

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

Present:	Dr Toby Burne (TB)	CLICK Representative
	Liz Harewood (LH)	Somerset Partnership Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Gordon Jackson (GJ)	Lay Representative
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Joanna Lutyens	Consultant in Palliative Medicine, Somerset Partnership
	Sam Morris (SM)	Locality Medicines Manager
	Dr Robert Munro (RM)	LMC Representative
	Mal Patel (MP)	Pharmacist specialised in Mental Health, Somerset Partnership
	Zoe Talbot-White (ZTW)	Prescribing Support Technician - MM team
	Karen Taylor (KT)	Head of Patient Safety and Risk Management
Apologies:	Dr David Davies (DD)	West Somerset Representative
	Steve Dubois (SDB)	Somerset Partnership Chief Pharmacist
	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Michael Lennox (ML)	LPC Representative

**1 INTRODUCTIONS**

Dr Joanna Lutyens (Consultant in Palliative Medicine, Somerset Partnership) and Mal Patel (Pharmacist specialised in Mental Health, Somerset Partnership) were introduced to the group.

**2 APOLOGIES FOR ABSENCE**

2.1 Apologies were provided as detailed above.

**3 DECLARATIONS OF INTEREST**

3.1 RM has left Ryalls Park medical centre and is now working at North Petherton.  
Update declarations of interest **Action: ZTW**

**4 MINUTES OF MEETING HELD ON 21<sup>st</sup> June 2017**

4.1 LH requested a change to 6.1. SomPar are not accepting new adult patient referrals, but are accepting “graduate” patients transferring from child services.

Removed gridlines **Action: ZTW**

**4.2 Review of Action points**

CL ran through the action points from the last meeting. Most actions were complete or on the agenda. The following points were specifically noted:

- 9- DVLA fitness to drive. Add link in newsletter for sign up to alerts  
<https://public.govdelivery.com/accounts/UKDVLA/subscriber/new>

**Action: Steve Moore**

**PART 1 – ITEMS FOR DISCUSSION OR DECISION****5 Matters Arising****5.1 SomPar Draft MAR chart**

Dr Joanna Lutyens (Palliative Care Consultant) presented the new draft MAR chart for community palliative care. Main points to note:

- Designed to give some uniformity and reduce errors- adapted from a chart that has been used in Bristol which has been demonstrated to improve accuracy, appropriateness and reduce errors.
- Amended guidance on the front to follow Wessex palliative care guidance.
- It may be possible to put the chart into EMIS as a template so that chart can be printed by GP. LH will meet with Justin Harrington and Alison Nation to discuss, once approved.
- RM commented that it would be helpful if this chart could be used in secondary care and follow patients out when they are discharged. At present GPs are always asked to write up a MAR chart that the DNs can use for palliative care drugs. There are issues around organisations being unwilling to use the same drug charts.
- SG said that the chart was a good improvement to try to ensure that all their staff work to the same standard.
- on the first page the chart talks about pumps and 'PRN' drugs which is confusing, as a pump is not 'PRN', 'WFI' should be written as water for injection.
- it would be helpful to have a note re. which drugs are incompatible with water and should be given with saline instead.
- recommended drugs need to match with drug pharmacies keep under the end of life care enhanced service.
- strength of metoclopramide needs to be amended to 10mg/2ml.
- wording around gastric stasis needs to be amended.

It was agreed that everyone should provide feedback to LH by email. **Action LH**

Sompar will review and bring back. **Action LH**

LH raised that it may be added to EMIS as a template which will also print the MAR chart and FP10. This has been done in Bristol. **Action LH**

**5.2 NICE do not do list by topic (TBC)**

This was not discussed at this meeting but will stay on the agenda.

**5.3 De-prescribing antidepressants guidance**

This was not discussed at this meeting as SDB not present, but will stay on the agenda for the next meeting. **Action SDB**

**5.4 Over Medication of patients with learning disabilities**

This was not discussed at this meeting but will stay on the agenda for the next meeting. SomPar has completed an audit but the report is not yet published.

**Action SDB**

**5.5 Traffic Light status of SSRs in under 18 years old guidance**

Agree wording to go into TLS by email. Bring back any significant issues on the agenda next time.

