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, 18th January 2017.**

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
	Rachel Elven	5th year medical student from Bristol
	Dr Adrian Fulford (AF)	Taunton representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Aadam Hashmi	Lead pharmacist Shepton Mallet treatment centre
	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
	Ellen Kay	5th year medical student from Bristol
	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:	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

- Aadam Hasmi, Rachel Elven and Ellen Kay were introduced to the group as observers of the meeting.
- Janet Gillett (JG) – associate specialist in palliative medicine, SomPar. Arrived at around 10.30 to present Item 6.11, she was also involved in the discussion of item 6.5. She left after making her presentation.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1
- Diane Bungay to be removed from the list.
- Discussion of the 2017/18 scorecard and prescribing and quality improvement will affect all GPs

4 MINUTES OF MEETING HELD ON 9th November 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.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 https://www.futurelearn.com/courses/medicinesadherence

The group briefly looked at the website; CL informed the group that Future Learn has been running for some time. It is an academic site created by Kings College London and contains lots of free short online courses on various subjects' not just medical issues.

This particular course commences on the 30th January, runs for two weeks and focuses on how healthcare professionals can help patients to improve their health through medicines adherence.

It is necessary to register to access the course.

Delegates were asked to take a look at the site and if no objections are raised the site will be highlighted as a useful resource in the newsletter.

SG went on to mention medicines waste, the annual campaign is being put together and will utilise PrescQIPP national resources. This will be brought to February PAMM for approval.

GS welcomed any ideas and suggestions from the group to support the waste agenda.

5.2 **EMIS web pop-up alerts software update**

We have been waiting for an EMIS Web update which was expected to improve the trigger point for our current pop-up alerts. This has not worked as hoped.

Work is being done to secure some national money to fund Resource Publisher which has the ability to create and publish searches, templates, concepts and protocols within a CCG which can be shared with all member practices.

Current work on pop-ups has stalled at present however a refined safety alert is being worked on and will be shared soon.

5.3 **Overmedication of patients with learning disabilities (LD) action plan**

CH mentioned at November PAMM her sessional prescribing support pharmacists were performing an audit. 40 patients from 6 practices were looked at and the results were shared with SomPar.

SDB highlighted the difficulties with not having electronic prescribing records making it difficult to pull information.

CH found there may be some problems with coding, out of the 40 patients identified by Eclipse Live, 6 were not coded with psychosis but did have a diagnosis mentioned in documentation.

33 patients not coded for psychosis, no diagnosis of psychosis that are being treated with an antipsychotic. A lot started by partnership and about 1/3 started by GPs. Proposal to have an audit in next year's incentive scheme.

Antipsychotics are sometimes used in other conditions other than psychosis. About 20 patients are within partnership care 17 probably started by partnership. Most are reviewed fairly regularly but a small cohort has not been. Another thing may be that the patients are within the service but not the LD service.

GP practices with pts coded with LD who are prescribed antipsychotics should be flagged to SomPar. Practices have an LD register for the LES.

Action plan to be brought to future PAMM.

5.4 **Auto-protect insulin pen needles – Sompar update**

Medicines oversight group looked at a risk assessment done by infection control. Agreed it was unsafe but the risk of harm was very low. So no objection to the formulary preferred brand.

No change to formulary position.

5.5 **Prescribing SSRIs to under 18s**

Some concern raised by practices that SomPar psychiatrists have been requesting that they prescribe SSRIs for under 18 year olds. However an eclipse search revealed around 80 patients across the CCG who were under 18 and being prescribed an SSRI by their GP.
Partnership have proposed a pragmatic solution where some 16-17 year olds could be safely treated for anxiety or
depression by GPs. The general sense amongst the group was that this was acceptable and may indeed free up SomPar appointments for those that have a greater need.
PAMM agreed to support the proposal and RM was asked to take the proposal to the LMC for consideration.
SomPar to consider producing Shared Care Guidance or formulary guidance if this principle is agreed by LMC.
SG requested that SomPar produced guidance around de-prescribing of antidepressants in the general population.

6 Other Issues

6.1 **Medicines Incident reports**

Karen Taylor and Jo Bird unable to attend today.

