

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 20th March 2019.**

Present:	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Dr Toby Burne (TB)	CLIC Representative
	Dr Helen Cotton (HC)	South Somerset Representative
	Gareth Crawley (GC)	LPC Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Catherine Henley (CH)	Medicines Manager, CCG
	Gordon Jackson (GJ)	Lay Representative
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
Apologies:	Stewart Brock (SB)	Public Health Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SBD)	Somerset Partnership Chief Pharmacist
	Liz Harewood (LH)	Somerset Partnership Deputy Chief Pharmacist
	Emma Waller (EW)	LPC Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Gareth Crawley was introduced to the group as the LPC representative in the absence of Emma Waller.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Prescribing and Medicines Management Group received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

The Prescribing and Medicines Management Group noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

- 3.1 Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the

discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Prescribing and Medicines Management Group.

The following specific interests in relation to the agenda were reported:

- All GPs have an interest in the incentive scheme being discussed during item 5.3 Proposed scorecard indicators for 2019/20. No action needed.
- All GPs have an interest in the incentive scheme being discussed during item 5.4 DRAFT Prescribing and Quality Incentive Scheme 2019/20. No action needed.
- HC is a Freestyle Libre® user, so has an interest in the NHS England – Flash Glucose Monitoring being discussed during item 7.2. Helen will not be able to vote if necessary for this item.

4 MINUTES OF THE MEETING HELD ON 13th February 2019

4.1 The Minutes of the meeting held on 13th February 2019 were agreed as a correct record.

4.2 Review of action points

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

3. Minor ailments scheme – This will be removed from the action log and brought back to PAMM when complete.

6. YDH Medicines Committee meeting – There is no funding for a GP to attend however it was suggested that perhaps a GP from a Symphony practice or Kathryn Patrick (Medical Director) could attend.

Ask Kathryn Patrick if she would be able to attend or send a Symphony GP representative to the meetings.

Action: HC

Other. Sam Hayward attendance – Find out when Sam Hayward is due to attend PAMM and present about contraception.

Action: ZTW

5 Matters Arising

5.1 Falsified Medicines Directive- update

- PJ informed PAMM that Germany have been implementing FMD for around 2 years and in that time have only identified one pack of falsified medicines.
- There is concern that if the UK leaves the EU with no-deal and is therefore unable to implement FMD, it will make us more susceptible to falsified medicines.

-Keep on agenda.

5.2 **Alfentanil Shared Care Guideline**

- The original guideline has been added into the standard template.
- As alfentanil is a palliative care drug the dose is likely to change so it can be difficult to supply as shared care.
- The numbers are very small and it does allow patients to receive the necessary medication at a very difficult time.

-Approved

Add alfentanil shared care guideline to website.

Action: ZTW

5.3 **Proposed scorecard indicators for 19/20**

- Clarified how the reducing opiate prescribing indicator will be measured (ADQ/1000 astroPU<45 or has reduced by 10% - excluding injectables).
- Increased BGTS indicator to £9.25 as this allows for inclusion of a glucose & ketone meter.

-Approved

5.4 **DRAFT Prescribing and Quality Incentive Scheme 19/20**

- Audits have been removed from the incentive scheme as Somerset is moving to QOF and this contains alternate audits.
- Tiered approach to incentive achievement.

-Approved

6 **Other Issues for Discussion**

6.1 **Prescribing Budget Setting Process**

- The same process is being used from the past few years.
- Public Health did a review and found no link between deprivation and prescribing levels. However a 3% deprivation allowance has been accounted for in the budget.
- Next year the budget could be split by Primary Care Network rather than individual practice.
- PAMM would like the evidence for deprivation and the budget setting process to be reviewed for next year.
- PAMM would also like the exceptional drugs list to be reviewed in more detail for next year.
- PAMM queried the suitability of section 2.2.11 'Somerset CCG has a small number of complex patients with Epidermolysis Bullosa. These patients incur prohibitive dressing costs in excess of £20,000 per year per patient. Dressing costs for such patients will be removed from normal reporting of practice budget spend.' They felt that there may be other conditions that result in similarly high cost prescribing. This section may be reworded if other relevant examples can be found but the additional money will be taken from the budget.

6.2 Primary Care Networks

- Discussion is still ongoing around the split of networks across the county.
- There is a shortage of pharmacists in the South West so it may be difficult to fill all of the posts.
- PAMM representation will need to be re-evaluated once PNCs are in place to ensure current representation is suitable.
- There is concern that PCNs will create silo working but they will be encouraged to work jointly with other PCNs.
- Smaller networks may choose to work under one larger 'federation'.