**Action CH**

## 6 Other Issues

### 6.1 Updated Infection Management Guidance

Reflects the latest public health guidance

A few minor amendments:

June 2017

Mastitis (correction; PAMM to note 19/07/17)

Warning 'to be used only if not breastfeeding' added next to Doxycycline

May 2017

UTI in men & women (no fever or flank pain)

(PHE "Management of infection guidance for primary care" update May 2017; PAMM to note 19/07/17) Trimethoprim changed from 'alternative' to 'avoid' if: "Risk of resistance and/or Frail vulnerable with associated comorbidity GFR>45ml/min"

May 2017 Acute Sore Throat (PHE "Management of infection guidance for primary care" update May 2017; PAMM to note 19/07/17)

Added: if pregnant & allergic to penicillin:

Erythromycin 500mg QDS, 5 days

May 2017

Principles of Treatment

(PHE "Management of infection guidance for primary care" update May 2017; PAMM to note 19/07/17)

Added: In pregnancy, take specimens to inform treatment, use this guidance alternative or seek expert advice. Penicillins, cephalosporins and erythromycin are not associated with increased risks. If possible, avoid tetracyclines, quinolones, aminoglycosides, azithromycin, clarithromycin, high dose metronidazole (2g stat) unless the benefits outweigh the risks. Short-term use of nitrofurantoin is not expected to cause foetal problems (theoretical risk of neonatal haemolysis). Trimethoprim is also unlikely to cause problems unless poor dietary folate intake, or taking another folate antagonist e.g. antiepileptic.

-Approved

Update website and add to newsletter

**Action: Steve Moore**

### 6.2 Interface between Primary and Secondary care

NHSE plan to set up a working group would focus on and lead further improvements to lead further interface between primary and secondary care. Professional bodies, such as RCGP, RCN etc have worked together on the NHS 17/19 contract, which came into effect 1<sup>st</sup> April, which covers a number of areas:

A summary has been produced of current contract requirements aimed at improving the convenience of services for patients whilst reducing avoidable extra workload for clinicians. SG noted that Somerset is a big rural county and that national contractual models don't always fit.

**Noted**

### 6.3 IBS Pathway

- Approved virtually by the YDH DTC.
- Agreed to cascade to GPs via the bulletin.
- Webinars on the pathway created by the NHS England 100 Day Project are being provided.
- SG unaware if MPH has adopted the same approach and will raise via the elective care group
- SG asked PAMM members to provide feedback to him by the end of the month.

**Action: Shaun Green**

#### 6.4 Preferred list for Stoma Accessories

ZTW went through guidance produced with YDH and MPH, main points to note:

- Now a joint formulary used by both acute trusts
- Provides guidance re appropriate quantities to prescribe and ordering PIP codes

#### 6.5 Proposal to change traffic light status of ALAI & PP3M with inclusion in shared care arrangement

- Main points to note: Sompar have just 13 patients on Long Acting Aripiprazole injection (LAAI) and only 6 of those would be eligible for shared care.
- Paliperidone 3 monthly injections (PP3M) could be used for some patients who are currently using the monthly injections which may free up some capacity for GP practices and SomPar. Sompar estimate that there might be 4 new patients a year for PP3M.
- Should only be used in a small number of patients where oral administration is not acceptable or there are compliance issues.
- It is acceptable that primary care could absorb the costs and the CCG is supportive in general terms.
- Administration of paliperidone is already funded under the primary care improvement scheme and the monthly injection is already an amber drug so there should be no problem with PP3M as an amber drug.
- Confirmation of funding for GP practices to administer ALAI needs to be confirmed. CH to contact commissioning team. **Action: CH**
- RM discuss with LMC. **Action: RM**
- Shared care guideline will need to be updated. **Action: CH**

#### 6.6 Pre-Operative IV Iron use guidelines by YDH

- Discussed and comments back to CH by the end of September. **Action: CH**

### 7 Formulary Applications

#### 7.1 Mysimba 8mg/90mg prolonged release tablets– Naltrexone/Bupropion (Consilient Health Ltd) 112 tablets £73.

Discussed and main point to note:

Indicated, as an adjunct to a reduced-calorie diet and increased physical activity, for the management of weight in obese adults and overweight adults with related co-morbidity.

