

Minutes of the Prescribing and Medicines Management Group held in Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 15th March 2017.

Present:	Dr Toby Burne (TB)	CLICK 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
	Kate Jones (KJ)	Symphony Lead Pharmacist
	Dr Robert Munro (RM)	LMC Representative
	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Zoe Talbot-White (ZTW)	Prescribing Support Technician - MM team

Apologies:	Dr David Davies (DD)	West Somerset Representative
	Michael Lennox (ML)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative

1 INTRODUCTIONS

Kate Jones Symphony Lead Pharmacist was introduced to the group.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

SG was absent for the first part of the meeting because his attendance was required at another meeting.

3 DECLARATIONS OF INTEREST

3.1 KJ – To provide declarations of interest.

SDB – Took part in a group to develop a pharmacy education programme on Diabetes last week. It has no promotional content but was funded by Novo Nordisk.

4 MINUTES OF MEETING HELD ON 22nd February 2017

4.1 SDB commented on Page 5 that the classification of drugs in the traffic lights is not for PAMM to decide. PAMM can only provisionally approve. Somerset Prescribing Forum decides the classification. Change wording to clarify.

Action: ZTW

The rest of the minutes were 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:

1. EMIS summary of care records issue with hospital only drugs: GPs have tried adding hospital only drugs to EMIS in practice and there was some confusion about how to do this correctly.

Produce step by step instructions then publish in newsletter.

Action: CH/Steve Moore

Speak to SWISH about how they explain to patients the importance of allowing their GP to know if they are taking drugs to treat HIV. This will decrease the risk of drug interactions when being treated for other conditions.

Action: SBD

Approach trusts regarding HIV treatment anonymity issues via their Genitourinary medicine (GUM) clinics.

Action: SG

Follow up outcome of raising antiretroviral anonymity issues with NHSE, bring to next meeting.

Action: SG

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 April PAMM.

Action: Steve Moore

7. De-prescribing antidepressants: Still in progress- SomPar will do when they have capacity.

Action: SDB

16. Drugs and Therapeutics – Bridging guidance feedback: LMC to meet tomorrow and discuss, then the rest of the actions can be completed.

Action: RM

17. Olanzapine Depot: Add item to newsletter. If a patient requests Olanzapine depot refer to SomPar.

Action: Steve Moore

19. DN prescribing and leg ulcer budget overlap: PJ and SDB to discuss outside of the meeting. Add to April agenda.

Action: SDB/PJ

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Over medication of patients with learning disabilities

Add to April agenda. SomPar are currently doing an audit of 25 random patients per consultant and results should be available for the meeting in April.

Action: SDB

5.2 ADHD and Cholinesterase inhibitor Shared Care Protocols

SBD- ADHD protocol – SomPar comment that it needs to be expanded to include initiated and stabilised by a specialist experienced in the treatment of ADHD, rather than just consultants psychiatrists.

No changes needed to Cholinesterase inhibitor protocol.

SomPar are taking to DTC next week and will report back

Action: SDB

GS- Commented that better processes need to be put in place to keep Shared Care guidance up to date. SG commented that lack of capacity on the Medicines Management Team makes this difficult.

5.3 Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided

LMC to meet tomorrow and discuss.
If agreed add article to newsletter.

Action: RM
Action: Steve Moore

5.4 Noqdirna- Monitoring requirements and formulary status

It was noted that the license for Noqdirna requires sodium monitoring in the over 65s prior to initiation, and then at one week and one month after initiation. Treatment should be discontinued if sodium levels fall below the lower limit of normal. Noqdirna is currently **GREEN** in Traffic Light Status.

Agreed change to **AMBER** Traffic Light Status (TLS). Provisionally approved, pending SPF decision.

Traffic lights to be amended to include monitoring guidance. **Action: Steve Moore**

5.5 Further amendment to Infection Management Guidelines – for noting

Bob Baker (microbiologist) has provided feedback from MPH paediatricians who recommended Cefotaxime as 1st line option to treat sepsis and to make it available for neonates (not just over 1 month).

Use of Ceftriaxone is not recommended in neonates because it can cause jaundice and assessment of jaundice is difficult, as most neonates (especially septic ones) will have an element of jaundice.

The guidance has been changed to reflect this i.e. Cefotaxime is 1st line for everyone including neonates. Alternatively, Ceftriaxone can be used but not in the neonates.

