTES OF MEETING HELD ON 14th September 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:

7. Blood Glucose Monitor test strips

Recommendations have been sent to GP practices around the formulary recommendation of blood glucose test strips costing less than £10 per 50 strips.

An issue was raised by secondary care around patients using insulin pumps and these patients are excluded from switch recommendations. An update was sent to clarify this with practices.

9. NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing

CH has had positive feedback from TST, GS is keen to see this raised with YDH. CH to draft a letter to YDH medical director from GS.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 **Medicines Safety Network**

Karen Taylor presented the minutes from the latest Medicines Safety Network meeting.

Lots if issues and incidents are related to shared care arrangements or communication issues. The group is trying to find ways to improve patient awareness and understanding of their own care so that they are better equipped to ask questions about their care. This could help to reduce the risk of safety incidents.

The group are hoping to undertake a small pilot to improve patient understanding of the monitoring requirements for DMARDs in the hope that this will improve compliance with testing regimens.

ML mentioned the 'Mental Health Passport' being used in Devon for at risk groups. This can help patients to communicate their healthcare needs to organisations and professionals involved in their care.

5.2 **Medicines Incident reports**

The more significant events were viewed and noted.

There was also a discussion around preventing dispensing incidents. SD mentioned that there is a Falsified Medicines Directive which will introduce some mandatory safety features due to be implemented by Feb 2019. This will require pharmacies to prove the origin of the dispensed product is genuine at the point it reaches the patient. A whole system of scanning and tracking technology is likely to be needed to support this, which may also help prevent picking errors.

It was noted that incident reporting frequency appears to be reducing. The CCG is aware that 'Symphony Integrated Healthcare practices' have been advised to submit incidents via YDH internal systems and not to the CCG via Datix.

Reminder to be added to the newsletter with a summary of where something has been improved as a result of an incident report.

5.3 **Gluten Free products – update from COG**

Following the discussion at September PAMM a report was presented at COG last week providing information from other CCG's on what they had done to reduce prescribing of gluten free (GF) foods.

The proposed implementation of the non-formulary status was pushed back to 1/12/16. The CCG is now entering a 4 week engagement exercise, where communications have been sent inviting feedback from stakeholders. The decision to stop prescribing of GF foods has been made and ratified by the governing body. Therefore, this is not a consultation exercise but an opportunity for stakeholders to flag any unexpected consequences that may result from this decision.

COG view this as an opportunity to use the resources tied up in GF food prescribing in more effective ways.

The group expressed reservations about this decision and agreed that GPs would welcome some support tools to help communicate the decision effectively to affected patients.

GS agreed that it would be useful to have a standardised CCG letter explaining that the decision has been made by the CCG, not the GP Practice.

5.4 **Self-Care medicines – update from COG**

Discussed alongside item 5.3

Making Self-Care medicines non-formulary also has COG approval.

5.5 **De-prescribing PPI**

OPEN – Ontario Pharmacy Research Collaboration, De-prescribing guidelines for the elderly. This project is developing, implementing and evaluating three "de-prescribing" guidelines on Proton Pump Inhibitors, Benzodiazepines and Antipsychotics

The guidance on de-prescribing PPIs was shared with the group. Guidance for de-prescribing benzodiazepines and antipsychotics is less well developed.

The group highlighted some errors but think it is useful guidance to share. It needs aligning with current recommendations and putting into CCG format before including in formulary.

5.6 **Great Bear Healthcare and other appliance contractors**

SG met with representatives of Great Bear Healthcare and raised the recent concerns around switching away from our preferred products list and requests for retrospective prescriptions with them. They have agreed not to issue appliances in advance of prescriptions.

An email from Shaun, sharing the messages passed on to Great Bear was shared with the group.

PJ asked for CH to share Shaun's message as a separate item.

6 Other Issues

6.1 **BTS SIGN Asthma guidance**

New guidance has removed SABA monotherapy as step one. Patients diagnosed with asthma should now start out with a low dose inhaled corticosteroid (ICS) along with a 'when required' SABA.

The BTS recommendation to refer all patients progressing to high dose ICS (i.e.>1000mcg/ day beclomethasone diproprionate equivalent) into secondary care are not manageable. This would result in larger numbers of referrals and secondary care services do not have capacity.

The guidance also recommends the use of leukotriene receptor antagonists (LTRA), which could help some patients and SG would like to recommend trying these before progressing to high dose ICS. However, this needs to be promoted as some practitioners do not consider using LTRAs. A graph showing practice use of LRTAs in Somerset was viewed and the wide variation in prescribing between practices noted . It was highlighted that montelukast is considerably cheaper than zafirlukast.

