

Minutes	Title of Meeting:	Area Prescribing Committee Meeting
	Time:	1:00pm
	Date:	Wednesday, 20 March 2013
	Venue:	Level A RFT Pharmacy Seminar Room
	Reference:	JP/JMu
	Chairman:	Jason Page

Present:

Ian	Cawthorne	Chief Pharmacist TRFT
Jason	Page	General Practitioner and Chair - NHSR
Stuart	Lakin	Head of Medicines Management - NHSR
Surinder	Ahuja	Medicines Evaluation Pharmacist TRFT

Minutes by: Julie Murphy Project Support Officer NHSR

	<u>Agenda Item and Action Points</u>	<u>Action</u>
13/17	Apologies: Diana Mowbray (Clinical Pharmacist TRFT), Gillian Smith, Stephen Davies (Chief Pharmacist – RDaSH)	
13/18	Declarations of Interest Standing interested declared by Jason Page in anything that affects GP practices. Diana Mowbray declared Rosemont had sponsored soft drinks at TRFT.	
13/19	Minutes from the Meeting held on Wednesday, 19 November 2013	
	Minutes approved as a true and accurate record of the meeting.	
13/20	Matters Arising	
	<p>12/048 Memantine <i>RDaSH stated that this will not be as much of an issue now Memantine is going to become a generic.</i></p> <p><i>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.</i></p> <p><i>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. Prescribing that is outside NICE guidance will be retained by RDaSH</i></p> <p><i>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.</i></p> <p>RDaSH still to comment on the proposals. JPa informed group of Dr Wright's</p>	

	presentation at March PLT.	
	<p>12/052 Ocular Lubricants <i>SA & Jason Punyer are liaising with ophthalmologists</i></p> <p>JPu is developing guidelines relating to new drug and dispensing unit on offer. SL explained to committee that NHSR would like to implement these guidelines and this product. Tearlac is hypromellose version. SL has requested a response from Mr Jabir.</p> <p>Action - SL to forward final draft version to Ian Cawthorne to also take forward with relevant consultant.</p>	SL & IC
	<p>12/068 Ergocalciferol vs Colecalciferol <i>Colecalciferol is the Vitamin D of choice.</i> <i>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.</i></p> <p>SA - Pro D3 consultants are happy to use, but dose needs clarifying as there is a variance in the guidance i.e. NHSR do daily dose and TRFT do weekly dose.</p> <p>Action – Ruth Dales to send clarification to Dr Franke and cc Surinder for info.</p>	RD
	<p>12/069 NICE Technology Appraisals in Formularies <i>SL/TRFT/RDaSH are to place a template on NHSR/CCG website showing NICE guidance published by month and recording the NHSR response.</i></p> <p><i>SA discussing at RD&T next week and report back.</i></p> <p>Action - JMu to C fwd to next APC</p>	SA JMu
	<p>12/072 Discharge prescriptions for day surgery patients <i>IC to feedback – JMu to carry forward to next agenda</i></p> <p>IC and team are condensing down the discharge for product medicines.</p>	
	<p>12/073 Gastroenterology SCPs <i>Eloise Summerfield is liaising with Gastroenterology consultant and awaiting response</i></p> <p>ES is liaising with dermatology. Gastroenterology is complete.</p>	ES
	<p>12/075 Methotrexate Cost Pressures <i>IC is meeting with two companies around paediatrics.</i> <i>IC to feedback – JMu to carry forward to next agenda</i> <i>Committee discussed homecare and delivery of Methotrexate and cost involved.</i></p> <p>SL discussed with Keely Firth and confirmed to transfer patients to the licensed SC Methotrexate product</p>	
	<p>12/078 Lloyds Outpatients <i>TRFT have experienced issues with Paediatric prescriptions (specials) dispensed from Lloyds and time delays. IC & SA are taking this forward with Lloyds via internal processes.</i> <i>Committee offered assistance if required.</i> <i>Paediatrics is not run from TRFT. IC to follow up with Christine Harrison and</i></p>	

