NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9:00am**
	Date:	**Wednesday 15 October 2014**
	Venue:	**G.02 Cedar Room, Oak House**
	Reference:	**AG/JAA**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi Gunasekera (AG)	Prescribing Lead/Commissioning Lead
	Ravi Nalliagounder	GP
	Rebecca Atchinson	Public Health
In Attendance:	Govinder Bhogal	Prescribing Advisor
	Eloise Summerfield	Prescribing Advisor
Minutes By:	Julie Abbotts	Project Officer

	Agenda Items and Action Points	Action
14/273	**Apologies** Stuart Lakin – Head of Medicines Management Sue Cassin – Chief Nurse, RCCG David Clitherow - Commissioning Executive Nick Hunter – LPC Representative	
14/274	**Declarations of Interest** No declarations of interest were declared.	
14/275	**Minutes of the Meeting held on 17 September 2014** The minutes were agreed as a true and accurate record.	
14/276	**Matters Arising**	
	14/22 EPS 2 Rollout – NH **13/194 & 13/206 & 13/363 & 13/380 & 13/400 & 13/443 & 13/495 & 14/53 & 14/70 & 14/82 & 14/99 & 14/112 & 14/132 & 14/146 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276** **EPS (Electronic Prescription Service)** *Go live dates have been given to 5/6 more surgeries. JMcG reported that prescriptions were*	

	coming through from Greenside and Wath and feedback was that they liked the system. JPu would be visiting surgeries to look at communication speeds between systems. Practices are being offered support ie advice regarding suitability of patients. Discussion occurred about suitability for repeat prescriptions and JMcG expressed concerns about the practicality of this and his worry was that it was a recipe for waste. There needs to be a way where repeat prescriptions can be differentiated so they can be handled differently. SL said the plan was to start with carefully selected patients. JMcG felt it would be a small number of patients who would fall into this category. This item would be a regular agenda item so previous text can now be removed. *Greenside were due to have a Kick off meeting on 1st June, however, this had to be cancelled and has now been rearranged for 18th June. There have been problems on occasions for some practices downloading the prescriptions from the spine as the links weren't working – these problems are being looked into.* *There were some problems with codes missing from prescriptions and these were being addressed. It was reported that Greenside have now gone live, however, discussion after the meeting confirmed that there had been a delay and Greenside would be going live in October.* *There had been a few problems at Broom Lane with odd quantities going onto prescriptions by default. Not yet been able to rectify this. ST reported that some pharmacies in Doncaster were struggling with repeat prescriptions and not being able to differentiate between urgent and non-urgent prescriptions which is leading to them having to look through all prescriptions to find out which ones are more urgent which is very time consuming. SL said we hadn't had any reports of this in Rotherham. After discussion it was decided that ST would try to find out what other areas where EPS is up and running do to flag up which prescriptions are urgent and which ones are routine. Action ST/NH to bring back to next meeting.* *Now 6 practices gone live out of 36. Medicines Management Team continuing to support practices. The Continence & Stoma Service are enthusiastic to do this but cannot at present due to legislation issues, these issues are being looked into. Issues were raised around the support we are receiving from the CSU.* *No update.* *There have been reports of current issues with EPS. Some pharmacies are not getting electronic prescriptions in some cases. JPu has spoken to Bet Rudge from the CSU about this who says there are no problems with the software and that she thought it was locums who do not have smartcards are causing these issues. Complaints so far are from St Anne's, Clifton, and Broom Lane practices.* *NH also reported some problems with the software updates following changes made to the spine. NH has asked that these issues be resolved before EPS is rolled out any further in Rotherham.* *John Healy has asked NH to write to him with the top 2 things to address in community pharmacy - one is expected to be EPS.* ***Action** - NH to speak to Gordon Laidlaw from the CCG & Mel Hall from Healthwatch.* This item to be a standing agenda item for future meetings.	**NH**
	14/161 & 14/181 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 Anticoagulation Survey Monkey	

