NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9:30 am**
	Date:	**Wednesday 22 July 2015**
	Venue:	**G.02 Cedar Room, Oak House**
	Reference:	**AG/JAA**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi Gunasekera (Chair)	GP
	Stuart Lakin (SL)	Head of Medicines Management, RCCG
	Ravi Nalliagounder (RN)	GP
In Attendance:	Jason Punyer (JP)	Prescribing Advisor, RCCG
	Magdalena Piper (MP)	Prescribing Advisor, RCCG
	Govinder Bhogal (GB)	Prescribing Advisor, RCCG
	Raz Saleem (RS)	Prescribing Advisor, RCCG
	Paula Whitehurst (PW)	Senior Prescribing Technician, RCCG
Minutes By:	Julie Abbotts	Project Officer, RCCG

	Agenda Items and Action Points	**Action**
15/99	**Apologies** **No apologies were received.**	
15/100	**Declarations of Interest** No declarations of interest.	
15/101	**Minutes of the Meeting held on 8 July 2015** Minutes were accepted as a true record with the following amendment – EPS – Swallownest had not committed to EPS yet but had held a preliminary meeting.	
15/102	**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 & 14/289 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102** **EPS (Electronic Prescription Service)** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 18/03/15 – item no 14/413</u>** *Dinnington practice has now had their business exchange meeting. All pharmacies attended apart from Lloyds. The meeting went very well and now just waiting for them to go live towards the end of April. Village Surgery is due to go live in August/beginning of September. No further issues at the moment.* *EPS was discussed at the LPC meeting and it was mentioned that a new person from the IT side*	

	will be involved who we are yet to meet. Rotherham is currently lowest in South Yorkshire with regards to engagement in EPS. There is some difficulty in persuading GP practices to engage, GPs are aware of the benefits and the problems. When the new pharmacist is in post within the Medicines Management Team, this person is to work with GP practices to try to encourage EPS. It was noted that there are currently low nominations in pharmacies. *Dinnington will go live on 21 April 2015 otherwise nothing to note.* *Dinnington kick-off meeting went well with no issues. There are no new practices and incident reporting has decreased.* *Nothing to add.* *Woodstock Bower, Stag Medical Centre and Wickersley have agreed to kick-off meetings. Village will be holding a kick-off meeting in September and Swallownest are meeting with SL to discuss.* *Rolling out – Swallownest have gone live. Market Surgery is looking at getting as many patients as possible on repeat prescribing. Wickersley have shown an interest and Thurcroft will be going live in September. Amendment to minutes - Swallownest had not committed to EPS yet but had held a preliminary meeting.* 22/23 practices ie 2/3rds should be live or have plans to be live by the end of the December. 13 practices are already live and the following practices are due to go live/have shown interest:- Woodstock Bower (August) Village Surgery (September) Stag Medical Centre (October/November) Wickersley Health Centre? showing interest Swallownest Health Centre? Showing interest Greasbrough ? Showing interest Social Enterprise (Rosehill (1st), Canklow (2nd) Gate (3rd)	
	14/161 & 14/181 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307& 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **<u>Anticoagulation</u>** *List of patients from GB's practices has been given to TRFT and we have asked them to tell us which patients they want to keep and we will actively transfer the patient's care. No response from TRFT as yet, we are trying to Push this forward.* *RN attended a GP update course which took place on Saturday 7th March which was very good and very useful. Warfarin monitoring was discussed as part of the course. RN suggested that maybe an educational element is needed. SL informed meeting members that Warfarin was featured in last month's bite size newsletter and is going to be part of the next Quality Prescribing Incentive Scheme.* ***<u>Action</u>** - SL to take Warfarin prescribing data to the next APC meeting to discuss.* **<u>Historical Information Now Deleted. Last appeared in Minutes dated 18/03/15 – item no 14/413</u>** *Still transferring patients from TRFT back out to GP care. There are still issues with housebound patients and District Nurses undertaking the monitoring. There are still issues with TRFT Medical Engineering signing off the machines.* *RN felt that TRFT may be discharging more patients on NOACs than considering them for Warfarin. After discussion it was agreed that SL would contact Surinder Ahuja at TRFT to discuss*	**SL** **JAA** **SL** **SL**

