

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 22th February 2017**.

Present:	Dr Toby Burne (TB)	CLICK Representative
	Dr David Davies (DD)	West Somerset Representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Liz Harewood (LH)	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
	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Zoe Talbot-White (ZTW)	Prescribing Support Technician - MM team

Apologies:	Steve DuBois (SDB)	Somerset Partnership Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Michael Lennox (ML)	LPC Representative

1 INTRODUCTIONS

Liz Harewood was introduced to the group.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1 Discussion of the Prescribing and Quality improvement scheme 17/18 will affect all GPs.

4 MINUTES OF MEETING HELD ON 18th January 2017

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 action points were specifically noted:

2. De-prescribing of PPIs: The Meds Management Team have contacted the authors in Canada to gain agreement to adapt their work. Steve Moore to try and complete for March PAMM.

4. Over medication of patients with learning disabilities: will come back to next meeting.

7. SSRI's for under 18s: LMC have not had opportunity to discuss this yet. RM to update at next meeting.

10. Inhaler pathways and MDI leaflet: CH to send to LH.

12. Preferred brand document: Add to website.

19. Nystatin and Nystan[®]: Inform people to keep prescribing 1ml QDS dose rather than the new licensed dose.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 EMIS Summary of Care Records issue with hospital only drugs

SG explained the need to make sure Red drugs, prescribed by the hospital are put on a patients medication records as 'hospital only issue' repeat with a quantity of zero. If these items are added to the acute list, they disappear from the patient's Summary of Care Record (SCR) after 12 months. It is important to have a full record to help ensure that any drug interactions, cautions or contraindications are highlighted when prescribing.

SG asked GPs to look on EMIS in their practices to see if hospital only drugs show on a patients summary of care record as such.

Action: GPs

One issue in particular is that GPs feel they need to know when a patient is being prescribed an antiretroviral because of the large potential for drug interactions. It was highlighted that patients who are taking HIV medicines have a right to anonymity which presents problems due to incomplete records.

Raise with NHS England, who commission HIV drugs.
Also, raise the issue with Secondary care around how they ensure that the GP is aware that a patient is taking a red drug.

Action: SG

5.2 17/18 Prescribing Budget

Due to the difficult financial situation for Somerset CCG, the prescribing budget, in real terms, will be around £2million less than last year. It will be a difficult year and practices will need to be engaged with appropriate prescribing in order to meet the budget.

The 17/18 prescribing incentive scheme has been agreed, provided that there is underspend to pay for it. Practice based pharmacists will continue.

17/18 practice prescribing budgets will be allocated and communicated to practices in May.

5.3 Gluten free prescriptions- Gluten free prescribing data & Coeliac UK correspondence

Prescribing data shows that there has been around a 30% drop in prescribing of GF foods from November to December since GF products became non formulary 1st December.

GF prescribing will form one of the scorecard indicators for 17/18.

Following legal correspondence from Coeliac UK, SG has reconfirmed to GPs that they still have clinical freedom to prescribe GF products, if there is an individual clinical need.

SG confirmed that practices can refer patient queries about the GF position to the CCG. However, practice complaints still need to be dealt with following their own internal procedures, but the CCG will support them.

5.4 **Prescribing and Quality Improvement Scheme**

The new 17/18 scheme was viewed and the following proposed changes were discussed:

- The scheme is now completely practice based. There is no longer a component for Commissioning Locality underspend against budget.
- There are now two mandatory audits within the scheme; antibiotics and the scorecard indicators. The improvement in the number of green scorecard indicators required under the 17/18 scheme has increased from 5 to 7.

-Approved

The revised scheme will be issued to practices in April/ May.

The following minor amendments were agreed:

- Change point 1.9 from £0.60p per registered patient to £0.65p per registered patient. To match the figures laid out in the rest of the document.
- Change the order of performance indicators so the mandatory antibiotics and scorecard are together at the top of the list.

Action: SG

5.5 **Just In Case Protocol**

The final protocol has been through the CCG internal governance process. The only major change is that relatives can administer subcutaneous injections for urgent symptom control, if this has been agreed by the team looking after the patient, and appropriate training has been given.

-Approved.

It has not yet been reviewed or approved by SomPar.

SomPar to take the protocol to end of life best practice group.

Action: LH

6 Other Issues

6.1 **Additional resources for the asthma referrals quality payment criterion**

Resources viewed and noted.

6.2 **Waste campaign materials**

Presentation and other materials viewed.

Due to be sent out end of March/ early April.

A small typo was pointed out on one of the posters and this has been amended.

