NHS
Rotherham
Clinical Commissioning Group

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00 am to 11.00 am
	Date:	Wednesday 20 July 2016
	Venue:	Cedar Room, Oak House
	Reference:	AG/JAA
	Chairman:	Avanthi Gunasekera

Present:	Avanthi Gunasekera (Chair) (AG)	GP, Commissioning Executive, RCCG
	Ravi Nalliagounder	GP
In attendance:	Judith Wilde (JW)	Prescribing Advisor, RCCG
	Govinder Bhogal	Prescribing Advisor, RCCG
	Jason Punyer	Prescribing Advisor, RCCG
	Sally Webster	Prescribing Technician, RCCG
	Julie Abbotts (JA)	Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
16/160	**Apologies**	
16/161	**Declarations of Interest** There were no declarations of interest.	
16/162	**Minutes of the Meeting held on 6 July 2016** Minutes were accepted as a true record.	
16/163	**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 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163** **EPS (Electronic Prescription Service)** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/50</u>** *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.* *SL said that we are almost catching up with Doncaster who have 10 practices not compliant compared with our 9. We have received definite refusals from Magna Group Practice and Kiveton Park and are trying to engage with Wickersley. Queens and Broom Valley are not currently engaged.*	

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	This is progressing smoothly. Two more meetings have been held with York Road and we are trying to encourage the practices who have not signed up to become involved. *Progressing well. York Road and Swallownest practices are about to go live and the Gate Group of practices have now gone live. NHSE have a target to get 80% of repeat dispensing to be live by 2016/17 but there are no penalties attached to this. Kiveton Park, Wickersley and Magna Group Practice are being encouraged to be involved.* *Swallownest have now gone live. York Road will be going live shortly. Queens Medical Centre has now shown an interest. No other practices showing interest at the moment.* *Greasbrough has now gone live. Parkgate Medical Centre have gone live and a meeting has been arranged with Swallownest to discuss going ahead and Queens Medical Centre have expressed an interest. There are three practices where further discussion to encourage involvement is required ie Magna Group Practice, Kiveton Park and Wickersley.* *SL said that York Road go live date had had to be cancelled and Parkgate is now live. Swallownest have experienced problems with prescription details migrating over to EPS and this has generated a lot of work for PW. IT support to this practice has been poor and this issue is being raised with Andrew Clayton.* *Village surgery are now repeat dispensing and Blyth Road have shown an interest in EPS. There are now 6/7 practices who are not signed up but it is likely that the majority of these will sign-up at some point.* *High Street surgery have shown an interest and a date is currently being arranged. York Road have signed-up.* ***Repeat Prescribing** – SL said that there has been an issue with three pharmacies who are all in the same chain and SL/RS had met with the Counter Fraud Investigation Team to discuss this. The circumstances surrounding the incident means that the pharmacies are in breach of their contract. SL/RS will be raising this at the LPC meeting which they are attending on 12 July.* *SL/RS had met recently with NHSE regarding the above and seven pharmacies have now been identified. SL/RS would be attending an LPC meeting but a pre-meeting would be arranged first as it was felt that it would be inappropriate to have the initial discussion at a full LPC meeting.* *St Ann's, Village and Clifton have taken the decision to stop pharmacies from ordering for their patients and discussions are also taking place with Greasborough and Woodstock Bower.* York Road, Thrybergh and High Street are all in the process of going live and discussions are also taking place with Blyth Road and Broom Valley Road. We currently have the lowest update in the Yorkshire region but this isn't a concern because we have continued to make steady progress and we initially agreed to adopt a slower approach at the outset. Some other areas are now plateauing and it is likely that we should soon start to overtake these areas. With regards to the repeat prescribing issue, SL and RS had met recently with the NHSE, the Counter Fraud Team and a representative from the HSCIC regarding the issue whereby several pharmacies have been downloading prescriptions for 12 months which is in breach of contract. Following the meeting SL has drafted a letter which he has circulated for approval from people present at the meeting and this will then be sent to the pharmacies involved.	SL
	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 &	

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	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 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **<u>Anticoagulation</u>** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/61</u>** *AG had met with Dr Taylor. Statistics for NOAC usage at TRFT had dipped in the past few months so the message is getting across. TRFT have been advised that we cannot continue with the current level of prescribing and if it did continue then other services would need to be decommissioned to allow for this. Discussion occurred about the Tinzaparin SCP – these are to be faxed to GP's. Warfarin usage appears to look good at the moment. Dr Taylor's view was that one NOAC is used – this will be raised at the APC meeting on 2/3/16.* *Discussion took place about counselling patients and how this is done. SL said that Anticoagulation Nurses are currently doing this and they then give patients an information leaflet. The importance of this being done well was discussed and SL agreed to raise this at the APC meeting on 2/3/16.* *Dr Alfred would be taking over from Dr Taylor when he retires.* *SL said that NICE Guidance advises that patients should be given the option of self-care. In Rotherham, should patients wish to undertake self-monitoring then they will be asked to purchase their own meters/strips because we cannot justify the cost of providing the meters/strips when robust monitoring is available from their GP surgery.* Ongoing.	SL/AG SL
	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 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Nutrition/Wound Care Project Updates** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/50</u>** *SL is currently writing up the Nutrition Service Spec and is hoping to get this finalised by the end of the financial year but there is likely to be some slippage on this. Woundcare Project is in the last phase of roll-out. Kate is currently visiting practices to take off dressings from repeat templates. Project should be complete by the end of February when everyone should be on this.* *Woundcare Project – SL said that Kate was currently working with the last locality and this is going through fine and the finances are also looking positive. When the last locality is finalised, Kate will work target Wickersley to try to progress this.* *The Woundcare Project is on target and is working well. There will soon be no need for District Nurses, Practice Nurses or GP's to write out prescriptions for woundcare products. Issues around cross-charging from TRFT will now need addressing.* *By the end of March all District Nurses should have access to the system. SL will then be taking*	

