

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 3, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 21st February 2018.**

Present:	Dr Toby Burne (TB)	CLICK Representative
	Dr Helen Cotton (HC)	South Somerset Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve Dubois (SDB)	Somerset Partnership Chief Pharmacist
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Catherine Henley (CH)	Locality Medicines Manager
	Gordon Jackson (GJ)	Lay Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative,
	Sam Morris (SM)	Locality Medicines Manager
	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Zoe Talbot-White (ZTW)	Secretary
Apologies:	Dr Adrian Fulford (AF)	Taunton Representative
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr James Nicholls(JN)	GP, West Mendip Representative
	Dr Robert Munro (RM)	LMC Representative

1 Introductions:

None for this month

2 Apologies for absence:

GS welcomed everyone to the meeting and apologies were provided as detailed above.

3 Declarations of interest

DD- Dunster and Porlock surgery have now merged.
 CL- No longer Member of Bridgwater Bay Federation Executive Committee.
 GS- No longer Somerset CCG Governing Body GP.
 HC- Conflict of interest with item 6.4.

4 Minutes of the meeting on 17th January 2018

4.1 Agreed as an accurate record of the meeting.

4.2 Review of Action points

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

Action 2: On hold. Once the national guidance has been published and SomPar have appointed a replacement for Mal Patel (specialist clinical pharmacist) this can be resumed.

Action 3: Rob Munro not present. This is to be discussed at March PAMM

Action 7: GS has approached RuH about being able to access blood test results for GPs not in the Mendip area. It is possible but it may not be the best option. HC suggested that the blood test results are put in the letters as a standard. The Southmead letter is a good example of this happening.

HC to share an anonymised good example of a letter with SH. **Action: HC**

Write to renal team at each hospital asking for blood test results to be included in the letter and follow layout of the good example letter. **Action: SG**

Raise issue with IM&T strategy group. **Action: SG**

Action 17: Share reply from YDH and discuss at SPF in March. **Action: SG**

Action 18: Share with PAMM members. **Action: ZTW**

Action 19: CH checked the document and this had already been completed.

Action 20: LPC will share minutes from meetings in the future.

Action 25: The budget allocation won't be discussed until April/May. This will be brought back to the meeting when more information is available.

Action 26: Only 4 GP practices out of 70 are signed up to the smoking cessation enhanced service. The other 66 practices should not prescribe NRT. If there are gaps in providers some practices may still be asked to prescribe Champix. Concern was raised around prescribing Champix for patients with severe mental health problems or suicidal ideas. SG informed the group that there is less evidence of this being an issue although the licensing has not been changed to include this. Pharmacists cannot use a PGD to supply to this cohort of patients so they will be referred back to the GP to consider off-license prescribing.

Add article to newsletter as a reminder to the 66 practices that they should not be prescribing NRT. Also to remind GPs that they do not have to prescribe off-license Champix to patients with severe mental health problems or suicidal ideas just because they have been asked to as they have the personal medicolegal responsibility.

Action: Steve Moore

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5

Matters Arising

5.1

Audit on antipsychotic prescribing in people with learning disabilities

Audit included all patients in the LD service in June 2017 co-prescribed an antipsychotic. Sunil Ram was the audit lead and the clinical audit team carried out the audit. Total caseload during this time is not confirmed but SDB thinks it was in the region of 250-300 patients.

SDB summarised the results to the group.

Overall appears to be quite good compliance rates. Individual side effects or physical health monitoring markers are reasonable in compliance but lower than ideal at 41%. The issues have been identified and are being worked on. Unclear if indication of medication was appropriate and so SDB has asked for secondary analysis of the data.

SDB has raised issues with Sunil and Tony Walker (Service Director) around the need for further analysis of the use of unlicensed medication to establish if licensed drugs were the first consideration and that the audit data appears to show some drugs and indications don't fit with the NICE guidance.

SG asked SDB to clarify the compliance rates on page 10 as the criteria can be interpreted in different ways.

Find out answers for SG and bring to March PAMM.

Action: SDB

SG ran an eclipse live search and has identified 305 patients with LD on antipsychotics without an indication of psychosis. This shows a large cohort of patients in primary care that aren't under care of SomPar. This is an area of concern.

