

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 8th May 2019.**

Present:	Dr Catherine Lewis (CL)	Chair, Bridgwater 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
	Dr Piers Jennings (PJ)	East Mendip Representative
	Dr Geoff Sharp (GS)	Central Mendip Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Steve Du Bois (SBD)	Somerset Partnership Chief Pharmacist
	Emma Waller (EW)	LPC Representative
Apologies:	Stewart Brock (SB)	Public Health Representative
	Dr Toby Burne (TB)	CLIC Representative
	Dr David Davies (DD)	West Somerset Representative
	Dr Adrian Fulford (AF)	Taunton Representative
	Gordon Jackson (GJ)	Lay Representative
	Dr James Nicholls (JN)	West Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Geoff Sharp stepped in as chair for this meeting as Catherine Lewis was unwell.

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.

4 MINUTES OF THE MEETING HELD ON 10th April 2019

4.1 The Minutes of the meeting held on 10th April 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: YDH Medicines Committee meeting – HC is still trying to get in touch with Kathryn Patrick.

Action 2: Sam Hayward attendance – SG attended a meeting where this presentation was given. The presentation is not relevant to PAMM so this item is to be removed.

Action 4: Paediatric Early Warning System and Paediatric Observation Priority Score – SG has raised with the sepsis group for feedback.

Action 8: CEC feedback – The CEC GPs are undergoing a re-organisation of lead areas. Anything that PAMM want raised SG can pass to Sandra Corry. Sandra Corry will also pass anything relevant for PAMM to SG.

Action 9: RUH Bath D&TC – GS doesn't attend but he is happy to raise any issues with RUH.

Action 10: T&S Antimicrobial Prescribing Group – Ana Alves and Jacqui Cross are presenting at prescribing leads so will present the good news then.

Action 11: Self-care guide – This does not need to come back to PAMM once completed.

Action 12: Somerset Medication Safety Network – Steve Moore has been struggling to get the representatives together so he now attends the regional meeting. The regional minutes will be discussed at PAMM going forward.

Action 14: Advice slips – EW has asked for Frome to send the slip, but is unsure how useful it will be as it is very basic, EW will send the form as soon as possible.

Orla from PH has asked PAMM to sort a better way of communication between community pharmacies and GP practices for out of stock medication. We will try to encourage and facilitate better working and communication between the two but it is down to individual organisations. EW to raise communication issues at LPC meeting. **Action: EW**

Action 15: Indemnity Scheme in Primary Care – Clarity is needed on the situation as HC thought an email had been sent about a change to the indemnity scheme.

Send indemnity scheme update email to SG.

Action: HC

Action 16: CCG research lead – SG is trying to encourage research in Primary Care. Somerset CCG has been allocated £20,000 to facilitate Primary Care research.

Around a 1/3 of practices are signed up to the Primary Care research network.

HC thinks Dr Chris Krasucki at Buttercross surgery has a role within Symphony to promote research.

SG will Liaise with Dr Chris Krasucki to discuss possible practice level help.

5 Matters Arising

5.1 Primary Care Networks

The locality representatives informed PAMM that their Primary Care Networks have been decided but are awaiting official confirmation.

5.2 Quinolones, Cephalosporins & Co-amoxiclav prescribing graph

- The data is not adjusted for practice size.
- Practices that have testing done by RUH may report different sensitivities.
- The MHRA alert may impact the future prescribing levels.

-Noted

6 Other Issues for Discussion

6.1 Sub-optimal cholesterol response to initiation of statins and future risk of cardiovascular disease & Openprescribing data & Rosuvastatin

- The Somerset CCG cardiovascular group has been re-started.
- There is a national push to save lives through better cardiovascular disease treatment.
- We benchmark poorly on high potency statins due to limited up-titrating.
- Return to QOF may change benchmarking position.
- Certain specialists won't discharge on high potency dose statins.
- The target is a drop of 40% in non-HDL cholesterol.
- BMJ supports better outcomes with high potency.
- Prioritise secondary prevention.

Promote rosuvastatin to joint first line with atorvastatin and simvastatin to become second line on formulary.

Action: Daniela Wilson

Add to prescribing leads agenda in November.

Action: Shelley Hodder

Split out the data for primary and secondary prevention on Eclipse.

Action: SG

Add article to the newsletter.

Action: Steve Moore

6.2 ePACT2 Mental Health dashboard

- ePACT is a national database with access to certain patient data and hospital admissions data.
- ePACT have created many dashboards to present this data, the newest of which is the mental health dashboard.

Bring back any data on the mental health dashboard where Somerset is an outlier next meeting.

Action: SG

6.3 Alison Booth baby milk review in practice

- Alison Booth is a dietician currently commissioned by the CCG one day a week to review prescribing of baby milks in GP practices.
- The project has been very positive and valuable so far.
- CH believes there has been an increase in prescribing of baby milk since the health visitors were removed from the practices.
- PAMM asked if it would be possible for Alison to present to health visitors to help reduce commencing of prescribing baby milks.

