

Minutes

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| Title of Meeting: | NHSR Medicines Management Committee Meeting |
| Time: | 9.30 am to 11.00 am |
| Date: | Wednesday 3 August 2016 |
| Venue: | Cedar Room, Oak House |
| Reference: | SL/JAA |
| Chairman: | Stuart Lakin |

Present: Stuart Lakin (Chair) (SL) Head of Medicines Management, RCCG

In attendance: Judith Wilde (JW) Prescribing Advisor, RCCG
 Govinder Bhogal Prescribing Advisor, RCCG
 Eloise Summerfield Prescribing Advisor, RCCG
 Sally Webster Prescribing Technician, RCCG
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

| | Agenda Items and Action Points | Action |
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| 16/176 | Apologies Avanthi Gunasekera, Ravi Nalliagounder, Alun Windle | |
| 16/177 | Declarations of Interest There were no declarations of interest. | |
| 16/178 | Minutes of the Meeting held on 20 July 2016 Minutes were accepted as a true record. | |
| 16/179 | 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 & 16/179 EPS (Electronic Prescription Service) <u>Historical Information Now Deleted. Last appeared in Minutes dated 20/07/16 – item no 16/163</u> By the end of this year we will have four practices that have not gone EPS live but we will continue to work with these practices to encourage them to sign-up. | |
| | 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 | |

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| | <p>& 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 & 16/179</p> <p><u>Anticoagulation</u></p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/61</u></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Dr Alfred would be taking over from Dr Taylor when he retires.</i></p> <p><i>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.</i></p> <p>Ongoing.</p> | <p>SL/AG</p> <p>SL</p> |
| | <p>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 & 16/179</p> <p>Nutrition/Wound Care Project Updates</p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 20/07/16 – item no 16/179</u></p> <p>Agreement has been reached with RCHC that we will hold monthly meetings to ensure that the costs associated with the woundcare project are in line with expectations.</p> | |
| | <p>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 & 16/179</p> <p>Prescribing Responsibility for Transgender Medications</p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u></p> <p><i>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</i></p> | <p>SL</p> |

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| | <p><i>will be circulated across South Yorkshire & Bassetlaw. Sally Kirby is to have a discussion with Professor Wiley.</i></p> <p><i>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.</i></p> <p><i>Ongoing.</i></p> <p><i>No updates at present, SL is chasing.</i></p> <p><i>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.</i></p> <p><i>Waiting for meeting with Porterbrook, SL to chase.</i></p> <p><i>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.</i></p> <p><i>SL will be attending the Transgender Pop-up meeting in Sheffield on 24 June 2016 and would feed back.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>SL will be attending a Transgender Support Group meeting on Friday 5 August 2016 and would report back to the next meeting.</i></p> | <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> |
| | <p>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 & 16/179</p> <p>Waste Management Campaign</p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 20/07/16 – item no 16/163</u></p> <p>We have 12 practices that have expressed a wish to stop third party ordering of medications and the Medicines Management Team is actively supporting all practices.</p> | |
| | <p>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 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>Testosterone Shared Care Protocol</p> | |

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| <p>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.</p> <p>SL agreed to email Jacqui Tufnell about this.</p> <p>Ongoing.</p> <p>Action - ES is reproducing this document.</p> <p>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.</p> <p>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.</p> <p>ES is still waiting for a response from Dr Muzulu.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Ongoing.</p> | <p>SL</p> <p>ES</p> <p>ES</p> <p>ES</p> <p>ES</p> <p>ES</p> <p>ES</p> <p>SL</p> <p>ES/AG</p> <p>JAA</p> |
| <p>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 & 16/179</p> <p>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u></p> | |

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| | <p>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.</p> <p>RN requested the need to find out the figures for discharge patients and what medications they are on.</p> <p>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.</p> <p>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.</p> <p>Action - To be added to the agenda of the next meeting, LM was not present to update.</p> <p>SL explained that Rotherham seem to be under prescribing these drugs. LM is looking into this and undertaking audits at practices.</p> <p>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.</p> <p>Julie Kitlowski had agreed to attend the meeting on 16 March 2016 to discuss this.</p> <p>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.</p> <p>A meeting has been arranged for 20th April 2016.</p> <p>Nothing to add until after the meeting on 20th April.</p> <p>Ongoing – SL to chase LM and AG to chase possibility of adding this as a LIS Audit for this year.</p> <p>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.</p> <p>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.</p> <p>Nothing to add.</p> | <p>LM</p> <p>AG/SL/LM</p> <p>SL/AG</p> <p>SL/LM</p> |
| | <p>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 & 16/179</p> <p>Prescribing Cost Growth</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 20/07/16 – Item 16/163</u></p> <p>The current cost growth is stronger than desired and after detailed analysis of all the contributory factors the Medicines Management strategy for managing cost growth</p> | |

