NHS Rotherham

Minutes	**Title of Meeting**:	**Area Prescribing Committee Meeting**
	Time:	**1:00pm**
	Date:	**Wednesday, 23 July 2014**
	Venue:	**Level A RFT Pharmacy Seminar Room**
	Reference:	**AG/JAA**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi	Gunasekera	Commissioning Executive NHSR RCCG (Chair)
	Stuart	Lakin	Head of Medicines Management – NHSR CCG
	Surinder	Ahuja	TRFT
	Andrew	Houston	RDaSH
	Diana	Mowbray	TRFT
	Ian	Cawthorne	TRFT
Minutes by:	Julie	Abbotts	Project Officer

	Agenda Item and Action Points	**Action**
14/49	**Apologies:** Simon MacKeown (General Practice Representative), Stephen Davies, RDASH	
14/50	**Declarations of Interest** Standing interested declared by Avanthi Gunasekera in anything that affects GP practices.	
14/51	**Minutes from the Meeting held on Wednesday, 14 May 2014** Minutes approved as a true and accurate record of the meeting.	
14/52	**Matters Arising**	
	12/048 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 & 14/52 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.* Task complete – remove from minutes.	
	12/052 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 & 14/52 **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.* Task completed – remove from minutes.	
	13/53 & 13/66 & 13/83 & 14/21 & 14/38 & 14/52 **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*** Eloise Summerfield had submitted Rheumatology Shared Care Protocols for approval. There had been no major changes to the protocols and they would be reviewed in 3 years. The protocols were approved by the Committee. Item to be place on pending.	**JMu** **JAA**
	13/50 & 13/66 & 14/21 & 14/38 & 14/52 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 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*** Action - SL to liaise with Govinder Bhogal about the outstanding action item re brand of use and bring back to meeting on 17 September.	**APC members** **SL**
	13/85 & 14/21 & 14/38 & 14/52 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.* *We have details of 2 inappropriate discharges from wards where the patients have 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. Post meeting note: Action complete*** *<u>Tinzaparin and NOAC</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. i.e. One INR within therapeutic range.* *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.* ***Action complete – remove from minutes – post meeting note – further information – leave on minutes.*** Meeting with Dr Taylor had been cancelled, this had been rearranged for 15 August. There are six example cases which will be discussed at the meeting. Not all of these are from one ward. Patients on ward are told to go to GP but are not given any details re INR levels, dosage required etc. Anticoagulation Nurses attended a recent PLT event and showed GP's the grey form which is supposed to be given to patients on discharge and patients are asked to take the form to their GP. None of the GP's present had seen the form before. This will be discussed at the meeting on 15 August and AG/SL will report back to the next meeting.	**SL/SA** **SL/AG**
	13/86 & 14/21 & 14/38 & 14/52 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 said that the audit was still to be completed - item to be placed on pending until November meeting.	**SA** **JAA**

	14/22 & 14/38 & 14/52 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.* Task completed – item closed.	**JAA**
	14/23 & 14/38 & 14/52 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.*** Yet to action – keep on minutes.	**SL**
	14/24 & 14/38 & 14/52 Tramadol & Pregabalin – restrict initiation *SL reported that the agreement is in place for Tramadol to be initiated for <u>short term use only.</u>* *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* Item yet to be actioned – keep on minutes.	**SL**
	14/25 & 14/38 & 14/52 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**

	SA had contacted Dr Price and is awaiting a response. SL agreed to liaise with Lisa Murray regarding tidying up the procedure.	**SA/SL**
	14/52 Methylphenidate	
	SD to send the Methylphenidate SCP to JMu. **Action - JMu to add to agenda for ratification at next APC.** This item would be brought to the September meeting.	**JMu** **JAA**
	13/76 & 14/14 & 14/52 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.* Nothing to report.	
	14/47, 14/52 AOB 1 – Vitamin D and ADCAL D3	
	<u>Vitamin D</u> - 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. *<u>ADCAL D3</u> one a day has renal implications in pregnant women. Incident where patient is dehydrated and vomitting. (SL suggests clinician seek advice if hyperemesis is an issue and consider a Vitamin D only supplement)* *Further investigation is required.* AG agreed to follow this up.	**AG**
14/53	**Shared Care Guidance – GABA Meds**	
	Guidance had been produced by the Substance Misuse Service. Members reviewed the information which SL would like to issue to GPs. SL was hoping that the information would be included in the July newsletter and that the Traffic Light system would be amended. After discussion this was agreed by members. AC said he would be hoping to circulate the information to A&E and Pain Team.	**SL/AC**
14/54	**DMards SCP's Rheumatology –** covered under Matters arising.	
14/55	**Controlled Drugs**	
	No issues raised.	
14/56	**Paediatric Prescribing Issues**	
	No issues raised.	

14/57	**NPSA Alerts**	
	Nothing to discuss.	
14/58	**Horizon Scanning**	
	<u>May 2014</u> AH made the group aware of Fluoxetine dispersible tablets which will be available and are much cheaper at £4/month instead of the liquid version at £11/14 days. **<u>June 2014</u>** Nothing of concern.	
14/59	**NICE Guidance**	
	SL will go through the guidance around statins and this would be brought back to the September APC.	
14/60	**For information**	
	Committee reviewed the enclosures:- Barnsley APC Minutes 14 May and 9 April – nothing of note. Sheffield APC Minutes 15/4/14 – nothing of note. Doncaster APC Minutes 24/04/14 – nothing of report. RDaSH MMC Notes 06/06/14 – Anti-psychotic reporting was discussed and AH made the group aware of cluster 11 patients who will be passing into primary care without input from secondary care. AG suggested a conversation with Russell Brynes, CCG GP Lead for Mental Health and this would then be taken forward via SCE. Drugs and Therapeutics Group 28.05.14 – nothing of note.	**AH**
14/61	**Any Other Business**	
	14/47 Proposal for Choosing a Branded Generic Oxycodone Preparation	
	Govinder Bhogal had asked for this to be brought to the meeting. The current highest use branded oxycodone preparations are Oxynorm and Oxycontin. There have been incidents where these two products have been confused and patients have been given the long acting Oxycontin four times daily and the fast release Oxycontin twice daily. It was proposed to use Shortec and Longtec as this may reduce the confusion as to which is the short acting and which is the long acting. Over 12 months using Shortec and Longtec exclusively would have saved the CCG approximately £27,500. SL agreed to email details to SA/IC for approval. Following feedback from SA/IC, item would then appear in Bitesize.	**SL**
	14/47 AOB Seretide to Flutiform Cost Reduction Proposal	
	Govinder had supplied information regarding this proposal. After discussion at MMC it was decided that these two products would be promoted as a switch-over. It was noted that John Miles was keen on supporting the switch to Flutiform. SL agreed to send information to SA.	**SL**
14/62	**Agenda Deadline: by COP Tuesday 2 September 2014** **Date and Time of next Meeting: Wednesday 17th September 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*