

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 9th November 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
	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
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Robert Munro (RM)	LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Support Technician - MM team
	Donna Yell (DY)	Prescribing Support Technician, Secretary
Apologies:	Dr Adrian Fulford (AF)	Taunton representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Liz Harewood (LH)	Somerset Partnership Representative
	Michael Lennox (ML)	LPC Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Carol Reynolds (CR)	North Sedgemoor Representative

1 INTRODUCTIONS

Zoe Talbot-White was introduced to the group as a new member of the CCG Medicines Management (MM) team, attending to observe the meeting.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

- 3.1
- No changes
 - No conflicts of interest on the agenda.

4 MINUTES OF MEETING HELD ON 12th October 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. NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing – GS and CH to complete outside this meeting.

3. NG50 Cirrhosis in over 16s: assessment and management - is now complete

4. De-prescribing PPI – OPEN guidance to be edited to CCG format and aligned with NICE – bring back once draft prepared.

PART 1 – ITEMS FOR DISCUSSION OR DECISION**5 Matters Arising****5.1 Correspondence from David Slack**

The group viewed the letter sent by David Slack to CCG member practices regarding the CCG deficit and NHS England (NHSE) rating of inadequate.

A turnaround team and director have been appointed as a result of NHSE placing the CCG under special measures.

This is a reflection of how difficult things are financially and the need to make savings and hence the decision to make gluten free products and self-care items non-formulary.

The CCG's in the South West are in the same or similar positions regarding a financial deficit.

5.2 Gluten free prescribing update

Papers are going to the governing body on the 17th November 2016 recommending non-formulary status and implementation on the 1st December 2016.

There have been some mixed messages received by patients and practices, the CCG is not stopping the prescribing of gluten-free or self-care items as a whole but intend giving them non-formulary status. The ultimate prescribing decision rests with prescribers.

About 25% of CCG's have taken a similar position with gluten free prescribing.

A letter from the CCG to prescribers needs drafting and supporting materials will be shared with practices following the final decision on the 17th November.

SG has received communication from dieticians who are concerned about the impact the decision may have on their services. There is sufficient information and products freely available for patients to be able to manage their own condition, he doesn't envisage a need to involve specialist dieticians and doesn't expect there to be any additional impact on dietician services.

5.3 Self-care medicines update

Alongside Gluten Free Prescribing decision will be made at governing body on the 17th November.

There has been less feedback about this decision than gluten free prescribing.

TB suggested adding an EMIS pop-up alert for these products.

- The problem with when the pop-up appears on screen after the item has been prescribed is being rectified in the next few weeks with an EMIS update.
- There is some concern that multiple protocols running on EMIS could impact the system.
- It was felt to be useful to concentrate on the top 4 items, CH will investigate and trial at Wellington practice.
- Update on pop-up alerts to be added to January agenda.

5.4 Over-medication of patients with learning disabilities update

Sompar are happy reviewing patients already on their work-load.

Some problem with out of area patients.

Aiming to provide some guidance for GP's around how to review patients.

Will possibly be included as an element of the prescribing scorecard next year.

CH has asked her prescribing support pharmacists to review a few patients, to sense check where the problems lie and put together an action plan.

Update to be added to Jan agenda.

6 Other Issues

6.1 Auto Protect Insulin Pen Needles

Email trail viewed between Sompar nurse and SG about the concerns nurses have with the formulary choice auto-protect needle.

BD autoshield duo (safety needles) – currently being used are protected at both ends of the needle.

My Life Click fine autoprotect (formulary choice) only protect the end of the needle which contacts the patient.

Both products comply with current EU regulations which employers must comply with to prevent sharps injuries.

Sompar have been asked to perform a risk assessment on both devices.

The issue is being investigated there has been no injury caused, Sompar are taking to their medicines overview meeting next week.

PAMM to await response following the Sompar medicines overview meeting.

6.2 Auto Protect Lancets

Following on from item 6.1 have not looked at a formulary recommendation previously.

Proposal to add GlucoRx Safety Lancets as the cheapest option for healthcare staff to use when testing patients.

The group viewed a table of devices with cost comparison.

Agreed – **GREEN**

6.3 Asthma review referrals

Part of the core national pharmacy contract next year will include a section on asthma review referrals:

- Asthma patients dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6 month period are referred to an appropriate health care professional for an asthma review.

