NHS Rotherham

Minutes	**Title of Meeting**:	**Area Prescribing Committee Meeting**
	Time:	**2:00pm**
	Date:	**Wednesday, 20th November 2013**
	Venue:	**Level A RFT Pharmacy Seminar Room**
	Reference:	**IC/JMu**
	Chairman:	**Ian Cawthorne – Deputising for Avanthi Gunasekera**

Present:	Ian	Cawthorne	Chief Pharmacist TRFT
	Stuart	Lakin	Head of Medicines Management - NHSR
	Simon	Mackeown	General Practitioner representative
	Surinder	Ahuja	TRFT
	Stephen	Davies	RDaSH
	Diane	Mowbray	TRFT
	Christine	Harrison	TRFT
Minutes by:	Julie	Murphy	Project Support Officer NHSR

	Agenda Item and Action Points	**Action**
13/80	**Apologies:** Avanthi Gunasekera, Commissioning Executive (NHSR) Chair	
13/81	**Declarations of Interest** Standing interested declared by Avanti Gunasekera and Simon Mackeown in anything that affects GP practices.	
13/82	**Minutes from the Meeting held on Wednesday, 18th September 2013** Minutes approved as a true and accurate record of the meeting.	
13/83	**Matters Arising**	
	12/048 & 13/20 & 13/35 & 13/66 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. Prescribing that is outside NICE guidance will be retained by RDASH* *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.* *RDaSH still to comment on the proposals. JPa informed group of Dr Wright's presentation at March PLT.* *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. ***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.* *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.* *SL - Awaiting further information from RDaSH* *All agreed that at present we are awaiting memantine to come off patent for cost reasons. It is agreed in principal that Primary Care will take over prescribing within NICE guidance criteria.* SL informed committee that work is ongoing and he is due to discuss this with Jeremy Seymour.	
	12/052 & 13/20 & 13/35 & 13/66 Ocular Lubricants *SA & Jason Punyer are liaising with ophthalmologists* *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.* ***Action -*** *SL to forward final draft version to Ian Cawthorne to also take forward with relevant consultant.* *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.* ***Action -*** *SL to discuss with JPu* *JPu - Guidelines have been circulated and Ocular Lubricants is on QIPP for this year creating cost reductions.* *SA to take the guidelines to Ocular Team and Audit committee in Mr Jabir's absence. Suggests review in a year's time.* ***Action -*** *JMu to add a reminder to last agenda of the year.* *Action from last time - add a reminder to last agenda of the year.* SA informed committee that Dr Franke is prescribing once a week dose.	
	12/068 & 13/20 & 13/35 & 13/66 Ergocalciferol vs Colecalciferol *Colecalciferol is the Vitamin D of choice.* *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.* *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.* ***Action*** *– Ruth Dales to send clarification to Dr Franke and cc Surinder for info.* *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.* ***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.* *Once guidelines agreed TRFT would like to adopt for use in secondary care* *SA - Once weekly dose could be added and TRFT have implemented the dose and it has been tolerated.* ***Action -*** *Ruth Dales – to check Vit D guidance in conjunction with National Osteoporosis Society guidelines and amend accordingly.* ***Post meeting note:*** *SL emailed RD 26/07/2013* *Colecalciferol is the Vitamin D of choice.* *Ruth Dales has submitted the Vitamin D guidance to Dr Franke and we are currently awaiting agreement. SL explained that there had been recent changes in prescribing such as unlicensed products and a move from large doses to smaller divided doses for evidence based reasons.*	

