NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9.00am**
	Date:	**Wednesday 06 January 2016**
	Venue:	**G.02 Cedar Room, Oak House**
	Reference:	**AG/BS**
	Chairman:	**Avanthi Gunasekera**

Present:	Stuart Lakin (SL)	Head of Medicines Management, RCCG
	Richard Cullen (RC) (Chair)	GP
In attendance:	Eloise Summerfield (ES)	Prescribing Advisor, RCCG
	Becky Stevens (BS)	Admin Officer/Minute Taker, RCCG

	Agenda Items and Action Points	**Action**
16/01	**Apologies** Avanthi Gunasekera, Ravi Nalliagounder, Alun Windle, Judith Wilde	
16/02	**Declarations of Interest** No declarations were made.	
16/03	**Minutes of the Meeting held on 23 December 2015** Minutes were accepted as a true record.	
16/04	**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 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04** **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)* *Woodstock Bower were going live today. Currently there are 18 practices which are live/expressed a definite interest. Wickersley have confirmed that they are not interested.* *Swallownest, Canklow, Rosehill and the Gate have all now signed up and kick-off days will probably be in the New Year now. Village Surgery have their kick-off day on 15/09/15.* *Village Surgery went live on 15 September. RS said that Woodstock Bower who recently went live were impressed with the system.* *Stag, Swallownest, Rosehill and Greasbrough practices all have plans to go live soon.* *Greasbrough held their kick-off meeting on 5 October 2015. Village Surgery had gone live in September and AG was really pleased with the system.* *Woodstock Bower and Village Surgery are now live – Stag will be going live on 3 November. Greasbrough will be going live on 6/4/16. There are now 21 surgeries that are live or are due to go live, leaving 12 practices who have not signed up, although two of these have shown interest.* *Discussion occurred about Repeat Dispensing and RS said that he would be attending a HSCIC IT Event at Doncaster CCG and was asking if it would be worth them presenting at a future MMC because Crown Street and Market Surgery are both using Repeat Dispensing and both like it. RS would feed back after attending the meeting.* *Stag MC was the last practice to go live and this went very smoothly. 17 practices are now using EPS, six are also utilising the repeat dispensing functionality, a further four practices have agreed to implement EPS and a further three are showing strong interest and there has been one definite refusal.* *RS said that he had attended a meeting recently in Doncaster with Shivonne Murphy from HSCIC which is the organisation which promotes EPS nationally and she commented that she had learnt more from RCCG and the way they are doing EPS than from anywhere else and this information was better than the information she was giving out to promote EPS. There are a couple of our ideas in particular which she would be using as case studies.* *SL reported that the next roll out would be Swallownest early in the New Year. Stag had gone live and was going well. No other practices yet booked in.*	RS

	Social Enterprise booked in and to go ahead soon if re-awarded the contract. *It was noted that there had been no further developments regarding repeat dispensing. RS reported that the data from December shows the top 3 practices with 77% usage (Brinsworth, Village Surgery and Woodstock Bower).* *Need to look at if there is anything practices are doing differently in the area. HSCIC arranging some EPS meetings in the Local Pharmaceutical areas which would be for one day a week for 5 consecutive days, Monday to Friday. Nominations would be discussed at these meetings.* Swallownest now have a kick off date. Dates are arranged for Canklow, Rosehill, Greasbrough and The Gate. There is no interest from other practices as yet.	
	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 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **<u>Anticoagulation</u>** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/09/15 – item no 15/148</u>** *Currently trying to transfer as many patients as possible over to primary care but we haven't been able to make much progress in getting District Nursing Teams involved. £20K has been spent on equipment and there were initial problems with TRFT Medical Engineering Department approving this equipment but eventually this was resolved. District Nurses were given the necessary training. A written Standard Operating Procedure and Contract were written-up back in January and we are now being told that the Standard Operating Procedures needs to be ratified. This is likely to take time which will further delay the project and the main issue is that the training which has been given to District Nurses will then be out of date and will need to be carried out again. It was agreed that these issues need to be fed back to Dr Peter Taylor and a discussion relating to the recurrent training costs is to be had. TRFT will have to share the expense. AG will take for discussion at SCE, after the next Anticoagulation meeting.* *Rivaroxiban will be discussed at APC meeting on 2/9/15. SL had attended an Anticoagulation meeting recently and the above issues were discussed with Dr Peter Taylor. Number of patients transferred back to TRFT are low recently. 61% of patients discharged from TRFT on a NOAC have no documentation of warfarin being offered or that warfarin was contra-indicated. SL said there was a 293% 12 month cost growth and a 25.8% quarterly cost growth attributed to NOACs alone. TRFT are taking this issue forward and are asking how the Pharmacy at TRFT could help to police this. With regards to the problems detailed above ie delays relating to Medical Engineering, District Nurse involvement etc these issues were discussed and Peter Taylor shared our annoyance. The Standard Operating Procedure is now being taken through for ratification. With regards to the re-training costs – these are being met by the original training provider, therefore, there will be no cost to RCCG.* *The majority of practices are happy with the Anticoagulation LES and it is working well. Practice monitoring has been robust and Rachel Garrison has been going out to practices to discuss data entry and is also producing a user-friendly guide for practices.* *AG said that Julie Kitlowski had discussions recently with Conrad Wareham and John Miles and they were going to take this issue up. Discussion occurred about the necessity of patients giving consent to being prescribed NOACs and issues around safeguarding.* *Conrad & Julie are very keen to get people involved and move forward with this.*	SL JAA SL SL AG

	Ongoing. SL said that he had a video link produced by PRESCQIPP which looks at cost growth increases around NOACs which seems to be a national issue and agreed to forward this to AG. *SL informed the group that the haematologists are now able to pass on the housebound patients to primary care as the pre-existing issues have been resolved. All in-patients started on a NOAC will be reviewed by the Anticoagulation Team to assess the appropriateness of treatment.* *AG would be attending the Anticoagulation Meeting on 27 November 2015 and would feed back at the next meeting.* *AG had attended the Anticoagulation Meeting on 27 November 2015 with Dr Taylor where issues re complaints were discussed. Rachel Garrison had also attended the meeting. Nothing new to add. Working on NOAC guidelines with problems envisaged within the Trust. Dr Taylor is planning some specialist training in the Grand Rounds with a guideline for the Hospital to follow. No response received as yet. SL explained that they were planning a joint meeting of the Trust's Drugs & Therapeutics Committee with the Area Prescribing Committee to look at how to manage NOACs. They would also be liaising with the Care Co-ordination Centre to look at sending out Tinzaparin Shared Care Protocols. Need to remind about the Finance pressures. RN feels that the hospital is under pressure to discharge patients and these needs to be monitored.* *AG/SL need a discussion around the Anticoagulation Meeting and questions received.* To be discussed as an agenda item.	SL SL/AG SL/AG
	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 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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 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%.*	SL SL SL

