NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9.00am to 11.00am**
	Date:	**Wednesday 15 February 2017**
	Venue:	**Cedar Room, Oak House**
	Reference:	**AG/JAA**
	Chair:	**Avanthi Gunasekera**

Present:	Avanti Gunasekera (Chair) (AG)	GP, Commissioning Executive, RCCG
	Stuart Lakin (SL)	Head of Medicines Management, RCCG
	Raz Saleem	Pharmacy Advisor, RCCG
	Paula Whitehurst	Prescribing Technician, RCCG
	Judith Wilde	Pharmacy Advisor, RCCG
	Govinder Bhogal	Pharmacy Advisor, RCCG
	Deborah McGarvey (Observing)	Admin Assistant, RCCG
Minutes:	Julie Abbotts (JA)	Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
1	**Apologies** Ravi Nalliagounder	
2	**Declarations of Interest/Conflicts of Interest** AG declared an interest relating to Agenda Item 8 – Prescribing Incentive Scheme.	
3	**Minutes of the Meeting held on 1 February 2017** Minutes were accepted as a true record.	
4	**Matters Arising**	
4.1	**EPS (Electronic Prescription Service)** **Previous Minutes** *Wickersley Health Centre is due to go live on 2 February which will leave two remaining practices that have not signed up yet.* Go-live at Wickersley went smoothly. Kiveton Park is the only remaining practice who have not signed-up. Statistics show that 43% of prescriptions are now electronic which is not far behind Barnsley. If agreement is reached to employ Waste Technicians then one of their roles will be to support practices with repeat dispensing.	
4.2	***Anticoagulation*** ***Previous Minute*** *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.* Nothing to add.	
4.3	**Prescribing Responsibility for Transgender Medications**	

	Previous Minutes *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.* SL has been in contact with Porterbrook and sent queries regarding hormone monitoring and Porterbrook have listed the questions on a clinical forum to seek advice because they don't know the answers. SL has concerns about this and has spoken to NHSE and pointed out that this is why GP's are expressing concerns about prescribing these medications and this demonstrates the complexity of these treatments when the specialists are having to seek advice via a clinical forum.	
4.4	***Waste Management Campaign*** ***Previous Minutes*** *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.* So far seven complaints have been received and these have been dealt with. We are still receiving complaints from the LPC but these tend to be pharmacy-specific not for the whole of Rotherham. SL and Gordon Laidlaw will be meeting with the Leader of the local Labour Party and a UKIP Councillor who have expressed an interest in the problem with pharmacies and SL will report back to the next meeting.	SL
4.5	**Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15** **Outstanding Action Item from Previous Minutes** *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.* AG said that she had started the audit of 273 patients at her practice and was currently working through these and would bring back results to a future meeting.	LM
4.6	**Melatonin for Sleep Disorders in Children** **Action Item from Previous Minutes** *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.* *Practice data still awaited – LM to action.* *Ongoing – awaiting a response from Dr Suri to AG email.* *Currently working with Emma Royle/Richard Cullen regarding proposed funding for sleep clinics by offsetting cost of drugs.* *As previously minuted in RMOG, Steve Davies from RDaSH had mentioned that RDaSH consultants had not responded to produce a Rotherham wide shared care procedure.* Ongoing.	LM AG
4.7	**ADHD Branded Generics** **<u>Previous Minutes</u>** *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. SL has drafted a survey monkey and emailed this out for ideas/comments. Members were asked to forward these to SL asap.	All
4.8	**Prescribing of Anti-epileptic Medication in Doncaster** – SL **Previous Minutes** *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.* JW had received the first draft back yesterday, along with an email with all the amendments which had been made. JW had checked all the amendments and the items that JW had expressed concerns about had been removed. JW had concerns about the section which states that if a patient's medications change between out-patient visits the GP will be informed and be expected to prescribe. Discussion took place about this and AG explained the current procedure. JW would ensure that the correct procedure be attached to the SCP so that GP's are clear about what should happen. It was agreed that the SCP's would be shared with an Epilepsy Shared Care Nurse for comments.	**JW**
4.9	**ScriptSwitch: Assisting Medicines Optimisation in Rotherham CCG - Simon Chipperfield and Richard Clarey** ***Previous Minutes*** **Comparison of Scriptswitch and OptimiseRx** *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 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.* *After discussion it was agreed that AG would organise for this to be discussed at SCE asap.* Paper would be going to SCE next week. RN had spoken to AG and felt that it would be good if a GP/GP's would be able to see the systems in operation before a decision is made and RN felt that perhaps the OptimiseRx might be a better system as it may be more future-proof. A long discussion took place about this re advantages and disadvantages of both of the systems and after discussion it was felt that the number of pop-ups which appear with OptimiseRx may be off-putting for a lot of GP's and they may turn these off. With the Scriptswitch system there is the ability to manage the pop-ups and changes to medications	SL/SW SL/SW SL SL

