

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00am to 11.00am
	Date:	Wednesday 9 November 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
 Jason Punyer Prescribing Advisor, RCCG
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
1	Apologies – none received	
2	Declarations of Interest None declared.	
3	Minutes of the Meeting held on 26 October 2016 Minutes were accepted as a true record.	
4	Matters Arising	
4.1	<p>EPS (Electronic Prescription Service)</p> <p><i>Previous Minutes</i> 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.</p> <p>Five practices have not agreed to go live – Wickersley, Kiveton Park, Shakespeare Road, Magna and Brookfield. JP has a meeting set up with Wickersley and is hopeful that they will agree to go live.</p>	
4.2	<p>Anticoagulation</p> <p><u>Previous Minute</u></p> <p><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></p> <p><i>SL said that he is working on the PGD with Tracey.</i></p> <p>SL will be meeting with Rachel Garrison/Becky in Finance as there is an issue with the finances because the haematology service was funded on activity and now a lot of activity has been taken back into primary care and it has left a funding gap and we need to look at</p>	

	implications.	
4.3	<p>Prescribing Responsibility for Transgender Medications</p> <p>Previous Minute <i>SL had attended the Transgender Pop-Up Café meeting the previous evening. There is an 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.</i></p> <p>SL needs to take a final look at the policies and will be passing these back to Grunier at Porterbrook who has agreed to talk to the Dr Bennett on our behalf. The way forward will be to ask Dr Bennett to see all of the patients in the first instance.</p>	
4.4	<p>Waste Management Campaign</p> <p>Previous Minute <i>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.</i></p> <p>AG's article had been well received. The first of a regular column will appear in this week's Advertiser re coughs/colds/self-care etc.</p> <p>Have currently got 11 practices who wish to take part in Stage 2 of the Stopping Third Party Ordering will be doing it in three stages – stage 2a to commence on 1 Feb, Maltby 2b on 1st March and Dinning/Swallownest on 1 April. In total there will then be 21 of our practices who will have decided to stop third party ordering.</p> <p>JW told members that she had been contacted by a pharmacy who was concerned about vulnerable patients who do not have family members who can order for them. The Caring Agency they use are unwilling to let their carers order medications for their clients. The pharmacy felt this was a safeguarding issue. This was discussed at length and it was decided that a Working Group would be set-up to look at this issue in detail. It was proposed that Jane Newton from NHSE be invited to take part as she negotiates the contracts with care organisations, a representative from RMBC and a practice manager. SL will ensure this group is set-up.</p> <p>A paper regarding the appointment of Medicines Waste Technicians would be taken to SCE/OE next week and if agreed then members felt this could be possibly be part of their role.</p>	SL
4.5	<p>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</p> <p>Outstanding Action Item from Previous Minutes</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
4.6	Melatonin for Sleep Disorders in Children	

	<p>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.</p> <p>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.</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>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</p> <p><u>Previous Minute</u> 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> <p>SL said the SCP had been approved and added to Shared Care LES. It had been sent to the LMC and needs a response to say they are happy with the proposals. SL will put a paragraph in Bitesize once LMC approval has been received.</p>	<p>SL</p> <p>SL</p>
4.13	<p>NHS Right Care Commissioning for Value – Cardiovascular/Diabetes – SL</p> <p><u>Previous Minute</u> 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.</p> <p>Nothing to add.</p>	
4.14	<p>Colloidal Oat and Aproderm Cream</p> <p><u>Previous Minutes</u> 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> <p>JP had obtained the samples and these would be taken to the PLT Event on 10 November.</p>	<p>JP</p>
4.15	<p>Rotherham CCG DRAFT Good Practice Guidance for Care and Nursing Homes on Expiry Dates of Medicines</p> <p><u>Previous Minutes</u></p>	