	SL informed committee that the guidelines have been updated and uploaded onto the intranet. SA informed committee that Dr Franke is prescribing once a week dose. RD has reviewed the guidance and MMC approved guidance at 13/11/2014 meeting and will be published at end of the month. **Action - SA to speak to RD with comments**	**SA**
	13/53 & 13/66 DMARDS Share Care Protocols and LES June 2013 - JPa from MMC *Data presented following ES work and update of contacts.* *Mycophenolate now has a generic brand which will create savings if used. APC advice is that GPs be aware of what brand the patient is on.* *Regarding Mycophenolate and Tacrolimus NHSR CCG will not be switching patients to alternative brands. The CCG has no preference what brand secondary care uses and is happy if patients are switched to alternative brands by secondary care clinicians, the CCG requires that on any communication the brand of Mycophenolate and Tacrolimus that the patient is taking is clearly identified.* *Eloise Summerfield is still liaising with dermatology. Gastroenterology is complete.* *JP to discuss further with Dr Muncaster regarding Roaccutane.* Gastroenterology SCP is complete. Judith Wilde is going through the traffic light system for SCPs. GPs have no appetite to take over the prescribing of Roaccutane	
	13/07 & 13/20 & 13/35 & 13/66 Rotherham Heart Failure Prescribing Guidelines & Overview *MMT updated heart failure guidance in relation to NICE.* *Shared with Dr Muthusamy and Simon Smith. Committee agreed that guidelines should follow NICE.* *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.* ***Action** - SA taking to TRFT D&T and will report back* *SL – Guidelines have been updated and now on the intranet.* *SL to meet with the nurses on 22nd March regarding tele-health proposals.* ***Action** - SL to write a report on use of tele-health package and how it is used and report results back.* *SL - Updated and matter now closed* *Sarah Briggs wishes to amend the guidelines for Primary Care use and add relevant drugs into them. It was discussed that the GP's will not see it appropriate to initiate specialist drugs.* ***Action** - SL to discuss a plan with Sarah on how to take this forward.* SL to meet with Dr Muthusamy today. Work is ongoing with heart failure Specialist Nurses.	
	13/50 & 13/66 Buprenorphine: - • ***Buprenorphine detail aid*** • ***Buprenorphine patch QIPP*** *TRFT confirmed they do use Buprenorphine patches. IC/SA/SL to circulate information to both organisations as a joint communication.* ***Action -** SL to liaise with IC & SA* *AC – not moved any further forward as yet SL-agreed* *Buprenorphine prescribing for Rotherham is high. It was discussed that fentanyl tolerability is often an issue so buprenorphine is considered second line. It is also deemed as safer for some patients. Elderly Osteoarthritis patients are prescribed.* ***Action – Govinder Bhogal and Surinder Ahuja to analyse prescribing and look into this further.*** **Action - SA to liaise with Govinder Bhogal**	

	13/69 Tramadol and Related Deaths *SL-This is a topic intended for a Bitesize newsletter article to be cascaded to Rotherham GP's.* *Stuart questioned whether it could be taken of formularies?* *IC-Feeds back that TRFT are controlling the amounts given on prescription more than previously although the number of patients discharged in tramadol has probably not changed.* *JP suggests TRFT lead on this so that community GP's can follow the trend/behaviour.* *Post op surgery is where the main volume of tramadol prescriptions arise.* *SL requests that GP's are advised by the hospital not to put it on repeat for patients as this prescribing should be acute.* ***Action** – All agreed to wait for the conclusion of the current review being undertaken and then this is to be discussed further when the outcomes of the review can be shared. SL-To produce the newsletter article and share with RGH/RDASH* IC has reviewed the Tramadol comparing benchmarking against SY&H and shared the chart relating to TRFT surgery. Committee agree that work is required in Rotherham to address the issues with Tramadol prescribing/dispensing. SL – Locally prescribing data is more than the national average but this is improving and the community are aware of the issues. Recommendation nationally is for Tramadol to become a CD scheduled 3 medication.	
13/84	**Anticoagulants & Stroke prevention (SL)**	
	13/77 For information - IC VTE/Walk In Centre – *Ian Cawthorne enquired where we were with regard to treatment protocols. JP confirmed that clinical guidelines had been produced.* *SL mentioned the DVT Rivaroxaban protocol which is a secondary care led pathway that Duncan Wilson, the Walk In Centres Medical Director would like to amend for Primary Care use. SL is to follow this up with Duncan Wilson. JP will pick this up also at CRMC.* *SL queried A&E accessing drugs out of hours. SL/IC to discuss a plan IC to address.* SL informed group that we have robust guidelines. NICE Apixaban guidance has been released and there is no obvious preferred choice. Cardiac Clinical Network met, reviewed and decided that Warfarin is still first line and that all three drugs are licensed. SL has spoken to Dr Muthusamy and the consultants may choose one of the three. SL and Dr Muthusamy are due to discuss this for Rotherham on what will be used. SL has reviewed the data and the content of the trials and feels Apixaban has the best evidence base for use compared to the other two. Simon Smith is visiting the area with the Rivaroxaban rep which may confuse the issue. **Action - SL to report back outcome** **Flowchart -** Charts on website are being superseded by the guidelines. Rotherham will be making necessary amendments to the chart and to re-upload on the website in due course.	**SL**
13/85	**Anticoagulation Therapy Record – (SA)**	
	SA informed committee that Dr Barker requested this item for discussion. The dose is to be updated and the booklet will not be updated in time. Therefore, a printed copy will be provided in the interim. **Action – SA to provide information to SL. SL to incorporate into the December**	