Historically less than half of GP practices signed up for the LD enhanced service.

Source list of GP practices signed up to LD enhanced service.

Action: SG

Ask commissioners of the LD enhanced service to provided data on the total number of patients that could be covered by the service.

Action: SG

Concern was raised that the LD review isn't explicit in structure however TB recommended the EMIS template as it is very extensive and comprehensive.

- 5.2 Draft single SCG for DMDs**
CH has had lots of feedback and is collating comments.
This will be brought back in March. **Action: CH**
- 5.3 Draft PGD: Supply of silver sulfadiazine 1% cream for impetigo by community pharmacists**
This is currently waiting for approval by microbiologist Dr Bob Barker.
The document has already been approved by PAMM so doesn't need to be brought back.
- 5.4 2018-2019 Flu Vaccine update**
JCVI has issued guidance that GP practices and community pharmacy should offer:
- The adjuvanted trivalent vaccine (aTIV) for all 65s and over. Given aTIV was only licensed for use in the UK in August 2017, this was not an option for the 2017/18 season. However the JCVI advice is that this is now the best option for 2018/19 for 65+ age group
 - The quadrivalent vaccine (QIV) for 18 – under 65s at risk. In light of an independent cost-effectiveness study into QIV undertaken by Public Health England and considered by JCVI, the Green Book was updated in October 2017 to provide the advice that QIV is the best option for 18-65 at-risk groups in the 2018/19 season. It is also used for the childhood programme.
- Suppliers have confirmed that there will be enough vaccines to meet demand. However SG has asked public health to provide all CCG's with a risk strategy.
- The increase in cost to Somerset CCG is approximately £0.5million however NHS England has stated that that there will be additional funding available in 2018/19, to support use of adjuvanted trivalent vaccine and quadrivalent influenza vaccine.
- All PAMM representatives should check they have received this correspondence and filter down to other colleagues. **Action: All**
- 5.5 Budget for SomPar dressings service**
Historically the budget was top sliced to set up ONPOS. Spend was reconciled at the end of each year, so the service has always been underspent.
The budget has now been put into the SomPar baseline. This means that under/over spend can no longer be identified which has removed the opportunity to expand the service.
Concern was raised that this happened without PAMM consulting on the matter.
- 5.6 Updated antipsychotic SCG**
Amended the Antipsychotic SCG to explicitly include long acting injections as well as oral medication so this should now be compliant with the CQUIN target which is about ensuring that all patients prescribed antipsychotics are offered the relevant health checks.

- 6 Other Issues**
- 6.1 DoH: Availability of gluten-free foods on NHS prescription consultation outcome**
Following its consultation on the availability of gluten-free foods on NHS prescription, the government has decided to restrict gluten-free prescribing to bread and mixes only. The majority of consultation responses were in favour of this.
The coeliac society has recommended that gluten-free bread and bread mixes be put back on the formulary.
Somerset CCG followed due process with the removal of all gluten-free products from the formulary. The Somerset CCG currently has a £30million deficit and feels that re-investing in gluten-free bread and bread mixes isn't a high priority, given the other needs of the population. It was recommended that PAMM maintain the non-formulary position for all gluten-free products, still allowing clinical freedom for GPs to prescribe.
-Approved
Share the decision PAMM has made with practices. **Action: SG**
- 6.2 NHS England Improving physical healthcare for people living with severe mental illness (SMI) in primary care: Guidance for CCGs**
The life expectancy for people with SMI is 15–20 years lower than the general population. Individuals with SMI are not consistently being offered appropriate or timely physical health assessments despite higher risk of poor physical health.
CCGs have a delegated responsibility to improve physical healthcare for people with SMI in line with their legislative duties for addressing equalities and health inequalities.
CCGs' responsibility to improve the quality of physical healthcare for people with SMI is one important part of a broader commitment across STPs to reduce premature mortality and address health inequalities.

SG has raised this with leadership. There are gaps in the service and issues with staffing levels and service demand.
Somerset CCG shared care guideline is good with regards to the drugs and monitoring but not aligned on monitoring physical health of the patient. There is also some question around primary care accepting these patients.
-Noted
- 6.3 YDH Bridging protocol**
The YDH bridging protocol has been updated; The DOAC table has been clarified with extra information regarding the number of doses to be omitted, Simon Davies (original author) has approved the amendments.

