

Medicines Optimisation Group
Wednesday 6th April 2016 @ 2-4pm

Aelfgar Surgery, Church St, Rugeley WS15 2AB

Present	<p>Dr. Mo Huda Dr. Paddy Hannigan (PH) – Chair Dr. Anna Onabalu (AO) Sam Buckingham (SB) Sharuna Reddy (SR) Lynn Millar (LM) Mahesh Mistry (MM) Gill Hall (GH) Fiona McKean Rita Lotta-Bhamber</p> <p>In attendance:</p>	<p>Prescribing Lead GP, CC CCG Prescribing Lead GP, SAS CCG GP, CC CCG Pharmaceutical Advisor, SAS CCG Pharmaceutical Advisor, CC CCG Director of Primary Care, SAS & CC CCG Head of Medicines Optimisation, SES CCG Service Development Officer, South Staffordshire LPC Pharmacist, Royal Wolverhampton NHS Trust Project Manager, Medicines Optimisation Team</p>
1.	<p>Apologies Dr. Claire Pilkington, Julie Lomas (Fiona McKean in attendance)</p>	
2.	<p>Declaration of Interest GP First – PH, AO, MH</p>	
3.	<p>Minutes of the last meeting Accepted as accurate.</p>	
4.	<p>Matters Arising / Actions</p> <p>Denosumab – on going. Paper going for approval to FPC in April 2016 for SAS & CC following further amendments.</p> <p>UTI management in care homes – guideline produced by infection control team now approved from SSOTP (going to APG in April). Need to look at producing a checklist for nursing homes to assess patients' symptoms before GP's are contacted. Amanda Ellison is working on educational work with nursing homes – SR to follow up.</p> <p>MH raised issue of co-amoxiclav reporting on UHNM ABx sensitivities reports – issue limited to UHNM as RWT do not routinely report on co-amoxiclav. Previously been raised through microbiology and infection control teams and now needs to be escalated. SB to provide PH details of issue and action to date and antibiotic prescribing data since laboratory change over.</p>	<p>SB</p> <p>SR</p> <p>SB/PH</p>

	<p>SES&S QiPP achievement and budgetary position to be reported on from April 2016 data. There will be standardised reporting across all 3 CCGs for QiPP and budgets.</p> <p>Project Manager Role for QiPP – Rita now appointed to role on 6 month secondment.</p> <p>Quality indicators have been produced by SR for QiPP schemes – to be discussed at the next confirm and challenge meeting and brought back to MOG in May 2016.</p> <p>MM has responded to Martin Wakefields’ email regarding possible QiPP schemes.</p> <p>Drugs of limited clinical value paper gone to SAS membership board – due to be discussed at SES&S and Cannock over next few weeks.</p> <p>Gluten-free prescribing – MM has investigated the personal health budget option and this is very complicated and there is currently no dedicated lead within the CCG so could be very difficult to implement/manage. Group discussed options and therefore have agreed to progress with the pharmacy supply route with limited quantities of bread and flour only to be made available as stopping prescribing completely not priority. PH raised paediatric patients which may need to be looked at separately.</p> <p>Current GF prescribing guideline to be updated by Mary Johnson and sent to Area Prescribing Group for approval. Mary/MM will work with GH to develop the pharmacy scheme and to develop communications plan to ensure patients are informed of the changes. Due to CCG pressures need to get this operational as soon as possible. Aim to send scheme proposal for CCG sign off by Primary Care Committee or membership boards in May.</p> <p>Scriptswitch profile merger – training on updated system for SB, Mary Johnson and Jeanette Morgan 13th April 2016. Merger of profiles will then begin. Ongoing.</p>	<p>SR</p> <p>MM/MJ</p> <p>SB</p>
<p>5.</p>	<p>2014-15 Medicines Management QiPP Achievement to-date</p> <p>Stafford have currently achieved £844,000 savings in year with an additional £247,000 carry over savings. Above target and looking at £860,000 in year savings.</p> <p>Cannock to date is £737,000 and end of year forecast is £775,000 which is slightly lower than the £822,000 previously reported. Additional carry over savings of £163,000.</p> <p>SES end-year forecast is £746,000 in-year with £1.2m of annualised savings.</p>	
<p>6.</p>	<p>Current prescribing budget financial position</p> <p>For all CCGs the forecasted end of year figures have reduced since December 2016 in-line with the medicines optimisation teams forecasting.</p>	