	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.* *It had been decided that the project will not be piloted at Wickersley. The Woundcare Project will be rolled out to Rawmarsh, followed by Wath/Swinton.* *SL had met with TRFT regarding the Nutrition Project. It was decided that SL/AG would meet to look at various different models which are being used in other areas of the country to reach an agreement on a preferred model. A decision would then need to be made as to whether to go out to tender or whether to add this service to TRFT block contract. If the service is added to the block contract then careful thought would need to be given to the performance monitoring aspect. It was agreed that SL would design a survey monkey to ask GP's for their views ie what service they are getting currently, what services they would want etc.* *SL/AG still to meet when SL returns from annual leave.* *SL/AG still to meet.* *Nutrition project is currently on schedule. There is a piece of work which is ongoing which is looking at the prescribing element and SL is currently putting a specification together and is looking at a dietetic pathway which is operating in Derby. Another area which is being looked at is having a pathway for lactose intolerance in children. Once specifications have been worked up they will be brought back to the meeting and they will then be shared with GP's to show what is currently bought and what the alternative could be.* *The project is on schedule, for District Nursing Teams with completion due for October 2015, there is some slippage with GP practices and Care Homes due to the inability to arrange training meetings within the original timeframes. The project will hopefully be rolled out fully by the end of January.* *Both the Nutrition and Wound Care Projects were ongoing.* *<u>Wound Care</u>* *Slight slippage with the wound care prescribing with one of the District Nursing Teams in Wath/Swinton proving more difficult due to the number of Barnsley patients. SL has spoken to the Tissue Viability Nurses and Adult Nursing Team regarding the Wound Care Administration Team. Kate will be pulled out of this project and the Trust will need to arrange the management*	SL/AG SL/AG SL

	of the Admin Team. Finance working well and cost pressures at moment have been rectified. *From March 2016, a Steering Group will be set up to meet every 2 months in order to keep an eye on the project.* *<u>Nutrition</u>* *Working with Dieticians on producing a Community Nutrition Service Specification. Dieticians looking to cost out other elements ie IBS patients. High cost growth around specialist baby milks. Issues around patients needing to be referred to paediatricians first – need pathway to bypass paediatricians. Need information to go in the Newsletter and Bulletin. Dieticians carrying out practice visits around Rotherham to publicise the services available.* The Wound Care project is currently being rolling out and the last nursing team will be Wath-Swinton due to issues around cross border patients and the difficulty for district nursing teams to run 2 systems. The medicines management team are still working with practices and having a few issues trying to stop repeat prescribing for dressing products. There are slight concerns about timescales with the Nutrition project. SL explained that a new tender spec is being written for the new financial year. This will mean a block contract will be in place and the dietetics service will be part of a block contract. This is a large project but will mean more stability to the service.	
	14/391 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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 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*	GB RN

	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.* *Julie Kitlowski had been in contact with John Miles and it is hoped that a meeting will be set-up in the next three weeks.* *Guidelines had been published on Top Tips.* *A meeting with John Miles would be taking place after the MMC meeting today and feedback will be given at the next meeting.* *A meeting has taken place with John Miles and an agreement had been reached regarding the COPD Guidelines – GB will bring the revised guidelines to the next MMC.* *AG will email GB regarding sharing the guidelines with SL/AG/John Miles/Surinder Ahuja and Osman Chosman at TRFT to ask for their feedback. The guidelines would then be brought back to the MMC meeting scheduled for 9 December. Post Meeting Note - GB has emailed the draft COPD guidelines to JM, SA and OC.* *SL reported that GB has had no response from Jon Miles regarding these guidelines. AG/SL/GB to discuss and produce an email in the New Year. JK would also mention this at her meeting with Jon Miles.* No update.	**RN** SL/AG AG GB AG/GB AG/SL/GB
	14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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*	RN

	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.* *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.* *No update.* *Currently awaiting a response and agreed to discuss this again in the New Year.* No update.	SL SL SL SL SL SL SL SL
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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.*	SL SL

	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 will be meeting with Karen Smith today and will bring information back to the next meeting.* *SL had met with Karen Smith from NHSE and she had explained that seven clinics are commissioned nationally, three of these are local to Rotherham, and patients have a choice of where they are treated. Guidelines say that GP's will take on prescribing for these patients, however, GP's are not happy with this due to complexity of these patients and GP's feel that patients should continue to be treated by Porterbrook Clinic. SL had received a complaint from a representative from the Lesbian, Gay, Bisexual and Transgender group in Rotherham about the issue of not being treated by GP's and he had responded by explaining that GP's have a limited knowledge about this and there are safety issues etc. A meeting will be set-up in September/October with a representative from Porterbrook Clinic and NHSE to talk about developing a Shared Care Procedure and it is hoped that Doncaster and Barnsley would also be involved. SL said that if GP's were expected to treat these patients then there would need to be funding available to cover the extra workload – SL would check with NHSE to see if this had been accounted for. AG also pointed out that information for GP's advises them to visit the Porterbrook website where there is a section regarding further information for GP's, however, when you look at this there is no information there. SL would feed this back to NHSE. It was agreed that SL would include a paragraph in Bite Size to advise GP's to refer patients to Porterbrook unless they are happy to treat.* *SL has a meeting scheduled with Professor Kevin Wylie at Porterbrook Clinic. SL's equivalents at Sheffield and Doncaster may also be attending. The development of a Shared Care Protocol will be discussed along with the issue of Porterbrook asking GP's to take over prescribing of specialist drugs which GP's are concerned about. Patients are also unhappy about the fact that GP's are asking them to be referred back to Porterbrook for their treatment/prescribing and this has been seen as discriminatory and has resulted in a number of complaints. SL has offered to attend the Lesbian, Gay, Bisexual and Transgender group to talk to them about what is happening and why – SL to speak Helen Wyatt as she has contact with the group.* *SL pointed out that with regards to the development of the shared care protocol, there may be costs involved as this would probably involve a degree of monitoring by GP's which would result in an increased workload. NHSE may not have taken this into account when commissioning the service.* *Ongoing.* *A meeting has been arranged with Professor Kevin Wylie for Friday 16th October.* *SL would be attending the meeting with Professor Kevin Wylie on 16th October and would feedback to the next meeting.* *SL is responding, on behalf of the five CCG's, to a letter from Healthwatch. A meeting has taken place with Heads of MMC from the five CCG's, NHSE and Porterbrook Clinic and a way forward*	SL SL SL SL SL SL