	SL reported that TRFT have approximately 900 patients who need moving into primary care. The LES enables housebound patients to be assessed and warfarin levels measured. A survey monkey has been completed by GPs and RG/SL presented the results which revealed the following: • *Majority are aware of the current LES* • *Majority are happy to initiate and begin managing a patient on warfarin (AG commented that their practice would have like to have ticked several boxes in this section, RG has taken this on board for future surveys)* • *Vast majority use DNs and identified the team they use* • *Performance of DN team and which CoaguChek machine is used (RG further work required around quality assurance of the machines)* • *Communication around monitoring and results feedback to the surgery or notify if unable to see the patient* • *DN INR star training would need to be looked at as this would require programme on laptops and individual machines which has a considerable cost.* • *DN capacity is also being reviewed* • *Majority ask DNs to perform INR checks* • *Payment per visit, GPs are now aware of the process* • *Vast majority use INRStar system* • *Licence for INRStar and versions – practices are on different versions (MMC discussed is it worth investing to bring all the practices on the latest version and training staff up would be a worthwhile investment)* *AG suggested revising this survey and send to the District Nursing teams to see how they view on how the anticoagulation LES is working from their perspective and look to removing any barriers. RG is to undertake some further investigation into the data received to check who does claim and initiate.* *AG to ask at SCE if all GPs are happy to:* • *initiate immediately* • *1 stable INR or* • *1 INR in range before they taken on warfarin.* *Action AG to discuss with SCE – Post meeting note: AG discussed with SCE and feedback given to SL* *Action – SL/RG to discuss with Janet Sinclair-Pinder and set up some meetings with DN leads to go through the survey and capacity, INRStar training and machines, potential workshop from anticoagulation budget. Upgrade INRStar to latest one.* *Action AG/RG to attend the anticoagulation meetings at TRFT and feed back to MMC accordingly.* *SL emailed Tracey Taylor yesterday regarding poor state of discharge from wards at hospital with no SCP or information. Communication is also not received in a timely manner which creates a patient safety issue.* *RA informed MMC that anticoagulation information is being shown on surgery CTV.* *There is a lot of work to be done around Anti-coagulation and a number of issues have been identified. There are two cohorts of patients, those who go to hospital by Medicar and those who don't. It was felt that those patients who travel to hospital by Medicar would be better treated by hospital as they would find it difficult to travel to the GP surgery. Funding has been found to purchase more machines. Funding has also been found for training which is being provided and once training has been completed DN's will be able to visit those patients who are immobile.*	

	Communication systems need to be formalised. Yellow Books – we use IRSTAT and Labs use Dawn and Labs have difficulty printing onto yellow books so print information on paper. JMcG said that in Doncaster information is printed by Lab onto a label which is then placed on the Yellow Book – this should also be possible at Rotherham. Discussion took place about Warfarin and publicising that this can be carried out within the GP surgery. After discussion SL agreed to get a further leaflet printed which can be sent to pharmacies to ask them to place the leaflet in the bag when dispensing Warfarin medications. Action: SL *SL updated group - £24K of funding had been found for additional equipment and training for District Nurses which will take place in September. After discussion it was agreed that AG/SL would take the issue regarding printing labels for yellow books to the Anti-coagulation Meeting on 11 July.* *A meeting is due to take place on Friday 11 July with Dr Taylor and the Anticoagulation Nurses. Post Meeting Note – this has now been postponed and a new date is awaited. A message for GP's need to go on their computer screens. SL thought this had already been actioned. RA agreed to check.* *The date of the meeting had been arranged for 15 August, however, RFT had not canvassed for dates and AG is unable to attend due to annual leave. If the meeting goes ahead the issue of unsafe discharges needs to be discussed and examples given. SL/Rachel Garrison will attend this meeting.* *The meeting took place and Dr Taylor attended. Rachel Garrison has done a lot of work around this. There are issues with High Street Surgery & The Gate Surgery who are not currently providing the Anticoagulation LES. All practices are currently being converted to the new version of machines, thought to be complete by September. SL to keep the committee updated.* *Meetings have taken place with High Street Surgery and The Gate Surgery to try to resolve issues and both will be doing testing in the near future. SL would be doing the online MHRA training and AG will also do the training. SL said they were aware of a couple of unsafe discharges and these are being looked at. There is an issue about the way in which Incident Alert Forms are submitted – these are initially sent to NHS England who then forward them to us, the forms do not contain any patient identifiable information and we are not allowed to seek this from the GP surgery due to patient confidentiality. Paula Whitehurst is devising a reporting template which GP surgeries will be asked to complete so that we have an idea of the data.* *No further updates at present – SL not present.* AG is to meet with Dr Taylor on 7 November 2014. One of the things which will be discussed is two unsafe discharges which have recently come through. AG to feedback after the meeting.	AG
	14/212 & 14/226 & 14/245 & 14/263 & 14/276 Pharmacy – Inappropriate Advertising of Minor Ailment Scheme *Reports had been received about inappropriate/misleading advertising about the minor ailment scheme outside the pharmacy. NH had also seen similar advertising outside other pharmacies. After discussion it was decided that CCG would provide appropriately worded posters and inform pharmacies that these are the only posters which can be displayed. This would mean an amendment to the contract. SL would look at what posters are currently available/order new posters.* *Information packs/posters/guidance for advertising are being prepared – SL agreed to bring these to the MMC for approval.* *Photographs of the inappropriate advertising were shown to the committee. These were for pharmacies which were all part of the same group. The committee agreed that these were*	

