NHS Rotherham

Minutes	**Title of Meeting**:	**Area Prescribing Committee Meeting**
	Time:	**2:00pm**
	Date:	**Wednesday, 14th May 2014**
	Venue:	**Level A RFT Pharmacy Seminar Room**
	Reference:	**AG/JMu**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi	Gunasekera	Commissioning Executive NHSR RCCG (Chair)
	Stuart	Lakin	Head of Medicines Management – NHSR CCG
	Surinder	Ahuja	TRFT
	Stephen	Davies	RDaSH
	Diane	Mowbray	TRFT
	Christine	Harrison	TRFT
	Christina	Dazelek	TRFT – on behalf of Ian Cawthorne
In Attendance	Becky	Stevens	Administration Assistant NHS RCCG
	Julie	Abbotts	Project Officer
Minutes by:	Julie	Murphy	Project Support Officer NHSR CCG

	Agenda Item and Action Points	**Action**
14/35	**Apologies:** Simon MacKeown (General Practice Representative), Ian Cawthorne Chief Pharmacist TRFT	
14/36	**Declarations of Interest** Standing interested declared by Avanthi Gunasekera and Simon Mackeown in anything that affects GP practices.	
14/37	**Minutes from the Meeting held on Wednesday, 19th March 2014** Minutes approved as a true and accurate record of the meeting.	
14/38	**Matters Arising**	
	12/048 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 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.* *AG reported that SL is speaking to Jeremy Seymour. SCP has been reviewed at NHSR CCG MMC. Discussions ongoing regarding the finance.* *SD reported a lot of work has been undertaken and a recent revised draft has been received for approval. There are 4 generic products available and the tariff is the same. Memantine may reduce and finance conversations are taking place.* *SL/SD reported that discussions have been taken place outside the meeting and the SCP has been agreed and ratified at CCG MMC and Jerry Seymour is happy with the SCP and for the transfer of memantine prescribing back to primary care. SL will notify GPs via the GP Newsletter with the caveat from SD to review if other evidence / guidance comes to light. Committee agreed. This will be formally ratified at a later APC.* SD/SL no further feedback and transfer of patients has started. An email was issued to all GPs issued a while ago and no further comments have been received. SD informed committee that this item has been discussed at their Clinical Reference Group and memantine has been removed from prior approval. If GPs wish to co-prescribe or prescribe outside of NICE it would then require prior approval.	
	12/052 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 **Ocular Lubricants & Dry Eye Guidelines** *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.* *AG informed committee that GPs are aware of first line medications from Newsletter and PLT.* ***Action** - SA to send information again to TRFT doctors.* *Guidance has been circulated and TRFT doctors are aware.* ***Action** - SA to upload to the NET formulary* Barnsley guidelines have been shared for information. Committee noted that in comparison Rotherham's guidelines are more comprehensive.	

	13/53 & 13/66 & 13/83 & 14/21 & 14/38 **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* *SCP with Dermatology is being discussed. ES is following this up.* *SL reported that Gastroenterology SCPs are in place and Dermatology SCP is outstanding.* ***Action** - SA to take this forward with Dermatology and ES.* Work still ongoing **Action – JMu to add to items pending**. Post meeting note: action complete	**JMu**
	13/07 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 **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.* *SL on annual leave awaiting feedback* *SL reported the guidelines need updating.* ***Action** - SL to contact Sarah Briggs and finalise.* SL informed the committee that a workstream is ongoing, both Janet Sinclair-Pinder and SL are working with the heart failure nurses and looking at where the team should concentrate their efforts. **Action – JMu to add to items pending. Post meeting note action complete**	**JMu**
	13/50 & 13/66 & 14/21 & 14/38 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 - SA action outstanding* *SA is in receipt of the patient's names and is reviewing who initiated the treatment, work ongoing.* SA informed committee of an audit due to be undertaken. Following CD Lin feedback Hapoctosin release rate is 3 days and it is about raising awareness to clinicians that it is does not have the same release time as Trans Tec which is 4 days despite being shown as a similar generic medication. **Action - APC to recommend a brand for use**	**APC members**
	13/69 & 14/21 & 14/38 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.* *AG advised that community are not prescribing Tramadol due to recent relation to mortality data.* *IC informed committee that this medication is for short term use only. SD had concerns if GPs are initiating prescribing and repeat prescribing. AG assured committee that at patient review GPs are advising patients not to continue on Tramadol and to try an alternative. For new patients Tramadol is not being initiated as a long-term analgesic.* *APC awaiting agreement from TRFT* ***Action** - SA to follow up with the TRFT Doctors* **SL has issued a newsletter and requested TRFT take this off of their formulary.** **Task complete this can be removed next meeting.**	
	13/85 & 14/21 & 14/38 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.*	

