

Minutes	Title of Meeting:	Area Prescribing Committee Meeting
	Time:	1:00pm
	Date:	Wednesday, 23 January 2013
	Venue:	Level A RFT Pharmacy Seminar Room
	Reference:	JP/JMu
	Chairman:	Jason Page

Present:

Diana Mowbray	Clinical Pharmacist TRFT
Surinder Ahuja	Medicines Evaluation Pharmacist TRFT
Jason Page	General Practitioner and Chair - NHSR
Steve Davies	Chief Pharmacist - RDaSH
Stuart Lakin	Head of Medicines Management - NHSR
Christina Harrison	Consultant Paediatrician, Child Health TRFT

Minutes by: Julie Murphy Project Support Officer NHSR

In Attendance

	<u>Agenda Item and Action Points</u>	<u>Action</u>
12/105	Apologies: Ian Cawthorne (Clinical Director of Pharmacy TRFT) Anne Douglas (Head of Adult Nursing)	
	Declarations of Interest Standing interested declared by Jason Page in anything that affects GP practices. Diana Mowbray declared Rosemont had sponsored drinks at TRFT.	
12/106	Minutes from the Meeting held on Wednesday, 19 November 2013 Minutes approved as a true and accurate record of the meeting subject to check of drug spellings:- 12/052 'Frumezaride' should be 'Furosemide' 12/092 'Marifen' should be 'Matrifen' 12/098 'Methofenadate' should be 'Methylphenidate' 12/098 'Cyrokin' should be 'Cytokine'	
12/107	Matters Arising 12/048 Memantine RDaSH stated that this will not be as much of an issue now Memantine is going to become a generic. SCP agreements – RDaSH are meeting with PCT/CCG commissioners to discuss SCP and the direction to take. RDaSH have provided the financial modelling relating to the number of patients for memantine up to November 2013. Committee queried if there is a need to revisit the clinical SCP for memantine or is it still applicable. It is agreed in principle that prescribing in accordance with NICE guidance will at some point in the future be transferred to primary care.	

	<p>Prescribing that is outside NICE guidance will be retained by RDASH</p> <p>SD has sent a baseline of Doncaster's shared Care to start the conversations. SD is liaising with the 3 consultants and recommends GPs liaise with SL.</p>	
	<p>12/052 Ocular Lubricants</p> <p>SA & Jason Punyer are liaising with ophthalmologists</p>	
	<p>12/068 Ergocalciferol vs Colecalciferol</p> <p>Colecalciferol is not for use with children as we do not have an oral preparation available. Colecalciferol is only for adults.</p> <p>SA is discussing this with the TRFT consultants. Dr Franke recently attended a conference and the outcomes from this are that TRFT would like to use/order larger quantities which will have financial benefits. SA is awaiting confirmation on dosing and length of use i.e. 40,000 units once a week for 12 weeks. Committee agreed provided the dose preparations can be ordered and GPs will follow the guidance given.</p>	
	<p>12/069 NICE Technology Appraisals in Formularies</p> <p>SL/TRFT/RDaSH are to place a template on NHSR/CCG website showing NICE guidance published by month and recording the NHSR response.</p> <p>SA discussing at RD&T next week and report back.</p>	SA
	<p>12/072 Discharge prescriptions for day surgery patients</p> <p>IC to feedback – JMu to carry forward to next agenda</p>	IC/JMu
	<p>12/073 Gastroenterology SCPs</p> <p>Eloise Summerfield is liaising with Gastroenterology consultant and awaiting response</p>	ES
	<p>12/075 Methotrexate Cost Pressures</p> <p>IC is meeting with two companies around paediatrics.</p> <p>IC to feedback – JMu to carry forward to next agenda</p> <p>Committee discussed homecare and delivery of Methotrexate and cost involved.</p>	JMu
	<p>12/078 Lloyds Outpatients</p> <p>TRFT have experienced issues with Paediatric prescriptions dispensed from Lloyds and time delays. IC & SA are taking this forward with Lloyds via internal processes.</p> <p>Committee offered assistance if required.</p>	
	<p>12/092 Matrifen Patches</p> <p>Positive response from Hospice that patches are sticking well.</p> <p>GB to contact SA.</p>	
	<p>12/093 Ophthalmics</p> <p>See 12/052 above</p>	
	<p>12/095 Fenofibrate & Retinopathy</p> <p>SL had investigated the evidence base for Fenofibrate and found that evidence is fairly weak. SL - NHS Rotherham has written to the ophthalmologist at Sheffield outlining their position.</p> <p>No reply as yet</p>	
12/108	Lithium SCP - SL	
	<p>12/091 - At present there is no shared care protocol for Lithium and RDaSH wanted agreement to producing one.</p>	

