

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 21st June 2017**.

Present:	Dr Alison Barker (AB)	Registrar at Summervale surgery
	Dr Toby Burne (TB)	CLICK Representative
	Dr David Davies (DD)	West Somerset Representative
	Liz Harewood (LH)	Somerset Partnership Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Sam Morris (SM)	Locality Medicines Manager
	Dr Robert Munro (RM)	LMC Representative
	Dr James Nichols (JN)	West Mendip Representative
	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Zoe Talbot-White (ZTW)	Prescribing Support Technician - MM team
Apologies:	Gordon Jackson (GJ)	Lay Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Michael Lennox (ML)	LPC Representative

1 INTRODUCTIONS

Alison Barker (Registrar at Summervale surgery) and Sam Morris (Locality Medicines Manager) were introduced to the group.

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 May 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.

Some actions were complete or had been raised on the agenda.

The following action points were specifically noted:

1- LPC: There is not yet a LPC deputy to attend PAMM.

2- De-prescribing of antidepressants: SBD was unable to attend so this will be raised at the July meeting.

3- Drug and therapeutics bridging guidance feedback: CH was unable to attend so this will be raised at the July meeting. GS informed the group that the guidance had now been shared with RuH for information.

4- Over medication of patients with learning disabilities: The audit has been completed and the data is with the audit team. This will be added to the July agenda.

6&7- Shared care protocols: These are still to be added to the website.

8- Traffic light status of SSRIs in under 18 years old: SBD was unable to attend so this will be raised at the July meeting.

9- FSRH guidance (emergency contraceptive update): CH was unable to attend so this will be raised at the July meeting.

10- Mental health of adults in contact with the criminal justice system: SG feeding back that the system currently in place isn't working.

11- NICE do not do list: CL will bring to July meeting.

13- Pivmecillinam prescribing graphs: SG informed the group that the 3 day course relates to patients with no co-morbidity. 50% of UTIs will resolve naturally within a 3 day period. Frail and elderly may need longer courses.

PJ mention there was an article in the BMJ about course lengths of antibiotics.

Find and share article with group.

Action: ZTW

14- DVLA fitness to drive: CH was unable to attend so this will be raised at the July meeting.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 NICE do not do list by topic (Respiratory)

COPD do not do list discussed.

Produce data of patients being prescribed a Mucolytic drug regularly.

Action: Steve Moore

Ask secondary care for guidance on the use of bone protection with corticosteroids.

Action: TB

Pick topic for July agenda.

Action: SG

5.2 Comparison of Trimethoprim & Pivmecillinam usage (Nov16-Apr 17)

The graph was viewed and noted.

Every practice is now using Pivmecillinam.

Trimethoprim resistance rates around 38-39%. Frail and elderly patients shouldn't be using trimethoprim, instead prescribe antimicrobial with lower resistance rate such as Pivmecillinam or Nitrofurantoin.

Resistance rates are not as important in young healthy females without co-morbidity; they also have a 50% natural resolution rate.

Over time the hope is to see less use of trimethoprim.

Guidance has been sent out to practices regarding the use of preferred antibiotics and they will receive quarterly updates.

6 Other Issues

6.1 Adult ADHD service

The email from Alex Murray was viewed and noted.

SomPar has been planning to withdraw its service for adults with ADHD, however this would leave patients without anywhere to go.

SomPar are to halt discharging patients, they are not accepting new adult patient referrals, but are accepting "graduate" patients transferring from child services. whilst the situation is formally reviewed.

Contact Alex Murray for a formal position.

Action: GS

SG informed the group of a national programme we are taking part in, to review all deaths of patients with learning disabilities

In Somerset sign up from GP practices to the Enhanced services around learning disabilities has been poor. There is a need for this to be improved.

6.2 Capillary blood glucose monitoring pathway for patients receiving systemic

anti-cancer treatment and high dose steroids

Due to the death of a patient, the beacon centre will be offering a pilot scheme to patients receiving systemic anti-cancer treatment and high dose steroids.

The document was viewed and noted.

There are some typos to be corrected.

SG explained that this scheme should be beneficial to this group of patients and it will only affect a small number of patients in a practice.

RM asked for the out of hours arrangements to be confirmed. RM informed the group that the LMC are likely to be unhappy with the wording in standard letter 2 “they will be required to see your practise nurse on two consecutive days to have their Capillary blood glucose (CBG) levels recorded between 3-5pm”. RM also commented that there is no duration of treatment on any of the letters.

TB suggested that patients should carry a copy of the protocol to present to healthcare professionals and be added to the patient notes as document.

PAMM are not happy with the protocol as it stands, it is not yet fit for purpose and some changes need to be made due to concerns before it can be approved.

Ask Endocrinologist for advice about risk of post-treatment diabetes.

