

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>NHSR Medicines Management Committee Meeting</b>
	<b>Time:</b>	<b>9.00am to 11.00am</b>
	<b>Date:</b>	<b>Wednesday 21 December 2016</b>
	<b>Venue:</b>	<b>Cedar Room, Oak House</b>
	<b>Reference:</b>	<b>AG/JAA</b>
	<b>Chairman:</b>	<b>Avanti Gunasekera</b>

**Present:** Avanti Gunasekera (Chair) (AG) GP, Commissioning Executive, RCCG  
 Stuart Lakin (SL) Head of Medicines Management, RCCG  
 Alun Windle (AW) Safeguarding Adults and Quality Lead, RCCG

**In attendance:** Paula Whitehurst (PW) Prescribing Technician, RCCG  
 Judith Wilde (JW) Pharmacy Advisor, RCCG  
 Raz Saleem (RS) Pharmacy Advisor, RCCG  
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	<b>Agenda Items and Action Points</b>	Action
<b>1</b>	<b>Apologies</b> Ravi Nalligounder	
<b>2</b>	<b>Declarations of Interest/Conflicts of Interest</b> None declared.	
<b>3</b>	<b>Minutes of the Meeting held on 7 December 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> <u>Previous Minutes</u> <i>Wickersley now have a go live date in January. There are only four other practices remaining and it is unlikely that they will go live.</i>  Kiveton Park and Magna are now the only practices who are unlikely to sign-up. Discussion took place about this and issues regarding patient choice. This would be discussed further in the New Year.	
<b>4.2</b>	<b>Anticoagulation</b> <u>Previous Minute</u> <i>Anticoagulation Meeting will be held on Friday 9 November 2016 – SL would feedback.</i>  SL reported back from the Anticoagulation meeting – there are some issues that have been raised recently ie we have been told that one practice recently referred three patients in a row to the community service for blood monitoring and were refused due to the Community Service not having sufficient capacity. The practice nurses at the practice had to change their car insurance to enable them to do home visits. It also appears that the Community Nurses are sending out Phlebotomists to do the testing and the phlebotomists aren't trained to do near patient testing so they are doing venous sampling. Community Nurses are being funded to do near patient testing and they should be doing this. SL has had an email from Helen Hutchinson and she has told him that she will look into this. If the Community Nurses are not able to fulfil their role then near patient testing may need to be taken back into practices if they have the capacity to do this. SL would continue to liaise with Helen and	<b>SL</b>

	would update at the next meeting.	
<b>4.3</b>	<p><b>Prescribing Responsibility for Transgender Medications</b></p> <p><b>Previous Minute</b>  <i>SL needs to take a final look at the policies and will be passing these back to Dr Coakley 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.</i></p> <p><i>SL has now reviewed the policy and this is now back with Dr Coakley.</i></p> <p>Ongoing.</p>	
<b>4.4</b>	<p><b>Waste Management Campaign</b></p> <p><b>Previous Minute</b>  <i>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).</i></p> <p><i>The paper that went to SCE wasn't agreed but SL had subsequently spoken to Finance but end of year non-recurrent money might still be available. Gordon had prepared a column for AG for the Advertiser and the key message was about not ordering medications needed over Christmas too early. This will appear in the Advertiser on 9 December 2016.</i></p> <p><i>Third party ordering – a further six practices will have discontinued third party ordering by February 2017. SL had been invited to attend the LMC meeting on 12 January 2017 regarding issues re vulnerable patients. SL said that issues had occurred in areas where pharmacies hadn't co-operated. The Superintendent of one pharmacy chain had emailed SL with several points relating to one of their practices and SL is liaising with him about these issues. There have been three complaints, two of which were from MP's. Letters have been sent and Sarah Champion responded very positively to the letter and was very supportive of the Rotherham initiatives and asked if she could pass the letter on to the Shadow Secretary for Health. As of 1 April 2017 there will only be four practices who have decided to continue with third party ordering ie Stag, Magna, Brookfield and Greenside.</i></p> <p><i>RN talked about an icon on System 1 repeat dispensing which appears against the side of a PRN drug which is not regularly prescribed. Discussion occurred about this and whether anything could be done to flag up the use of this icon to all other System 1 GPs.</i></p> <p>SL reported that we had a legal challenge to respond to. SL is currently drafting a letter of response. We have also received a letter from an internet pharmacy requesting that they be treated differently to all the other pharmacies – SL is drafting a response to say that internet pharmacies will be treated in the same way as all other pharmacies. A discussion took place about Shakespeare Road practice which has very high levels of BME patients and we talked about posters in community languages etc. A meeting will be arranged with Helen Wyatt/SL/Gordon Laidlaw to discuss how we can reach out to the BME community. SL would organise this.</p>	<p>SL</p> <p>SL</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> <p>Ongoing.</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</i></p>	

