NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 17th May 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
	Shaun Green	Associate director/Head of Meds Management
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Robert Munro (RM)	LMC Representative
	Joanne Ayre (JA)	MM team
Apologies:	Kate Jones	Symphony lead pharmacist
	Dr Geoff Sharp	Chairman, CCG Prescribing Lead
	Michael Lennox	LPC Representative
	Gordon Jackson	Lay Representative

1	**INTRODUCTIONS**
	CL welcomed everyone as stand in chair Introductions made by JA and PAMM members
2	**APOLOGIES FOR ABSENCE**
2.1	Apologies were provided as detailed above. CH reported Carol Reynolds not expected, currently looking for another rep Discussed why PAMM has difficulty attracting new members, GP workload cited and time constraints etc.
3	**DECLARATIONS OF INTEREST**
3.1	No new declarations of interest this month.
4	**Minutes of meeting held on 19th April 2017**
4.1	Agreed as an accurate record of the meeting.
4.2	**Review of Action points** Action points from the last meeting were revisited - Most actions were complete or had been raised on the agenda. The following action points were specifically noted: **4. LPC deputy in place of ML to attend PAMM meetings still outstanding**, ML was not present and yet to advise PAMM of a deputy. CL re-iterated the importance of having a LPC rep present. **Action: SG** **4.1 Newsletter circulation to pharmacies** Currently unable to action at present as not all pharmacies have email addesses. CH mentioned that under their new contractual arrangements all pharmacies will need to have an NHS . net email address. NHS England will be able to provide PAMM with a comprehensive list of email addresses when this work is complete.

5. Deprescribing anti-depressants
SDB mentioned GP notebook article regarding de-prescribing which summarises guidance from DTP,NICE,MIMS and various other publications that could be used for de-prescribing guidance going forward, which is updated regularly. SomPar will produce a Somerser version and share the final version with PAMM when available.

Action: SDB

6. **Drug and therapeutics bridging guidance feedback**
RM reported that LMC are reasonably happy however POACs need to be aware of practices who are not providing the post operative and / or anticoagulant Enhanced Services because the hospital may need to make other arrangements for patients registered with these practices. POACs will need to be informed of practices who aren't commissioned to provide this.

Action: CH

7. Over medication of patients with learning difficulties
SDB noted audit results still not available and will bring to next meeting if available.

Action: SDB

8. **17/18 Budget setting paper**
SG to share with practices at the same time as the end of year financial performance.

Action: SG

9. Shared care protocol – Cholinesterase inhibitor and Memantine.
SCP to be added to the CCG website if approved by SPF – noted SPF meeting this afternoon.

Action: CH
Action: SM

10. Shared care protocol – ADHD
SCP to be added to the CCG webpage if approved by SPF – noted SPF this afternoon.

CH to run a search to find out how may patients over the age of 18, are prescribed medication for ADHD and how may of these patients haven't had a blood pressure check within the last 6 months.

Action: CH

11. Traffic light status of SSRIs in under 18 years old
SDB to bring guidance to next PAMM meeting.

Action: SDB

12. **FSRH guidance** – changes to guidance previously discussed at PAMM. CH has flagged to public health that the PGD needs to be updated to reflect the changes to the guidance i.e. standard dose of levonorgestrel (1.5mg) is not effective in overweight women >70kg or BMI 26. No response from public health. CL requested can this be followed up.

An item is to be added to newsletter.