Action: SG

The group are to send feedback to SG by the end of the month.

Action: ALL

SG to send collected feedback to the beacon centre.

Action: SG

6.3 Minor ailments scheme updated PGDs

The minor ailments scheme was decommissioned by NHSE. The CCG decided to adopt the scheme and so needed to update the PGDs.

The PGDs were viewed and noted.

-Approved providing the PGDs state that the GP practice is informed of supply to the patient.

6.4 End of life care in nursing home report

The report was viewed and noted.

SG informed the group that he has already shared the report with Chris Absolon and it isn't an issue in Somerset but we need to be aware of the issue.

LH informed the group that a new MAR chart is being developed for community palliative care it will include a section for just in case medications.

LH also told the group that some federations are using stickers on MAR charts for palliative care drugs but SomPar do not support this due to safety concerns.

6.5 Lithium Shared Care Protocol

-Noted

The protocol has been update to include some information SomPar asked to be included. Calcium monitoring will be 6 monthly rather than monthly.

SG reminded PAMM about the need for appropriate monitoring of lithium patients.

-Provisionally approved, pending SPF decision in July.

6.6 Eclipse Lithium Monitoring

-Noted

7 Formulary Applications

- 7.1 Mezzopram[®] (Omeprazole) Dispersible Gastro-resistant Tablets
28 x 10mg £6.58, 28 x 20mg £9.86, 28 x 40mg £4.93 (Sandoz)
Cost effective brand
-Approved
Add to formulary **Action: Steve Moore**
- 7.2 Ralvo[®] (700mg Lidocaine Medicated Plaster)
£61.54 x30 plasters (Grunenthal)
Cost effective brand
-Approved
Add to formulary **Action: Steve Moore**
- 7.3 Neomag[®] (Magnesium glycerophosphate 4mmol) chewable tablets
£22.77 x50 tablets (Neoceuticals Ltd)
Licensed for Hypomagnesaemia
-Approved
Add to formulary **Action: Steve Moore**
- 7.4 TransiSoft[®] (Macrogol 3350) powder for oral solution in sachet
28 sachets £3.89 (HFA Healthcare)
Cost effective brand
-Approved
Add to formulary **Action: Steve Moore**
- 7.5 Eysano[®] (Timolol mealeate) eye drops
2.5mg/ml x5ml £8.45, 5mg/ml x5ml £9.65 (Aspire Pharma)
Preservative free
Licensed for ocular hypertension, chronic open-angle glaucoma
-Approved
Add to formulary **Action: Steve Moore**
- 7.6 Epistatus[®] 10mg oromucosal solution
1x 1ml £60.00 (Special Products Ltd)
Licensed for the treatment of prolonged, acute, convulsive seizures in children and adolescents aged 10 to less than 18 years.
Cost effective for patients that rarely require oral administration.
Discuss with secondary to care to establish if they will be using this brand for patients.
Action: Shaun Green
A switch is only recommended when caregivers have been trained to administer.
-Approved
Add to formulary **Action: Steve Moore**
- 7.7 Relevtec[®] (Buprenorphine) patches
35mcg/h x4 £11.06, 52.5mcg/h x4 £16.60, 70mcg/h x4 £22.12 (Sandoz)

Relevtec should be replaced after 96 hours (4 days) at the latest. For convenience of use, the transdermal patch can be changed twice a week at regular intervals, e.g. always on Monday morning and Thursday evening.

Cost effective brand

-Approved

Add to formulary

Action: Steve Moore

8 REPORTS FROM OTHER MEETINGS

Feedback

Commissioning Locality Feedback

South Somerset – No representative

West Somerset – DD – Nothing to report

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Nothing to report

Taunton – AF – Nothing to report

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

East Mendip – PJ – Asked locality to report back the reasons for their flu vaccine choices. Replies were to be sent to himself, Shaun Green or Steve Moore. PJ asked if there had been any replies. SG had received one reply. PJ told the group that the main influences are NHS cost, reliability of delivery, size of box for ease of storage and return policy, but mainly NHS cost.

West Mendip – JN – Nothing to report

North Sedgemoor – CR – Not present

8.2 **COG** – GS – No longer attends COG.

None of the current PAMM members attend COG so GS will continue to receive agendas and minutes and bring relevant information to PAMM.

Summary

8.3 **Somerset Partnership Mental Health D&TC** – Last meeting 13/06/17 – Minutes not received

LH discussed points from the meeting.

Sondate XL will be prescribed for out-patients in line with the Somerset CCG formulary but in-patients may receive a different brand.

Olanzapine Depot is not recommended but they can administer on the ward with advanced warning if necessary.

A supply issue with Quetiapine immediate release was noted.

8.4 **YDH D&TC** – Last meeting 10/05/17– Draft minutes received
Discussed at May meeting.