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| | <p>remains unchanged. It was noted that our figures based on the first two months of 2016/17, compared to comparative CCG's, Rotherham cost growth is moving in the right direction.</p> | |
| | <p>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 & 16/179</p> <p>Melatonin for Sleep Disorders in Children</p> <p><i>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".</i></p> <p><i>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.</i></p> <p><i>LM is working on this and will be re-writing the SCP, looking at licenced products and switching patients.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>It was suggested that a meeting could be arranged for the end of the APC meeting in January.</i></p> <p><i>LM had been asked to bring this as an agenda item as 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.</i></p> | <p>LM</p> |

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| | <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>LM to bring an update to the next meeting.</i></p> | JAA |
| | <p>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 & 16/179</p> <p>Biosimilar Medicines</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>SL reported that the proposal for savings allocation is as follows:</i></p> <p><i>1st year 80:20 to TRFT</i> <i>Years 2&3 20:80 to Primary Care</i></p> <p><i>This will be discussed at the APC on 6 January 2016.</i></p> <p><i>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.</i></p> <p><i>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</i></p> | <p>SL</p> <p>SL</p> <p>JA</p> |

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| | <p>commencing 1/4/16 to 31/3/17. Just for switched patients not for new initiations.</p> <p>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 Etenerecept 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.</p> <p>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.</p> <p>Remove from minutes.</p> | SL |
| | <p>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 & 16/179</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 20/07/16 – Item 16/163</u></p> <p>What Not to Prescribe List</p> <p>A proposal to promote patient self-care as an alternative to issuing prescriptions in several key areas is to be discussed at the Governing Body meeting later today.</p> | |
| | <p>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 & 16/179</p> <p>Rotherham Drugs for Dementia Summary Report Quarter 2 – 2014/15</p> <p>SL went through this document and the following points were highlighted:-</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 difference between oral dosage and patches is significant and neighbouring CCGs do not appear to have to use these products to such a degree.</p> <p>RN - we also need to consider the influence the Parkinson nurses have on Rivastigmine patch prescribing.</p> <p>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</p> | RS |

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| | <p>Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p><u>Options for Branded Generics in Parkinson’s Prescribing</u></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Ropinirole switch would be Repinex XL which also has a stock guarantee.</i></p> <p><i>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.)</i></p> <p><i>Ongoing.</i></p> <p><i>JW Has lined up the switching of Ropinirole for May and Stele for June, however, there are slight stock issues.</i></p> <p><i>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 Parkinson’s drug).</i></p> <p>Remove from minutes.</p> | JW |
| | <p>16/77, 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>Medicines Optimisation Dashboard – February 2016 Release</p> <p><i>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.</i></p> <p>Remove from minutes.</p> | |
| | <p>16/78, 16/90 & 16/105 & 16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>2016-17 QIPP Proposals</p> <p><i>SL talked the committee through the document. Estimated savings:</i></p> <ul style="list-style-type: none"> <i>750k saving on waste reduction</i> <i>550k saving on Medicines Management QIPP</i> <i>250k saving on branded generics</i> <i>200k saving on rebates and contract efficiencies</i> <i>150k saving on do not prescribe</i> <p>Remove from minutes.</p> | |
| | <p>16/119 & 16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>Type II 2 Diabetes Guidelines</p> | |

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| | <p><i>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.</i></p> <p>Ongoing.</p> | SL |
| | <p>16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>Yorkshire the Humber Monthly Financial Headlines – February 2016</p> <p><i>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.</i></p> <p>Remove from minutes.</p> | |
| | <p>16/105 and 16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179</p> <p>Rotherham Diabetes Summary Report 2015/16 – Quarter 1</p> <p><i>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.</i></p> <p>Remove.</p> | |
| | <p>16/136 & 16/151 & 16/163 & 16/179</p> <p>Diabetic Guidelines – Oral Pathway</p> <p>Carried over to next meeting.</p> | |
| | <p>16/139 & 16/151 & 16/163 & 16/179</p> <p>NHS Right Care Commissioning for Value</p> <p>One area would be brought back to the next meeting.</p> | SL |
| | <p>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 & 16/179</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 20/07/16 – Item 16/163</u></p> | |