	this. *Discussion took place about patient self-monitoring and SL said this was in the Workplan. Possibility of TRFT discharging more patients on NOAC's than considering them for Warfarin would be added to the agenda for discussion at the next APC. Item has been added to the agenda for the next APC.* *Ongoing – so far we have worked with the Anticoagulation Service and six practices to move patients back into primary care. Originally we were told that there were 100's of patients still being monitoring by TRFT but we've subsequently found out that isn't the case.* *Julie Kitlowski had queried the exact number of patients that are still monitored by TRFT. SL said there was an Anticoagulation Meeting on Friday 29 May and he would be asking this question and would feedback. MMT had trawled GP systems for patients on anticoagulations and not being monitored by GP practice and are trying to move these patients back into practice. The issue of patients being monitored by other hospitals (Bassetlaw, Mexborough/Doncaster and Barnsley) was discussed. It was thought that their numbers are small.* *Numbers of patients being monitored by GP practices is approx. 2000 and MMT are continuing to search for patients who can be transferred into primary care although a lot of this work has already been carried out and numbers at TRFT are still quite high. SL would be liaising with TRFT to look at the reasons why so many patients need to be treated at TRFT. A discussion about this had taken place at CRMC recently but this had been deferred until SL returned from annual leave.* *Patient flow analysis has shown there are currently 400 patients who are not being monitored by the hospital. Rachel Garrison/SL have a workplan in place and when this has been completed the next step will be to look at the LES with regards to GPs retitrating patients who are out of range as some GPs are already doing this and others are referring back to TRFT. GP opinion needs to be sought – AG could take this to SCE to get views. Rachel Garrison has carried out a survey of patients who are being treated by their GP and no patients wanted to be referred back to TRFT for monitoring. Discussion occurred about INR testing for housebound patients and SL said there was money available in the LES for GP practices to carry out blood tests for housebound patients.* SL said that this is working well. Currently looking at the LES regarding when patients are referred back to the hospital and when not as this needs to be clearer and there needs to be consistency across practices. Practices need to be advised of what to do if patients go out of range. May need to add an additional payment to cover any extra workload. Discussion occurred about self-monitoring and there are lots of issues which need to be worked through. SL/AG will discuss these issues at the next Anticoagulation meeting. With regards to the LES the following are the main points:- Practice Quality Assurance – confident that all practices are doing fine. District Nursing Issues – all barriers have now been removed. Patient Self-Monitoring – clarity required around patients out of range being referred back to hospital.	
	14/228 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 Wound Care Project and & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Nutrition/Wound Care Project Updates** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 18/03/15 – item no 14/413</u>** *SL was supposed to be attending a meeting at TRFT but this was cancelled and is to be re-arranged.*	**SL**

	SL is currently producing an options paper for the OE Meeting (Operational Executive) looking at the future of the Continence and Nutrition services and whether they are better provided by TRFT or another provider. *The Wound Care Project is going well. Maltby are now on board and we are now working with Brinsworth District Nursing Team. It is hoped that all Rotherham practices will be involved the next few months.* *Woundcare project is progressing – District Nurses are now up and running – Brinsworth and Treeton have gone smoothly, Swallownest are next. Looking at the possibility of including hosiery and lymphedema into the project as well. Difficulty might be that funding for this sits with TRFT at the moment.* *Discussion occurred about dietetics and what happens with patients who are prescribed dietetics from Sheffield and are then under the care of their GP. These patients should be referred to the Dietetics at Rotherham and they will be taken over by this team. Gluten products are now more widely available in supermarkets and their price is similar to non-gluten products and the question is whether these products should still be prescribed. MMT are doing a mapping exercise to look at this.* *Woundcare project is doing well and will be rolled out to Swallownest/Dinnington next, followed by Dalton and Rawmarsh then Swinton. We have got a really good contract with Computec and they probably want us to show the project to other areas as a good example. We currently have 98/100% conformance compared with other areas that have 50/60%.* *Woundcare project is now rolling out to Swallownest and Dinnington nurses. SL had recently been interviewed in relation to a National Conference. The Computec, the company who we have the contract with has asked if we can participate in a video to promote the project*. *There is an issue because the Tissue Viability Nurse Lead is off on long-term sick and will potentially be off for six months. There is a concern that the project may slow down in her absence. SL is trying to work with TRFT to try to get them to identify a temporary Lead for the project. SL will email June Lovitt and will reinforce the benefits of the project and the importance of continuity.* *Continuing to roll this out and all is going well apart from a couple of problems which are being addressed. Discussion occurred about Orthopaedic dressings and it is hoped that these will go live for the end of October. We are currently awaiting information from TRFT. Once we know how many patients there are we will be able to work out costings and negotiations can then commence regarding adjustment to TRFT contract.