

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00am to 11.00am
	Date:	Wednesday 28 September 2016
	Venue:	Cedar Room, Oak House
	Reference:	AG/JAA
	Chairman:	Avanti Gunasekera

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

In attendance: Judith Wilde (JW) Prescribing Advisor, RCCG
 Govinder Bhogal Prescribing Advisor, RCCG
 Lisa Murray (LM) Prescribing Advisor, RCCG
 Paula Whitehurst (PW) Prescribing Technician, RCCG
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
16/228	Apologies None received.	
16/229	Declarations of Interest None declared.	
16/230	Minutes of the Meeting held on 14 September 2016 Minutes were accepted as a true record.	
16/231	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 & 16/219 & 16/231 EPS (Electronic Prescription Service) <u>Historical Information Now Deleted. Last appeared in Minutes dated 20/07/16 – item no 16/163</u> <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> <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><i>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.</i></p> <p><i>Several practices were to go live at the end September/beginning October (Broom Valley, York Road, Brookfield, Shrivastava, Blyth Road and Queens Medical Centre). The only practices not taking part to date were Kiveton Park, Magna Group and Wickersley Health Centre.</i></p> <p>York Road had recently gone live and this had gone very smoothly. Discussions are ongoing with Wickersley and we are hopeful that they may become live in the future. Recent Medicines Optimisation data shows that we look fairly poor on EPS and repeat dispensing but SL is confident this will look better in the next six months.</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 & 16/219 & 16/231</p> <p><u>Anticoagulation</u></p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/219</u></p> <p><i>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.</i></p> <p><i>It was felt that this is an area of work which MMT should focus on over the next 18 months.</i></p> <p><i>AG would continue to attend haematology meetings when she was available.</i></p> <p><i>The number of Anticoagulation clinics had been reduced and the nurses involved are not to work on the wards to advice and guidance on NOAC prescribing and patient information.</i></p> <p><i>There was concern that some patients were being discharged from hospital on NOACs which was not cost effective (@£800,000pa). AG commented that Dr Alfred was doing work at the Trust to try and address this. A pilot was also underway where anticoagulation nurses were working with a number of Wards to review prescribing of anticoagulants. The need to set up a process at the Trust to ensure that NOACs are only prescribed in exceptional cases was discussed. ACTION: AG to take to APC to discuss.</i></p> <p>A couple of ideas to take to the Anticoagulation meeting were discussed ie should we have prescribing restrictions in place around who is prescribing/prescribing options. Could nurses' time be better spent counselling patients regarding different options. SL said that this is supposed to be what is happening and patients on an anticoagulation should be seeing the nurses. Tracy at TRFT has prepared a PGD so that nurses can prescribe and initiate Warfarin and SL is commenting on this. After discussion it was agreed that these issues would be picked-up at the Anticoagulation meeting prior to going to APC.</p>	<p>AG</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</p>	

	<p>& 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 & 16/219 & 16/231</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><i>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 .</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>SL would bring further information to a future meeting.</i></p> <p>AGENDA ITEM 10 <i>Rotherham Nutrition and Dietetic Service – Prescribing Report for August 2016 – SL went through this and this was discussed briefly.</i></p> <p>Now progressing – remove from minutes.</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 & 16/219 & 16/231</p> <p>Prescribing Responsibility for Transgender Medications</p>	

	<p><u>Historical Information Now Deleted. Last appeared in Minutes dated 14/09/16 – item no 16/219</u></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 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.</i></p> <p><i>AG had reviewed the 2 SCPs and had a few queries which SL was to send back to Porterbrook for a response.</i></p> <p><i>Katie Honey from Porterbrook is to start attending practice meetings to provide training for GP practice staff.</i></p> <p>The SCP is currently going through but this will be guidelines rather than a SCP. If a patient is discharged from Porterbrook, the GPs will take over the prescribing and monitoring. SL was due to attend a recent meeting with the Transgender Group but there was a problem with the venue so this will be re-arranged. SL is keen to attend the meeting so that he can respond to concerns which were raised at the previous meeting. Awareness training is taking place with GP frontline staff at their in-house training events. A paragraph will appear in Bitesize to remind GP's that they are not to start prescribing until the guidelines have been agreed.</p>	SL
	<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 & 16/219 & 16/231</p> <p>Waste Management Campaign</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 14/09/16 – Item 16/219</u></p> <p>Campaign is ongoing.</p> <p>Training for pharmacies with regards to repeat dispensing on EPS is on hold at the moment as NHS Digital have already provided this training.</p> <p>With regards to GP surgeries who are discontinuing third party ordering – 56% of surgeries have now introduced this and two more will also commence next month. Age UK had expressed concerns and SL had attended a meeting recently and there is a lot of mis-information being given out by pharmacies. Most practices have opened up a phone line for vulnerable patients/carers to re-order prescriptions. Leaflets had been given to Age UK to clarify the situation. Carers Groups have also expressed concerns and it was agreed that SL would contact Councillor Jeanette Mallinder who is the Carers Champion.</p>	SL
	<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</p>	