Reporting levels could be better; reporting is to be encouraged for shared learning opportunities. Add to newsletter as a continual standard prompt.

Two reports were looked at briefly.

1. Pt discharged from Weston with no medication information on the discharge letter.
2. Drug user frequently requesting early prescriptions and lying about other health organisations taking his Fentanyl from him for his own safety. This potential borders on a counter fraud issue.

6.2 **2017-18 Prescribing and Quality Improvement Scheme**

Proposal brought to PAMM recommending we have a 2017/18 scheme, if agreed SG will take to leadership with a strong message asking them to support the scheme and to discuss funding. In previous years the scheme has been a successful driver for improving prescribing across Somerset, Antibiotics performance against the QP was mentioned as a good example.

The CCG financial position means there are no guarantees we will get funding for the scheme.

There was a discussion around the Primary Care Improvement Scheme which has a medicines management (MM) element and the Prescribing Quality and Improvement Scheme – there is concern that practices are being paid twice for the same MM work.

It was suggested that the MM element of the Primary Care Improvement Scheme should be the Prescribing Quality Improvement Scheme.

The proposed mini audits were viewed, these have not been finalised and are still being drafted. PAMM in favour of having a scheme.

6.3 **2017-18 Prescribing Scorecard**

Due to the financial pressures of the CCG we expect there to be some budget issues and a QIPP savings target set against the budget. The scorecard aims to address those targets.

Proposed changes to the scorecard:

Remove 6

- Accrete D3, TheiCal-D3, Evacal D3, Calci-D and Adcal D3 caplets as % all Calcium and Vitamin D3 preparations.
- Preferred Emollients
- Formulary preferred Opiate brands
- Oral Contraceptives to Preferred brands >60%
- Pen Needles
- Matoride XL + Xenidate XL as a % of 18mg, 36mg and 54mg methylphenidate MR

All agreed

Add 6

- Braltus as a % tiotropium dry powder inhalers (Target 75%)
- Blood glucose test strips < £10 per pack of 50 (Target 75%)
- Gluten-free spend as % total spend (Target < 0.1%)
- Lixisenatide as % GLP1 (Target 50%)
- Plain generic prochlorperazine tablets as % all oral prochlorperazine (Target 90% or 95%) PAMM Agreed 95% after a discussion around taste and efficacy.
- Plain prednisolone 5mg tab and prednisolone dompe as % plain prednisolone tablets, prednisolone dompe, Pred EC 5mg and soluble 5mg tablets. (Target 98%) – MH asked the MM team to raise awareness with pharmacies to stock Dompe.

All agreed

Keep and Amend targets for remaining 14

- Urinary incontinence – increase target from 70% *(Oct CCG performance 73.67%)* to 75% or 80% - Agreed 80%
- Venlafaxine plain, Vensir MR as % of all venlafaxine – increase target from 70% *(Oct CCG performance 83.12%)* to 90% - Agreed 90%
- Symbicort – increase target from 75% *(Oct CCG performance 64.14%)* to 80% this was felt to be ambitious in light of current performance there has been a cohort of patients switching back. Put to a vote with the majority verdict to keep at 75% - Agreed 75%
- Alogliptin – increase target from 60% *(Oct CCG performance 46.27%)* to 75% we have had confirmation that the diabetic lead is initiating pts to Alogliptin now which will help. Should market changes place other gliptins at a similar price to Alogliptin the indicator would be amended. – Agreed 75%
- Low cost statins as % statins and ezetimibe – maintain target at 95%, this has been an indicator for a number of years, potentially towards the end of 2017 Rosuvastatin will come off patent which will be helpful as there are a lot of patients on it. – Agreed 95%