Discuss with Alison what links she already has with the health visitors with a view to present an education session.

Action: Helen Spry

Quantify the outcomes for PAMM.

Action: Helen Spry

Newsletter article when outcomes are quantified.

Action: Steve Moore

6.4 Depo Provera PGD

- Updated to reflect FSRH guidance on how to determine if a woman might be pregnant.
- HC asked if a PGD could be produced for Sayana[®] Press.
- SomPar are currently producing a PGD for Sayana[®] Press and are happy to share.

-Approved

Add Depo Provera PGD to website once signed off.

Action: ZTW

6.5 Nitrofurantoin PGD for Minor Ailments Scheme

- Amend typo (50mg should be 100mg).
- Removed oestrogen interaction as FSRH no longer advises additional precautions.
- It was suggested that diet controlled diabetics didn't need to be part of the exclusion criteria however community pharmacy are unable to check a patients status so diabetes mellitus will remain as an exclusion.

-Approved, subject to amendment of the typo.

6.6 Chloramphenicol PGD for Minor Ailments Scheme

- The PGD currently has no reference to self-care. Patients should try self-care measures before using chloramphenicol.
 - Pharmacists should advise patients of self-care options before supplying chloramphenicol.
 - Insert statement 'Self-care has been discussed'.
- Approved, subject to insertion of statement.

7 Other Issues for Noting

7.1 None yet this month

8 Additional Communications for Noting

8.1 Preventing Stroke

Preventing stroke is being re-visited as a national priority. There is a significant cohort of adults in Somerset with AF, a CHA₂DS₂-VAS_C of 2 or more and not taking an anticoagulant.

-Noted

9 Formulary Applications

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

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

Glenmark were told by the registration office that as the 20mcg patch was bioequivalent to Butrans[®] that biowaiving meant they didn't need to test the other strengths.

Add a note to the formulary to highlight that 5mcg & 10mcg were subject to biowaiving and a link to the reply from Glenmark.

-Approved subject to a note and link being added to the formulary.

Add to formulary and TLS **Green**.

Action: Daniela Wilson & ZTW

9.2 Minoxidil 5% foam, McNeil Products Ltd

Regaine[®] for Men Extra Strength 1x60g £23.33, 3x60g £50.01

Regaine[®] for Women Once a Day 2x60g £33.34

- Minoxidil 5% has historically been blacklisted.
 - This new presentation (foam) has been added to the April 19 drug tariff.
- PAMM did not approve.

Add to TLS **Black** 'Not recommended'.

Action: ZTW

9.3 VIMOVO[®] 500mg/20mg M/R tabs (Naproxen 500mg/ Esomeprazole 20mg), AstraZeneca UK Ltd

60 tablets £14.95

- Normally Somerset CCG doesn't recommend combination products.
- There are currently stock issues with Naproxen.
- This product is more cost effective than prescribing Naproxen only.
- As it is taken twice a day the total daily dose of PPI was questioned by PAMM as it seemed high and may have some risks.

Provide evidence of PPI dose needed to cover GI bleed.

Action: SG

Bring back to June PAMM.

9.4 Otovent Inflation Device, Abigo

- Otovent is being removed from the May 19 drug tariff due to cost issues.
- It is part of the NICE & Somerset CCG ear infection guidance.
- Otovent will become self-care.
- Patients are able to buy from pharmacies for £11.99.

-Noted

10 Reports From Other Meetings Feedback

10.1 Commissioning Locality Feedback

Bridgwater Bay – CL – Bridgwater Bay will be applying to be one PCN. This will make it the largest PCN if approved.

Nothing to report from the other localities.

Summary

10.2 Clinical Executive Committee Feedback – Last Meeting 1/05/19

Nothing to note.

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

10.4 YDH Medicines Committee meeting – Last meeting 10/04/19 – Minutes not received

10.5 MPH D&TC – Next meeting 10/5/2019

10.6 BNSSG Joint Formulary Group – Last meeting 26/02/19 & 02/04/19– Minutes received

- BNSSG considered various applications for unlicensed uses of Botox and they approved Botox for patients with focal spasticity that a consultant orthopaedic surgeon feels will benefit from focal management of spasticity with botulinum toxin. As this is NICE endorsed Somerset CCG will commission.
- BNSSG also approved Melatonin for REM sleep behaviour disorder.

10.7 BNSSG D&TC — Next meeting: TBC

10.8 RUH Bath D&TC – Last meeting 14/03/19 – Minutes received

Nothing to note.

10.9 Weston D&TC – Last meeting 14/03/19 – Minutes received

- Weston is working on a protocol for Mutaflor[®]. The efficiency of Mutaflor[®] appears weak but it will be included in the pre-biologics pathway.

