

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset, on Wednesday, 17<sup>th</sup> July 2019.**

Present:	Stewart Brock (SB)	Public Health Representative
	Dr Toby Burne (TB)	CLIC Representative
	Dr Helen Cotton (HC)	South Somerset Representative
	Steve Du Bois (SBD)	Somerset Partnership Chief Pharmacist
	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 James Nicholls (JN)	West Mendip Representative
	Arun Thomas (AT)	Medicines Manager, CCG
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Catherine Lewis (CL)	Chair, Bridgwater Representative
	Dr Geoff Sharp (GS)	Central Mendip Representative
	Emma Waller (EW)	LPC Representative

## 1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

Shaun Green stepped in as chair for this meeting in the absence of Catherine Lewis.

## 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 12<sup>th</sup> June 2019**

4.1 The Minutes of the meeting held on 12<sup>th</sup> June 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: Sompar audit** – Once the report is finalised SDB will share with PAMM. **Action: Steve DuBois**

**Action 2: Advice slips** – PAMM would like the advice slips amended to include a statement that the pharmacist confirms they have first followed the CCG out of stock guidance before sending the advice slip to the GP. This will be carried forward to the September meeting.

**Action: Daniela Wilson & Catherine Henley**

#### **Action 3: Sub-optimal cholesterol response to initiation of statins and future risk of cardiovascular disease & Openprescribing data & Rosuvastatin**

– It was agreed that Steve Moore would be approached to set up an Eclipse Live search for patients with known cardiovascular disease, who are prescribed a sub-optimal dose of statin i.e. a low-intensity statin or doses of less than 80mg of Atorvastatin or equivalent. It was also highlighted that there are a number of searches already on Eclipse showing a significant number of patients who require primary prevention and are not currently treated with a statin.

**Action: Steve Moore**

**Action 4: ePACT2 Mental Health dashboard** – CH has not been able to look yet, carry forward to the September meeting.

**Action: Catherine Henley**

**Action 5: Alison Booth baby milk review in practice** – Alison has been off, carry forward to the September meeting.

**Action: Helen Spry**

**Action 6: LPC report** – LPC trying to mirror PCNs and build links. No list of contacts for community champions shared yet. EW not present. LPC to share list of contacts.

**Action: Emma Waller**

**Action 7: Recording RED drugs in primary care** – The SomPar, RUH and YDH data has been shared with the relevant practices. The MM team are still waiting on some of the MPH data, including rheumatology data. Ask MPH for relevant data.

**Action: Shaun Green**

PJ believes that sessional pharmacists have access level G12, and that G15 is required to add RED drugs to a PMR. Clarify settings needed with Ali Ashcroft-Spurr and inform full MM team. **Action: Catherine Henley**

**Action 8: Updated valproate guidance** – SDB was not present when this item was discussed so this will be carried forward to the September meeting. **Action: Steve DuBois**

**Action 11: EPS software** – Concerns were raised at the last meeting that dispensing practices have to pay for EPS , which is contractual and there is no funding available to support them.

There is an ongoing issue with dispensing practices being unable to assign their dispensaries as the EPS nomination. PAMM felt that if the aim is to have all prescriptions sent via EPS then this issue needs to be addressed. This is something that the CCG IT leads are aware of.

SG to feedback through IT leads and keep on their agenda. **Action: Shaun Green**

Justin Harrington to feedback to NHS Digital. **Action: Justin Harrington**

**Action 13: Safety spreadsheet** - Not complete yet, Steve Moore to continue working on this. **Action: Steve Moore**

**Action 14: NIHR signals** – Discussed signal ‘Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LiGHT): a multicentre randomised controlled trial’. SG is having discussions with secondary care colleagues to see whether this is something that can be brought into the local pathway.

**Action 15: Emergency Hormonal Contraception** – The EHC PGD does cover double dosing for high BMI patients. Practices to raise with pharmacies if having issues and check that they are using most up to date version of the PGD.

## **5 Matters Arising**

### **5.1 Red Drug Information**

This was discussed during review of action points (Action 7).

### **5.2 Scorecard Baseline 2019-2020**

-Noted

PAMM were made aware that practices are struggling with indicator 3, however as it is part of the national agenda it remains a priority.

## **6 Other Issues for Discussion**

### **6.1 Spacer SOP – For approval**

Minor ailment scheme SOP for the supply of inhaler spacer devices.

PAMM approved.

PAMM to feedback any suggestions for minor ailment scheme.

**Action: All PAMM members**

New cost-effective spacer device Easychamber<sup>®</sup> to be included.