-Approved

Amend materials and send to Susan Lilley for distribution to PPG chairs.

Action: Joanne Arye

6.3 **National Register for Spirometry**

By 2021 all spirometry operators and professionals will need to appear on a national register.

-Noted

Publish information and resources in newsletter.

Action: Steve Moore

6.4 **GMS contract announcement**

-Noted

6.5 **Drugs and Therapeutics - Bridging guidance feedback**

The T&S policy has been revised in line with latest BSH guidance. T&S have agreed guidance at their DTC meeting and YDH are discussing it. It is unlikely that it will be possible to agree a single policy for the whole of Somerset

LMC to look at guidance and make comment.

Action: RM

Share guidance with RuH and recommend adopting (to be sent to prescribing group and commissioners)

Action: GS

Publish on the website with the shared care protocols once LMC are in agreement.

Action: Steve Moore

6.6 **Jardiance® 10mg/25mg Empagliflozin (Boehringer Ingelheim LTD)**

First Type 2 Diabetes Medicine In The EU To Include Cardiovascular Death Reduction Data In Label.

-Noted

Update formulary to reflect this.

Action: Steve Moore

6.7 **How pharmacies select MUR patients, document the MUR and share info with GP's**

Michael Lennox was unable to attend so it will be added to the agenda for March.

6.8 **New services in community pharmacy contract**

Michael Lennox was unable to attend so it will be added to the agenda for March.

6.9 **Olanzapine Pamoate/ Embonate Depot prescribing in primary care**

SomPar psychiatrists have informed the CCG that they have received a few referrals from local GPs who have registered Polish patients who have historically been receiving olanzapine injections. They are concerned that there seems to be a lack of awareness in Primary Care around the post injection monitoring for this drug.

(Patients need to be closely monitored for at least 4 hours for hypotension, including postural hypotension, bradyarrhythmia, and/or hypoventilation, Patients should remain recumbent if dizzy or drowsy after injection until examination indicates that they are not experiencing hypotension, including postural hypotension, bradyarrhythmia, and/or hypoventilation)

This is potentially very dangerous. Psychiatrist advice is that patients should, as an interim measure, be switched to an oral equivalent as specified in the BNF, but they should then be referred the SomPar service. If swallowing is an issue, there is the orodispersible olanzapine product available too.

Agreed to run an ePact search for olanzapine depot to identify practices that may be prescribing.

Action: CH

7 **Formulary Applications**

7.1 **Saxenda® 6mg/ml pre-filled pens for injection(Novo Nordisk)**

Liraglutide for weight loss £196.20 5x3ml pens.

The group agreed that this product is not recommended for prescribing.

SG to inform secondary care.

Action: SG

- **Provisionally approved** as **BLACK** 'Not recommended' drug. Pending SPF decision.

Add to traffic lights.

Action: Steve Moore

- 7.2 **Qtern® Dapagliflozin 10mg+ Saxagliptin 5mg (AstraZeneca)**
Type 2 diabetes mellitus in adults [new formulation]
2x14 film coated tablets £49.56.
 The group agreed that this product is not recommended for prescribing.
- **Provisionally approved** as **BLACK** 'Not recommended' drug. Pending SPF decision.
 Add to traffic lights. **Action: Steve Moore**
- 7.3 **Airflusal Fospiro® 50mcg salmeterol and 500mcg fluticasone propionate per metered dose (Sandoz LTD)**
1x 60 does £32.74
AirFluSal Forspiro is now also indicated for Asthma. It is not available in any lower strength.
 Already on formulary for COPD patients
-Approved for those asthma patients who need to be on a high strength dry powder inhaler.
- Update formulary to include this indication. **Action: Steve More**
- 7.4 **iAluRil® bladder installation (Aspire Pharma)**
£105 per 50ml PFS
For patients with 'radiation cystitis' when treatment with Cystistat® has failed.
 Approved by YDH DTC for specialist prescribing only.
- Provisionally Approved as **RED** drug, specialist only. Pending SPF decision.
 Add to traffic lights.
- Action: Steve Moore**
- 7.5 **Emend® Aprepitant (Merk Sharp & Dohme Corp)**
2x 80mg = £31.61; 5x 125mg £79.03
Prevention of nausea and vomiting associated with moderate and highly emetogenic chemotherapy.
- Provisionally Approved as **RED** drug, funded by NHS England. Pending SPF decision.
 Add to traffic lights.
- Action: Steve Moore**
- 7.6 **Butec® 15mcg/hr Patch (Qdem Pharmaceuticals LTD)**
4x15mcg/hr patch £22.12
Buprenorphine transdermal patch.
 Newly launched 15mcg strength. Butec patches already on formulary in other strengths.
- Add to formulary **-Approved**
 Add to preferred brands list **Action: Steve Moore**
Action: ZTW
- 7.7 **Shortec® Liquid 5mg/5ml (Qdem Pharmaceuticals LTD)**
1x 250ml £8.25
Immediate release oxycodone hydrochloride.
 Cost effective brand
 Add to formulary **-Approved**
 Add to preferred brands list **Action: Steve Moore**
Action: ZTW

