Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 9th October 2019.**

Present:	Dr Catherine Lewis (CL)	Chair, Bridgwater Representative
	Stewart Brock (SB)	Public Health Representative
	Dr Helen Cotton (HC)	South Somerset East & West and Yeovil 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)	People Champion
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Dr Geoff Sharp (GS)	CCG GP Clinical Lead Central Mendip Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Dr Toby Burne (TB)	CLIC Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset Partnership Chief Pharmacist
	Emma Waller (EW)	LPC 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 the following amendments to the Register. • Catherine Lewis is now the Clinical Director of Bridgwater PCN • Amended Hendford Lodge Medical Centre to Diamond Health Group • 'CLICK' amended to 'CLIC'
	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 11th September 2019**
4.1	The Minutes of the meeting held on 11th September 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 2: Advice slips –** The LPC will highlight the advice slips in their bulletin. **Action: Gareth Crawley/Emma Waller** **Action 3: Sub-optimal cholesterol response to initiation of statins and future risk of cardiovascular disease & Openprescribing data & Rosuvastatin -** This has been done and is now running as a project on Eclipse. **Action 4:** Alison Booth does educational sessions with Health Visitors around baby milks on request. **Action 5: LPC report –** GC has provided an updated list of contacts for champions. The LPC will ensure that PAMM are kept informed of changes. Share updated list with PAMM members. **Action: DW** **Action 6: tQUEST access –** Step by step guide was circulated yesterday amongst PAMM members. PAMM to trial and feedback. **Action: All PAMM members** Share with wider team. **Action: SG** **Action 7: DDOC PGDs –** Ana has commented on the antimicrobial PGDs and is waiting for DDOC to feedback. It was reported that the lead pharmacist contact on this has left and they are awaiting a replacement to start. PAMM noted that in Devon Doctors have announced the new name for their out of hours service in Somerset as 'Meddcare Somerset.' This will make it easier to differentiate between their Devon and Somerset services. **Action 8: Antihistamine PGDs –** CH will sign off as soon as possible. **Action: CH** **Action 9: Items which should not be routinely prescribed in primary care: Guidance for CCGs – Updated June 19 –** SG has had a discussion with SomPar regarding moving safety needles into the direct supply route for District Nurses, so that they won't need to ask GPs for a prescription. SDB is looking into the process to enable DNs to have access to their own supplies of safety needles. To feedback to PAMM. **Action: SDB**

	Action 11: [NG134] Depression in children and young people: identification and management – We have not yet had feedback from Sompar. CH will ask SDB for feedback. **Action: CH** **Action 15: Oramorph - post surgical procedures –** SG has raised with the trusts regarding Oramorph strategy. It transpired that there had also been some incidents which Jon Hayhurst raised around Oramorph. The trusts felt that this was mostly coming from Orthopaedics and they would try and improve discharge communications to highlight that Oramorph is not for repeat prescribing. **Action 18: MHRA Drug Safety Update –** This was highlighted in the LPC bulletins and they also requested that the community pharmacy chains raised in their safety bulletins.
5	**Matters Arising**
5.1	**Latest Brexit Guidance**
	Advice remains the same regarding prescribing quantities and not stock piling. Contingency plans are in place. CL shared feedback that there are concerns pharmacies may be stockpiling. This is extremely frowned upon at a national level. GC assured that the LPC are not aware of any pharmacies stockpiling. Share perception of pharmacies stockpiling with LPC. **Action: GC**
5.2	**Health Visitor Prescribing**
	SG raised with Public Health that there is a national specification detailing what Health Visitors should be doing with respect to prescribing. The perception is that Somerset is not compliant with this. SB reported that the Public Health review of current Health Visitor (HV) prescribing is ongoing. Jo Smith has offered to present findings at PAMM when the review is complete. It was suggested that it would be helpful to have a CCG representative involved in the review. PAMM requested professional requests to GPs for prescribing from HVs rather than via the parent/ carer. Leaving the request to the parent presents a safety issue. SB reported that there were concerns among HV that it is not always practical for them to make a prescribing request to the GP. PAMM suggested that referrals via email would be practical and safer. SB has been informed that HVs have never prescribed infant formula. SG highlighted that although they have not prescribed formula historically, there is nothing professionally preventing them from doing so in future, if that is part of a pathway that we want to commission. PAMM felt that HVs are better placed to advise on which formula is most appropriate for an individual child. The Somerset CCG infant formula guidance was highlighted and the recommendations within it are in line with national guidance. Share Somerset CCG infant formula guidance with SB. **Action: SJM** SB to feedback to Public Health. **Action: SB**