8.5 **T&ST D&TC** – Last meeting 12/05/17– Minutes not received

- 8.6 **BNSSG Joint Formulary Group** – Last meeting 16/05/17 – Minutes not received
- 8.7 **BNSSG DTC** – Last meeting 17/05/17 – Minutes not received
- 8.8 **RUH Bath D&TC** – Last meetings 13/04/17 & 11/05/17 – April Minutes received
Concern was raised that Braltus and Spiriva were different strengths but SG has informed them that the same dose leaves the mouth piece.
- 8.9 **Weston D&TC** – Last meeting 09/03/17 – Minutes not received
Medicine manager Helen Spry attends these meetings.
Request minutes. **Action: ZTW**
- 8.10 **T&S Antimicrobial Prescribing Group** – Last meeting 10/05/17 – 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 02/03/2017 – Minutes not received
Request minutes. **Action: ZTW**

PART 2 – ITEMS FOR INFORMATION OR NOTING

9 Current Performance

9.1 Annual Prescribing Update

The presentation was viewed and noted.

SG discussed the slides.

Somerset CCG is 7th regionally on prescribing Jan 17-Mar 17.

Somerset CCG underspent on 16/17 prescribing budget by £2.27M however the CCG as a whole didn't achieve the target set nationally.

In 16-17, 33% of care homes visited (6% more than previous year). 38 potential hospital admissions prevented due to this work.

In 17-18 Somerset CCG are in financial turnaround. The prescribing budget has to make a further £500K reduction. The news came out after the practices had been sent the budgets so the budgets will need to be amended.

The 17-18 scorecard has the potential to make savings of more than £2.1M if all targets achieved.

Somerset CCG has done very well with antimicrobial management.

9.2 March Scorecard Commissioning Locality Trend

-Noted

9.3 April Safety Spreadsheet

-Noted

9.4 Toolkit graphs Q4 & Year Apr 16- Mar 17

The graphs were viewed and noted.

SG explained that the graphs have been discussed by the medicines management team and they will raise concerns with individual practices.

Mendip country practice were very high on Statin ADQ/STAR PU and Lipid-regulating drug ADQ/STAR PU so was asked to share how they have achieved this so it can be replicated in other practices.

Produce guidance and searches on prescribing Statins and lipid-regulating drugs to share.

Action: PJ and Ian Clegg

9.5 Potential generic savings Jan – Mar 17

The data was viewed and noted.

SG explained that this is an ongoing focus and is shared with the team quarterly.

Potential for around £320,000 saving per year.

9.6 Meds Optimisation dashboard

The graphs were viewed and noted.

SG explained that most non-dispensing practices are now using Electronic Prescription Service (EPS). Dispensing practices are also beginning to use EPS.

Somerset CCG has not pushed for practices to be using repeat dispensing (RD).

However there are advantages to linking EPS and RD for stable patients and will be asking practices to start engaging in RD.

10 Rebate Schemes**10.1 Accu-Chek Mobile test cassette (Roche) Commencing: TBC**

-Noted

11 NICE Guidance June 17

Discussed under headings below.

12 NICE Technology Appraisals

None this month

13 NICE Clinical Guidance**13.1 [NG65] Spondyloarthritis in over 16s: diagnosis and management**

Update: In June 2017, we updated recommendation 2.1.7 to clarify the advice on what imaging should be done.

-Noted

13.2 [NG69] Eating disorders: recognition and treatment

-Noted

13.3 [CG174] Intravenous fluid therapy in adults in hospital

Update: In May 2017, some research recommendations that had become outdated since original publication were stood down and deleted.

-Noted

13.4 **[CG176] Head injury: assessment and early management**

Update: In June 2017, we updated recommendations 1.2.8 and 1.4.12 with cross-references to related NICE guidelines, and an outdated research recommendation was deleted.

-Noted

13.5 **[PH56] Vitamin D: increasing supplement use in at-risk groups**

Update: In May 2017, the introduction, recommendations 1 and 6, the context section and the glossary were updated after publication of The SACN vitamin D and health report 2016. We have amended at-risk age ranges, updated links to the new report and updated reference nutrient intake details.

-Noted

SG sent an email to the full medicine management team, practice managers and prescribing leads highlighting the need to review patients prescribed plain vitamin D supplements.

14 Safety Items, NPSA Alerts and Signals

14.1 **Drug Safety Update May 2017**

-Noted

15 BNF Changes

15.1 **BNF update May 2017**

-Noted

SG reminded PAMM that it is recommended prescribers use the electronic version of the BNF rather than a hard copy, as the electronic version is updated monthly. The new version of the online BNF was viewed. PAMM thought the new version looked more user-friendly.

Add link to BNF in the newsletter highlighting the benefits (A-Z of drugs, interactions and treatment summaries. Function to skip to selected information within the drug description, with back to top tab.)

