Appendix 1

NHS DORSET CLINICAL COMMISSIONING GROUP

D R A F T

Minutes of the meeting of the Medicines Optimisation Group held on Tuesday 14 March 2017, 9.00 am in Room 9**, Vespasian House, Barrack Road, Dorchester, DT1 1TG and at Canford House**

Present	Dr Paul Mason (PS)	GP Locality Lead, NHS Dorset CCG (Chair)
	Fiona Arnold (FA)	Locality Prescribing Lead, NHS Dorset CCG
	Dr Chris Barringer (CB)	GP Prescribing Lead, NHS Dorset CCG
	Ian Gall (IG)	Patient and Public Involvement Representative
	Dr Diana Gannon	GP Locality Lead, NHS Dorset CCG
	Katherine Gough (KG)	Head of Medicines Management, NHS Dorset CCG
	Helen Kennedy (HK)	Prescribing Analyst and Senior Pharmacy Technician, NHS Dorset CCG
	Dr David Laird (DLa)	GP Locality Lead, NHS Dorset CCG
	Dr Daniel Lee (DL)	GP Locality Lead, NHS Dorset CCG
	Dr Liz Long (LL)	Locality Prescribing Lead, NHS Dorset CCG
	Dr Alistair McPhail (AMcP)	GP Locality Lead, NHS Dorset CCG
	Dr Ian Platt (IP)	GP Locality Lead, NHS Dorset CCG
	Dr Clive Quinnell (CQ)	GP Locality Lead, NHS Dorset CCG
	Lorette Sanders (LS)	Locality Prescribing Lead, NHS Dorset CCG
	Dr Adam Sawyer	GP Locality Lead, NHS Dorset CCG
	Vanessa Sherwood (VS)	Senior Pharmacist, NHS Dorset CCG
	Dr Rob Timmis (RT)	GP Locality Lead, NHS Dorset CCG
	Michelle Trevett (MT)	Senior Pharmacist, NHS Dorset CCG
In attendance	Norhan Algafari	Pre-Registration Pharmacist, Dorset County Hospital
	Lauren Parkes	Administrator, Quality Directorate, NHS Dorset CCG (Minute taker)

ACTION

1. APOLOGIES FOR ABSENCE

1.1 Apologies were received from Dr Simon Flack.

2. INTRODUCTIONS AND DECLARATIONS OF INTEREST

2.1 Dr Paul Mason advised the group that he would be chairing in the absence of Dr Simon Flack who had stepped down. He gave thanks to both Simon and Dr Adam Sawyer who was also stepping down as a locality prescribing lead.

2.2 It was reiterated that it was important to complete one Declaration of Interest every year relating to any specific items. Confirmation was provided this had been done. Further interests should be declared in-year where necessary.

3. DRAFT MINUTES OF MEETING HELD ON 6 DECEMBER 2016

3.1 The minutes of the meeting held on 6 December 2016 were approved as an accurate record subject to Chris Barringer and Diana Gannon being added to the list of attendees. **LP**

4. MATTERS ARISING

4.1 Point 4. 6 – item on the agenda.

4.2 Point 4. 8 – Locality prescribing – learning and success of the practice visits was encouraged, and second practice visits had been planned.

4.3 Point 4. 11 – INR – the uploading of initial PINCER results to PRIMIS had been addressed, together with the downloading of data from the INR system in Weymouth.

4.4 Point 5. 3 – evidence search – information on non-steroidal anti-inflammatory drugs (NSAIDs) was an agenda item.

4.5 Point 7.5 – attendance – MT agreed to check with Caroline Simmonite before she leaves her post in March, the attendance levels at the DMAG working groups. **MT/CS**

4.6 Point 8.2 - Payment by results excluded high cost drugs – trends continue to rise and would be monitored.

4.7 Point 9.2 – QIPP virtual group - item on the agenda.

4.8 Point 10.4 – MSO learning – update in the MSO report.

4.9 Point 11.5 - Antibiotic awareness week – pop-up had now been modified.

4.10 Point 12.4 – policy – this was to be circulated after the meeting. **KG**

4.11 Point 15.4 - current draft drug monitoring – continuing development, for discussion as agenda item at this meeting and going through for approval through Primary Care Committee.