Action: CH
Action: SM

	13. Flu Vaccines ski slope Commissioning locality representatives to ask practices to respond to information previously requested. **Action: CH** **14. Mental health of adults in contact with the criminal justice system** SG explained that he had been in contact with the criminal justice system and they assured him that patient summaries / medical history is shared electronically with GP practices on release (although electronic system tpt used may not be compatible with emis) PAMM GPs flagged that in their experience this is not being done. **Action:SG follow up**
	PART 1 – ITEMS FOR DISCUSSION OR DECISION
5	**Matters Arising**
5.1	**Nice do not do list by topic (cardiovascular conditions)** Acute coronary syndrome reviewed SG noted that when we are aware and it refers to prescribing guidance that effects prescribing it is actioned. However, some guidance is clinical guidance only that GPs need to take note of. SG suggested link in newsletter "Review by topic" COG requested that PAMM and trusts review guidance, both responded "which ones" as a large number of guidance is available. CL suggested it would useful for PAMM to provide a summary for GPs of relevant main points for primary care. **Action: CL to review & cascade main points** **Action: CH to keep as an agenda item** **Action: SM to add to newsletter**
5.2	**Somerset Minor Ailments scheme (MAS)**
	The NHS England scheme was decommissioned on the 31st March. Somerset CCG then entered negotiations with the LPC to commission an amended MAS. The CCG proposed to remove a number of protocols that are freely available to buy over the counter to align the service with our self-care agenda. The CCG proposed to retain the PGDs for Chloramphenicol 0.5% eye drops and 1% eye ointment for treatment of bacterial conjunctivitis, Nitrofuantion 50mg capsule for treatment of uncomplicated urinary tract infection and Retapamulin 1% ointment for treatment of impeteigo. The old NHS England PGDs expire at the end of June and will need to be put into the Somerset format and agreed through PAMM.. The LPC felt that it was not viable to support a minor ailments scheme with only the PGDs and no protocols. However, the revised scheme will now go ahead, after the CCG agreed that the MAS could be extended to all pharmacies in the Somerset CCG area. The CCG Leadership Team have now agreed.
5.3	**Over medication of patients with learning disabilities**
	To be discussed at next PAMM meeting. **Action: CH to add to agenda**

5.4	**ONPOS and DN dressings service configuration**
	SDB explained that Dressings available through ONPOS are restricted to Wound Formulary recommendations only. DN service configuration hasn't changed except that their bases are changing as part of an estates review and rationalisation to reduce our costs. Anything that is available through the NHS Supply Chain could potentially be made available through ONPOS. SomPar used to restrict the items available to order by individual users – so for DNs, they restrict supplies to formulary dressings in order to prevent non-formulary dressing use via ONPOS .However DNs can use an FP10 to supply non formulary dressings if they are really needed.i. Kerry Grimshaw is the formulary lead and actively looks at cost effectiveness. **SG**: Explained the CCG transferred funding of £57k into the SomPar contract in 13/14 on a recurrent basis for Non-Medical Prescribers (DNs and Health Visitors) and dressings supply funding of £1,139,000 for DNs using ONPOS. Finance reconcile spend against budget each year there was a projected underspend of £33k at the end of January. The end of year spend is not available at present. Leg ulcer clinic funding was transferred for the Taunton service by Taunton Deane PCT and as further services were commissioned funding transfers were made to the primary care directorate to manage with providers. **CL** raised concern that some practices are still prescribing dressings**, SG** said that if prescribers have any issues they should feedback any via the commissioning route.
5.5	**Transition care service gap for patients with ADHD**
	The ADHD service lead has confirmed that this issue was addressed at the QCRM with SomPar on 2 May who responded that: The gap for recently diagnosed adult patients had been raised previously; however, more recently the concern has focussed on the transition group of patients who are moving from CAMHs into adult healthcare. SomPar has advised that with the increasing pressure on all community mental health services, it has had to implement its prioritisation framework to ensure continued access to services for the highest risk patients. The impact has been that this transition group of patients, who it previously supported, has been discharged back to primary care in some areas. Following these discussions, it was agreed that the CCG based MH team would use it recently appointed a new member of staff, Kate Williams, to review the gap in service and propose a way forward. This action will now be actively pursued. SG highlighted that shared care guidelines does cover adults and that the CCG has no funding to commission a new service.
5.6	**Pivmecillinam prescribing graphs**
	Pivmecillinam usuage (Adq per antibacterial STAR PU) dec 16 – feb 17 and ADQ usuage per item graphs discussed: Graphs reviewed and main points to note: CL asked how does the pivmecillinam usuage relate to trimethoprim usuage **Action: Anna Alves**