Action: Steve Moore

16 Any Other Business

LH discussed the electronic prescribing using Rio. SomPar are beginning to roll Rio out to other users. They have carried out a small trial with the district nurses and 2 patients, which went well.

It would need GPs in primary care to log on to Rio to view medication being administered to a patient by the DNs. It replaces MAR charts and allows changes to be done immediately.

At the moment only patients discharged from SomPar community hospitals will be able to use this service, not acute hospitals.

PJ has request LH deliver upward pressure on SomPar to use EMIS rather than Rio in the interest of patient safety. Update at next meeting

Action: LH

Date of Next Meeting: Wednesday 19th July 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 21st June 2017				
1	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. Ensure community pharmacies are added to the newsletter circulation list when NHS England has issued all pharmacies with an NHS. Net email address 	<p>Shaun Green 19th July 2017</p> <p>Shelley Hodder TBC</p>	
2	De-prescribing antidepressants	Produce guidance for tackling amongst the general population - SomPar	Steve DuBois 19 th July 2017	On Agenda
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 19 th July 2017	Complete
4	Over medication of patients with learning disabilities	SomPar to bring results of audit to next meeting if available	Steve DuBois 19 th July 2017	On Agenda
5	Shared care protocol- ADHD Cholinesterase inhibitor and Memantine	SCP is to be added to the CCG webpage if approved at SPF.	Steve Moore 19 th July 2017	Complete
6	Traffic light status of SSRIs in under 18 years old	SomPar to bring guidance to next PAMM meeting	Steve DuBois 19 th July 2017	On Agenda
7	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 19 th July 2017	Complete
8	Nice do not do list	<p>Provide a summary for GPs of relevant main points for primary care.</p> <p>Produce data of patients being prescribed a Mucolytic drug regularly.</p> <p>Ask secondary care for guidance on the use of bone protection with corticosteroids.</p> <p>Pick topic for July agenda.</p>	<p>Catherine Lewis 19th July 2017</p> <p>Shaun Green 19th July 2017</p> <p>Toby Burne 19th July 2017</p> <p>Shaun Green 19th July 2017</p>	<p>Complete</p> <p>Complete</p>
9	DVLA fitness to drive – A guide for medical professionals	Confirm how often guidance is updated	Catherine Henley 19 th July 2017	Complete
10	Adult ADHD service	Contact Alex Murray for a formal position.	Geoff Sharp 19 th July 2017	

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
11	Capillary blood glucose monitoring pathway for patients receiving systemic anti-cancer treatment and high dose steroids	<p>Ask Endocrinologist for advice about risk of post-treatment diabetes.</p> <p>The group are to send feedback to SG by the end of the month.</p> <p>SG to send collected feedback to the beacon centre.</p>	<p>Shaun Green 19th July 2017</p> <p>All attendees 19th July 2017</p> <p>Shaun Green 19th July 2017</p>	
12	Epistatus [®] 10mg oromucosal solution	Discuss with secondary to care to establish if they will be using this brand for patients.	Shaun Green 19 th July 2017	Complete
13	Weston D&TC	Request minutes	Zoe Talbot-White 19 th July 2017	Complete
14	Somerset Medication Safety Network	Request minutes	Zoe Talbot-White 19 th July 2017	Complete
15	Toolkit graphs	Produce guidance and searches on prescribing Statins and lipid-regulating drugs to share.	Piers Jennings & Ian Clegg 19 th July 2017	
16	SomPar electronic prescribing	Update at next meeting	Liz Harewood 19 th July 2017	On Agenda
17	Formulary changes	<p>Mezzopram[®] (Omeprazole) Dispersible Gastro-resistant Tablets 10mg, 20mg & 40mg to be added</p> <p>Ralvo[®] (700mg Lidocaine Medicated Plaster) to be added</p> <p>Neomag[®] (Magnesium glycerophosphate 4mmol) chewable tablets to be added</p> <p>TransiSoft[®] (Macrogol 3350) powder for oral solution in sachet to be added</p> <p>Eysano[®] (Timolol mealeate) eye drops 2.5mg/ml & 5mg/ml to be added</p> <p>Epistatus[®] 10mg oromucosal solution to be added</p> <p>Relevtec[®] (Buprenorphine) patches 35mcg/h, 52.5mcg/h & 70mcg/h to be added</p>	Steve Moore 19 th July 2017	Complete
18	Newsletter	<ul style="list-style-type: none"> NICE do not do list – Add link to newsletter and recommend reviewing by topic. Add link to BNF in the newsletter highlighting the benefits of electronic version (Regular updates, A-Z of drugs, interactions and treatment summaries. Function to skip to selected information within the drug description, with back to top tab.) 	Steve Moore Quarterly	