4.12 Point 16.1 – EPMA (electronic prescribing and medicine administration) implementation at Poole and Bournemouth Hospitals will enable an alphabetical list of drugs on discharge to be produced. Timescale 1-2 years for EPMA implementation.

4.13 Point 16.2 – Ophthalmology brand eye drop names – alternative use of generic names had been raised with the hospitals.

4.14 Point 16.3 – itemised documents – this item had now been addressed and all papers itemised.

4.15 Reference was made to point 5.5 and the use of pregabalin. NHS England have advised that they would not be issuing a new statement unless required to by the courts. The patent expires in July 2017 and this would be left to CCGs to manage. Advice was provided to continue using branded product between now and July. A suggestion to send a reminder out in June was put forward. MT to take forward. **MT**

Summary of monitoring requirements

4.16 The group were asked to review the summary of monitoring requirements which would be submitted as an appendix to the drug monitoring service specification for West Dorset in April and had been discussed at the relevant DMAG working groups.

4.17 It was noted that whilst this covers the drug monitoring requirements in the main tables there is also a statement to highlight that disease monitoring may be requested, e.g. by Rheumatology Services in DCH NHS FT. MT to review. **MT**

4.18 A query was raised as to whether rheumatology patients from YDH had been excluded? It was confirmed that YDH have now received the summary for feedback. It was noted that due to differences in set-up between the counties the North Dorset practices cannot see test results but will be asked by YDH to undertake initial monitoring. This was down to workforce capacity. This had also been highlighted as a concern in Somerset.

5. PRESCRIBING FINANCE REPORT AND FORECASTS

- **performance on prescribing**
- **Locality Prescribing Reports**

Performance on Prescribing

5.1 It was noted that there had been a new layout designed with a change to the amount of columns for ease of reference, and the group were asked for their views on this snapshot. All agreed it was an improvement although still difficult to read due to font size.

5.2 The group were advised that the overall position for GP prescribing was positive with an estimated £1.7m underspend. However, due to data extracted from December 2016, reflecting a 6% downward trend, the CCG remained cautious, as spending could escalate, therefore three forecasts would be run from data taken from January for review.

5.3 The Chair expressed thanks to the group for their efforts in positive results for GP prescribing.

Locality prescribing

5.4 It was noted that practice annual visits had all been completed, with actions agreed, with second visits being carried out in 25 practices in Quarter 4.

5.5 A query was raised regarding point 2.1 of the report under the heading of generics. The figures reflected were thought to be far from the target figures. KG confirmed that it had been highlighted as a concern because Category M drug prices dropped in December. The use of generics is promoted, though some practices are making minimal improvement.

5.6 It is proposed that locality meetings for all prescribers were to be set up in localities, to allow for outlining the financial savings and Quality audits for the year. Each locality prescribing lead is asked to set up a meeting for their practices by the end of May or consider an alternative approach to achieve the same result.

6. REPORT OF THE HEAD OF MEDICINES MANAGEMENT

6.1 The group were advised that the CCG is likely to apply flat funding on outturn for 2017/18, so there would be no uplift to localities and practices. Outturn is usually calculated at month Nine, due to the delay in getting ePACT figures.

There was some discussion on the report of the Head of Medicines Management seeking agreement to postpone restrictions on the prescribing of gluten free products. It was agreed to postpone this until the outcome of the national review, and savings information from a year's worth of data from Somerset and other CCGs, pending the agreement of the Primary care commissioning committee.

The group also agreed postponing potential commissioning of a service to free GPs from stoma care product prescribing, pending approval from the PCCC as raised previously. This was a cost neutral plan. It is anticipated that there will be some savings when a formulary for ancillary products is implemented. Electronic prescribing may also generate efficiencies in this area.