This was felt to be a positive thing, these patients should be being reviewed anyway.

Conversation to be had with LPC on what would be a useful extension to this.

GP's need to be aware, contract commencing next April – flag in newsletter in the new year.

There was a discussion around MURs, practices don't seem to be receiving information that many are taking place. Each pharmacy is limited to 400 MURs and paid £28 per MUR. The money covering these was taken out of their care contract and repaid through MURs.

Query on the difference between a pharmacist MUR and a GP clinical review. MUR is more a compliance review, the pharmacist doesn't have full details of the patient in the same way as the GP.

CL mentioned 'Future Learn' has a useful free eLearning module on medicines

compliance and review.

Ask ML to report on how it actually operates; patient selection, documentation, sharing info with GP's.

To be brought to Jan PAMM

6.4 **Calcium intake and cardiovascular Disease risk**

New meta-analysis has shown no association with increased cardiac risk and calcium intake.

Supports the formulary position of only giving calcium and vitamin in D in combination.

Vitamin D alone should only be given to patients requiring specific vitamin D supplementation. Vitamin D supplementation through the winter remains a Self-Care item.

6.5 **Lyrica Pfizer update**

Pfizer have lost their court case but are likely to appeal.

Until NHSE release a statement to overturn previous recommendations prescribing guidelines remain the same.

Patent for Lyrica in neuropathic pain ends in July.

There was a discussion around being a financially strapped CCG and should we be looking at switching, concern about legal come back from Pfizer if we were to make a blanket switch suggestion at this time.

GS asked for cost-saving figures to be brought to PAMM in Jan.

6.6 **Diltiazem prescribing memo**

Some confusion around dosing of different preparations, SG has flagged to practices via email.

Still generic prescribing going on which is contrary to safety recommendations.

Prescribing by formulary preferred brand would provide cost savings.

Some items may not be prescribed as recommended through pt choice or tolerance levels.

Item to go in Newsletter and Safety Net newsletter.

7 **Formulary Applications**

7.1 **Levothyroxine additional strengths and lactose free TEVA**

- 12.5mcg (£12.75 for 28) , 25mcg (£2.35 for 28), 50 mcg (£1.14 for 28), 75 mcg (£2.82 for 28) and 100mcg (£1.14 for 28)
- Lactose free may be useful for patients with intolerance who currently receive liquid.
- 1x75mcg tablet is cheaper than 1x50mcg + 1x25mcg – cost saving opportunity and useful for compliance.
- 12.5mg useful for slight tweaks to patient doses.

Approved - **GREEN**

7.2 **Insulin pen needles <£6 per 100**

Pricing war has increased the number of low cost options.

Proposal to make all pen needles with a list price < £6 per 100 'formulary' GREEN and those >£6 RED. (exclude safety needles)

Approved - **GREEN**

7.3 **Morning side contraceptives**

A new range of branded generic contraceptive pills, a few pence cheaper than formulary recommended Consilient branded generics.

Proposed to add to formulary alongside Consilient branded generics.

No proposal for switching from Consilient to Morningside brands.

Approved - **GREEN**

8 **REPORTS FROM OTHER MEETINGS**

8.1 **Commissioning Locality Feedback**

South Somerset –MHo – there was a push for a letter to support the gluten free prescribing formulary change.

West Somerset – DD – no meeting recently

Central Mendip – GS – nothing to report

Bridgwater Bay – CL – nothing to report

Taunton – AF – not present

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

East Mendip – PJ – nothing to report

West Mendip – JN – not present

North Sedgemoor – CR – not present

8.2 **COG** – GS – missed the last meeting, SG presented a prescribing report and update on gluten free and self-care, no info from SG to report.

8.3 **Somerset Partnership Mental Health D&TC** – last meeting 06/09/2016 – minutes not received, SDB gave a verbal update at October PAMM. Next meeting in December.

8.4 **YDH D&TC** - 11/10/2016 – meeting cancelled, next meeting 08/02/2017.

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

8.6 **BNSSG Joint Formulary Group** – 06/09/2016 and 18/10/2016 – minutes not received.

8.7 **BNSSG DTC** – last meeting 27/7/2016 and 01/09/2016 – minutes not received.

8.8 **T&S Antimicrobial Prescribing Group** – last meeting 10/08/2016 – minutes received.

Catherine Henley reviewed and reported nothing to note.