5.6 Somerset Sepsis Decision Support Tools

The Sepsis Trust Decision support tools have been adapted to meet the needs of GPs in Somerset to include antibiotic guidance.

Tools viewed and noted.

Discussion around the importance of GPs clinical judgement in treatment of Sepsis in order to prevent emergency services becoming inundated.

Share in the newsletter to raise awareness but highlighting the importance of clinical judgement.

Action: Steve Moore

6 Other Issues

6.1 Pharmacy – NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot

This service is being commissioned at a nation level and should be running at community pharmacies in the South West by April. Pharmacies will have to register with NHSE in order to be able to provide this service. If a patient rings 111 requesting an emergency supply they will be signposted to the nearest pharmacy providing the service. The idea is to prevent a proportion of patients going to a GP surgery or A&E for their medication.

SG- Has asked if patients who present at A&E or GP surgeries etc. asking for an emergency supply of medication can be referred to the **NUMSAS**, and is waiting for a reply.

A list of participating pharmacies will be published on the NHS Choices website.

Concern was raised about patients who frequently present wanting inhalers and asked how GPs will know when a patient has been issued a medication. GPs were reassured that under the service specification, a notification of supply must be sent to the patient's GP. It was noted that because all the calls will go through the 111 service, GPs will also be notified by 111 that patients had been referred to the service.

Raise with the contracting team to ensure that this service is being implemented in a timely manner. **Action: SG**

6.2 Waiting times for leg ulcer clinic

Some details of how SomPar- runs clinics in CLICK were viewed and noted. In March- Trust-wide there was a 6 week wait for the service.

SDB- Has data of waiting times in Bridgwater and will ask SomPar if this can be shared with PAMM. **Action: SDB**

6.3 Request for Enhanced Service Extension to cover GP practice administration of Degarelix

Tanya Whittle has confirmed that there will be no extension to the Enhanced Service to include Degarelix. Degarelix will therefore remain a **RED** drug in Somerset.

Practices can administer, if asked but they won't get paid under the Enhanced Service, so many practices are likely to decline.

7 Formulary Applications

7.1 Soltel[®] 25mcg cfc-free inhaler -Salmeterol (Kent Pharmaceuticals) 1x120d £19.95

A cost effective equivalent to salmeterol (Serevent[®]) MDI. Potential to save £40k/year in Somerset if switched from Serevent[®]. Approved.

Add to formulary **Action: Steve Moore**

7.2 Pro-Banthine tablets for hyperhidrosis; £20.74 for 112 tabs

SG would like this included as a licensed option in the hyperhidrosis policy before moving to more expensive treatments e.g. Botox. **Approved**

Add information to service specification to try this first line. **Action: SG**
Add to TLS as **GREEN** **Action: Steve Moore**

7.3 **Taptiqom eye drops for open angle glaucoma or ocular hypertension- consultant initiation only**

It has the advantage of a small cost saving over other preservative free options. As with all preservative free eye drops they should only be prescribed if the patient has a recorded preservative allergy.

-Approved AMBER pending SPF decision

8 REPORTS FROM OTHER MEETINGS

Feedback

Commissioning Locality Feedback

South Somerset – MHo – There hasn't been a new representative appointed to replace MHo.

West Somerset – DD – Apologies given

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Apologies given

Taunton – AF – Nothing to report

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 – The medicines management budget report was taken to COG and received positive feedback, it also received positive feedback at the finance meeting.

The waste campaign materials also received positive feedback at COG.

Summary

8.3 **Somerset Partnership Mental Health D&TC** – Next meeting 21/03/17

8.4 **YDH D&TC** – YDH D&TC – Next meeting 10/05/17

8.5 **T&ST D&TC** – Last meeting 10/02/17 – Minutes received

-Noted

Quinine and bisphosphonates are being withheld for in patients on safety grounds.

Primary care to be informed.

Action: SG

8.6 **BNSSG Joint Formulary Group** – 17/01/17 – Minutes received

-Noted

Will be looking at a Shared Care Protocol for Adjuvant bisphosphonates in Breast Cancer at next meeting.

