

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 19th April 2017**.

Present:	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 Piers Jennings (PJ)	East Mendip 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:	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Gordon Jackson (GJ)	Lay Representative
	Kate Jones	Symphony lead pharmacist
	Michael Lennox (ML)	LPC Representative

1 INTRODUCTIONS

GS welcomed everyone.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

3.1 No new declarations of interest this month.

4 MINUTES OF MEETING HELD ON 15th March 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, in progress or had been raised on the agenda.
The following action points were specifically noted:

- 2. EMIS summary of care records issue with hospital only drugs:
Finish screenshot instructions. **Action: CH**
Share in the newsletter. **Action: Steve Moore**
SBD has contacted SWISH who confirmed that they do highlight to patients the importance of telling their GPs if they are receiving HIV treatment.
SG has received no response from the GUM clinic yet.

- 5. Toolkit graphs: Pivmecillinam graph to come to next meeting. **Action: Helen Spry**
Steve Moore to raise issue of long acting insulins to next diabetes group. **Action: Steve Moore**

- 7. De-prescribing PPI guidance: We have not been granted permission to make changes to the document other than adding our logo. Steve Moore will write and format our own guidance. **Action: Steve Moore**

- 10. MUR: Ask Michael Lennox if he can select a deputy to attend future PAMM meetings if he is unavailable. **Action: GS**
Find the circulation list for people that receive the newsletter, to make sure it is being sent to all pharmacies and relevant people. **Action: CH**

12. De-prescribing antidepressants: SBD will bring to a PAMM meeting when complete. **Action: SBD**

13. Drug and therapeutics Bridging guidance feedback: This hasn't yet been raised at the LMC yet. Send the documents to RM. **Action: CH**

14. DN dressing prescribing and leg ulcer budget overlap: SBD explained leg ulcer dressing budget part of block contract. The District Nurse dressing budget for ONPOS and FP10 prescribing is separate.

SDB stated that, in theory, the Mendip leg ulcer service could take dressings from SomPar stock but they would need to pay to use ONPOS.

The CCG service spec for the services provided by SomPar was reviewed around 12 months ago.

PAMM have asked that SG provides some clarity on the funding streams for dressings in GP practices and the various dressing's services. **Action: SG**

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Over medication of patients with learning disabilities

The audit is still underway. SBD hopes it will be ready to share in about a month. He will keep PAMM updated. **Action: SBD**

5.2 EMIS Summary of Care Records issue with hospital only drugs Feedback from secondary care about Antiretroviral anonymity.

SG has raised this with NHS England and GUM clinics. They have not responded and he thinks it is unlikely they will respond.

5.3 17/18 Budget setting paper

This was viewed and **Approved**.

The budget setting paper is a summary of allocation of available budget and the methodology behind it. The methodology is the same as last year.

The calculation is an attempt to be as sensitive as possible to local need, but it is impossible to have a perfect method of allocating budgets.

Share with GP practices at the same time as the end of year financial performance.

Action: SG

Add to newsletter that the 17/18 budget setting paper has been looked at and approved by PAMM.

Action: Steve Moore

5.4 Shared care protocol (SCP) – Cholinesterase inhibitor and Memantine

CH explained that the SCP has been re-formatted into the Somerset template and it has been updated in accordance with the most recent NICE guidance and all links have been reviewed and updated, where appropriate.

The SomPar consultant psychiatrists would like to remove the requirement in the SCP for them to do a review the efficacy of treatment after 3 months, as it takes up capacity in the service. They would instead like the GPs to do this review. After discussion, the group was not happy to agree this change, because it would increase GP workload, and not all GPs would feel experienced enough to make this assessment. It was suggested that perhaps SomPar could use another medic/ specialist nurse with experience in treating dementia to do the review, rather than having to use a consultant psychiatrist.

The SCP was **approved** on the basis that SomPar continue to review treatment after 3 months. SCP is to be added to the CCG webpage if approved at SPF. **Action: CH**

5.5 Shared care protocol – ADHD

CH explained that it has been re-formatted into the Somerset template; the changes made were:

- Changed who can initiate treatment from paediatric consultant to a specialist experienced in the treatment of ADHD.
- Highlighted that this protocol is not intended for use with adult patients newly diagnosed with ADHD.

The SCP was **approved**; SCP to be added to the CCG webpage if approved at SPF. **Action: CH**

PAMM to inform COG about their concerns around the lack of an ADHD service for adults. **Action: GS**

Run Eclipse search to find out how many patients over the age of 18 are on these drugs. And how many haven't had a blood pressure check with in the last 6 months. **Action: CH**

5.6 Traffic light status of SSRIs in under 18 year olds

RM informed the group that the LMC felt NICE guidelines should be adhered to, with the prescribing and monitoring being the responsibility of secondary care. LMC believe that it is inappropriate to ask GPs to prescribe SSRIs in this group of patients.