- Cost effective prescribing of sip feeds /desserts – increase target from 60% *(Oct CCG performance 53.75%)* to 75% - Agreed 75%
- Low dose steroid/LABA combinations as % total steroid/LABAs – maintain target at 75% *(Oct CCG performance 70.13%)* – the group discussed increasing the target to 80% however it's not possible to establish if prescribing is for asthma or COPD patients. – Agreed 75%
- Cost effective DPI Indicator (Airflusal) – maintain target at 60% *(Oct CCG performance 37.78%)* – Agreed 60%
- Cost effective LABA/Steroid MDI indicator – Increase target from 70% *(Oct CCG performance 66.7%)* to 75% - the group discussed increasing the target to 80% this will be considered if finance demand further savings than expected. – Agreed 75%
- Diagemet XL or Sukkarto MR as % MR metformin – increase target from 80% *(Oct CCG performance 73.99%)* to 90% - Agreed 90%
- Flu Vaccines costing £6 or less >75% of all flu vaccines – maintain target at 75% *(Oct CCG performance 39.13%)* – this has been an indicator for a number of years, roughly 1/3 of practices engage. Nationally about 10% engage. Agreed 75%
- Potential Generic Savings – current target <0.2% *(Oct CCG performance 0.47%)* no practices are achieving. Proposed to increase the target to make this more achievable but this would go against the cost saving agenda. Propose to increase to <0.3% - Agreed <0.3%
- Sildenafil – Increase target from 85% *(Oct CCG performance 87.5%)* to 90% - there was a discussion around pulmonary hypertension and daily tadalafil. – Agreed 90%
- Non soluble paracetamol and co-codamol tabs and caplets as % all – maintain target at 98.5% *(Oct CCG performance 96.62%)* - Agreed 98.5%

6.4 **Feedback from Prescribing Leads Away Afternoon 16/11/16** - noted

Lots of feedback about the poor sound quality.

Sepsis presentation was felt to be too secondary care focussed but useful to know what secondary care is doing.

Next meeting will be held at Somerton Edgar Hall and the meeting venue for a subsequent Taunton location will be reconsidered in light of the feedback.

6.5 **Just in Case policy review**

Chris Absolon (CA) has reviewed the document for the CCG, it has been through SomPar and the local NHS trusts.

JG has been heavily involved in revamping the policy.

A slight issue with terminology Somerset Community Health was a previous name for Somerset Partnership, suggested that Somerset Health Community would be a better term.

SG recommends PAMM approval.

JG talked through the main changes

- Change from Cyclizine to Levomepromazine as preferred anti-emetic – less interactions with other syringe pump medicines.
- Additional section facilitates a relative or carer administering drugs from Just In Case Boxes (JICB) and is based on a protocol from Leicester.

There was a discussion around the legal responsibility of the prescriber, the assessment of the situation by district nurses, the need for the administrator and patient to be willing, requirements for accurate documentation and the plan to raise the profile of this. CA will roll out teaching once ratified.

Once approved add article to Newsletter

6.6 **Respiratory guidelines and Inhaler pathways**

Steve Moore (SM) has developed these inhaler pathways with the respiratory group.

Lots of confusion about the wide variety of devices available, there is no need to use them all but important to be familiar with a few that will cover various patient needs.

These Simple Pathways look at a select few devices and contain links to technique videos produced by PrescQIPP – there are 19 different videos covering all types of device.

Pathways available for COPD and Asthma with recommended devices for consistent use of MDIs and DPIs.

Additionally there is a patient leaflet on how to use your MDI inhaler which has been edited to Somerset CCG format from PrescQIPP resources.

These will be shared with Practices and Pharmacies for them to share with patients following PAMM approval.

Approved.

6.7 **Clinical Pharmacists in General Practice**

The second wave of funding is now available and the portal for applications opened on the 9th January.

Preliminary feedback from the first wave is good and hence the early release of the second wave of funding.

Some joint application discussions are taking place with South Petherton Hospital.

Practices are encouraged to apply as soon as possible to ensure they don't miss out on funding. There will be a rolling application process with regional panels reviewing applications on a regular basis.

6.8 **Pharmacy Quality Payments**

Further information is now out about the community pharmacy contracts.

Of interest to GPs is the inclusion of a quality indicator for pharmacies to flag to GPs patients who have received 6 or more SABA inhalers in the last 6 months. – also discussed at November PAMM.

6.9 **Somerset CCG QOF 2015-16 results**

Not as good as previous year's performance. Right Care and Commissioning for Value will feedback poorer results which are deteriorating in all areas.

GP delegates were asked to discuss in their locality meetings.

SPQS is being looked at by the academic health science network their report is due soon.