**Action: Daniela Wilson**

### **6.2 HRT Treatment options – For comment**

Wiltshire document shared with us by YDH for comments.

PAMM made the following comments:

- A number of products listed are in short supply or discontinued
- Need to ensure the products are in line with our formulary products
- To specify the dose of hormones as well as the brand names
- Tibolone to be removed as it is non-formulary due to safety concerns
- To mention breast cancer risks with links to guidance

Feedback comments to YDH.

**Action: Shaun Green**

It was highlighted that the British Menopause Society has useful guidance and charts worth linking to in our formulary. Review resources and add to formulary.

**Action: Catherine Henley & Daniela Wilson**

### **6.3 DDOC PGDs – For approval**

Devon Doctors PGDs for UTIs.

Not for approval yet, awaiting microbiologist review first.

PAMM to feedback comments to CH by the end of the month.

**Action: All PAMM members**

PAMM questioned whether it legally needs antimicrobial sign off. CH to find out

**Action: Catherine Henley**

Keep on the agenda for discussion next meeting.

## **7 Other Issues for Noting**

### **7.1 Eclipse Live Trend**

- Noted.

- More alerts reviewed and less total alerts.
- Wide practice variation.
- SG highlighted that if the clinical issue is not resolved, the alert will reappear after the excluded period.
- SG recommended that Eclipse alert reviews should be used as an internal learning tool for medicines safety.

Data not dated – ensure dated in future to specify period covered.

**Action: Zoe Talbot-White**

Align data to PCNs.

**Action: Daniela Wilson**

## **7.2 National Diabetes Audit**

- Noted

PAMM have asked for the National Diabetes Audit to be brought back each year.

## **7.3 Sentinel Stroke National Audit Programme - Annual report**

- Noted

Somerset used to be one of the best in the country however we now need to improve our position.

PAMM discussed the results, in particular those with AF not taking anticoagulants.

## **7.4 Items which should not be routinely prescribed in primary care: Guidance for CCGs – Updated June 19**

-Noted.

Guidance updated with additional items.

MM team to review updated document and issue guidance.

**Action: Caroline Taylor**

The following points were discussed:

- Minocycline is already non-formulary in Somerset
- SG raised concerns about stopping Amiodarone
- 4mm is now the only length of needle recommended for insulin pens. PAMM highlighted that there is a formulary application for 5mm and 8mm needles - discussed under 9.1.
- The guidance states that safety needles should not be prescribed on prescription. PAMM questioned how the needles should be obtained.

- SG to find out how they should be obtained and whether responsibility lies with the organisation.

**Action: Shaun Green**

- SDB to find out whether they can be obtained through ONPOS. This would result in less waste.

**Action: Steve DuBois**

## **7.5 The NHS Patient Safety Strategy**

- Noted

## **7.6 Latest Brexit Guidance**

**-Medicines & medical products supply: government updates no-deal Brexit plans**

**-Medicines & medical products: continuity of supply update**

-Noted.

Still much uncertainty around this issue.

## **8 Additional Communications for Noting**

### **8.1 Coloplast EMIS Medicines Manager**

-Noted.

- This is a system where community pharmacies and dispensing appliance contractors can request repeat prescriptions directly from EMIS.
- Historically DACs have set up standing orders which result in stockpiles.
- It is down to individual practices as to which agents they allow to order prescriptions on behalf of patients.
- Somerset CCG recommendation is not to allow pharmacies or appliance contractors to request repeat prescriptions on their behalf.

### **8.2 Resources to support the reducing Opiate prescribing Scorecard Indicator & Sean's story**

-Noted.

SG showed Somerset data and highlighted the following resources:

- PrescQIPP – Reducing opioid prescribing in chronic pain e-learning course. Access commissioned by MM team in conjunction with the controlled drugs officer for NHS England SW. A glitch with access was reported and this has now been resolved.
- Sean's story – a positive news story highlighting the dangers of overprescribing of opioids for chronic pain and shows how a patient changed his life with other treatments.
- Opioid aware resources developed by colleagues in NHS Yarmouth and Waveney CCG. These have been adapted with permission and shared with practices.

PAMM highlighted a gap in commissioning since Turning Point doesn't have a dedicated service for patients addicted to prescribed opiate drugs.

### **8.3 STOMP-STAMP resources for Scorecard Indicator 3. Percentage LD and Dementia patients prescribed antipsychotic medication < 10%**

-Noted.

National leaflet aimed to begin discussions between patients/carers and prescribers.

SG would encourage prescribers to liaise with SomPar regarding the plan for the patient and intended length of treatment.

### **8.4 Low Carb Program Opportunity & Adapting Medication**

-Noted.