7.8 **Shortec[®] Concentrate 10mg/ml (Qdem Pharmaceuticals LTD)**
1x 120ml £39.64
Immediate release oxycodone hydrochloride.
 Cost effective brand
 Add to formulary
 Add to preferred brands list

-Approved
Action: Steve Moore
Action: ZTW

7.9 **Shortec[®] Injection 10mg/1ml, 10mg/2ml & 50mg/1ml (Qdem Pharmaceuticals LTD)**
5x 1ml 10mg/1ml amps £6.80; 5x 2ml 10mg/2ml amps £13.60; 5x 1ml 50mg/1ml amps £59.59
Oxycodone Hydrochloride solution for injection or infusion.
 Cost effective brand
 Add to formulary
 Add to preferred brands list

-Approved
Action: Steve Moore
Action: ZTW

8 REPORTS FROM OTHER MEETINGS

Feedback

Commissioning Locality Feedback

South Somerset –MHo –Discussion around QOF and asked if there were any particular areas the CCG would like to see targeted. SG responded that it will be aligned with 'Right Care' work.

West Somerset – DD – Locality discussed Self-care and gluten-free. Practices still have a varying approach.

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 – Asked if district nurse (DN) prescribing budget and leg ulcer budget streams could be merged as overlap of services. SG responded that DN prescribing budget is with SomPar and the leg ulcer budget is with various different services.

SomPar to find out what is happening with regards to the dressing budgets.

Action: LH

West Mendip – JN – Not present

North Sedgemoor – CR – Not present

8.2 **COG** – GS – Nothing to report

Summary

- 8.3 **Somerset Partnership Mental Health D&TC** – Next meeting 21/03/17
- 8.4 **YDH D&TC** – Last meeting 08/02/2017 – Minutes received.
 - Tapentadol discussed as patients are being discharged on it and then carry on when in community. YDH have been asked to make patients aware that it is only for short term use.
 - Co-codamol 8/500mg has been removed from formulary.
 - Braltus[®] was approved.
- 8.5 **T&ST D&TC** – Last meeting 10/02/2017 – Minutes not received
- 8.6 **BNSSG Joint Formulary Group** – Last meeting 18/10/2016 & 29/11/2016 – Minutes not received
- 8.7 **BNSSG DTC** – Last meeting 27/7/2016, 01/09/2016 & 23/11/2016 – Minutes not received.
- 8.8 **RUH Bath D&TC** – Last meeting 12/01/2017- Minutes not received
- 8.9 **Weston D&TC** – Last meeting 10/11/2016 – Minutes not received
- 8.10 **T&S Antimicrobial Prescribing Group** – Last meeting 08/02/2017 – Minutes not received.
- 8.11 **Somerset Antimicrobial Stewardship Group** – Last meeting 04/10/2016 – Minutes received.
CH reviewed – Nothing to report
- 8.12 **LPC Report** – ML - Not present
- 8.13 **Somerset Medication Safety Network** – Last meeting 02/02/2017 – Minutes not received.

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Prescribing Report

The prescribing report is going to the next COG meeting.
This was viewed, discussed and noted.

9.2 December Scorecard Commissioning Locality Trend

Scorecard was viewed and discussed. The trend towards green indicators is positive
Distribute to group. **Action: CH**

9.3 November Safety Spreadsheet

The safety spreadsheet was shown and discussed.
The downward trend is encouraging.

10 Rebate Schemes

No new rebate schemes

11 NICE Guidance January and February 17

Discussed under headings below.

12 NICE Technology Appraisals

12.1 [TA431] Mepolizumab for treating severe refractory eosinophilic asthma

-Noted

Add to March SPF agenda to recommend as a **RED** drug.

Action: ZTW

13 NICE Clinical Guidance

13.1 [NG62] Cerebral palsy in under 25s: assessment and management

-Noted

13.2 [NG63] Antimicrobial stewardship: changing risk-related behaviours in the general population

Ana Alves will look at this and discuss how we can achieve this with relevant groups.