6.10 **Shared Care Guidelines**

Following an update to the NHS Standard Contract 2017/18 and 2018/19 Technical Guidance there has been a change to the shared care arrangements.

> 'We have amended the Contract wording on shared care protocols, making clear that hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.'

11.4 A commissioner may agree a Shared Care Protocol in respect of any clinical pathway with the Provider and representatives of local primary care and other providers. Where there is a proposed Transfer of Care and a Shared Care Protocol is applicable, the Provider must, where the Service User's GP has confirmed willingness to accept the Transfer of Care, initiate and comply with the Shared Care Protocol.

We currently take a pragmatic view where consent is assumed unless the GP declines.

It was recommended for Providers to add a timeframe to transfer of care letters within which they should receive notification if the GP chooses to decline.

PAMM agree to maintain the current stand.

Newsletter article to reiterate the process, where guidance can be found and reassuring GP's that they can decline.

6.11 **SomPar Audit of the Commencement of Syringe Pumps at the End of Life**

JG presented the results of the audit undertaken by N Vijeratnam, Consultant in Palliative Medicine and herself.

- In 2015 the Taunton district nursing team noted a problem with the process of starting a syringe pump in one patient.
- Investigation of this resulted in this audit

Reflections on local practice

- There was no evidence of an MDT discussion in 9 patients. This could reflect a lack of documentation.
- Therapeutic Dexamethasone is being mixed with other drugs in a syringe pump (sp) and should not.
- Dexamethasone has been used incorrectly for excess respiratory secretions.
- Cyclizine and Hyoscine Butylbromide are incompatible and have been mixed in one sp in this audit
- Metoclopramide and Hyoscine Butylbromide should not be mixed together due to their opposing pharmacological actions (mixed in one pump)
- In a few instances opioids appear to be prescribed for agitation as well as pain for both syringe pumps and prn use. As there is no place to write the indication for the drug on the MAR chart, this result may be due to the auditors' interpretation
- A higher percentage of delay in setting up syringe pumps occurred during out of hours

Key strengths identified

- Syringe pumps are being set up in a timely manner across the board with compatible medications and well prescribed

- Syringe pump prescriptions are written in a clear and legal manner.

Key areas for improvement

- The decision to administer medication via a syringe pump must be taken by a clinical MDT in consultation with patients and carers, and must be documented
- Improve prescribing of combinations of drugs including Dexamethasone use in syringe pumps
- PRN MAR chart prescriptions need to be written for **four** JIC drugs, and include maximum dose in 24 hours
- Improve knowledge about the indications for end of life drugs for both syringe pumps and PRN use
- Write the indication on MAR chart for each PRN drug

Sompar actions being taken

- Current community MAR chart is being slightly revised to prompt the completion of all required prescribing information.
- Looking into an EMIS template for palliative treatment.

7 Formulary Applications

7.1 Braltus® (tiotropium) 10mcg per delivered dose inhalation powder hard capsules *Teva*

approved virtually by email – for noting - **GREEN**

7.2 Sialanar® (glycopyrronium) 320mcg/ml oral solution *Proveca Limited*

Currently on formulary Colonis liquid contains 1mg/5ml glycopyrronium bromide. At a price of £91 per 100ml – 10mg glycopyrronium bromide (50ml) costs £45.50

Sialanar liquid contains 400mcg/ml of glycopyrronium bromide. At a price of £320 per 250ml – 10mg glycopyrronium bromide (25ml) costs £32.00

Colonis was added to formulary as it was the only licensed formulation, this new brand is cheaper and licensed for symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.

Approved – **GREEN** on traffic lights

7.3 Acidex® Advance *Pinewood Healthcare*

- Peppermint or Aniseed flavour
- Each 10 ml contains:
  - Sodium Alginate 1000 mg
  - Potassium hydrogen carbonate 200 mg
- £2.21 for 250ml and £4.42 for 500ml

(the same strength as Gaviscon Advance: £2.56 for 250ml and £5.12 for 500ml)

Is more expensive than Peptac but double the strength.

Will be recommended for switching from Gaviscon Advance.

Approved – **GREEN**

7.4 **Pipexus® (Pramipexole) prolonged release tablets *Ethypharm UK Ltd***

List price 50% less expensive than Mirapexin and are cheaper than current brand preference Oprymea.

