NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9.30 am to 11.00 am**
	Date:	**Wednesday 2 March 2016**
	Venue:	**Larch Room, Oak House**
	Reference:	**AG/JAA**
	Chairman:	**Avanthi Gunasekera**

Present:	Stuart Lakin (SL)	Head of Medicines Management, RCCG
	Avanthi Gunasekera (First Part of Mtg)	GP, Commissioning Executive, RCCG
	Ravi Nalliagounder	GP
In attendance:	Judith Wilde	Prescribing Advisor, RCCG
	Eloise Summerfield	Prescribing Advisor, RCCG
	Lisa Murray	Prescribing Advisor, RCCG
	Paula Whitehurst	Prescribing Technician, RCCG
	Sally Webster	Prescribing Technician, RCCG
	Rebecca Atchinson	Public Health England
	Julie Abbotts	Project Officer, RCCG (Minutes)

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	Agenda Items and Action Points	Action
16/47	**Apologies** Alun Windle	
16/48	**Declarations of Interest** No declarations were made.	
16/49	**Minutes of the Meeting held on 10 February 2016** Minutes were accepted as a true record.	
16/50	**Matters Arising**	
	14/22 EPS 2 Rollout – NH **13/194 & 13/206 & 13/363 & 13/380 & 13/400 & 13/443 & 13/495 & 14/53 & 14/70 & 14/82 & 14/99 & 14/112 & 14/132 & 14/146 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50** **EPS (Electronic Prescription Service)** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *RS said that he had attended a meeting recently in Doncaster with Shivonne Murphy from HSCIC which is the organisation which promotes EPS nationally and she commented that she had learnt more from RCCG and the way they are doing EPS than from anywhere else and this information*	

	was better than the information she was giving out to promote EPS. There are a couple of our ideas in particular which she would be using as case studies. *SL reported that the next roll out would be Swallownest early in the New Year. Stag had gone live and was going well. No other practices yet booked in.* *Social Enterprise booked in and to go ahead soon if re-awarded the contract.* *It was noted that there had been no further developments regarding repeat dispensing. RS reported that the data from December shows the top 3 practices with 77% usage (Brinsworth, Village Surgery and Woodstock Bower).* *Need to look at if there is anything practices are doing differently in the area. HSCIC arranging some EPS meetings in the Local Pharmaceutical areas which would be for one day a week for 5 consecutive days, Monday to Friday. Nominations would be discussed at these meetings.* *Swallownest now have a kick off date. Dates are arranged for Canklow, Rosehill, Greasbrough and The Gate. There is no interest from other practices as yet.* *SL said that we are almost catching up with Doncaster who have 10 practices not compliant compared with our 9. We have received definite refusals from Kilnhurst and Kiveton Park and are trying to engage with Wickersley. Queens and Broom Valley are not currently engaged.* This is progressing smoothly. Two more meetings have been held with York Road and we are trying to encourage the practices who have not signed up to become involved.	
	14/161 & 14/181 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307& 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **<u>Anticoagulation</u>** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *AG had attended the Anticoagulation Meeting on 27 November 2015 with Dr Taylor where issues re complaints were discussed. Rachel Garrison had also attended the meeting. Nothing new to add. Working on NOAC guidelines with problems envisaged within the Trust. Dr Taylor is planning some specialist training in the Grand Rounds with a guideline for the Hospital to follow. No response received as yet. SL explained that they were planning a joint meeting of the Trust's Drugs & Therapeutics Committee with the Area Prescribing Committee to look at how to manage NOACs. They would also be liaising with the Care Co-ordination Centre to look at sending out Tinzaparin Shared Care Protocols. Need to remind about the Finance pressures. RN feels that the hospital is under pressure to discharge patients and these needs to be monitored.* *AG/SL need a discussion around the Anticoagulation Meeting and questions received.* *There are lots of issues. Still grieving over Dr Taylor's pending retirement in March and the need to find out if a consultant will take over the meetings. Chasing up whether they are still doing what they said they were doing about recruiting a Heamatologist. There are still problems with some discharges. Another complaint has been received re Tinzaparin shared care. It was agreed that Anticoagulation would be put back on the APC Agenda.* *SL was unable to attend the Haematology meeting on 26 February – AG agreed to let SL know if she was able to attend. Details of four issues regarding inappropriate discharges have been sent*	SL/AG JAA AG