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the issue of cross-charging up with TRFT. Kate is to be congratulated on a great piece of work and thanked for carrying out this project as it has been a very challenging at times.

All district nurses are now on the system. Kate is working on rolling this out. SL met with finance with regards to the budget.

Nutrition Project – agreement has been reached to extend the contract but the contract has yet to be finalised. Nutrition Project is working extremely well and has resulted in a decrease in costs and we are now spending less than we were spending in 2003/04 despite 170 patients now being tube-fed compared to 90 at the start of the project.

Gluten-free Project – the team has won an award and two articles have been accepted for a conference in Madrid. Costings/savings information has been fed through to Leeds and we have been told that the information has been sent to the Health Minister.

There is a possibility of support groups being arranged for patients which would include an educational visit to the supermarket to discuss the different foods and their gluten content. Currently trying to finalise the finer details. Discussion took place about Multi-allergy syndrome and the increasing number of children who are being diagnosed with this. Guidelines are that patients will not be prescribed products from the NHS for this condition. There is a big cost pressure on baby milks and this was also discussed.

Continence products – again there is a strong cost growth on these products, in particular catheters where there has been an increase recently. It was felt that this may be due to the over 75 health checks and another reason may be the shift of patients to self-catheterisation. Continence contract has been extended but there has been a delay due to the inability to find the right person in Procurement due to staffing changes.

Woundcare Project has now been rolled out to the majority of practices, there are just a last few in Wath/Swinton. There is, therefore, no need now for District Nurses to prescribe dressings.

It was decided that notes from the above three Project Meetings would be circulated with the agenda for information.

The woundcare project rollout is now completely up and running. We have 98/98% compliance with formulary most other areas only get 50%. A contract review meeting has recently taken place with FK who supply products – FK has experienced some manufacturing problems which have caused problems in supplying some of their products, however, this hasn't impacted on our supply at all as substitute products have been available. West Leicestershire are interested in learning more about the Woundcare Project and we have been told that other areas of the country are also interested. The Woundcare Project has shown a massive shift in treatment with dressings by District Nurses from daily to now three daily and three daily to five daily and product usage impact has been excellent and this has also had an effect on District Nursing workload. The support from heirachy from TRFT has been disappointing with very low attendance at the recent Woundcare meeting.

SL will be taking part in a tele-conference on Friday 13 May with representatives of the Department of Health regarding the Woundcare Project and would feed back to the next meeting.

Gluten-free project - SL took part in the tele-conference with the Department of Health and they were very interested in the Gluten-free Project and they are impressed with the project aims ie to reduce prescribing of gluten products.

Woundcare Project – There have been some internal staff complaints regarding inappropriate use of dressings for personal use. This issue has been very complicated and time consuming.

The two senior dieticians at TRFT have written a paper about the gluten-free project and they will

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	be presenting this at the European Dietetics Conference in Grenada. Ongoing.	
	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 & 16/19 & 16/37& 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Prescribing Responsibility for Transgender Medications** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *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 has progressed the SCP as far as he can and it now needs input from Professor Wylie who is currently on sick leave. It is hoped that he will be back at the end of January and SL will then try to move this forward.* *Ongoing.* *No updates at present, SL is chasing.* *A meeting is due to take place with Porterbrook Clinic by the end of April. SL will also be attending the LMC meeting to talk about this and had also received a request from Healthwatch for a progress report. When finalised the guidelines will be fastracked back to GP's and will include clear guidance on what to prescribe, what to monitor and when to refer back to Porterbrook.* *Waiting for meeting with Porterbrook, SL to chase.* *SL has been invited to the LMC to talk about this issue and will also be attending the Rotherham Transgender Support Group to give information and listen to their views.* *SL will be attending the Transgender Pop-up meeting in Sheffield on 24 June 2016 and would feed back.* *SL had attended the above meeting and there were between 8/10 people in attendance. SL had been well-received and had been told that his visit had been appreciated. People had shared their concerns and had lots of problems with the treatment they receive at Porterbrook. SL said he would discuss these issues with NHSE. SL agreed to attend the group again in 2 months' time.* *SL will continue to progress the SCP with Porterbrook and said that there would be lots of work being carried out over the next few months, working with GP's to make sure they were happy with the SCP etc.* *AG had seen the North Tyneside SCP and this is very detailed. This will be Rotherhamised and will be brought back to a future meeting.* Ongoing.	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 &16/19 & 16/37& 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and	

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Waste Management Campaign

<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>

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 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.