	<p>Stafford forecast year end is £1.3m overspent with overall growth from last year of 5.1%</p> <p>Cannock is 2.87% growth and forecast overspend is £382k. Sandy lane remains a potential issue and they are not engaged with the QiPP plan. A new pharmacist working in the practice may enable some CCG directed work to be undertaken if funding agreed by the CCG.</p> <p>SES&S???</p> <p>Stafford & SES have the highest growth within the Area Team however they have equivalent growth in prescription items where other CCGs have seen minimal or negative growth in items. This is due to population growth in both SAS and SES&S. Lynn discussed work on-going elsewhere in CCG where population growth is being looked at.</p> <p>Considerable pressure across the CCG on the QiPP plans for 2016/17. Plan to have a 0% uplift on all non-acute contract budgets (including prescribing) with a review at the end of quarter 1. This will put increased pressure on prescribing budget and medicines optimisation teams. Need to focus on the agreed medicines optimisation QiPP plans whilst looking at other potential areas. Any challenges over the prescribing budget will be through FPC and Directors and Clinical Leads will support the medicines optimisation heads/advisors.</p>	
<p>7.</p>	<p>QiPP Planning for 2016-17</p> <p>High Cost Drugs: still awaiting CSU costings for commissioned service as original quote too high. In interim review of invoices will continue to be done by MM/SB and queries raised through the contracting teams.</p> <p>Drop List Policy: going through membership boards. Need to have communications plan to support the implementation. Also need to have a simple summary list available for prescribers and also community pharmacists to reduce inappropriate referrals back to GPs for medication.</p> <p>Gluten-free – as discussed previously under matter arising.</p> <p>Nursing homes – clinical reviews will be done through the CCG medicines optimisation teams. Also looking to have local policy for homely remedies – SR to produce and to go through APG.</p> <p>QiPP plans SOP's have been circulated for information – comments to be fed back to MM by 15th April 2016.</p>	
<p>8.</p>	<p>BuTec proposal</p>	

	<p>BuTec discussed and agreed to support the recommendation of this brand for all buprenorphine 7 day patches. Need to consider how to accurately capture cost-savings as the price is likely to reduce further during the year therefore need to review – SB to follow up.</p> <p>Letter to go to community pharmacies informing them of the change.</p>	<p>SB</p>
<p>10.</p>	<p>Any other business</p> <p>Plan C QiPP considerations</p> <p>MM presented a paper to discuss other potential options for QiPP in-year. Ones of merit include</p> <ul style="list-style-type: none"> • pasugrel/ticagrelor review after 12 months – need to look at potential concepts on EMIS-web and Scriptswitch messages. SB to pick up concept work/Scriptswitch. • Need to maximise red drug repatriation on safety and clinical grounds through acute trusts. • Oral nutritional supplements: money is available to the CCG from enteral feed contract to look at primary care prescribing of ONS therefore need to produce business case for this. Need to look at the nursing home referral forms and get these embedded into routine practice. • Seretide accuhaler changes – not keen on another switch. Potential rebate offering by prescribing as branded Seretide therefore no action to be taken at the moment. • Need to look at alogliptin prescribing as potential switch from alternate DDP-4 drugs. Need to confirm patent expiry date of sitagliptin as this may be in next few years which would limit long-term prescribing savings and potential require switching patients back to the generic version. • Stalevo to Sastravi – potential as small number of patients. Need to engage with Parkinson disease specialists for support. Fiona added that RWT and Wolverhampton CCG may have agreed to this recently. Would be key to get the support of neurological alliance (John Morgan) to take forward. <p>Additional options include incontinence and stoma prescribing which is currently being looked at.</p> <p>MM raised that other CCG's look at prescribing QiPPs across the year rather than April-Mar to enable prescribing data to be reported in-year. Would be good approach to look at introducing this and working Jan-Dec from Jan 2017 – this needs to be raised through confirm and challenge/QiPP planning.</p> <p>External resources:</p> <p>MM presented paper over utilisation of external companies to provide additional resource/capacity. Group is supportive of work as long as in-line with key QiPP areas/prescribing priorities and in accordance with ABPI regulations.</p> <p>PCAF already undertaken in SAS and CC – look to get funding to undertake this in SES&S. MM to follow up other potential areas as appropriate.</p>	<p>MM/SR/S B</p> <p>MM</p>

	<p>Key to ensure work is recorded within the CCG and Sally Young to be invited to future meeting to ensure in-line with CCG governance policies. Looking to obtain funding to support pharmacist training on respiratory medications/local guidance to support QiPP plans. MM working with GH and the LPC to arrange across South Staffs.</p> <p>Membership agreements SAS have included antibiotics and repeat dispensing as membership agreement indicators for prescribing in 2016/17. SR and MM to look at replicating in CC/SES&S to ensure equity.</p> <p>Meeting venue Future meeting will be aligned with the EMT meetings and will therefore be held at either Staffordshire Place (Stafford) or Merlin House (Tamworth). SB/LM to discuss with admin team to rearrange.</p>	<p>SR/MM</p> <p>SB/LM</p>
	<p>The next meeting date is confirmed as: TBC</p>	