	was agreed ie to improve SCP's and to explore various ideas for managing transgender patients in the community. *SL would be responding to the letter from Healthwatch this week. Porterbrook Clinic have supplied a SCP which SL has looked at and he felt that it wasn't completely unworkable and would mean GP's carrying out one blood test every three months for the first three years and if any of the tests are out of range, patients would be referred back to the clinic.* *SL was awaiting a response on a draft SCP for Transwomen and a discharge pathway. This was agreed at the LMC Officers meeting on Monday. Each CCG would work out its local payment structure. SL would be pulling together a South Yorkshire group to look at this issue. Once Transwomen SCP agreed then can progress on to a SCP for Transmen.* *SL reported that there had been a rising demand for this service, with the local clinic being unable to cope. SL had heard nothing further from Healthwatch.* There is a tenuous agreement with LMC that GPs will take on the prescribing once the SCP is in place. SL has spoken to Sally Kirby about this and he has produced a first draft of the SCP but there are gaps at present. A second draft to be produced in the next couple of weeks, then this will be circulated across South Yorkshire & Bassetlaw. Sally Kirby is to have a discussion with Professor Wiley.	SL
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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. *Gordon Laidlaw is obtaining costings and SL will then prepare a paper for approval by OE. If approved the launch will take place in early October.* *SL had drafted a paper for OE and agreed to email a copy to AG.* *Paper has been agreed by OE and campaign is now being taken forward.* *Campaign will be launched in October. RS had taken the posters to LPC on 10/9/15 and had agreed to let them have copies of the posters and fliers when they have been finalised. They had agreed that they were happy to support the campaign.* *Materials have now gone to print and we are set to go. Update at the next meeting.* *Materials are still awaited – all ready to go once the materials arrive. Gordon has put out a statement and it had been decided to add something about safety and the issue of having excess medications in the home. Discussion occurred about NOMAD systems and AW pointed out that if one of the medications change then the whole month's drugs have to be destroyed.* *AG told members about a PPE Event on 19th November – The Changing Face of Primary Care and it was agreed that two stands would be requested, one around antibiotic usage and the other around the waste campaign. JP/RS would contact Helen Wyatt to request stands.* *Campaign had gone live. AG was giving a radio interview with Rother FM on 28/10/15. RS showed photos of a display which had been put up in one of the surgeries and SL asked everyone to ensure PW is made aware of activity as she is keeping a log. Mel Howard said she could put information in the Public Health Newsletter – SL to liaise with Mel. The PPE event on the 19th Nov 2015 is finalised and there is no scope to have stands for waste and antibiotic usage.* *Four individuals and one nursing home have so far called in. RS said that he had recently been contacted by a GP who mentioned a problem with one of the care homes she visited having problems with unnecessary medications being prescribed to residents even though the Pharmacy had been told on several occasions that they were no longer required. This had led to a piece of work looking at prescriptions for 31 patients and repeat prescriptions were amended where appropriate and this should generate a saving of £2,800 per annum.* *The group noted that this campaign was working, with patients recognising the importance of waste. RS reported on the £3,200 savings which will be made from one patient's insulin repeat prescriptions. SL felt that Insulin would be a key area to look at regarding possible wastage.* *It was noted that some pharmacies are ordering repeat prescriptions every 21 days instead of 28 days. It was agreed that once more data was available, this should be raised as an issue at a future LMC meeting.* *Possibility that Reception Staff in GP practices may need training to identify some of the areas in relation to prescriptions being requested too frequently. SL speaking with Wendy Allott re funding for more skills in the practices to help manage repeat prescribing.* *Wakefield are currently interested in copying Rotherham's Waste Management campaign.* The campaign is going very well and we have some good intelligence so far, including a visit to a patient's home planned.	SL SL RS JP/RS SL/MH

	SL has tentatively put forward for some funding to move from the incentive scheme in order to employ pharmacy technicians to work on waste management within practices.	
	15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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.* *The scheme has been approved and Jackie Tufnell is now looking at costs. Once a payment scheduled has been drafted this will then go to OE and SCE for approval.* *Ongoing.* *Jacqui Tuffnell is working on this and will provide us with an update shortly.* ***Action** - AG to chase.* *Yet to hear from JT - SL would chase this up.* *Ongoing.* *SL would be speaking with Jason Page to look at the payment structures in relation to DMARDS including Denosumab.* This SCP has now been approved. SL has emailed Nicola Peel with a few issues and is awaiting a response.	SL SL JA SL SL AG SL SL/JP
	15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04	

	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.* *Currently waiting for DHS to provide figures for 2014/15. The pathway was discussed and SL pointed out that it was a Care UK Pathway. AG/RN said that it had been included with Top Tips and it was agreed that this would be taken off as it didn't apply to GP's. SL/AG would speak to Julie Kitlowski or Anand Barmade about this.* *This was discussed at Clinical Referrals Management Committee recently and SL had briefed Dominic Blaydon. Data has been requested from Ward B1 but this hasn't been received yet. RN said that if GP's had D-Dimer and ultrasound access then they could probably manage this in primary care. Discussion occurred about this and one of the issues would be patients who came to surgery in the evening and it was suggested that these patients could be given a dose of Rivaroxiban to be taken that evening, prior to receiving results and if results came back positive they would continue with the treatment and if negative the treatment would be stopped straight away. This would need to be risk assessed. SL would discuss this further with Dominic Blaydon and Ian Atkinson.* *Ongoing.* *The pathway is not working in that it is not reducing admissions to ward B1.* ***Action*** *- SL to speak with Dominic Blaydon.* *SL still needed to speak to Dominic Blaydon. SL pointed out that they had recently received a call from Newcastle complaining about the number of prescribers not linked to the OOH's cost code. SL would be speaking to DB about whether an item could be added to the Care UK contract ie only a certain number of unaligned scripts would be allowed per quarter.* *Ongoing – SL said that Haematologists are keen to take this over.* *Tracy, Anticoagulation Nurse is very keen to take it over. SL has received an email with details of patients - 76 patients were referred in September (which seems a lot), 40 met the criteria, 36 didn't meet it, 15 were out of hours referrals, 23 capacity issues and 19 failed referrals. Stats show that it isn't working and SL agreed to clarify the figures and get further information and SL/AG would discuss this at the next Anticoagulation Meeting.* *SL reported that the DVT pathway was discussed at the CRMC last week, where it was noted that TRFT patients are not accessing the DVT pathway. However no data was yet available.* To be removed from the minutes.	SL SL/AG SL SL SL SL
	15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **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.*	SL GB