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	to Dr Taylor. SL felt that some of the problems were a result of Haematology and Cardiology working in silos. Post Meeting Note – AG is able to attend. *AG had met with Dr Taylor. Statistics for NOAC usage at TRFT had dipped in the past few months so the message is getting across. TRFT have been advised that we cannot continue with the current level of prescribing and if it did continue then other services would need to be decommissioned to allow for this. Discussion occurred about the Tinzaparin SCP – these are to be faxed to GP's. Warfarin usage appears to look good at the moment. Dr Taylor's view was that one NOAC is used – this will be raised at the APC meeting on 2/3/16.* Discussion took place about counselling patients and how this is done. SL said that Anticoagulation Nurses are currently doing this and they then give patients an information leaflet. The importance of this being done well was discussed and SL agreed to raise this at the APC meeting on 2/3/16.	SL/AG SL
	14/228 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 Wound Care Project and & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Nutrition/Wound Care Project Updates** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** <u>*Wound Care*</u> *Slight slippage with the wound care prescribing with one of the District Nursing Teams in Wath/Swinton proving more difficult due to the number of Barnsley patients. SL has spoken to the Tissue Viability Nurses and Adult Nursing Team regarding the Wound Care Administration Team. Kate will be pulled out of this project and the Trust will need to arrange the management of the Admin Team. Finance working well and cost pressures at moment have been rectified.* *From March 2016, a Steering Group will be set up to meet every 2 months in order to keep an eye on the project.* <u>*Nutrition*</u> *There are slight concerns about timescales with the Nutrition project. SL explained that a new tender spec is being written for the new financial year. This will mean a block contract will be in place and the dietetics service will be part of a block contract. This is a large project but will mean more stability to the service.* *SL is currently writing up the Nutrition Service Spec and is hoping to get this finalised by the end of the financial year but there is likely to be some slippage on this. Woundcare Project is in the last phase of roll-out. Kate is currently visiting practices to take off dressings from repeat templates. Project should be complete by the end of February when everyone should be on this.* *Woundcare Project – SL said that Kate was currently working with the last locality and this is going through fine and the finances are also looking positive. When the last locality is finalised, Kate will work target Wickersley to try to progress this.* The Woundcare Project is on target and is working well. There will soon be no need for District Nurses, Practice Nurses or GP's to write out prescriptions for woundcare products. Issues around cross-charging from TRFT will now need addressing.	
	14/391 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199	

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	& 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Respiratory/COPD** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *A meeting with John Miles would be taking place after the MMC meeting today and feedback will be given at the next meeting.* *A meeting has taken place with John Miles and an agreement had been reached regarding the COPD Guidelines – GB will bring the revised guidelines to the next MMC.* *AG will email GB regarding sharing the guidelines with SL/AG/John Miles/Surinder Ahuja and Osman Chosman at TRFT to ask for their feedback. The guidelines would then be brought back to the MMC meeting scheduled for 9 December. Post Meeting Note - GB has emailed the draft COPD guidelines to JM, SA and OC.* *SL reported that GB has had no response from Jon Miles regarding these guidelines. AG/SL/GB to discuss and produce an email in the New Year. JK would also mention this at her meeting with Jon Miles.* JM has confirmed he agrees with the amended COPD guidelines. It will be uploaded on to the intranet shortly. JM has agreed to run a workshop at the PLT in May with AG/GB supporting. It was decided that the guidelines would not be uploaded to the intranet until after the workshop has taken place. Ongoing.	GB AG/GB AG/SL/GB GB
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 & 16/19 & 16/37& 16/50 **Prescribing Responsibility for Transgender Medications** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *There is a tenuous agreement with LMC that GPs will take on the prescribing once the SCP is in place. SL has spoken to Sally Kirby about this and he has produced a first draft of the SCP but there are gaps at present. A second draft to be produced in the next couple of weeks, then this will be circulated across South Yorkshire & Bassetlaw. Sally Kirby is to have a discussion with Professor Wiley.* *SL has progressed the SCP as far as he can and it now needs input from Professor Wylie who is currently on sick leave. It is hoped that he will be back at the end of January and SL will then try to move this forward.* Ongoing.	SL
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37& 16/50	