There has been lots of intelligence received, for example, glucose monitoring sticks/dosage etc which patients are very irritated about. Discussion took place about patients being discharged from the Diabetes Centre with too many vials of insulin and then GPs continue to prescribe at that dose. Work is taking place around the issues raised.

Ongoing - quite of a lot of information is being received about insulin and glucose monitoring and another incident has been received about Gaviscon.

SL said that there was some good data being obtained from this project. All data is being analysed with regards to savings generated etc. SL would be taking a paper to OE in the next few weeks.

SL

SL has spoken to Gordon Laidlaw about running the next phase of the campaign. There has been some very good intelligence from the first part of the campaign and this has been fed back to Gordon. A strapline will be added to the next part of the campaign, encouraging patients to take control of their own prescribing which can now be done online.

Posters and leaflets have now gone out.

Currently looking at cost growth data from information that has been received so far.

This will be discussed at the Commissioning Event in June.

SL and PW had carried out a Workshop at the recent PLT event and this had been well- received with a lot of debate and feedback.

So far there have been 47 interventions where patient prescriptions have been amended with a cost saving of £15,000. Discussions have taken place at the PPG meeting recently and people present were in agreement with the proposals. SL is conscious that most of the people who have been consulted are older people and Helen Wyatt has been asked for ideas on how to consult with younger people/families on low incomes. At the recent PLT it was found that quite a lot of GP's were unaware of the campaign and work is now ongoing with the surgeries involved to promote this, ie messages on repeat prescriptions, fliers attached to prescriptions etc. The next stage of the campaign will be to try to encourage patients to order their medications online.

A stall was held at the AGM recently – awaiting data from this. We are now trying to encourage more patients to order their prescriptions online. AG had received an email with the suggestion that if we decide to proceed we run a poster campaign for GP surgeries explaining why we are stopping prescribing etc as this will make it easier for GP's to enforce. We're now trying to consult with harder to reach groups ie people on low incomes, minority groups etc.

Discussion occurred about Vitamin D and SL had attended a conference in London

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	recently which had given clear evidence regarding Vitamin D deficiency which proved that it was a global issue. The conference also discussed emollients ie what needs to be treated, what is cosmetic etc and it was apparent that other areas hadn't addressed this and it doesn't look like the DoH will be issuing guidance on this so this would probably need to be managed locally. SL agreed to draft a document on what should/shouldn't be treated and would bring this back to a future meeting. It was noted that Ipswich have some good information/leaflets etc which we may be able to get permission to use.	SL
	15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Improper Use Of Rotherham Minor Ailment Service** *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.* *More issues have been raised. This causes concerns as this scheme operates on a high level of trust but it is open to abuse. The electronic system for inputting the data should be up and running in the near future and this will allow for more robust monitoring of claims.* *Discussion occurred about a possible Mystery Shopper exercise and it was decided that careful thought needs to be given to how this should be done.* *NEO the electronic system for pharmacies to input data is being launched in the next few weeks and this should make it far easier to monitor the information. RA said that NEO is also used for the drugs and alcohol prescribing and suggested that RS speaks to RA's colleague who does the analysis and find out how this works. RA agreed to find contact details and send these to Rebecca Stevenson.* *The NEO system will be going online on 1 April. Discussion took place about the addition of a statement in the Pharmacy LES to say that the service should be offered to patients 100% of the time the pharmacies are open.* *Nothing to add at present until after the go live date.* *NEO has now gone live and it has gone very smoothly. Discussion occurred about the items that are on the minor ailments list and SL said these would need to be reviewed in-line with the items on the Do Not Prescribe list which is currently being considered.* *Issues have been raised by 111 regarding certain pharmacies who have told patients that they weren't aware of the scheme, even though they are signed up to it and, therefore, these pharmacies have been removed. Unauthorised advertising of the scheme has also started-up again in some pharmacies. In view of the above issues it was agreed that the scheme needed to be reviewed.* Add to Pending.	SL RA
	15/136 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and	

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	16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **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.* *ES had circulated the protocol and this was discussed and it was agreed that patients would stay under the care of Urology, when patients are stable they can be referred straight back to Urology if their testosterone is out of range. SL agreed to speak to Surrinder regarding how we progressed this.* *ES has drafted a SCP and had received a couple of queries to go back to Urology with, one of which was whether they want the results of every reading. The consultant said yes they wanted everything and the specialist nurse said just the readings which were out of range. They agreed to set-up a urology email address. ES had tried to contact Dr Muzulu, Diabetes, but so far she hadn't received a response. ES agreed to try to contact his secretary and SL asked ES to let him know if there was no response and he would try to pursue this as we might need to then tell him that the SCP will be going live and they will be notified if the readings are outside range.* *ES is still waiting for a response from Dr Muzulu.* *ES had still not received a reply from Dr Muzulu for the past 2 months. It was decided that we would proceed with the guidelines and these will now go out in the newsletter.* *After discussion at the APC meeting recently it had been decided that the SCP should be approved by Dr Muzulu before being publicised. ES has, therefore, been asked to continue to try to contact Dr Muzulu. SL had also agreed to arrange to meet Linda Asprey.* *Discussion took place about standardised templates for SCP's and SL stated that these are already in place for some areas and recognised that this is the way forward. It was decided that feedback from practices would be sought.* *ES has tried to contact Dr Muzulu again with no response. It was agreed that ES would email the details to AG who would email Dr Muzulu and point out that if a response isn't received by a certain deadline then we will assume that Dr Muzulu is in agreement with the SCP and it will then be brought into immediate effect.* AG had emailed Dr Muzulu and copied his secretary in also but she had not received a response and had stated in the email that if she didn't hear from him by a certain date then she would assume that he was happy with the SCP. That date had now passed so we now assumed he was in agreement, therefore, the SCP will now be added to the APC agenda for ratification.	SL ES ES ES ES SL SL ES/AG JAA
	15/137 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15**	