- 8.7 **BNSSG DTC** – BNSSG D&TC – Last meeting 18/01/17, Minutes received
-Noted
 Liothyronine –BNSSG JFG still to publish pathway for approved usage.
 Dr Singhal has been informed that liothyronine remains a **RED** drug in Somerset
- 8.8 **RUH Bath D&TC** – Last meeting 09/02/2017- Minutes received
-Noted
 RuH has approved the use of Zoledronic acid for treatment of osteogenesis imperfecta and other low bone mass conditions.
 Application for Opicapone as adjunctive therapy to levodopa/DDCI preparations in adults with Parkinson’s Disease and end-of-dose motor fluctuations, was rejected due to limited evidence
- 8.9 **Weston D&TC** – Last meeting 26/01/2017 – Minutes received
-Noted
- 8.10 **T&S Antimicrobial Prescribing Group** – Last meeting 08/02/2017 – Minutes not received.
- 8.11 **Somerset Antimicrobial Stewardship Group** – Next meeting not scheduled
- 8.12 **LPC Report** – ML – Not present
- 8.13 **Somerset Medication Safety Network** – Last meeting 02/02/2017- Minutes received
-Noted
 Antipsychotic prescribing has been recognised as a concern, and Somerset Care is reviewing individual patients on anti-psychotics; and if felt they are not essential they are raising this with the prescribing GP.

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Prescribing Report

No prescribing report this month. However, SG informed the group that there has been an improvement in the predicted figures from December to January and, with two months to go, there is a predicted approx. £2million under spend against the Somerset CCG prescribing budget.

9.2 January Scorecard Commissioning Locality Trend

Not available yet.

9.3 January Safety Spreadsheet

The spreadsheet was viewed and noted.

9.4 Toolkit Graphs

The graphs were viewed, discussed and noted.

Check if Oxactin is included in the toolkit data for anti-depressant prescribing.

Action: CH

Produce graph showing Pivmecillinam usage.

Action: Helen Spry

Long acting insulins- there seems to be a pattern of prescribing long acting insulins for some commissioning localities, but not others. Raise the appropriate initiation of long acting insulins with secondary care

Action: SG

Produce a quick guide with definitions to present at next prescribing away day meeting.

Action: Medicines Management Team

9.5 Potential Generic Savings

The data was viewed and noted.

10 Rebate Schemes

No new rebate schemes.

11 NICE Guidance February & March 17

Discussed under headings below.

12 NICE Technology Appraisals

12.1 [TA433] Apremilast for treating active psoriatic arthritis

-Noted

Previously approved based on positive FAD.

Update Traffic Light System with NICE TAG.

Action: Steve Moore

12.2 [TA180] Ustekinumab for the treatment of adults with moderate to severe psoriasis

-Positive Appraisal Noted

Update TLS with NICE TAG- CCG commissioned

Action: Steve Moore

12.3 [TA340] Ustekinumab for treating active psoriatic arthritis

-Positive Appraisal Noted

Update TLS with NICE TAG- CCG commissioned

Action: Steve Moore

13 NICE Clinical Guidance

13.1 [NG65] Spondyloarthritis in over 16s: diagnosis and management

-Noted

Add link to formulary.

Action: Steve Moore

13.2 [CG68] Stroke and transient ischaemic attack in over 16s: diagnosis and initial management - update

-Noted

Add article to newsletter RE: guidance around not giving oxygen unless SATs are below a certain level as per guidance.

Action: Steve Moore

14 Safety Items, NPSA Alerts and Signals**14.1 Drug Safety Update March 2017**

Not yet published.

14.2 Patient Safety Alert: Resources to support safer care for full-term babies

-Noted

15 BNF Changes**15.1 BNF update February 2017**

-Noted

16 Any Other Business**16.1 Budget Setting paper**

SG discussed changes to the paper.

Distribute the draft 17/18 formula to the group.

Action: SG

The group are to review and raise any issues at April meeting.

Action: All

16.2 Mike Holmes

Thanked PAMM for having him as it was his last meeting.

16.3 NICE do not do list

Over 2000 things NICE don't want the NHS to be doing. This list will be being brought to the April meeting.

If possible bring just the relevant primary care items.

16.4 Geoff Sharp

Thanked Mike Holmes for his contributions to PAMM over the years.