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	Posters for Waste Management Campaign **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *Wakefield are currently interested in copying Rotherham's Waste Management campaign.* *The campaign is going very well and we have some good intelligence so far, including a visit to a patient's home planned.* *SL has tentatively put forward for some funding to move from the incentive scheme in order to employ pharmacy technicians to work on waste management within practices.* *There has been lots of intelligence received, for example, glucose monitoring sticks/dosage etc which patients are very irritated about. Discussion took place about patients being discharged from the Diabetes Centre with too many vials of insulin and then GPs continue to prescribe at that dose. Work is taking place around the issues raised.* *Ongoing - quite of a lot of information is being received about insulin and glucose monitoring and another incident has been received about Gaviscon.* SL said that there was some good data being obtained from this project. All data is being analysed with regards to savings generated etc. SL would be taking a paper to OE in the next few weeks.	SL
	15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 16/04 &16/19 & 16/37 & 16/50 **Improper Use Of Rotherham Minor Ailment Service** *A recent issue was raised which occurred over the recent bank holiday period. The Pharmacy First service is linked to NHS 111 who directs patients to pharmacies who provide the Pharmacy First service. NHS 111 have reported that Boots at Cortonwood have informed them that they cannot provide the Pharmacy First service on bank holidays and weekends due to being too busy.* ***<u>Action</u>** - A discussion took place and it was agreed to write to this pharmacy and inform them that the Pharmacy First scheme must be provided to patients at all times during pharmacy opening hours. If the pharmacy is not able to agree to this then the pharmacy will be withdrawn from the scheme.* *More issues have been raised. This causes concerns as this scheme operates on a high level of trust but it is open to abuse. The electronic system for inputting the data should be up and running in the near future and this will allow for more robust monitoring of claims.* *Discussion occurred about a possible Mystery Shopper exercise and it was decided that careful thought needs to be given to how this should be done.* NEO the electronic system for pharmacies to input data is being launched in the next few weeks and this should make it far easier to monitor the information. RA said that NEO is also used for the drugs and alcohol prescribing and suggested that RS speaks to RA's colleague who does the analysis and find out how this works. RA agreed to find contact details and send these to Rebecca Stevenson.	SL RA
	15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Clinical Pharmacists in GP Practices** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>**	

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	We have a list of practices that are interested in employing a pharmacist. *JK asked that should we submit a further bid in the coming year, Chris Thompson will be contacted.* *The advert is now live on behalf of practices. The advert went live just before Christmas and there has been a great response so far.* *There have been 30 applications so far and another two people have indicated that they will be applying. Closing date is 22 January. SL is meeting with Practice Managers regarding the interview process. There are 7 practices which have shown an interest – a couple more practices have shown interest but it's not currently feasible for them to proceed. Information has been received from applicants who have telephoned that the fact that support has been offered from members of the MMT has encouraged people to apply for the posts.* *SL said there had been 47 applicants and 10 of these had been offered interviews which will take place on Wednesday 17 February 2016. Interviews will consist of a 10 minute presentation, followed by a formal interview. SL said that the standard of applicants was very high.* SL and JW reported that there had been issues with the interviewing process and there had definitely been learning points from the process. Potentially there are five practices who may be recruiting and a couple of these had already made agreements subject to necessary checks being carried out. It was acknowledge that although it had not been an easy process it had been pleasing that there had been such a high number of applicants.	
	15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Traffic Light System** *After discussion it was agreed that a comment would be added at the side of Ulipristal ie 'is for ore-hysterectomy uterine constriction'. Donepezil is also coming up as Amber and is on GP LES which hasn't been agreed but some GP's are still doing the LES. After discussion it was agreed that Donepezil would be left at Amber with a note to be added ie "GP can initiate under the LES".* *JW said that Rifaximin is currently being used as an Amber drug – ES is looking at this as to whether we need a shared care protocol. JW asked if we could leave this as Amber whilst ES is looking at this. JW said she thought that Sheffield would be updating their SCP in the next few months so it might be a good idea to wait until then. Members were in agreement with this approach.* JW said that Ropinirole is currently Amber on the traffic light system for treatment of Parkinson's disease but it is also used for restless leg syndrome. After discussion it was agreed that it would be Amber for treatment of Parkinson's Disease and green for restless leg syndrome. Cyclosporine eye drops were discussed and it was suggested that these be made Amber, only to be initiated by Specialist, but can be continued in general practice. SL would raise this at the APC meeting on 2/3/16.	JW JW/ES SL
	15/136 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Testosterone Shared Care Protocol**	

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	ES had drafted these and GP's would be asked to perform bloods/review test results. This had been discussed with Jacqui Tufnell re payment for this and she had said that this could be added onto an existing schedule. *SL agreed to email Jacqui Tufnell about this.* *Ongoing*. ***Action*** *- ES is reproducing this document.* On agenda.	SL ES
	15/137 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15** **Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04** *LM is pulling together a report on the observations and finding so far. LM needs to discuss with AG the clinical issues asap. It was agreed that LM and AG meet next Wednesday 30 December for half an hour, but LM would liaise with RN beforehand.* *RN requested the need to find out the figures for discharge patients and what medications they are on.* *Discharge letters needed to include the reference to fragility fractures for a patient, in order that their ongoing treatment can be monitored, due to their being inconsistencies.* *LM agreed to share her report with Dr Kitlowski in order for discussions to take place with Maxine Dennis about finances, which should already be in place with the Trust. JK has emailed MD asking for details of TRFT figures.* ***Action*** *- To be added to the agenda of the next meeting, LM was not present to update.* *SL explained that Rotherham seem to be under prescribing these drugs. LM is looking into this and undertaking audits at practices.* *Ongoing – LM would bring this back to the next meeting. It was suggested that this would then be put forward as a possible LIS Audit for this year. LM will bring recommendations to the next meeting and AG will liaise with JK about this.* *Julie Kitlowski had agreed to attend the meeting on 16 March 2016 to discuss this.* Ongoing.	LM
	15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Emergency Supplies Scheme to be Extended in Both Availability and in Volumes** *This was discussed at length and it was agreed that we would wait until information from the national audit is available. Overall we feel that we will continue the service for bank holiday periods and will look at extending supply to 14 days over the Christmas period. Following the national audit results we will also look at it being activated over every weekend. If we consider this the supply should be over 5 days. More than 7 days were not favoured due to the increased potential for patients to misuse the service.* *After much discussion it was decided to supply 14 days of medications on the scheme over the Christmas period.*	