	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.* *GB had spoken to a contact at Weston Park and had been advised that GP's need to complete a HOOF to organise oxygen for patients discharged into the community and discussion occurred about this. It was suggested that it might be better for GB to liaise with the Contract Lead at Sheffield CCG (Jane Harriman, Deputy Chief Nurse) to explain the problems which are being experienced and ask if other areas are having similar problems. In the meantime GP's will have to fill out an HOOF.* *Post Meeting Note - AG has emailed GB and he has agreed to give an update at the MMC on 9 December.* *This was an agenda item.* No update.	GB GB
	15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 16/04 **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.* *SL had received an email request from a GP and he was asking if a private company which provides training for GP's could have access to data regarding the Pharmacy First Scheme. It was agreed that SL/AG would look into this further and discuss at the next meeting.* *Secret Shopper Exercise would possibly take place towards the end of the year.* *Nothing to add.* *After Julie Kitlowski's visit to the LPC, discussions are taking place with regard to additional ailments being added to the scheme – see notes under AOB.* *A list of potential additional ailments is required for meeting members to look into with evidence that these ailments are needed. An email has been sent by Becky Stevens to Julie Kitlowski and AG for information showing the aliments which have been removed from the scheme due to lack of uptake. After discussion it was decided that the LPC should give us a list of minor ailments pharmacists feel confident to treat. AG will then discuss with SCE GPs whether the GPs feel that they are clinically safe to be added to the minor ailment scheme.* ***Action*** *- AG to email Julie Kitlowski about this.* *AG had seen Nick Hunter recently and they had discussed the possibility of adding more ailments to the scheme. AG had suggested to Nick that he discuss this with the LPC and submit a list of ailments which AG would then take to SCE for discussion.* *Further examples of misuse of the scheme had been received and pharmacies have been informed that the invoices will not be paid.* *SL hadn't heard from LPC regarding suggestions for additions to the Minor Ailment Scheme this would be mentioned at the next LPC meeting this week which SL/RS would be attending.*	SL SL/AG SL AG

	Add to items pending. *The Minor Ailments Scheme had been added to items pending as the LPC had requested an expansion to the list of illnesses.* *A report had been received of a further abuse by a pharmacy of the MAS. The group agreed the idea of using a 'Mystery Shopper' who could randomly visit pharmacies across Rotherham, including the pharmacies who are abusing the system. SL agreed to liaise with Cheryl Rollinson regarding possibly a member of the admin team undertaking this role.* A recent issue was raised which occurred over the recent bank holiday period. The Pharmacy First service is linked to NHS 111 who directs patients to pharmacies who provide the Pharmacy First service. NHS 111 have reported that Boots at Cortonwood have informed them that they cannot provide the Pharmacy First service on bank holidays and weekends due to being too busy. **Action** - A discussion took place and it was agreed to write to this pharmacy and inform them that the Pharmacy First scheme must be provided to patients at all times during pharmacy opening hours. If the pharmacy is not able to agree to this then the pharmacy will be withdrawn from the scheme.	SL **SL**
	15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Clinical Pharmacists in GP Practices** *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.* *Clinical Pharmacists in GP practices will be discussed at the next Practice Manager's Forum on 12 August 2015. Practice Managers will be presented with the various options. It is hoped that this meeting will give an indication of the preferred option. Discussion took place about the lack of suitably skilled pharmacists available and that pharmacists would probably need to develop their skills. It was felt that a clinician's view would be useful to point out the benefits and the various tasks which could be undertaken by the pharmacist. RN agreed to attend the meeting and SL would forward details.* *AG will take this to SCE after the discussion on 12 August.* *SL had attended the Practice Manager's Forum recently and presented various options:-* 1. *Use local agencies – some practices had looked into this without much success.* 2. *Sheffield are using a system where Pharmacists who work at local Pharmacies are working with GP practices and attending on a sessional basis but this could be problematic ie conflict of interest, putting business their way etc. SL would email the*	SL AG

	Sheffield Report to AG for information. *SL pointed out to Practice Managers that there would be a degree of support/development required for the Community Pharmacists and SL said that the Medicines Management Team would be able to provide nurturing/development of skills. SL had agreed to draw-up a standard job specification for Rotherham and the jobs would be advertised on NHS Jobs on a sessional/permanent basis. The Job Advert would put emphasis on the fact that a training programme and support would be available. Practice Managers are emailing SL with tasks they would want these Clinical Pharmacists to undertake.* *An application to NHSE will still be made but it is unlikely that this will be successful because Rotherham is not classed as being under-doctored.* *SL was currently working through the finer details and it was agreed that AG would talk to SCE about the plan.* *SL is in the process of drafting the application to NHSE – SL will be discussing this at OE next week but is not confident that the bid will be successful. However, as mentioned above, if not successful a number of practices wish to proceed with employing a sessional Pharmacist. RCCG MMT will be assisting with the process of recruiting and mentoring/developing the pharmacists, however, pharmacists would be employed by practices. An advert and generic job description have been drawn up and recruiting would probably commence in October. Successful applicants would probably undertake the Independent Prescribers Course which is a free course but practices would need to give pharmacists the time to attend. It was suggested that a clause be included in contracts which ties the pharmacists in for a certain period or a pay-back fee would need to be paid.* *SL had recently submitted a bid to NHSE – awaiting outcome.* *Awaiting outcome of the bid.* *SL reported that Rotherham was unsuccessful at the NHSE bid. A Rotherham practice pharmacist job advert has gone out. We have been contacted by interested pharmacists. SL explained that this was an extension of the original programme and would be a rolling programme. JW is putting together an induction package for practices interested now and in the future.* *We have a list of practices that are interested in employing a pharmacist.* *JK asked that should we submit a further bid in the coming year, Chris Thompson will be contacted.* The advert is now live on behalf of practices. The advert went live just before Christmas and there has been a great response so far.	SL/AG
	15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Optimise Rx** *Craig Wood, First Databank/Map of Medicine had come along to the meeting to give a presentation on OptimiseRx, a point of prescribing decision support tool which is integrated with the patient record that can deliver changes in prescribing towards clinically and cost effective choices.* *Craig ran through a presentation of the product and explained how the system worked and showed a short video which can be viewed on You Tube – link as follows: -* *https://www.youtube.com/watch?v=aPYpOqHBDss&list=PLPdlsqmas0qyGKzNfDwduL41StdeZw3yX* *SL thanked Craig for his attendance.*	

