

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00 am to 11.00 am
	Date:	Wednesday 31 August 2016
	Venue:	Cedar Room, Oak House
	Reference:	RN/JAA
	Chairman:	Ravi Nalliagounder

Present: Ravi Nalliagounder (Chair) (RN) GP
 Stuart Lakin (SL) Head of Medicines Management, RCCG
 Avanthi Gunasekera (AG) GP, Commissioning Executive, RCCG

In attendance: Govinder Bhogal (GB) Prescribing Advisor, RCCG
 Eloise Summerfield (ES) Prescribing Advisor, RCCG
 Paula Whitehurst (PW) Prescribing Technician, RCCG
 Lisa Murray (LM) Prescribing Advisor, RCCG
 Alun Windle (AW) Safeguarding Adults and Quality Lead
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
16/202	Apologies Judith Wilde	
16/203	Declarations of Interest RN declared an interest in Matters arising relating to anticoagulation meters at his surgery, however, there was no discussion around this at the meeting. Other than this there were no other declarations of interest relating to any agenda items.	
16/204	Minutes of the Meeting held on 17 August 2016 Minutes were accepted as a true record.	
16/205	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 & 16/194 & 16/205 EPS (Electronic Prescription Service) Historical Information Now Deleted. Last appeared in Minutes dated 20/07/16 – item no 16/163 <i>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.</i>	

	<p><i>Four more practices will be going live by the end of the year. There are five surgeries who have indicated that they will not be taking part ie Kiveton Park, Magna Group, Wickersley, Shakespeare Road and High Street Surgery, however, it is hoped that at least three of these surgeries might review their decision.</i></p> <p>The only practices which aren't taking part at the moment are Kiveton Park and Magna Group, however, work is continuing to encourage them to participate.</p>	
	<p>14/161 & 14/181 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 & 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 & 16/194 & 16/205</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><i>Dr Myers had emailed AG to say that one of their anticoagulation meters had broken and they had been informed by RG that they would have to pay for the replacement themselves. Discussion occurred about this and SL explained that the CCG had originally purchased the machines for TRFT nurses and had made it clear that TRFT would have to purchase any replacements. SL said that it should be TRFT who purchase the replacement not the GP practices and needed to clarify if the broken machine belong to TRFT or the GP practice – SL to liaise with RG and feedback to Dr Myers.</i></p> <p>RG/SL had met with Sarah Lever recently regarding the Anticoagulation contract and there is a hole in funding now that we have moved 3,000 patients back into the community. TRFT have repositioned nurses so they are now helping patients on the ward and assisting junior doctors with the decision of whether to anti-coagulate or not and helping to ensure that anticoagulation discharges are safe. We feel that this type of work is more beneficial than their previous work in the clinics. SL has made it clear that AF management should be a priority for us.</p>	<p>SL/AG</p> <p>SL</p> <p>SL</p>

	<p>After discussion it was agreed that SL would review the NHS Rightcare Pack around Cardiovascular and bring this to the next meeting. This data will also be taken to the next Haematology meeting which is in three months' time.</p> <p>It was felt that this is an area of work which MMT should focus on over the next 18 months.</p>	<p>SL</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 & 16/194 & 16/205</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><i>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.</i></p> <p><i>Now that KR has left, the Woundcare Lead will be PW and SW will be Nutrition Lead. SL said there is a delegation from the Department of Health who have arranged to come to talk to us on 3 September about the Nutrition Project.</i></p> <p>Woundcare project was completed at the end of June – monthly meetings are taking place to ensure that the finances remain on track. Figures are showing that we have so far made a saving on last year's expenditure .</p> <p>Nutrition had £100k cost pressure last year but we've now worked out that tube fed patients which when the project started were 90 per month had increased to 130 per month then in the last quarter of last year had increased to 160 per month due to an increase in head and neck cancer patients coming through. We know that head and neck cancers are increasing nationally so this cost pressure relates back to a definite need.</p> <p>Department of Health will be visiting on 1 September to look at the Nutrition Project and the work that they are doing. We are currently looking at a scheme which is being run in York where there is a voucher scheme operating with the supermarkets where patients can submit a voucher for the gluten free foods they need and this is more cost effective and means that patients get more for their money as the supermarket products are cheaper than the ones the NHS can provide. Further work needs to be carried out though as there are issues with some supermarket products which are not approved as they don't included the required fortified vitamins and minerals which are necessary for celiacs as they don't absorb these naturally.</p> <p>SL would bring further information to a future meeting.</p> <p>AGENDA ITEM 10</p> <p>Rotherham Nutrition and Dietetic Service - Prescribing Report for August 2016 - SL went through this and this was discussed briefly.</p>	<p>SL</p>
	<p>15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 &</p>	