	The second graph identified a number of practices that are using far more than a 3 day course. It was discussed that a 3 day course is for uncomplicated patients and that it may be appropriate to prescribe longer courses for more complicated patients. CH highlighted that the CCG infection management guidance is not particularly clear on this and that she will will discuss it with Ana – lead antibiotic pharmacist. **Action: CH** RM asked if pivmecillinam is available from out of hours service. SG to confirm. **Action: SG**
6	**Other Issues**
6.1	**NICE Familial breast cancer:patient decision aids** Reviewed guidance, main points to note: SG highlighted that the decision aid is a 13 page document in response to a national questionnaire sent out to GPs which identified further guidance was required. SG flagged that a clinical audit carried out in Somerset GP practices on tamoxifen use, identified that a proportion of breast cancer patients do not take their medication as prescribed and that this is a medicines optimisation opportunity. CL suggested this could be highlighted as a newsletters article. **Action: SM**
6.2	**DVLA fitness to drive – A guide for medical professionals** Guidance reviewed, main points to note: CL asked how often is guidance updated, CH to find out. **Action: CH** RM suggested to flag in newsletter that guidance has been updated and how often update can be expected once CH has confirmed. **Action: SM**
6.3	**Blood Components App**
	Reviewed and noted that this is more relevant to secondary care. Key points to note: • The Blood Component Indication App summarises relevant national transfusion guidelines for Adults, Infants & Children and Neonates. • This App will act as a prompt for clinicians to facilitate appropriate use of blood and enable robust documentation of indications.
7	**Formulary Applications**
7.1	SAYANA PRESS® (Medroxyprogesterone acetate) 104mg/0.65ml suspension for injection 1 x £6.90 (Pfizer)
	SAYANA PRESS is an long acting injectable progesterone only contraceptive.

	CH noted a practice had requested this be brought to PAMM because a practice is interested in using it. It is very slightly cheaper than Depo Provere and is slightly longer acting (13 weeks instead of 12).It offers the advantage that it is administered subcutaneously, so potentially patients can self-administer, if deemed competent by a healthcare professional **Formulary application approved**. TLS Status: **Green** **Action: SM update formulary and TLS**
7.2	**Silk garments – Proposal to make non-formulary** A recent study based on clinical trials concluded that silk garments do not appear to be cost-effective within currently accepted thresholds. SG highlighted that some prescribing in Somerset continues.Some dermatology patients may need to have these garments on a named patient basis but should not be widely used. SG proposed to make non-formulary. To be discussed at SPF this afternoon. It was agreed that pending discussions at SPF, specialist dermatology nurses will be be made aware of the non-formulary status and if deemed clinically appropriate the garments will need to be supplied on a hospital FP10.
7.3	**Nordimet® (Methotrexate) Solution for injection pre-filled pen** 1 x 7.5mg £13.37, 1 x 10mg £13.77, 1 x 12.5mg £14.85 1 x 15mg £14.92, 1 x 17.5mg £15.75, 1 x 20mg £16.06 1 x 22.5mg £16.61, 1 x 25mg £16.64 (Nordic Pharma Ltd Discussed; main points to note: Acute Trusts are moving to this product as first line cost effective option and have requested that the CCG supports its use in primary care. **Formulary application approved** but CCG will not be proposing to switch existing patients to this brand due to the training issues involved with switching between devices. **Action: SM**
7.4	**AirFlusal® MDI (Salmeterol/Fluticasone)** 1 x 25mcg/125mcg £23.50 1 x 25mcg/250mcg £39.95 (Sandoz) Discussed main points to note: A cost effective option for adult patients with asthma where a combination product is appropriate **Formulary application approved.** **Action: SM**
7.5	**Sereflo® MDI (Salmeterol/Fluticasone)** 1 x 25mcg/125mcg £23.50 1 x 25mcg/250mcg £39.95 (Kent) Discussed main points to note: Cost effective option for adult patients with moderate to severe asthma where a combination product (long-acting β_2 agonist and inhaled corticosteroid) is appropriate

	Excipients need to be checked and flagged to ensure that there is no issue with peanut allergy sufferers. **Action: CH** **Formulary application approved.** **Action: SM**
7.6	**Fast acting insulin aspart (Fiasp™)** Discussed; main points to note: This product has recently been approved by TST DTC. Evidence suggests that Fiasp™ more closely mimic endogenous insulin secretion, following a meal when compared with currently available treatments and can give more effective control of blood glucose. It has been developed to give a faster onset of action It is less expensive than existing drug treatment(s) for this indication (vs NovoRapid™ in FlexTouch). When total costs are considered, andwhen considering costs associated with poor Post Prandial Glucose control. It is more acceptable to some patients for existing drug treatments (when FlexTouch pen device is used). **Formulary application approved. TLS Staus: Amber** **Action: SM**
7.7	**Ferric maltol (Feraccru™) for the treatment of iron deficiency anaemia in IBD patients** Discussed main points to note: Request made by Emma Wesley (Consultant Gastroenterologist) in order to complete an Expression on Interest applicationfor the purpose of undertaking a commercial study of this novel iron therapy for inflammatory Bowel Diseas (IBD) patients. She is proposing to use it for the treatment of mild to moderate iron deficiency anaemia, as an alternative to IV iron in patients with (IBD) who have failed to tolerate at least two oral ferrous iron salts. Basic NHS cost: £47.60 + VAT for 56 capsules (1 month). This is a significantly higher cost oral iron therapy. However, there may be a place for it in patients who cannot tolerate normal oral iron supplements as there would be a potential saving on the use of IV iron and nurse / time saving. To be discussed at SPF this afternoon PAMM opinion was that this product should remain be 'hospital only' and that the Traffic Light Status would be revisited if needed in future.
7.8	**Vivomixx™ probiotic food sachets (SG) alternate to VSL**
	Discussed, main points to note: Application put forward by YDH gastro consultant asking if Vivomixx could be considered as a cost effective alternative to VSL#3 sachets (currently green on SCCG formulary providing ABCS criteria has been met) **Formulary application approved.** **Action: SM**

