

<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 23 November 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:** Paula Whitehurst (PW) Prescribing Technician, RCCG  
 Ravi Nalligounder GP  
 Jason Punyer Prescribing Advisor, RCCG  
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
1	<b>Apologies</b> – Judith Wilde, Alun Windle, Sue Cassin	
2	<b>Declarations of Interest</b> None declared.	
3	<b>Minutes of the Meeting held on 23 November 2016</b> Minutes were accepted as a true record.	
4	<b>Matters Arising</b>	
4.1	<b>EPS (Electronic Prescription Service)</b>  <i>Previous Minutes</i> 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.  Ongoing.	
4.2	<b>Anticoagulation</b>  <i>Previous Minute</i> 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 implications.	
4.3	<b>Prescribing Responsibility for Transgender Medications</b>  <i>Previous Minute</i> SL needs to take a final look at the policies and will be passing these back to Dr Oakley 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.  SL has now reviewed the policy and this is now back with Dr Oakley.	
4.4	<b>Waste Management Campaign</b> <i>Previous Minute</i> 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>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 1<sup>st</sup> 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> <p>The paper had been taken to SCE last week with regards to spending some of the savings from the waste campaign to appoint Pharmacy Technicians and to buy ScriptSwitch. It was felt that more evidence was needed to support stopping the QIS (Quality Incentive Scheme).</p>	SL
4.5	<p><b>Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15</b></p> <p><b>Outstanding Action Item from Previous Minutes</b></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> <p>Nothing to progress for now.</p>	LM
4.6	<p><b>Melatonin for Sleep Disorders in Children</b></p> <p><b>Action Item from Previous Minutes</b></p> <p>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.</p> <p>Practice data still awaited – LM to action.</p> <p>Ongoing – awaiting a response from Dr Suri to AG email.</p>	LM AG
4.7	<p><b>Patient Self Care</b></p> <p><b>Previous Minutes</b></p> <p>Met with Gordon Laidlaw and we're now awaiting ideas from Creative Media company.</p> <p>Ongoing.</p>	
4.9	<p><b>ADHD Branded Generics</b></p> <p><b>Previous Minutes</b></p> <p>Post meeting note - RS is liaising with RDaSH to explore potential branded generic switch.</p> <p>Ongoing.</p>	
4.10	<p><b>Prescribing of Anti-epileptic Medication in Doncaster – SL</b></p> <p><b>Previous Minutes</b></p> <p>JW had gone through the SCP and had sent this back to Gary and generally she didn't have any issues</p>	

	<p>with it. Protocol says that if GP's are uncomfortable prescribing something then the consultant will do this and in Barnsley and Sheffield who have already passed the SCP, this isn't happening. JW questioned whether she should point this out prior to the SCP being passed and it was agreed that this should be clearly pointed out beforehand. It was felt that it would be a good idea if the working group continued to meet to look into the cases where patients are referred back to their GP by the consultant.</p> <p>Ongoing.</p>	JW
4.11	<p><b>Breast Cancer and Bisphosphonates – SL</b></p> <p><b>Previous Minute</b> 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> <p>SCP has been uploaded to the internet and a paragraph has appeared in Bitesize. It has also been shared with the LMC and SL has received verbal feedback that it has been well received – SL would follow this up and ask for confirmation. The payments element and how the SCP will be implemented now needs to be agreed and Janet Pinder-Sinclair is dealing with this.</p>	SL
4.12	<p><b>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</b></p> <p><b>Previous Minute</b> 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 went through the data and this was discussed. The reduction in cost growth is heading in the right direction and the CCG is forecast to underspend it's prescribing budget at the end of the year.</p>	SL
4.13	<p><b>NHS Right Care Commissioning for Value – Cardiovascular/Diabetes – SL</b></p> <p><b>Previous Minute</b> 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>Right Care Commissioning for Value had been discussed at SCE last week and it had been agreed that there would be a Lead GP for each of the areas – see link for details.</p>	 GP Portfolios - Nov 2016.doc
4.14	<p><b>Colloidal Oat and Aproderm Cream</b></p> <p><b>Previous Minutes</b> 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>	JP