10.10 T&S Antimicrobial Prescribing Group – Next meeting 08/05/19

10.11 LPC Report

- All PCNs will have a 'champion'. The champion will be a pharmacist or a pharmacy technician that will be the liaison for all local pharmacies in that area. They will also be communicating with the GP surgeries within the PCN.

Bring an update and a list of contacts for champions to the next PAMM meeting.

Action: EW

- EW doesn't believe the low strength Kelhale[®] is currently available.

Check availability of low strength Kelhale[®] and issue stock update if necessary.

Action: Steve Moore

10.12 South West Medication Safety Officer Network Meeting – Last meeting 13/02/19 - Minutes received

- A Patient was prescribed clozapine and amisulpride by their consultant. The GP practice added the amisulpride to the PRM as a normal repeat and it was dispensed by the community pharmacy, so the patient took a double dose and was admitted to hospital.
- Extra caution is needed when adding these drugs to PMR that they are added as hospital only and are not to be dispensed by the practice.
- SomPar have supplied data to the CCG for patients that aren't appearing on the summary care record as being on Clozapine. The CCG are using this data to contact the practice so they can update their records.
- The CCG is looking into doing similar with the rheumatic drugs prescribed by the Trusts.

Ask the Trusts for help facilitating the recording of red drugs in primary care at SPF this afternoon.

Action: GS

10.13 RMOC recommendations and resources

-Noted

11 Current Performance

11.1 Prescribing Update

- The prescribing budget forecast has improved since last month's data which is positive news.
- SG has managed to secure more funding from finance to help with the increase in CAT M prices.
- The return to QOF in Somerset will likely increase spending.
- Nearly 3000 care home patients have been reviewed; year-end data is yet to be received.
- Somerset benchmark very well on many of the new ePACT2 polypharmacy dashboard indicators.
- The high cost drug budget has been confirmed by finance for trusts. (RUH expenditure is monitored).

-Noted

11.2 February Scorecard commissioning locality trend

- Difficult year but good overall improvement.
- End of year data will be released shortly.

-Noted

11.3 February Safety spreadsheet

- The Valproate data is from 7th May rather than February.
- Positive improvement in Valproate numbers.

-Noted

Add article to newsletter to praise the good work on Valproate.

Action: Steve Moore

12 Rebate Schemes

12.1 Clenil® Modulite inhaler 50mcg,100mcg, 200mcg & 250mcg, Chiesi Ltd, Commence date: TBC

-Noted

12.2 Glucophage® SR, Merck Serono Ltd, Commence date: 01/01/19

-Noted

12.3 Zoladex®, AsraZeneca, Commence date: TBC

-Noted

13 NICE Guidance May

14 NICE Technology Appraisals

14.1 None yet this month

15 NICE Clinical Guidance

15.1 [CG132] Caesarean section

Update: withdrew a recommendation on wound closure methods and replaced it with a link to the updated NICE guideline on surgical site infections: prevention and treatment.

-Noted

15.2 [NG125] Surgical site infections: prevention and treatment

-Noted

15.3 [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management

-Noted

15.4 [NG127] Suspected neurological conditions: recognition and referral

-Noted

15.5 [NG128] Stroke and transient ischaemic attack in over 16s: diagnosis and initial management

-Noted

Check if there are any medication recommendations in this NICE tag.

Action: SG

15.6 [NG129] Crohn's disease: management – New

-Noted

15.7 [NG130] Ulcerative colitis: management – New

-Noted

16 Safety Items, NPSA Alerts and Signals

16.1 MHRA Drug Safety Update March

Updated valproate guidance.

- It has been confirmed that specialist nurses can sign the forms.
- Patients should be having a yearly review with the specialist to get the forms signed.
- A psychiatrist asked HC to sign the forms for a patient. GPs are not to sign the forms as it does not follow the guidance.

Raise at SomPar DTC.

Action: SDB

-Noted

17 BNF Changes

17.1 BNF Update March 19

-Noted

18 Any Other Business

18.1 SomPar audit

- SDB will present the ePACT 2 mental health dashboard at the next SomPar DTC.

Find out if the Antipsychotics in LD patients audit done by Dr. Ram is going to be re-done as previously requested.

Action: SDB

Omalizumab injections

- GS practice has been asked to take over administration of Omalizumab 2-weekly from Secondary Care.
- As this is a **Red** drug Somerset CCG does not support the prescribing or administration in GP practices.
- There is a commissioned service and pathway for administration of **Red** drugs in Primary Care by District Nurses.
- The consultant should be discussing with SomPar and the district nurses for administration of these drugs.
- If there is no trained individual in the area then the administration remains the responsibility of the Trust.

DATE OF NEXT MEETINGS

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