8	**REPORTS FROM OTHER MEETINGS**
	Feedback
	Commissioning Locality Feedback **South Somerset** – No representative Nothing to note **West Somerset** - DD DD Nothing to note **Central Mendip** - GS Nothing to note **Bridgwater Bay** – CL CL Nothing to note **Taunton** - AF Nothing to note **Chard, Crewkerne, Ilminster and Langport** – TB TB Nothing to note **East Mendip** - PJ PJ Nothing to note **West Mendip** - JN Nothing to note **North Sedgemoor** - CR Nothing to note
8.2	**COG Feedback** SG reported that a homeopathy paper proposing to make homeopathic prescribing non-formulary discussed and agreed at COG, very little prescribing in SCCG. Discussions ongoing with the Bristol Homeopathic Hospital who provide that contract for us. Referrals for homeopathy are not currently routinely commissioned. No formal policy to be introduced until Sept 2017. NHS England has questioned why homeopathic meds are being prescribed.
	Minutes of other meetings
8.3	**Somerset Partnership Mental Health D&TC –** Next meeting 13/06/17
	Nothing to report

8.4	**YDH D&TC** – Last meeting 10/05/17 – Minutes not received
	SG attended and reported mainly issues for secondary care, main points noted: D&TC approved a new non-steroidal eye drops post cataract treatment. YDH agreed that Degarelix can be prescribed as per NICE for advanced hormone dependent prostate cancer However, SG has informed them that it needs to remain red on the TLS as GPs are not currently funded to administer this drug under the Enhanced Service. This will remain the case unless NHS England decides to fund under the Enhanced Service.
8.5	**T&ST D&TC** – Last meeting 12/05/17 – Minutes not received
	SG attended and reported main things to note formulary applications brought to the PAMM meeting today.
8.6	**BNSSG Joint Formulary Group** – Last meeting 04/04/17 & 16/05/17
	Nothing to report
8.7	**BNSSG DTC**– Last meeting 22/03/17 & 17/05/17 –March Minutes received
	Nothing to report
8.8	**RUH Bath D&TC** – Last meeting 13/03/17 & 13/04/17 – March minutes received
	Nothing to report
8.9	**Weston D&TC** – Last meeting 09/03/17 – Minutes not received
	CH reported to have looked through minutes and nothing to report
8.10	**T&S Antimicrobial Prescribing Group** – Last meeting 10/05/17 – Minutes not received
	Nothing to report
8.11	**Somerset Antimicrobial Stewardship Group** – Next meeting not scheduled
	Nothing to report
8.12	**LPC Report** – ML not present
	ML not present
8.13	**Somerset Medication Safety Network** – Last meeting 02/03/2017 – Minutes not received
	Note Karen Taylor on the agenda to update on Medicine Incident reports
	PART 2 – ITEMS FOR INFORMATION OR NOTING
9	**Current Performance**
9.1	**Prescribing Report**
	SG went through the prescribing report, the following points were noted: • Significant progress from a baseline number of green scorecard indicators: 495 in April 2016 compared to 792 in Feb 17. End of year March data is not available yet. Finance have upheld payment for the incentive scheme • The NHSBSA has estimated an end of year forecast of £78,118,224 against the allocated GP prescribing budget of £80,589,000 which represents an underspend forecast of £2,470,776.

