

<b>Minutes</b>	Title of Meeting:	<b>NHSR Medicines Management Committee</b>
	Time:	<b>9.00am to 11.00am</b>
	Date:	<b>25 October 2017</b>
	Venue:	<b>Cedar Room, G.02, Oak House</b>
	Chair:	<b>Sophie Holden</b>

**Present:**

Sophie Holden	SH	GP, Commissioning Executive, RCCG
Stuart Lakin	SL	Head of Medicines Management, RCCG
Govinder Bhogal	GB	Deputy Head of Medicines Management, RCCG
Sally Webster	SW	Senior Medicines Management Technician, RCCG
Dr Ravi Nallagounder	RN	GP
Alun Windle	AW	Deputy Chief Nurse

**In Attendance:**

Megan Beharall	MB	Administrative Officer, RCCG
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1.	<b>Apologies:</b> Dr Surinder Ahuja	
2.	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
3.	<b>Minutes of the Meeting held on 11<sup>th</sup> October 2017.</b>  Accepted as a true record.	
4.	<b><u>Matters Arising</u></b>	
	<p><b>4.1 Prescribing Responsibility for Transgender Medications</b></p> <p><u>Previous Minutes</u>  <i>SL informed the committee that the prescribing guidelines are now complete. The Rotherham guidelines have been confirmed and other regions are working with these guidelines. Therefore this agenda item can be removed from the minutes.</i></p> <p>The committee discussed that the Transgender LES is going live on the 1<sup>st</sup> November 2017. SL has taken the LES to the LMC who are trying to persuade all practices to sign up. GB informed the group about a GP query regarding personal beliefs and possible opt-out of delivering these guidelines. The committee agreed that this would not be supported by the CCG and this would have to be discussed in GPMC.</p> <p>The committee discussed the wording within the LES 'Commence and monitor'. RN queried that GP's would not feel comfortable commencing drugs which they have no clinical background on. However, GB informed the group that the Transgender consultants</p>	

	<p>would always give the first prescription to start the process. If the first drug was unsuccessful the consultants would advise the GP which drugs to prescribe and the correct dosages.</p>	
	<p><b>4.2 Melatonin for Sleep Disorders in Children</b></p> <p><u>Previous Minutes</u></p> <p><i>Ongoing. SH agreed to circulate the sleep hygiene leaflet with the group before the next MMC meeting.</i></p> <p>MB to circulate the sleep hygiene leaflet from TRFT with the minutes.</p>	<b>MB</b>
	<p><b>4.3 Scriptswitch</b></p> <p><u>Previous Minutes</u></p> <p><i>SW said that there had been a lot of rejections for things like Movicol, Gaviscon, naproxen and she had worked out the reason they are probably being rejected is because they are on for reauthorisation. All the Scriptswitch messages are on for repeats, acutes and reauthorisation so it is likely that the admin staff are over-riding or rejecting them because they aren't in a position to change them. SW had been discussing this with ES and they were thinking of switching this off for reauthorisation but not for initiation so when products are being issued by reception staff this facility is turned off for Movicol, Gaviscon etc, leaving it on dressings, stoma etc. This was discussed and it was agreed that reauthorisation for the high volume items would be switched off and this would then be reviewed after a month.</i></p> <p><i>SW would also chase-up what was happening regarding putting Scriptswitch onto laptops.</i></p> <p>This is an ongoing item. Currently no update.</p>	
	<p><b>4.4 Anti-epileptic Medication Guidelines</b></p> <p><u>Previous Minutes</u></p> <p><i>SH informed the committee that she had contacted Nicola Smith regarding doing a keynotes speech at PLTC in March, as she cannot attend in January.</i></p> <p><i>GB is waiting for a shared care protocol to be published regarding the Anti-epileptic medication guidelines. If this hadn't been published within the next few weeks he would create some Rotherham Guidelines.</i></p> <p>GB informed the group that there has currently been no update on the shared care protocol. This item can be taken off the agenda. SH to invite Nicola Smith to March PLTC.</p>	<b>SH</b>
	<p><b>4.5 Review of Minor Ailments Scheme</b></p> <p><u>Previous Minutes</u></p> <p><i>The Committee are now working with Helen Wyatt regarding patient consultation around the Minor Ailment Scheme. This would be to seek views regarding whether people think it offers value for money and whether there is an equity of service ie some pharmacies are offering this service to patients and some aren't.</i></p> <p>Currently on the consultation process; RS and PW are working with HW to look at different groups of the public to see their views on the Minor Ailment Scheme.</p>	
	<p><b>4.6 Category M Prices</b></p> <p><u>Previous Minutes</u></p> <p><i>NHS England has requested an end of year forecast of how many drugs are currently unavailable to purchase. The usual number of NCSO drugs is 10; however, there are currently 60.</i></p> <p><i>We are currently delivering the Green QUIPP Programme and the predicted net saving for category M prices is £470k. Pregabalin end of year savings are</i></p>	