5.3	**Primary Care Network (PCN) Representation at PAMM**
	Ongoing discussion on how to best maintain representation. PAMM felt that the current representation works well, although there is a need to build links for feeding information back into PCNs and vice versa. Highlight information on PAMM representatives in the PCN newsletter. **Action: SJM and SG** PJ to confirm with Beckington and Frome whether they are happy for him to continue representing them. **Action: PJ** It was raised that Yeovil PCN may be responsible for West Coker Surgery patients. Clarify position with West Coker Surgery. **Action: HC** It was noted that David Davies had not attended PAMM this year.
5.4	**NHS Community Pharmacist Consultation Service (CPCS)Letter**
	Gareth explained the service to the group. The aim is that this service will free up a significant number of GP appointments that can be managed by a consultation with a community pharmacist. The pharmacists will check for red flags in line with NICE guidance and escalate back to the GP, where necessary. PAMM raised concerns that the NUMSAS service hadn't taken off as well as expected in Somerset, as not all pharmacies have been trained or signed up to deliver the service. It is hoped that CPCS would have better coverage. GC assured the group that pharmacies in Somerset are engaged and keen to deliver the service.
5.5	**2019-20 Prescribing incentive scheme update (Patients excluded from RADAR500 alerts)**
	SG raised concerns that the drop in the number RADAR 500 Eclipse Live alerts may be due to practices excluding patients rather than reviewing them. Correspondence has recently been issued recommending that patients are **not** excluded from alerts. SG proposed that, for scorecard purposes, excluded patients will be added to the active alert total for the scorecard indicator. PAMM had some concerns regarding exclusion data accuracy, the number of alerts and reasons for exclusion as well as by whom. PAMM would like to look at the data in more detail and understand the reasons for exclusion before making a decision. Bring data to PAMM for review. Ask Eclipse for detailed exclusion data. **Action: SG** Add to PAMM November agenda. **Action: DW**
6	**Other Issues for Discussion**
6.1	**Policy and guidance for joint working in the pharmaceutical industry**
	This policy is due for review. PAMM members to feedback comments. **Action: All PAMM members**

6.2	**Medicines and clinical tasks guidance for domiciliary care staff**
	Redrafted Somerset County Council policy. CH attended a meeting with SCC to discuss the policy and informed them that the CCG cannot endorse this guidance until the final draft has been reviewed by PAMM. The next draft version will come back to PAMM. Discussion ensued regarding MAR charts and complex areas. PAMM members to feedback to CH any issues that might affect primary care. **Action: All PAMM members**
6.3	**Scorecard – Urinary prescribing indicator**
	PAMM discussed the impact of generic solifenacin on the urinary incontinence drug indicator, and decided that it is no longer beneficial for practices to work on this indicator. Four options were proposed: 1 – Keep the indicator and advise not to switch from solifenacin. 2 – Freeze this indicator from September and calculate final scorecard results on that basis. 3 – Make solifenacin project positive. 4 – Remove the indicator and reduce the payment threshold by one indicator for scorecard achievement. PAMM agreed option 4. Action: Inform practices that this indicator has been removed and the gateways for scorecard achievement will be reduced by one. **Action: SG**
7	**Other Issues for Noting**
7.1	**Baby formula project data**
	-Noted. The CCG commissioned a SomPar Dietician for one day per week to carry out this project. The Dietician visited those practices who were the highest prescribers of infant formula, particularly those which are high cost/non-formulary. Patients were reviewed and switched to formulary products, where appropriate, and prescribing stopped due to age in some cases. The data showed that the vast majority of the practices visited had improved and the project had been cost effective with quite significant savings made. SG has asked SomPar to extend this project and roll out.