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	Christmas, Boxing and New Year's Day Period: Emergency Supply of Medicines Local Enhanced Service (LES) - RS *RS said that a letter is due to go out to Community Pharmacies to inform them that there will be a service between 24 December and 4 January. SL said there had been a report discussed at OE recently which mentioned the impact the emergency supply schemes can make. Discussion occurred about this and members agreed that they were happy with their decision to run the scheme for Christmas and Bank Holiday periods only rather than operating it for 365 days per year service and would stick to this unless national guidance/evidence suggested otherwise.* *RS said that a recent publications from NHSE, Extending the Role of the Community Pharmacy in Urgent Care, had promoted the same usage of the Emergency Supply Scheme as what Rotherham had adopted ie Bank Holidays only. Matt Auckland from NHSE doesn't know when national data will come out about the scheme but he is going to share this with RS when it does. RS confirmed that CCC/111/Care UK have been reminded about the service.* *It was confirmed that Emergency Supplies were up and running and in place for the forthcoming Bank Holiday weekend. There was nothing else for discussion.* *Up to 20 January 2016 seven people had accessed the service over Christmas which was significantly less than last year. There had been incidents with three people who had attempted to access the service. One patient had been refused access to the scheme as the patient had not received the medication in the last three months from that particular pharmacy. A further two patients were told by the pharmacy that the scheme was not running. Once the pharmacies were contacted by NHS 111 the pharmacies realised they were and did end up making the supply. This resulted in some slight inconvenience. SL/RS had recently met with the LMC but the data hadn't been available to share with them – this will be shared at the next meeting.* *SL said that there had been poor uptake over the Christmas period and this confirmed that the approach currently being adopted ie to provide this service during Bank Holiday periods only was the right approach to take.* Ongoing.	
	15/189 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Prescribing Cost Growth 12 Months to June 2015** *SL went through the prescribing cost growth which is 5.8%. This is stronger than desired but is in line with national cost growth rates and predictions made prior to budget setting. Although the prescribing budget is forecast to over spend at year end this should not be a great risk to the CCG.* *After discussion the following action items were agreed:-* *RS would carry out a piece of work around Pizotifen.* ***Antipyschotics -** There is a strong cost growth around antipsychotics and proposal was made to switch generics to branded generics. If treatments were switched there is a potential saving of £60K. LM said she was able to obtain of guidelines which could be Rotherhamised. AG agreed to take the suggestion for discussion at SCE.* *RS agreed to discuss the potential switch at the next RDaSH MMC and liaise with relevant pharmaceutical companies.* ***Buprenorphine** – this was discussed and it was agreed that issues would be highlighted at a*	RS AG RS SL

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	future PLT ie alternative treatments/products which are available. *Glaucoma prescribing was discussed and it was agreed that this would be taken to the next APC meeting on 28 October 2015 – JAA to add to agenda.* *IBS Pathway – Dietetics were showing an interest in taking this on. SL is looking at developing guidelines. After discussion it was agreed that questions would be added to the survey monkey which is being sent out to GP's to ask for their views on this.* *Vitamin D – a switching programme is taking place as part of the piece of work that LM is carrying out. AG had recently had a couple of patients who had been asked by their midwife to contact their GP to ask about Vitamin D. It was agreed that LM would look into this issue/look into guidance for midwives.* *After running through the cost growth information, AG agreed to ask SCE if they would like SL to present the information at a future meeting.* *SL will be attending SCE on 28/10/15.* *SL said that he is currently putting together proposals on how to manage the cost growth.* *This would be discussed as an agenda item.* *MMT had met on 19/1/16 and are putting together themes to try to reverse the cost growth ie diabetic needles, switching branded generics, products for dry eyes etc.* *SL has written a report and had identified £400K worth of excess costs around diabetes and this was briefly discussed.* No further update.	JAA SL LM AG SL
	15/204 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Melatonin for Sleep Disorders in Children** *Shared Care will say that prescribing will only be taken over by Primary Care as long as the licenced product "Circadin MR 2mg Tablets" is prescribed by secondary care. Currently the problem is with children who live in the south area of Rotherham being treated by Sheffield who have had a different prescribing policy but the recent Sheffield APG show's STH are moving towards only using the licenced product "Circadin MR 2mg Tablets".* *After discussion it was agreed that LM would be asked to develop a patient information leaflet and an information bulletin for GP's – to be actioned within 4 weeks. RS has an example patient information leaflet which he has forwarded to LM. It is then hoped that as many patients as possible can be changed over with the support of secondary care where necessary. It was also agreed that once the policy has been agreed we will write to the people responsible for prescribing in Sheffield with a copy of our policy. The policy will also be shared with Christine Harrison/Surrinder Ahuja at TRFT.* *LM is working on this and will be re-writing the SCP, looking at licenced products and switching patients.* *LM reported that the current SCP was out-of-date and that discussions were required with GPs and secondary care regarding patients with sleep disorders. One of the key issues is where some young adults at the age of 18 who are currently on Melatonin are discharged without continuation of their medication. AW raised the issue that the continuation of care for SEND*	