	<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 & 16/194 & 16/205</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 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><i>SL will be meeting with Porterbrook Clinic in September to go through the SCP and will also get GP input. The SCP's will then be shared at the Transgender Support Group pop-up café.</i></p> <p><i>SL has written two SCP's and shared these with AG for GP input. With regards to</i></p>	<p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p> <p>SL</p>
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	<p>monitoring, Porterbrook have asked for lots of tests and SL/AG have reviewed these and felt that some of them seemed unnecessary. SL will now be meeting with Porterbrook to go through these individually with Porterbrook. SL would be attending a Pop-up café and had also had an offer from Katie Howey from Porterbrook and the Rainbow Alliance which is a charitable organisation and they have offered to provide training for GP practice staff, particularly reception staff.</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 & 16/194 & 16/205</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><i>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.</i></p> <p><i>Stopping of third party ordering is working well. There will be 12 pharmacies who will have introduced this by the end of October. Other practices have said they would like to introduce this and it has been agreed that they will start in the New Year. SL said that a meeting had taken place recently with pharmacy representatives, GP practice staff and LPC in attendance. There were mixed responses with some pharmacies saying they wouldn't be prepared to hand out leaflets to patients. Pharmacies have raised concerns about training issues and although pharmacies have been paid to do repeat dispensing and training has already been provided by NHS Digital. SL pointed out that NHSE were responsible for providing training, however, in view of the savings which could be generated from rolling the programme out quicker/efficiently, the CCG may organise the training on this occasion depending on costs etc. SL would discuss this further with AG.</i></p> <p><i>SL had presented information to the CCG Staff meeting recently regarding the waste campaign and about the challenges we face and this had been well received.</i></p> <p>Two practices are due to commence this week and eight practices will commence on 1 October.</p> <p>A letter would be going out to Community Pharmacists this week regarding the issues where some pharmacies have been downloading prescriptions too early. Letter has been signed by SL/NHS Digital/NHS Counter-fraud and NHS England. SL will be going to LPC next month and SL feels there will be comments regarding lack of training but it was felt that pharmacies should be providing their own training as this was covered within their contract.</p>	<p>SL/AG</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 & 16/194 & 16/205</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> <p><i>LM is pulling together a report on the observations and finding so far. LM needs to discuss with</i></p>	