7.2	**Public Health Review: Dependence and withdrawal associated with some prescribed medicines**
	-Noted. This is a significant national issue and the CCG have done a lot of work on this topic recently including providing resources and incorporating it into the scorecard and audits. There was a discussion regarding next steps. PAMM feel that there is a gap in commissioning as many GPs don't have the expertise to deprescribe such medicines and SDAS are not commissioned to do this. Public Health only commission for illicit drug use, not prescribed medications. PAMM feel that a specialist commissioned service is needed to support GPs in deprescribing. Raise with Public Health nationally. **Action: SB**
7.3	**UKTIS Response Statement: Ondansetron**
	-Noted. It was highlighted that secondary care use Ondansetron as second line for nausea and vomiting in pregnancy. Raise with the trusts. **Action: SJM** Raise with the maternity, women's and children's groups. **Action: SJM** Highlight in newsletter. **Action: Steve Moore**
7.4	**Electronic Prescribing and transfer of discharge information**
	-Noted.
7.5	**Pharmacy quality scheme guidance**
	-Noted
7.6	**CVD Prevent**
	-Noted. This is a national priority. SG would like to incorporate into the 2020/21 scorecard. It was highlighted that there is some overlap with QOF.
8	**Additional Communications for Noting**
8.1	**CQC Update – Managing test results and clinical correspondence**
	-Noted.

8.2	**Deprescribing of vitamin supplements**
	-Noted. Reminder that vitamin supplements should be considered self-care unless a specific clinical condition related to that vitamin has been identified, which can't be rectified through dietary approach alone. PAMM would like more information on vitamin requirements when using sip feeds. Highlight information in newsletter. **Action: Joanne Ayre & Steve Moore**
8.3	**Anti-coagulation - First do no harm - CHADS2VASc score of zero and taking an oral anticoagulant**
	-Noted. There is also a high number of patients with a CHADS2VASc score of 2+ and no anticoagulation. SG asked for feedback on the Eclipse search. PAMM members reported that the search was giving inaccurate results, for example patients appearing due to old scores. PAMM to feedback any further issues identified. **Action: All PAMM members** Feedback search issues to Eclipse. **Action: Steve Moore**
8.4	**Importance of Monitoring renal function in DOAC patients**
	-Noted.
8.5	**UPDATE Pharmacy - Diabetes foot check and retinopathy eye checks**
	-Noted. PAMM felt it would be better if patients could be referred directly to the retinopathy screening service via opticians etc. Local advice has been circulated and the LPC have raised with pharmacies in their bulletins.

8.6	**Ranitidine EMA Review**
	Following the EMA review of ranitidine due to detection of NDMA, all Zantac has now been withdrawn and generic ranitidine is out of stock locally. SG has raised this nationally. Ideally, practices should switch patients from ranitidine to a cost effective PPI e.g. lansoprazole or omeprazole caps, as Mepradec (unless a PPI is contraindicated). We have consistently tried to encourage secondary care to use pantoprazole in patients taking clopidogrel but different specialists have differing views on the robustness of the evidence. The final decision about whether to use pantoprazole ahead of omeprazole would be a clinical one but on the balance of evidence one we would support. In some circumstances patients may need to remain on an H2RA, for example where they have hyponatraemia, Barrett's disease, C. diff, etc. Issue clear guidance for switching from ranitidine to alternative preparations. **Action: CH** Paediatric patients on ranitidine solution will need to be discussed with specialist for advice.
8.7	**Update of cover letters for Flu at risk groups**
	-Noted.
8.8	**Respiratory indicators Update**
	-Noted. There is some good work being done and we are making progress. However, there are still a high number of patients using different devices. Around 20% of patients have been prescribed 6+ SABAs in the last six months, although this may include COPD patients and there is a wide practice variation. PAMM enquired whether COPD figures can be accessed and SG offered to provide this on an individual practice basis if interested. It was recommended that practices review their ordering and processing systems and PAMM feedback any issues identified.
9	**Formulary Applications**
9.1	**None yet this month**
10	**Reports From Other Meetings**
	Feedback
10.1	**Primary Care Network Feedback**
	No PCN feedback this month