	After the presentation SL went on to explain that there are a number of similar products available and after discussion it was felt that it would be a good idea to set-up a small Working Group to look at the different options available and evaluate them. AG agreed to take the suggestion to SCE and SL would speak to Jason Page.	AG/SL
	AG would be taking this to SCE today. It was suggested that a meeting be set-up to include Richard Cullen/Jason Page/AG/SL and representatives from each of the three companies who have similar systems ie Optimise Rx, Eclipse Live and Stop-Start. They would each be asked to give a presentation on their system. Becky had tried to arrange this meeting but could not get a suitable date due to commitments in diaries. AG would speak to RC/JP to ask if they could prioritise this meeting.	AG AG
	It was suggested that Andrew Clayton be invited to attend the meeting.	SL
	A meeting had been tentatively arranged for 2.00 pm on 16 December to review the different systems available, however, AG said that SL needed to meet with Richard Cullen and Andrew Clayton to discuss IT issues prior to the meeting taking place in December. RN asked to be invited to the meeting on 16 December.	SL
	AG has arranged an afternoon for 16th December where Jason Page, AG, RN, Richard Cullen, and Andrew Clayton will meet. Richard Cullen would like a discussion with SL prior to this to look if there are any systems currently in place with S1 and EMIS. ***Action*** *– SL to arrange with Richard Cullen*	SL
	SL had spoken to Andrew Clayton and he is going to add this into the IT Strategy for the year ahead, stating that we are going to be looking at these clinical systems.	
	SL and AC have looked at the IT Strategy and the various clinical systems available. They will meet in the New Year and Richard Cullen to be invited to the meeting. It was agreed to bring this item back to the next meeting. Now part of the IT strategy. SL is now planning to bring various companies in to see what they can offer.	SL/AC
	15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Traffic Light System**	
	Degarelix will be changed from Red to Amber.	SL
	Nalmefene – AG said that a GP at Dinnington had prescribed Nalmefene to a patient. The Alcohol Worker at Thurcroft requested Nalmefene 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 Nalmefene hadn't been changed. SL agreed to check this and ensure that Nalmefene is red lighted on the Traffic Light System.	SL
	Traffic Light System had been updated in regards to Nalmefene. *Public Health have agreed to fund Nalmefene. GP's should use Nalmefene as part of the agreed pathway which should include the agreed package of pyschosocial interventions which are provided by the Primary Care Alcohol Team. Nalmefene could, therefore, be uprated to Amber. This needs to be taken to APC on 2 September 2015.*	
	Nexagol and Lubiprostone would both be added as Amber.	JAA

	Fosfomycin – Amber *Amiodarone – Amber with monitoring guidance.* *Nothing to add.* No updates.	JAA JAA
	15/136 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Testosterone Shared Care Protocol** *ES had drafted these and GP's would be asked to perform bloods/review test results. This had been discussed with Jacqui Tufnell re payment for this and she had said that this could be added onto an existing schedule.* *SL agreed to email Jacqui Tufnell about this.* *Ongoing*. **Action** - ES is reproducing this document.	 SL **ES**
	15/137 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15** *SL went through the details and Rotherham wasn't mentioned at all as being an outlier and are significantly lower prescribers than other areas. Discussion occurred about whether Rotherham is under-treating osteoporosis. It was decided that this would be investigated and QoF data for practices would be looked at.* *Post Meeting Note – LM would carry out this piece of work and would bring back to the meeting in three months' time.* *RN explained that QoF data may not be the best data to look at because if a patient has a fragility fracture a different code is used and this doesn't appear on the osteoporosis register. This may be one of the reasons why there is an incidence of under reporting, therefore, it might be better to look at patient notes rather than QoF data. LM noted this and said that she would first be looking at Dinnington data and would then look at data at other surgeries.* *LM would discuss with RN.* *LM is currently doing an audit. Awaiting outcome from LM.* *Discussion occurred about this and tentatively evidence shows that we are possibly undertreating and under diagnosing osteoporosis. We need to refresh guidelines and link screening into the over 75 check and we are going to liaise with TRFT Orthopeadics regarding information on discharge letters following fragility fractures. This will be discussed at the APC meeting on 28th October.* *Replicating the audit carried out by LM in a further practice and LM would then bring findings back to the group.* *LM is pulling together a report on the observations and finding so far. LM needs to discuss with AG the clinical issues asap. It was agreed that LM and AG meet next Wednesday 30 December for half an hour, but LM would liaise with RN beforehand.* *RN requested the need to find out the figures for discharge patients and what medications they*	LM LM

	are on. *Discharge letters needed to include the reference to fragility fractures for a patient, in order that their ongoing treatment can be monitored, due to their being inconsistencies.* *LM agreed to share her report with Dr Kitlowski in order for discussions to take place with Maxine Dennis about finances, which should already be in place with the Trust. JK has emailed MD asking for details of TRFT figures.* **Action** - To be added to the agenda of the next meeting, LM was not present to update. SL explained that Rotherham seem to be under prescribing these drugs. LM is looking into this and undertaking audits at practices.	LM **JAA**
	15/150 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 & 16/04 **Prescribing Cost Growth 12 Months to June 2015** *It was agreed that this would be carried over to the next meeting.* *See 15/189 below*. *Nothing to add.* *Nothing to add. SL had attended SCE/Governing Body and Members Committee and had explained the reasons for the Prescribing Cost Growth. There was a lot of Waste which can be managed long term. SL had put forward the idea of looking at the range of generic brands. SL would work with local community pharmacists to look at possibly switching to a different brand, as there are cheaper brands than the generic. Some of these brands have long term stability in prices. SL explained that each member of the Medicines Management Team had responsibility for their own therapeutic area which will be monitored. This will also be reported in the Newsletter.* To be removed from the minutes.	
	15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Tinzaparin SCP** *JP has spoken to Richard Cullen and has had some comments from him. There were questions around the appropriateness of Tinzaparin for a patient from Broom Lane who had been prescribed Tinzaparin as deemed unsuitable for oral anticoagulants. This patient had had bilateral PEs and was on depot antipsychotics for behavioural dementia and therefore at increased risk of bleeding, but there is no less risk by taking Tinzaparin and so appropriateness was questioned. The letter also went onto say that if they are able to take oral anticoagulants in the future to consider using a NOAC, again with the same risk.* ***Action*** *- JP to obtain the patient details for the above patient and pass onto SL. All inappropriate discharges to go to Peter Taylor.* *On the SCP there is no initiation date. There were questions around how GPs will know when the patient has been taking the drug for 14 days to do the blood tests.* ***Action*** *- It was agreed that an initiation date needs adding. SL to contact Surinder to get this added.* *This was discussed at the last APC and the Care Co-ordination Centre is now taking responsibility for faxing the completed SCP to GP's.* *This issue was discussed under 'Anticoagulation' for discussion at the APC in January. It was*	JP JP