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	patients can carry on up to the age of 25 years. *It would be necessary to look at the SCP to discuss with paediatricians regarding their directions to GPs for continuation or review of medication and this would need to link into the RDaSH guidelines. Need an overarching policy with clear guidance of reviews for these patients to include both TRFT and RDaSH.* *LM agreed to liaise with Emma Royle, Christine Harrison and the psychiatrist leading on sleeping disorders, to discuss this issue and the roles and responsibilities.* *It was suggested that a meeting could be arranged for the end of the APC meeting in January.* Ongoing.	
	15/205 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Amiodarone SCP January 2014-17** *AG told members that Dr Cole had suggested that a SCP for Amiodarone be developed, however, there are only 174 patients in Rotherham who are being prescribed this drug. It was agreed that RS would look at the Sheffield SCP and this would be Rotherhamised. RS to discuss with SL.* *Ongoing – discussion occurred about this and it was agreed that a one page Monitoring Guidance document be produced – RS would forward this to AG and she would discuss this with a Cardiologist at the hospital. Amiodarone would be rated Amber with monitoring guidance. When complete a paragraph would be placed in Bitesize and the guidance would be filed with Top Tips.* *This would be discussed as an agenda item.* *This was discussed at the last meeting and the protocol was approved.* *RS reported that there were currently 171 patients in Rotherham on Amiodarone. The LMC had requested that a SCP be produced as patients were not attending to have regular check-ups carried out. RS had been looking at Sheffield's Information Booklet for patients on Amiodarone and would be speaking with Dr Muthusamy. It was agreed to send Dr Muthusamy these documents and for the MM Team to devise some questions for him. RS and AG would devise the questions.* *RS asked the Committee if they felt Rotherham should adopt this passport for patients. AG asked that the two appendices be removed from the Rotherham version. AW felt that from a quality perspective Rotherham patients should be given a similar booklet.* *SL agreed that this booklet be adopted and there would be the need to speak with practices regarding contacting their patients currently on Amiodarone. The CCG could provide printing of these booklets for current patients, with the TRFT providing booklets to new patients prescribed Amiodarone. It was agreed that patients on Amiodarone could be invited for a review of their medication, where the booklet could be provided and explained.* *The Committee discussed the concerns surrounding relevant reviews of medications.* *Once information received back from Dr Muthusamy, this would then need to be taken to LMC for agreement. This would also require ratification from the APC. At the March APC meeting decisions could be made about going out to practices.* *Information will be included in the Top Tips for existing patients with a SCP for new patients only.*	RS/AG RS

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	Protocol is all ready for uploading to the intranet. *The SCP had been discussed at the recent APC meeting and had been approved. Dr Muthusamy, Conrad Wareham and Dr Smith had all seen the SCP, although they weren't present at the APC Meeting, members were happy to approve. The patient information leaflet was also approved and they were happy to distribute this to patients as long as we provide the leaflets. The SCP hasn't been put onto the Traffic Light system yet. Discussion took place around payment for monitoring and this needs wider consultation. It was agreed that AG/SL would take this for discussion at SCE – JA to arrange a date.* This will be discussed at the SCE meeting on 9/3/16.	AG/SL/JA
	15/207 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 **Biosimilar Medicines** *SL said that the first insulins were now coming off patent. The Biosimilar insulins aren't the same as the usual insulins and patients would need to be monitored. The new product, Abasaglar, is 15% cheaper. Branded generics would be discussed at SCE on 28.10.15 and if agreed, a paragraph would be put in Bitesize to inform GP's and SW would also be asked to set-up a pop-up.* *SL said that we needed to look at this because there are a couple of biosimilars coming through in December and more to follow from NHSE. Looking at gain sharing with TRFT and ES is doing some costings with Bluteq. SL will be meeting with CCG Contracting and will then talk to Chris Edwards about a proposal to 50/50 fund a post at TRFT for a Pharmacist to sort out Biosimilars. It is hoped that this piece of work could be taken to APC in April.* *SL reported that the proposal for savings allocation is as follows:* *1st year 80:20 to TRFT* *Years 2&3 20:80 to Primary Care* *This will be discussed at the APC on 6 January 2016.* SL said there is now a policy for the first one, Infliximab, which is switching to a branded product and an agreement has been sorted out around cost savings generated in the first year. JA would ensure this item is added to the agenda for the next APC.	SL SL JA
	16/08 & 16/19 & 16/37 & 16/50 **What not to prescribe list** *Wakefield have a scheme whereby GPs have a 'What not to prescribe list' to stop them from routinely prescribing certain medications such as Paracetamol, Co codamol and Glucosamine. There is a poster campaign asking GP's not to prescribe the items on the list and informing patients.* *There were questions around whether this was a possible idea for Rotherham. RC Suggested that this is taken to the member's group meeting.* ***Action** - SL to ask Wakefield for their materials and come up with our own list for Rotherham. This is to be taken to the member's group meeting, and the medicines management team are to visit PPGs at practices to discuss and get patient's feedback around this idea.* *RC raised concerns with regards to the current Pharmacy First scheme. If the 'What not to*	