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	<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u> *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 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.* ***<u>Action</u>*** *- 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.* *Ongoing – LM would bring this back to the next meeting. It was suggested that this would then be put forward as a possible LIS Audit for this year. LM will bring recommendations to the next meeting and AG will liaise with JK about this.* *Julie Kitlowski had agreed to attend the meeting on 16 March 2016 to discuss this.* *Discussion occurred about the Fragility Fracture Liaison Nurse from TRFT being responsible for informing GPs when there has been a patient with a fragility fracture, however, this isn't happening and as far as we are aware there is no such post. Investigation needs to take place about this because if the contract says that there should be such a post then we need to ascertain why there isn't. After discussion it was agreed that AG/SL/LM would set-up a meeting with Julie Kitlowski and Phil Birks to decide on the way forward with this.* *A meeting has been arranged for 20th April 2016.* *Nothing to add until after the meeting on 20th April.* *Ongoing – SL to chase LM and AG to chase possibility of adding this as a LIS Audit for this year.* *AG had looked into the possibility of adding this as a LIS Audit and after discussion it was found that this wouldn't be feasible.* *AG had looked into the possibility of adding this as a LIS Audit but this wouldn't be possible because LIS audits will no longer be taking place. She had discussed this with Phil Birks and he had agreed to find out what is in the contract regarding the post of a Fragility Fracture nurse at TRFT as there used to be a post but we are not sure where this went. It might be possible to carry out this work as part of the FIS QIS work for next year. It was agreed that SL will work with LM to produce a report which can be taken to SCE in three months' time.* Nothing to add.	LM AG/SL/LM SL/AG SL/LM
	15/189 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/50 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Prescribing Cost Growth** ***<u>Historical Data Deleted – Last appeared in Minutes Dated 27 April 2016 – Item 16/105</u>***	

	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.* *MMT had met on 19/1/16 and are putting together themes to try to reverse the cost growth ie diabetic needles, switching branded generics, products for dry eyes etc.* *SL has written a report and had identified £400K worth of excess costs around diabetes and this was briefly discussed.* *No further update.* *SL is writing a Paper to OE. There are three areas of concern. Strong item growth is the main issue. SL will be proposing three options to OE to solve these issues. The preferred option would be to employ three band 5 technician posts to go into practices and work on these areas to bring the cost growth down.* *A separate meeting is being arranged to discuss this*. *Add to items pending – to be brought back quarterly.* Agenda item for meeting on 1 August 2016.	LM AG SL
	15/204 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **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.* *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.*	LM

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	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.* *LM had been asked to bring this as an agenda item has she had tried to arrange a multi-disciplinary meeting to look at developing a common pathway for prescribing of melatonin for children in various settings. Attempts had been made to set this meeting up and had been unsuccessful. The SCP is now two years out of date. A pathway needs to be developed as there are issues like children reaching the age of 16 who are being discharged from paediatric services even though the age range for paediatric services is up to 18 years and there needs to be clear medication review guidelines ie all patients are to be reviewed before being transferred over to adult services. Stephen Davies at RDaSH has emailed Mohan Thomas at CAMHS to try to get the ball rolling. LM would chase up this discussion and try to progress this with Stephen and would then come back to the meeting with a draft document which would then be taken to APC.* *SL said that the evidence base around prescribing of Melatonin wasn't strong and it was felt that patients needed to be given an annual assessment and a treatment holiday then reviewed again three months after the treatment holiday and this should be done before the patient is discharged to the care of the GP.* *The SCP is currently being updated to incorporate that patients should continue under care until they are 18 years old, ideally having annual secondary reviews and trial drug holidays.* *SL has been liaising with TRFT regarding reviewing SCP and SL has stressed that GP's will only consider taking over the licensed preparation and that you can halve it and crush it.* *Discussions were still ongoing with TRFT and it had been pointed out that SCP's should stipulate that they are intended not just for children but also for the transition from children to adults.* *Feedback has been received from Sheffield CCG regarding the SCP, however, no response has been received from RDaSH despite several attempts. It was, therefore, agreed that the SCP would be introduced for TRFT and RDaSH would be informed that they will need to produce their own SCP. In the meantime patients will be referred back to RDaSH. It was agreed that RS would bring the final SCP to the next MMC for agreement and this would then need to go to the D&T meeting in August.* SCP would be added to the agenda for the APC meeting.	LM JAA
	15/207 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **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-*	SL