This guidance should mirror MHP guidance, unsure if that is yet the case. Check YDH & MPH guidance is the same. If the DOAC table differs between them ask MPH to align with YDH. Also ask that the trusts include in the document that EMIS can be used to calculate the creatinine clearance.
Action: CH
Take to March SPF. **Action: CH**
Share screenshots of how to use the creatinine clearance calculator on EMIS. **Action: CH**

Once the documents have been aligned ask MPH & YDH to consider the addition of guidance for colonoscopy and endoscopy. **Action: CH**
Add YDH & MPH guidance to the website once aligned. **Action: ZTW**

6.4 Blood glucose monitoring systems

RMOC initial statement was considered however like most CCGs it was considered flawed and unaffordable as referring patients into secondary care would add an additional cost and capacity issue.

There has since been additional letter which came out on 30th Jan not only pushing libre but also pushing CGM – However the Somerset position is fully evidence based and cost effective.

-Noted

Restricted patient criteria remains.

HC informed PAMM that although some blood glucose monitoring machines link to carb counting apps the machines that can carb count are easier to use for patients.

Find and distribute a list of carb counting machines that are used with low cost formulary test strips.

Action: CH

7 Scorecard indicator suggestions

7.1 Proposed audits 2018-19

1. Antibiotic Prescribing audit – Mandatory for practices
2. Scorecard Indicator Performance – Mandatory for practices (Include an expectation that an improvement of two indicators will be achieved within 6 months)
3. Analgesia and non-cancer pain management
4. Osteoporosis (Non SPQS practices only)
5. Triple Therapy in COPD
6. SIP and BABY Feeds
7. AF

GS also suggested a Hypnotics audit.

-Suggestions approved

8 Formulary Applications

8.1 None this month

9 Reports from other meetings

Feedback

9.1 Commissioning Locality Feedback

South Somerset – HC – Nothing to report

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 – Apologies sent

West Mendip – JN – Apologies sent

North Sedgemoor – No representative

- 9.2 COG Feedback**
Dementia diagnosis guideline should have been submitted to PAMM for approval before being submitted to COG. It was not shared with the full SomPar group either.
Bring to March PAMM and share with SomPar. **Action: SG**

Summary

- 9.3 Somerset Partnership Mental Health D&TC – Next Meeting 13/03/18**

- 9.4 YDH D&TC – Awaiting further information about the new committee**

- 9.5 T&ST D&TC – Last meeting 9/02/18- Minutes not received**

CH attended. TST are putting out another message to prescribers of Lidocaine plasters to ask them to only prescribe for post hepatic neuralgia. A small group of prescribers are trialling the use for post rib fractures and they are gathering data and will then make decision on prescribing for this cohort of patients.

- 9.6 BNSSG Joint Formulary Group – Last meeting 16/01/18 – Minutes received**

Co-enzyme Q10 was approved but remains non-formulary in Somerset.

- 9.7 BNSSG D&TC — No new minutes received**

CH received last night. Noticed usage of lidocaine plasters going up and are looking in to it.

- 9.8 RUH Bath D&TC – Last meetings 14/12/17, 11/01/18 & 08/02/18 – December Minutes received**

Nothing to note

- 9.9 Weston D&TC – Last meeting 11/01/18 – Minutes not received**

- 9.10 T&S Antimicrobial Prescribing Group – Last meeting 14/02/18 – Minutes not received**

- 9.11 Somerset Antimicrobial Stewardship Group – Next meeting not scheduled**

- 9.12 LPC Report**

ML not present. LPC minutes will be reviewed for future meetings.