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	prescribe list' went ahead, patients would potentially go to the pharmacy instead to have the medicines prescribed free of charge via the Pharmacy first scheme. This would still mean that the NHS would have to pay for product costs and a consultation fee to the pharmacy. This would be looked into before deciding to go ahead. *SL talked about different areas of the country who were stopping prescribing certain drugs for example, things like vitamin prescribing, pain relief drugs which are inexpensive to buy etc. SL said they would be working with patient engagement groups to look at what is currently being spent on certain drugs and how this money could be used more efficiently. Work will also take place around which drugs other areas of the country have stopped prescribing.* SL will be drawing up a list of What Not to Prescribe and will be carrying out a patient engagement exercise around this over the next six months, working with Healthwatch and Helen Wyatt. RA suggested that an Inequalities Impact Assessment be carried out before this project commences and offered to help with this.	SL
	16/24& 16/37 & 16/50 **Rotherham Drugs for Dementia Summary Report Quarter 2 – 2014/15** *SL went through this document and the following points were highlighted:-* *Dementia drug prescribing data was discussed and Rotherham's prescribing data was compared to Doncaster CCGs and North Lincolnshire as all three CCGs obtain their dementia services from RDaSH.* *Rotherham has the second highest dementia prescribing cost\patient whereas Doncaster and North Lincolnshire have prescribing costs in line with the average for England. Rotherham also has the second dementia drug usage as measured by ADQ/dementia patient.* *SL stated that the MMT were presenting this data at the RDASH Medicines Management Committee and requesting explanations for the differences in prescribing between the three CCGs.* *RDASH are working with the Rotherham MMT to address these issues and dual dementia drug prescribing had already been addressed - we are now looking at Rivastigmine patches as the cost difference between oral dosage and patches is significant and neighbouring CCGs do not appear to have to use these products to such a degree.* *RN - we also need to consider the influence the Parkinson nurses have on Rivastigmine patch prescribing.* Ongoing.	
	16/23 & 16/37 & 16/50 **Rotherham Diabetes Summary Report Quarter 2 – 2015/16** *SL went through this document and the following points were highlighted:-* *SL explained that the CCGs Diabetes Guidelines would require updating in line with the recent NICE diabetes guidance, however, there would be no major changes as the CCGs current guidelines were almost in accordance with NICE. However, the new NICE HbA1c targets were going to be challenging.* *The comparative prescribing data - it was noted that Rotherham had changed its position on the scatter plot and was now in the high prescribing cost - low hospital admission quadrant.*	

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	Rotherham had for years been firmly placed in the high prescribing cost – high hospital admissions quadrant. It was thought that this rapid change in position on the scatter graph was most probably due to changes in how TRFT was coding admissions. *Rotherham's high insulin costs and use were observed. The waste medicines project has uncovered significant over ordering of insulin and an audit is planned. Revised guidelines are also going to be launched for Self Blood Glucose Monitoring and a needle switch scheme is going to start in March 2016.* *SL would bring the new NICE Diabetes Guidance to the MMC by the end of February.* Ongoing.	SL
	16/23 & 16/37 & 16/50 **Rotherham Antibacterial Summary Report 2015/16 Quarter 2** *As usual the volume of antibiotics prescribed is in-line with the average for Y&H but we have the second highest costs. This is due to a high Nitrofurantoin use to treat UTIs instead of Trimethoprim, however, this pattern of prescribing reflects local microbiology advice and sensitives.* *Rotherham continues to have relatively low prescribing rates of Cephalosporin's and Quinolone antibiotics which is good. However, the prescribing of Co-amoxiclav is decreasing which is a positive and this will also reduce costs.* *The prescribing of topical antibiotics is significantly higher and it is disappointing that Minocycline use is now in-line with the national average where Rotherham was significantly below the average in previous years* *JP will examine both of these uses and report back to MMC.* Ongoing.	JP
	16/24 & 16/37 & 16/50 **Vitamin D Patient Information Leaflet – Draft** *This was discussed and LM said that she had sent this to Helen Wyatt who had agreed this leaflet with members of her patient groups. After discussion it was felt that the wording of the leaflet was fine and read well but slight changes to the graphics needed to be made and then it would be ok.* On agenda.	
	16/25 & 16/37 & 16/50 **RCCG Vitamin D Prescribing** – LM *We have currently got a £170K growth in Rotherham. Regarding patients who have been treated and gone back to normal levels we are looking at adding to the "Do Not Prescribe List". Discussion took place about whether we should treat patients to bring them back into the normal range and then issue them with a leaflet regarding self-treatment. LM is currently looking into costings compared to last year and will then be carrying out a consultation exercise with Helen Wyatt ie talking to patient groups to seek their views about this ie showing cost of prescribing compared with purchasing tablets over the counter. Engagement with GP's is also required before a policy could be drawn up. It was suggested that this be added to the agenda for the Commissioning Meeting in June.*	LM