Approved - **GREEN**

Update preferred brands document.

7.5 **Ventra® (Esomeprazole) gastro-resistant capsules *Ethypharm UK Ltd***

List price 25% less than Cat C Tariff Price Emozul®

Approved – **GREEN**

Update preferred brands document

7.6 **Noqdirna® Oral Lyophilisate (desmopressin acetate) *Ferring Pharmaceuticals***

- 50mcgx30tabs = £15.16
- 25mcgx30tabs = £15.16

Indicated for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.

1st product licensed for this condition.

Some off license use of other products in Somerset.

Proposed add as licensed product to formulary.

Approved – **GREEN**

7.7 **Amoxil® (Amoxicillin) capsules *GlaxoSmithKline UK***

- 500mgx21caps = £0.89 (Amoxicillin DT price = £1.26)
- 250mgx21caps = £0.92 (Amoxicillin DT price = £1.08)

GSK have reduced their prices, switches would provide around a £16,000 per year saving. The reduced price has been monitored over the last 6 months and has remained below drug tariff. GSK have reassured us the reduced prices will continue for a reasonable time.

Approved - **GREEN**

Update preferred brands document

Flag to pharmacies they will see more prescribed.

7.8 **Insulin Degludec in patients with Type II diabetes and children**

- Application from MPH
- Already being used for type 1 diabetics.
- Originally not approved for formulary as too expensive compared to others in its class.
- Price reduction meant it was added to formulary.
- Non-inferior to other options.
- Only one licensed for children.
- 200iu/ml useful for larger doses.

MPH have followed due process, proposed add to Traffic Lights as amber in line with other insulins.

Approved – **AMBER**

All insulins *(not syringe pump)* should be AMBER – SM to check traffic lights and amend if necessary.

7.9 **Nystatin and Nystan** – for noting

Feedback through Medication Incident Reporting informed us that Nystatin and Nystan recommended doses have been increased by their manufacturers.

The Taunton and Somerset Antimicrobial Prescribing Group (T&S APG) requested evidence to support the changes from the manufacturers. The rationale was based on 3 studies, adults with AIDS, Immunocompromised children and children and adolescents undergoing chemotherapy, all of which did not cover generally healthy children.

Therefore until further evidence is received the Somerset formulary will not be amended to reflect the change.

The T&S APG will be reviewing this again in February 2017

Add information to newsletter.

8 REPORTS FROM OTHER MEETINGS

8.1 **Commissioning Locality Feedback**

South Somerset –MHo – Nothing to report

West Somerset – DD – Nothing to report

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Gluten free and self-care were discussed and generally supported. Bridgwater Bay Health Federation have put together a 'medicines that are unavailable' form which they would like pharmacies to use when feeding back stock issues to GPs. SG requested CL shared the form with him so he can share with the LPC.

Taunton – AF – Nothing to report

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

East Mendip – PJ – was requested to ask PAMM about any top slicing of the budget for district nurse prescribing. Yes this is done when the budget is set. There is some issue with Leg Ulcer services which is being looked into and is not part of PAMM's remit.

West Mendip – JN – not present

North Sedgemoor – CR – not present

8.2 **COG** – GS – last meeting 7/12/16 – nothing to report.

8.3 **Somerset Partnership Mental Health D&TC** – last meeting 06/12/2016 – minutes received.

Items discussed included:

- Aripiprazole long acting injection – an application for shared care will be coming possibly in March.
- Paliperidone three monthly injections are cost neutral compared to monthly injections – an application for shared care will be coming. They envisage very small numbers of patients involved.

- Melatonin in children – possible long term use of off licence Circadin.
- ADHD – revision to shared care guidelines, CH has reviewed and fed back some changes. Will come to February PAMM
- Dementia – use of memantine and anticholinesterase inhibitors. Possibly for shared care for certain conditions where the alternative is an antipsychotic.
- Updated lithium shared care guidance being reviewed by CH currently.
- SSRI's for under 18s – as discussed in item 5.5

8.4 **YDH D&TC** - next meeting 08/02/2017.