	inappropriate and that action needed to be taken. The CCG's Pharmacy First materials, which have been sent to all participating pharmacies, were shown to the committee. These materials should be the only materials used to advertise the scheme. The proposal is to write to all participating pharmacies to inform them that only Rotherham CCG approved advertising materials with the RCCG logo should be used to advertise this scheme. This is to be monitored by the Medicines Management Team and LPC. If a pharmacy does not comply then this is a contravention of the agreement and the pharmacy will be withdrawn from the scheme. *<u>Action</u> – SL to draft a letter.* *The letter to pharmacies still needs to be drafted and circulated.* ***<u>Action</u>** - SL still to draft the letter to pharmacies - SL not present.* *It was agreed that the letter was to go to all pharmacies, not just those participating.* Letter had now been sent out. One pharmacy had taken their publicity information down straight away. A letter had been hand delivered to another pharmacy who had then taken the publicity down. Action: Remove from Minutes	**SL** **JAA**
	14/228 & 14/245 & 14/263 & 14/276 Woundcare Project and Nutrition Project Updates *Woundcare Tenderspec has now been published. There has been lots of downloads from the right people. More information will be known around September time.* *The Chief dietician at the Nutrition department is no longer in post. A meeting took place where this was discussed. The plan is to possibly release some funding to bring the post back for a manager for the dietetics community nutrition project. We are awaiting the proposal.* *The proposal is to advertise for a part-time post of Dietetic Worker, TRFT are seeking a contribution of £20K. The worker will be asked to look at how the project can be moved forward. There are funds in the budget and it was felt that this would provide a good return. Group were in agreement with this.* **<u>Action</u>** - SL not present – SL to update at the next meeting.	**SL** **SL**
	14/230 & 14/245 & 14/263 & 14/276 New NICE Lipids Guidelines **14-07 NICE Lipid Guidance Primary Prevention** **14-07 NICE Lipid Guidance Secondary Prevention** *To be discussed with John Radford on 3rd September, at SCE 20th August, and at the Governing Body. There has been a significant change to the guidelines with implications for us working with Public Health.* *The NICE lipid guidelines recommend Atorvastatin 80mg daily or Secondary Prevention and atorvastatin 20ng daily for all patients with a 10% 10 year CVS risk. There are no cholesterol targets contained within the guidelines.* *The challenge for the CCG is to implement the screening of the population to identify patients with a 10% 10 year CVD risk.* *It was agreed that these guidelines should be incorporated into:* *1) The CCG over 75 checks* *2) The Health Check Programme commissioned by Public Health Rotherham.* *Meetings have been arranged, Dawn Anderson re the over 75 health check programme and Dr John Radford Public Health Rotherham. SL to speak to Dr Lord about this but not until discussions*	

	have taken place with the above 3 parties. *John Radford had been unable to attend the meeting, however, SL had spoken to him and it had been agreed that the guidelines will be incorporated into the Health Check Programme commissioned by Public Health. SL had also spoken to Dawn Anderson and it had been agreed that the guidelines would be incorporated into the CCG over 75 checks and needed to speak to Jason Horsley to progress this. SL said they were trying to incorporate the guidance into existing pathways. An update would be drafted for GP's and needs to emphasise that this guidance is coming from NICE. AG would mention this at the next SCE meeting. SL agreed to share plan with Dr Lord.* *SL not present to update.* ***Action*** *- AG to feedback to the GPC regarding the increase in GP workload as a direct result of these guidelines* *Due to be discussed at APC Meeting 17th September 2014.* This had been discussed at the last APC meeting. GB asked if we needed to titrate up the dose of Atorvastatin and the answer was no. We should start on 20 then gradually increase if cholesterol is not at target on 6-12 monthly blood tests. Rotherham has a high statin usage. Patients usually come out of hospital on 80 mg (secondary prevention) and are initially left at this dose and then gradually decreased if showing symptoms of intolerance. There is an issue from QOF point of view and we somehow have to remind colleagues to check to see if increase in dose is possible ie at medication review.	**AG**
	2012/13 & 14/231 & 14/245 & 14/263 & 14/276 CD Declarations *Nothing to discuss.* Nothing to discuss.	
	14/233 & 14/245 & 14/263 & 14/276 Rivaroxaban • **GP referral form** • **Patient information** • **Provoked DVT** *The DVT pathway is for Care UK to follow. The CCG have written the SCP (Judith Wilde and SL). If GPs are happy and we are happy from a safety prospective then this is ready to go to Care UK. MedicX Pharmacy are yet to agree to stock the product but this should not be an issue.* ***Action*** *- SL to check diagnosis. Also to make the following amendments:* • *Amendment to the GP referral form needed in the right hand box – dose to be amended as this is incorrect.* • *Amendment to the Patient leaflet/flow chart needed– further information needed with regards to 20mg supplies.* • *Addition – A line at the bottom of the form is needed informing where the form needs to be sent to once completed, e.g. fax to…* *AG informed the committee that the Out of hours GP service also require a copy of this pathway due to a recent issue.* ***Action*** *- To be discussed with Duncan Wilson to agree once the above amendments have been made.* *Info had been shared with Duncan Wilson and a response is awaited as to whether any further information is required.*	