* Projects are working very well. There is an issue around funding with TRFT. Initially funding was for community facing staff but since restructuring of the department the staff are more secondary care focussed. SL had met recently to discuss this with TRFT ie Lead Therapist, Lead Dietician and Deputy Director of Operational Services and is now waiting for them to come back with a proposal. If the proposal isn't acceptable then SL will be taking a paper to OE with the recommendation that the service is put out to tender. SL would then send out a survey monkey to GP's to ask what they want from the service and a scoping exercise will be carried out to see what the service could look like.	**SL** **SL**
	2012/13 & 14/231 & 14/245 & 14/263 & 14/276 & 14/289 & 14/305 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **CD Declarations** Nothing to discuss	
	14/248 & 14/263 & 14/276 & 14/286 & 14/286 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102	

	Prescribing Cost Growth 12 Months to June 2014 **<u>Historical Data Removed – Last Appeared as Item 15/16 on Minutes Dated 15.04.15</u>** *Cost growth is slightly higher than previous year at 4.31%. Not many practices are underspent by 5%. Central North Locality had made a suggestion to GPMC regarding the appropriateness of the prescribing budget target underspend of 5%. Discussion occurred about this and it was decided that consideration would be given to this at the budget setting discussions.* *End of year data should be available w/e 22 May.* *At the end of the financial year 2014/15 prescribing cost growth equalled 4.47%. This is higher than the Yorkshire and Humber average and England average but below the cost growth experienced in Doncaster and Bassetlaw CCG's. Due to the fact that PPD were unable to assign independent nurse prescribing costs for the first quarter of 2013/14 and because all of Rotherham's Continence and Stoma appliances are nurse prescribed, the total for 2013/14 was less than the actual total, hence, the cost growth for 2014/15 is inflated.* *Nothing to add.* Prescribing cost growth for May was 7.5% which was the fourth highest in the Yorkshire Humber region. It is hoped that this is just a blip and that June's data will see a reduction. SL went through the data. Work is taking place in the following areas:- **Emollients** – JP would be looking into this. **Glucose Blood Testing Reagents** – PW is doing a piece of work on this and is collecting information from reps on rebate schemes and best deals on meters and then GP's will be advised on which meters to use and also which strips to prescribe. Medical Equipment/Medical Engineering will be asked to test machines and give their feedback on the meters from a quality assurance point of view. **Antispasmodics** – ES is doing some work around this. **Vitamin D** – LM is looking at this and producing clear guidance for GP's.	
	14/391 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Respiratory/COPD** *GB had had a meeting with rep from Almirall and asked if she had noticed a lean in secondary care towards the use of the GOLD treatment pathway for COPD as opposed to NICE guidance. The rep confirmed that secondary care consultants seem to be using GOLD. Barnsley just use NICE. RN said that GP's need to know how to proceed. RN said that NICE gives guidance and looks at all aspects and then comes up with cost effective measures for GP's. It was felt that we should be liaising with consultants as we should be working to same guidance. This could probably be addressed if we succeed in arranging a meeting with John Miles over the issue. Discussion occurred about the guidance and a meeting needs to take place with John Miles. In the meantime it was agreed that the Rotherham Guidelines produced by GB (based on the NICE guidance) would be released after discussion at the next MMT meeting - GB to add the MMT agenda.* *This was discussed at the Medicines Management team meeting. The team will be sharing this information with practices and will try to fit in with our guidance. No further responses from the hospital at present.* *Further data is available from RDTC which shows high prescribing costs/high admission rates. It is unlikely that the discussion with John Miles will take place as he is currently doing additional work in A&E. It had been decided that the Rotherham Guidelines produced by GB would be published and sent out with next month's newsletter with a caveat that these are based on NICE Guidelines and patients being discharged from Breathing Space might not be prescribed the same*	**GB**