	could be made straight away whereas it was a two-week wait for OptimiseRx. Overall it was felt that the simpler system would be the better one to go with.	
4.13	**Self-Care Campaign** **<u>Previous Minutes</u>** *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 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.* *AG agreed to give a keynote at the PLT event in March as SL was on leave. SL would confirm this with Yvonne Nettleton.* Keynote speech at PLT is now booked – content was discussion and it was agreed that SL would forward slides to AG prior to him going on leave.	SL/MMT SL SL
4.11	**Diabetes Prescribing and Outcome Data –** SL This will be discussed at OE next week. The GLP1 Pathways have all been updated and we also have the Quality Contract. Rotherham still has high prescribing costs and he felt that the Quality Contract incentives wouldn't make much difference to these costs. SL had looked at what happens in neighbouring CCG's and found that two of them have Diabetes LES's in place. Discussion occurred about this and it was felt that this could be beneficial for Rotherham ie fund more Diabetes Specialist Nurses and introduce a LES and this could generate savings which could be ring-fenced and reinvested. Better dosage titration would be what we would be seeking so practice nurses would need training. Discussion took place about how this could work and it was felt that it would be better to start with an initial 5/6 practices. SL would discuss this at the OE next week and put forward the suggestion.	SL
4.12	**<u>Tiotropium</u>** – GB had obtained a sample Braltus, Teva Inhaler and had reviewed this and found that the Tiotropium was a hand inhaler which looked very much like the Braltus, Teva – it is comparable ie no better or no worse/not inferior. It was agreed that if GP's wanted to initiate Tiotropium then this was fine but it wasn't felt that there would be any benefit in switching current patients.	GB
5	**AGENDA ITEMS**	
5.1	**Right Care – Primary Care Prescribing –** RS RS had circulated this document which was an update on last's years'. After review it was felt that there were no new items of note.	
5.2	**Drugs for Genito-urinary Disorders Report - Quarters 1 & 2 - 2016/17** - ES This would be brought back to the meeting on 1 March 2017.	
5.3	**Year-End Review of Prescribing Incentive Scheme 2016/17** Discussion occurred about this and to summarise it was felt that both the Financial Incentive Scheme and the Quality Incentive Scheme offered very poor value to the CCG but unfortunately our SCE could not be persuaded to make significant changes. Both schemes will be simplified going forward into 2017/18 with the objectives of having a major overall of the two incentive schemes plus the minor ailment scheme going forward into 2018/19.	
5.4	**EPS Data**	

	Data was noted and discussion took place and it was noted that GP nominations were poor. After discussion it was decided that SL would email Nick Hunter to explain that our GP nomination rates continue to be fairly poor and because of added feedback from some GP practices that some patients are being denominated we are now going to encourage GP practices to nominate themselves.	SL
5.5	**Generic Fluiticasone/Salmeterol MDI change to Sirdupla** – GB A lengthy discussion took place about the above and it was agreed that we needed to know how many patients the switch change would involve before a decision could be reached, therefore, it was agreed that GB would find the figures and it would be brought back to the next meeting on 1 March 2017 for further discussion.	GB
6	**NICE Guidelines** No update.	
7	**ANY OTHER BUSINESS**	
7.1	**Morthen Road – Armour Thyroid (NDT) Query** RS had brought along a query regarding a patient who had been initiated on an unlicensed drug by a specialist at STH. STH had originally received funding for the treatment but this funding had come to an end and they were now refusing to prescribe the medication. The patient was distraught about this as she had been stable on this medication for three years and had tried other treatments which didn't work. An IFR had been sent to NHSE and they had declined this, the secondary care consultant had appealed this and after a long discussion it was felt that we needed to find out whether the appeal had been rejected etc. RS would try to find out the outcome of the appeal.	**RS**
8	**Traffic Light** Nothing to add.	
9	**Horizon Scanning** No update	
10	**For Information** Barnsley APC Ratified Minutes – no update Barnsley APC Memo – no update Barnsley APC Report – no update Doncaster and Bassetlaw APC – no update Doncaster APC Memo –no update Doncaster APC Memo – no update RDASH MMC Draft Minutes – no update RDASH MMC Draft Minutes – no update Sheffield Area Prescribing Group – no update	
11	**Items for APC, Items for Escalation or Additions to the Risk Register** None discussed.	
13	**Date and Time of next Meeting**: The next meeting will be held on **Wednesday 1 March 2017** from 9.00am to 11.00am in the Cedar Room, Oak House. **Agenda Deadline: By close of play on Friday 24 February 2017.**	