	noted that there are currently no clinicians attending APC. SL had reported that the APC would be carrying out joint meetings with the Trust's Drugs & Therapeutics Committee. *JK raised the issue of FP10s and it was agreed that this be an agenda item for the January meeting.* No update.	JA
	15/187 & 15/199 & 15/219 & 15/232 & 16/04 **Alcohol Pathway** *The pathway describes how GPs will use Nalmefene. Currently all but two GP practices are signed up to the alcohol LES. One practice is signed up just to do the screening. As per the NICE recommendation, the council are going to fund GPs to prescribe Nalmefene through the Public Health budget. Rotherham is in a position to receive psychosocial support. This puts Rotherham in a unique position.* *There were questions from Public Health around whether GPs need to do the reviews or if we are happy for the workers to do the reviews.* *There were also questions around the number of the days the prescriptions are to be supplied for. It was agreed to be 14 days.* *Meeting members felt that there needs to be more information on the pathway about the drug as not all GPs are aware of it and GPs will not have time to go to the link provided on the pathway. There were also concerns around what this pathway actually intends to do – is it about a referral to a service or is it guidance on the new drug.* *A lengthy discussion took place about the content of the document and it was agreed that the best way forward was for Mel from Public Health to work with RS from the CCG to re-create the document to be more GP friendly, taking on board the comments from meeting members.* AG reported on this excellent piece of work produced by RS. AG expressed concern that some of the alcohol workers are being moved or have left. AG has spoken with Anne Charlesworth in Public Health and a person was now in place. Agreed to remove this item from the minutes. **Nalmefene Pathway** *Mel Howard from Public Health was in attendance at the meeting and had been working closely with RS on the Pathway. After discussion the Pathway was agreed. It was also agreed that RS would take the Pathway to RDaSH MMC for information only. AG confirmed that any GP is able to prescribe and not just the GP Lead on Alcohol.* *Discussion occurred about what would happen if patients are admitted to TRFT whilst taking the medication, however, MH said that this shouldn't be an issue as patients only take the drug whilst drinking alcohol and they wouldn't be drinking alcohol in hospital. However, there is an issue regarding the hospital generally re-prescribing the medication because it was on a list of medications. SL/AG would discuss this at the APC meeting on 28.10.15.* *It was agreed that the Traffic Light would be changed to Amber and this would also be mentioned at the APC meeting on 28.10.15. JP would then write a paragraph for Bitesize and it was also agreed that MH would organise for information to appear in the Public Health newsletter along with the link to the RCGP website where the leaflets can be downloaded.*	RS SL/AG RS/SL/AG MH/RS

	Nothing to add. To be removed from the minutes.	
	15/187 & 15/199 & 15/219 & 15/232 & 16/04 **<u>Emergency Supplies Scheme to be Extended in Both Availability and in Volumes</u>** *This was discussed at length and it was agreed that we would wait until information from the national audit is available. Overall we feel that we will continue the service for bank holiday periods and will look at extending supply to 14 days over the Christmas period. Following the national audit results we will also look at it being activated over every weekend. If we consider this the supply should be over 5 days. More than 7 days were not favoured due to the increased potential for patients to misuse the service.* *After much discussion it was decided to supply 14 days of medications on the scheme over the Christmas period.* **Christmas, Boxing and New Year's Day Period: Emergency Supply of Medicines Local Enhanced Service (LES) -** RS *RS said that a letter is due to go out to Community Pharmacies to inform them that there will be a service between 24 December and 4 January. SL said there had been a report discussed at OE recently which mentioned the impact the emergency supply schemes can make. Discussion occurred about this and members agreed that they were happy with their decision to run the scheme for Christmas and Bank Holiday periods only rather than operating it for 365 days per year service and would stick to this unless national guidance/evidence suggested otherwise.* *RS said that a recent publications from NHSE, Extending the Role of the Community Pharmacy in Urgent Care, had promoted the same usage of the Emergency Supply Scheme as what Rotherham had adopted ie Bank Holidays only. Matt Auckland from NHSE doesn't know when national data will come out about the scheme but he is going to share this with RS when it does. RS confirmed that CCC/111/Care UK have been reminded about the service.* *It was confirmed that Emergency Supplies were up and running and in place for the forthcoming Bank Holiday weekend. There was nothing else for discussion.* To be removed from the minutes.	
	15/189 & 15/199 & 15/219 & 15/232 & 16/04 **Prescribing Cost Growth 12 Months to June 2015** *SL went through the prescribing cost growth which is 5.8%. This is stronger than desired but is in line with national cost growth rates and predictions made prior to budget setting. Although the prescribing budget is forecast to over spend at year end this should not be a great risk to the CCG.* *After discussion the following action items were agreed:-* *RS would carry out a piece of work around Pizotifen.* ***Antipyschotics -** There is a strong cost growth around antipsychotics and proposal was made to switch generics to branded generics. If treatments were switched there is a potential saving of £60K. LM said she was able to obtain of guidelines which could be Rotherhamised. AG agreed to*	RS AG RS