	drugs as in the RCCG guidelines. *No update.* *John Miles has agreed to meet with AG and Govinder Bhogal at the end of May to discuss respiratory mortality and inhaler prescribing.* *RN would liaise with AG regarding the meeting with John Miles.* *COPD Guidelines would be going out in Bitesize this week with a proviso that it is based on NICE Guidance. However, patients may be discharged on other inhalers by Breathing Space. A meeting with John Miles had not been possible although several attempts had been made to set–up this meeting. He had, therefore, not seen the Guidelines. John Miles had agreed to give a workshop at the July PLT, however, concerns were raised about this as it was felt that agreement on the guidelines needs to be reached before a workshop is held as mixed messages could be given to GPs. It was, therefore, felt that the workshop should be postponed until agreement is reached. RN agreed to speak to Avanthi and Julie Kitlowski about this.* *Email discussions had taken place with John Miles and Gail Miles about the workshop and members talked about this and it was agreed that it would be better to postpone the workshop as it was felt that it would not be helpful as it would give out mixed messages to GP's. SL/AG would liaise with John Miles about this.* *Post meeting note – A meeting is now arranged for 16/07/2015 to discuss this.* *Meeting with John Miles will take place on 16 July 2015.* The meeting with John Miles didn't go ahead so in view of the problems which had been experienced in getting John Miles to attend a meeting , SL/AG/GB decided that our guidelines would be published which are based on the NICE guidance. A line would be included which says that if patients are frequent exacerbators, they may require alternative treatment.	**RN** **RN** **SL/AG**
	14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Epilepsy Shared Care and Perampanel** • ***Barnsley Epilepsy Shared Care Guidance*** • ***Barnsley Epilepsy SCG Letter Aug14*** • ***Barnsley Epilepsy Sign-up Form*** • ***Rectal Paraldehyde Supply Guidance*** *There are on-going issues with the transfer of drugs from neurology to primary care. Barnsley CCG has created a shared care guidance document. SL has spoken to Chris and this is not working as well as anticipated and there are some issues. Other areas are trying to get the principles of Shared Care Guidance established. There were questions around what GPs in Rotherham think of the principles of the Barnsley guidelines and if we could we use these guidelines in Rotherham.* ***Action*** *– RN to pass this to the SCE Meeting (Strategic Clinical Executive) for an opinion.* *There is some confusion with regards to who is commissioning Epilepsy as this went to NHSE but will now possibly be coming back to the CCG.* *It was discussed that a South Yorkshire shared care principles group would be useful so that all areas are aware when shared care principle documents are created and these can then be shared across South Yorkshire.* ***Action*** *- SL to email colleagues in Doncaster to find out if there are any shared care protocols that have been created which we are unaware of.* *RN had passed the SCG's to Julie Kitlowski and she is keen to look into this with a view to improving services in Rotherham. SL agreed to pick this up with JK and liaise with Chris Lawson at Barnsley CCG to discuss the possibility of a joint meeting with Neurologists.* *SL agreed to speak to Julie Kitlowski to ask her opinion as to whether to go ahead – this will then be discussed at the next meeting.*	**RN** **SL** **SL**

	SL had not managed to speak to Julie Kitlowski - he agreed to try to speak to her and report back to next meeting. *SL had spoken to Julie Kitlowski and it had been agreed that SL would take a paper to SCE with the recommendation that the Barnsley Guidelines be adopted. If the SCE agree then SL and Barnsley will then work with Neurology.* *SL had taken a paper to SCE and they approved this. SL would liaise with his counterpart in Barnsley and write to Dr Greunwald at STH informing him of our desire to adopt the guidelines along with Barnsley. Guidelines will be adapted for Rotherham and will then be circulated to GP's.* *The Guidelines had now been adapted for Rotherham and SL would email Dr Greunwald to inform him that we would like to adopt the guidelines. Once the guidelines have been agreed, these will be shared with GP's.* SL to email Dr Greunwald.	**SL** **SL** **SL** **SL** **SL**
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Prescribing Responsibility for Transgender Medications** *There is an issue with shared care protocols for transgender patients and primary care responsibilities in the prescribing and monitoring of hormone therapy for patients undergoing or having undergone gender dysphoria treatments at Porterbrook Clinic.* *Similar issues are being encountered at Doncaster CCG and this was discussed at their meeting recently. SL had also contacted Sheffield CCG and had received an email reply which he agreed to email to RN.* *No update.* *Discussion occurred about transgender medications and the expectation from NHSE that GP's will take over prescribing of these medications. After discussion it was felt that these medications were too specialised for prescribing in primary care as these are highly complex patients who should be cared for in tertiary care. SL agreed to discuss this at the Heads of Medicines Management meeting.* *Ongoing.* *As discussed at the last meeting the message to GP's is that these are complex patients who should continue to be treated by Porterbrook Clinic. SL agreed to speak to Gordon Laidlaw and ask for a paragraph to be included in the GP Bulletin.* *SL has discussed this at the MMT meeting and it had been decided that SL would liaise with Karen Smith at CSU. Service is commissioned nationally and South Yorkshire GP's are the only ones who have raised concerns. SL will try to get a better understanding of how the service is commissioned and will meet with Karen Smith again. RN said that he had visited the Porterbrook website and there is no information/guidance for GP's /Primary Care.* SL is still to meet with Karen Smith from CSU.	**SL** **SL** **SL**
