

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>Area Prescribing Committee Meeting</b>
	<b>Time:</b>	<b>1:00pm</b>
	<b>Date:</b>	<b>Wednesday, 15 May 2013</b>
	<b>Venue:</b>	<b>Level A RFT Pharmacy Seminar Room</b>
	<b>Reference:</b>	<b>JP/JMu</b>
	<b>Chairman:</b>	<b>Jason Page</b>
	<b>Ratified:</b>	<b>APC held 24<sup>th</sup> July 2013</b>

**Present:**

Andrew Houston	Senior Mental Health Pharmacist - RFT
Ian Cawthorne	Chief Pharmacist TRFT
Jason Page	General Practitioner and Chair - NHSR
Simon MacKeown	General Practitioner representative
Stuart Lakin	Head of Medicines Management - NHSR
Surinder Ahuja	Medicines Evaluation Pharmacist TRFT

**Minutes by:** Julie Murphy Project Support Officer NHSR

	<b><u>Agenda Item and Action Points</u></b>	<b><u>Action</u></b>
<b>13/32</b>	<b>Apologies:</b> Diana Mowbray (Clinical Pharmacist TRFT), Gillian Smith, Stephen Davies (Chief Pharmacist – RDaSH) Robert Verity (RDaSH)	
<b>13/33</b>	<b>Declarations of Interest</b> Standing interested declared by Jason Page in anything that affects GP practices. Diana Mowbray declared Rosemont had sponsored soft drinks at TRFT. IC declared an interest in NOE time out meeting where Novartis/Gilead/Mylan/Pfizer/Sanofi-Aventis sponsor the meeting.	
<b>13/34</b>	<b>Minutes from the Meeting held on Wednesday, 20<sup>th</sup> March 2013</b>	
	Minutes approved as a true and accurate record of the meeting.	
<b>13/35</b>	<b>Matters Arising</b>	
	<p><b>12/048 &amp; 13/20 Memantine</b>  <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</i></p>	

	<p><i>liaising with the 3 consultants and recommends GPs liaise with SL.</i></p> <p><i>RDaSH still to comment on the proposals. JPa informed group of Dr Wright's presentation at March PLT.</i></p> <p>JPa gave an update from NHS Rotherham CCG MMC some pharmacies are experiencing difficulty with 3 monthly prescriptions from RDaSH. AH - RDaSH are aware of the 84 day prescriptions, these are being prescribed from a pragmatic point of view due to the frequency that patients are seen.</p> <p><b>Action - AH to discuss this with colleagues with regards to NOMADs, proposal would be to provide 3 x 1 monthly prescriptions for this purpose to prevent degrading of drug.</b></p> <p>AH – informed committee of a recent RDaSH wide meeting on the use of memantine that RDaSH are awaiting revised pricing. NHS Rotherham CCG and RDaSH have an in principle verbal agreement that if prescribing is within NICE guidance then the CCG will be willing take over the prescribing in line with the SCP, any prescribing outside of NICE guidance will remain with RDaSH.</p>	<b>AH</b>
	<p><b>12/052 &amp; 13/20 Ocular Lubricants</b> <i>SA &amp; Jason Punyer are liaising with ophthalmologists</i></p> <p><i>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.</i></p> <p><b>Action - SL to forward final draft version to Ian Cawthorne to also take forward with relevant consultant.</b></p> <p>SA received guidance from JPu and reiterated comments from Mr Jabir, SA informed group that TRFT would have to increase stock range in line with guidance.</p> <p><b>Action - SL to discuss with JPu</b></p>	<b>SL</b>
	<p><b>12/068 &amp; 13/20 Ergocalciferol vs Colecalciferol</b> <i>Colecalciferol is the Vitamin D of choice.</i></p> <p><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><i>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.</i></p> <p><b>Action – Ruth Dales to send clarification to Dr Franke and cc Surinder for info.</b></p> <p>SA guidelines stated a daily dose and TRFT prescribe a weekly dose. This information has been relayed directly to Ruth who is updating the guidelines.</p> <p><b>Action – SL to discuss with Ruth evidence relating to falls weekly vs daily dose to present back to SA. SL to discuss Osteoporosis guidelines in relation to above.</b></p> <p>Once guidelines agreed TRFT would like to adopt for use in secondary care</p>	<b>SL</b>
	<p><b>12/073 &amp; 13/20 Gastroenterology SCPs</b> <i>Eloise Summerfield is liaising with Gastroenterology consultant and awaiting response ES is liaising with dermatology. Gastroenterology is complete.</i></p> <p>ES - no response from dermatology for shared care protocols as yet.</p>	