SG recommended that we need a pragmatic approach to implementing the guidance. The respiratory group has reviewed and is updating its guidance in accordance with the BTS SIGN guidance. This will be shared when finalised.

It would be useful to hold an engagement / training event with practitioners and the public to raise awareness of the changes.

The Medicines Management Team is working to develop some simple inhaler pathways to share with practitioners.

6.2 ~~**Inhaler Pathways Guidance**~~ (Item removed from agenda)

6.3 **Somerset Scorecard Indicator performance CCG benchmarking**

Ski slope graphs from eclipse show Somerset CCG performing well compared to other CCG's against the scorecard indicators.

'Low cost statins' is the one indicator where the CCG performs less well than others. This is due to the historically higher use of rosuvastatin, but this is improving.

Flu vaccine graph was noted as invalid, due to very low numbers of vaccines being given in the time period.

6.4 **SSRI prescribing requests for under 18s**

Feedback from a small number of practices is that they're being asked by SomPar consultants to prescribe SSRI's to under 18s. This is not covered in shared care arrangements.

SDB thought that this may be down to individual teams as there is no trust agreement to make these recommendations. Individuals making these requests are aware that GPs are able to decline even if there are shared care arrangements in place.

Practices are being advised that if they're uncomfortable taking on the prescribing in these cases, they should decline.

6.5 **Diabetes Incentive Scheme mini-audit deadline extension**

SG was asked by a number of practices to extend the deadline for part 1 of the diabetes audit.

The group agreed to extend the part 1 deadline to 31st October 2016. However, there is no change to the stage 2 deadline of end of March 2017.

6.6 **Medicines for schools**

Queries are regularly raised regarding requests to GP's to prescribe or supply medicines to schools. The following points were raised:

- Somerset County Council is just about to send out guidance to include this situation. There is lots of statutory guidance for schools which they should be aware of.
- Schools should have care plans and SOP's on how to administer and manage medicines.
- GP practices should only be involved via normal prescribing for their patients with a medical condition
- Staff insisting that they won't give medicines unless they are prescribed should be challenged, as that is not part of guidance. Non-Prescription Medicines can be administered on the written permission of a parent/carer.
- Schools can now purchase salbutamol inhalers from pharmacies, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma and prescribed a 'reliever' inhaler, only where written parental consent for use of the emergency inhaler has been given.

It was agreed that a newsletter article should be written to highlighting that written permission of the parent negates the need for a prescription for non-prescription medicines.

6.7 **CVD Pathway**

Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care, guidance produced by Public Health England and NHS England. Contains links to current recommendations.

- This document aims to build in various themes which should be looked at by the CCG.
- Somerset is not performing as well in this area compared to peers and there is lots of unmet need around primary and secondary prevention.
- This on the agenda at the next prescribing leads event in November.

It was agreed to add an item to the newsletter.

6.8 **Dermatology closure at MPH**

An email has been sent to all Somerset Practice Managers regarding the closure of dermatology service at Taunton & Somerset NHS FT as from 1st January 2017 was viewed.

This item was brought to PAMM in case any further discussion was required.

SG has flagged to commissioners that a number of patients will be receiving **RED** (hospital only) drugs and any discussions need to take into account appropriate transfer of that care.

The additional monitoring requirements mean that prescribing of these items should be done by one professional and these drugs are not suitable for shared care arrangements. Any requests should be declined, treatment should at this stage remain under the specialist.

7 Formulary Applications

7.1 **Symbicort® MDI** *AstraZaneca*

- Costs £28 for 30 days represents a saving of £1.32 per device if it is initiated over Fostair pMDI. This equates to an annual saving of £16.06 per patient per year.
- Offers greater savings against Seretide than Fostair.
- This is the lowest cost ICS/LABA in a pMDI device licensed for COPD.
- Formoterol is recommended above salmeterol.
- Not licensed for asthma at present – would need an informed discussion with the patient if to be used unlicensed for asthma.

Recommend to add to formulary – Approved **GREEN**

8 REPORTS FROM OTHER MEETINGS

8.1 **Commissioning Locality Feedback**

South Somerset –MHo – held an away day last week. Ana Alves attended and presented on the BTS asthma guidelines. The group looked at finances and scorecard performance. There was a discussion around prescribing support – could health commissioning locality level peer pressure give a better chance of engagement?

Other areas discussed were pharmacy repeat prescription ordering and pharmacy flu vaccination where pharmacies are miscommunicating to patients that they are helping out the practices by administering vaccines.

West Somerset – DD – discussed gluten free decision

Central Mendip – GS – no recent meeting

Bridgwater Bay – CL – not present

Taunton – AF – nothing to report

Chard, Crewkerne, Ilminster and Langport – TB – the federation clinical pharmacist is proving effective, offering 20-30 minute medication review appointments covering 6 practices. The clinical pharmacist post is worthwhile.