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Posters for Waste Management Campaign** *SL brought along a couple of draft posters which have been developed. SL had visited PPG's to discuss the issue of waste and had sought their views about the waste management campaign. Now that the posters have been developed they will be taken back to the PPG's for their opinions*	

	and once the poster has been chosen they will then be launched in the Advertiser and on local radio and then distributed to community pharmacies and GP surgeries etc. The posters ask people to contact the Medicines Management Team to seek advice on how to stop their unwanted medications – requests received will be actioned by the appropriate Prescribing Advisor who will liaise with GP practice to amend the prescription etc. *First draft of the posters is now ready – these are to be taken to Kiveton Park Patients Group and will be shown to patients along with posters which other CCG's are using and they will be asked which version they prefer. Hopefully patients will like ours. If they do like ours then we will also ask another Patient Group and will then proceed with the launch. The designing of the posters has been very much patient focussed. We will also be seeking views on where to advertise etc. Discussion occurred around this and the possibility of placing leaflets in repeat prescription bags and it was felt that this was a good idea. Once the campaign has been launched patient groups will be revisited to get their feedback.* *Positive feedback had been received from PPG's and patients preferred the Rotherham posters to those from other areas. Doncaster had now decided not to pursue the poster campaign, even though they had contributed to half the cost. Now concentrating on how to best distribute the posters but it had been decided that small leaflets will be included in medicine bags and possibly leaflets given to District Nurses for them to pass on to patients when they see them at home.* *There is a patient engagement event on 3rd June and views would be sought at this event and if feedback is encouraging the posters will be rolled out.* *Following the event on 3rd June the posters would be taken to the PPG at Woodstock Bower. They would then be discussed at the PLT event in July.* *Positive responses had been received at the event on 3rd June. There is one more patient group to attend and then discussion will take place about where to display the posters.* *A workshop is due to be held on Thursday 9 July 2015 at the PLT.* The workshop at the PLT went really well with lots of positive comments and posters have been amended to reflect this. Gordon Laidlaw is currently getting prices for leaflets, A5 pads and posters and will also be adding something to the website so that people can complete a form if they have excessive medications. SL would be taking a paper about costings to OE. The campaign will be rolled out in September and SL/AG will liaise with Gordon about this. There are three poster designs which will be issued at different times. RS will be taking the posters to the LPC on 10th September.	
	15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Rotherham Diabetes Summary Report – Quarter 3 – 2014/15** *Discussion occurred about the statistics and why Rotherham is using so much insulin. Patients on insulin are seen by Diabetic Specialist Nurses and the question was raised as to why patients aren't being seen by the GP Practice Nurses. Patients seen by the Diabetic Specialist Nurses showed higher patient admissions to hospital. SL had previously had discussions with the Diabetic Team Consultant regarding figures and how these can be improved but nothing had come out of these meetings. It had proved difficult to find a system of how the Diabetic Specialist Nurses work. It was decided that a proposal be taken to SCE to introduce a LES for practices to move insulin initiation treatment into GP practices - initially this would not be for smaller practices. Would first trial with a couple of larger practices and then if successful roll out to larger practices and look for a solution as to how it could be implemented in smaller practices. Doncaster is already doing this. RN agreed to speak to Richard Cullen and Jason Page about this.* *The Diabetic Network Meeting will be held on 12 June 2015. It was agreed that SL would try to attend this meeting or send a representative from the MMT. AG/SL would liaise with Anand Barmade regarding the issues.* *SL would be attending the Diabetic Network meeting on 12 June and would liaise with Anand Barmade regarding the issues.* *Nothing to update.* *AG/SL would be having a pre-meeting with Anand Barmade regarding the Diabetic Network meeting which Anand would be attending with SL on 12 June.*	**RN** **AG/SL** **SL** **AG/SL**

	We currently have high diabetic costs and we need to understand why they are high. SL has requested a Diabetic Summary Report from TRFT and this should give us more of an insight into the role of the Diabetic Specialist Nurses. *SL is now working with JP and Jackie Tufnell and is trying to identify funding for a Diabetic LES, possibly involving Dietetics.* Add to items pending.	