SDB mentioned a newly formed Somerset wide antimicrobial stewardship group which first met on the 4th October. DY to ask AA for minutes and add to future agendas.

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

- 8.10 **Weston D&TC** – last meeting 15/09/2016 – minutes not received
- 8.11 **LPC Report** – ML - not present
- 8.12 **Somerset Medication Safety Network** – next meeting 05/12/2016

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

- 9.1 **Prescribing Report** – no report this month

- 9.2 **August Scorecard Commissioning Locality Trend**

Viewed and noted indicators:

1 – 3 have been on a long time, all GREEN

4 – Duoresp switch has been more difficult than expected.

7 – Emollients, lots of work currently being done, Eclipse data was found to be inaccurate so this may not be a true reflection of the status.

12 – 13 making good progress.

All indicators heading in the right direction.

Flu indicator was noted, results depend on seasonal prescribing and submission of claims. LMC vaccine buying group focuses on reliability of supply. Scorecard focuses on cost saving. SG has circulated the 2017/18 CCG flu vaccine recommendations recently.

- 9.3 **August Safety Spreadsheet**

Viewed.

Etoricoxib recently added following the recent safety update around cardiac risk. The group queried if this was focusing on the 90mg strength, to check with Steve Moore.

There was a spike of Methotrexate 10mg prescribing in July – the relevant practices have been approached and advised non-formulary and asked to review.

Most things remain stable.

10 Rebate Schemes

Firmagon (Degarelix) Ferring Pharmaceuticals commenced 1st September 2016

Added according to NICE [TA404]:

Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases, only if the commissioner can achieve at least the same discounted drug cost as that available to the NHS in June 2016.

11 NICE Guidance

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

- 11.2 **NICE Final Appraisal Determination – Dapagliflozin Triple Therapy**

This review of evidence is going to approve the use of Dapagliflozin in triple therapy only in combination with metformin and a sulphonylureas.

No evidence to support quadruple therapy.

Treatment costs for patients taking both a gliflozin and a gliptin are over £900 per

month, eclipse live shows quite a lot of our patients are having quadruple therapy, some are also receiving treatment for recurrent thrush or UTIs.

11.3 **Dapagliflozin quadruple therapy** – discussed under item 11.2

11.4 **Empagliflozin quadruple therapy** – discussed under item 11.2

11.5 **Canagliflozin quadruple therapy** – discussed under item 11.2

11.6 **Gliflozins + Gliptins** – discussed under item 11.2

11.7 **Metformin use in impaired renal function**

EMA review: Use of metformin to treat diabetes now expanded to patients with moderately reduced kidney function.

Concluded that metformin-containing medicines can now be used in patients with moderately reduced kidney function (GFR [glomerular filtration rate] = 30–59 ml/min) for the treatment of type 2 diabetes.

Eclipse Alerts have been altered to account for this change.

Article to be added to newsletter

12 **NICE Technology Appraisals**

12.1 **TA415] Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor** – noted

13 **NICE Clinical Guidance –**

13.1 **[CG98] Jaundice in newborn babies under 28 days** – update.

Amended to clarify when intensified phototherapy should be used in relation to time since birth – noted

13.2 **[CG155] Psychosis and schizophrenia in children and young people: recognition and management** – update.

recommendation 1.3.19 and Table 1 were updated to remove reference to hip circumference percentile charts – noted

14 **Safety Items, NPSA Alerts and Signals**

14.1 **October DSU newsletter** – viewed

Prescribing information for etoricoxib (Arcoxia) has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis.

14.2 **Managing diabetes: patients should not change their insulin delivery device without checking with their healthcare specialist**

An issue with patients purchasing their own delivery systems of being offered them by direct marketing from pharma companies.

Item to go in newsletter.

15 **BNF Changes**

15.1 **BNF update October 2016** –noted

16 Any Other Business**16.1 QOF performance**

Somerset GP's opted out of QOF in favour of SPQS.

Some concern that patients are not being monitored as the data is not being measured and recorded appropriately. QOF statistics cause concern about the quality of care in Somerset.

Negative media coverage lately around dementia patients refers to QOF and doesn't take SPQS into consideration.

SPQS has very few markers compared to QOF.

The academic network are doing some research on the quality of care impact of SPQS which may have an impact on the design of next years SPQS.

There was a discussion with a general sense that to some extent GP's may have taken their eye off the ball though not as much as suggested by QOF data. Some need to improve practice systems to improve things.