	• SG explained the relaunched new scorecard and incentive scheme . As the CCG is in financial turnaround, agreement has been reached with the Director of Finance that payment for the 2017/18 incentive scheme will depend on an overall prescribing budget underspend. • SG explained prescribing budget will be a challenge going forward. • The latest data from the Care home pharmacist team shows that 1420 patient reviews have been completed this year, representing 31.7% of patients. These reviews have delivered over £108,000 of prescribing savings at a cost of £33,000 and identified 729 quality and safety interventions, of which 38 were deemed serious enough to have prevented an admission. • SG highlighted there remains a strong focus on improving quality and safety and patient outcomes by prescribing for unmet clinical need and reducing inappropriate prescribing. Medicines safety week takes place next week. The Medicines Management Team will dedicate the week to reviewing patient safety Eclipse Live alerts in practices, to try to ensure that at risk patients are reviewed and patient outcomes are improved. • A visit has been scheduled with GS and non- executive member to one of the most overspent practices, to address the issues and identify potential barriers to engagement. • High cost drugs budget – there is a financial risk going forwards, as the CCG is not allocating any further budget for high cost drugs when, nationally spend is growing at 10%. • There has already been excellent progress on deprescribing of gluten free (GF) foods. There is currently a national consultation underway on whether the NHS should continue to fund these products. The data already shows £30k per month already for the CCG on GF foods. SG reiterated that GPs retain clinical freedom to prescribe for particular patients if they wish. • The Blood glucose test strip work stream is also showing excellent progress. Savings of £25k per month have already been made for the last 2 months data. • The self-care agenda was discussed and that patients should be encouraged to buy medicines OTC, where appropriate.
9.2	**Feb Scorecard Commissioning Locality Trend**
	Overall position and trend reviewed, main points to note: • Good progress made with some indicators i.e. Airflusal already showing in year progress from 3% to 50%. • A number of indicators have been retired for 2017-2018 and new ones introduced. The meds management team will continue to work with practices to help them achieve green % status.
9.3	**February & March Safety Spreadsheet** Spreadsheet reviewed and main points to note: • Rise in minocycline prescribing, prescribers have been contacted to look at

	this safety issue. • The team has recently been focussing on quinine use, , prescribers have been asked to revisit this area of prescribing. Patients should be be reviewed with respect to taking treatment breaks, AF cautions etc. MPH policy prevents quinine from being prescribed for inpatients and enforces treatment breaks for patients who are already prescribed quinine.
9.4	**Medicine incident reports** Karen Taylor (KT) attended to discuss the report; the main points to note: • KT highlighted that some incidents are dispensing errors which are then passed to the area team to investigate with the contractors. • In order to facilitate shared learning from medication related incidents,KT flagged an incident where a patient who was able to speak very good English was prescribed a high risk drug but unfortunately was unable to read English and therefore unable to read the instructions on the label. The patient presented to their Dr with symptoms and the problem of not being able to read the instructions on the label discovered. Discussions regarding how Drs are able to identify patients who cannot read took place (recorded on emis patient notes if the practice is aware), pharmacies however may not be subject to this information but should have their own procedure of checking patients understanding of the medication dispensed and instructions to take when giving out to the patient, particulary when a high risk drug is involved. KT intends to take the discussions with PAMM back to the medicine safety network meeting
10	**Rebate Schemes**
10.1	**One Touch Select Plus Blood Glucose Strips (for noting)**
	-Noted
11	**NICE Guidance May 17**
	Discussed under headings below.
12	**NICE Technology Appraisals**
	None
13	**NICE Clinical Guidance (Listed additional guidance below)**
13.1	**[NG28] Type 2 diabetes in adults:Management** Update May 17, main points to note: NICE have added text on SGLT-2 inhibitors to section on initial drug treatment. Also update algorithm for blood glucose lowering therapy in adults with type 2 diabetes to revise footnote b with links to NICE guidance on SGLT -2 inhibitors, and added new information on SGLT-2 inhibitors to the box on action to take if metformin is contraindicated or not tolerated.