	<p>Members understating is that all patients are dealt with at the Lithium Clinic. RDaSH informed members that not all patients attended the clinic and they needed the help of GP with these patients.</p> <p>Discussion took place and RDaSH asked if monies should be transferred for the work they did around Lithium and QoF for GPs. RDaSH was informed that monies are already paid for this work.</p> <p>This is to be discussed further at the next meeting.</p> <p>12/108 SD - This will be picked up at a later dates as the consultant is currently on annual leave.</p> <p>Renal consultant in Doncaster wrote a process which will need to be linked into the SCP and monitoring.</p>	
12/109	MHRA Recommendations for Simvastatin & Amlodipine Interactions	
	<p>GP practices are aware of this guidance.</p> <p>NHSR/CCG have acted on the guidance with GP practices</p>	
12/110	Rotherham Heart Failure Prescribing Guidelines & Overview	
	<p>MMT updated heart failure guidance in relation to NICE.</p> <p>Shared with Dr Muthusamy and Simon Smith. Committee agreed that guidelines should follow NICE.</p> <p>Committee discussed the redundancy possibilities of heart failure nurses and the direction given in the guidance. Therefore, this may need to be reviewed if redundancies occur.</p> <p>Action - SA taking to TRFT D&T and will report back</p>	SA
12/111	Anti Depressant Reviews Pilot	
	<p>NHS Rotherham has the 2nd highest rate of prescribing for anti-depressant in the SHA. The investment in community health services has failed to have an impact on anti-depressant prescribing. 5 practices have been identified (Magna, BML, Treeton, Canklow and Thrybergh) of the highest rate of antidepressants prescribing in Rotherham. The protocols detail how community mental health nurses will select and review patients that have been taking anti-depressants in excess of 2 years and are not known to mental health services.</p> <p>Committee agreed review and way forward.</p>	
12/112	Controlled Drugs:	
	<p>Committee discussed the 5 recommendations. All organisations are represented at CD Lin (it was noted that CD Lin may change in the future).</p> <p>IC & TRFT staff where applicable to check they are compliant</p> <p>SD is accountable officer for RDaSH and they are compliant.</p>	
12/113	Paediatric Prescribing Issues:	
	TRFT & Lloyds dispensing discussed earlier. See 12/078	
12/114	Traffic Light System:	
	<p>Dapagliflozin – none of the consultants are very keen on this drug. Agreed red until more data is received.</p> <p>Action - JMu added to traffic light – post note this has been added to list</p>	JM

	DM Issue with Traffic Light system and APC Newsletter links e.g. no 38 September 2011. Committee agreed to add text or start linking to the Bitesize. Action - SL to discuss with Jason Punyer	SL/JPu
12/115	NPSA Alerts:	
	Concern raised issue regarding Insulin passports. Committee advised that every practice has been given sufficient for their patients. However, the passports are not obligatory and some patients do not like to use them. For information - Carol Ainley supplies the insulin passports.	
12/116	Horizon Scanning:	
	December 2012 New indication is noted for Tadalafil – treatment of the signs and symptoms of benign prostatic hyperplasia in adult males. January 2013 Positive opinions from EMA regarding Loxapine. RDaSH note that this has not been given licence as yet.	
12/117	NICE Guidance: There was no 'NICE Guidance' to discuss on this occasion.	
12/118	For Information Only: <ul style="list-style-type: none"> Barnsley APC Minutes key points October, November & December 2012 Sheffield APC Minutes – October 2012 Doncaster APC Minutes/Prescribing Data Report Bulletin November 2012 RDaSH Medicines Management Minutes (None received) RFT D&TC Minutes November 2012 (Bi Monthly) SD to request Julie Murphy be added to the circulation list. APC Newsletter (none at this time) Barnsley APC Ratified Minutes December 2012 Barnsley APC Rectal Paraldehyde Supply Guidance Barnsley APC Diltazem 2% cream for anal fissure Barnsley APC Red list changes for December 2012 	SD
12/119	Any Other Business	
	<ul style="list-style-type: none"> Exenotide and Liraglutide – not to be prescribed by GPs if used with insulin as not licensed for use. SA to advise SL when licensed to then put in Bitesize for communication to GPs. <p>Action - JM to put TOR on next agenda for review.</p> <ul style="list-style-type: none"> RDaSH became aware of a patient who is HIV positive on non PbR medication. How do they claim for non PbR re-imbursement? SL usually receives an invoice showing what has been prescribed by the trust. <p>Action – SL to give SD the finance contact who deals with the payments.</p> <ul style="list-style-type: none"> TRFT D&T adults meetings – IC is interim chair following Dr Muthusamy's resignation. New chair is to appointed and membership is due to be reviewed and issued out. RDASH Concerns re Pregabalin & Gabapentin relating to patients released from prisons and the pressures on the GPs. Communication into the service is an issue. SD suggested arranging a meeting with the prisons, RDaSH, CCG representative (Inc GP Executive Russell Brynes). 	<p>JMu</p> <p>JMu</p>

	<p>NHSR/CCG have a substance misuse forum for general practitioners which may be a good meeting to attend.</p> <p>Action SD to speak to Russell Brynes</p>	SD
	<p>Agenda Deadline: Tuesday 5th March 2013</p> <p>Date and Time of next Meeting: Wednesday 13 March 2013, 1pm, Pharmacy Seminar Room, TRFT.</p> <p>SL to deputise for Jason if he attends the Diabetes UK event.</p>	