**Not Recommended; Black TLS - update TLS Action: Steve Moore**

Will wait for specialist weight management clinicians to establish a place in therapy

7.2 **Truberzi 75mg & 100mg film-coated tablets – Eluxadoline (Allergan) 56 tablets  
£88.20 for both strengths.**

Indicated in adults for the treatment of irritable bowel syndrome with diarrhoea.

- A recent review from MTRAC shows that the evidence for eluxadolide for this indication was considered relatively weak.
- Not Recommended; **Black TLS** - update TLS

**Action: Steve Moore**

Reconsider if specialists bring an application.

7.3 **Ralvo 700mg Lidocaine medicated plasters  
£61.54 for 30 compared with £72.40 for Versatis**

Cost effective option approved: Add to formulary

**Action: Steve Moore**

7.4 **Xaggitin XL prolonged release tablets – Methylphenidate (Ethypharma)  
30x18mg £15.58, 30x 27mg £18.40, 30x36mg £21.22, 30x54mg £36.80**

Cost effective option approved: Considered bioequivalent to Concerta.

Add to formulary

**Action: Steve Moore**

7.5 **Vencarm XL prolonged release capsules- Venlafaxine (Apsire Pharma Ltd)  
28x37.5mg £3.30, 28x75mg £2.59, 28x150mg £3.89, 28x225mg £9.90**

Cost effective option for the 225mg capsule strength only

Approved: Add to formulary

**Action: Steve Moore**

**8 REPORTS FROM OTHER MEETINGS**

**Feedback**

**Commissioning Locality Feedback**

**South Somerset** – No representative

**West Somerset** – DD – Not Present

**Central Mendip** – GS – Not Present

**Bridgwater Bay** – CL – Nothing to report

**Taunton** – AF – Nothing to report

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

**East Mendip** – PJ – Nothing to report

**West Mendip** – JN – Nothing to report

**North Sedgemoor** – CR – Nothing to report

8.2 **COG** – No update

**LMC** – RM – Discussion about an article in the newspaper, a patient that wasn't being prescribed Loratadine due to the self-care agenda. They felt the reporting was very balanced.

**Summary**

- 8.3 **Somerset Partnership Mental Health D&TC** – Next meeting 05/09/17  
Most recent minutes discussed at previous meeting
- 8.4 **YDH D&TC** – Next meeting 09/08/17
- 8.5 **T&ST D&TC** – Next meeting 28/07/17
- 8.6 **BNSSG Joint Formulary Group** – Last meeting 16/05/17 – Minutes received
- Methenamine added to formulary for the defined cohort (patients currently on nitrofurantoin whose renal function is less than 45ml/min would be the defined cohort)
  - Degaralix TLS change. Update on proposed TLS change from red to amber discussed. Feedback has been received from GPs who agreed it is suitable for change to amber. Awaiting SCP from Dr Ed Rowe at NBT. – **RED in Somerset**
  - Symbicort MDI. It was agreed it should be included on the joint formulary as TLS green.
  - Ivermectin cream, for patients with moderate to severe erythematotelanectatic, popular, pustular rosacea. Although ivermectin represents an increase in cost from current therapy, evidence for efficacy and tolerability for ivermectin was good and it was felt it has a clear place in therapy as second line treatment after metronidazole and allows GPs another option before a secondary care referral. It was agreed it should be included on the joint formulary as TLS blue.
  - In the process of launching a paediatric formulary website and organising a Paediatric Joint Formulary Group (PJG) meeting.
  - Qtern added to the formulary. – **Not recommended (Black) in Somerset.**
- 8.7 **BNSSG DTC** – Last meeting 17/05/17 – Minutes not received
- 8.8 **RUH Bath D&TC** – Last meetings 11/05/17 & 08/07/17 – Minutes not received
- 8.9 **Weston D&TC** – Last meetings 09/03/17 & 11/05/17 – March & DRAFT May Minutes received
- March**
- Sildenafil** - being used to treat severe Raynaud's. Although unlicensed and not commissioned for use by NHS England, it will reduce the number of patients admitted for 5 day Iloprost infusions. A pathway for use is being developed at Weston.
- April**
- Liothyronine** – a liothyronine pathway has been developed. Liothyronine monotherapy is not supported and that the pathway applies to combination therapy with levothyroxine. Patients currently on monotherapy can be referred back to the Hospital for reassessment and apart from exceptional circumstances; they would be transferred to combination therapy.
- This is under challenge and Helen Spry will keep us updated.
- 8.10 **T&S Antimicrobial Prescribing Group** – Last meeting 10/05/17 – Minutes received

There is a global shortage of Tazocin with stocks currently rationed and a cost hike. It seems likely that it will become unavailable. This may lead to increased Co-amoxiclav and Cephalosporin prescribing.