	<b>Action – ES to follow up by phone with Dr Woods</b>	<b>ES</b>
	<p><b>12/078 &amp; 13/20 Lloyds Outpatients</b>  <i>TRFT have experienced issues with Paediatric prescriptions (specials) dispensed from Lloyds and time delays. IC &amp; SA are taking this forward with Lloyds via internal processes. Committee offered assistance if required.</i></p> <p>Paediatrics is not run from TRFT. IC to follow up with Christine Harrison and take forward. IC is dealing with this internally and to be resolved in due course</p> <p>SM queried FP10s for Oakwood Community beds as they cannot use Lloyds for this service. IC informed SM that Lloyds do not have a license to dispense FP10s.</p> <p><b>Action - SM to take this up with relevant person and IC to investigate if there are options to change this.</b></p>	<b>SM/IC</b>
	<p><b>12/095 &amp; 13/20 Fenofibrate &amp; Retinopathy</b>  <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>  <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.</i></p> <p><b>Action - SL to liaise with Rotherham Ophthalmologist</b></p>	<b>SL</b>
	<p><b>12/091&amp; 13/20 - Lithium SCP – SL</b>  <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></p> <p><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></p> <p><i>This is to be discussed further at the next meeting.</i></p> <p><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></p> <p><b>Action - JMu to C fwd to next meeting</b>  <b>Post meeting email from Stephen Davies –</b> <i>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</i></p> <p>SD is following up with Lithium SCP.          AH - update draft shared care being written in line with Doncaster SCP. RDaSH have not agreed a proforma. Sheffield renal unit are looking at additional monitoring for the more serious renal patients (stage 3 and above).          Recommendation is that tests are undertaken in a morning however, the proposal is to do the tests at any time. GPs are conducting the ACR tests as part of QOF.          APC committee members to see the draft Lithium SCP</p>	
	<p><b>13/07 &amp; 13/20 Rotherham Heart Failure Prescribing Guidelines &amp; Overview</b>  <i>MMT updated heart failure guidance in relation to NICE.</i>  <i>Shared with Dr Muthusamy and Simon Smith. Committee agreed that guidelines should</i></p>	

