

Minutes	Title of Meeting:	NHSR Medicines Management Committee Meeting
	Time:	9.00am to 11.00am
	Date:	Wednesday 1 February 2017
	Venue:	Cedar Room, Oak House
	Reference:	SL/JAA
	Chair:	Stuart Lakin

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

In attendance: Dr Anthony Darby (Observing) Secondary Care Doctor on the RCCG Governing Body
 Sally Webster Prescribing Technician, RCCG
 Eloise Summerfield (ES) Pharmacy Advisor, RCCG
 Judith Wilde Pharmacy Advisor, RCCG
 Deborah McGarvey (Observing) Admin Assistant, RCCG
 Julie Abbotts (JA) Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
1	Apologies Ravi Nalliagounder, Alun Windle	
2	Declarations of Interest/Conflicts of Interest None declared.	
3	Minutes of the Meeting held on 18 January 2017 Minutes were accepted as a true record.	
4	Matters Arising	
4.1	EPS (Electronic Prescription Service) <u>Previous Minutes</u> <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 financial year.</i> Wickersley Health Centre is due to go live on 2 February which will leave two remaining practices that have not signed up yet.	
4.2	Anticoagulation <u>Previous Minute</u> <i>As per above, SL and Rachel Garrison were working on trying to resolve the issue of why the Community Nurses are not using the equipment that has been purchased and for which they have been paid. SL would continue to progress this and would update at the next meeting.</i> SL has drafted questions for a Smart Survey which is intended to go out to GP's to seek their views regarding how the anti-coagulation service is working. We are continuing to experience problems regarding anticoagulation incidents and in spite of purchasing equipment and providing training to enable nurses to carry out near patient testing, venous sampling is still being undertaken. We recently had a patient that had an INR of over eight and it took two days to get the venous sample results. Discussions are ongoing to resolve this issue.	SL
4.3	Prescribing Responsibility for Transgender Medications	

	<p>Previous Minutes</p> <p><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>There are still a few points of clarification which SL is liaising with Porterbrook about, however, SL is hopeful that the SCP will be completed and shared with GP's by the end of February.</p>	
4.4	<p>Waste Management Campaign</p> <p>Previous Minute</p> <p><i>SL had attended a recent LPC meeting where third party ordering was robustly discussed, particularly regarding vulnerable patients. SL had assured the LPC that practices have systems in place to ensure that vulnerable patients are supported ie dedicated phone lines; one practice also has a system in place to contact patients. SL asked the LPC if they could ask their members to refer any concerns regarding vulnerable patients to the GP practice concerned.</i></p> <p><i>So far the CCG had received three letters directly from patients and two letters from MP's – SL had responded to all of these.</i></p> <p><i>Very early results are showing that practices that have ceased third party ordering achieved an item reduction of -2.8to -5.5%. In practices where third party ordering continues there is an item growth of +3.5%.</i></p> <p>The following practices have ceased third party ordering from today ie Brinsworth, Rawmarsh, Gateway Practices, Thorpe Hesley, Broom Lane and York Road. MMT members are monitoring how well community pharmacies have communicated with patients regarding ceasing of third party ordering.</p>	
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> <p>Ongoing.</p>	LM
4.6	<p>Melatonin for Sleep Disorders in Children</p> <p>Action Item from Previous Minutes</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><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><i>As previously minuted in RMOG, Steve Davies from RDaSH had mentioned that RDaSH consultants had</i></p>	LM AG