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	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.* *SL said there is now a policy for the first one, Infliximab, which is switching to a branded product and an agreement has been sorted out around cost savings generated in the first year. JA would ensure this item is added to the agenda for the next APC.* *There are two biosimilars - infliximab and etanercept, for which we have agreed a gain-share programme where TRFT get 80% of the savings for the patients they switch for the 12 months commencing 1/4/16 to 31/3/17. Just for switched patients not for new initiations.* *A one year 80/20 gain-share agreement has been reached with TRFT from 1/4/16 to 31/03/17 which will be for all patients switched from current medication to a biosimilar. ES has ensured that Blueteq is ready for the Infliximab and Etenercept biosimilars and has a process in place to ensure gain sharing for patients switched to a biosimilar and not new patients. ES to check with Kirsty whether any biosimilars had been prescribed by the end of April.* *SL is in discussions with Contracting around the issue of cross-charging and he is suggesting that these should be based on level of prescribing in comparison with other comparable CCG's and cross-charging would be given linked to level of prescribing, if lower than other CCG's then payment reduced proportionately.* Nothing to add.	SL JA SL
	16/08 & 16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **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*	

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	looked into before deciding to go ahead. *SL talked about different areas of the country who were stopping prescribing certain drugs for example, things like vitamin prescribing, pain relief drugs which are inexpensive to buy etc. SL said they would be working with patient engagement groups to look at what is currently being spent on certain drugs and how this money could be used more efficiently. Work will also take place around which drugs other areas of the country have stopped prescribing.* *SL will be drawing up a list of What Not to Prescribe and will be carrying out a patient engagement exercise around this over the next six months, working with Healthwatch and Helen Wyatt. RA suggested that an Inequalities Impact Assessment be carried out before this project commences and offered to help with this.* *SL would take the list of What Not to Prescribe to SCE and then to LMC, once the patient engagement exercise has been carried.* *Discussed at the Medicines Management team meeting. Proposal to re-launch the financial incentive scheme. Practices will be rewarded if under budget for lowering the volume of prescribing certain products on the 'Do not prescribe' list. SL will be speaking to PPG's within practices and Health Watch about this.* *SL would be meeting with Health Watch to see if they are happy with the proposals.* *SL had attended a meeting with Health Watch and had been very well received. Discussion had taken place about the budgets and SL had told them about the proposed Do Not Prescribe list and everyone present were very supportive of this . Discussion took place about prescribing of emollients and it was decided that a meeting would be arranged to discuss this further – JP would organise this.* *Consultation has taken place at an event during Carers Week and there will also be stands at the AGM today and at an event on Sunday 10 July which has been organised around the SEND agenda. So far feedback is very positive from those consulted although some GP's have expressed concerns but it is hoped that these will be addressed through communication about how/when to implement.* Discussed as part of Waste Campaign.	SL SL JP	
	16/24& 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Rotherham Drugs for Dementia Summary Report Quarter 2 – 2014/15** *SL went through this document and the following points were highlighted:-* *Dementia drug prescribing data was discussed and Rotherham's prescribing data was compared to Doncaster CCGs and North Lincolnshire as all three CCGs obtain their dementia services from RDaSH.* *Rotherham has the second highest dementia prescribing cost\patient whereas Doncaster and North Lincolnshire have prescribing costs in line with the average for England. Rotherham also has the second dementia drug usage as measured by ADQ/dementia patient.* *SL stated that the MMT were presenting this data at the RDASH Medicines Management Committee and requesting explanations for the differences in prescribing between the three CCGs.* *RDASH are working with the Rotherham MMT to address these issues and dual dementia drug prescribing had already been addressed - we are now looking at Rivastigmine patches as the cost*		

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	difference between oral dosage and patches is significant and neighbouring CCGs do not appear to have to use these products to such a degree. *RN - we also need to consider the influence the Parkinson nurses have on Rivastigmine patch prescribing.* *RS has uncovered that not only are the dementia drugs prescribed by RDaSH significantly more expensive for Rotherham patients but the waiting list for the memory clinics in Rotherham is 26 weeks compared to a 10 day waiting list for Doncaster patients. RS and Stephen Davies from RDaSH will be meeting up to ascertain the reason for this and what can be done to ensure there is an equitable service for Rotherham patients.* *AG agreed to raise this at the SCE meeting scheduled for Wednesday 23 March 2016.* *Not taken to SCE as yet due to a development session last week. RS is dealing with this at present. To be taken to SCE today 30th March 2016.* *The data matches the RDTC reports and co-confirms MMC concerns that we're significantly outlier. Costs are associated with high Rivastigmine use and dual prescribing. Conversations are on-going. 29/4/16 meeting took place with Dr Bottomly (Director of Older People), Steve Davies (Chief Pharmacist RDaSH) and the Memory Service Team. Dr Lupa Mitra is putting together a formulary which will be shared with the CCG.* Ongoing.	RS AG
	16/25 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **RCCG Vitamin D Prescribing** – LM **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/50</u>** **<u>Points of Note from Discussion as Agenda Item on 16.03.16</u>** *Members discussed the Vitamin D Guidelines and the following points were noted:-* *under the treatment dose - add in that 'some populations may require higher doses eg obese/dark-skinned individuals'* *under maintenance dose - add another bullet point to say 'prophylaxis IS recommended for institutionalised/housebound patients'* *The recommendation of NOT prescribing prophylactic doses for maintenance/at-risk people (except for institutionalised/house-bound patients) was fully discussed and agreed around the table. These patients will be encouraged to purchase vit D for themselves and given the Vitamin D Patient Information Leaflet.* *The guidelines were ratified subject to the above amendments being made.* *This is on the QIPP plan. The leaflets have now arrived.* *Action item – LM to make it clear on guidelines regarding frequency of use of Invita D3 for maintenance and to also review this section of the guidelines and the pop-up.*	LM