- 9.13 Somerset Medication Safety Network – Next meeting not scheduled**

Part 2 – Items for Information or Noting

- 10 Current Performance**

- 10.1 Prescribing Update**

- EoY forecast estimated at £79,459,414 against the allocated GP prescribing budget of £77,828,040.
- Dec 2017 position represents an overspend forecast of £1,631,374 on the revised budget.
- Up to Nov 2017 £873,000 of savings by switching from Lyrica to pregabalin against a CCG target of £500,000.
- NCSO carries a risk which could rise as high as £3.8M. Nov NCSO costs have added £2.4M to the GP prescribing budget. Without these additional costs the CCG prescribing budget would be significantly under budget.
- CCG is now being charged a monthly additional fee to cover the additional category M reductions. As of Nov 17 this additional charge stood at £373k

- The Somerset CCG prescribing scorecard continues to show month on month improvement in the number of practices achieving green indicators -April 17 baseline 441, Nov 17 615 green indicators.
- 2587 care home patients out of an estimated 4635 have been reviewed once this year and 59 patients have had a second review. Delivering over £223,000 of prescribing savings at a pharmacist cost of just over £56,500 and identified 912 quality and safety interventions of which 222 were deemed serious enough to have prevented an admission.
- Steve Moore has taken on the responsibility as the CCG medicines safety officer and will be linking with other provider MSOs.
- Both Acute trusts within Somerset have completed good implementation of biosimilar Rituximab at a significant cost discount to the originator brand, Somerset trusts are now planning for the launch of biosimilar adalimumab due in Oct 18, early implementation of which will bring savings to the Somerset healthcare community.

-Noted

Discussed overspent practices.

HC has a good system in place at Hendford and Abbey with the POD screening team and has offered to help overspent surgeries adopt a similar system.

Contact Helen Spry to offer a meeting for some of the more overspent practices with POD staff at Hendford Lodge, as offered by HC, to see whether they might want to adopt some of the good practise there.

Action: ZTW

10.2 **November Scorecard commissioning locality trend**

Noted a good improvement in indicators.

10.3 **November Safety spreadsheet**

Spreadsheet now includes safety information for Ulipristal.

-Noted

11 **Rebate Schemes**

11.1 Onglyza 5mg & 2.5mg (Sitagliptin), AstraZeneca, commenced 01/01/18

-Noted

12 **NICE Guidance February 18**

13 **NICE Technology Appraisals**

13.1 [TA160] Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women.

Update the title and guidance have been updated to reflect the current recommendations. Guidance on strontium ranelate and etidronate have been removed because these drugs are no longer marketed in the UK.

-Noted

13.2 [TA161] Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women.
Update the title and guidance (section 1) have been updated to reflect the current recommendations. Guidance on strontium ranelate and etidronate have been removed because these drugs are no longer marketed in the UK.

-Noted

- 13.3** [TA464] Bisphosphonates for treating osteoporosis.
Update this guidance partially updates NICE TA guidance on raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women (TA160) and on raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (TA161).
-Noted
- 14** **NICE Clinical Guidance**
- 14.1** [NG82] Age-related macular degeneration -New
-Noted
NICE has stated that the evidence base for off-license use of Avastin is just as good as the evidence base for the on-license use of the others.
There are CCGs in the North that have moved to using Avastin and they have a judicial review pending brought by Pfizer. Awaiting outcome.
- 14.2** [NG83] Oesophago-gastric cancer: assessment and management in adults -
New
-Noted
- 14.3** [NG84] Sore throat (acute): antimicrobial prescribing -New
-Noted
Antimicrobial guidance has been updated according to this guidance.
- 14.4** [NG85] Pancreatic cancer in adults: diagnosis and management -New
-Noted
- 15** **Safety Items, NPSA Alerts and Signals**
- 15.1** MHRA Drug Safety Update February
-Noted
- 15.2** NHS PSA: Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders
-Noted
SomPar have an action plan to review all cylinders in the trust.
- 15.3** CAS: Esmya (ulipristal acetate) for uterine fibroids: monitor liver function in current and recent users; do not initiate treatment in new users or those between treatment courses
-Noted
- 16** **BNF Changes**
- 16.1** BNF Update January
-Noted
- 17** **Any other business**
- 17.1** **NHS National Institute for Health Research: Reversal of Diabetes**
NIHR Signal have published research that shows type 2 diabetes can be reversed with very low-calorie diet. SG has raised this with the diabetes group.

17.2 NICE board meeting

TB asked if a member of the medicines management team will be attending the NICE board meeting in Yeovil. SG has applied for a seat.

17.3 ABX data

GS highlighted the good performance with ABX data in Somerset. Lowest in the region and 5th lowest in UK. Great success.

17.4 Catheter Trays

CH informed PAMM that catheter trays are now being promoted by SomPar nurses holding promotional days.