	Gone to Duncan Wilson for approval but he has been on holiday and we are still awaiting an email back from him with his approval, then this can be agreed. DVT pathway is now set-up and we are just waiting for feedback from Duncan Wilson.	
	14/248 & 14/263 & 14/276 Prescribing Cost Growth 12 Months to June 2014 *SL went through the statistics which had been previously circulated.* *The prescribing cost growth for the 12 months ending June 2014 compared to the prescribing cost growth for the 12 months ending June 2013 is at 5.1%. This is a strong cost growth compared to other CCGs in Yorkshire, however due to PPD coding issues, Rotherham was not charged for continence and stoma appliances in the first quarter of the previous financial year. This makes the cost growth presently higher than it really is.* • *Cost growth of 6.5% for CNS drugs. This is due to increased Pregabilin prescribing, increases in the unit cost price of a number of drugs including Phenytoin, Temazepan and Trazodone, and an increase in use of Buprenorphine.* • *Cost growth of 9.33% for Endocrine drugs. This is due to new diabetes drugs and an increase in unit cost of thyroid drugs.* • *Cost growth of 6.3% for GI drugs. This is due to a number of drugs increasing in price.* • *Cost growth of 16.45% for Nutrition & Blood drugs. This is due to price increases in Vitamin B drugs and an increase in prescribing of Vitamin D preparations. Work to rationalise Vitamin prescribing will take place in the next couple of months.* • *Cost growth of 2.73% for Respiratory drugs. Work is underway to switch patients to more cost effective inhalers.* *Epilepsy would be discussed at the meeting in October – AG to liaise with SL.* *Respiratory – discussion needs to take place with Breathing Space regarding prescribing costs. Data is required from EPAC. RA said that Public Health England were developing a database which we might be able to tap into and model this information for Rotherham but she wasn't sure what stage they were at or if there is a cost involved. RA agreed to find out more information. RA also agreed to try to get a password for the HESS data. RDCT graph shows high costs and there have been issues around admissions for pneumonia and this data will help with work which needs to be done around this.* ***Action*** *- Respiratory discussion with John Miles still to take place – AG to chase.* ***Action*** *- Epilepsy - will be presented to SCE in November* ***Action*** *- Still awaiting password from RA for EPAC. RA not present - to update at next meeting.* **AG is waiting for a response from John Miles re discussions with Breathing Space. AG to chase.** **SL/AG would be attending an Epilepsy Summit, they were waiting for the date.** **RA had tried to pursue the password for EPAC without success, she agreed to chase this up again.**	**AG** **SL** **RA** **AG** **AG/SL** **RA**
	14/249 & 14/263 & 14/276 Medical Management of Diabetic Retinopathy *Document circulated is the Sheffield protocol – SL had written back to Sheffield a while ago and had had no response. Not convinced by evidence ie don't believe it prevents blindness or loss of vision any less than in patients who are not on the medication. Sheffield have agreed this*	