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	There had been an issue with one GP practice who had refused to write out to patients and this was discussed. AG had raised this issue at SCE and JW had spoken to the practice and the issue has now been resolved. LM – to clarify issue regarding maintenance dose.	LM
	16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Blood Glucose Monitoring** *PW had carried out a very in-depth piece of work around this and had liaised with professionals at the hospital ie Adult Diabetes Nurses, Midwives. PW had provided detailed information about the findings and after discussion it was agreed that there would be a choice of four blood test monitors and their corresponding test strips.* *Costs in Rotherham are above average – most practices are prescribing testing strips which cost £15/box and the products range from £6/box. A range of blood test monitors had been looked at and discussed with the Adult Diabetes Nurses and the Midwives and they had chosen four devices. These weren't the cheapest – they were mid-range, robust models. They have agreed that they will stop using their current device and switch to the new one. The strips for these devices are £10/box which is a third cheaper than the ones currently being used. These would be used for Type 2 diabetes only. We would now be asking GPs/Practices Nurses to try to restrict prescribing to one of the recommended products. Clear advice needs to be given to practices and a pop-up needs to be set-up for EMIS and System 1. This should also be taken to PLT. PW agreed to carry out these action items.* *Item would be brought back after PLT event.* *There are 4 blood glucose meters on the formulary which gives an adequate patient choice. There would need to be a very strong case made on an individual basis for a different meter to be prescribed. Lengthy discussion took place and it was decided that test strips would not be prescribed for diabetic patients not needing blood glucose monitoring.* *Blood Glucose Monitoring Guidelines - PW has pulled the guidelines together and has done a great job. After discussion the guidelines were agreed and would be launched at the PLT in May.* *SL would bring the Guidance for Type 2 Diabetes (Oral Medication) to the next meeting.* *Contact Numbers for Reps for Blood Glucose Monitoring Meters – these were discussed and agreed.* *It had been agreed that events would be organised in GP practices where Drugs Representatives would be present and patients would be invited to bring in their current monitor and swap this for one of the new monitors of their choice.* *A "swap-shop" has been set-up at Clifton Medical Centre where patients can attend to change their meters and their prescriptions are also reviewed/amended if necessary. This will be publicised in Bitesize in the hope that more surgeries will want to adopt this approach.* *The Swap Shop event had taken place and 40 patients had attended, out of 112 patients who had been invited. The event had gone well and it is a model that works but it would be refined for any further events.* Remove from minutes.	PW PW
	16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163	

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	Options for Branded Generics in Parkinson's Prescribing *Raz had gone through the information surrounding the options for branded generics in Parkinson's prescribing. We will be looking at switching Stalevo and Ropinirole prescriptions.* *Sastravi would be preference for Stalevo switch. The problem is that it comes with a caution for soya and peanut allergy. The reason this becomes a preference over the Stanek (which is the other option) is that the company have offered a price and stock guarantee for 5 years. We need to ensure the allergy is checked when doing the switch.* *Ropinirole switch would be Repinex XL which also has a stock guarantee.* *Dr Hafiz at TRFT is happy with these proposals and RS needs to check any contracts held at TRFT. (Post Meeting Note – SL has checked this and there are no problems with any contracts so approval has been given to go ahead with these changes.)* *Ongoing.* *JW Has lined up the switching of Ropinirole for May and Stele for June, however, there are slight stock issues.* *It was mentioned that the Parkinson drugs as part of the branded generics were Ropinerole to Repinex for the month of May and Stalevo to Sastravi for June, and both should have been completed as small numbers of patients (but big costs). The next branded generic switch is Buprenorphine (and Butrans) to Butec for July (but this isn't a Parkinsons drug).* Ongoing.	JW
	16/77, 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Medicines Optimisation Dashboard – February 2016 Release** *SL talked the committee through the dashboard. Some data was not recognised compared to our own data in HF, AF & diabetes. We are confident with the on-going work in these areas and that any prescribing issues are being addressed. It was agreed to continue to monitor data on the medicines optimisation dashboard although some data is of an older date.* Ongoing.	
	16/78, 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **2016-17 QIPP Proposals** *SL talked the committee through the document. Estimated savings:* *750k saving on waste reduction* *550k saving on Medicines Management QIPP* *250k saving on branded generics* *200k saving on rebates and contract efficiencies* *150k saving on do not prescribe* Nothing to add.	
	16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Financial Incentive Schemes 2016/17** *SL said there were two quality incentive schemes, one around prescribing and one around quality. The incentives for the list of 17 drugs on the prescribing scheme are between 40p to 80p per*	

