

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

Present:

Joanne Ayre (JA)	Stand in PAMM secretary
Dr Toby Burne (TB)	GP, Chard, Ilminster and Crewkerne Representative
Dr Helen Cotton (HC)	South Somerset Representative
Dr Adrian Fulford (AF)	Taunton Representative
Shaun Green (SG)	Associate Director, Head of Medicines Management
Liz Harwood (LH)	Somerset Partnership Representative
Catherine Henley (CH)	Locality Medicines Manager
Gordon Jackson (GJ)	Lay Representative
Dr Catherine Lewis (CL)	Bridgwater Representative
Dr James Nicholls (JN)	GP, West Mendip Representative
Sam Morris (SM)	Locality Medicines Manager
Dr Robert Munro (RM)	LMC Representative
Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead

Apologies:

Dr Piers Jennings (PJ)	East Mendip Representative
Dr David Davies (DD)	West Somerset Representative
Steve Dubois (SDB)	Somerset Partnership Chief Pharmacist
Michael Lennox	Somerset LPC Chief Officer
Dr Joanna Lutyens	Consultant in Palliative medicine SomPar
Zoe Talbot-White	PAMM secretary

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Introductions:

No new introductions

2

Apologies for absence:

2.1

Absences noted above

3

Declarations of interest

3.1

HC reported that Hendford Lodge has signed up to the Oasis and leg ulcer contract.

4

Minutes of the meeting on 18th October 2017

4.1

Agreed as an accurate record

4.2

Review of Action points

Most items were either complete or, on the agenda. The following points were specifically noted:

Action 3: Traffic light status of Aripiprazole Long Acting Injection (ALAI) and 3 monthly Paliperidone Injection (PP3M) inclusion in shared care arrangement

- Revision of guidance pending
- To note Mal Patel is leaving

Action 5: Over medication of patients with learning disabilities (LD) audit

- LH commented that the initial audit is being re-examined as it did not ask whether antipsychotics were being initiated appropriately. SDB to bring report to next meeting.

Action: SDB

Action12: Secondary care rebates – Duplicated action point removed

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5

Matters Arising

5.1

Antidepressant de-prescribing guidance

SDB not present – Bring to January’s meeting

Action SDB

5.2 **Over medication of patients with learning disabilities**

This was also discussed at the recent prescribing leads meeting where Dr Sunil Ram (Learning Disability Consultant) Presented.

- GS has discussed with Amelia Randle (CCG Safeguarding lead) – who advised that the potential consequences should be considered, when reducing antipsychotic medication and that guidance should be sought, in advance from the LD specialist team on how best to manage any reduction.
- SG highlighted that GPs also take medico- legal responsibility, if they continue to prescribe without review. SG intends to work with the LD specialists to put some guidance together for GPs on how to reduce antipsychotic use. There were comments from the group around the potential impact on care staff should also be considered when reduction/withdrawal.

Action: SG

5.3 **Updated Infection Management Guidance**

There have been a number of changes which need to be finalised and agreed with the microbiologists. Ana Alves is working on this. PAMM members to approve the revised guidance virtually before January. **Action: Ana Alves**

5.4 **Alfacalcidol monitoring requirements**

Main points noted:

- SG has looked for national guidance. The UKMI drug monitoring document makes no mention of alfacalcidol, although the SPC clearly states that monitoring of calcium and phosphate levels is expected. NICE guidance around renal disease also mentions monitoring requirements but, not the specific drugs involved.
- SG stated that there is potential for an enhanced service, but no budget to commission.
- GS requested that prescribers should be alerted to the potentials risks with alfacalcidol and that monitoring could be improved.
- SG to bring back for discussion in January regarding proposed monitoring guidance.