8.5 **T&ST D&TC** – last meeting 11/11/2016 – minutes received

Catherine Henley reviewed and reported items discussed included

- Degludec – as discussed under item 7.8
- Sufinamide has been classified BLACK
- Apremilast
- Minimising numbers of MDS packs

8.6 **BNSSG Joint Formulary Group** – 06/09/2016 – minutes received and 18/10/2016 & 29/11/2016 – minutes not received.

Catherine Henley reviewed and reported

- Liothyronine has been classified as RED for a cohort of patients.
- Melatonin has been classified as AMBER for children which could potentially affect some Somerset practices.

8.7 **BNSSG DTC** – last meeting 27/7/2016, 01/09/2016 & 23/11/2016 – minutes not received**.**

8.8 **RUH Bath DPG** – last meetings 08/09/2016 – minutes received,10/11/2016 – notes received & 08/12/2016 – minutes received

Catherine Henley reviewed and reported items discussed included:

- Self-Care for minor ailments which was endorsed
- Everolimus for tuberous sclerosis was approved as Red for inclusion on their formulary.
- Ulipristal approved in line with Somerset
- They noted SG letter regarding the use of biosimilars and raised that some patients have switched back due to a flare of their disease.
- SG will be attending their High Cost Drugs meeting – *more relevant to SPF*.

8.9 **Weston D&TC –** last meeting 15/09/2016 – minutes received and 10/11/2016 – minutes not received

Catherine Henley reviewed and reported nothing to note.

8.10 **T&S Antimicrobial Prescribing Group** – last meeting 09/11/2016 – minutes received.

Catherine Henley reviewed and reported sepsis guidance for MIU has been agreed.

8.11 **Somerset Antimicrobial Stewardship Group** – Last meeting 04/10/2016 – minutes not received.

Contact to be passed to Aadam Hashmi

8.12 **LPC Report** – ML - not present

8.13 **Somerset Medication Safety Network** – last meeting 05/12/2016 – Minutes received.
Karen Taylor represents the CCG on this committee and is keen for project improvement work with practices on higher risk medicines e.g. DMARDS.

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 **Prescribing Report** –

SG presented his usual report based on October data.

Still predicting a healthy underspend, Nov position looks to have deteriorated slightly – as the months go on the prediction gets more accurate. Still expecting to see an underspend at year end.

Finance are offering flat cash for 17/18 to all organisations based on the 16/17 spend. For medicines management this is estimated to be £74million a significant reduction on the budget given of £84million. There will be increased pressure from high cost drugs, population and prescribing growth. So we will be in a challenging position again.

Really good improvements on the scorecard with even more challenging targets shows good engagement from practices, SG thanked all involved for their good work.

Now in the last quarter of the year so last push to improve scorecard and work starting on the mini-audits.

We are overspending on secondary care drugs – finance did not give the recommended budgets, MPH is the best in the country with uptake of biosimilars.

Practice comparison data and graphs were viewed and noted.

9.2 **October Scorecard Commissioning Locality Trend**

Overall picture is general trend of improvement from where we were last year on virtually all indicators.

Some monthly variation due to prescribing cycles and patients who don't get on with the switches.

Year end result is based on the average of the last quarter.

9.3 **October Safety Spreadsheet**

Usual monthly data based on MHRA alerts.

Spreadsheet contains a supporting information tab.

9.4 **Potential Generics savings**

Discussed under item 6.3

9.5 **Toolkit graphs**

Viewed and noted. Individual issues are raised directly with practices.

10 **Rebate Schemes** – for noting

- Pentasa® (mesalazine) Oral High Dose Formulation *Ferring Pharmaceuticals* commenced 1st Nov 2016
- WaveSense JAZZ blood glucose test strips *AgaMatrix* commenced 1st Dec 2016

Access to PrescQIPP allows us to ensure that the CCG is taking advantage of all available rebate schemes.

11 **Medicines Optimisation Dashboard**

No significant changes since viewed in September 2016.

12 **NICE Guidance November and December**

Discussed under headings below.

13 **NICE Technology Appraisals**

13.1 **[TA418] Dapagliflozin in triple therapy for treating type 2 diabetes**

This guidance updates and replaces recommendation 1.3 of NICE technology appraisal guidance on dapagliflozin in combination therapy for treating type 2 diabetes [TA288].