	<p><i>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><i>Practice data still awaited – LM to action.</i></p> <p><i>Ongoing – awaiting a response from Dr Suri to AG email.</i></p> <p><i>Currently working with Emma Royle/Richard Cullen regarding proposed funding for sleep clinics by offsetting cost of drugs.</i></p> <p>Ongoing.</p>	<p>LM</p> <p>AG</p>
<b>4.7</b>	<p><b>Patient Self Care</b></p> <p><b><u>Previous Minutes</u></b> <i>Met with Gordon Laidlaw and we're now awaiting ideas from Creative Media company.</i></p> <p>A meeting took place with a lady from a Creative Media Company recently and we talked to her about ideas etc which she has taken away and will come back to us with suggestions etc.</p> <p>Dr Avanthi's Column in the Advertiser – topic for January will be Vitamin D. Talked about possible local radio spots – AG would talk to Gordon.</p>	<p>AG</p>
<b>4.9</b>	<p><b>ADHD Branded Generics</b></p> <p><b><u>Previous Minutes</u></b> <i>Post meeting note - RS is liaising with RDaSH to explore potential branded generic switch.</i></p> <p>A visit to Wakefield CCG has been arranged to look at Scriptswitch. Finance have agreed funding for a 12 month pilot project.</p> <p>Branded generics – a Smart Survey would be undertaken in March asking for views on branded generics. By the end of the year we will have completed 12 – would want views as to whether we stop at 12 or do we carry on.</p>	
<b>4.10</b>	<p><b>Prescribing of Anti-epileptic Medication in Doncaster – SL</b></p> <p><b><u>Previous Minutes</u></b> <i>Post meeting note from JW – JW met with Gary Barnfield and Rob Wise on 30/11/16. The document was discussed and JW suggested some minor changes that needed to be made. JW raised the point which says that consultants will prescribe 1/12 in any circumstance where a GP is uncomfortable doing so and Gary will take this back to the Sheffield Formulary Group which was to meet yesterday (06/12/16). Rob raised the importance of having detailed handover from the specialist nurses and we queried whether they could use a standard proforma so the basic info is always on there and they can free type any additional info. Gary said he will feedback after the Sheffield Formulary meeting.</i></p> <p>Ongoing.</p>	<p><b>JW</b></p>
<b>4.11</b>	<p><b>Breast Cancer and Bisphosphonates – SL</b></p> <p><b><u>Previous Minute</u></b> <i>SL said that the matrix had been sent out last week and the codes would follow. From conversations SL had had with contacts from surrounding CCG's, Rotherham seems to be the only CCG who are offering a payment for this work as other areas see this as an extension of current work.</i></p> <p>From a medicines management point of view this complete.</p>	<p>SL</p>
<b>4.12</b>	<p><b>Yorkshire the Humber Monthly Financial Headlines - July 2016 – SL</b></p>	