It was agreed that SomPar will formalise its draft guidance and include a statement saying that 'The LMC do not support this'. This will allow GPs to make their own decision on a case by case basis. **Action: SDB**

5.7 **Somerset Minor Ailments Scheme (MAS)**

The NHS England scheme was decommissioned on the 31st March. Somerset CCG has entered negotiations with the LPC to commission an amended MAS.

The CCG Proposed to remove the following protocols: Aciclovir 5% cream, Clotrimazole 500mg pessary and 1% cream, Fluconazole 150mg capsule, Loratadine 10mg tabs, Miconazole 2% cream and Sodium cromoglicated 2% eye drops to align the service with our self-care agenda, as these products are freely available to buy over the counter.

The proposal is for the CCG to retain the PGDs for Chloramphenicol 0.5% eye drops and 1% eye ointment, Nitrofuantion 50mg capsule and Retapamulin 1% ointment to be reviewed and retained.

The LPC have said they can't support a minor ailments scheme with only the PGDs and no protocols. SG has suggested that due to this, reluctantly the scheme will have to lapse. However, it has since been proposed that the scheme could be extended to more pharmacies instead of incorporating the protocols. To be discussed at next meeting, when there is more news.

ZTW to add to agenda for next meeting

5.8 **Waiting times for leg ulcer clinic update**

-Noted

6 **Other Issues**

6.1 **NICE do not do list**

The list is too large to look at all at once.

It will be brought back to the meetings in sub-sections of clinical topics. **Action: CH**

6.2 **Somerset CCG Stroke prevention in atrial fibrillation dashboard**

The data was viewed and noted.

Share some headlines from the dashboard in the newsletter. **Action: Steve Moore**

6.3 **Depo Provera PGD**

The PGD was viewed and the changes were discussed.

The changes were:

- updated links
- inclusion of the new FSRH guidance and the interaction between ulipristal emergency contraception
- women taking ulipristal for uterine fibroids are also excluded from the PGD

The PGD was **approved**

Share in the newsletter and GP bulletin that the PGD has been updated and highlight that after using ulipristal emergency contraception, women should not start a hormonal contraceptive method for at least 5 days. **Action: Steve Moore & CH**

6.4 **Dry eyes formulary update**

-Approved

Share in newsletter and add to formulary.

Action: Steve Moore

- 6.5 **Somerset cancer programme joint working contract – For noting**
The contract was viewed and noted. Concerns were raised as to how this contract was implemented without going through the normal processes. It was agreed by NHS England and bypassed the normal CCG working with pharma policy.
- Raise with NHS England that PAMM are concerned with the governance around how this agreement came about. **Action: SG**
- 6.6 **FSRH guideline: Emergency contraception update**
CH discussed the main changes to the guidance.
Standard dose of levonorgestrel (1.5mg) isn't affective in overweight women >70kg or BMI 26.
They should instead be treated with a coil or ulipristal, unless inappropriate or contraindicated then give 3mg of levonorgestrel.
- This affects the PGD in community pharmacy. Feed this back to Michael Lennox.
Action: CH
- Share in the newsletter and note in formulary. **Action: Steve Moore**
- 6.7 **First use of Cefotaxime**
-Noted
- 6.8 **Clarification of formulary position of Empagliflozin**
-Noted
Share in the newsletter **Action: Steve Moore**
- 7 Formulary Applications**
- 7.1 Aerivio Spiromax[®] DPI inhaler 1x 60 dose £29.97 (Teva).
Provides the same metered dose of salmeterol/fluticasone propionate as Seretide 500 Accuhaler, and is indicated for use in adults with asthma and COPD.
- Approved**
Add to formulary with **GREEN** TLS status. **Action: Steve Moore**
- 7.2 Amfexa[®] (Dexamfetamine sulfate) 10mg & 20mg tablets (Flynn Pharma Ltd).
[30x 10mg £39.78](#), [30x 20mg £79.56](#)
Only licensed for use in ADHD.
- Approved**
Add to formulary and monitor price. **Action: Steve Moore**

8 REPORTS FROM OTHER MEETINGS

Feedback

Commissioning Locality Feedback

South Somerset – No representative

West Somerset – DD – There has been a merger in West Somerset between Porlock surgery and Dunster surgery.

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Concerns around pharmacy ‘managed repeat’ services within the locality. They have a meeting coming up shortly and CL will try to get some clarity on the issues.