	<p>not responded to produce a Rotherham wide shared care procedure.</p> <p>Ongoing.</p>	
4.7	<p>ADHD Branded Generics</p> <p>Previous Minutes</p> <p><i>Proposal to switch from Methalphenate XL to Xenadate, RDaSH engaging with this proposal at MH/LD QiPP. The switch will generate a 33% saving for RDaSH which will be beneficial to us also. GP's would receive instructions via secondary care. The switch will commence once agreement has been reached with consultants.</i></p> <p>Switch to branded generics is going exceedingly well. JW will be leading on Pregablin this month. A Smart Survey will be drafted to ascertain views from GP's on whether they would like to bring in more branded generics.</p>	
4.8	<p>Prescribing of Anti-epileptic Medication in Doncaster – SL</p> <p>Previous Minutes</p> <p><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>JW gave an update – questions and answers and suggested amendments from group members had been distributed around everyone which had meant that progress was slow. JW had suggested that the suggested changes be made to the document and this draft be circulated. Dr Gruenweld wanted to keep Peraldehyde in the SCP, however, JW had stressed that if this is the case then Rotherham wouldn't want to sign-up to a SCP ie RCCG's view is that the secondary care consultant should prescribe the drugs which GP's don't feel happy to prescribe. JW noted that there is a paragraph in the SCP which states that the secondary care consultants will be happy to provide specialist advice/training to GP's and JW is worried because she isn't sure that the consultants fully understand what's in the SCP.</p>	JW
4.9	<p>ScriptSwitch: Assisting Medicines Optimisation in Rotherham CCG - Simon Chipperfield and Richard Clarey</p> <p><i>Simon and Richard gave a very in-depth presentation – see link to presentation opposite. After the demonstration the pros and cons were discussed and it was felt that both systems had features that would be more beneficial than the other. After discussion the following actions were agreed:-</i></p> <p><i>SL/SW would be visiting Wakefield CCG on 26/02/17 to view the Scriptswitch system in operation.</i></p> <p><i>SL/SW would carry out comparison of the two systems.</i></p> <p><i>SL would speak to Simon Chipperfield to see if it is possible to view the Scriptswitch system in practice.</i></p> <p><i>SL wasn't sure whether Doncaster CCG have this system so he would enquire and see if it is possible to visit.</i></p> <p><i>Need to make a decision within 4-6 weeks about which system we will be choosing.</i></p> <p><i>Decision was taken that the system would be rolled out to all GP practices in Rotherham rather than opt for a trial with a small number of practices.</i></p> <p>AGENDA ITEM 5</p> <p>Comparison of Scriptswitch and OptimiseRx</p> <p>SL/SW had visited Wakefield recently to look at Scriptswitch and there had been a presentation on Optimise Rx at the last meeting. SL and SW had subsequently met to discuss the pros and cons of the two systems and which one would work best for</p>	 <p>SL/SW</p> <p>SL/SW</p> <p>SL</p> <p>SL</p>

	<p>Rotherham. SW had prepared a matrix which compared ease of use, functionality, control ie messages etc, reporting, input by MMT, development and support etc and went through the data. After comparing the two systems SL and SW had felt that, Scriptswitch was the better of the two. When they discussed this system with Wakefield they said that it is a good system which works well. Optimise Rx interacts with the clinical systems but it seemed to be a lot more complicated system which wouldn't be as easy for GP's to use and there were a lot of pop-ups which do tend to disengage GP's. Optimise Rx was better value but it was felt that Scriptswitch would be more accepted by GP's. Also, amendments to drugs etc have to be done by Optimise Rx and can take two weeks to complete whereas with Scriptswitch amendments can be done in-house and will appear straightaway.</p> <p>After discussion it was agreed that AG would organise for this to be discussed at SCE asap.</p>	AG
4.10	<p>Diabetes GLP1 Pathways – SL <i>GLP1 – draft went to the recent PLT event and it GP's liked it – suggestion was made as to whether it could be made into an A4 format but after discussion it was felt that there was too much information to be able to condense it into A4 as it would be difficult to read. A few amendments and changes were suggested to make the document clearer to read. SL would make the changes and the document would then go out in the January newsletter.</i></p> <p>Now completed, January newsletter will be going out on 1 February to highlight it. SL has offered to carry out PLT in-house training in GP practices.</p>	SL
4.11	<p>Diabetes Prescribing and Outcome Data – SL It was agreed that SL would look at this separately.</p>	SL
4.12	<p>Pharmacy First Scheme – SL <i>A request had been received from the LPC on behalf of a Pharmacy which was on the border of Rotherham/Doncaster asking if they could join the scheme as they had lots of requests from Rotherham patients. Discussion took place and it was felt that there were several Rotherham Pharmacies within very close proximity where patients could access the scheme. The Committee, therefore, declined the request as it would also set precedence for other pharmacies which also bordered Rotherham. SL would respond to the request.</i></p>	SL
5	AGENDA ITEMS	
5.1	<p>Waste Update On Agenda.</p>	
5.2	<p>Diabetes Prescribing and Outcome Data The GLP Guidelines are now complete and these have been uploaded onto the internet so this work stream is now finalised.</p>	
5.2	<p>RDTC Finance Report – November 2016 This was discussed. Rotherham is forecast to have the fourth highest cost growth in Yorkshire which is at -1.65%. It was noted that the cost growth in Barnsley, Doncaster and Sheffield was positive. Rotherham's cost growth is below the regional and national average. Early data would indicate that post October 2016 there has been a marked decrease in the item growth. This is expected to continue over the next few months. Overall the financial outcomes and prescribing costs for 2016/17 are extremely encouraging.</p>	
5.3	<p>Self-Care Campaign SL had attended the Doncaster, Barnsley and Sheffield Heads of MMT meeting recently and this had been discussed. All areas are looking at this but Sheffield and Rotherham are further down the line with their engagement etc. Possibility of doing a piece of work across areas was discussed, however, SL felt it would be better to continue with the work we are doing rather than doing this as a consortium as this would lead to delays. After discussion it was agreed that we would continue with the campaign. A poster had been prepared by a creative media company and this was reviewed – members</p>	