	<p><i>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.</i></p> <p>Guidelines had now been distributed – remove from minutes.</p>	JP
4.16	<p>Prescribing Decision Support Software</p> <p>Previous Minutes <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> <p>Presentation of Scriptswitch which was due to happen at the meeting today had been cancelled. SL had been advised to visit Wakefield to see the system in operation. SL/SW had been advised that OptimiseRx might be a more sophisticated tool but we questioned whether we wanted something more sophisticated and it may be better to go for a cheaper option which isn't as sophisticated. SL and SW will be visiting Wakefield to look at Scriptswitch and would report back. We will also look at the other two systems ie Optimize Rx and Stopstart and presentations will be given at meetings over the coming weeks.</p>	SL/SW
4.17	<p>Julie Kitlowski Attendance re CCG Relationships with:- Previous Minutes</p> <ul style="list-style-type: none"> • LPC • Pharmaceutical Companies • TRFT <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. 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>	SL SL
5	AGENDA ITEMS	
5.1	NHS Right Care Commissioning for Value Focus Pack - Musculoskeletal Conditions; Trauma	

	<p>and Injuries</p> <p>ES/LM had gone through the document and the following points came out of the discussion at the meeting ie:-</p> <ul style="list-style-type: none"> • Volume of NSAIDs and rubs to be reviewed as part of the wastage project. • Gout guidelines re Febuxostat required – ES would produce these. • Osteoporosis Pathway – this is already being discussed by LM/AG and would continue as a high priority. <ul style="list-style-type: none"> • Data needs to be taken to TRFT regarding coding, especially high hip replacement and some fractures of low bisphos and other prescriptions. • Excellent that tramadol is lower than best 5. 	<p>ES</p> <p>LM/AG</p>
<p>5.2</p>	<p>Rotherham Emergency Supply Service – Karen Sellars attending for Andrew Cooke, Service Development & Relationship Manager (NHS111) – Yorkshire Ambulance Service Karen has worked on the West Yorkshire Emergency Supply Scheme</p> <p>Nick Hunter from the LPC had been invited to the meeting but had been in contact to say he was unable to attend.</p> <p>After the August Bank Holiday emergency supply scheme RZ had been contacted by NHS 111 to say that there had been three patients who they had referred to a pharmacy and the pharmacy had told the patient they knew nothing about the scheme. Patient had then had to go back to NHS111. RZ had contacted the pharmacies concerned to confirm that they were aware that they were able to prescribe in emergency situations. NHS111 were seeking permission to remove these pharmacies from the list as it was resulting in inconvenience to the patient and extra work for NHS111.</p> <p>Members were disappointed that after Community Pharmacies complaining that we don't commission anything from them when we had commissioned something and this had been widely communicated then the high number of bounce-backs was unacceptable.</p> <p>There will be a new National Emergency Supply Scheme which will be introduced at the beginning of December and this will cover evenings, weekends and bank holidays. Karen had come along to the meeting as a similar scheme is already in operation in West Yorkshire and she went through the statistics and explained how the scheme operates and this information fed into the discussion.</p> <p>The National Emergency Scheme will be put into place on 1 December 2016 and our scheme will then be retired. However, if the new scheme is not up and running for December then we will set-up a system whereby there will only be one pharmacy who will operate the scheme in each of the main localities. In this instance the pharmacies will be chosen by asking the LPC will for expressions of interest.</p>	
<p>6</p>	<p>NICE Update</p> <p>October 2016 – nothing of note.</p>	
<p>7</p>	<p>Traffic Light</p> <p>Nothing to add.</p>	
<p>8</p>	<p>Horizon Scanning</p>	

	No update	
9	For Information Barnsley APC Ratified Minutes – no update Barnsley APC Memo – October 2016 Barnsley APC Report – October 2016 Doncaster & Bassetlaw APC – no update RDASH MMC Draft Minutes – no update Sheffield Area Prescribing Group – no update	
10	ANY OTHER BUSINESS	
	Top Tips – Links Some of the links on Top Tips weren't working ie around Diabetes and Menopause. AG would speak to Debbie Taylor about this.	AG
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 23 November 2016 from 9.00am to 11.00am in Cedar Room, Oak House. Agenda Deadline: By close of play on Friday 18 November 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	