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	patient based on an underspend of between 0 and 5%. On the Quality Incentive scheme there are a list of 23 quality criterion and incentives are between 10p and 50p per patient based on the number of criterion which practices meet. *The incentive schemes were discussed at length and AG requested that the details of the incentive schemes be shared with GP's asap.* *These had now been shared with GP's and on the whole the comments received had been positive.* *Discussion took place about this and it had been frustrating because another drug had been added after the details had been shared and circulated. It was agreed that the discussions around this would commence in December this year which would avoid delays in issuing these next year.* Remove from minutes.	SL
	16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Type II 2 Diabetes Guidelines** *SL had completed the first draft of the guidelines and these were discussed in detail and various changes were suggested to make the guidelines easier to read. There was such a lot of information to condense into user-friendly guidance document that it had not been an easy task to produce the guidance. Once suggested changes have been made, SL will forward a copy of the first draft to Surinder Ahujar. It is hoped that the oral treatment agreement would be sorted out in May and the injectables treatments would be sorted after that. Message would be that oral treatment would be given by GP's on a three drug regime and then if patients are still not controlled then they should be referred to Diabetes Specialist Nurses who would be asked to refer the patients back to their GP if they hadn't been treated on the three drug regime prior to being referred.* Ongoing.	SL
	16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Yorkshire the Humber Monthly Financial Headlines – February 2016** *Cost growth is 6.3% - this is the fourth highest in Yorkshire & the Humber. This has added £2621275 to this year's outturn. Cost per item remain stable and is below that of matched CCG's. Item growth at 3.75% is also the 4th highest in Yorkshire & the Humber and it is this that is fuelling the cost growth.* Nothing to add.	
	16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Rotherham Diabetes Summary Report 2015/16 – Quarter 1** *The report is no different to previous reports whilst the prescribing of all medication causes no concerns it is worth noting the high levels of Metformin prescribing and the continual growth in the prescribing of Gliptins (DPP4-i) at the expense of Sulfonylureas. Rotherham still has high costs for insulin prescribing and it is envisaged that these will be addressed with the launch of the new guidelines and diabetes pathway. Extensive work has been done regarding the prescribing of SBGM products and the launch of a new formulary will address this.* Ongoing.	

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16/123	**16/123 and 16/134 & 16/151 & 16/163** **NHS England Alerts** *SW had attended a meeting recently and NHSE had admitted that their alert system had recently fallen down. NHSE now seem to have rectified the situation and alerts are now coming through to SL, SC and JA – these alerts should also be sent to GP's but SL isn't sure this is happening and agreed to liaise with AG about whether these alerts are being sent through to Village Surgery. Once SL has clarified where they are being sent a paragraph would be placed in Bitesize.* Ongoing.	SL/AG
	16/124 & 16/151 & 16/163 **Emergency Supply Scheme** *The emergency supply scheme had operated over the Spring Bank Holiday weekend and a number of patients had been referred by 111 to participating pharmacies who had then turned the patients away saying they weren't aware of it. Patients had then gone back to 111 who had contacted the pharmacies and were told that the pharmacies were not participating even though they had previously signed up. During the weekend only 5 patients accessed the service and three of these were turned away. Discussion occurred and it was decided that there were a couple of options ie remove those particular pharmacies from the 111 list so they don't refer patients to those pharmacies or remove the pharmacies from the service altogether. It was agreed that RS would add this to the agenda for discussion at the next LPC.* Remove.	RS
	16/136 & 16/151 & 16/163 **Diabetic Guidelines – Oral Pathway** Carried over to next meeting.	
	16/139 & 16/151 & 16/163 **NHS Right Care Commissioning for Value – Mental Health -** RS *It had been agreed that each of the areas would be reviewed each meeting and SL pointed out that this document would likely result in an NHSE Performance Monitoring Tool.* *RS had reviewed the Mental Health section and this was discussed and the following points were noted:-* ***Anti-Depressants*** *Rotherham is high volume prescribers but the data shows that we are cost-effective prescribes and sit just below are best 5 matched in terms of cost. Trazodone increase in costs is driving this cost pressure.* Ongoing.	
	16/152 & 16/163	

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	Ustekinumab Gastro – CCG Prior Approval Prescribing Request ES had gone through the details of the requests/drugs and pricing compared to alternatives available and this was discussed and it was felt that it was a very sensible and cost effective proposal which members were happy to approve. Remove from minutes.	
	AGENDA ITEMS	
	15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 **Traffic Light System** *After discussion it was agreed that a comment would be added at the side of Ulipristal ie 'is for ore-hysterectomy uterine constriction'. Donepezil is also coming up as Amber and is on GP LES which hasn't been agreed but some GP's are still doing the LES. After discussion it was agreed that Donepezil would be left at Amber with a note to be added ie "GP can initiate under the LES".* *JW said that Rifaximin is currently being used as an Amber drug – ES is looking at this as to whether we need a shared care protocol. JW asked if we could leave this as Amber whilst ES is looking at this. JW said she thought that Sheffield would be updating their SCP in the next few months so it might be a good idea to wait until then. Members were in agreement with this approach.* *JW said that Ropinirole is currently Amber on the traffic light system for treatment of Parkinson's disease but it is also used for restless leg syndrome. After discussion it was agreed that it would be Amber for treatment of Parkinson's Disease and green for restless leg syndrome.* *Cyclosporine eye drops were discussed and it was suggested that these be made Amber, only to be initiated by Specialist, but can be continued in general practice. SL would raise this at the APC meeting on 2/3/16.* *LM had received a question from Dinnington about Apomorphine and whether this should be on the traffic light system. This had also been raised with JK. LM said that there wasn't a SCP for this but she had managed to get hold of a copy which she thought was from TRFT. It was agreed that JW would look at the SCP and try to find out where it had come from etc and would bring this back to the next meeting.* JW had looked at past copies of APC minutes to see if discussion had taken place around a SCP for Apomorphine and had found that agreement had been reached to develop a SCP, had agreed to traffic light red, but the SCP hadn't been taken back to the meeting for ratification. This would be added to the agenda for discussion at the next APC meeting.	JW JW/ES SL JW JAA
	AGENDA ITEMS	
16/164	**NHS Right Care Commissioning for Value – Neurological** A detailed discussion took place and it was noted that ex on Buprenorphine but also observed that Rotherham has a very low non-elective admission rate for a range of chronic pain indications. Discussion took place around the range of opioids and analgesics and it was felt that Buprenorphine has a place in the management of non-cancer related pain. GB would look at the different brands of Buprenorphine and it was agreed that a way forward would be for Buprenorphine prescriptions to be branded to help contain costs and improve patient safety.	GB

