

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00am to 11.00am
	Date:	Wednesday 12 October 2016
	Venue:	Cedar Room, Oak House
	Reference:	AG/JAA
	Chairman:	Avanti Gunasekera

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

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

	Agenda Items and Action Points	Action
1	Apologies Ravi Nalligounder, Alun Windle	
2	Declarations of Interest None declared.	
3	Minutes of the Meeting held on 28 September 2016 Minutes were accepted as a true record.	
4	Matters Arising	
4.1	EPS (Electronic Prescription Service) It was unlikely that Kiveton Park would go live with EPS. Discussions are ongoing with Wickersley and we are hopeful that they may become live in the future. Usage is increasing and this should increase further due to practices taking the decision to stop repeat ordering by Pharmacies.	
4.2	Anticoagulation Previous Minute <i>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.</i> TRFT colleagues felt that a warfarin PGD does not meet the basic requirements of a PGD and therefore it was decided that a separate guideline would be drafted by Tracey Taylor in consultation with the haematology VTE lead consultant, Dr Alfred and brought to a future APC.	AG
4.3	Prescribing Responsibility for Transgender Medications Previous Minute <i>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</i>	

	<p><i>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.</i></p> <p>A paragraph will be going into Bitesize this month. There had been an article in the local press reporting a fivefold increase in the number of children who are accessing transgender services in Sheffield, however, numbers in Rotherham are stable, ie currently 5 children.</p>	
4.4	<p>Waste Management Campaign</p> <p>Campaign ongoing – AG is due to speak to the Advertiser about the waste campaign and the practices that have taken the decision to stop repeat ordering of prescriptions by Pharmacies. A survey monkey has also been prepared and this is being sent out by voluntary organisations ie carers, older people etc to gain feedback on self-care/prescribing of low-cost drugs.</p>	
4.5	<p>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</p> <p>Previous Minute</p> <p><i>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.</i></p> <p>Ongoing.</p>	LM
4.6	<p>Prescribing Cost Growth</p> <p>Nothing to add.</p>	
4.7	<p>Melatonin for Sleep Disorders in Children</p> <p>Previous Minute</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>Practice data still awaited – LM to action.</p>	LM
4.8	<p>Patient Self Care</p> <p>Ongoing.</p>	
4.9	<p>Proposed Joint CCG – Industry COPD Project</p> <p>GB would be taking a paper to SCE later this morning and would feedback to next meeting.</p>	GB
4.10	<p>ADHD Branded Generics</p> <p>Ongoing.</p>	
4.11	<p>Prescribing of Anti-epileptic Medication in Doncaster – SL</p> <p>Ongoing.</p>	
4.12	<p>NHS Right Care Commissioning for Value – Respiratory – GB</p>	

	GB presenting to SCE later today – would feedback to next meeting.	GB
4.13	<p>Pregabalin Audit Review – GB</p> <p>Previous Minute <i>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.</i></p> <p>Article has now appeared in Bitesize. Remove from minutes.</p>	GB
4.14	<p>Breast Cancer and Bisphosphonates – SL</p> <p>Previous Minute <i>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 payment. Will need to be traffic lighted Amber after the guidelines have been written and will need to go to APC in December.</i></p> <p><i>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.</i></p> <p>SEE AGENDA ITEM 5.1 12.10.16</p>	SL SL SL
	<p>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</p> <p>Previous Minute <i>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:-</i></p> <p><i>Cat M £676,334</i> <i>QIPP projects and Branded Generics £244,777</i></p> <p><i>Medicines Waste and Self-Care are yet to contribute.</i></p> <p><i>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.</i></p> <p>Cost growth is looking very good and SL said that he was mindful of how hard the MMT</p>	

	are working to achieve these results. There is a lot of work being put in and it is pleasing that good results are being achieved. AG said that this will be mentioned at today's SCE meeting.	AG
5	AGENDA ITEMS	
5.1	Guideline Ibandronic Acid in Breast Cancer – SL 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 post-menopausal women with breast cancer to reduce honey mets. SL had commented on the findings and had also researched two more studies which haven't the outcome data to support this. A SCP has come through to us and neighbouring CCG's and Sheffield is the only one so far to have adopted it. There are two options of treatment – one daily dose oral treatment and one six monthly intravenous treatment which would be administered at Weston Park. The costings given in the report use the assumption that people will prefer the daily dosage, however, SL felt that costings will be higher as more patients would prefer the six monthly treatment and we need to do more work on the finances to account for this. A discussion will also need to take place at LMC as there will be a transfer of work which will possibly attract payment. After discussion the Committee approved the SCP from a clinical point of view. SL will work with Finance and Janet Pinder-Sinclair to review the finances. SL would write a short paragraph for Bitesize to let GP's know that this is on the horizon and advise them what to do if they get any requests prior to the SCP being agreed.	SL SL
5.1	NHS Right Care Commissioning for Value – Cardiovascular/Diabetes – SL The document was reviewed and after discussion it was felt that from a prescribing point of view we will look at our anti-anginal medications as the report shows that we are an outlier in that class. SL felt that there could be some wastage in this area due to third party ordering on GTN sprays and there is a possibility of doing a brand switch. Regarding the other prescribing indicators, there are no areas of concern. We note that some of the indicators do not contain all the drugs within that therapeutic group eg anticoagulants and diabetic agents. The CCG outliers on blood glucose testing costs and a major piece of work is currently being done on that. Looking at the cardiovascular and diabetes outcome charts the picture is somewhat confusing with a strong performance on one indicator not corresponding to a related indicator and vice-versa. A discussion was held regarding CCG practice support with QoF data. It was uncertain where in the CCG the monitoring of these indicators lies. AG agreed to discuss this at SCE.	AG
6	NICE Update September's NICE guidance was discussed and there were no items of note. We have had a request for a CCG NICE Associate and it was agreed that SL would pass on JW's name for this.	
7	Traffic Light No update	
8	Horizon Scanning No update	
9	For Information Barnsley APC Ratified Minutes – no update Barnsley APC Memo – no update	

	Barnsley APC Report – no update Doncaster & Bassetlaw APC – August 2016 RDASH MMC Draft Minutes – August 2016 Sheffield Area Prescribing Group – no update	
10	ANY OTHER BUSINESS	
10.1	Prescribing Decision Support Software SL is writing a paper which looks at reinvesting some of the MM monies into Wastage Technicians. Representatives from three prescribing decision support tool companies will be invited to future meetings to give presentations on their software. Scriptswitch (Optum International) have agreed to attend the meeting on 9 November and SW is liaising with the other companies to fix-up dates. AG said she would ask other SCE members if they wanted to join the meeting to listen to the presentation.	AG
10.2	Layout of Minutes Discussion occurred about the format of the minutes and whether we should take off information relating to previous discussions and it was agreed that a simpler format would be better. JA would change the layout of future minutes and use a similar style to SCE minutes.	JA
11	Items for APC, Items for Escalation or Additions to the Risk Register None discussed.	
12	Date and Time of next Meeting: The next meeting will be held on Wednesday 26 October 2016 from 9.00am to 11.00am in Cedar Room, Oak House. Agenda Deadline: By close of play on Friday 21 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	
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	