Taunton – AF – Apologies sent

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

East Mendip – PJ – Pharmacy2U mail shots have been received in the locality. PJ was concerned about managed repeat prescribing using these types of online pharmacy services. It was suggested that this type of service shouldn’t have any more of an impact on prescription orders, over other pharmacy managed repeat ordering.

PJ was also concerned that scanners aren’t being used in all pharmacies. SBD informed the group the hospitals are due to be using scan for safety by the middle of next year.

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** – Last meeting 21/03/17 – Minutes received – Nothing to note

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

8.5 **T&ST D&TC** – Next meeting 12/05/17

8.6 **BNSSG Joint Formulary Group** – Last meeting 04/04/17 – Minutes not received

8.7 **BNSSG DTC** – Last meeting 22/03/17 – Minutes not received

8.8 **RUH Bath D&TC** – Last meeting 13/03/17 – Minutes not received

8.9 **Weston D&TC** – Last meeting 09/03/17 – Minutes not received

8.10 **T&S Antimicrobial Prescribing Group** – Last meeting 08/02/17 – Minutes received – Nothing to note

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 02/03/2017 – Minutes not received

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Prescribing Report

The report was viewed and the main points noted:

- Underspend forecast of over £2million against prescribing budget.
- Improvement of 290 scorecard indicators from red to green since April 16.
- 31.7% of care home patients were reviewed in the last financial year with savings of over £108,000 being delivered.

The risk around PBR excluded drugs was discussed and GS highlighted the good engagement we have with the trusts surrounding these drugs.

9.2 January Scorecard Commissioning Locality Trend

This was viewed and noted.

Discussed the negative impact Tapentadol is having on the opiate indicator within South Somerset and CLICK localities, possibly due to patients being discharged from YDH with it. CH informed PAMM that the issue was raised at the last YDH DTC meeting and the issue is being addressed.

9.3 February Safety Spreadsheet

Not available yet

9.4 Flu Vaccine ski slope

-Noted

Discussed the practical issues of size and storage of the flu vaccine and how this may be the reason practices are not using the cost effective vaccines.

Ask practices for deciding factors when ordering their flu vaccines.

Action: CH

10 Rebate Schemes

10.1 Januvia[®] (Sitagliptin), Merck Group, commenced 20/03/17

-Noted

10.2 BD Viva[™] 4/5/8mm pen needle , Beckton Dickinson UK Ltd, commenced 01/04/17

-Noted

10.3 OneTouch Select[®] Plus, LifeScan, Johnson & Johnson, commencing 01/05/17

-Noted

10.4 AproDerm[®] Barrier Cream 30g & 100g, Fontus Health, Commencing TBC

-Noted

11 NICE Guidance April 17

Discussed under headings below.

12 NICE Technology Appraisals

None this month

13 NICE Clinical Guidance**13.1 [NG66] Mental health of adults in contact with the criminal justice system**

-Noted

Discussed the problems that can arise for GPs in primary care treating patients in contact with the criminal justice system. There is no discharge summary or treatment history for patients that have been discharged back to primary care in the community. PAMM asked if an appropriate person or organisation could be contacted to ask whether anything can be done around the transfer of information to GPs when patients are released from prison.

Action: SG

13.2 [NG68] Sexually transmitted infections: condom distribution schemes

-Noted

13.3 [CG61] Irritable bowel syndrome in adults: diagnosis and management

Update noted

13.4 [CG80] Early and locally advanced breast cancer: diagnosis and treatment

Update noted

13.5 [CG100] Alcohol-use disorders: diagnosis and management of physical complications

Update noted

13.6 [CG164] Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer

Update reviewed the evidence for chemoprevention for women with no personal history of breast cancer and changed some recommendations in section 1.7.

Update Noted

Distribute article to PAMM members.

Action: ZTW

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

-Noted

Add Canagliflozin to the safety spreadsheet.

Action: Steve Moore

14.2 Patient Safety Alert: Resources to support the safety of girls and women who are being treated with Valproate

-Noted

Update EMIS alert and circulate.

Share in newsletter.