-Noted

13.3 [CG62] Antenatal care for uncomplicated pregnancies - AMENDMENT

In January 2017, a footnote was added to recommendation 1.6.2.2 linking to the related NICE diagnostics guidance on high-throughput non-invasive prenatal testing for fetal RHD genotype (DG25)

-Noted

13.4 [CG146] Osteoporosis: assessing the risk of fragility fracture - AMENDMENT

In February 2017, this guideline was updated to correct reference to the WHO in relation to the FRAX tool

-Noted

13.5 [CG139] Healthcare-associated infections: prevention and control in primary and community care - AMENDMENT

In February 2017 a footnote was added to recommendation 1.1.4.2 linking to Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A footnote was also added to recommendations 1.4.3.1, 1.4.3.8, 1.4.4.1 and 1.4.4.11 linking to a safety alert on chlorhexidine. Other footnotes were updated with references to revised or replaced British Standards and other regulations.

-Noted

14 Safety Items, NPSA Alerts and Signals

14.1 Drug Safety Update January & February 2017

Relevant items discussed below

Apremilast (Otezla[®]): risk of suicidal thoughts and behaviours. This is a **RED** drug and needs to be added to the traffic lights

Action: Steve Moore

Hyoscine Butylbromide (Buscopan[®]) injection: risk of serious adverse effects in patients with underlying cardiac disease. Awareness of this need to be raised.

Raise awareness in newsletter article

Action: Steve Moore

LH to raise within SomPar

Action: LH

15 BNF Changes

15.1 BNF update January 2017

-Noted

16 Any Other Business**16.1 Updated Infection management guidance**

- The summary of changes was discussed.
- SG has been invited to national antimicrobial group and will feedback that a lot of the guidance has been written from a secondary care point of view. As they are able to perform the immediate testing.
- Discussion around public health recommending Nitrofurantoin as first line however the local position is to keep Pivmecillinam as recommendation. It was pointed out that Out Of Hours service does not carry Nitrofurantoin or Pivmecillinam.

Raise with OOH.

Action: SG

Distribute guidance and gather feedback.

Action: CH

Produce quick summary page.

Action: Ana Alves

16.2 DTB Podcasts

TB discussed. Found November edition especially useful.
Send out link in newsletter.

Action: Steve Moore

Distribute link.

Action: CH

16.3 Commissioning of Bariatric Surgery

Commissioning of bariatric surgery is coming back to the CCG from April. PAMM position on prescribing in primary care remains the same.
Add to newsletter.

Action: Steve Moore

16.4 Invite Kate Jones Symphony lead pharmacist to PAMM and SPF

Action: ZTW

Date of Next Meeting: Wednesday 15th March 2017, 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 22th February 2017				
1	EMIS Summary of Care Records issue with hospital only drugs	<ul style="list-style-type: none"> • Check EMIS in practice to see if hospital only drugs show on a patients summary care record as such. • Raise issue with secondary care about how they ensure GPs are aware when a patient is taking a red drug. • Raise with NHS England the need for GPs to know if a patient is prescribed an antiretroviral. 	GPs Shaun Green 15th Mar 2017	Complete
2	De-prescribing PPI	Align OPEN de-prescribing guideline with current recommendations and put into Somerset CCG format and add to formulary.	Steve Moore 15th Mar 2017	In progress
3	Prescribing and Quality Improvement Scheme	<ul style="list-style-type: none"> • Change point 1.9 from £0.60p per registered patient to £0.65p. • Change order of performance indicators so the mandatory antibiotics and scorecard are together. 	Shaun Green 15th Mar 2017	Complete
4	Over medication of patients with learning disabilities	Update PAMM with action plan and production of review guidance at Mar meeting.	Catherine Henley 15th Mar 2017	Add to Apr agenda
5	MUR	How pharmacies select MUR patients, document the MUR and share info with GP's for Apr meeting.	Michael Lennox 19th Apr 2017	Add to Apr Agenda
6	SSRI's for under 18s	<ul style="list-style-type: none"> • 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 15th Mar 2017	On agenda
7	De-prescribing antidepressants	Produce guidance for tackling amongst the general population - SomPar	Steve Du Bois 19th April 2017	In Progress
8	Inhaler pathways and MDI leaflet	Send inhaler pathways and MDI leaflet to Liz Harewood.	Catherine Henley 15th Mar 2017	Complete
9	Dec Scorecard Commissioning Locality Trend	Distribute to group	Catherine Henley 15th Mar 2017	Complete
10	Updated Infection management guidance	Distribute to group and gather feedback	Catherine Henley 15th Mar 2017	Complete
11	DTB podcasts	Distribute link to group	Catherine Henley 15th Mar 2017	Complete
12	Just In Case Protocol	SomPar to take the protocol to end of life best practice group.	Liz Harewood 15th Mar 2017	Complete
13	Attendees	Invite Kate Jones Symphony lead pharmacist to PAMM & SPF	Zoe Talbot-White 15th Mar 2017	Complete