East Mendip – PJ – had an education session with the RUH stoma nurse who then set up appointments to review patients and saw some within their homes. Fantastic service and will be doing annual reviews. There were no formulary conflict issues.

West Mendip – JN – nothing to report

North Sedgemoor – CR – not present

8.2 **COG** – GS – discussed under items 5.3 and 5.4

De-prescribing SIGN guidance and SG report on medicines optimisation were also presented.

8.3 **Somerset Partnership Mental Health D&TC** – last meeting 07/06/2016 – was discussed at September PAMM, SDB to share the minutes.

8.4 **YDH D&TC** - last meeting 19/07/2016 – minutes received and 11/10/2016 – meeting cancelled

MHo raised the self – care agenda

8.5 **T&ST D&TC** – next meeting 11/11/2016

8.6 **BNSSG Joint Formulary Group** – last meeting 05/07/2016 – minutes received and 06/09/2016 – minutes not received.

CH viewed and reported New Drug requests for Liothyronine, Ibandronate and Zolendronic acid.

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

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

8.9 **RUH Bath DPG** – last meetings 11/08/2016 and 08/09/2016 – minutes not received

8.10 **Weston D&TC** – last meeting 15/09/2016 – minutes not received

8.11 **LPC Report**

1. The second phase of the pharmacist in GP practice scheme is open for applications from 1st November. Funding and support programmes are available through this scheme to embed pharmacists in GP practices.

2. Linda Coles has stepped down from the LPC – to be removed from PAMM distribution lists.

3. Met with NHS digital yesterday and had a constructive meeting. Action plan being developed to action at the start of 2017. Hope to increase umbers of prescriptions being dealt with through EPS repeat dispensing systems.

4. Urgent and emergency care, NHSE are working up a service through community pharmacies. There is a working party looking at the best design for the minor ailment / minor illness service.

8.12 **Somerset Medication Safety Network** – last meeting 08/09/16 – minutes received. See Item 5.1

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 **Prescribing Report**

SG presented his recent COG report. The key points were:

- July position forecast showing an underspend of £3million.
- GS advised that the forecast accuracy is not always reliable so this information should be shared tentatively.
- The group noted section 2.8 where the England average CCG spend is 19.3%

higher than Somerset's spend this equates to Somerset prescribers spending ~£14.9M less than the England average CCG spend per year

- There are more cost savings available through the scorecard, which could realise £2million annual savings if all indicator switches were actioned.
- The update position of the 10 practices identified in 2015 as financial outlying practices and the current 10 practices with the most challenging financial position compared to budget were noted. These practices have been contacted and are engaging to make changes.
- Medicines management is not just about financial savings also covers improvement in patient care and better outcomes. The report included the SIGN app and guidance around de-prescribing as agreed at PAMM in September to be useful tools. Eclipse live alerts designed around de-prescribing and unmet need. There is a need to spend more on some areas where unmet need is identified and use the funding wisely.
- ML asked was there evidence of increasing numbers of dispensed items. SG agreed to share outside the meeting.

9.2 **June Scorecard Commissioning Locality Trend –** viewed and noted
The vast majority of practices are working on indicators and the general trend is improving each month.

There are some indicators which fluctuate due to prescribing cycles and some where there is slippage back. However, support staff regularly challenge this with practices.

Financial savings have come about through the increased number of indicators. When the number was increased to 20, there was some resistance but this has now largely been accepted and is providing good savings.

9.3 **June Safety Spreadsheet** – viewed and noted
Some items are not expected to reduce to zero but are included as there are safety issues around prescribing them and prescribers should be aware.

Methotrexate 10mg has suddenly risen – this is non-formulary in Somerset due to increased risk with dispensing errors. The individual prescribers have been approached.

10 Rebate Schemes

- Reletrans (buprenorphine) patches & Airflusal Forspiro, *Sandoz*
- Fresubin 2kcal mini & Fresubin 2kcal fibre mini *Fresenius kabi*

Have been newly signed – noted.

11 NICE Guidance

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

12 NICE Technology Appraisals

12.1 **[TA407] Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors** - noted

12.2 **[TA409] Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion** – noted

13 NICE Clinical Guidance –

13.1 **[NG54] Mental health problems in people with learning disabilities: prevention, assessment and management.**

General guidance about identifying mental health problems in this group of patients and having discussions on an appropriate level for their understanding.

13.2 **[NG55] Harmful sexual behaviour among children and young people**

General guidance to be aware of, outlines the types of behaviour that requires referral to specialists, offers tools to help assess patients.

13.3 **[NG56] Multimorbidity: clinical assessment and management**

Useful information around frailty assessments which should not be done in acute settings.