8.11 **Somerset Antimicrobial Stewardship Group** – Next meeting not scheduled

8.12 **LPC Report** – ML - Not present

8.13 **Somerset Medication Safety Network** – Last meetings 02/03/2017 & DRAFT 03/07/2017 – Minutes received

KT attended to discuss, main points to note:

The medication safety network is considering a few key areas to measure and monitor, potential areas are drug related hospital admissions and eclipse alerts.

SG expressed concern that there may be some overlap but he would be interested in any data regarding hospital admissions.

## **PART 2 – ITEMS FOR INFORMATION OR NOTING**

### **9 Current Performance**

#### **9.1 Prescribing Update**

- Making good progress already, GF reduction in prescribing highlighted
- The month 2 position because of where Easter fell was good
- Pregabalin Drug Tariff price has been reduced by 98% in August

#### **9.2 April Scorecard Commissioning Locality Trend**

Making good progress

#### **9.3 May Safety Spreadsheet**

New drugs are added in following MHRA alerts.

It helps to highlight the need for appropriate monitoring.

SG to discuss the list of drugs and appropriateness of being on the spreadsheet with Steve Moore.

**Action: SG**

#### **9.4 7 Day Prescription Data**

- Somerset CCG has good control overall with the number of 7 day prescriptions. We have been clear with practices that they are only to be used for clinical and not financial reasons.
- The evidence for MDS (Monitored Dosage Systems) use is poor and we have worked closely with TST to reduce patient numbers being discharged on MDS.
- There is currently no feedback on medicines in MDS that are not taken.
- Homes are looking at electronic admission systems.

### **10 Rebate Schemes**

#### **10.1 Sandoz – Mezolar Matrix, commencing: TBC**

-Noted

### **11 NICE Guidance July 17**

Discussed under headings below.

### **12 NICE Technology Appraisals**

None this month



**13 NICE Clinical Guidance**

**13.1 [NG70] Air pollution: outdoor air quality and health**

This guideline covers road-traffic-related air pollution and its links to ill health. It aims to improve air quality and so prevent a range of health conditions and deaths.

-Noted

**13.2 FAD – Roflumilast for treating chronic obstructive pulmonary disease**

Main points to note:

- Treatment with roflumilast should be started by a specialist in respiratory medicine.
- The recommended dose is 500 micrograms (1 tablet) of roflumilast once daily.
- £37.71 for 30 tablets and £113.14 for 90 tablets (excluding VAT; 'British national formulary' [BNF] edition 72). Costs may vary in different settings because of negotiated procurement discounts.

Propose **AMBER** drug- discuss at SPF this afternoon

**13.3 [CG99] Constipation in children and young people: diagnosis and management**

**Update:** July 2017 updated footnote to recommendation 1.1.4 to link to the newest NICE guideline on coeliac disease, and the footnotes in table 4 with manufacturer information that has changed since original publication.

-Noted

**14 Safety Items, NPSA Alerts and Signals**

**14.1 Drug Safety Update June 2017**

-Noted

**14.2 Risk of death and severe harm from ingestion of superabsorbent polymer gel granules**

-Noted

**15 BNF Changes**

**15.1 BNF update June 2017**

-Noted

**16 Any Other Business**

- LH raised there is a significant increase in antibiotic prescribing by MIUs, reasons given are patients are unable to get appointment with GPs. This area of prescribing data is not captured by primary care and therefore may potentially affect overall antibiotic prescribing percentage.
- The group was asked for suggestions on how to make the work of the Medication Safety Network more visible. SG to catch up with Karen Taylor outside the meeting.