	take forward.	
	12/092 Matrifen Patches <i>Positive response from Hospice that patches are sticking well.</i> <i>GB to contact SA.</i> SL informed committee that GPs are now actively switching patients from Fentanyl generic brand to Matrifen brand for all new patients. SL proposed that TRFT discharge patients on Matrifen.	
	12/095 Fenofibrate & Retinopathy <i>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. No reply as yet</i> SL has not received a response from Sheffield. However, JPa has received further information directly from TRFT. Information to be shared with SL to respond.	JPa/SL
	12/091 - Lithium SCP – SL <i>At present there is no shared care protocol for Lithium and RDaSH wanted agreement to producing one.</i> <i>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.</i> <i>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.</i> <i>This is to be discussed further at the next meeting.</i> <i>12/108 SD - This will be picked up at a later dates as the consultant is currently on annual leave.</i> <i>Renal consultant in Doncaster wrote a process which will need to be linked into the SCP and monitoring.</i> Action - JMu to C fwd to next meeting Post meeting email from Stephen Davies – The consultant who has been drafting has just come back to work and is working with the adult consultants to finalise. It will be with NHSR after Easter	JM
	13/07 Rotherham Heart Failure Prescribing Guidelines & Overview <i>MMT updated heart failure guidance in relation to NICE.</i> <i>Shared with Dr Muthusamy and Simon Smith. Committee agreed that guidelines should follow NICE.</i> <i>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.</i> <i>Action - SA taking to TRFT D&T and will report back</i> SL – Guidelines have been updated and now on the intranet. SL to meet with the nurses on 22 nd March regarding tele-health proposals.	
	13/08 Anti Depressant Reviews Pilot <i>NHS Rotherham has the 2nd highest rate of prescribing for anti-depressant in the SHA.</i> <i>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</i>	

	<p><i>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.</i></p> <p><i>Committee agreed review and way forward.</i></p> <p>SL - Up and running, outcome not many patients wishing to change medication.</p>	
	<p>13/09 Controlled Drugs <i>Committee discussed the 5 recommendations. All organisations are represented at CD Lin (it was noted that CD Lin may change in the future).</i></p> <p><i>IC & TRFT staff where applicable to check they are compliant</i> <i>SD is accountable officer for RDaSH and they are compliant.</i> SL informed committee of Dihydrocodeine incident. Action - JMu to forward alert to Ian Cawthorne.</p>	JM
	<p>13/16 AOB (4) <i>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). NHSR/CCG have a substance misuse forum for general practitioners which may be a good meeting to attend.</i></p> <p>Action SD to speak to Russell Brynes Action - JMu to Cfwd to next meeting</p>	JM
13/21	Define –SL	
	RX Define data information system is similar to EPACT. SL enquired if we have any areas to monitor. IC - System has been installed and they are still reviewing the data and system capabilities. IC & SA gave a small demonstration to the committee.	
13/22	Chairing – JPa	
	JPa attended a training session and is implementing his learning and proposed changes for organising the meeting. Committee agreed proposal.	
13/23	Controlled Drugs:	
	Incident discussed in matters arising.	
13/24	Paediatric Prescribing Issues:	
	None to discuss	
13/25	Traffic Light System:	
	None to discuss	
13/26	NPSA Alerts:	
	Committee request this be taken off as a standing item. Action for JMu	JMu

13/27	Horizon Scanning:	
	February 2013 – Committee discussed. Diabetic guidelines to be taken to TRFT R&DT meeting. JPa will be asking creative media to update the guidelines every 4 months and they will be updated onto the intranet and has arranged for them to be reviewed every 4 months.	
13/28	NICE Guidance: None to discuss	
13/29	For Information Only:	
13/30	Any Other Business	
	<p>13/30 AOB1</p> <p><u>Apixaban</u> SL - would prefer to do this regionally as most initiation is conducted at Sheffield. SL to ascertain the future of the North Trent Cardiac network. SL to take forward with Richard Crosby regarding a South Yorkshire Approach.</p> <p>13/30 AOB2</p> <p>SA raised concerns regarding the Formulary – IC & SA to discuss internally.</p> <p>13/30 AOB3</p> <p>NPAG and new green book referring to 'now expected for children having MMR vaccine, if they have an egg allergy'. What is TRFT Paediatric view? Action - JPa to email information to Christine Harrison for comment.</p> <p>13/30 AOB4 ADHD – Post meeting email from Stephen Davies - These are being reworded after discussion with CAMHS, LD and adult consultants</p>	<p>SL</p> <p>IC & SA</p> <p>JPa</p>
13/31	<p>Agenda Deadline: 30 April 2013</p> <p>Date and Time of next Meeting: Wednesday 15th May 2013 @ 15.00 in Pharmacy Seminar Room, Level A, TRFT.</p>	