14	**Safety Items, NPSA Alerts and Signals**
14.1	**Drug Safety Update April 2017**
	Valproate & neurodevelopmental disorders-risk minisation measures: Valproate guidance and action already taken by the Medicines Management Team. SDB reported Sompar are intending to cascade the alert via Sompar's 'Take Note' system.
15	**BNF Changes**
15.1	**BNF update April 2017**
	Nil to report
16	**Any Other Business** SG raised that when new access works/ hubs are created, prescribing elements need to factored in at the planning stage and budget for prescribing identified. SG is willing to discuss any prescribing budget elements with project teams.
	Date of Next Meeting: 21st June 2017, Meeting Room 1, Wynford House, Yeovil

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PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 16th May 2017				
1	**LPC**	• Ask Michael Lennox if he can select a deputy to attend future PAMM meetings if he is unavailable. • Ensure community pharmacies are added to the newsletter circulation list when NHS England has issued all pharmacies with an NHS. Net email address	**Shaun Green 21st June 2017** **Catherine Henley TBC**	In Progress
2	**De-prescribing antidepressants**	Produce guidance for tackling amongst the general population - SomPar	**Steve DuBois 21st June 17**	In Progress
3	**Drug and therapeutics bridging guidance feedback**	POACs to be informed of practices who aren't commissioned to provide post operative and / or anticoagulant Enhanced Services	**Catherine Henley 21st June 17**	
4	**Over medication of patients with learning disabilities**	SomPar to bring results of audit to next meeting if available	**Steve DuBois 21st June 17**	In Progress
5	**17/18 Budget setting paper**	Share with GP practices at the same time as the end of year financial performance.	**Shaun Green 21st June 17**	Complete
6	**Shared care protocol– Cholinesterase inhibitor and Memantine**	SCP is to be added to the CCG webpage if approved at SPF.	**Steve Moore 21st June 2017**	In Progress
7	**Shared care protocol – ADHD**	Run search to find out how many patients over the age of 18 are prescribed drugs for ADHD and if they have had a blood pressure check within the last 6 months. SCP is to be added to the CCG webpage if approved at SPF.	**Catherine Henley 21st June 2017** **Steve Moore 21st June 2017**	Complete In Progress
8	**Traffic light status of SSRIs in under 18 years old**	Sompar to bring guidance to next PAMM meeting	**Steve DuBois 21st June 17**	In Progress
9	**FSRH guidance: Emergency contraception update**	Previously flagged to Public Health that the PGD needs to be updated to reflect the changes to the guidance. No response as yet, to be followed up	**Catherine Henley 21st June 2017**	
10	**Mental health of adults in contact with the criminal justice system**	Further discussion with the criminal justice system to feed back GP practice systems may not be compatible with their own system and therefore practices may not receive patient summaries etc electronically	**Shaun Green 21st June 17**	

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
11	**Nice do not do list**	To keep as an agenda item and review as clinical topics Provide a summary for GPs of relevant main points for primary care.	**Catherine Henley 21st June 2017** **Catherine Lewis 21st June 2017**	In Progress
12	**Over medication of patients with learning disabilities**	To retain as an agenda item and discussed at next meeting	**Catherine Henley 21st June 2017**	In Progress
13	**Pivmecillinam prescribing graphs**	Comparison of pivmecillinam versus trimethoprim usuage Clarity of formulary guidance as data suggested more than 3 day courses of pivecillinam are being prescribed Check if pivmecillinam is available from out of hours service	**Ana Alves 21st June 2017** **Catherine Henley 21st June 2017** **Shaun Green 21st June 2017**	Complete In Progress Complete
14	**DVLA fitness to drive – A guide for medical professionals**	Confirm how often guidance is updated	**Catherine Henley 21st June 2017**	
15	**Formulary changes**	SAYANA PRESS® (Medroxyprogesterone acetate) 104mg/0.65ml Suspension for injection 1x£6.90 **to be added** Nordimet® (Methotrexate) Solution for injection pre-filled pen 7.5mg £13.37,10mg £13.77,12.5mg £14.85, 15mg £14.92,17.5mg £15.75,20mg £16.06, 22.5mg £16.61,25mg £16.64 **to be added** Airflusal® MDI (Salmeterol/ Fluticasone) 25mcg/125mcg £23.50, 25mcg/250mcg £39.95 **to be added** Sereflo® MDI (Salmeterol/ Fluticasone) 25mcg/125mcg £23.50 25mcg/ 250mcg £39.95 **to be added** Fast acting insulin aspart (Fiasp™) 100units/ml prefilled pen, cartridge and vials **to be added** Vivomixx™ probiotic food sachets **to be added**	**Steve Moore 21st June 2017**	
16	**Newsletter items**	• DVLA fitness to drive – Updated guidance for medical professionals • NICE Familial breast cancer: patient decision aids • Nice do not do list - Link added to newsletter and recommended to review by topic • FSRH guidance: Emergency contraception update	**Steve Moore Quarterly newsletter Next due June 2017**	Complete