	<p>JP had obtained the samples and these would be taken to the PLT Event on 10 November.</p> <p>Ongoing. Samples had been distributed at the PLT event and this had gone well. JP is awaiting confirmation of price.</p>	
<b>4.16</b>	<p><b>Prescribing Decision Support Software</b></p> <p><b>Previous Minutes</b>  <i>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.</i></p> <p><b>Ongoing.</b></p>	<b>SL/SW</b>
<b>4.17</b>	<p><b>Julie Kitlowski Attendance re CCG Relationships with:-</b></p> <p><b>Action Items from Previous Minutes</b>  <i>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.</i></p> <p><i>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.</i></p> <p>Ongoing.</p>	<p>SL</p> <p>SL</p>
<b>4.18</b>	<p><b>NHS Right Care Commissioning for Value Focus Pack - Musculoskeletal Conditions; Trauma and Injuries</b></p> <p><b>Previous Minutes</b>  <i>ES/LM had gone through the document and the following points came out of the discussion at the meeting ie:-</i></p> <ul style="list-style-type: none"> <li>• <i>Volume of NSAIDs and rubs to be reviewed as part of the wastage project.</i></li> <li>• <i>Gout guidelines re Febuxostat required – ES would produce these.</i></li> <li>• <i>Osteoporosis Pathway – this is already being discussed by LM/AG and would continue as a high priority.</i> <ul style="list-style-type: none"> <li>• <i>Data needs to be taken to TRFT regarding coding, especially high hip replacement and some fractures of low bisphos and other prescriptions.</i></li> </ul> </li> <li>• <i>Excellent that tramadol is lower than best 5.</i></li> </ul> <p>Update on actions to be given at next meeting.</p>	<p>ES</p> <p>LM/AG</p>
<b>5</b>	<p><b>AGENDA ITEMS</b></p> <p><b>Antibiotic Protocol – JP</b>  This was discussed, see link to document. Protocol had been taken to RMOG for agreement. Protocol covers three drugs ie Fosfomycin, Linezolid/tedizolid and Fidaxomycin. These three drugs are not widely available in community pharmacies due to high cost, protocol has been developed to ensure patients have access to these drugs if their community pharmacist has not gone them in stock. Members were happy with the protocol and felt that it was clear</p>	 Enc 2 Antibiotic Protocol.pdf

	and understandable.	
<b>6</b>	<p><b>Third Party Ordering Update – SL</b></p> <p>Phase 2 will commence soon – 13 practices will be discontinuing this. By 1 April 2017 there will be a total of 25 out of 31 practices which will have discontinued third party ordering – see link to list of practices. Online ordering has increased by 15% from last April. There had been an issue with one pharmacy who had been given permission by the patient to order the medications for them – the patient had given them their passwords etc. The same pharmacy had requested medications for five patients all at the same time which had prompted the JW to query them. This raised concerns regarding safeguarding/patient confidentiality and the pharmacy being able to access personal health records and whether the patient had been fully informed etc. Discussion occurred about this and it was agreed that SL would contact Shirley Edwards the Pharmacy Inspector to discuss.</p>	 Practices Stopping Third Party Ordering.d  SL
<b>6</b>	<p><b>NICE Guidelines</b></p> <p>No Update</p>	
<b>7</b>	<p><b>Traffic Light</b></p> <p>Nothing to add.</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 – 16 October 2016  RDASH MMC Draft Minutes – no update  Sheffield Area Prescribing Group – no update</p>	
<b>10</b>	<p><b>ANY OTHER BUSINESS</b></p>	
	<p><b>Article in Pulse Magazine</b></p> <p>RS had sent SL the link to a recent article in Pulse magazine (see link below) regarding Somerset CCG who have introduced an extensive list of medications which they no longer prescribe. Discussion occurred around this and it was decided that we would launch our “Self-Care” campaign and see how it is received.</p> <p><a href="http://www.pulsetoday.co.uk/clinical/prescribing/gps-told-to-stop-prescribing-for-minor-illnesses/20033304.article">http://www.pulsetoday.co.uk/clinical/prescribing/gps-told-to-stop-prescribing-for-minor-illnesses/20033304.article</a></p>	
<b>11</b>	<p><b>Items for APC, Items for Escalation or Additions to the Risk Register</b></p> <p>None discussed.</p>	
<b>12</b>	<p><b>Date and Time of next Meeting:</b> The next meeting will be held on <b>Wednesday 7 December 2016</b> from 9.00am to 11.00am in Cedar Room, Oak House.</p> <p><b>Agenda Deadline: By close of play on Friday 2 December 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	

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