6.3 Brexit Medication Supply

- There are currently many supply issues irrespective of Brexit.
- Contingencies are in place for Brexit e.g. new warehouses have been built in the South to hold stockpiles of medication.
- There is little we can do about the medication supply issues as a CCG.
- The Medicines Management team will continue to update GPs about medication supply issues and appreciate being informed about any new issues.
- NHS England is monitoring hospital medication ordering and stock levels to ensure they aren't stockpiling.
- The CCG recommend 28 or 56 days prescribing rather than 84 days prescribing.
Add article to newsletter around this recommendation.

Action: Steve Moore.

- 28 days should be prescribed over a pack size of 30 as there is no cost benefit to prescribing a whole pack.
Add article to newsletter around this.

Action: Steve Moore.

7 Other Issues for Noting

7.1 Controlled Drugs in EPS – National roll out

- EMIS were running behind but have now caught up with other systems.
- The first practice in Somerset will go live next week.
- Practices should let their local pharmacies know the date they will go live.
- Methadone prescriptions will be excluded from EPS.

-Noted

7.2 NHS England – Flash Glucose Monitoring: National Arrangements for Funding of Relevant Diabetes Patients

- A national criteria and funding information has been issued.
- Somerset CCG will receive £364,784 funding for 20% of type 1 patients (539).
- SG is expecting around 50% of patients will fit the criteria.
- There is concern that the amount of testing for some patients will increase to allow them to fit the criteria.
- The national criteria will be adopted for patients that don't fit the Somerset CCG criteria.

-Approved

8 Additional Communications for Noting

8.1 Stroke in Dementia Patients Prescribed Anti-psychotics

- The national data shows that Somerset is not benchmarking well for Stroke in Dementia Patients Prescribed Anti-psychotics.
- Encourage practices to provide the enhanced service.
- Practices are highlighting use outside of the shared care guidelines. This is likely to be due to limited capacity within SomPar and GPs struggling to deprescribe. SBD will follow this up within SomPar.

-Noted

Add this topic to the November agenda for Prescribing Leads. **Action: SG**

9 Formulary Applications

9.1 Bunov[®] (buprenorphine hydrochloride) 7-day transdermal patches, Cactusrx - iQ Pharma Ltd – Glenmark Pharma Ltd.

4x5mcg/h £5.54, 4x10mcg/h £9.94, 4x20mcg/h £18.10

PAMM queried if all strengths of Bunov[®] are bioequivalent to BuTec[®] as it only specifics the 20mcg strength.

Find out if all strengths of Bunov[®] are bioequivalent to BuTec[®]. **Action: CH**

If all strengths are bioequivalent PAMM approve.

Add to formulary and TLS **Green**.

Action: Daniela Wilson & ZTW

9.2 Soprobec[®] (beclometasone dipropionate) MDI, Glenmark Pharma Ltd.

1x 50mcg £2.78, 1x 100mcg £5.57, 1x 200mcg £12.13, 1x 250mcg £12.22

Cost effective alternative to Clenil[®].

Approved add to formulary and TLS **Green**. **Action: Daniela Wilson & ZTW**

10 Reports From Other Meetings Feedback

10.1 Commissioning Locality Feedback

South Somerset – HC – Nothing to report

West Somerset – DD – Not present

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Nothing to report

Taunton – AF – Nothing to report

Chard, Crewkerne, Ilminster and Langport – TB – One of the local care homes has had training from SWAST to use NEWS2 for patients with UTIs. They are having teething problems but it has likely reduced calls to the GP. Michelle Bell is trying to roll this out to other care homes. GS informed PAMM that there is a NEWS2 app available.

East Mendip – PJ – Nothing to report

West Mendip – JN – Nothing to report

North Sedgemoor – No representative

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 6/03/19

Nothing to note

10.3 Somerset Partnership Mental Health D&TC – Last Meeting 12/03/19 – Minutes not received

CH attended and informed PAMM that SomPar have completed another antipsychotics audit. This will come to PAMM when finalised.

10.4 YDH Medicines Committee meeting – Last meetings 30/11/18 & 18/01/19 – November Minutes received

Nothing to note

10.5 MPH D&TC – Next meeting 10/05/19

10.6 BNSSG Joint Formulary Group – Last meeting 26/02/19 – Minutes not received

BNSSG discussed rewording the Liothyronine prescribing in primary care guidance to give more clarification and the funding of Freestyle Libre[®].