	<p>16/118 (Minutes Not Reviewed) & 16/134 & 16/151 & 16/163 & 16/179 & 16/194 & 16/205 & 16/219 & 16/231</p> <p>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</p> <p><u>Historical Information Now Deleted. Last appeared in Minutes dated 14/09/16 – item no 16/219</u></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><i>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.</i></p> <p><i>AG would be carrying out the audit within her practice and she would be asking other 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.</i></p> <p><i>AG had discussed the audit at the Rother Valley Locality meeting and practices were to contact her if they were interested in taking part. The audit will look at the notification of fragility fractures and secondary prevention.</i></p> <p>LM said that she is currently working on the Osteoporosis SCP and has a draft Pathway which she agreed to share with AG/RN for their comments.</p>	LM
	<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 & 16/219 & 16/231</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 & 16/219 & 16/231</p>	

	<p>Melatonin for Sleep Disorders in Children</p> <p><u>Historical Data Deleted – Last appeared in Minutes Dated 14/09/16 – Item 16/219</u></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 response.</i></p> <p><i>LM was awaiting a response from Dr Suri. There was ongoing concern regarding prescribing of Melatonin for young people who are discharged from paediatric services. RS commented that the issue had been taken to RMOG and RDaSH would not engage in producing a joint process with the acute Trust. It was agreed that this needed further discussion at APC and that Dr Suri should be invited to attend. It was also agreed that MMT would provide practice data for prescribing of Melatonin for the APC meeting.</i></p> <p><i>LM was still waiting for a response to her email to Dr Suri. A request had been made for Dr Suri to attend an APC meeting but this hasn't happened yet. AG/SL will email Osman Chohan to make a further request to see if Dr Suri can attend the November meeting to discuss. LM agreed to collate practice data and would attach this to the SCP. APC would also be informed that we would be switching patients over to Circadin.</i></p>	<p>AG/SL</p> <p>LM</p>
	<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 & 16/219 & 16/231</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><i>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.</i></p> <p>Ongoing.</p>	
	<p>16/194 & 16/205 & 16/219 & 16/231</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>GB has prepared a paper for OE and is currently awaiting a date to attend OE to present it. AG would ask for this to be added to the agenda for SCE.</p>	<p>AG</p>
	<p>16/174 & 16/179 & 16/194 & 16/205 & 16/219 & 16/231</p> <p>ADHD Branded Generics <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><i>RS had sent the relevant documentation to Steve Davies at RdaSH which recommended prescribing of Xenidate. Steve Davies was to discuss with RdaSH consultants and RS was awaiting a response.</i></p> <p>Ongoing.</p>	
	<p>16/181 & 16/179 & 16/194 & 16/205 & 16/219 & 16/231</p> <p>Prescribing of Anti-epileptic Medication in Doncaster – SL <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 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.</i></p> <p><u>AGENDA ITEM 6 – 17/08/16</u></p> <p><i>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.</i></p> <p><i>First meeting has now been set-up. JW will lead and provide updates at future meetings.</i></p> <p><i>JW reported that a meeting date had been set for a South Yorkshire CCG meeting and this would be attended by Rotherham, Doncaster, Sheffield and Barnsley.</i></p>	

	<p>A meeting had taken place recently. Barnsley and Sheffield have a SCP already and these are being used, although they are out of date. Rotherham and Doncaster are in a different position and are trying to see if there's any need to have a SCP. Rotherham and Sheffield use the Epilepsy Liaison Service and JW has agreed to look at how this is set-up and how it is proportioned etc. It is likely that a guideline will be developed rather than a SCP. After discussion it was decided that the SCP for Barnsley/Sheffield would be tweaked and ratified for Rotherham and the traffic light system will need to be amended with regards to the new drugs. JW agreed to action this.</p>	<p>JW</p>
	<p>16/207 & 16/219 & 16/231</p> <p>Yorkshire and the Humber Monthly Financial Headlines – June 2016 <i>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.</i></p> <p>On agenda.</p>	
	<p>16/208 & 16/219 & 16/231</p> <p>Medicines Management QIPP Report June 2016 – SL <i>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.</i></p> <p>Remove from minutes.</p>	
	<p>16/209 & 16/219 & 16/231</p> <p>NHS Right Care Commissioning for Value – Respiratory – GB <i>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.</i></p> <p>GB was to take a report to OE regarding the COPD Project.</p> <p>Ongoing.</p>	
	<p>16/210 & 16/219 & 16/231</p> <p>NSAID Risk Reduction Strategy August 2016 – ES <i>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</i></p>	