	SA committee that anticoagulation booklets will not be updated by TRFT during the system change. Tracey Taylor (anticoagulation nurse) has provided information for the GP newsletter. This will be a tear off slip with the dose. AG is meeting with Dr Taylor and there will be an anticoagulation meeting on the 22nd April 2014 AG will be in attendance. AG attended meeting with Dr Taylor and next meeting is scheduled for July. AG will discuss appropriate anticoagulation and numbers involved. Another piece of work is around transferring stable patients from TRFT to the community and the anticoagulation group will keep a note of inappropriate discharges. AG/SL and Rachel Garrison have undertaken a survey monkey to assess the INR provision within the community. An example received indicated 3 discharges from ward A1 where the patients had been told to attend GP for warfarin therapy and no other communication from the TRFT has been issued to the GP. **Action – SL to provide the names to SA who will investigate. This detail will also be shared with Anticoagulation team.** <u>Tinzaparin and NOAX</u>. AG has spoken to GP colleagues today who agree that patients on Tinzaparin cannot be transferred to primary care until the patient is stable on warfarin. SA confirmed that TRFT do supply the required quantity of Tinzaparin whilst they are being stabilised on warfarin and TRFT will continue to monitor. AG confirmed that GPs are happy to take over the monitoring once 1 INR in therapeutic range	**SL/SA**
	13/86 & 14/21 & 14/38 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 still investigating with surgeons and nothing further to report today.* *Committee did not feel there was a requirement for an SCP for Prucalopride; however, further investigation needs to be undertaken and the guidance be obtained.* *Committee agreed for Prucalopride to become Amber.* *Committee agreed for Linaclotide as open use in accordance with new laxative guidelines* *TRFT would like to adopt the guidelines. Gastro surgeons, Colorectal nurses and Pharmacy are meeting as a working group.* *SL reported that 60% of patients are on osmotic medication and further work is required.* **SA to conduct an audit of all the patients as a snap shot and discuss as a team.**	**SA**
	14/22 & 14/38 Hospital use of Diclofenac *IC has identified that TRFT are over using Diclofenac and work is to be undertaken to address this issue.* *This was discussed at TRFT Drugs & Therapeutic Committee and feedback will be given at the next meeting.* TRFT are still reviewing this area of work.	
	14/23 & 14/38 SYB NOAC Policy	

	SL not in attendance Committee agreed to carry forward to next meeting. *AG gave an update on RCCG position of Apixaban as first line unless otherwise directed.* *SL to circulate the guidelines to TRFT Dr Muthusamy and SA. First line was agreed as Apixaban.* ***Action** - SA to share her piece of work with SL* SA has shared this information with SL. SA awaiting feedback from Dr Taylor. SL to discuss with Dr Taylor and what needs to happen with the patient on admission. SL is looking to update the AF guidelines once this piece of work has taken place. **Action - SL to discuss with Dr Taylor and what needs to happen with the patient on admission.**	**SL**
	14/24 & 14/38 Tramadol & Pregabalin – restrict initiation *SL reported that the agreement is in place for Tramadol to be initiated for short term use only.* *Pregabalin / Gabapentin data is showing quite a few patients with a substance misuse code and the numbers are approaching the national average. SL to share this piece of work once the data is complete.* *AG informed the committee that communication to GPs relating to discharge of prisoners into primary care is not happening. SD was of the understanding that there was communication and that the prisons should be discharging back into RDaSH services as well as GP care. SD suggested that a summary care record may be the key, however they are aware of a few information sharing issues i.e. consent to share which would need to be addressed.* ***Action** – SL & SD to work on this in collaboration to resolve and reduce the numbers and increase communication.* *Data will be shared prior to the next APC and will be discussed further at the next APC* SL to share the piece of work that has recently been undertaken. Committee still need to be mindful of the rise in use	
	14/25 & 14/38 Buccal Midazolam *DM reported problems with patients coming in on different types of Buccolam and Midazolam as the doses and strengths are slightly different between the types of medication. TRFT have already switched the Children patients who have attended TRFT.* *SL is happy to switch children and adult patients. DM to provide information to SL to ensure the switches are correct.* ***Action** – DM to speak to David and feedback to SL.* SA received a call from Lloyds advising that Dr Price has prescribed for someone older than 18 and none of the Buccalam or Epistatus products are licensed for Adults. SA to investigate if this is a one off or a frequent occurrence by the clinician. **Action – SA to follow up with Dr Price and feedback** **Post meeting note:** DM forwarded Buccalam information and this will be disseminated with the minutes	**SA**
14/39	**Methylphenidate**	
	SD to send the Methylphenidate SCP to JMu. **Action - JMu to add to agenda for ratification at next APC.**	**JMu**
14/40	**Controlled Drugs**	
	No issues from recent CD Lin	