	<p>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.</p> <p>Action - To be added to the agenda of the next meeting, LM was not present to update. SL explained that Rotherham seem to be under prescribing these drugs. LM is looking into this and undertaking audits at practices.</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><u>AGENDA ITEM 10 – 17.08.16</u></p> <p><u>Rotherham Drugs Affecting Bone Metabolism Summary - Quarter 4 – 2015/16 - Update Re Bisphosphonate Audit</u></p> <p>LM went through the statistics and reminded members of the discussions which had previously taken place (minuted above). It had been suggested that one of the LIS Audits focussed on fragility fractures, however, LIS audits would no longer be taking place so the suggestion of whether to ask GP's if they wanted to carry out this audit as part of their professional development 5 year audit was made. It was agreed that LM would collate all the data we currently hold and would share this with AG/SL. Discussions will then take place with Becky Chadburn to find out what is in the contract in particular with regards to a Fragility Fracture Nurse post at TRFT.</p> <p>AG would be carrying out the audit within her practice and she would be asking other</p>	<p>LM</p> <p>AG/SL/LM</p> <p>SL/AG</p> <p>SL/LM</p> <p>AG/SL/LM</p>
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	<p>GP's in her Locality whether they would be willing to carry out the audit also. RN agreed that he would carry out the audit in their practice.</p>	<p>AG/RN</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 & 16/194 & 16/205</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><i>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 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.</i></p> <p><i>On the whole the cost growth is looking better. June figures are £380K up on where we were in the first three months of this year. Now 3.5% cost growth compared with 6.9% at the end of March. Costs benefits have been the branded generics programme and the category M products. We have two more projects to kick-in soon ie Vitamin D programme and the Waste Campaign.</i></p> <p>On agenda.</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 & 16/194 & 16/205</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><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><u>AGENDA ITEM 7 – 17.08.16</u></p> <p><i>LM had been liaising with Dr Sanjay Suri and had shared the SCP with him and Christina Harrison at TRFT had also been given a copy to review. RS had shared the SCP with RDaSH but hadn't received any feedback, however, he had made them aware that if they didn't give their feedback then the SCP would be brought in for Rotherham only and RDaSH would then need to develop their own. SL raised the issue of children moving over to adult services when they reach 18 and asked if the SCP covered this aspect sufficiently. After discussion it was felt that the SCP needed to be clearer on how treatment plans would be shared with adult services. There also needed to be clear guidance on treatment breaks to check whether treatment is still required. LM would liaise with Dr Suri and agree the necessary amendments.</i></p> <p><i>Dr Suri had got back to LM with comments about the SCP but his response was still unclear regarding when to discharge teenagers when they turn 18 ie forward plans/where they would get reviews etc. LM had written to Dr Suri and is awaiting a</i></p>	<p>LM</p> <p>JAA</p> <p>LM</p> <p>LM</p>
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	response.	
	<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 & 16/194 & 16/205</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 20/07/16 – Item 16/163</u></p> <p>Patient Self Care</p> <p><i>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.</i></p> <p>Gordon Laidlaw is in discussion with a Graphics company regarding artwork which will focus on giving examples of the numbers of operations which could be carried out by stopping prescribing certain drugs ie paracetamol, Vitamin D etc. Posters and leaflets will be shared with GP's for their comments prior to launch. The emphasis will be around this being a CCG directive which will support GP's in rolling this out.</p>	
	<p>16/194 & 16/205</p> <p>Proposed Joint CCG - Industry COPD Project</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><i>It was agreed that GB would prepare a paper to take to SCE in early September. AG would ask for this to be added to the agenda for SCE.</i></p> <p>Ongoing.</p>	<p>AG</p> <p>GB/OE</p>
	<p>16/174 & 16/179 & 16/194 & 16/205</p> <p>ADHD Branded Generics</p> <p><i>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.</i></p> <p>Ongoing.</p>	
	<p>16/181 & 16/179 & 16/194 & 16/205</p> <p>Prescribing of Anti-epileptic Medication in Doncaster - SL</p> <p><i>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 ask colleagues neighbouring</i></p>	

	<p>CCG's if they would like to be involved in a working group 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.</p> <p><u>AGENDA ITEM 6 – 17/08/16</u></p> <p>SL confirmed that agreement had been reached to set-up the working group and the first meeting is being arranged. JW will lead on this piece of work for Rotherham. The aim of the group will be to develop a SCP which all areas are happy to use. Another part of this work will be to clarify the role of the Epilepsy Liaison Nurse as this has always been unclear.</p> <p>First meeting has now been set-up. JW will lead and provide updates at future meetings.</p>	<p>SL</p> <p>JW</p> <p>JW</p>
	<p>16/183 & 16/179 & 16/194 & 16/205</p> <p>Tinzaparin Shared Care Protocol</p> <p>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.</p> <p>Remove from minutes.</p>	<p>SL</p>
	<p>16/185 & 16/179 & 16/194 & 16/205</p> <p>Rotherham Laxatives Summary Report 1516Q4</p> <p>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.</p> <p>Remove from minutes.</p>	<p>ES</p>
	<p>16/195 & 16/205</p> <p>Diabetic Guidelines – Oral Pathway – SL</p> <p>SL went through the guidelines which he had drafted 360+ pages of NICE Guidance had been condensed down to 12 pages, however, there is a one page overview which GP's will be given with the link to the 12 page document to be used for further reference. The guidelines will not result in any extra workload for GP's. It had been identified that some practices were currently over-using the Diabetic Specialist Nurses and patients were being referred to the service too early. The service will now be referring these patients back to their GP's. SL is now working with Linda Asprey around GLP1's and when this is complete then insulin titration will be looked at ie where this falls between primary and secondary care.</p> <p>Remove from minutes.</p>	
	<p>16/196 & 16/205</p> <p>Rebate Scheme – Glucose Test Strips</p> <p>A rebate scheme for glucose test strips had been offered by a drug company and this was discussed briefly and it was agreed that this would be rejected as it was based on a tiered pricing structure whereby the price was more favourable the more you prescribed and this could be seen as an inducement to prescribe more. PW would convey the decision to the drug company. The issue of prescribing rebates was discussed and it was agreed that a one page written process be</p>	