6.2 The group discussed reasons why some practices had not implemented electronic prescribing. GP locality prescribing leads were asked to promote use. In dispensing practices there was some reluctance but LL had advised practices in North Dorset that there was not an impact on numbers of dispensing patients.

6.3 Evidence from the AHSN (Academic health and Science Network) was presented that found that the system reduced time and workload for staff. Data from electronic prescriptions and NHS numbers will be used in future prescribing indicators such as antibiotic measures, to calculate the quality premium.

6.4 With regard to electronic repeat dispensing, there had been challenges but a pilot was currently running in Portland and if successful, this would be rolled out to further pharmacies to trial.

Community Drug Administration Chart (DHUFT)

6.5 The group were advised that Dorset HealthCare had designed a community drug administration chart. This had been piloted in a number of areas. It was designed to record medicines administration carried out by healthcare staff in the community setting, for continuity.

6.6 A query was raised regarding the issue of blister packs in the community. There are reports of care agencies insisting on use of these packs to administer medicines. KG confirmed that providers should not be insisting on their use but should utilise NICE guidance "Managing medicines for adults receiving social care in the community", due for publication later this month.

6.7 It was felt this was a useful document for those patients prescribed insulin together with virtual ward patients.

6.8 There was some discussion around practice audits undertaken in addition to the CCG set medicines audits. A suggestion was made that these internal audits would be useful to share. **Locality Leads**

6.9 Further discussion took place around communication of information to GP practices. The newsletter had been trialled through a different route other than through the GP bulletin. Trawling through the bulletin was felt to be time-consuming and it was not always easy to locate hyperlinks, together with having to access information historically. It was therefore agreed that all information be sent through to the Practice Manager or Prescribing lead for dissemination to the practice.

Medicines Optimisation Group – Terms of Reference

6.10 The group were asked for any comments regarding the current Terms of reference, including membership and frequency of meetings, to be fed back outside of the meeting.

6.11 An expeditious request for any improvements was made for these to be emailed to KG, in order for any changed to be submitted to the Primary Care Commissioning Committee, by the end of the week.

6.12 In addition, a request was made to add a section on Declaration of Interests. KG to take forward. **KG**

FOR APPROVAL

7. PRESCRIBING GUIDANCE FOR the use of PDE5 inhibitors in ERECTILE DYSFUNCTION (E.D), pulmonary hypertension and other indications.

7.1 Prescribing guidance for the use of generic sildenafil and other PDE5 inhibitors in Erectile Dysfunction developed by members of the medicines management team was discussed. It was noted this guidance would be helpful to support practices in their discussions with patients.

7.2 Further guidance had been developed to assist with the prescribing of PDE5 inhibitors in more specialist uses, both licensed and off-label. It was noted that in these areas the main concern raised by GPs were urology recommendations post radical prostatectomy for neuroprotection. KG advised this could be added to the workstream of the Urology Right Care programme.

7.3 It was clarified that for use in erectile dysfunction, drugs other than generic sildenafil cannot be prescribed on the NHS unless patient meets SLS requirements.

7.4 The group approved the InFocus documentation on the use of PDE5s for erectile dysfunction, indications other than E.D, and for pulmonary hypertension.

8. PROPOSALS FOR AUDITS AND MEDICINES OPTIMISATION & SAVINGS PLAN 2017/18

8.1 The group were asked to note that this report detailed the proposed Audits and Medicines Optimisation & Savings Plan 2017/18 for primary care. Medicines Optimisation & Savings plan was intended to deliver the overall CCG prescribing savings and was commonly referred to as QIPP. Some of the suggested topics were presented at a previous meeting and, following the work of a small delegated sub-group on audits, a more detailed plan was to be presented to this group.