	15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Shared Care Protocol for Treatment of Osteoporosis with Denosumab** *The issue was that Rotherham had Denosumab red lighted. SL had, therefore, obtained a copy of the Sheffield Shared Care Protocol – member looked at this and it looked straight forward. The Shared Care Protocol said that the hospital would do the first injection and second injection would be done by the GP's. After discussion it was decided that the SCP should be amended to reflect that the hospital would do the first and second injections and the GP would then do the third injection. SL agreed to amend the SCP to reflect this and would then share this via Bitesize.* *This would be discussed at the next meeting – JA to add to agenda.* *SL had left the meeting, therefore, this would be discussed at the next meeting.* *This drug could be transferred into primary care, however, there is quite a lot of work involved, therefore, it would need to be incorporated into a LES. SL will be liaising with Rachel Garrison with a view to possibly including this in the Rheumatology LES. SL will work out a payment schedule and will bring this back to a future meeting.* *Discussion occurred about the second injection being carried out by the GP but it was felt that STH should do injections 1 and 2 and the GP continue from injection 3. Doncaster and Barnsley are doing this – SL agreed to feed this back and would work out payments etc.* *SL had spoken to Rachel Garrison about adding this to the DMARDS LES. This will probably result in a change to the Sheffield contract so we will need to write to Sheffield. SL will continue to liaise with Rachel Garrison and Jackie Tufnell. Once the LES has been finalised it will be added to the newsletter.* *Currently working out payments for the LES, reflective of number of times patients are seen per year.* A scheme is being worked up for shared care drugs based on DMARDS and other shared care drugs will be put into the same scheme. Payments will be approximately £25/patient contact. The scheme is on hold at the moment because it needs to go through Jackie Tufnell's workstreams first.	**SL** **SL** **JA** **SL** **SL**
	15/46 & 15/60 & 15/75 & 15/88 & 15/102 **Provoked DVT Pathway** *SL had sent information to Jackie Tufnell and this was ongoing – SL will bring details back to a future meeting.* *Ongoing – RN and SL have discussed post meeting. Pathway wording and flowchart to be re-written for the purpose of clarity.* Nothing to add.	**SL**
	15/60 & 15/75 & 15/88 & 15/102 **Bluteq** *Joanne Sarsby, Senior Finance Manager had come along to the meeting with ES to discuss this issue. ES had circulated a Bluteq update and after discussion members recommended that a*	

	progress update be given to OE (Operational Executive) and that the CCG adopts a method for prior approval of non PBR drugs that are outside any recommended guidelines and that approval is made by the MMC. SL would prepare a paper for OE. *SL would also discuss this at the next meeting of the Heads of MMT, re progress of Bluteq and comparison of costs with others CCG's.* *Work is ongoing with Bluteq and Ophthalmology drugs are the next ones to be inputted.* *Recently had a request for one of the Mabs which was outside guidance TRFT was contacted and they rang MMT asking to prescribe outside guidance. A form was generated and this was completed by TRFT. MMT are proposing to use this form for all future requests. Form will be brought to MMC for approval.* ES has recently returned invoices to TRFT to the value of £17K.	**SL** **SL** **SL**
	15/60 & 15/75 & 15/88 & 15/102 **Incontinence Guidelines** *ES had brought the guidelines to the meeting and these had been circulated. Most of the guidelines were the same, however, men had been added. These were discussed along with NICE guidance and it was decided that ES would upload the guidelines to the intranet and write a paragraph to be included in Bitesize.* *Dr Jacob had sent an email which contained a comment about patients experiencing problems with continence supplies. SL reported that TRFT contract for continence products had changed to a regional contract and one of the changes was to move from a two weekly supply to a three monthly supply. Some of the issues patients are experiencing are inability to get through on the telephone, incorrect patient details on file, incorrect product type on file, storage issues for the three month supply, quality of the products, size ranges which have changed, three month supply resulting in waste issues. Unfortunately, as this is part of a block contract which we don't actively manage it will be difficult to influence this. JAA agreed to speak to Helen Wyatt to see if there were any comments on Patient Opinion.* *SL had fed back to Dr Jacob that the CCG has no influence over the supply of incontinence pads because it is part of a block contract. Helen Wyatt is working with patient groups and there are a lot of issues being raised.* Remove from minutes.	**JAA**