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
14	Waste campaign materials	Distribute to PPG chairs	Susan Lilley 15 th Mar 2017	Jo Ayre informed to do this once complete
15	Update preferred brand document and add to website	<ul style="list-style-type: none"> • Butec[®] 15mcg/hr patches • Shortec[®] Liquid 5mg/5ml • Shortec[®] Concentrate 10mg/ml • Shortec[®] Injection 10mg/1ml, 10mg/2ml & 50mg/1ml 	Zoe Talbot-White Steve Moore 15 th Mar 2017	Complete
16	Drugs and Therapeutics - Bridging guidance feedback	<ul style="list-style-type: none"> • LMC to look at guidance and comment. • Share guidance with RuH prescribing group and commissioners once we have feedback from LMC and YDH. • Publish guidance on the website with the shared care protocols once LMC are in agreement. 	Robert Munro Geoff Sharp Steve Moore 15 th Mar 2017	In Progress
17	Olanzapine Depot prescribing in primary care	Perform an ePact search for Olanzapine depot data	Catherine Henley 15 th Mar 2017	Complete
18	Saxenda [®] for weight loss	Raise with secondary care that it was agreed at PAMM as BLACK drug, not recommended for prescribing.	Shaun Green 15 th Mar 2017	Complete
19	DN prescribing and leg ulcer budget overlap	SomPar to find out what is happening with the dressing budgets and the overlap with ulcer budget.	Liz Harewood 15 th Mar 2017	
20	Mepolizumab for treating severe refractory eosinophilic asthma	Add to March SPF agenda to recommend as a RED drug.	Zoe Talbot-White 15 th Mar 2017	Complete
21	Hyoscine Butylbromide (Buscopan) injection	Raise awareness of risk of serious adverse effects in patients with underlying cardiac disease within SomPar.	Liz Harewood 15 th Mar 2017	Complete
22	Updated Infection Management guidance	<ul style="list-style-type: none"> • Raise with OOH service that they don't carrying Nitrofurantoin or Pivmecillinam. • Produce quick summary page. 	Shaun Green Ana Alves 15 th Mar 2017	Complete
23	Traffic Light changes	<ul style="list-style-type: none"> • Saxenda[®] 6mg/ml pre-filled pens for injection- for weight loss BLACK. • Qtern[®] Dapagliflozin 10mg+ Saxagliptin 5mg- Type 2 diabetes mellitus in adults BLACK. • iAluRil[®] bladder installation- For patients with 'radiation cystitis' when treatment with Cystistat[®] has failed. RED drug, specialist only. • Emend[®] Aprepitant- Prevention of nausea & vomiting associated with moderate & highly emetogenic chemotherapy. RED drug, funded by NHSE. • Apremilast (Otezla)- RED drug 	Steve Moore 15 th Mar 2017	Complete

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
24	Formulary changes	<ul style="list-style-type: none"> • Jardiance® 10mg/25mg Empagliflozin- Includes Cardiovascular death reduction in label. • Airflusal Fospiro® 50mcg salmeterol & 500mcg fluticasone propionate per metered dose- Approved, for asthma indication if patients need high strength DPI. • Butec® 15mcg/hr Patch- Approved • Shortec® Liquid 5mg/5ml- Approved • Shortec® Concentrate 10mg/ml- Approved • Shortec® Injection 10mg/1ml, 10mg/2ml & 50mg/1ml- Approved 	<p>Steve Moore & Joanne Ayre 15th Mar 2017</p>	Complete
26	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 • EMA review: Use of metformin to treat diabetes now expanded to patients with moderately reduced kidney function. • 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 months. • Futurelearn.com: Highlight as a useful learning resource (<i>providing no objection from PAMM delegates</i>) • 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 revised policy • Nystatin and Nystan: Manufacturers dose increases have not been reflected in formulary recommended doses. • Hyoscine Butylbromide Injection: Raise awareness of risk of serious adverse effects in patients with underlying cardiac disease • National register for spirometry: Publish information and resources. • Send out DTB podcast link • Bariatric surgery commissioning: Notify that the commissioning is coming back to the CCG in April. 	<p>Steve Moore Quarterly newsletter next due <u>March 2017</u></p>	In progress