Audit Appendix 1 –Audit of Antiplatelet Therapy Post MI and for the Therapy of Acute Coronary Syndromes

8.2 Following approval from the MOG sub-group, together with the Cardiology working group, practices would be asked to audit patients taking anti-platelets, as part of a dual anti-platelet regime, to ensure that the duration of therapy is appropriate and that all prescriptions of limited duration have a stop date.

8.3 Approval was sought from the group on whether this was manageable. The main concern outlined was difficulty extracting the data. . The group approved the audit, recommending it to PCCC for approval.

Audit Appendix 2 – Review of Quinine in Primary Care

8.4 This audit outlined a review of quinine in primary care. The review was undertaken to look at the limited efficacy and safety issues of quinine used for leg cramps.

8.5 The MHRA had issued a warning about the use of quinine in 2010 with recommendations that quinine treatment should be interrupted approximately every three months, in order to reassess the benefit. With patients taking quinine in the long-term, a trial discontinuation could be considered.

8.6 Practices would be provided with an In-Focus document together with a template letter and patient leaflet, which outlined self-help measures for leg cramps.

8.7 Concern was raised that not all practices have submitted a second cycle for the PINCER audit in 2016/17. KG confirmed there had been 85% of submissions received.

8.8 It was noted that the AHSN had still not made a decision on funding of the PINCER audit tool for 2017/18. Discussions were held as to the next steps if this funding was not available. KG suggested that it would be appropriate to wait for a decision from the AHSN. All were in agreement.

8.9 It was further noted that areas suggested as a focus for prescribing in 2017/18 as incentivised saving measures, included Venlafaxine in either tablet or capsule form. It was noted that price changes mean that from 1 April, the price for Venlafaxine MR 75mg and 150mg capsules would be based on the price of a branded generic instead of the original brand, Efexor®, which was considerably more expensive. There will be an automatic saving of £245K on generic Venlafaxine MR capsule prescribing. Therefore plans to incentivise changes to instant release products have been dropped.

8.10 There are three antibiotic indicators that are part of the National Quality Premium for the next two years which Dorset CCG are participating in. Resources are being developed for GP practices, to include an InFocus document, and includes in summary:

- a sustained reduction in the number of antibiotics prescribed in primary care;
- a 10% reduction (or greater) in the ratio of trimethoprim to nitrofurantoin a 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data.

8.11 All thresholds would be reviewed in 2018/19 and the group were encouraged to keep at low levels in practices, and to follow the national level. A suggestion was put forward to reflect this on a comparison chart. All agreed.

The group also agreed to maintain the indicator for co-amoxiclav, cephalosporins and quinolones, although it is no longer part of the Quality Premium, equal to or below the national threshold for 2016/17 of 10%.

8.12 The members approved the recommended antiplatelet and quinine audits and medicines optimisation incentivised elements of the overall savings plan, for a recommendation to the PCCC.

8.13 The group were asked to look at the format of the proposed "In Focus" documents and were invited to provide any feedback to VS. These will be used as a resource to support the audits and MOPS. **ALL**

FOR NOTING

9. DORSET MEDICINES ADVISORY GROUP UPDATE (DMAG)

Report on DMAG including published NICE guidance and Dorset formulary

9.1 The report on DMAG including published NICE guidance and Dorset formulary was noted.

10. NICE TA TRACKER AND HORIZON SCANNING UPDATE

10.1 The report on NICE TA Tracker and Horizon Scanning update were noted.

11. PAYMENTS BY RESULTS EXCLUDED DRUGS REPORT
PbR Excluded Drug Monitoring December 2016 (Month 9)

11.1 The Payment by Results Excluded Drugs Report was noted.

12. MEDICINES SAFETY OFFICER (MSO) REPORT

Medicines Management Adverse Incidents with identified learning Drug alerts and Recalls Dec 2016 – Feb 2017

12.1 This report demonstrated that medicines safety alerts were managed at the CCG to ensure appropriate actions are communicated to providers and primary care.