	<p>Cost growth is looking good -1.5% predicted underspend by the year end, £667,162.00 underspend which is very positive. These figures are also likely to improve further with the projects which are currently ongoing ie Cat M products, GP surgeries stopping third party ordering etc. It is pleasing to note that RCCG has the lowest predicted cost growth in the whole of South Yorkshire. Our forecast cost growth is -4.62. We have got the lowest forecast cost growth in South Yorkshire and we are out-performing Doncaster, Barnsley and Sheffield and even Wakefield. Our forecast cost growth is below the average for England. Item growth is beginning to decrease and we are currently top of the pack but we are expecting this to drop even further. Overall everything is looking really positive from a finance point of view.</p>	SL
4.13	<p><b>NHS Right Care Commissioning for Value – Cardiovascular/Diabetes – SL</b></p> <p>A discussion had taken place at the Operational Executive meeting on Monday 19 December and work would be focussing on the following three areas – respiratory, mental health and diabetes.</p>	
4.14	<p><b>Colloidal Oat and Aproderm Cream</b></p> <p>It was agreed that CCG Staff would be asked if they have children or family members who would be willing to sample the cream. AG agreed to speak to Ruth Nutbrown about this.</p>	AG
4.16	<p><b>Prescribing Decision Support Software</b></p> <p>Funding had been agreed for a 12 month pilot project. SL had organised a visit to Wakefield to look at Scriptswitch. A presentation from Optimisation Rx Presentation at the last meeting.</p>	
4.17	<p><b>Julie Kitlowski Attendance re CCG Relationships with:-</b>  <u>Action Items from Previous Minutes</u>  <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><i>Discussion took place about the possibility of setting up a group in the New Year to look at the issue administering medications/nomads by healthcare assistants. Alun Windle suggested Sacha Singh, NHSE and Jacqui Clarke, Contracting Lead for the Local Authority be invited to sit on this group. A representative from TRFT will also be invited as they have similar issues with their Community Nursing Team. The remit for the group will be to come up with sensible solutions to some of the common problems in administering medications in a community setting. SL would look into setting up this group in the early New Year.</i></p> <p>Discussion took place about the above and the setting-up of a group to look at administering medications in a community setting. SL said that it was important to remember that the CCG is only responsible for the CCG Contracts. Most patients are discharged from hospital on a NOMAD and the packages of care provided to patients who are discharged from the hospital are by and large services provided by RMBC and they are responsible for liaising with their contractors. SL had been contacted by Jaqui Clarke from RMBC and a meeting is being arranged to discuss. AW also agreed to attend this meeting. SL agreed to set-up the meeting.</p>	SL  SL  SL  SL
4.18	<p><b>Antibiotic Guidelines – JP</b>  <u>Previous Minutes</u>  <i>The guidelines were discussed. Review days were discussed and JP pointed out that review days for</i></p>	

	<p>patients in hospital would be different to primary care and AG/RN felt that GP's would probably stick to the 7 day review, asking patients to return if there were problems. Discussion took place about CRP testing and the machine which is available at Anand Barmade's practice and this isn't being used. It was agreed that AG would liaise with Anand and a pilot would be set-up in another practice to use the machine and monitor difference antibiotic prescribing. Guidelines were ratified and it was agreed that they would be uploaded to the intranet in their current format. GB would be producing a glossy leaflet version but this would take some time, in the meantime GP's could use the electronic version. JP/GB would write a paragraph for Bitesize and arrange for the guidelines to be uploaded to the intranet. JP/GB would feedback costings for the leaflets and, depending on costs, additional copies would be made available for TRFT Community Nurses.</p> <p>GB is now our Antibiotic Guardian and will be auctioning the above items now that JP has left.</p>	<p>AG</p> <p>GB</p> <p>GB/JP</p>
	<b>AGENDA ITEMS</b>	
	<p><b>ACMD Advisory Council on the Misuse of Drugs Reducing Opioid-Related Deaths in the UK, 12th December 2016 Report – SL</b></p> <p>We looked at this report with interest but we struggled to find anything that was relevant to Rotherham but we did realise that we didn't have access to any local information about substance misuse deaths. We agreed to try to find out whether this data is available and whether it relates to any issues around substance misuse/opiate prescribing. SL would contact Terri Roche in Public Health and JA agreed to find out who provides the data which is circulated the CDLIN members.</p>	SL/JAA
6	<p><b>NICE Guidelines</b> November 2016 – CG127 – Hypertension in Adults – Diagnosis and Management – SL agreed to review these guidelines and marry-them up with our own guidelines.</p>	SL
7	<p><b>Traffic Light</b> Nothing to add.</p>	
8	<p><b>Horizon Scanning</b> No update</p>	
9	<p><b>For Information</b> 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 – November 2016 Sheffield Area Prescribing Group – no update</p>	
10	<b>ANY OTHER BUSINESS</b>	
11	<p><b>Items for APC, Items for Escalation or Additions to the Risk Register</b> None discussed.</p>	
12	<p><b>Date and Time of next Meeting:</b> The next meeting will be held on <b>Wednesday 18 January 2017</b> from 9.00am to 11.00am in Cedar Room, Oak House. <b>Agenda Deadline: By close of play on Friday 13 January 2017.</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	On MMC 14/05/2014 & APC 14/05/2014 Needs to be progressed further – SL to speak to RS.
19/03/2014	14/82	Survey Monkey – discharge from prisons	

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