	15/60 & 15/75 & 15/88 & 15/102 **Vitamin D Guidelines** *LM had circulated documents relating to Vitamin D and these and the Vitamin D Guidelines were discussed. The guidelines are purely for GP's and LM had spoken to Surinder Ahuja at TRFT who was working on the guidelines for TRFT. We are very keen to go for as fewer products as possible. Question was raised as to what to do with pregnant women who are vitamin D deficient during or prior to pregnancy. LM had spoken to Surinder who had talked to Dr Poku and he didn't seem to be concerned about these patients being treated in Primary Care, rather than being referred to Endocrinology. If patients are diagnosed with Vitamin D deficiency as part of symptomatic tests, should these patients be referred to Endocrinology or would Dr Poku be happy for these patients to be treated by Gynae or the GP? Also possibility of a Vitamin D test being taken by Midwives during the first screening. LM agreed to liaise with Surinder/Dr Poku about these issues.* *Julie Kitlowski had sent through a query about this and LM agreed to follow this up. Discussion occurred about treating Vitamin D deficiency in pregnancy in primary care and it was felt that this should be dealt with by secondary care – Obstetrics/endocrinology. LM agreed to omit the section on management of pregnant women with Vitamin D deficiency from the guidelines and would run these by Dr Poku before bringing them back to the meeting for approval.*	**LM** **LM** **LM**

	LM had been unable to get a response from Dr Poku, therefore, this item had been added to the agenda for discussion at the APC meeting on 8 July 2015 with regards to the treatment of women in pregnancy. The guidelines need to be updated and circulated asap. Remove from minutes.	
	15/75 & 15/88 & 15/102 **Oxygen Therapy** *RN had spoken with his GP colleagues and there are concerns about terminally ill patients being discharged from Weston Park on oxygen therapy without consultation with the GP which is causing confusion. SL said that GP's should not get involved with oxygen therapy, they should just be informed about this. SL agreed to raise this at the Oxygen Meeting and would feedback. Nothing to add.* *GB is going to discuss Weston Park oxygen discharge with Rotherham Hospice.* GB said he was waiting for the meeting with Rotherham Hospice. He had emailed his counterpart in Sheffield to see what is happening at Weston Park. Various issues were discussed and it was agreed that GB would write a small paragraph advising GP's and this would go in the newsletter.	**SL** **GB** **GB**
	15/88 & 15/102 **Electronic Prescription Service** *Rotherham is still behind on EPS compared with other areas, however, this was in-line with the decision to introduce EPS gradually. There had been a few snagging issues and these had now been resolved. Repeat dispensing is beginning to show results in the practices which have introduced this, for example, at Brinsworth 70% of prescriptions are electronic prescriptions. This will be rolled out further and a number of practices have been identified.* Discussed as part of Matters Arising.	
	15/88 & 15/102 **LIS Payments** ***Broom Lane*** *JP presented data and this was discussed. The cost increases highlighted by Broom Lane were in-line with the cost increases observed across all practices in Rotherham and so Broom Lane was not adversely affected when compared to other practices. It was also highlighted that Broom Lane was part of the wound products pilot and, therefore, had not incurred any costs for woundcare products over the last financial year. Many other practices were still having woundcare products charged against their prescribing budgets so the decision was that Broom Lane's budget should not be uplifted because of exceptionality.* ***Treeton Medical Centre*** *JP presented the data and after discussion members declined the appeal for the QIS and Treeton would now remain at 3 out of 5.* ***Canklow*** *ES presented data and after discussion approval was given that Canklow would move from a 4 to a 5.* ***Kiveton Park*** *Will remain at 3 out of 5 as the appeal was declined as there was no evidence of review of 17.7% of patients.* ***Clifton*** *Appeal was approved.* *SL would be liaising with Dawn Anderson and every practice will be receiving a report highlighting which ones had been achieved on QIS and FIS.*	

	LIS payments are now all signed off. Nothing to add.	
	15/102 **Antibiotic Guidelines Artwork and Printing Costs for Revised Guidelines 2015-17** *These guidelines are up for review. In previous years GP's had stated that they wanted a paper copy of the guidelines in booklet form as well as an electronic copy. JP had obtained quotes for the printing and artwork which were approximately £3K. SL would be taking a paper to OE for approval of the costings for the poster campaign and would add costings for the Antibiotic Guidelines to the paper to seek approval for these also.* Nothing to add.	