	Summary
10.2	**Clinical Executive Committee Feedback – Last Meeting 02/10/19**
	PAMM currently have no representation at CEC and only receive the brief summary. GS feels it is important we have representation. GS to discuss with Dr Alex Murray. **Action: GS**
10.3	**Somerset Partnership Mental Health D&TC – Last Meeting 10/09/19 – Minutes received**
	• CAHMS Consultants have agreed a list of actions for reviewing all young people to whom they are prescribing melatonin. There is an expectation that all continued prescriptions should be for Circadin or bio-Melatonin. Methylphenidate will be prescribed as the cheapest form. It was also stated that prescribers should discharge prescribing responsibility back to the GP where possible. • Some CAMHS prescribers have received calls from community pharmacies asking them to provide a letter confirming unlicensed use (off-label) of Circadin or use of unlicensed bio-Melatonin before pharmacy can dispense the prescription. The next time a request is received from a community pharmacy, the prescriber will ask them for details of the reason for the request and copy of any relevant guidance for forwarding to Medicines Management for further investigation and follow-up if necessary. • Slenyto is a red drug in SomPar and any prescriber wishing to use this drug must apply to the Group using the Named Patient Medication Assessment Form. Putting together some criteria for exceptional use of Slenyto. • Agreed to review ADHD Shared Care guidance in line with new NICE guidance, from both an adult and adolescent perspective.
10.4	**YDH Medicines Committee meeting – Last meeting 21/08/19 – Minutes received**
	• YDH discussed reducing treatment dose errors with low molecular weight heparin and they devised a medication safety bulletin for this audit. They are reviewing the drug chart and investigating incorporating treatment doses of enoxaparin and also weight threshold. • Updated national guidelines on oral retinoids. Discussed the documentation for pregnancy prevention opt outs, as currently not signed off by the patient. CH to liase with Steve Moore regarding opt out paperwork. **Action CH & Steve Moore**
10.5	**MPH D&TC – Next meeting 22/11/19**
10.6	**BNSSG Adult Joint Formulary Group – Last meeting 10/09/19 – Minutes not received** **BNSSG Paediatric Joint Formulary Group – Next meeting 3/12/19**
10.7	**BNSSG Area prescribing Medicines Optimisation Committee – (Replaced D&TC) Last meeting 15/08/19 – Minutes not received**
10.8	**RUH Bath D&TC – Last meetings 08/08/19 & 12/09/19 – Minutes not received**

10.9	**Weston D&TC – Last meeting 12/09/19 – Minutes not received**
10.10	**T&S Antimicrobial Prescribing Group – Last Meeting 14/08/19 – Minutes not received**
10.11	**LPC Report**
	Gareth Crawley attended in EW's absence. Gareth thanked the CCG on behalf of the LPC for their early work in aligning to PCNs. Provided an updated list of Pharmacy Champions. It is a busy time for community pharmacy at the moment with their new contract, which leaves them with the same amount of funding but is looking to upskill pharmacy. There is a DOAC monitoring pilot in pharmacies in the Sedgemoor area.
10.12	**South West Medication Safety Officer Network Meeting – Last meeting 03/09/19 - Minutes not received**
10.13	**RMOC recommendations and resources**
	-No updates
11	**Current Performance**
11.1	**Prescribing Update**
	-Noted. • The NHSBSA has revised its forecasting mechanism following category M price changes which has contributed to an increase in forecast outturn from last month. • The commissioned sessional pharmacists continue to work with practices on the agreed prescribing scorecard indicators with steady progress being made. Discussions are taking place to ensure the CCG commissioned pharmacists (practice support and care home) while aligning with PCNs also avoid duplication and provide a clear and distinct service from PCN employed pharmacists. • The combined CCG commissioned care home pharmacist service continues to make significant deprescribing and safety interventions. • The Medicines Safety Officer has informed us that the Somerset Network will be amalgamated into the wider regional network so as to gain better networking and intelligence on Medication safety issues. • Significant progress is being made in rationalising inhalers to either MDI or dry powder. The work carried out by Frome Medical Centre was reported in a recent news article.