	<p>£960k giving an overall cost pressure of £2.5m. The committee agreed that this item would be taken off the agenda.</p>	
	<p><b>4.7 Weight loss Drugs</b>  <u>Previous Minutes</u>  <i>SL will take the two new weight loss drugs to the next agenda of RMOG. SL will provide a statement to GPs. It was agreed that this standing agenda item could now be removed. It was also noted that this would be included in this month's Bite size Newsletter.</i>   SL informed the group that this would be included in the November Bitesize.</p>	
	<p><b>4.8 Smoke Free (RS)</b>  <u>Previous Minutes</u>  <i>SH informed the group that it wasn't encouraged to send the patient back to the GP after 8 weeks of not stopping smoking. It was noted that this would be included in the months Bite Size. SH to provide SL with paragraph.</i>   The committee discussed that the smoke free campaign had been re-commissioned as a healthy lifestyle campaign by public health. This service will still be providing medication for patients. The group agreed that this would be ongoing.</p>	
	<p><b>4.9 Management of Menopausal Symptoms – LM</b>  <u>Previous Minutes</u>  <i>LM has updated the guidelines and included the generic NICE statement regarding the testosterone dosages. The committee agreed that this should be updated to a more specific statement within the near future. It was agreed that these guidelines are ratified and are to be uploaded to the internet. The group discussed that the initiation of testosterone gel should be from secondary care or specialists only. It was discussed that Jessops have a menopausal clinic. These guidelines are also to go out with the Bite Size Newsletter.</i>   The committee agreed that this is complete and running the way it's planned to be. Looking forward the main priority is to get this included onto Scriptswitch. SW to chase LM.</p>	SW
	<p><b>4.10 Delmosart XL (Methylphenidate) Branded Generic Switch – November 2017 – RS</b>  <u>Previous Minutes</u>  <i>SA informed the group that this would go to RMOG next month. It was discussed that SA would look into how many patients were taking this medication before taking it to RMOG.</i>   SW informed the group that Delmosart has been included on scriptswitch however it's just waiting to be deployed. RS has emailed the consultant for clarification regarding the drug. RS to chase up consultant.</p>	RS
	<p><b>4.11 Omega 3 Review Chart/Usage</b>  <u>Previous Minutes</u>  <i>SL informed the group that after a robust discussion at RMOG, it was agreed that only patients with Hypertriglyceridemia would be prescribed Omega 3, all other patients would have to buy this over the counter as per the self-care scheme. SL to inform MB for Magdalena full name and title for the previous minutes.</i>   <b>The group noted Magdalena Turzyniecka is the Consultant Chemical Pathologist at TRFT.</b></p>	

