

<b>Minutes</b>	<b>Title of Meeting:</b>	NHSR Medicines Management Committee Meeting
	<b>Time:</b>	9.00am to 11.00am
	<b>Date:</b>	Wednesday 26 October 2016
	<b>Venue:</b>	Cedar Room, Oak House
	<b>Reference:</b>	AG/JAA
	<b>Chairman:</b>	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  
 Jason Punyer Prescribing Advisor, RCCG  
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
<b>1</b>	<b>Apologies</b> Ravi Nalliagounder	
<b>2</b>	<b>Declarations of Interest</b> None declared.	
<b>3</b>	<b>Minutes of the Meeting held on 12 October 2016</b> Minutes were accepted as a true record.	
<b>4</b>	<b>Matters Arising</b>	
<b>4.1</b>	<b>EPS (Electronic Prescription Service)</b>  Maltby are now live with EPS and repeat prescribing. There have been three definite refusals ie Kiveton Park, Magna and Shakespeare Road. A meeting will be held this week with Wickersley and we are hopeful that they may become live in the future. A discussion took place about the Dispensing Doctors feature which should become available in the near future. Nationally the target for EPS is that 80% of all prescriptions nationally will be done via EPS.	
<b>4.2</b>	<b>Anticoagulation</b>  <u>Previous Minute</u>  <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.</i>  SL said that he is working on the PGD with Tracey.	
<b>4.3</b>	<b>Prescribing Responsibility for Transgender Medications</b>  <u>Previous Minute</u>  <i>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.</i>  SL had attended the Transgender Pop-Up Café meeting the previous evening. There is an	

	<p>issue with Porterbrook Clinic as they see their role as dealing with the psychological issues of transgender patients rather than the clinical issues so they are saying that if any of the blood results come back out of range then they will refer back to endocrinology. SL, therefore, spoke to Dr Frank who was reluctant to carry out the endocrinology. There is an Endocrinologist, Dr Bennett, in Sheffield who has experience of working with transgender patients and SL will be asking whether he would be willing to undertake the endocrinology requirements for all the transgender patients in South Yorkshire. SL will be taking the SCP to the next Heads of MMT meeting for agreement. Once this has been agreed it will be shared with GP's. The group had some concerns about the language used in the SCP and the terms they suggested using would not be understood by GP's, therefore, there might need to be a glossary, however, SL pointed out that it's not about the language used, it's more about clinical procedures/practices to be followed by GP's.</p>	
<b>4.4</b>	<p><b>Waste Management Campaign</b>  <b>Previous Minute</b>  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> <p>Ongoing</p>	
<b>4.5</b>	<p><b>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</b></p> <p><b>Outstanding Action Item from Previous Minutes</b></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>	LM
<b>4.6</b>	<p><b>Melatonin for Sleep Disorders in Children</b></p> <p><b>Action Item from Previous Minutes</b></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
<b>4.7</b>	<p><b>Patient Self Care</b></p> <p>Ongoing.</p>	
<b>4.8</b>	<p><b>Proposed Joint CCG – Industry COPD Project</b></p> <p>GB had taken this to the SCE meeting and it hadn't been well received with some GP's stating that if we agreed this project then what would stop other drug companies coming forward and they felt that as the nurse would be paid for by the drug company then they would favour their products. They felt that the nurse would be indirectly influenced to promote the drug company's inhalers. Ruth Nutbrown agreed to take the item to OE – SL will provide feedback at the next meeting.</p>	SL
<b>4.9</b>	<p><b>ADHD Branded Generics</b></p> <p>Ongoing.</p>	
<b>4.10</b>	<p><b>Prescribing of Anti-epileptic Medication in Doncaster – SL</b></p>	

	<p>JW said that Gary Barnfield from Barnsley has taken the out of date SCP's from Barnsley and Sheffield to the Neurologist at Sheffield to see if they can be merged into one document. They preferred the Barnsley version. JW needs to go through the document but pointed out that it will be just an guideline document rather than a SC protocol as Sheffield Neurologists don't want the Epilepsy Nurses to do any of the prescribing. It was agreed that JW would bring the document back to the next meeting once she has been through it. We then need to look into what we are currently commissioning and and do an exercise about what we need to commission/what GP's would prefer etc.</p>	JW
4.11	<p><b>Breast Cancer and Bisphosphonates – SL</b></p> <p><b>Previous Minute</b>  <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 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.</i></p> <p><i>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.</i></p> <p>SCP has been approved – we are now looking at the finances but it is going to be difficult to find the money to make it happen as it attracts extra payments.</p>	
4.12	<p><b>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</b></p> <p><b>Previous Minute</b>  <i>Cost growth is looking very good and SL said that he was mindful of how hard the MMT 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.</i></p> <p>August data isn't as good as July's data as July was a five week month so this skewed the data slightly. Still trending downwards but no concerns. SL agreed to circulate the August date.</p>	AG  SL
4.13	<p><b>NHS Right Care Commissioning for Value – Cardiovascular/Diabetes – SL</b></p> <p><b>Previous Minute</b>  <i>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 outlies 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.</i></p> <p>Nothing to add.</p>	