	<p><i>follow NICE.</i></p> <p><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></p> <p><b>Action</b> - SA taking to TRFT D&amp;T and will report back</p> <p><i>SL – Guidelines have been updated and now on the intranet.</i></p> <p><i>SL to meet with the nurses on 22<sup>nd</sup> March regarding tele-health proposals.</i></p> <p><b>Action - SL to write a report on use of tele-health package and how it is used and report results back.</b></p>	<b>SL</b>
	<p><b>13/08 &amp; 13/20 Anti Depressant Reviews Pilot</b></p> <p><i>NHS Rotherham has the 2<sup>nd</sup> 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.</i></p> <p><i>Committee agreed review and way forward.</i></p> <p><i>SL - Up and running, outcome not many patients wishing to change medication.</i></p> <p><i>SL – Community Mental Health Sisters awaiting formal confirmation from RDaSH that they can prescribe outside the formulary.</i></p> <p><b>Action – AH to liaise with SD</b></p>	<b>AH</b>
	<p><b>13/30 AOB3</b></p> <p><i>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?</i></p> <p><b>Action</b> - JPa to email information to Christine Harrison for comment.</p> <p>JPa has received guidance from Christine Harrison regarding MMR PGD and allergic reactions to relay patient to TRFT Children’s</p>	
<b>13/36</b>	<b>Controlled Drugs</b>	
	<p>SL informed committee that Rotherham and Barnsley will be having a joint CD Lin meeting. All Incidents for independent Contractors will be logged by NOE NHS Commissioning Board (NHSCB) and investigated by relevant Designate Officer. Alerts will be disseminated by NOE NHSCB.</p> <p>NHS Rotherham CCG will still be monitoring the CD use and report back to the NOE NHS CB Accountable Officer.</p> <p>Dihydrocodeine incident solutions will be shared in the newsletter.</p>	
<b>13/37</b>	<b>Paediatric Prescribing Issues</b>	
	Nothing to discuss	
<b>13/38</b>	<b>Traffic Light System</b>	
	<p>Degludec – Dr Frankes is quite keen on using this, however, there are two strengths and that the high dose would be red lighted and the lower dose as amber – JPa has since received information from Scottish SMC that they do not recommend the use of Degludec.</p>	

	<p><b>Action – JPa to take this forward</b></p> <p>Memantine spelling requires amending – <b>Action JMu</b>  Total Parental Nutrition – Committee agreed to remove from list – <b>Action JMu</b>  Niacin think it has been discontinued – <b>Action - SA to check</b>  Cystic Fibrosis – traffic light as amber – <b>Action JMu</b></p> <p>Committee reviewed first 2 pages of the traffic light document  <b>Action SL &amp; JMu to make necessary amendments</b></p> <p><b>Action – Committee to continue to review the Traffic light document at each meeting.</b></p>	<p><b>JPa</b></p> <p><b>JMu</b></p> <p><b>SA</b></p> <p><b>JMu</b></p> <p><b>SL/JMu</b></p> <p><b>All</b></p>
<b>13/39</b>	<b>NPSA Alerts</b>	
	Nothing to discuss	
<b>13/40</b>	<b>Horizon Scanning – March &amp; April 2013</b>	
	<p><u>April report;</u>  Cystic Fibrosis, Govinder Bhogal has investigated, NHSR CCG will not be initiating drug, Sheffield Children’s hospital would initiate. Committee request this be added to the traffic light system as amber – <b>Action JMu to add</b></p> <p><b>Action – SL to discuss Rivaroxaban at Atrial Fibrillation meeting if evidence is strong</b></p>	<p><b>JMu</b></p> <p><b>SL</b></p>
<b>13/41</b>	<b>NICE Guidance – March 2013</b>	
	No concerns	
<b>13/42</b>	<b>For information</b>	
	No concerns	
<b>13/43</b>	<b>Any Other Business</b>	
	<p><b>13/43 AOB 1</b>  Continence discussed regarding change in patients medication to reduce confusion and dementia. MMT team have been in contact with Mr Edhem with no response. SA did receive a response stating that Mr Edhem did agree with the guidelines and commented. Mr Edhem has been invited to present Erectile Dysfunction (ED) at the PLT in July 2013. NHSR CCG are awaiting his presentation.</p> <p>SA – TRFT to adopt NHSR CCG Guidelines -  <b>Action - SL to check that this version 04/12 in 27<sup>th</sup> Feb rec’d by SA is the latest one</b></p> <p><b>13/43 AOB 2</b>  Apomorphine - PEOP sent to policy ratification group, SCP to be presented at RD&amp;TC ACP</p> <p><b>13/43 AOB 3</b>  MHRA Updates – Benzodiazepines – online learning package via MHRA</p>	<p><b>SL</b></p>

	website	
13/44	<b>Agenda Deadline: Tuesday 2 July 2013</b> <b>Date and Time of next Meeting: Wednesday 17 July 2013 @ 13.00 in Pharmacy Seminar Room, Level A, TRFT</b>	