10.7 BNSSG D&TC — Last meeting 30/01/19 – Minutes not received

10.8 RUH Bath D&TC – Last meetings 10/01/19 – Minutes received

Nothing to note

10.9 Weston D&TC – Last meeting 17/01/19 – Minutes received

Nothing to note

10.10 T&S Antimicrobial Prescribing Group – Last meeting 13/02/19 – Minutes not received

10.11 LPC Report

GC informed PAMM of current LPC work streams:

- Trying to improve the minor ailments scheme.
- Somerset has requested to be part of the next phase of the Digital Minor Illness Referral Service (DMIRS) pilot. This would allow a GP practice to digitally refer a patient to a pharmacy.
- Supporting NHS digital to increase EPS & ERD knowledge across Somerset.
- Very involved with the neighbourhood development board and NAPC to get the Primary Care neighbourhoods up and running. The LPC already have some champions in the area.

PJ asked how many pharmacies are fully complying with FMD in Somerset. GC confirmed that currently Superdrug is the only fully compliant pharmacy.

10.12 Somerset Medication Safety Network – Next meeting: TBC

10.13 RMOC recommendations and resources

Regional Medicines Optimisation Committee newsletter issue 2 2019 viewed and noted.

Ana Alves will share end of year position for antimicrobials at the Prescribing Leads meeting in May.

11 Current Performance

11.1 Prescribing Update

SG informed PAMM of the following information on progress relating to Prescribing and Medicines Management:

- The national forecasting model has been changed.
- Forecast overspend for end of year is around £2million.
- NCSO is still increasing GP prescribing costs.
- Nationally an agreement has been reached with Community Pharmacy representatives to raise Category M reimbursement prices by £10 million per month from 1st April. SG has raised this with finance.
- Good work continues in Primary Care however the scorecard improvement rate has slowed.
- Nationally there is a high focus on medicines safety. Somerset is doing well in this area and is improved with the use of eclipse.
- Hoping to keep the sessional team budget and make sure that the work streams aren't duplicated within the PCNs.
- The CVD programme group is to be relaunched.

GS asked if this report goes to CEC. SG confirmed that it only comes to PAMM.

11.2 December Scorecard commissioning locality trend

-Noted

Progress has slowed this month but over the year it has been good.

11.3 December Safety spreadsheet

-Noted

Steve Moore has updated the Valproate section of the spreadsheet to only include the number of women of child bearing age.

One practice has shared feedback from a Taunton epilepsy nurse that they weren't in a position to see the patient and get the form signed. SG has raised this through the directorate, as TST have confirmed that they are compliant with the MHRA alert.

12 Rebate Schemes

12.1 None yet this month

13 NICE Guidance March

- 14 NICE Technology Appraisals**
14.1 None yet this month
- 15 NICE Clinical Guidance**
15.1 [NG121] Intrapartum care for women with existing medical conditions or obstetric complications and their babies
 -Noted
- 15.2 [CG103] Delirium: prevention, diagnosis and management**
 Update: removed the use of olanzapine for the treatment of delirium in people who are distressed or considered a risk to themselves or others.
 -Noted
- 16 Safety Items, NPSA Alerts and Signals**
16.1 MHRA Drug Safety Update February
 -Noted
- 16.2 PSA – Updated January 2019**
Resources to support the safe adoption of the revised National Early Warning Score (NEWS2)
 -Noted
 TB mentioned that the Paediatric Early Warning System (PEWS) and Paediatric Observation Priority Score (POPS) are similar systems.
 Add POPS and PEWS to agenda for next meeting. **Action: ZTW**
- 17 BNF Changes**
17.1 BNF Update February 19
 -Noted
- 18 Any Other Business**
18.1 DTB podcast
 TB informed PAMM that the March DTB podcast mentions the Direct study which involves a low calorie diet and dieticians speaking to diabetics about weight management.
 Many patients went into remission showing that this option is as cost effective as expensive diabetic drugs.
- 18.2 Red Drugs on EMIS**
 A patient was admitted to hospital and didn't have the red drug on their PMR. This meant they didn't get the medication prescribed when they went into hospital.
 It would be useful if Secondary Care could send out annual reminders to Primary Care when a patient is on a red drug.
 SomPar will highlight at the top of the letter if a red drug needs adding to a PMR.
 Reissue guidance for adding red drugs to PMRs. **Action: SG**

18.3 PAMM Chair

SG thanked Geoff Sharp for all of his hard work over the years as PAMM chair.

SG also thanked Catherine Lewis as she will be taking over the role of PAMM chair from April.

DATE OF NEXT MEETINGS

10th April 2019, MR2 Wynford House

8th May 2019 (SPF following), MR2 Wynford House

12th June 2019, MR2 Wynford House

17th July 2019 (SPF following), MR2 Wynford House

11th September 2019 (SPF following), MR2 Wynford House

9th October 2019, MR2 Wynford House

13th November 2019 (SPF following), MR2 Wynford House