- Noted

13.2 **[TA420] Ticagrelor for preventing atherothrombotic events after myocardial infarction**

Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event. Treatment should be stopped when clinically indicated or at a maximum of 3 years

High cost will potentially impact primary care and prescribing budget. A different strength to what is already on the market.

14 **NICE Clinical Guidance** –

14.1 **[NG59] Low back pain and sciatica in over 16s: assessment and management** – NEW

contains a section on pharmacological interventions e.g. NSAIDS

new policies will be developed soon.

14.2 **[NG18] Diabetes (type 1 and type 2) in children and young people: diagnosis and management -** AMENDMENT

In November 2016, recommendations 1.2.115 and 1.3.52 were amended to add information on when eye screening should begin and referral for eye screening should happen.

- Noted

Sompar service provides eye screening for children and young children, Sompar perform compliance assessments on all relevant NICE guidance.

14.3 **[CG127] Hypertension in adults: diagnosis and management -** AMENDMENT

In November 2016 a footnote about 2 MHRA drug safety alerts was added to recommendations in section 1.6 covering angiotensin-converting enzyme (ACE) inhibitors. These alerts cover ACE inhibitor use during pregnancy and breastfeeding.

- Noted

14.4 **[CG95] Chest pain of recent onset: assessment and diagnosis** - AMENDMENT
In November 2016, NICE reviewed the evidence for high-sensitivity troponin tests, non-invasive imaging and exercise ECG for adults with acute chest pain, and diagnostic testing for adults with stable chest pain. They have changed and added some recommendations in section 1.2 and section 1.3.

- Noted

15 Safety Items, NPSA Alerts and Signals

15.1 **Drug Safety Update November and December 2016**
Relevant items discussed below

15.2 **Brimonidine gel (Mirvaso▼): risk of exacerbation of rosacea**

- Noted

15.3 **Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia—clarification, December 2016**

- Noted

15.4 **Cobicistat, ritonavir and coadministration with a steroid: risk of systemic corticosteroid adverse effects**

- Noted

15.5 **Risk of severe harm and death due to withdrawing insulin from pen devices**

- Noted

15.6 **Otezla (apremilast): New important advice regarding suicidal ideation and behaviour**
(letters sent to healthcare professionals)

Secondary care will be prescribing however it is important for primary care records to reflect all medications a patient is taking. The categorising of medicines as “Hospital Issue” within EMIS is essential for pop-up alerts to accurately flag any interactions with other medicines being prescribed. And in the case of this drug the awareness of the GP should a patient report having suicidal thoughts.

This issue could be communicated as part of the practice annual review meetings.

15.7 **Lenalidomide (Revlimid®▼): New important advice regarding viral reactivation**
(letters sent to healthcare professionals)

- Noted

16 BNF Changes

16.1 **BNF update November and December 2016**

Metronidazole oral dose change to be flagged with the antimicrobial group.

Public Health England are amending their guidance.

17 Any Other Business

17.1 This was Donna Yell’s last meeting as she is leaving the CCG for a new position at YDH.

Donna was thanked for her work as PAMM secretary over the last 22 months.

17.2 The number of attachments shared with delegates prior to PAMM meetings was discussed. It was felt to be useful to streamline the minutes of other meetings into one document of PAMM related information rather than share all minutes.