14/41	**Paediatric Prescribing Issues**	
	Discussed Buccalam under matters arising 14/38	
14/42	**NPSA Alerts**	
	Nothing to discuss. Committee agreed to keep this as a standing item on the agenda.	
14/43	**Horizon Scanning**	
	• April 2014 – Nothing of concern and however, still no guidance available for testosterone. SL reported a new gliptin is available. Work is due to take place to review the 5 gliptins and this will inform a review of Rotherham's diabetes guidelines.	
14/44	**NICE Guidance**	
	SD has shared anti-psychotics information with RBr. This area may become a more permanent conversation next year.	
14/45	**Blueteq**	
	13/76 & 14/14 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.* *IC staff have received training and further meetings are to take place to understand and use the system.* *SL to obtain sign off by Sue Cassin and then complete the finances and payment to Blueteq. Rheumatology will be the first wave*. SL/ES awaiting CSU Information Governance sign off. Work is due to start around anti-TNFs and a template is to be devised.	
14/46	**For information**	
	Committee reviewed the enclosures:- *Barnsley Memo enclosures –* ➢ *Metoclopramide restrictions in use Trent MI, - AG suggested disseminating Metoclopromide information to GPs via Bitesize* Action complete - Metoclopromide and Domperidone has gone on Bitesize. *Sheffield APC Minutes 19/11/2013 & 21/01/2014* ➢ *Amiodarone – Pulmonary Fibrosis case in Sheffield. The Coroner stated there should be a formal SCP across the country. Sheffield are developing guidelines and these may also be developed nationally.*	

	➢ *Amiodarone is classified as Amber and this would not be initiated in primary care.* ➢ *AG suggested looking at the numbers taking this medication and what monitoring is taking place. Committee agreed* ➢ *SA offered to share Wales information relating to Amiodarone and what they have already developed. Committee agreed.* SA enquired about Amiodarone – however monitoring and an SCP would not be appropriate as the group are not sure what would be monitored. SL can ascertain how many patients are on Amiodarone as a starting point. SD suggested adding to Bitesize as it relates to a small number of patients **Action – SL to add Amiodarone to Bitesize and advise GPs of the possible side-effects.** Barnsley APC Epilepsy shared care protocol (SCP) SD felt this was a good system in place however, it is underpinned by specialist epileptic liaison nurses. Rotherham has a shared care protocol with Sheffield for epileptic services. The nurses are based in Sheffield which affects the level of service received. SL has looked into this and further discussions are required with neurology and epileptic services. Doncaster APC Have had the same discussions as above and nothing of concern. Sheffield APC Nothing of concern RDaSH Nothing of concern antipsychotic reporting was discussed and SD happy to share information if required. Haloperidol - Max dose has dropped to 20mgms daily dose and guidance will be shared with RDaSH medics AOB – Monthly updates. How do surgeries deal with this? AG reported that surgeries use the paper copies and occasionally use the electronic BNF if a drug is not in the paper BNF.	
14/47	**Any Other Business**	
	14/33 & 14/47 AOB 2 - Rifaxamine *Prescribing for some patients is not being continued within the community. Dr Hoeroldt has seen good results. No issues known to the group and no conversations. This drug is not on the traffic light system – SL suggests monitoring.* ***Action** – SA to forward information to SL/AG* Committee confirmed this is amber on the traffic light.	
	14/47 AOB 1 – Vitamin D and ADCAL D3 Vitamin D - 400 units daily, if patient is taking calcium there is a risk of kidney stones. Guidance advises healthy start but these are not prescribed but are given by health visitors or sure start. ADCAL D3 one a day has renal implications in pregnant women. Incident where patient is dehydrated and vomitting. (SL suggests clinician seek advice if hyperemissis is an issue and consider a Vitamin D only supplement)	

	Further investigation is required.	
14/48	**Agenda Deadline: by COP Tuesday 8th July 2014** **Date and Time of next Meeting: Wednesday 23rd July 2014 @ 13.00 in Pharmacy Seminar Room, Level A, TRFT**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
14/05/2014	14/38	**DMARDS Share Care Protocols and LES June 2013 -** JPa from MMC	*Work ongoing*
14/05/2014	14/38	**Rotherham Heart Failure Prescribing Guidelines & Overview**	*Work ongoing*