

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 10th April 2019.**

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

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

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.

There were no declarations of interest relating to items on the agenda. However the meeting was not quorate so all decisions will be sent out to members for virtual approval.

4 MINUTES OF THE MEETING HELD ON 20th March 2019

4.1 The Minutes of the meeting held on 20th March 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:

Action 1: Falsified Medicines Directive – This will be removed from the action log until there is any new information.

Action 2: YDH Medicines Committee meeting – Carry forward to May meeting.

Action 3: Sam Hayward attendance - Sam is not yet ready to present but he will let us know when he is. Possibly June meeting.

Action 6: Bunov[®] 7-day transdermal patches – Awaiting feedback from Glenmark, carry forward to May meeting.

5 Matters Arising

5.1 Prescribing budget setting exceptional drugs list

- The prescribing budget exceptional drugs list is searched for by paragraph in the BNF on ePACT.
- This is the most pragmatic way at present but there are flaws.
- PAMM would like it to be set by prevalence now that QOF is being restarted; however the useable data to allow this is around 2 years away. It will remain the same for this year but it will be re-assessed next year as the budget may be set differently within the PCNs -Approved virtually.

5.2 Primary Care Networks

- The CCG are waiting for applications to be submitted.
- PCNs may form around practice relationships.
- The medicines management team will try to align with the work streams of the PCNs.
- Public Health is looking to form neighbourhoods, these differ from PCNs.
- It seems essential that PCNs and neighbourhoods align but this is outside of PAMMs remit.
- PH is waiting for PCN boundaries to be formed and then will form neighbourhoods based as closely to this as possible.

5.3 Paediatric Early Warning System (PEWS) and Paediatric Observation Priority Score (POPS)

- PEWS is a measurement over time so less useful for Primary Care.
- POPS is used in Musgrove ED but not in Yeovil.
- A POPS app is available for download.
- Neither PEWS nor POPS are national guidance but they can be a useful aid in addition to the NICE guidance.

SG to find out if POPS/ PEWS have been reviewed by NICE and flag to Countywide Sepsis group.

Action: SG

6 Other Issues for Discussion

6.1 Sompar high dose and combination antipsychotics re-audit 2018

- SDB was not present to discuss.
- This audit only covers in-patients within SomPar. Something needs to be done in Primary Care.
- SG has asked for Dr. Ram's audit to be repeated.

-Noted

Ask SomPar to do similar audit for patients in Primary Care.

Action: SG

6.2 Colorectal Pathway Development

- This has been produced by the Elective Care Programme Board with the aim of improving the colorectal pathway.
- PAMM have previously discussed the need for YDH and MPH to agree on a bowel prep.
- The pathway includes prescribing of Gastrografin® in Primary Care however this is currently a **Red** drug. SG has feedback that this suggested change will need to be approved by the trust D&TCs, PAMM and SPF.
- SG is concerned with the possible risks associated with prescribing Gastrografin® in Primary Care.
- Gastrografin® has already started to appear in the Primary Care prescribing data.
- CQC has raised with YDH that they should not be posting bowel prep to their patients.

-Noted

6.3 Use of OTC medicines in care homes

- NHS England has released FAQs for patients in care homes which included information about OTC medicines.
- This information supports Somerset CCG and CQC guidance.

Add OTC medicines in care homes link to newsletter.

Action: Steve Moore

Share link with Michelle Bell and LMC.

Action: SG

7 Other Issues for Noting

7.1 Sepsis e-Learning

-Noted

The e-Learning has been updated.

Add Sepsis e-Learning link to the newsletter.

Action: Steve Moore

8 Additional Communications for Noting

8.1 MHRA Fluoroquinolone antibiotics & Quinolone use Jan 19

- MHRA issued guidance and advice for prescribers and patients.
- SPCs for drugs will be updated to reflect guidance.
- Prescribing data for grouped cephalosporins, quinolones & co-amoxiclav is good, however when the data is split Quinolone prescribing is high.
- AA has already checked that the antimicrobial prescribing formulary is in line with this guidance.

Check data only includes oral preparations not eye drops. **Action: Ana Alves**

Share ski slope for February data.

Action: Ana Alves

Add to newsletter.

Action: Steve Moore

8.2 Dr Unwin's NICE Endorsed Sugar Equivalence Infographics

- This infographic has been approved by NICE.
- Tool for use with patients at risk of/ suffering from diabetes.
- The healthy eating plate shows a lot of potentially high GI foods.

-Noted

9 Formulary Applications

9.1 Stalpex[®] 50 microgram salmeterol xinafoate/500 microgram fluticasone propionate/dose inhalation powder

£2.50 cheaper than the equivalent strength of Fusacomb.

-Approved virtually.

Add to Formulary and TLS **Green**.

Action: Daniela Wilson & ZTW

10 Reports From Other Meetings

Feedback

10.1 Commissioning Locality Feedback

Nothing to report this month.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 3/04/19

There is very little communication between PAMM and CEC.

Find out which CEC clinical lead that has been assigned responsibility for prescribing, so we can establish better communication.