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	In the meantime LM would be carrying out a switching programme to switch patients from branded to Invita and would add something to the GP newsletter in the coming weeks. It was also suggested that a message could perhaps be placed on the TV systems in GP surgeries.	LM
	It was agreed that JA would invite Rebecca Atchinson to a MMC meeting in February if possible.	JA
	Rebecca Atchinson would be attending the MMC meeting on 2 March 2016. Rebecca Atchinson was present at the meeting to discuss this item. LM had sent out guidelines for review. There was now a new product Invita 50000 and the guidelines had been amended to reflect this. There were other slight changes that had been made. Discussion occurred about prescribing of vitamin D and it was agreed that patients found to be deficient would be given a six week course of treatment, then checked 10 weeks after initiating treatment course. A further check would be carried out at six months (as stated in guidelines-25(OH) D levels, Ca, ALP are checked). If this test was within range patients would then be given an advice leaflet of how they can treat themselves to maintain their calcium levels anyone found not to have responded to treatment should be referred. Exceptions to this would be for patients in institutional care and housebound patients. RA talked about the 0-19 Pathway and agreed to arrange for some information to be included in there. LM said that the leaflet was now complete and this had been approved by the Reading Panel. Clear information now needs to be sent out to GP's and something will appear in the March Bitesize. MMT will start the switching process in May. SL will discuss this at LPC to ensure that Community Pharmacies are informed. RA said that this needed to link in with the Falls Pathway – LM would liaise with RA about this.	LM SL SL
	16/26 & 16/37 & 16/50 **16/50** **PLT Workshop Presenter Proforma** *It was agreed that John Miles would be invited to facilitate a PLT workshop in May – AG would liaise with JM to set this up. GB/AG would support this workshop. AG would complete the PLT proforma once arrangements have been agreed with JM.* *SL would look into the possibility of holding a workshop around diabetes – SL would liaise with Linda Asprey to set this up and SL/PW would support this workshop. SL would complete the PLT proforma after making arrangements with Linda Asprey.* *Workshops around COPD and Diabetes have now been agreed.* Ongoing.	
	16/50 **Rotherham Antibacterial Summary Report 2015/16 Quarter 2** JP is doing a piece of work around this as to why our figures are lower than other areas and so far he hasn't been able to identify why and the EPAC data doesn't correlate with the figures in the summary report so we're not sure that the figures in the report are	

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	correct.	
	16/50 **Lipid Management Guidelines** – SL SL is currently summarising the 60 page NICE Guidance into a couple of pages. When complete the summary will be taken to SCE next week for approval. Once approved this will go in Top Tips and should go out in the newsletter at the end of February. Ongoing.	
	16/50 **Yorkshire and the Humber Monthly Financial Headlines – November 2015** We are predicted at the end of the year to be 1.14% overspent or £600K overspent – headline figure is that we've got the 3rd highest forecast growth 5.12% growth only beaten by Bassetlaw and Scarborough. The actual up-growth from April to November we are second at 7.9% we are there with Sheffield. We have revisited our strategy we are bringing in three branded generics and another might follow. Work is also ongoing around management ie around insulin and glucose monitoring. Our cost growth is largely fuelled Bassetlaw has a higher cost growth than us, item growth is highest in Rotherham and Bassetlaw – we need to continue to reduce the waste and develop more robust GP prescribing systems, hopefully the Practice Pharmacies will have some impact on this and we are looking to develop a training programme for GP reception staff. (Stuart is looking at this paragraph and will add/delete etc.) No update.	
	16/50 **Luton Repeat Prescribing Report** Discussion took place about the above report which was written by Healthwatch Luton which details some of the issues which Luton CCG had implemented. RCCG is experiencing very high levels of medicines cost growth and item cost growth and are actively managing waste out of the system. It was agreed that before any changes are implemented regarding ordering of medications for patients these will be discussed with Healthwatch. Remove from minutes.	
	16/50 **PresQIPP Awards** Discussion took place about a possible submission for this and Woundcare Project was suggested. SL would give this some thought. No update.	
	AGENDA ITEMS	
	Oesteoporosis Project	