Documentation published to help with decisions on reducing medication as the impact of low carb diet takes effect in patients.

A question was raised regarding patients having to pay for access to the low carb program. SG highlighted that there is an opportunity for GP practices or potentially PCNs to bid for 200 free places.

## **8.5 Reducing the Need for Restraint and Restrictive Intervention**

-Noted.

National document, links to STOMP.

SG highlighted that lawfully, both A and B need to apply before chemical restraint. Prescribers can refer providers to this document if necessary.

## **9 Formulary Applications**

### **9.1 GlucoRx Safety Pen Needles, 5mm/30G x100 £12.92, 8mm/30G x100 £12.95**

Cost effective alternative to current formulary options.

Discussed under 7.4.

4mm is now the recommended needle size however PAMM noted that 5mm is the minimum length safety needle. PAMM approved 5mm size.

Add to formulary ahead of current safety needles. Remove safety needles longer than 5mm.

**Action: Daniela Wilson**

Remove (non-safety) needles longer than 6mm from formulary.

**Action: Daniela Wilson**

Flag to prescribers and diabetes nurses along with practice data for needles and recommend a switch to formulary lowest cost 4mm needles.

**Action: Steve Moore**

### **9.2 Melatonin 3mg film coated tablets, 30 tablets £65.00, Colonis pharma Ltd.**

For short-term treatment of jet lag in adults.

Not approved, non-formulary.

Add to TLS **BLACK** drug – Not Recommended

**Action: Zoe Talbot-White**

## **10 Reports From Other Meetings Feedback**

### **10.1 Primary Care Network Feedback**

**South Somerset** – HC – Reported direct marketing from appliance contractors. SG has raised this with NHSE.

Queried that a sessional pharmacist had offered to produce an EMIS tag promoting the use of Vimovo in preference to naproxen 500mg tablets due to cost. It was agreed that this is not a message that should be being promoted and the MM team will remind sessional pharmacists of this.

Email full MM team to clarify the use of Vimovo.

**Action: Shaun Green**

**Taunton** – AF - asked to check progress of hydroxychloroquine and retinal screening. It has been agreed that the CCG should commission the service. The next step is for the trust to confirm what they need so that it can be put into the contract. Internal discussions are happening at the trust.

**East Mendip** – PJ – asked to clarify health visitor (HV) budget as GPs are being asked to prescribe items which HV should be able to provide. This is taking up GP time and prescribing budget. It was discussed that since the move of HV to SCC, there appears to be no budget within Public Health for HV to prescribe. SG has raised the issue internally.

HC to email Barry Moyse (LMC) to raise awareness of the issue.

**Action: Helen Cotton**

It was discussed that HV should be encouraging self-care for OTC items where appropriate, rather than referring to the GP to prescribe. PAMM also felt that it would be helpful for HV to share with GPs their expertise and experience on products - baby milks etc., with more specific directions.

SB to feedback to PH.

**Action: Stewart Brock**

Nothing to report from the other PCNs.

## **Summary**

### **10.2 Clinical Executive Committee Feedback – Last Meeting 03/07/19**

There was no attendance at this meeting.

### **10.3 Somerset Partnership Mental Health D&TC – Next Meeting 10/09/19**

SomPar are reviewing their prescribing of melatonin. There seems to be wide variation in prescribing rates across the county and they are looking to cut their prescribing of melatonin overall. Awaiting pending SMC guidance around the use of Slyento for patients with autistic spectrum disorder. This will be reviewed at the next D&TC meeting.

### **10.4 YDH Medicines Committee meeting – Last meeting 12/06/19 – Minutes not received**

### **10.5 MPH D&TC – Next meeting 26/07/2019**

### **10.6 BNSSG Adult Joint Formulary Group – Last meeting 18/06/19 – Minutes received**

#### **BNSSG Paediatric Joint Formulary Group – Last meeting 18/06/19 – Minutes received**

BNSSG adult formulary:

- Agreed to add Espranor as joint first line with generic sublingual Buprenorphine, but to include on the formulary wording for prescribers to prescribe the lowest acquisition cost treatment at the time.

PAMM raised concerns that SDAS have an associated rebate scheme. However



it is more expensive for the NHS. This product is also not bioequivalent to some of the other buprenorphine brands available.

- Agreed to change Sodium Valproate the TLS from Green to Amber to reflect the fact that only a specialist should start this treatment in females.

BNSSG paediatric formulary:

- Agreed to change Methotrexate for all indications from TLS red to amber 1 month.

Somerset CCG doesn't have a shared care guideline for DMARDS in paediatrics, only adults.