**Action SG**

**Date of Next Meeting:** Wednesday 20<sup>th</sup> September 2017, Meeting Room 1, Wynford House, Yeovil



**PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS  
SCHEDULE OF ACTIONS**

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
<b>ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 20<sup>th</sup> Sept 2017</b>				
1	<b>Declarations of interest</b>	Amend for RM as per Minutes	<b>Zoe Talbot-White 20<sup>th</sup> Sept 2017</b>	
2	<b>Minutes of last meeting</b>	Amend as per Minutes	<b>Zoe Talbot-White 20<sup>th</sup> Sept 2017</b>	
3	<b>Draft MAR Chart for community Palliative care</b>	<ul style="list-style-type: none"> <li>Amend as per Minutes</li> <li>Feedback to SomPar Via Liz Harewood</li> <li>Look at designing an EMIS compatible Chart</li> </ul>	<b>Liz Harewood 20<sup>th</sup> Sept 2017</b>	
4	<b>De-prescribing antidepressants</b>	Produce guidance for tackling amongst the general population - SomPar	<b>Steve DuBois 20<sup>th</sup> Sept 2017</b>	Pending
5	<b>Over medication of patients with learning disabilities</b>	SomPar to bring results of audit to next meeting if available	<b>Steve DuBois 20<sup>th</sup> Sept 2017</b>	Pending
6	<b>Traffic light status of SSRIs in under 18 years old</b>	Agree wording to go into TLS by email. Bring back any significant issues on the agenda next time.	<b>Catherine Henley 20<sup>th</sup> Sept 2017</b>	
7	<b>Updated infection management guidance</b>	Update website	<b>Steve Moore 20<sup>th</sup> Sept 2017</b>	
8	<b>IBS Pathway</b>	<ul style="list-style-type: none"> <li>Enquire whether MPH has adopted the same approach will via the elective care group</li> <li>PAMM members to provide feedback to him by the end of the month.</li> </ul>	<b>Shaun Green 20<sup>th</sup> Sept 2017</b>	
9	<b>Traffic light status of ALAI &amp; PP3M and inclusion in shared care arrangement</b>	<ul style="list-style-type: none"> <li>Confirm funding for GP practices to administer ALAI.</li> <li>RM discuss with LMC.</li> <li>Update SCG once position on aripiprazole confirmed.</li> </ul>	<b>Catherine Henley 20<sup>th</sup> Sept 2017</b> <b>Rob Munro 20<sup>th</sup> Sept 2017</b>  <b>Catherine Henley</b>	
10	<b>Pre-Operative IV Iron use guidelines by YDH</b>	Comments back to CH by the end of September	<b>Catherine Henley 20<sup>th</sup> Sept 2017</b>	
11	<b>May Safety Spreadsheet</b>	Review list of drugs in the spreadsheet	<b>Shaun Green/ Steve Moore 20<sup>th</sup> Sept 2017</b>	
12	<b>Medication Safety Network</b>	SG to speak to Karen Taylor Re. how to make their work more visible	<b>Shaun Green/ Karen Taylor 20<sup>th</sup> Sept 2017</b>	
13	<b>Newsletter</b>	<ul style="list-style-type: none"> <li>DVLA fitness to drive. Add link in newsletter with note to sign up to alerts.</li> <li>Highlight updated infection management guidance.</li> </ul>	<b>Steve Moore Quarterly</b>	

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
17	Formulary changes	<ul style="list-style-type: none"> <li>• Vencarm XL prolonged release caps – venlafaxine. Add as a cost effective option - TLS status <b>Green</b></li> <li>• Relevtec® (Buprenorphine) patches Add as a cost effective 96 hr patch- TLS status <b>Green</b></li> <li>• Xaggitin XL tablets- Methylphenidate Add as a cost effective option- TLS status <b>Amber</b></li> <li>• Mysimba 8mg/90mg MR tablets– Naltrexone/Bupropion: TLS status to <b>BLACK</b> ‘not recommended’.</li> <li>• Truberzi 75mg &amp; 100mg film-coated tablets – Eluxadoline: Add TLS status <b>BLACK</b> ‘not recommended’.</li> </ul>	<p style="text-align: center;"><b>Steve Moore</b> 20<sup>th</sup> Sept 2017</p>	