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| | <p>Traffic Light System</p> <p>Five drugs would be discussed at the APC meeting later today ie testosterone, melatonin, rifaximin and apomorphine and posaconazole.</p> | |
| | <p>Proposed Joint CCG - Industry COPD Project & 16/179</p> <p><i>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:-</i></p> <ul style="list-style-type: none"> • <i>Build confidence in Primary Care to Manage COPD effectively as per local and national guidelines</i> • <i>Provide COPD Patients with information to self-manage their condition</i> • <i>Upskill local community pharmacists to deliver inhaler technique training to patients with COPD and Asthma</i> <p><i>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.</i></p> <p>Remove from minutes.</p> | AG |
| | <p>Good Practice Guidance for Care Homes - Expiry Dates & 16/179</p> <p><i>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.</i></p> <p>Remove from minutes.</p> | JP |
| | <p>Emollient Prescribing Guidelines for Ratification & 16/179</p> <p><i>These were discussed and ratified.</i></p> <p>Remove from minutes.</p> | |
| | <p>Individual Funding Request - Intravitreal Ozurdex & 16/179</p> <p><i>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.</i></p> <p>Remove from minutes.</p> | JP/SL |
| | <p>Prescribing of Anti-epileptic Medication in Doncaster</p> <p>16/172 & 16/179</p> <p>Carried over to meeting on 17 August 2016.</p> | JAA |
| 16/173 | <p>16/173 & 16/179</p> <p>Elmiron 200</p> | |

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| | 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. | |
| | 16/174 & 16/179 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. | |
| | AGENDA ITEMS | |
| 16/180 | Diabetic Guidelines – Oral Pathway Bring back to meeting on 17 August 2016. | SL |
| 16/181 | Prescribing of Anti-epileptic Medication in Doncaster - SL A letter from Dr Grunewald in Sheffield was discussed and the letter stated that he expects GP's in Rotherham and Doncaster to follow the SCP approved by the tertiary provider, ie Sheffield. Discussion occurred about this and it was agreed that SL would speak to Mark ? to ask if he would like to set-up a group inviting all neighbouring CCG's to be involved to look at this together because the Sheffield SCP is out of date so the group could look at bringing the SCP up-to-date to get consistency and ensure all parties reach an agreement. JW was asked if she would be happy for SL to nominate her to lead on this and she agreed that she would. | SL |
| 16/182 | Cost Growth Brought for information. This was discussed at length at the Medicines Management Team meeting held on Tuesday 26 July 2016 and actions were allocated to team members. | |
| 16/183 | Tinzaparin Shared Care Protocol One practice had been in contact to say that they felt this was a transfer of work and should attract a payment and this was discussed and the general opinion was that GP's should pick this up without the additional payment. SL agreed to speak to AG about this. | SL |
| 16/184 | Rotherham Genito-Urinary Drugs Summary PDF Report 1516Q4 These were brought for information and were discussed. | |
| 16/185 | Rotherham Laxatives Summary Report 1516Q4 Brought for information and statistics were discussed. It was agreed that it would be useful to audit the 5HT4's and to look at the affect third part ordering has on this. | ES |
| 16/186 | Horizon Scanning No Update. | |
| 16/187 | NICE Guidance Nothing to add. | |
| 16/188 | For Information | |

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| | <p>Barnsley APC Ratified Minutes – no update Barnsley APC Memo – no update Barnsley APC Report – no update Doncaster & Bassetlaw APC - no update RDASH MMC Draft Minutes – no update Sheffield Area Prescribing Group – no update Sheffield Area Prescribing Group – no update</p> | |
| 16/189 | <p>Items for APC, Items for Escalation or Additions to the Register None</p> | |
| | ANY OTHER BUSINESS | |
| | There were no items of any other business. | |
| | <p><u>Post Meeting Note – Wednesday 10 August 2016</u></p> <p>The minutes have been reviewed by AG, who was not able to attend the meeting, and she has confirmed that she is happy with the actions/recommendations.</p> | |
| 16/190 | <p>Date and Time of next Meeting: The next meeting will be held on Wednesday 17 August 2016 from 9.00 am to 11.00am in Cedar Room, Oak House. Agenda Deadline: By 3.00 pm on Friday 12 August 2016.</p> | |

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 | <i>On MMC 14/05/2014 & APC 14/05/2014 Needs to be progressed further – SL to speak to RS.</i> |
| 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 | |

| Week last appeared | Item last appeared | Item to be brought back for discussion when appropriate | Last action |
|---------------------------|---------------------------|--|--------------------|
| 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 | |
| 20/07/2016 | 16/163 | Improper Use Of Rotherham Minor Ailment Service | |

RATIFIED