	Newsletter. **CRMC –** Discussions with Maxine Dennis, John Miles, Nicky Doherty, another laboratory person and anticoagulant nurse regarding patient's warfarin being monitored by hospital and then patient's moving into the community. The aim is to move patient's monitoring into practice however there is an issue which may be around TRFT using DAWN system and the community using INR Star. Outcome of meeting agreed that CCG & TRFT for those patients' who are stable are to be treated in the community and for patients who are not stable to be treated by TRFT.	
13/86	**Prucalopride & Linaclotide (SL)**	
	Require agreement on the traffic light as Prucalopride is specialist prescribing by the consultants, as we have patients in the community, SL recommends clear guidance be given to GP on how long to continue within the community. Linaclotide is a new medication. Do we need a SCP for onward management? **Recommend that both drugs are Amber.** **Action - SA to take to consultants/surgeons. SL to ask ES to liaise with SA if SCP required.**	**SA/ES**
13/87	**Antiplatelet Guidelines – (SL)**	
	Guidelines on website require updating. Initial thoughts were that they were too complicated but they are comprehensive. Proposal at MMC to adopt the guidelines as a reference document and in the meantime MMC are to produce a simpler succinct version for GP practice. SA has discussed this document with Dr Muthusamy and they noted that there is no reference to stroke on the document. **Action - SA to follow up with clinicians Dr Aquera and Dr Nawaz and bring back to meeting.**	**SA**
13/88	**Controlled Drugs**	
	SL, IC & SD attended recent CD Lin no issues of concern raised.	
13/89	**Paediatric Prescribing Issues**	
	GP referrals to the hospital for blood tests and the use of local anaesthetics – (DM) GPs are requesting blood tests to be provided at TRFT but not asking for the anaesthetic to go with it. Is there a reason why GPs are not providing the anaesthetic request? Committee discussed that the GPs might not be aware, that the cream takes 30-45 minutes to work and that parents could apply it in advance but this raises other concerns that this may be too many steps for parents at a time when their child requires a medical procedure and that there would be a supply of anaesthesia in the community. APC agreed that it would be better if the phlebotomists could apply the cream and keep a stock although this raised concerns of its own regarding hospital procedures requiring patient's medical record and clinician authorisation. Hypothetically - IC can this be ordered with the blood test?	

	Action - IC to speak to Andrew Jackson.	**IC**
13/90	**Traffic Light System**	
	Judith Wilde is reviewing the document and will bring this to a future meeting.	
13/91	**NPSA Alerts**	
	3 draft alerts for stakeholders received • No luer lock devices for chemotherapy • Improving reports and learning from medication incidents. Medication safety officer and a multi professional group. • Reporting and learning around medical devices. Medication safety officer and a multi professional group. All have a six month timeframe for implementation.	
13/92	**Horizon Scanning**	
	MMC discussed Dapoxetine which may have implications for primary care. Company promoting this product will be advertising widely across the country in due course. Crossover of Premature Ejaculation and Erectile Dysfunction, this was also discussed at MMC who had concerns that this drug also has a street value. APC agreed to traffic light as RED until local guidance is received and discussions have taken place at TRFT D&T Committee meeting. Voractiv® a TB Drug is also due to be discussed at TRFT D&T Committee. **Action - SA to report back from TRFT D&T Committee meeting.**	**SA**
13/93	**NICE Guidance**	
	Nothing to note at this time	
13/94	**Blueteq**	
	13/76 Blueteq *Web based software to aid specialist prescribing. A template will be filled in per patient online if a specialist drug is initiated. This will be auditable and useful for forecasting.* *JP – Useful tool to identify what proportion of prescribing is in line with NICE guidance.* *IC confirmed that an internal post has been advertised for a technician to support Blueteq and the interviews will be done within the next two to three weeks. IC invited SL to be involved in the interview process.* SL confirmed that a 4 hour training session has been scheduled for 28th November 2013.Blueteq to advise where it will be held.	
13/95	**For information**	
	APC discussed the Sheffield APC minutes and IC referred to a coroner investigation which was included and asked if Rotherham could learn from this. APC discussed if there were any protocols/SCPs in place. SA informed group that from the 1000 lives project lessons had been learnt.	

	Action – SA to obtain this information and share with IC before dissemination if necessary. Group discussed Trimethoprim.	**SA**
13/96	**Any Other Business**	
	Nothing to discuss at this time	
13/97	**Agenda Deadline:** **Date and Time of next Meeting: Wednesday 15 January 2014 @ 13.00 in Pharmacy Seminar Room, Level A, TRFT**	