16.2 Ciclosporin prescribing

With the closure of TST dermatology services we are starting to see requests to GPs for RED drug prescribing.

Primary care should not be asked to supply, SG has flagged as a risk to secondary care – these drugs require specialist supervision.

There is a need to find a solution for patients, GP's will be informed when a solution has been found.

16.3 Lutrate

PJ raised as cheaper than Prostag – has received a letter from a rep.

Has been discussed at previous PAMM, it is on formulary for consultants to initiate – GP's report that they are asked to prescribe one of their choice not given a recommendation by consultants.

Inconsistent doses compared with Prostag, Lutrate = 22.5mg every 3 months, Prostag = 11.25mg every 3 months.

The rationale for not making this product 'first line' is that it is manufactured by Concordia (previously AmCo) who are the sole manufacturers of a number of products and have hiked the price on number of drugs e.g. liothyronine tabs, fusidic acid eye drops, phenindione tabs, and prednisolone soluble tablets.

While Lutrate currently looks like a cost effective option at present, we have no guarantee that this will continue to be the case and we might well see big price hikes in future. This is why we are not advocating a switch to Lutrate.

Date of Next Meeting: Wednesday 18th January 2017, Meeting Room 2, 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 9th November 2016				
1	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 18th Jan 2017	Completed
2	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 18th Jan 2017	In progress
3	Emis Web pop-up alerts	<ul style="list-style-type: none"> • Design alert for top 4 self-care items. • Update PAMM on EMIS update to rectify when alerts appear at Jan meeting 	Catherine Henley 18th Jan 2017	On agenda
4	Over medication of patients with learning disabilities	Update PAMM with action plan and production of review guidance at Jan meeting.	Catherine Henley 18th Jan 2017	On agenda
5	Auto-protect insulin pen needles	Update from Sompar following medicines overview meeting to be brought to Jan PAMM	Steve Du Bois 18th Jan 2017	On agenda
6	Newly formed Somerset wide antimicrobial stewardship group	Source minutes and add to future PAMM agendas	Donna Yell 18th Jan 2017	On agenda
7	Safety Spreadsheet	Is Etoricoxib (newly added) the 90mg strength only?	Steve Moore 18th Jan 2017	Completed
8	MUR	How pharmacies select MUR patients, document the MUR and share info with GP's for Jan meeting.	Michael Lennox 18th Jan 2017	For Feb PAMM agenda
9	Future Learn	Useful elearning around medicines compliance and review to be added to Jan PAMM agenda	Catherine Lewis 18th Jan 2017	On agenda
10	Diltiazem prescribing	Article to go in Safety Net newsletter about correct dosing for different preparations and brand prescribing.	Karen Taylor 18th Jan 2017	In Progress
11	Traffic Light changes	None		

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<p>12</p>	<p>Formulary changes</p>	<ul style="list-style-type: none"> • GlucoRx Safety lancets For healthcare staff to use when testing patients – GREEN • Levothyroxine additional strengths and lactose free TEVA 12.5mcg, 25mcg, 50mcg, 75mcg & 100mcg - GREEN • Insulin pen needles <£6 per 100 All pen needles costing less than £6 per 100 to be GREEN on formulary. Any >£6 RED (excluding safety needles) • Morning side contraceptive pills Add range to formulary alongside Consilient branded generics - GREEN 	<p>Steve Moore & Joanne Ayre 18th Jan 2017</p>	<p>Completed</p>
<p>14</p>	<p>Newsletter articles</p>	<ul style="list-style-type: none"> • Stoma care annual use review. Advertise the offer of this service by Taunton Stoma nurses to practices • 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. • MHRA alert Managing diabetes: patients should not change their insulin delivery device without checking with their healthcare specialist Article to raise awareness. • EMA review: Use of metformin to treat diabetes now expanded to patients with moderately reduced kidney function. Article to raise awareness. • Diltiazem Prescribing Article about correct dosing for different preparations and brand prescribing. • Asthma review referrals Notify GP's of Pharmacy National contract element, they may see referrals from pharmacies for patients having 6 or more SABA's and no steroid in 6 month period. 	<p>Steve Moore Quarterly newsletter next <u>due Dec 2016</u></p> <p>To be flagged in the new year.</p>	<p>In Progress</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>In Progress</p> <p>Completed</p> <p>Completed</p>