<b>5</b>	<b>AGENDA ITEMS</b>	
<b>5.1</b>	<p><b>Colloidal Oat and Aproderm Cream</b></p> <p>JP said that the above Aproderm colloidal oatmeal cream is a cheaper alternative to Aveeno ie a £0.70 saving on a 500g tub. We currently spend £140K on Aveeno annually so there would be potentially big savings to be made with a product switch. Dermatology have been testing this and to be honest it isn't as good as Aveeno and patients who have switched over to it have also said they don't like it and asked to go back to Aveeno. After discussion it was decided that rather than switching patients and then having to switch them back it that we would adopt it in the formulary for new patients and take Aveeno off the formulary. It was agreed that JP would try to obtain samples of all formulary emollients and these would be issued to GP's at the next PLT with a copy of the guidelines.</p>	<b>JP</b>
<b>5.2</b>	<p><b>Rotherham CCG DRAFT Good Practice Guidance for Care and Nursing Homes on Expiry Dates of Medicines</b></p> <p>JP shared a copy of the guidelines which he had drawn-up using the Sheffield Guideline and they gave advice on when to dispose of medications like emollients etc in nursing homes as he had found that care homes were disposing of medications when they were perfectly OK to continue to use ie creams in pump dispensers etc. After discussion, members were happy with the guidelines and it was agreed that they would be emailed to care homes, pharmacies and GP surgeries.</p>	<b>JP</b>
<b>5.3</b>	<p><b>Prescribing Decision Support Software</b></p> <p><b>Previous Minutes</b>  <i>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.</i></p> <p>AG had spoken to Jason and Anand have said they would attend this meeting.</p>	
<b>6</b>	<p><b>NICE Update</b></p> <p>No Update</p>	
<b>7</b>	<p><b>Traffic Light</b></p> <p>Dapoxetine for Premature Ejaculation - after discussion it was decided that this would be left as Amber. Dosage would be four which is the standard unless patients request higher dose and this seems reasonable then this is OK.</p>	
<b>8</b>	<p><b>Horizon Scanning</b></p> <p>No update</p>	
<b>9</b>	<p><b>For Information</b></p> <p>Barnsley APC Ratified Minutes – no update  Barnsley APC Memo – no update  Barnsley APC Report – no update  Doncaster &amp; Bassetlaw APC – no update  RDASH MMC Draft Minutes – 16 September  Sheffield Area Prescribing Group – no update</p>	
<b>10</b>	<b>ANY OTHER BUSINESS</b>	

<p><b>10.1</b></p>	<p>Julie Kitlowski joined the meeting to cover the following item</p> <p><b>CCG Relationships with:-</b></p> <ul style="list-style-type: none"> <li>• <b>LPC</b></li> <li>• <b>Pharmaceutical Companies</b></li> <li>• <b>TRFT</b></li> </ul> <p>LPC – SL had attended a LPC meeting recently and had felt that the meeting was OK. Over the next 12 months there are initiatives like GP surgeries stopping third party ordering etc which could mean there could be difficult relationships. Possible changes to the Minor Ailment Scheme – there is a national scheme which is going to be introduced soon and this will mean that our scheme will need to be reviewed.</p> <p>There is possibly going to be a National Emergency Drugs Supply Scheme in the pipeline. SL/AG felt that any proposed changes were in-line with the new Emergency Centre signposting model. A representative from 111 will be coming to the next meeting to discuss issues they have experienced with the Minor Ailment Scheme.</p> <p>TRFT – Drugs and Therapeutics Meeting and Area Prescribing Meetings have now been combined which is much better as there are more consultants etc attending the meetings so things are being progressed quicker.</p> <p>SL has had comments from GP’s that they are drowning under the number of requests for NOMAD’s. SL has spoken with Jane Newton in Continuing Care about this re the contracts with care agencies. JK suggested that any conversations need to be shared with Ian Carey who is part of the Village Pilot as this is something which the project is trying to address.</p> <p>JK has the name of a contact person who is setting-up training for healthcare assistants in care homes and NOMADs is something which could be added onto the training programme.</p>	<p>SL</p> <p>SL</p>
<p><b>11</b></p>	<p><b>Items for APC, Items for Escalation or Additions to the Risk Register</b></p> <p>None discussed.</p>	
<p><b>12</b></p>	<p><b>Date and Time of next Meeting:</b> The next meeting will be held on <b>Wednesday 9 November 2016</b> from 9.00am to 11.00am in Cedar Room, Oak House.</p> <p><b>Agenda Deadline: By close of play on Friday 4 November 2016.</b></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 &amp; 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	

<b>Week last appeared</b>	<b>Item last appeared</b>	<b>Item to be brought back for discussion when appropriate</b>	<b>Last action</b>
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