	take the suggestion for discussion at SCE. *RS agreed to discuss the potential switch at the next RDaSH MMC and liaise with relevant pharmaceutical companies.* ***Buprenorphine** – this was discussed and it was agreed that issues would be highlighted at a future PLT ie alternative treatments/products which are available.* *Glaucoma prescribing was discussed and it was agreed that this would be taken to the next APC meeting on 28 October 2015 – JAA to add to agenda.* *IBS Pathway – Dietetics were showing an interest in taking this on. SL is looking at developing guidelines. After discussion it was agreed that questions would be added to the survey monkey which is being sent out to GP's to ask for their views on this.* *Vitamin D – a switching programme is taking place as part of the piece of work that LM is carrying out. AG had recently had a couple of patients who had been asked by their midwife to contact their GP to ask about Vitamin D. It was agreed that LM would look into this issue/look into guidance for midwives.* *After running through the cost growth information, AG agreed to ask SCE if they would like SL to present the information at a future meeting.* *SL will be attending SCE on 28/10/15.* *SL said that he is currently putting together proposals on how to manage the cost growth.* *This would be discussed as an agenda item.* No update.	SL JAA SL LM AG SL
	15/202 & 15/219 & 15/232 & 16/04 **2015/16 Quarter 1 Rotherham Diabetes Summary Report** *SL said this was quarterly information which didn't really tell us anything that we didn't already know ie that we have the highest prescribing costs in Yorkshire and the highest insulin prescribing in Yorkshire. We are currently doing a piece of work with Diabetes Nurses around blood glucose monitoring which amongst other things will involve looking at various monitors which would suit the needs of different patient groups. Once this piece of work is completed there could be potential for diabetes care to be transferred to primary care.* *SL said that there had only been six practices that had completed the diabetes survey this year which is a shame because the data would have been useful to feed into the work around Diabetes. Discussion occurred about this and there was a suggestion of whether this could be included as part of the LIS Surveys as this would encourage practices to complete the survey. SL agreed to speak to Dawn Anderson about this.* *Ongoing.* *Nothing to add* To be removed from the minutes.	SL
	15/203 & 15/219 & 15/232 & 16/04	

	QIPP Detail Aid Soluble Prednisolone - August 2015 *Discussion occurred about the fact that soluble prednisolone is 40 times more expensive than non-soluble it was decided that GP's would be made aware of this through a paragraph in Bitesize and SW would also be asked to set-up a pop-up which would alert GP's.* *This would be going in Bitesize in November.* *This issue had been reported in the Bitesize in November.* **Action** - Still to be included in the Bitesize newsletter.	SL **SL**
	15/204 & 15/219 & 15/232 & 16/04 **Melatonin for Sleep Disorders in Children** *Shared Care will say that prescribing will only be taken over by Primary Care as long as the licenced product "Circadin MR 2mg Tablets" is prescribed by secondary care. Currently the problem is with children who live in the south area of Rotherham being treated by Sheffield who have had a different prescribing policy but the recent Sheffield APG show's STH are moving towards only using the licenced product "Circadin MR 2mg Tablets".* *After discussion it was agreed that LM would be asked to develop a patient information leaflet and an information bulletin for GP's – to be actioned within 4 weeks. RS has an example patient information leaflet which he has forwarded to LM. It is then hoped that as many patients as possible can be changed over with the support of secondary care where necessary. It was also agreed that once the policy has been agreed we will write to the people responsible for prescribing in Sheffield with a copy of our policy. The policy will also be shared with Christine Harrison/Surrinder Ahuja at TRFT.* *LM is working on this and will be re-writing the SCP, looking at licenced products and switching patients.* *This would be discussed as an agenda item.* On-going,	
	15/205 & 15/219 & 15/232 & 16/04 **Amiodarone SCP January 2014-17** *AG told members that Dr Cole had suggested that a SCP for Amiodarone be developed, however, there are only 174 patients in Rotherham who are being prescribed this drug. It was agreed that RS would look at the Sheffield SCP and this would be Rotherhamised. RS to discuss with SL.* *Ongoing – discussion occurred about this and it was agreed that a one page Monitoring Guidance document be produced – RS would forward this to AG and she would discuss this with a Cardiologist at the hospital. Amiodarone would be rated Amber with monitoring guidance. When complete a paragraph would be placed in Bitesize and the guidance would be filed with Top Tips.* *This would be discussed as an agenda item.* This was discussed at the last meeting and the protocol was approved.	RS/AG

	15/207 & 15/219 & 15/232 & 16/04 **Biosimilar Medicines** *SL said that the first insulins were now coming off patent. The Biosimilar insulins aren't the same as the usual insulins and patients would need to be monitored. The new product, Abasaglar, is 15% cheaper. Branded generics would be discussed at SCE on 28.10.15 and if agreed, a paragraph would be put in Bitesize to inform GP's and SW would also be asked to set-up a pop-up.* *SL said that we needed to look at this because there are a couple of biosimilars coming through in December and more to follow from NHSE. Looking at gain sharing with TRFT and ES is doing some costings with Bluteq. SL will be meeting with CCG Contracting and will then talk to Chris Edwards about a proposal to 50/50 fund a post at TRFT for a Pharmacist to sort out Biosimilars. It is hoped that this piece of work could be taken to APC in April.* *SL reported that the proposal for savings allocation is as follows:* *1st year 80:20 to TRFT* *Years 2&3 20:80 to Primary Care* *This will be discussed at the APC on 6 January 2016.* No updates.	SL SL
	15/219 & 15/232 & 16/04 **TARGET and Treating Yourself Leaflet – PrescQIPP Conference** *This is a leaflet which can be uploaded to SYSTM1 giving patient information around selfcare and antibiotics. The leaflet is from an Antibiotics Toolbox which is on the RCGP's website. It was agreed that JP would liaise with Andy Clayton and ask for the leaflets to be uploaded to the GP systems, however, he didn't think this would be possible for EMIS so these practices would need to be given a link to the leaflet and could print them out from there. JP would then write a paragraph for Bitesize.* *Ongoing.* *This was ongoing and the leaflets were available on the GP systems, the Royal College website and would be detailed within the Bitesize.* To be removed from the minutes.	JP
	15/220 & 15/232 & 16/04 **IBS Guidelines** *ES went through the guidelines and pointed out the changes which had been made as a result of recent NICE guidance. Discussion occurred about the guidelines and it was felt that we needed to promote the lifestyle advice more to patients as there is no evidence base for prescription drugs. It was agreed that SL/ES would liaise with the Dieticians at TRFT and ask if they could produce a one page patient advice sheet which could be issued with the guidelines. The possibility of setting-up patient support groups specifically targeted at IBS patients would also be raised.*	SL/ES