	15/102 **Improper Use Of Rotherham Minor Ailment Service** *Issues regarding improper use of the minor ailment scheme had been brought to the attention of the MMT. Several problems had also been raised several months back which resulted in meetings with the pharmacy group involved. The possibility of a secret shopper exercise was discussed and it was agreed that SL would suggest that this be put on the agenda for the LPC.* Nothing to add.	**SL**
	15/102 **Budget Setting** *SL went through the statistics. The mechanisms for the budget setting had not changed from previous years. The global sum has been uplifted by 5.2% and no practice has a smaller budget than 2014/15. All practices received a positive increase.* Nothing to add.	
	15/102 **Shared Care Protocol for Degarelix** ***This was discussed and it seemed sensible and there is no transfer of work it would basically mean taking over prescribing. There were a couple of things which needed amending ie Page 5 – contraindication "pregnancy" is spelt incorrectly, Page 9 – link needs changing so it links to RCCG website. Once amendments are made, SL will let Mr Abbassi know that the protocol has been approved and this would then appear in the newsletter. Degarelix will then be changed from Red to Amber on the traffic light system.*** **Nothing to add.**	**SL/RS**
	AGENDA ITEMS	
15/103	**Clinical Pharmacists in GP Practice** This is a pilot project which is being run by NHSE and will part fund clinical pharmacists to work in GP practices and pay costs for 36 months ie:- • 60% for the first 12 months of employment • 40% for the second 12 months of employment • 20% for the third 12 months of employment	

	• 0% after the first 36 months of support Discussion occurred about whether practices could generate 20% savings per year to justify the cost and the possibility of pharmacists working across a couple of practices was raised. Three practices had shown an interest in the pilot (Woodstock Bower, Crown Street and Morthen Road) and SL would be meeting with them to discuss further. Group members were very supportive of the scheme and it was agreed that a paper would be taken to SCE.	**SL**
15/104	**Medicines in Learning Disabilities** **Insufficient time to discuss - carried over to the next meeting.**	
15/105	**Breathing Space and COPD** **Discussed under matters arising 15/102.**	
15/106	**Dietetics – the Future** **Discussed under matters arising 15/102.**	
15/107	**NICE** **Insufficient time to discuss - carried over to the next meeting.**	
15/108	**Traffic Light System** *Degarelix will be changed from Red to Amber.* Nalmafene – AG said that a GP at Dinnington had prescribed Nalmafene to a patient. The Alcohol Worker at Thurcroft requested Nalmafene to be commenced on a patient at the Village Surgery. However, AG didn't prescribe because it had been agreed at a previous meeting that the drug would be red lighted pending a decision from Public Health. AG had subsequently checked the traffic light system and the status of Nalmafene hadn't been changed. SL agreed to check this and ensure that Nalmafene is red lighted on the Traffic Light System.	**SL**
15/109	**Horizon Scanning** Nothing of note.	
15/110	**NICE Guidance**	
	No updates	
15/111	**For Information** Barnsley APC Ratified Minutes – 10 June 2015 Barnsley APC Memo – June 2015 Barnsley APC Report – June 2015 Sheffield Area Prescribing Group Draft Minutes – 18 June 2015 RDASH MMC Draft Minutes – June 2015	
15/112	**Any Other Business** There were no items of Any Other Business.	
15/113	**Items for APC** No items for APC.	

	Date and Time of next Meeting: The next meeting will be held on **Wednesday 5 August 2015** from 9.00am-11.00 am in Room G.02 Cedar, Oak House. **Agenda Deadline: Friday 31 July 2015 by close of play.**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
19/03/2014	14/83	Methylphenidate SCP	*On MMC 14/05/2014 & APC 14/05/2014 Needs to be progressed further – SL to speak to RS.*
19/03/2014	14/82	Survey Monkey – discharge from prisons	
04/02/2015	14/382	Erectile Dysfunction Clinic PDE5 Inhibitors	
04/02/2015	14/382	Lipid Modification Guidelines	
	15/46	Wakefield Eclipse Live Software	
10/06/2015	15/75	Liraglutide	
10/06/2015	15/75	NHS England North Midlands Emergency Supply Service 2014/15	
08/07/2015	15/88	Anti-emetic Guidelines and Gaviscon Advance	