11.2	**July Scorecard Primary Care Network Trend**
	It is still early days with only four months of data published. There is good progress in certain areas, particularly the mometasone and ICS brands indicators. Less progress in other areas such as the continence indicator, which PAMM reported as finding difficult. PAMM were asked to suggest options for the 2020/21 scorecard, in particular ideas around cardiovascular disease and anticholinergic burden. SG agreed to remove the catheter indicator if we can replace it with something which attracts more engagement. PAMM members to suggest ideas for 2020/21 scorecard. **Action: All PAMM members**
11.3	**July Safety spreadsheet**
	Valproate use in women of child bearing age has drastically reduced. Diclofenac use has increased – this may be due to naproxen supply issues and hopefully will reduce.
12	**Rebate Schemes**
12.1	**None yet this month**
13	**NICE Guidance October**
	-Noted
14	**NICE Technology Appraisals**
	None yet this month
15	**NICE Clinical Guidance**
15.1	**[CG176] Head injury: assessment and early management**
	Updated the advice on when to have a CT scan to change warfarin to anticoagulants when investigating clinically important brain injuries. - Noted.
15.2	**[CG191] Pneumonia in adults: diagnosis and management**
	Updated. Withdrew some recommendations on community-acquired pneumonia and hospital-acquired pneumonia because they have been replaced by recommendations in the NICE guidelines on pneumonia (community-acquired): antimicrobial prescribing and pneumonia (hospital-acquired): antimicrobial prescribing. -Noted
15.3	**[NG33] Tuberculosis**
	Updated to reflect MHRA restrictions and precautions for the use of fluoroquinolone antibiotics following rare reports of disabling and potentially long-lasting or irreversible side effects. -Noted

15.4	**[NG87] Attention deficit hyperactivity disorder: diagnosis and management**
	Updated. Amended the recommendation on assessment for people starting medication for ADHD to indicate that an ECG is not needed before starting stimulants, atomoxetine or guanfacine if cardiovascular history and examination are normal and the person is not on medicine that poses an increased cardiovascular risk. -Noted Sompar are reviewing the ADHD Shared Care guideline. **Action: SDB**
15.5	**[NG138] Pneumonia (community-acquired): antimicrobial prescribing**
	-New -Noted Ana Alves is reviewing all of the antimicrobial guidelines
15.6	**[NG139] Pneumonia (hospital-acquired): antimicrobial prescribing**
	-New -Noted
15.7	**[NG140] Abortion Care**
	-New -Noted CH to review and bring back any prescribing related issues. **Action: CH**
15.8	**[NG141] Cellulitis and erysipelas: antimicrobial prescribing**
	-New -Noted
15.9	**[CG137] Epilepsies: diagnosis and management**
	Updated tables and added a footnote in this guideline to reflect a change in the law relating to pregabalin and gabapentin. -Noted
15.10	**[CG71] Familial hypercholesterolaemia: identification and management**
	Updated the first recommendation on case finding and diagnosis to be clearer about when to suspect familial hypercholesterolaemia. -Noted SG informed PAMM that the cardiovascular disease group strongly recommend commissioning genetic testing for familial hypercholesterolaemia and he has raised this with the CCG to see if it can be put in the commissioning intentions going forwards.
16	**Safety Items, NPSA Alerts and Signals**
16.1	**MHRA Drug Safety Update September**
	-Noted
16.2	**MHRA Drug Safety Update (In advance of next issue) - Hormone replacement**

	therapy (HRT) and increased risk of breast cancer
	-Noted
17	**BNF Changes**
17.1	**BNF Update September**
	-Noted
18	**Any Other Business**
18.1	**PAMM Attendance**
	An attendance chart has been added to the agenda.
18.2	**Red Drugs and MAR Charts**
	A member queried the fact that they had been asked to write a MAR chart for IM vitamin D (a red drug) prescribed by secondary care and administered by the District Nurses. PAMM supports GPs in not writing the MAR chart and clarified our position which is that the prescriber takes medicolegal responsibility for the monitoring and administration of the drug. PAMM advised referring this back to the trust from a safety point of view. PAMM are aware that some GPs do issue MAR charts for red drugs after making a clinical decision to do so, however this is not something that PAMM support and it is recommended that they take advice from the LMC in such instances.
18.3	**SomPar Representation at PAMM**
	The group asked whether on occasions where SDB is unable to attend PAMM he would be able to send a representative to attend on his behalf, as they would value input from the SomPar Medicines Management Team. CH to ask SDB about sending a representative. **Action: CH**
	DATE OF NEXT MEETINGS
	13th November 2019 (SPF following), MR2 Wynford House
	15th January 2020 (SPF following), MR2 Wynford House
	19th February 2020, MR2 Wynford House
	18th March 2020 (SPF following), MR2 Wynford House
	15th April 2020, MR2 Wynford House
	13th May 2020 (SPF following), MR2 Wynford House
	10th June 2020, MR2 Wynford House
	8th July 2020 (SPF following), MR2 Wynford House
	9th September 2020 (SPF following), MR2 Wynford House
	14th October 2020, MR2 Wynford House
	11th November 2020 (SPF following), MR2 Wynford House