Action: SG

5.5 **Prescribing requests for children’s use in care settings, where these items can be purchased over the counter (OTC).**

- GPs have highlighted that some schools are refusing to administer OTC medicines, such as simple analgesia, at a parent’s request without a prescription from a GP. There is no legal requirement for this and it is appropriate for OTC medicines to be given, or authorised, by parents when they consider it necessary. This may be in a home or nursery or school environment.
- A letter from Wessex LMC, in support of this position, was viewed and shared with a view to adopting a similar approach in Somerset.
- RM will raise at next LMC meeting and feedback comments. **Action: RM**

5.6 **Benefits of coding remission of Type 2 diabetes**

A paper on recognising, and accurately coding reversal of Type 2 diabetes was viewed and shared. Some clear benefits of coding remission of diabetes for patients, and the health system were noted. The following comments were noted:

- Coding remission from diabetes could potentially cause issues with lifelong monitoring and, any further screening necessary, despite remission for example, retinal screening – currently the retinal screening service exacts practice data on a monthly basis and calls patients in for monitoring as necessary. If remission is coded then GPs would be unable to identify patients requiring follow up.
- SG to check with Justin Harrington regarding future SNOMED coding.

Action: SG

6

Other Issues

6.1

Management of Hypertension in primary care

Practice level QoF data was shared, showing the percentage of patients with hypertension in whom the last b.p. reading, measured in the last 12 months was below 150/90mmHg. A significant number of practices were below the UK average for this indicator.

Given that hypertension is a significant contributory factor in other diseases, we should be looking to improve this as a health community. A feedback form around the treatment hypertension has been developed as part of SPQS.

A number of recommendations to help practices improve management of hypertension were viewed and noted. These have already been disseminated to practices in the GP bulletin.

6.2

DEXA policy and intervention thresholds and patient decision aid

A revised DEXA scan policy has been issued, in line with the new NICE osteoporosis guidelines. DEXA scans are not routinely commissioned except, in a number clearly defined cases. For example, where 10-year risk of an osteoporotic fracture calculated using FRAX (without a DEXA scan) or QFRACTURE is very close to the treatment threshold.

There is no nationally agreed policy on bisphosphonate 'drug holidays'. The decision to take a treatment break, should be made on an individual assessment of risk vs benefits as per MHRA guidance.

Comments noted:

- Updated NICE Guidance has been circulated to acute trusts / primary care and SG raised with commissioning team and fracture liaison team
- SG raised that NOGG treatment guidance is now out of date
- SG stated that the CCG would not set a threshold for initiation of bone protection in primary care, and that this will be left to clinical judgement and discussion between the GP and the patient.
- Guidance to be circulated in the newsletter

Action: SM

6.3

DVT Treatment Pathway

A number of comments were made, mainly around the formatting of the revised pathway. Members to email comments back to SG who will amend, as appropriate.

Action: SG

6.4

Vocare Patient Group Directions (PGDs) for paramedic use:

A number of PGDs were brought to PAMM for use by Vocare paramedics, nurses and pharmacists for review. The main points to note were:

- CH had reviewed the PGDs in detail and the PGDs were generally considered not to be fit for purpose.
- Members had issues with the presentation, colour and wording – does not

flow easily and difficult to follow.

- Agreed that ,once ready, the PGDs would need to be authorised on behalf of the CCG, by CH, GS and CCG governance lead Debbie Rigby
- LH to consider sharing MIU PGDs with the potential for the Vocare to use.

Action LH

- PAMM members to feedback comments to CH by email and bring back to next meeting.
- CH to let Vocare have all comments and ask them to amend the PGDs and ask them to involve a paramedic in the review as per best practice guidance.

Action: All

Action CH

7 **Formulary Applications**

None

8 **Reports from other meetings**

Feedback

8.1 **Commissioning Locality Feedback**

Nothing to report.

8.2 **COG Feedback**

GS reported DEXA scan policy approved.

Summary

8.3 **Somerset Partnership Mental Health D&TC –Next meeting 05/12/17- No new info**

Nothing to report.

8.4 **YDH D&TC – Last meeting 4/10/17 minutes already reviewed.**

Nothing to report

8.5 **T&ST D&TC – Next meeting 10/11/17 – Minutes not received.**

SG stated that the pain team is trialling lidocaine patches in some patients post rib fracture (unlicensed use). However, this should be inpatient use only, and we should not be seeing it in primary care.