**10.7 BNSSG Area prescribing Medicines Optimisation Committee – (Replaced D&TC) Last meeting: 20/06/19 – Minutes received**

- Have updated their Antimicrobial prescribing guidelines.
- Have produced nursing home UTI guidelines.
- Have produced a document for Type 1 diabetes monitoring which highlights using lowest possible acquisition cost blood glucose meters and test strips.

Review antimicrobial guidelines

**Action: Ana Alves**

**10.8 RUH Bath D&TC – Last meeting 09/05/19 – Minutes received**

May - Nothing to note

June - Agreed it would be appropriate for BCAP to revisit statement on Testogel for loss of libido in female patients and consider shared care arrangements.

**10.9 Weston D&TC – Last meeting 16/05/19 – DRFAT Minutes received**

Erfa and Armour will not be provided by Weston on the NHS with effect from 1/6/2019.

**10.10 T&S Antimicrobial Prescribing Group – Next Meeting: 14/08/19**

**10.11 LPC Report**

EW was not present this month to update PAMM

**10.12 South West Medication Safety Officer Network Meeting – Last meeting 06/06/19 - Minutes received**

The areas discussed:

- How they are currently trying to prevent over prescribing of opioids and action plans going forward.
- Transfer of care: MDS, PharmOutcomes
- Valproate

**10.13 RMOC recommendations and resources**

-Noted

## **11 Current Performance**

### **11.1 Prescribing Update**

No prescribing report as early in year.  
SG will bring a report to September.

**Action: Shaun Green**

### **11.2 April Scorecard PCN trend**

Not available this month.

### **11.3 April Safety spreadsheet**

Not available this month.

## **12 Rebate Schemes**

### **12.1 None yet this month**

## **13 NICE Guidance June**

## **14 NICE Technology Appraisals**

### **14.1 [TA464] Bisphosphonates for treating osteoporosis – Update April 19**

-Noted.

Guidelines have been amended to clarify that practices should be using the NOGG guidance to inform decisions around treatment thresholds.

## **15 NICE Clinical Guidance**

### **15.1 [NG133] Hypertension in pregnancy: diagnosis and management – New (Aspirin advice)**

-Noted.

Advise pregnant women with more than 1 moderate risk factor for preeclampsia to take 75–150 mg of aspirin daily from 12 weeks until the birth of the baby.

Factors indicating moderate risk are:

- first pregnancy
- age 40 years or older
- pregnancy interval of more than 10 years
- body mass index (BMI) of 35 kg/m<sup>2</sup> or more at first visit
- family history of pre-eclampsia
- multi-fetal pregnancy. [2010, amended 2019].

Initial guidance was for a dose of 75mg aspirin per day, now 75mg-150mg per day. Update formulary and website to reflect new dose.

**Action: Daniela Wilson**

Other national guidance says start before 12 weeks, NICE says 12 weeks. We would not object to GPs following the other national guidance and starting before 12 weeks.

### **15.2 [NG134] Depression in children and young people: identification and management - New**

-Noted.

SomPar are reviewing this at the next D&TC meeting. SDB to bring any major changes or medicines related issues back to PAMM in September.

**Action: Steve Du Bois**

**15.3 [CG30] Long-acting reversible contraception – Update July 19**

CH to review and bring back to September meeting.

**Action: Catherine Henley**

**15.4 [NG127] Suspected neurological conditions: recognition and referral – Update July 19**

-Noted

**16 Safety Items, NPSA Alerts and Signals**

**16.1 MHRA Drug Safety Update June**

-Noted

**17 BNF Changes**

**17.1 BNF Update June 19**

-Noted

**18 Any Other Business**

**18.1 Tissue Viability Email**

Concerns were raised about the content of emails sent last month regarding dressings requested by the tissue viability nursing service.

SG clarified that we do recommend that GPs prescribe items recommended by TVNs. PAMM suggested that the delay is often with pharmacies having to order stock in rather than a delay in GP prescribing. SG currently in discussions with providers about the service design.

**18.2 tQuest**

PAMM agreed that it would be helpful for sessional pharmacists (and PCN pharmacists) to be able to order blood tests via tQuest. SG clarified that it would be up to individual practices to decide whether this is something they wish to do. CH to find out how this gets organised and the access levels required.

**Action: Catherine Henley**

**DATE OF NEXT MEETINGS**

11<sup>th</sup> September 2019 (SPF following), MR2 Wynford House

9<sup>th</sup> October 2019, MR2 Wynford House

13<sup>th</sup> November 2019 (SPF following), MR2 Wynford House