	protocol, however, SL had concerns about side effects. After discussion it was agreed that SL would contact Sheffield APC to let them know that Rotherham would not be adopting the protocol and would write again to consultant if necessary. SL would also put information in the Bitesize newsletter and point out the implications for renal failure. *Vitamin supplements for ARMD – High street ophthalmologists are recommending vitamin supplements to patients and advising them to see their own GP for a prescription. Most of These supplements have a poor evidence base. To be taken to LOC to ask them to inform their members that this is not something which the Rotherham CCG supports due to the lack of evidence. If opticians are advising patients to use vitamin supplements then they are to buy them over the counter as appose to sending them to the GP for a prescription.* ***Action** - NH to give contact details of LOC to AG.* ***Action** - AG to email LOC once she has the contact details.* ***Action** - Message to all GPs to be written in the next Bite Size newsletter.* AG waiting for email address to contact LOC. When AG emails LOC, this information will go out to all GP's in a Bitesize. Judith Wilde is looking into the number of drugs being prescribed.	***NH*** ***AG*** ***GB*** **AG**
	14/256 & 14/263 & 14/276 Pharmacy First Scheme *Prices for the Pharmacy First Scheme had been updated. Nick Hunter had a few queries regarding pricing and would contact Rebecca Stevens with these. RS would then liaise with Raz Saleem.* NH queried how regular these prices are to be updated, because prices change frequently. **Action** - SL to advise. Item now closed – remove from Minutes.	**SL** **JAA**
14/277	**Electronic Prescription Service**	
	Covered under matters arising 14/276.	
14/278	**NSAID Risk Reduction Strategy – September 2014**	
	ES gave an update on NSAID's. She had decided to publish a one page document and GP's could contact her if they needed more in-depth information. The wording and format had been altered to make it clearer but there had been no technical or clinical changes. There were also graphs to give information about performance – so far we have done really well. Article would be appearing in Bite Size.	**ES**
14/279	**Traffic Light System**	
	No updates	
14/280	**Horizon Scanning**	

	No issues were raised.	
14/281	**NICE Guidance**	
	No updates	
14/282	**Controlled Drugs**	
	No updates	
14/283	**For Information** Barnsley APC Memo – June 2014 Barnsley APC Memo – July 2014 Barnsley APC Ratified Minutes – July 2014 Doncaster APC Minutes June 2014 Doncaster APC Ratified Minutes – July 2014 Sheffield APG Minutes June 2014 RDaSH MMC Minutes July 2014 RDASH MMC Minutes September 2014 RDASH MMC Minutes September 2014 Minutes of Drugs and Therapeutics Group - no update No issues were raised.	
14/284	**Any Other Business**	
	No items raised.	
14/285	**Items for APC**	
	No items for APC.	
14/286	**Agenda Deadline: Friday 24 October 2014 by close of play** **Date and Time of next Meeting: 9.00am Wednesday, 29 October 2014** **G.02 Cedar, Oak House**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
13/11/2013	13/443	Private PGD's usage in Local Pharmacies	*Action - SL is to discuss PGD communications with Gordon Laidlaw*
19/03/2014	14/83	Adding Hospital Medications	
20/08/2014	14/226	CCG Spending on Stop Smoking Medication	

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19/03/2014	14/83	Antiplatelet Guidelines	
19/03/2014	14/83	QIPP – Cost Efficiencies 2013/14	
19/03/2014	14/83	QOF element of quality prescribing	
16/04/2014	14/114	Blueteq	
14/05/2014	14/147	Inhaler project	*GB to develop a project plan.* *Put on 14th May NH to supply documents*
30/04/2014	14/132	DVT Pathway	
19/03/2014	14/83	Methylphenidate SCP	*On MMC 14/05/2014 & APC 14/05/2014*
14/05/2014	14/146	Community IV Therapy Group	
19/03/2014	14/83	Principles of Shared Care Protocols and Guidelines and Template - DMARDs and Shared Care Protocols and LES June 2013 re Dermatology Drugs	
16/04/2014	14/113	System One Hospital Drugs & Hospital supplied medications	
19/03/2014	14/83	ADHD Draft Protocol and email chain – methylphenidate for ADHD in children	*See 14/21 for general Methylphenidate SCP information.*
19/03/2014	14/83	Direct Dressings Supply	
19/03/2014	14/82	Survey Monkey – discharge from prisons	
19/03/2014	14/85	NICE Antimicrobial Stewardship Consultation	
09/07/2014	14/195	Outpatient dispensing/discharge letters at STH & SCH	
20/08/2014	14/226	Community IV Therapy Group	
20/08/2014	14/226	Shared Care Guidance – Gaba Meds	
20/08/2014	14/226	Lithium Guidelines	
20/08/2014	14/226	Feedback on Pharmacy event	

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
20/08/2014	14/226	Rotherham Pharmacy Needs Assessment (PNA)	
20/08/2014	14/226	Proposal for Choosing a Branded Generic Oxycodone Preparation	