	<p>After meeting with RDASH it has been agreed that Omega 3 will not be prescribed for anything other than patients with high triglycerides. The team is currently doing Omega 3 reviews. The only feedback received is that many patients have high triglycerides.</p>	
	<p><b>4.12 Sodium Oxybate for Narcolepsy</b></p> <p><u>Previous Minutes</u></p> <p><i>ES contacted Sheffield CCG to see how they have been dealing with this issue and is awaiting a response.</i></p> <p><i>ES suggested that these drugs be classified as an excluded drug and monitored via Blueteq. The group discussed how to work with Sheffield to produce a South Yorkshire based guideline. It was noted that there is only a Narcolepsy Clinic in Sheffield.</i></p> <p>ES still waiting for feedback from Sheffield. ES to chase.</p>	ES
	<p><b>4.13 Pregabalin</b></p> <p><u>Previous Minutes</u></p> <p><i>Currently the team are looking into cost savings for this drug. In the meantime Rotherham is staying with using the branded generic. Generic prices are currently holding, staying at a sustainable rate for the CCG.</i></p> <p><i>The group suggested sending guidance out to all GP's regarding how to look for signs of Pregabalin being used as drug. SW suggested a newsletter aimed at reception staff to raise awareness/what to look for regarding requests for repeat prescriptions. Possible training at a PLT event was also suggested.</i></p> <p>RN informed the committee that since the scriptswitch message for pregabalin, there hasn't been as many queries regarding alzain stock issues. Agreed to stop prescribing the branded pregabalin and switch all patients to generic. The generic stock availability is currently holding, It has got NCSO price but that is the same price as the branded generics. The committee discussed the concerns regarding the amount of pregabalin that is being prescribed across Rotherham.</p> <p>Alzain has already been taken off scriptswitch.</p> <p>The group discussed the dangers of overusing pregabalin. This awareness needs to be targeted at the admin / reception staffs who are issuing repeat prescriptions of pregabalin. SW informed the group about the newsletter she is currently working on for these members of staff and that this will be included as a key point.</p> <p>The group discussed the problems with issue duration when being discharged from hospital. Patients are being able to access 28 day pregabalin prescriptions every day. SystmOne practices are struggling to change the issue duration, they currently have to use a formulary. SW informed the group that she is able to use a formulary manager system which covers all SystmOne practices.</p>	
	<p><b>4.14 Glaucoma</b></p> <p><u>Previous Minutes</u></p> <p><i>SL informed the group about the new guidelines which are going to be used throughout Rotherham. These have been processed by TRFT. SA to update the document where relevant and email this to SL for uploading to the internet.</i></p>	

	<p><i>The group discussed getting the message across to consultants to prescribe generic drugs. SW to include this on scriptswitch.</i></p> <p>The group agreed the glaucoma work was complete. SL to chase SA for the guidelines. SL to get the version which is ready for the internet.</p>	
	<p><b>4.15 EPACT 2</b></p> <p><u>Previous Minutes</u></p> <p><i>SL informed the group about the new EPACT2 System. PW has been challenged to find the team training for the new system. All members of the team expressed concern regarding the quality of the data reports. EPACT is planned to be switched off before the end of the financial year.</i></p> <p>The medicines management team has training on this on the 25.10.17.</p>	
	<p><b>4.16 Freestyle Libre Glucose Monitor</b></p> <p><u>Previous Minutes</u></p> <p><i>SL informed the group about the new glucose sensor. This was discussed and it was agreed that the CCG's position with this device and Freestyle-libre is that the CCG will consider funding these devices, if a diabetes specialist can demonstrate that it will improve the patient's diabetes clinical outcomes or would reduce the number of hypoglycaemic episodes and/or A&amp;E attendances/hospital admissions.</i></p> <p>RN informed the group that he has already had a patient request to have freestyle libre prescribed. The committee discussed that this would only be prescribed on the NHS if this would be believed to add clinical benefit to the patients care. SL to email Linda?? To inform the diabetes steering group about this product.</p>	SL
	<p><b>4.17 NHSE Accountable Care System (ACS) Template</b></p> <p><u>Previous Minutes</u></p> <p><i>This item is to be a standing item on the agenda for information.</i></p> <p>SL passed SH name on to be a lead prescriber on the ACS process. SL forward email address to SH.</p> <p>The ACS agenda has now been familiarised across SY&amp;B. The group agreed that any clinical areas which have already passed through the ACS system should have one SY&amp;B set of shared guidelines. SL informed the group that SY&amp;B are looking towards further communications methods.</p>	SL/SH
	<p><b>4.18 Tinzaparin</b></p> <p><u>Previous Minutes</u></p> <p><i>RS stated that in the last week he has encountered two post-partums who had been only supplied 2 weeks of Tinzaparin from TRFT when the guidelines state that TRFT should supply the full 6 week course. SA asked for the patient names to be supplied so that she could go back and find the clinician responsible.</i></p> <p><b>Post meeting note:</b> RS asked SW to obtain patient details of the Tinzaparin 2 weeks supply at Rawmarsh Health Centre to SA. RS to try and identify</p>	