Date of Next Meeting: Wednesday 19th April 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 15th March 2017				
1	PAMM minutes from February meeting	Amend minutes to include that the TLS decision is provisional pending approval from SPF. Then distribute.	Zoe Talbot-White 24nd Mar 17	Complete
2	EMIS Summary of Care Records issue with hospital only drugs	<ul style="list-style-type: none"> • Produce step by step guide of how to add drugs to PMR. • Speak to SWISH about how they explain to patients the importance of allowing their GP to know if they are taking drugs to treat HIV. This will decrease the risk of drug interactions when being treated for other conditions. • Approach trusts regarding HIV treatment anonymity issues via their Genitourinary medicine (GUM) clinics • Follow up outcome of raising antiretroviral anonymity issues with NHSE. Bring to next meeting 	Catherine Henley Steve Du Bois Shaun Green 19th Apr 17	In progress On agenda Complete No reply Complete No reply
3	NHS Urgent medicine supply advance service pilot	Raise with the contracting team to ensure that this service is being implemented in a timely manner.	Shaun Green 19th Apr 17	Complete
4	Waiting times for leg ulcer clinic	Ask SomPar if waiting time data can be shared with PAMM	Steve Du Bois 19th Apr 17	On agenda
5	Toolkit graphs	<ul style="list-style-type: none"> • Check if Oxactin is included in the toolkit data for anti-depressant prescribing. • Produce graph showing Pivmecillinam usage. • Raise the appropriate initiation of long acting insulins with secondary care via diabetes group. • Produce quick guide with definitions to present at next prescribing away day meeting. 	Catherine Henley Helen Spry Steve Moore Medicines Management Team 19th Apr 17	Complete In progress In progress In progress
6	Budget setting paper	<ul style="list-style-type: none"> • Distribute the draft 17/18 formula to the group. • Review and raise any issues at April meeting. 	Shaun Green All 19th Apr 17	Complete On agenda
7	De-prescribing PPI	Align OPEN de-prescribing guideline with current recommendations and put into Somerset CCG format and add to formulary.	Steve Moore 19th Apr 17	In progress
8	Over medication of patients with learning disabilities	SomPar to bring results of audit to next meeting	Steve Du Bois 19th Apr 17	On agenda

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
9	ADHD & Cholinesterase inhibitor shared care protocols	SomPar are taking to DTC next week and will report back.	Steve Du Bois 19 th Apr 17	On agenda
10	MUR	How pharmacies select MUR patients, document the MUR and share info with GP's for Apr meeting.	Michael Lennox 19 th Apr 17	To be removed
11	SSRI's for under 18s	Take proposals for GP prescribing and monitoring of 16-17 year olds to the LMC for consideration.	Robert Munro 19 th Apr 17	On agenda
12	De-prescribing antidepressants	Produce guidance for tackling amongst the general population - SomPar	Steve Du Bois 19 th Apr 17	In progress
13	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 19 th April 17	In progress
14	DN prescribing and leg ulcer budget overlap	Discuss and bring back to next meeting	Steve Du Bois Piers Jennings 19 th Apr 17	Complete
15	Pro-Banthine tablets	Add information to service specification to try this first line.	Shaun Green 19 th April 17	Complete
16	Formulary changes	<ul style="list-style-type: none"> • Soltel 25mcg cfc-free inhaler - Salmeterol (Kent Pharmaceuticals) to be added. • [NG65] NICE guidance. Add link. 	Steve Moore 19 th Apr 17	Complete
17	Traffic Light Status	<ul style="list-style-type: none"> • Noqdirna - Change to AMBER TLS from green and amend to include monitoring guidance. • Pro-Banthine tablets: Add to TLS status GREEN. • [TA433] NICE guidance: Update TAG. • [TA180] NICE guidance: Update TAG. 'CCG commissioned'. • [TA340] NICE guidance: Update TAG. 'CCG commissioned'. 	Steve Moore 19 th Apr 17	In progress
18	Newsletter articles	<ul style="list-style-type: none"> • Futurelearn.com: Highlight as a useful learning resource (<i>providing no objection from PAMM delegates</i>) • Just in Case policy: Raise awareness of revised policy • EMIS hospital only drugs: Publish step by step guide of how to add drugs to PMR (once it has been produced.) • Olanzapine Depot prescribing in primary care: If a patient requests Olanzapine depot, refer to SomPar. <p>Continued on next page</p>	Steve Moore Quarterly newsletter next due June 2017	In progress

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
18	Newsletter articles Cont.	<ul style="list-style-type: none"> • Somerset Sepsis Decision Support Tools: Share and raise awareness of the importance for GPs to use clinical judgement. • Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided: Produce article when agreed by LMC. • Share guidance around not giving oxygen unless SATs are below a certain level as per guidance. • Inform primary care that in-patients at T&ST are being withheld Quinine and Bisphosphonates on safety grounds. 		