Catheter trays remain non-formulary in Somerset.

Internally review proposed training days for non-formulary catheter trays.

Action: SDB

**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 February 2018				
1	Inclusion of ALAI & PP3M in shared care arrangement	Update antipsychotic shared care guideline to incorporate these products	SomPar/ Catherine Henley	Complete
2	Prescribing requests for OTC medications for children's use in care settings	<ul style="list-style-type: none"> LMC to talk to Wessex LMC for permission to use letter. LMC to create a standard letter for parents to give to the school. 	Rob Munro 14th March 2018	
3	Alfacalcidol Monitoring Guidance	<p>Share an anonymised good example of a letter with SH.</p> <p>Write to renal team at each hospital asking for blood test results to be included in the letter and follow layout of the good example letter.</p> <p>Raise issue with IM&T strategy group.</p>	Helen Cotton 14th March 2018 Shaun Green 14th March 2018	Complete Complete
4	ACS Atorvastatin	Share reply from YDH and discuss at SPF in March.	Shaun Green 14th March 2018	Complete
5	Supply of vitamins to patients post bariatric banding	Share information with PAMM members.	Zoe Talbot-White 14th March 2018	Complete
6	Audit on antipsychotic prescribing in people with learning disabilities	<ul style="list-style-type: none"> Find out answers for SG questions and bring to March PAMM. Source list of GP practices signed up to LD enhanced service. Ask commissioners of the LD enhanced service to provided data on the total number of patients that could be covered by the service. 	Steve Du Bois 14th March 2018 Shaun Green 14th March 2018	Complete
7	Draft single SCG for DMDs	This will be brought back in March.	Catherine Henley 14th March 2018	On agenda
8	2018-2019 Flu Vaccine update	All PAMM representatives should check they have received this correspondence and filter down to other colleagues.	All 14th March 2018	
9	DoH: Availability of gluten-free foods on NHS prescription consultation outcome	Share the decision PAMM has made with practices.	Shaun Green 14th March 2018	Complete
10	YDH Bridging protocol	<ul style="list-style-type: none"> Check YDH & MPH guidance is the same. If the DOAC table differs between them ask MPH to align with YDH. Also ask that the trusts include in the document that EMIS can be used to calculate the creatinine clearance. Take to March SPF. Share screenshots of how to use the creatinine clearance calculator on EMIS. 	Catherine Henley 14th March 2018	On agenda Complete

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
		<ul style="list-style-type: none"> Once the documents have been aligned ask MPH & YDH to consider the addition of guidance for colonoscopy and endoscopy. Add YDH & MPH guidance to the website once aligned. 	Zoe Talbot-White 14th March 2018	
11	Blood glucose monitoring systems	Find and distribute a list of carb counting machines that are used with low cost formulary test strips.	Catherine Henley 14th March 2018	Complete
12	Dementia diagnosis guideline	Bring to March PAMM and share with SomPar.	Shaun Green 14th March 2018	On agenda
13	Overspent practices	Contact Helen Spry to offer a meeting for some of the more overspent practices with POD staff at Hendford Lodge, as offered by HC, to see whether they might want to adopt some of the good practise there.	Zoe Talbot-White 14th March 2018	Complete
14	Catheter Trays	Internally review proposed training days for non-formulary catheter trays.	Steve Du Bois 14th March 2018	
15	Newsletter	<ul style="list-style-type: none"> Add article to newsletter as a reminder to the 66 practices that they should not be prescribing NRT. Also to remind GPs that they do not have to prescribe off-license Champix to patients with severe mental health problems or suicidal ideas just because they have been asked to as they have the personal medicolegal responsibility. Add De-prescribing antidepressants guidance to newsletter. Add DVT pathway to newsletter. Add list of Items which should not routinely be prescribed in primary care (from consultation) to newsletter. Compile useful information and data around Regional drug and therapeutics centre (Newcastle) Cost comparison charts August 2017 into a bitesize newsletter article. Included changes to SCG of antipsychotics and lithium in newsletter. Add article to newsletter highlighting the Palliative care pharmacies in the area. 	Steve Moore Quarterly	
16	Formulary	None this month		
17	Traffic Lights	None this month		