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	SL explained that Rotherham has low prescribing of Bisphposphonates in comparison with neighbouring CCG's. LM had carried out some work at Dinnington practice and the results were very surprising. The majority of patients who had been looked at had no history of taking bone sparing agents. There appeared to be no information from TRFT that patients had a fracture risk assessment. It was agreed that SL/LM/AG/AB would meet to look at costings regarding DEXA scans and what is in the contract etc. RA suggested that LM speak to Dominic Blaydon about the Electronic Frailty Index which can be done via System 1 and is a national piece of work. This item would now be actioned outside of the meeting and feedback presented when complete.	
	Blood Glucose Monitoring PW had carried out a very in-depth piece of work around this and had liaised with professionals at the hospital ie Adult Diabetes Nurses, Midwives. PW had provided detailed information about the findings and after discussion it was agreed that there would be a choice of four blood test monitors and their corresponding test strips. Costs in Rotherham are above average – most practices are prescribing testing strips which cost £15/box and the products range from £6/box. A range of blood test monitors had been looked at and discussed with the Adult Diabetes Nurses and the Midwives and they had chosen four devices. These weren't the cheapest – they were mid-range, robust models. They have agreed that they will stop using their current device and switch to the new one. The strips for these devices are £10/box ~~strip~~ which is a third cheaper than the ones currently being used. These would be used for Type 2 diabetes only. We would now be asking GPs/Practices Nurses to try to restrict prescribing to one of the recommended products. Clear advice needs to be given to practices and a pop-up needs to be set-up for EMIS and System 1. This should also be taken to PLT. PW agreed to carry out these action items.	PW
	Tackling Hypertension in Yorkshire and the Humber Noted for information.	
	Testosterone Shared Care Protocol January 2016 Version ES had circulated the protocol and this was discussed and it was agreed that patients would stay under the care of Urology, when patients are stable they can be referred straight back to Urology if their testosterone is out of range. SL agreed to speak to Surrinder regarding how we progressed this.	SL
16/51	**Traffic Light System** Covered under Matters Arising.	
16/52	**Horizon Scanning** No update.	
16/53	**NICE Guidance** No update.	
16/54	**For Information** Doncaster & Bassetlaw APC Ratified Minutes – 28 January 2016 Sheffield Area Prescribing Group Draft Minutes – 21 January 2016	

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16/55	**Items for APC, Items for Escalation or Additions to the Register** None	
16/56	**ANY OTHER BUSINESS**	
	Pop-ups SW went through a couple of changes to pop-ups for information. **<u>Options for Branded Generics in Parkinson's Prescribing</u>** Raz had gone through the information surrounding the options for branded generics in Parkinson's prescribing. We will be looking at switching Stalevo and Ropinirole prescriptions. Sastravi would be preference for Stalevo switch. The problem is that it comes with a caution for soya and peanut allergy. The reason this becomes a preference over the Stanek (which is the other option) is that the company have offered a price and stock guarantee for 5 years. We need to ensure the allergy is checked when doing the switch. Ropinirole switch would be Repinex XL which also has a stock guarantee. Dr Hafiz at TRFT is happy with these proposals and RS needs to check any contracts held at TRFT. (Post Meeting Note – SL has checked this and there are no problems with any contracts so approval has been given to go ahead with these changes.)	
16/57	**Date and Time of next Meeting**: The next meeting will be held on **Wednesday 16 March 2016** from 9.00 am to 11.00am in Chestnut Room, Oak House. **Agenda Deadline: By close of play on Friday 11 March 2016.**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
19/03/2014	14/83	Methylphenidate SCP	*On MMC 14/05/2014 & APC 14/05/2014 Needs to be progressed further – SL to speak to RS.*
19/03/2014	14/82	Survey Monkey – discharge from prisons	
04/02/2015	14/382	Erectile Dysfunction Clinic PDE5 Inhibitors	
04/02/2015	14/382	Lipid Modification Guidelines	
	15/46	Wakefield Eclipse Live Software	
10/06/2015	15/75	Liraglutide	
10/06/2015	15/75	NHS England North Midlands Emergency Supply Service 2014/15	

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Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
08/07/2015	15/88	Anti-emetic Guidelines and Gaviscon Advance	
22/07/2015	15/102	Rotherham Diabetes Summary Report – Quarter 3 – 2014/15	
05/08/2015	15/117	Bluteq	

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