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	Work has recently been ongoing to reduce Pregabalin prescribing but it was noted that we are still a high prescriber.	
16/165	**Proposed Joint CCG - Industry COPD Project** GB went through the details of the above project which is being proposed by Boehringer Ingelheim, a pharmaceutical company which is offering to fund a nurse to:- • Build confidence in Primary Care to Manage COPD effectively as per local and national guidelines • Provide COPD Patients with information to self-manage their condition • Upskill local community pharmacists to deliver inhaler technique training to patients with COPD and Asthma Breathing Space are aware of the proposal and they are in agreement with it. Proposal was discussed and it was noted that there would be no financial incentive to the pharmaceutical company involved. After discussion it was agreed that this would be taken to SCE for their views.	AG
16/166	**Good Practice Guidance for Care Homes - Expiry Dates** Sheffield had produced this document which is a very clear guide which we agreed to adopt. JP agreed to Rotherhamise this and bring back for approval.	JP
16/167	**Emollient Prescribing Guidelines for Ratification** These were discussed and ratified.	
16/168	**Individual Funding Request - Intravitreal Ozurdex** An individual funding request for continuation of an initial commissioning agreement for six treatments for right retinal vein occlusion had been received. JP had looked at the evidence and the costs of this treatment compared with the alternative treatment and the costings were similar but could even work out cheaper depending on the number of alternative treatments required. Patient had also shown good results from this treatment so treatment was approved, however, JP agreed to check whether laser treatments had been offered to this patient and would feed this back to SL who would then inform Sarah Lever of the decision.	JP/SL
	Prescribing of Anti-epileptic Medication in Doncaster Carried over to meeting on 3 August 2016.	JAA
16/169	**Horizon Scanning** July 2016 – nothing to note.	
16/170	**NICE Guidance** **May Update** TA 390 - Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes – SL is looking at these.	

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	TA217 - Updated Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease – RS is aware of this. ESNM73 – Reversal of the anticoagulant effect of dabigatran:idarucizumab – APC are aware of this reversal agent and it has also been discussed at the Anticoagulation Meeting. **June Update** *TA392 - Adalimumab for treating moderate to severe hidradenitis suppurativa – JW to ask JP to liaise with Dermatology regarding impact this might have.* Dermatology had responded to say that, although they don't have the exact figures, the number of patients on this drug will be negligible, probably less than six per year. *TA397 - Belimumab for Treating Active Auto-antibody – this is secondary care which is funded by CCG and would be added to Bluteq. ES would prepare a new form.* Ongoing. QS122 – Bronchitis in Children – we are already doing this but a reminder would be put in the September newsletter – JW would liaise with JP. QS123 – Homecare for Older People – JW would make Alun Windle and Dawn Anderson aware of this. JW had now made AW/DA aware of this.	JW/JP JW/JP JW
16/171	**For Information** Barnsley APC Ratified Minutes – no update Barnsley APC Memo – June 2016 Barnsley APC Report – June 2016 Doncaster & Bassetlaw APC – no update RDASH MMC Draft Minutes – no update Sheffield Area Prescribing Group – no update	
16/172	**Items for APC, Items for Escalation or Additions to the Register** None	
	ANY OTHER BUSINESS	
	Elmiron 200 AG had received a letter from a consultant asking her to continue this treatment, however, this treatment is non-licensed. After discussion it was agreed that this treatment should not be continued as there wasn't a SCP in place so the consultant would need to continue to prescribe this. **ADHD Branded Generics** We currently have a SCP for methylphenidate. Many branded generics are available for methylphenidate. Rather than doing a work stream in the future, we would like to explore branded generics (Xenidate &/or Matoride) for any new initiations and transfers to primary care. MMC agreed to explore this and have conversations with CAMHS/RDaSH.	
16/173	**Date and Time of next Meeting**: The next meeting will be held on **Wednesday**	

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	3 July 2016 from 9.00 am to 11.00am in Cedar Room, Oak House. **Agenda Deadline: By 3.00 pm on Friday 29 July 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	
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	
13/04/2016	16/90	Emergency Supplies Scheme to be Extended in Both Availability and in Volumes	
27/04/2016	16/119	Prescribing Cost Growth – to be brought back quarterly	

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