	<p><i>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 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.</i></p> <p>An article was to be included in the next GP Newsletter.</p> <p>Remove from minutes.</p>	
16/220	<p>16/220 & 16/231</p> <p>Rotherham Pharmacy Emergency Supply Service It was agreed to defer this item to the next meeting when SL was present.</p> <p>Remove from minutes.</p>	
16/221	<p>16/221 & 16/231</p> <p>NHS Right Care Commissioning For Value – Cardiovascular It was agreed to discuss the document in more detail when SL was present as he was the lead for Cardiovascular.</p> <p>It was also agreed that SL will discuss the 8 Care Processes for Diabetes at the next meeting.</p> <p>ACTION: JA to agenda for the next meeting ACTION: SL to discuss the 8 Care Process for Diabetes at the next MMC</p>	<p>JA SL</p>
	AGENDA ITEMS	
16/232	<p>Pregabalin Audit Review – GB</p> <p>A talk was given to PLT last year and although there had been good feedback it hadn't made any difference to prescribing levels. GB had looked at PG data and Rotherham is above the national average – nationally the trend is increasing. GB said that it's not just about prescribing cost but about patient safety and it was agreed that GB would write an article for Bitesize which focussed on safety, points to consider before prescribing etc.</p>	
16/233	<p>Breast Cancer and Bisphosphonates – SL</p> <p>SL gave information about a study which had taken place in Sheffield which has been driven by the local Cancer Network whereby Bisphosphonates had been given to patients with breast cancer. SL had commented on the findings and had also researched two more studies which hadn't provided much evidence. Finance have asked SL to do some financial modelling. This will be discussed at Heads of MM's meeting on Friday 30 September but Head of MM at Sheffield won't be there. It is likely that guidelines will be developed rather than a SCP and SL agreed to draft a prescribing guideline and a decision will then need to be made as to whether it is a transfer of work which attracts a</p>	<p>SL</p>

	<p>payment. Will need to be traffic lighted Amber after the guidelines have been written and will need to go to APC in December.</p> <p>With regards to monitoring – question was raised as to whether this could be undertaken at the annual check which is undertaken by the Oncologist and SL agreed to look into this.</p>	<p>SL</p> <p>SL</p>
16/234	<p>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</p> <p>Started the year with a 6.7% cost growth this is now -0.14% the lowest in South Yorkshire The end of year forecast is for a budget underspend which of £900K. Everyone seems to be trending down due to Category M prices. Rotherham is out-performing Sheffield, Doncaster and Barnsley and things are likely to improve further due to increasing numbers of surgeries no longer allowing repeat ordering by third parties. Overall, things are looking good. Actual cost growth is above the England cost growth but is predicted to go below this. Item growth is starting to come down ie 3.4% last year and 2.4% this year and this should come down further due to discontinuation of pharmacy ordering with 12 GP practices equating to 56% of Rotherham’s population having redesign their repeat dispensing processes. PRESCQIPP data– last year we had the highest cost growth and second highest item growth in the cluster (11 CCG’s). Rotherham is now seventh re cost growth. Item growth is second highest but this should come down significantly. Total savings £921,111, This breaks down as follows:-</p> <p>Cat M £676,334 QIPP projects and Branded Generics £244,777</p> <p>Medicines Waste and Self-Care are yet to contribute.</p> <p>AG said that it seems that the strategy we are using and the initiatives which have taken place are starting to show results and the MMT are to be congratulated on this because they have managed to turn things around.</p>	
16/235	<p>Prescribing/Funding Arrangements for Growth Hormone in Children – SL</p> <p>This is a SCP from the Childrens’ Department of the Sheffield Teaching Hospital. This is being prescribed in Rotherham but numbers are quite low and we do not have a SCP/prescribing guidelines in places. The service operates by a home care company who trial this drug with patients and then ask practices for prescription. This is the way that the rest of South Yorkshire works also. SL doesn’t have any concerns as there are not many patients on this drug. It was agreed that the SCP/guidelines would be adopted for Rotherham.</p>	<p>SL</p>
16/236	<p>NICE Update</p> <p>August guidance was reviewed and there was nothing significant to note.</p>	
16/237	<p>Traffic Light</p> <p>16/221</p> <p><i>It was noted that not all ADHD drugs were being flagged as Red although they should all show as Red unless they are included in the shared care protocol. JW would annotate any Reds for Narcolepsy. It was agreed that this needed to be discussed at APC.</i></p>	<p>AG</p>

	ACTION: AG to take to APC August data was reviewed and there was nothing significant to note.	
16/238	Horizon Scanning September 2016 Nothing to note.	
	For Information Barnsley APC Ratified Minutes – no update Barnsley APC Memo – August/September Barnsley APC Report – August and September Doncaster & Bassetlaw APC - no update RDASH MMC Draft Minutes – no update Sheffield Area Prescribing Group – no update	
	ANY OTHER BUSINESS	
16/239	Pop-ups SW went through the changes to the pop-ups ie:- Diprobase – Epimax Doublebase gel – Isomol gel E45 cream – Exocream Ropinirole MR 2,4,6mg – Repinex XL All these were agreed. It was also agreed that where changes occur in between MMC meetings then these should be discussed with the relevant therapeutic lead or SL and the pop-up should be changed straight away and then brought to the MMC meeting for ratification.	
16/240	Items for APC, Items for Escalation or Additions to the Risk Register None discussed.	
16/241	Date and Time of next Meeting: The next meeting will be held on Wednesday 12 October 2016 from 9.00am to 11.00am in Cedar Room, Oak House. Agenda Deadline: By close of play on Friday 7 October 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	
08/07/2015	15/88	Anti-emetic Guidelines and Gaviscon Advance	

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
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	

RATIFIED