Action: CH

Action: Steve Moore

15 BNF Changes**15.1 BNF update March 2017**

-Noted

16 Any Other Business

No other business this month

Date of Next Meeting: Wednesday 17nd May 2017, Meeting Room 2, Wynford House, Yeovil

**PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 19th April 2017**

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
1	EMIS summary of care records issue with hospital only drugs	Finish screenshot instructions.	Catherine Henley 17 th May 17	
2	Toolkit graphs	<ul style="list-style-type: none"> 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. 	Ana Alves 17 th May 17 Steve Moore 17 th May 17 Medicines Management Team Nov 17	
3	De-prescribing PPI guidance	Write and format our own guidance.	Steve Moore 17 th May 17	Complete Prescqipp
4	LPC	<ul style="list-style-type: none"> Ask Michael Lennox if he can select a deputy to attend future PAMM meetings if he is unavailable. Find the circulation list for people that receive the newsletter, to make sure it is being sent to all pharmacies and relevant people. 	Geoff Sharp 17 th May 17 Catherine Henley 17 th May 17	Complete
5	De-prescribing antidepressants	Produce guidance for tackling amongst the general population - SomPar	Steve DuBois 21 st June 17	In Progress
6	Drug and therapeutics Bridging guidance feedback	Send the documents to RM.	Catherine Henley 17 th May 17	Complete
7	Over medication of patients with learning disabilities	SomPar to bring results of audit to next meeting in available	Steve DuBois 17 th May 17	
8	17/18 Budget setting paper	Share with GP practices at the same time as the end of year financial performance.	Shaun Green 17 th May 17	In Progress
9	Shared care protocol– Cholinesterase inhibitor and Memantine	SCP is to be added to the CCG webpage if approved at SPF.	Catherine Henley 21 th June 17	
10	Shared care protocol – ADHD	<p>PAMM to inform COG there is a concern due to the absence of an ADHD service for adults.</p> <p>Run search to find out how many patients over the age of 18 are on these drugs. Also how many haven't had a blood pressure check with in the last 6 months.</p> <p>SCP is to be added to the CCG webpage if approved at SPF.</p>	Geoff Sharp 17 th May 17 Catherine Henley 17 th May 17 Catherine Henley 21 th June 17	Complete

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
11	Traffic light status of SSRIs in under 18 year olds	Produced guidance and bring to a PAMM meeting.	Steve DuBois 21 st June 17	In progress
12	NICE do not do list	Bring back to the meetings in sections of clinical topics.	Catherine Henley 17 th May 17	Bring by date rather than topic
13	Depo Provera PGD	Share in the GP bulletin that the PGD has been updated and highlight 'After using ulipristal women should not start a hormonal contraceptive method for at least 5 days.'	Catherine Henley 17 th May 17	Complete
14	Somerset cancer programme joint working contract	Raise with NHS England that PAMM are unhappy about the contract.	Shaun Green 17 th May 17	Complete
15	FSRH guideline: Emergency contraception update	The changes in the updated guidance will affect the PGD in community pharmacy. Feed this back to Michael Lennox.	Catherine Henley 17 th May 17	
16	Flu Vaccine ski slope	Ask practices for deciding factors when ordering their flu vaccines.	Locality Leads 17 th May 17	
17	Mental health of adults in contact with the criminal justice system	PAMM asked if an appropriate person or organisation could be contacted to ask whether anything can be done around the transfer of information to GPs when patients are released from prison.	Shaun Green 17 th May 17	Complete No response
18	Familial breast cancer	Distribute article to PAMM members	Zoe Talbot-White 17 th May 17	Complete
19	Drug Safety Update March 2017	Add Canagliflozin to the safety spreadsheet.	Steve Moore 17 th May 17	
20	Resources to support the safety of girls and women being treated with Valproate	Update EMIS alert and circulate.	Catherine Henley 17 th May 17	
21	Formulary changes	<ul style="list-style-type: none"> • Dry eyes formulary update to be added. • Aerivio Spiromax® DPI inhaler to be added. • Amfexa® (Dexamfetamine sulfate) 10mg & 20mg tablets to be added and the price monitored. • FSRH guideline: Emergency contraception update note in formulary. 	Steve Moore 17 th May 17	
22	<p>Newsletter articles</p> <p>Newsletter articles Continued</p>	<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. 	Steve Moore Quarterly newsletter next due <u>June 2017</u>	

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
		<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. • Share screenshot instructions of how to add a RED drug to a PMR. • The 17/18 budget setting paper: has been looked at and approved by PAMM. • Somerset CCG Stroke prevention in atrial fibrillation dashboard: Share some of the headlines from the dashboard. • Depo Provera PGD: the PGD has been updated and highlight 'After using ulipristal women should not start a hormonal contraceptive method for at least 5 days.' • Dry eyes formulary update • FSRH guideline-Emergency contraception update: Standard dose of levonorgestrel (1.5mg) isn't affective in overweight women >70kg or BMI 26. They should instead be treated with a coil or ulipristal, unless inappropriate or contraindicated then give 3mg of levonorgestrel. • Clarification of formulary position of Empagliflozin. • Patient Safety Alert: Recourses to support the safety of girls and women who are being treated with Valproate. 		