Action: SG

10.3 Somerset Partnership Mental Health D&TC – Next Meeting 11/06/19

- 10.4 YDH Medicines Committee meeting – Last meeting 18/01/19 – Minutes received**
Nothing to note.
- 10.5 MPH D&TC – Next meeting 10/5/2019**
- 10.6 BNSSG Joint Formulary Group – Last meeting 26/02/19 – Minutes not received**
- 10.7 BNSSG D&TC — Last meeting 30/01/19 – Minutes received**
- BNSSG discussed Liothyronine prescribing in primary care- there is still a group of patients who cannot metabolise T4, and should be prescribed this. The Liothyronine protocol is being updated.
 - BNSSG will be funding Freestyle Libre[®] in line with NHSE decision.
- 10.8 RUH Bath D&TC – Last meetings 14/02/19 & 14/03/19 – February Minutes received**
Nothing to note.
Ask GS is he is still a representative at this meeting. **Action: ZTW**
- 10.9 Weston D&TC – Last meeting 14/03/19 – Minutes not received**
- 10.10 T&S Antimicrobial Prescribing Group – Last meeting 13/02/19 – Minutes received**
- They are working on vaccination guidelines for asplenic patients. Advice will be passed to GPs for how long to wait to vaccinate patients that have had their spleen removed. SG has raised that there needs to be a local agreement.
 - Safety warnings for quinolones – levofloxacin as first line for health care acquired pneumonia recommendation removed and co-trimoxazole is being used instead.
 - Working on protocol for nursing homes around reducing use of urine dipsticks for suspected UTIs.
 - Coliform resistance to trimethoprim has fallen from 38% to 30% if this trend continues trimethoprim may be viable as an empirical treatment in the future.
- Draft a 'good news' article for newsletter around fall in resistance.
Action: Ana Alves
- 10.11 LPC Report**
- The LPC are training pharmacy champions and hope to have one in each PCN.
 - Trialling Champix online training.
 - Would like a PGD for beclometasone nasal spray, fexofenadine and Nasonex[®].
- Update self-care guide, re-send and highlight hayfever section. **Action: ZTW**

10.12 Somerset Medication Safety Network – Next meeting: TBC
Steve Moore is currently attending the Regional Medication Safety Network.
Feedback on when the next Somerset meeting will be. **Action: Steve Moore**

10.13 RMOC recommendations and resources
Nothing to note

11 Current Performance

11.1 Prescribing Update
Not available this month

11.2 January Scorecard commissioning locality trend
Not available this month

11.3 January Safety spreadsheet
Not available this month

12 Rebate Schemes

12.1 None yet this month

13 NICE Guidance March

14 NICE Technology Appraisals

14.1 [TA565] Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)
-Noted

14.2 [TA572] Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes

- NICE has fast tracked this TAG with a 30 day implementation.
- NICE have specified in this TAG that the least expensive gliflozin should be chosen. As Ertugliflozin is the most cost-effective in its class it will be firstline in Somerset.
- It won't be recommended as a switch at the moment but it may be in the future.

-Noted

Update formulary with Ertugliflozin as firstline.

Action: Daniela Wilson

Add article to newsletter to highlight Ertugliflozin as firstline.

Action: Steve Moore

15 NICE Clinical Guidance

15.1 [NG122] Lung cancer: diagnosis and management
-Noted

15.2 [NG123] Urinary incontinence and pelvic organ prolapse in women: management

- Main prescribing change is the removal of the Darifenacin recommendation.

-Noted

Update formulary to align with NICE guidance NG123.

Action: Daniela Wilson

15.3 [NG124] Specialist neonatal respiratory care for babies born preterm

-Noted

15.4 [CG103] Delirium: prevention, diagnosis and management

-Noted

16 Safety Items, NPSA Alerts and Signals

16.1 MHRA Drug Safety Update March

-Noted

Share contraception chart (p10 MHRA DSU March) in the newsletter.

Action: Steve Moore

Add contraception chart to maternity section on the website.

Action: Daniela Wilson

17 BNF Changes

17.1 BNF Update March 19

-Noted

18 Any Other Business

18.1 Advice slips

Pharmacies in Frome are sending advice slips to GPs with a list of out of stock medications.

EW to send advice slip to SG for May PAMM.

Action: EW

18.2 Indemnity Scheme in Primary Care

- The new indemnity scheme in Primary Care doesn't cover for administration of private travel vaccines.

Feedback if practices will be stopping providing the private travel vaccines service.

Action: All locality representatives

18.3 CCG research lead

- SG has become the research lead for Somerset CCG.
- Somerset CCG benchmark low for research in Primary Care.
- SG will be highlighting more opportunities for GP practices to get involved with research.
- There will be a small amount of funding to try and support research in Primary Care.

Suggest ideas for use of the research funding.

Action: All

18.4 Medicine transcribing in GP practices

- There are a number of concerns that medicine transcribing in GP practice is being done by non-clinical members of staff.
- Only clinical staff members should be adding / re-authorising medication on a patients records.
- GPs need to have an oversight of the staff doing this within their practice.

DATE OF NEXT MEETINGS

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