	SL reported that these guidelines were now complete. To be removed from the minutes.	
	15/251 & 16/04 **Melatonin in Children** *LM reported that the current SCP was out-of-date and that discussions were required with GPs and secondary care regarding patients with sleep disorders. One of the key issues is where some young adults at the age of 18 who are currently on Melatonin are discharged without continuation of their medication. AW raised the issue that the continuation of care for SEND patients can carry on up to the age of 25 years.* *It would be necessary to look at the SCP to discuss with paediatricians regarding their directions to GPs for continuation or review of medication and this would need to link into the RDaSH guidelines. Need an overarching policy with clear guidance of reviews for these patients to include both TRFT and RDaSH.* *LM agreed to liaise with Emma Royle, Christine Harrison and the psychiatrist leading on sleeping disorders, to discuss this issue and the roles and responsibilities.* *It was suggested that a meeting could be arranged for the end of the APC meeting in January.* No updates.	
	16/04 **Migraine Prophylaxis Guidance** *This guidance was to form part of the headache pathway. SL asked for ratification of this guidance for inclusion in the Top Tips. The group agreed this guidance. RS agreed to double-check the specific details of the drugs within this guidance.* No updates.	RS
	16/04 **Oxygen Therapy Significant Event** *SL informed the Committee of a recent event involving a patient with 4 children in the home who had set themselves on fire whilst smoking and on Oxygen Therapy. A meeting had been held post the event with the risks managed.* *RN questioned the protocol of checking whether patients who are on Oxygen Therapy, smoke. SL reported that there is a robust checking system on patients in Rotherham on Oxygen Therapy and active smoking.* *AW explained that reviewing patients on LTOT who are smokers needs to be done at regular intervals. The decision to withdraw LTOT should be made as a 'clinical decision' and not a 'best interest decision'.* *SL would be meeting with Medical Physics in the next couple of months and would raise the issue of 'smoking status' of patients on oxygen therapy at the next meeting.* No updates.	SL

	16/04 **Q2 Prescribing Cost Growth and Cost Growth Recovery Plan** *SL reported there has been a slight increase with Rotherham being the fourth highest CCG in Yorkshire. This report was to highlight the areas of work being looked at. The 'outcome' section of this report would be completed by the MM Team.* *JK requested the figures for Quarter 3 be forwarded to Lisa for the SCE meeting.* No updates.	SL
	16/04 **Presquipp Innovation Awards 2015** *This was an annual conference which had been attended by Paula and Jason. SL asked if there were any areas for Rotherham which could be put forward for next year's awards. Suggestions included: wound care\waste management\Diabetes\Pharmacists in Practice\Care Homes etc. The CCG were happy to put forward Medicines Management.* No updates.	
	16/04 **Amiodarone SCP** *RS reported that there were currently 171 patients in Rotherham on Amiodarone. The LMC had requested that a SCP be produced as patients were not attending to have regular check-ups carried out. RS had been looking at Sheffield's Information Booklet for patients on Amiodarone and would be speaking with Dr Muthusamy. It was agreed to send Dr Muthusamy these documents and for the MM Team to devise some questions for him. RS and AG would devise the questions.* *RS asked the Committee if they felt Rotherham should adopt this passport for patients. AG asked that the two appendices be removed from the Rotherham version. AW felt that from a quality perspective Rotherham patients should be given a similar booklet.* *SL agreed that this booklet be adopted and there would be the need to speak with practices regarding contacting their patients currently on Amiodarone. The CCG could provide printing of these booklets for current patients, with the TRFT providing booklets to new patients prescribed Amiodarone. It was agreed that patients on Amiodarone could be invited for a review of their medication, where the booklet could be provided and explained.* *The Committee discussed the concerns surrounding relevant reviews of medications.* *Once information received back from Dr Muthusamy, this would then need to be taken to LMC for agreement. This would also require ratification from the APC. At the March APC meeting decisions could be made about going out to practices.* *Information will be included in the Top Tips for existing patients with a SCP for new patients only.* No updates.	

	AGENDA ITEMS	
16/05	**Patient Self-Monitoring of INR - Guidance for Rotherham Practices Participating in the Anticoagulation Local Enhanced Service** INR monitoring is currently provided by GPs for patients. NICE have published that we have to offer patients the option of self-monitoring of INR. It has been decided that It would be too costly to promote this to patients as the testing strips are very expensive to prescribe. Some patients have asked about the self-monitoring and our response is that if they want to self-monitor then they can if their GP happy to take results from them, but the cost will sit with the patient for the machine and test strips. The decision is that the cost premium to sit with the NHS for patients to self-monitor is unsustainable.	
16/06	**Opioid prescribing resource** **Action** - To be discussed at the next meeting.	**JAA**
16/07	**Guidelines for Clinical and Prescribing Responsibility** A discussion took place and it was agreed to approve this document.	
16/08	**What not to prescribe list** Wakefield have a scheme whereby GPs have a 'What not to prescribe list' to stop them from routinely prescribing certain medications such as Paracetamol, Co codamol and Glucosamine. There is a poster campaign asking GP's not to prescribe the items on the list and informing patients. There were questions around whether this was a possible idea for Rotherham. RC Suggested that this is taken to the member's group meeting. **Action** - SL to ask Wakefield for their materials and come up with our own list for Rotherham. This is to be taken to the member's group meeting, and the medicines management team are to visit PPGs at practices to discuss and get patient's feedback around this idea. RC raised concerns with regards to the current Pharmacy First scheme. If the 'What not to prescribe list' went ahead, patients would potentially go to the pharmacy instead to have the medicines prescribed free of charge via the Pharmacy first scheme. This would still mean that the NHS would have to pay for product costs and a consultation fee to the pharmacy. This would be looked into before deciding to go ahead.	
16/09	**Traffic Light System** No Updates.	
16/10	**Horizon Scanning** No updates.	
16/11	**NICE Guidance**	

	No updates.	
16/12	**For Information** Barnsley APC Ratified Minutes – no update Barnsley APC Memo – no update Barnsley APC Memo – no update Barnsley APC Report – no update Barnsley APC Report – no update Doncaster & Bassetlaw APC Minutes – no update Doncaster & Bassetlaw APC Minutes – no update Sheffield Area Prescribing Group Draft Minutes – no update RDASH MMC Draft Minutes – no update Drugs and Therapeutics Minutes – no update	
16/13	**Items for APC, Items for Escalation or Additions to the Register** None	
16/14	**ANY OTHER BUSINESS** <u>Apremilast</u> ES raised a patient case for discussion. Apremilast is a drug used for Psoriasis. NICE have published the drug as not recommended, the reason being it is not as good as biological therapy, and not cost effective. This particular patient has had biological therapy previously which has caused problems; therefore it is too risky to treat the patient with biological therapy again. It was agreed that because the drug is licensed, and the patient cannot have biological therapy, that this patient could have approval to be prescribed Apremilast. It was noted that Individual case request are required for patients requiring this drug.	
16/15	**Date and Time of next Meeting**: The next meeting will be held on **Wednesday 20 January 2016** from 9.00 am to 11.00am in G.02 Cedar Room, Oak House. **Agenda Deadline: By 11.00 am on Friday 15 January 2016.**	

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	

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
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	
22/07/2015	15/102	Rotherham Diabetes Summary Report – Quarter 3 – 2014/15	
05/08/2015	15/117	Bluteq	