Date of Next Meeting: Wednesday 22nd February 2017, 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 18th January 2017				
1	Declarations of Interest	Diane Bungay to be removed from the list, no longer a representative.	**Donna Yell 22nd Feb 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 22nd Feb 2017**	In progress
3	Waste Campaign	Campaign materials to be presented to February PAMM for approval before sharing in March	**Joanne Ayre & Shaun Green 22nd Feb 2017**	Add to Feb Agenda
4	Over medication of patients with learning disabilities	Update PAMM with action plan and production of review guidance at Feb meeting.	**Catherine Henley 22nd Feb 2017**	In progress
5	MUR	How pharmacies select MUR patients, document the MUR and share info with GP's for Feb meeting.	**Michael Lennox 22nd Feb 2017**	Add to Feb Agenda
6	Diltiazem prescribing	Article to go in Safety Net newsletter about correct dosing for different preparations and brand prescribing.	**Karen Taylor 22nd Feb 2017**	In Progress
7	SSRI's for under 18s	• Take proposals for GP prescribing and monitoring of 16-17 year olds to the LMC for consideration. • Consider producing Shared Care Guidance or formulary guidance if agreed by LMC - SomPar	**Robert Munro** **Steve Du Bois 22nd Feb 2017**	In Progress
8	De-prescribing antidepressants	Produce guidance for tackling amongst the general population - Sompar	**Steve Du Bois 19th April 2017**	In Progress
9	Prednisolone Dompe	Raise awareness amongst community pharmacies to request they stock this as alternative to soluble tablets.	**Shaun Green 22nd Feb 2017**	Completed
10	Inhaler pathways And MDI leaflet	Share with practices and Pharmacies	**Steve Moore 22nd Feb 2017**	Completed
11	Somerset CCG QOF 2015-16 results	Discuss results in commissioning locality meetings	**GP delegates 22nd Feb 2017**	In Progress
12	Update preferred brand document	• Replace Oprymea® with Pipexus® (Pramipexole) • Replace Emozul® with Ventra® (Esomeprazole) • Add Amoxil® as preferred amoxicillin brand	**Zoe Talbot-White 22nd Feb 2017**	Complete
13	'Medicines that are unavailable' form	• Share with SG • Share with LPC	**Catherine Lewis Shaun Green 22nd Feb 2017**	Completed
14	Somerset Antimicrobial Stewardship Group	Pass contact information to Aadam Hashmi	**Catherine Henley 22nd Feb 2017**	Completed

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15	Categorising relevant medicines as "Hospital Issue" within EMIS	Add as a standard item to raise awareness at practice annual review meetings.	**Locality Managers 22nd Feb 2017**	On Agenda
16	PAMM meeting attachments	Streamline the minutes from other meetings into one PAMM related document for future meetings rather than share all minutes.	**Zoe Talbot-White 22nd Feb 2017**	Complete
17	Traffic Light changes	• **Sialanar® (glycopyrronium) 320mcg/ml oral solution.** Approved as licensed preparation to replace Colonis - **GREEN** • **Insulin Degludec in patients with Type II diabetes and children** Approved – **AMBER** (All insulins *(not syringe pump)* should be AMBER – SM to check traffic lights and amend if necessary.)	**Steve Moore 22nd Feb 2017**	Complete
18	Formulary changes	• **Braltus® (tiotropium) 10mcg per delivered dose inhalation powder hard capsules *Teva*** approved virtually by email – **GREEN** • **Acidex® Advance *Pinewood Healthcare*** Approved – **GREEN** Switch alternative for Gaviscon Advance • **Pipexus® (Pramipexole) prolonged release tablets *Ethypharm UK Ltd*** Approved – **GREEN** To replace Oprymea® as preferred brand • **Ventra® (Esomeprazole) gastro-resistant capsules *Ethypharm UK Ltd*** Approved – **GREEN** To replace Emozul® as preferred brand • **Noqdirna® Oral Lyophilisate (desmopressin acetate) *Ferring Pharmaceuticals*** Approved – **GREEN** add as licensed product • **Amoxil® (Amoxicillin) capsules *GlaxoSmithKline UK*** Approved – **GREEN** Cheapest preferred brand	**Steve Moore & Joanne Ayre 22nd Feb 2017**	Complete

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19	Newsletter articles	• **Stoma care annual use review.** Advertise the offer of this service by Taunton Stoma nurses to practices • **EMA review: Use of metformin to treat diabetes now expanded to patients with moderately reduced kidney function**. Article to raise awareness. • **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. • **Futurelearn.com** Highlight as a useful learning resource *(providing no objection from PAMM delegates)* • **DATIX medicines incident reporting** Add as a standard item – continual prompt to encourage reporting. • **Shared Care Guidelines** Reiterate the process, where guidance can be found and reassure GP's that they can decline. • **Just in Case policy** Raise awareness of changes to the policy once ratified. And highlight the changes to JIC medications. • **Nystatin and Nystan** Manufacturers dose increases have not been reflected in formulary recommended doses	**Steve Moore** **Quarterly newsletter next due March 2017** .	In Progress