	<p><i>developed and agreed.</i></p> <p>Remove from minutes.</p>	SL
	AGENDA ITEMS	
16/206	<p>Vitamin D Leaflet Draft – LM</p> <p>After our leaflet had been provided to practices the DoH/Public Health England guidance had changed. LM had, therefore, changed the leaflet to incorporate the new guidance and it was agreed that the leaflet would be republished using a slightly different format to the first one so that the leaflet could be easily distinguished from the earlier version.</p>	
16/207	<p>Yorkshire and the Humber Monthly Financial Headlines – June 2016</p> <p>SL went through these and key points were discussed. Currently cost growth is 3.25% which is the 7th highest in Yorkshire and the Humber finished last year at just less than 7% so we have halved this. Self-care and GP practices who are discontinuing repeat prescribing by pharmacies are both projects that should have an effect on reducing cost growth in the coming months.</p>	
16/208	<p>Medicines Management QIPP Report June 2016 - SL</p> <p>SL went through this report and said that this report would continue to be produced for Governing Body and possibly NHSE to give them an update on where we are with QIPP. Overall it was felt that things were looking more optimistic and the two initiatives mentioned above should also make a difference.</p>	
16/209	<p>NHS Right Care Commissioning for Value – Respiratory – GB</p> <p>GB went through the data which highlights that we aren't doing as well as we should in primary care with regards to respiratory care. Our non-elective spend shows as being the worst in the country and it was felt that this could be influenced possibly by double counting with regards to admissions to the hospital and Breathing Space and AW said there is a piece of work ongoing with CHC nurses - Claire Smith/ Dominic Blaydon are possibly leading on this. The statistics seems to indicate low numbers of follow-up checks being carried out in primary care and that smoking cessation advice isn't being offered. AG said she thought that with regards to smoking cessation advice, even though the GP will tick the correct box she had found out that it doesn't register this information on QoF and this has to be registered separately. SL said that work would be carried out around this area in the next 12 months. GB will be using some of these statistics in the report which he is producing for SCE around the proposed Joint CCG/Industry COPD Project.</p>	
16/210	<p>NSAID Risk Reduction Strategy August 2016 - ES</p> <p>The NSAID strategy revision was discussed. In the last 2 years there has been no new clinical data, other than to confirm the risks already known, so there are no clinical changes. The data on the second page was discussed, including the continual reduction in items and cost for oral NSAIDs, especially the high CV risk diclofenac and celecoxib. However, the cost of topical NSAID and rubefaciants are now more than that of oral NSAIDs and there has been a 10% increase in items (which will be looked at under the waste campaign). The new strategy suggests three items for GPs to prescribe (ibuprofen as the NSAID gel, and transvasin and algesal as rubefaciants), it then</p>	

	encourage patients to purchase expensive items if they prefer them. Previously the CCG has allowed the prescribing of glucosamine as valupak, but we now out-lie compared to the rest of England, as other CCGs no longer prescribe it on the NHS and the new version reflects this. The group agreed to ratify the changes to the NSAID strategy. ES to upload to the intranet and write an article for the next bitesize. A QIPP to stop glucosamine to be developed. Also, after the introduction of self-care program, then a QIPP for rubefaciants can be done.	
16/211	Horizon Scanning No Update.	
16/212	NICE Guidance Nothing to add.	
16/213	For Information 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 – 16 June 2016	
16/214	Items for APC, Items for Escalation or Additions to the Register None	
	ANY OTHER BUSINESS	
	There were no items of any other business.	
16/215	Date and Time of next Meeting: The next meeting will be held on Wednesday 14 September 2016 from 9.00 am to 11.00 am in Cedar Room, Oak House. Agenda Deadline: By 3.00 pm on Friday 9 September 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	<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	

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