	<p>felt that it looked good. There were a few suggested amendments ie “inclusion of a line which stated that this didn’t apply to people with chronic pain conditions”, wording at the bottom of the poster needed to be amended and exact costings needed to be supplied to Gordon. SL/MMT would review the poster and let Gordon have the amendments etc. It was agreed that the individual items ie paracetamol, antihistamines, vitamins etc would be carried out as individual campaigns, starting with paracetamol in March and followed by antihistamines in April, timetable of others to be decided at a later date.</p> <p>AG agreed to give a keynote at the PLT event in March as SL was on leave. SL would confirm this with Yvonne Nettleton.</p>	SL/MMT SL
6	<p>NICE Guidelines – December These were reviewed and the following items were highlighted:-</p> <p>Transition from Children’s to Adult Services – SL told members that Emma Royle had attended a recent OE meeting and a discussion had occurred about the SEND agenda. SL had mentioned the part that changes in medicines played in transition from children’s to adult services and he had suggested that Emma liaise with Lisa Murray regarding this.</p>	
7	ANY OTHER BUSINESS	
7.1	Pregablin – Branded Generic Switch SCP was reviewed. They were agreed, subject to the RCCG logo and a script note being added. They can then be uploaded to the internet under protocols.	
7.2	<p>Continance Issue SW has emailed Faheem Ismail regarding a piece of work which Joanne Lambs was undertaking, however, she has now moved on to a new role so we need someone to pick-up this workstream. Faheem has given SW several dates and SW was asking if it was OK to set this up. SL said that Nottingham County Continance Service were interested in setting-up a continance service so SW may need to help with this. SL suggested that SW ask RS to brief her on this workstream.</p>	SW
8	<p>Traffic Light Nothing to add.</p>	
9	<p>Horizon Scanning – January 2017 Tiotropium – GB to contact the rep to ask for a sample of a Braltus, Teva Inhaler for us to review.</p>	GB
10	<p>For Information Barnsley APC Ratified Minutes – no update Barnsley APC Memo – no update Barnsley APC Report – no update Doncaster and Bassetlaw APC – November 2016 Doncaster APC Memo –no update Doncaster APC Memo – no update RDASH MMC Draft Minutes – November 2016 RDASH MMC Draft Minutes – December 2016 Sheffield Area Prescribing Group – no update</p>	
11	<p>Items for APC, Items for Escalation or Additions to the Risk Register None discussed.</p>	
13	<p>Date and Time of next Meeting: The next meeting will be held on Wednesday 15 February 2017 from 9.00am to 11.00am in the Cedar Room, Oak House. Agenda Deadline: By close of play on Friday 10 February 2017.</p>	