8.6 **BNSSG Joint Formulary Group – no new minutes received**

Nothing to note.

8.7 **BNSSG D&TC — no new minutes received**

Nothing to note.

8.8 **RUH Bath D&TC – Last meetings 17/08/17– Minutes received**

Nothing to note.

8.9 **Weston D&TC – no new minutes received**

Nothing to note.

8.10 **T&S Antimicrobial Prescribing Group – Last meeting 09/08/17 – No new minutes**

Nothing to note.

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

Nothing to note

8.12 **LPC Report**
ML not present.

8.13 **Somerset Medication Safety Network – No new minutes**
Nothing to note

9 **Part 2 – Items for Information or Noting**
Current Performance

9.1 **Prescribing Update**

Main points to note:

- The prescribing budget is currently projected to be £2.3 million overspent.
- Generic shortages are a national issue and NCSO costs have added £1.6M to the projected overspend against prescribing budget. Without these additional costs we would have potentially been in an underspend position. SG has already highlighted to Finance that that the overspend may rise to £3.8M, if generic shortages are not resolved.
- NHS England are retaining the recent savings from category M prescribing.
- PbR excluded drugs – Somerset CCG spend is low compared with other CCGs
- There is now an ongoing expanded programme of work around care home reviews.

9.2 **August Scorecard commissioning locality trend**

Main points noted:

- Baseline of 441 green indicators in April, which had risen to 558 in august
- SG highlighted the 20 worst ranking practices on the scorecard.
- New proposed scorecard indicators discussed; SG to bring back in more detail to next meeting. SG asked PAMM to feedback any other suggestions.

Action SG

9.3 **August Safety spreadsheet**

Noted – nothing new to highlight.

9.4 **Seven day prescribing May to July 17**

Prescribing data discussed and main points noted:

- While most practices are prescribing less than 5% of items as 7 day Rxs, many have seen a rise in 7 day prescribing compared with April 2016
- SG reiterated that community pharmacies should not be requesting 7 day Rxs for monitored dosage system patients
- Data and further guidance on 7 day prescribing to be shared with practices again.

Action: SG

9.5 **Eclipse safety alerts**

Red alerts viewed and noted

10 **Rebate Schemes**

10.1 EthyPharm- Xaggitin- date to be confirmed.

11 **NICE Guidance [October and November 17](#)**

Noted

12 NICE Technology Appraisals

- 12.1** [TA485](#) Sarilumab for moderate to severe rheumatoid arthritis (RA)
SG proposes to commission this from 'day 90'. This will be discussed at SPF, this afternoon. **Action: SG**

13 NICE Clinical Guidance

- 13.1** [CG71](#) Familial hypercholesterolaemia: identification and management
Update noted. Nicotinic acid has been removed from the recommendations.
CH to run a search to see how many patients are prescribed nicotinic acid
Action: CH

- 13.2** [CG165](#) Hepatitis B (chronic): diagnosis and management- Update
Update noted

- 13.3** [NG77](#) Cataracts in adults: management- NEW
Noted

- 13.4** [NG78](#) Cystic fibrosis: diagnosis and management- NEW
Noted

- 13.5** [NG79](#) Sinusitis (acute): antimicrobial prescribing- NEW
Discussed and main points to note:
- Antibiotic recommendations match our formulary recommendations
 - CH to check with Ana Alves whether there are any recommendations not already covered
- Action: CH**

- 13.6** [NG81](#) Glaucoma: diagnosis and management- NEW
Noted

14 Safety Items, NPSA Alerts and Signals

- 14.1** [MHRA Drug Safety Update \(DSU\) October](#)
Noted. LH specifically highlighted the risk of constipation and potentially fatal intestinal obstruction in patients treated with clozapine.
Steve Moore to include the issues raised in this DSU in the next Medicines Management newsletter. **Action: Steve Moore**

15 BNF Changes

- 15.1** [BNF Update October](#)
Noted

16 Any other business

- 16.1** Draft revised prescribing guidance - for stakeholder comment

Guidance talks about seamless transfer of care between care interfaces, particularly in relation to the shared care of patients between secondary care specialists and GPs. The document acknowledges that patients are still sometimes put in a position where they have difficulty obtaining the medication that they need, often due to lack of clarity around prescribing responsibilities.