12.2 The data within this report was compiled by the CCG Patient Safety and Risk Management team who are responsible for the collation of information on serious incidents. In primary care, errors are potentially under-reported therefore, the team encourage primary care to observe drug-related errors, together with having a robust reporting system in place, as all practices have a responsibility to report learning. Information about this process was included in October's *Keep Taking The Tablets* newsletter.

12.3 GPs were also encouraged to report errors to the National Reporting and Learning System (NRLS) via the link on the CCG website https://report.nrls.nhs.uk/GP_eForm. Clarity was sought on where a link for NRLS could be easily located for ease of reference. A suggestion was therefore put forward that a link could be located within a clinical system. All were in agreement. VS to research and take forward. **VS**

12.4 It was noted that Appendix 2 of the MSO Report was a useful tool for practices, and a suggestion was put forward that a column be added, to reflect any action taken by the practice. VS to review and distribute, making clear it did not remove practice responsibility to ensure they are up to date with issued alerts. **VS**

12.5 The group's attention was drawn to page 9 of Appendix 1 of the MSO report regarding 2016/17 outcomes, and the reference to a particular surgery/locality. It was important that all information remained anonymised therefore VS agreed to duly amend. **VS**

13. ANTIMICROBIAL STEWARDSHIP (AMS) REPORT

Practices Antibiotic Premium Dashboard 16/17 – CCG Targets

13.1 It was noted that there remained seven practices, distributed throughout the localities, that are outliers, and hence adversely alter the pan-Dorset averages. These practices would be receiving extra support from the locality pharmacists to help tackle antimicrobial prescribing on an individual level. Where there have been recent mergers with certain practices, this number had now been reduced to three, with two undergoing a separate supporting visit.

13.2 Antimicrobial stewardship remains a key focus of the medicines management team in line with CCG and national priorities, therefore it is proposed that additional information will be produced, together with a continuance of supportive visits.

14. PURMS

Update on PURM Service

14.1 It was noted that this service which was jointly commissioned by the CCG and NHS Wessex, had been running since the end of October 2016, with NHS Wessex responsible for the administration fee for pharmacies providing a service, and the CCG responsible for drug costs.

14.2 It was designed to take the pressure off the Out of Hours service together with repeat prescriptions. Referrals would continue from the 111 service.

14.3 NHS England are rolling out a nationally commissioned service (NUMSAS) by Easter.

14.4 There were some concerns raised by AS around A&E prescribing antibiotics. AS was invited to prepare and submit a few sentences to VS to discuss at a meeting on Friday, 17 March. A suggestion was also put forward that this data could be audited. **AS/VS**

15. PHARMACY IN PRIMARY CARE

15.1 The group were asked to note a report previously sent to the PCCC regarding the strategy for pharmacy workforce in primary care in Dorset.

15.2 KG will visit, on request, each locality to discuss this in more depth if they are thinking of submitting proposals.

15.3 There was some concern raised with funding and support and development of such posts. However, it was felt to be overall, a useful report.

16. MAKING BETTER USE OF INFORMATION TECHNOLOGY (IT)

16.1 Approval was sought on the numerous pop-ups outlined in the report.

16.2 It was noted that some GP practices develop their own pop-up versions and it was therefore important to avoid duplication.

16.3 The group were invited to recommend any in-house versions and to inform HK in order for them to be reviewed at one of the IT meetings.

17. ANY OTHER BUSINESS

17.1 A query was raised following a recent GP appraisal, where a request was made to meet with the Chair of the CCG together with Locality leads to discuss CCG transformation plans, and whether others had also been invited to attend similar meetings. Some members of the group confirmed they had. KG added that these meetings should be viewed in a complementary and positive light.

18. DATE AND TIME OF NEXT MEETING

18.1 The next meeting of the Medicines Optimisation Group was confirmed as Tuesday, 20 June 2017, 9.30am both at Vespasian and Canford House via videoconferencing.