Recommends polypharmacy reviews for patients taking 10-14 or more medications. This is disappointing, when compared to the National Service Framework recommendation of 4 or more. The CCG audit of 10 or more is felt to be generous.

The guidance emphasises the need to lookat the patients' combined problems as a whole.

The NHS business authority is looking at linking patient NHS numbers to prescriptions within perescribing data. This could help identify multimorbidity issues which we can't currently do from ePACTdata.

13.4 **[CG42] Dementia: supporting people with dementia and their carers in health and social care**

Updated to include new guidance around the use of anticholinesterase inhibitors or memantine - Use one or other not both.

13.5 **[CG181] Cardiovascular disease: risk assessment and reduction, including lipid modification**

Minor amendment defines a high-intensity statin, highlights Atorvastatin as first line.

14 Safety Items, NPSA Alerts and Signals

14.1 **September DSU newsletter** – See below

14.2 **Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy** – Noted

14.3 **Posaconazole (Noxafil): tablets and oral suspension are not directly interchangeable** – Noted (Secondary care antifungal.)

14.4 **Accu-Chek® Insight Insulin pump system: risk of over- or under-infusion of insulin** – noted

SG re-emphasised those patients using insulin pumps with an associated blood glucose testing meter are exempt from switch recommendations to test strips costing <£10.

15 BNF Changes

15.1 **BNF update September 2016** – noted

16 Any Other Business

16.1 RM raised the decommissioning by Somerset County Council of the current smoking cessation service in April 2017. The service is being redesigned following that. SG has encouraged them to have discussions with GP's and pharmacies during the design process.

Smoking cessation is an additional service and Public Health shouldn't expect the CCG to take it on. The Service Development Plan (SDP) recognises best outcomes come from patients giving up smoking.

The funding was removed from the CCG when the service transferred to the council and we currently charge Public Health for any prescribing done by practices that are commissioned to prescribe for smoking cessation. Varenicline prescribing is all reclaimed but can only be supplied through certain pharmacies where the pharmacist is trained and authorised to use the PGD.

16.2 National contracting documents have been published which include a new quality premium for antibiotics.

The current total antibiotics element will remain but the cephalosporin, quinolone and co-amoxiclav target is being replaced by trimethoprim to nitrofurantoin ratios. SG believes this is a very blunt tool and could potentially lead to an increase in ceph / quin prescribing. It doesn't take into account that Somerset has Pivmecillinam on formulary, unlike other areas of the country. Pivmecillinam doesn't have the renal implications of nitrofurantoin or the sensitivity testing issues of trimethoprim.

SG has challenged this decision but the documents have already been signed off nationally.

Date of Next Meeting: Wednesday 9th November 2016, Meeting Room 1, Wynford House, Yeovil

NHS Somerset Clinical Commissioning Group

PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 12th October 2016				
1	Declarations of interest	Add information to SDB declarations regarding the management of Lister House surgery being taken over by Somerset partnership.	**Donna Yell 9th Nov 2016**	Completed
2	NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	Draft letter from Geoff Sharp to YDH medical director that there is rarely any advice given to GP's on treatment durations provided by specialists initiating time limited medications.	**Catherine Henley 9th Nov 2016**	In progress
3	NG50 Cirrhosis in over 16s: assessment and management	Prophylactic antibiotic guidance to be raised with the antibiotic group.	**Ana Alves 9th Nov 2016**	Completed
4	De-prescribing PPI	Align OPEN de-prescribing guideline with current recommendations and put into Somerset CCG format and add to formulary.	**Steve Moore Catherine Henley 9th Nov 2016**	In progress
5	Great Bear and other appliance contractors	Share email from SG with PJ	**Catherine Henley 9th Nov 2016**	Completed
6	LPC report	Remove Linda Coles from PAMM distribution lists.	**Donna Yell 9th Nov 2016**	Completed
7	Prescribing Report	Provide data on numbers of dispensed items to Michael Lennox.	**Catherine Henley 9th Nov 2016**	Completed
8	Traffic Light changes	**none**		
9	Formulary changes	• **Symbicort® MDI** Approved **GREEN**	**Steve Moore & Joanne Ayre 9th Nov 2016**	Completed

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10	Newsletter articles	• **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. • **Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care, guidance produced by Public Health England and NHS England** To raise awareness of the guidance through newsletter. • **Medicines Incident reports** Reminder of importance of reporting incidents and how to make a report. Summary of where something has improved as a result of a report to be included (from Karen Taylor) • **Medicines for schools** Article providing advice for GP's receiving request for medicines to be prescribed for use in schools.	**Steve Moore Quarterly newsletter next due Nov 2016**	