Discussed and main points noted:

- CH pointed out that clauses in the document that need to be updated within the shared care guidance
- CL raised that it would be good practice to specify a date when shared care agreement is activated
- Await final guidance before finalising shared care guidance. **Action: CH**

16.2 Scorecard indicator suggestions:

- Pen Needles- cost per 100 <£4.10 for green; noted
- Dressings; Noted
- Felodipine switch to amlodipine; Noted

16.3 NUMSAS update

It was noted that 111 services should be directing patients who require an emergency supply of medication to the NUMSAS service and, not out of hours

Date of next meeting:

Wednesday 17th January 2018, Wynford House, Meeting room 2

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

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 15th November 2017				
1	Declarations of interest	HC declarations to be updated to state Hendford Lodge has signed up to the Oasis leg ulcer contract	CH 17th January 2018	Complete
2	De-prescribing antidepressants guidance	SDB to bring guidance to the next meeting	Steve DuBois 17th January 2018	Bring to January meeting
3	Traffic light status of ALAI & PP3M and inclusion in shared care arrangement	Update antipsychotic shared care guideline to incorporate these products	CH/ Sompar 17th January 2018	Bring to January meeting
4	Over medication of patients with learning disabilities	SG to work on guidance for GPs on how to reduce antipsychotic use with LD specialists	Shaun Green 17th January 2018	Ongoing
5	Updated infection management guidance	AA to share latest version virtually with PAMM members for approval	Ana Alves 17th January 2018	Complete
6	Alfacalcidol monitoring requirements	SG to bring back proposed monitoring guidance to next meeting for discussion	SG 17th January 2018	On Agenda
7	Prescribing requests for OTC medications for children's use in care settings	RM to share Wessex LMC letter with Somerset LMC and feedback comments at next meeting	RM 17th January 2018	Ongoing

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
8	Diabetes Benefits of coding remission in type 2 diabetes	SG to check with Justin Harrington appropriate SNOMED coding to use	SG 17 th January 2018	Ongoing
9	DVT Treatment Pathway	SG to review comments from PAMM members and amend the pathway as appropriate	SG 17 th January 2018	On Agenda
10	Seven day prescribing May to July 17	SG to share data and guidance with practices	SG 17 th January 2018	Complete
11	Vocare Patient Group Directions (PGDs) for paramedic use	LH to consider sharing MIU PGDs with the potential for Vocare to use. CH to share PAMM comments with Vocare and ask them to amend PGDs / include a paramedic in the review	LH, 17 th January 2018 CH 17 th January 2018	Complete
12	NICE Technology Appraisals <u>TA485</u> Sarilumab for moderate to severe RA	SG to update RA pathway with additional treatment approved	SG 17 th January 2018	Complete
13	NICE Technology Appraisals <u>CG71</u> Familial hypercholesterolaemia: identification and management- update noted	CH to run a search to find out how many patients in Somerset have been prescribed Nicotinic acid in the last 6 months	CH 17 th January 2018	Complete
14	<u>NG79</u> Sinusitis (acute): antimicrobial prescribing- NEW	CH to check with AA if antimicrobial guidance is in line with the new recommendations	CH 17 th January 2018	Complete
15	Formulary changes	None this month	N/A	
16	Any other business – Prescribing guidance	CH to review final guidance before finalising shared care guidance	CH 17 th January 2018	Awaiting National Guidance
17	Newsletter	Article on DEXA policy, intervention thresholds and patient decision aid Articles flagged in MHRA drug safety update October 2017: <ul style="list-style-type: none"> Methylprednisolone injectable medicine containing lactose (Solu-Medrone 40 mg): do not use in patients with cow's milk allergy Gabapentin (Neurontin): risk of severe respiratory depression; Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido 	Steve Moore Quarterly	Complete