	<p><b><i>the patient at Crown street Surgery.</i></b></p> <p>SL to chase SA for the final versions of the form. Tinzaparin is sorted. The group discussed that there are still old forms coming out of TRFT.</p>	
	<p><b><u>4.19 Bariatric Surgery</u></b></p> <p><u>Previous Minutes</u></p> <p><i>Five patients have received bariatric surgery this week and subsequently practices have been asked to prescribe ongoing repeat medication in liquid form in addition to prescribe lifelong multivitamins. Many medications can be crushed and added to liquid which is substantially more cost effective than prescribing an unlicensed liquid and it was felt that patients should be directed to buy multivitamins as per the self-care agenda. SH requested a copy of the letter to see what is being requested. SL to talk to Gary from Sheffield to see if there is a pharmacist who works with the bariatric team who we can liaise with.</i></p> <p>SL to chase Gary from Sheffield re a pharmacist who works with the bariatric team who we can liaise with.</p> <p>The committee has a discussion regarding vitamins and whether the patients actually required them or not. SL agreed to pull this work stream together early next week (week commencing 30.10.17).</p> <p>It was discussed that patients who are discharged from hospital are prescribed forceval vitamins. The group queried whether patients needed these forceval vitamins for the different trace elements which are contained or because that's the only ones the hospital stocks? SL to speak with Gary at the Head of Medicines management meeting on Friday 27<sup>th</sup> October.</p>	
	<p><b><u>4.20 Skilarence</u></b></p> <p><u>Previous Minutes</u></p> <p><i>Dermatology: SKILARENCE for psoriasis is going to stay with dermatology. Does require monthly white cell count monitoring. To be discussed at RMOG. Need to decide if there is a need for a SCP?</i></p> <p>The committee discussed that this would go to the next RMOG meeting.</p>	
	<p><b><u>Agenda Items</u></b></p>	
5.	<p><u>Agenda Items 5,6,7,8,9 on the agenda were discussed as a whole</u></p> <p><b><u>Anticoag Home Monitoring</u></b></p> <p>Nice guidance states that Rotherham CCG should support home monitoring, however our policies and procedures state that the NHS will only support if there is a definite clinical lead.</p> <p>SL informed the committee about a child who is on warfarin, who is just beginning to start school so would be inconvenient to keep taking them out of school for regular checkups. The committee agreed that home monitoring would add clinical value to this case. Therefore, the committee has agreed to fund for this home monitoring on the NHS.</p> <p>SL to find the precise details of what is to be prescribed and find who will prescribe alcohol wipes/ gores.</p>	

10.	<b><u>Cost Growth April – August 2017</u></b>		
	PPD forecast	-£1,765,196	This forecast compares expenditure year to date vs expenditure this time last year it therefore does not consider known future NSCO cost pressure
	NSCO	+£1,646,361	This figure is the estimated NSCO cost pressure for the remainder of the financial year. Total NSCO cost pressures 2017/18 = £2,139,569. Of which £493,208 has occurred APR-AUG and is reflected in the PPD forecast. NSCO cost pressures can vary considerably from month to month
	Pregabalin	-£628,764	Amount adjusted re NSCO based on one month (Aug) actuals Forecast savings based on CAT M price = £941,264 Actual saving August 2017 = £84,359 against a predicted saving off £126,284 = 66.8% of actuals
	Cat M claw back	£325,984	Claw back estimate has been reduced from initial estimates of £459,732 following one month's actuals (Aug)
11.	<p><b><u>NICE</u></b></p> <p>There was no NICE update.</p>		
12.	<p><b><u>Traffic Light Update</u></b></p> <p>There was no traffic light update.</p> <p>Taking freestyle libre to RMOG &amp; self-monitoring anticoagulation sticks – make them red unless clinical benefits have been proven &amp; sanctioned via MMC</p>		
13.	<p><b><u>Horizon Scanning</u></b></p> <p>The group discussed the inhalers changing from the normal dosage to</p>		

	the delivered dosage. The group agreed that this would be included into the Bitesize newsletter.	
14.	<b>NHSE Accountable Care System (ACS) – Impact</b> There was no ACS impact update.	
15.	<b>For Information:</b> Barnsley APC Minutes – no update Barnsley APC Report – no update Barnsley APC Memo – no update Doncaster & Bassetlaw APC – no update RDASH Draft MMC Minutes – no update Sheffield Area Prescribing Group – no update	
16.	<b>AOB:</b>	
	<p><b>16.1 <u>Ardens</u></b></p> <p>The group discussed the Arden's system which SystmOne practices can use. This system prepopulates all patient letter and reports once the data has been imputed it also uses NICE guidance to offer advice on which treatments to use.</p> <p>Crown Street and Treeton are already using this system. RS to get feedback on the system.</p> <p>The committee agreed this would be beneficial system however they were concerned that the consultation times would be longer and cautious about the prices of the system for all the practices.</p>	RS
17.	<b>Items for RMOG, Items for Escalation or Additions to the Risk Register – Nothing to report</b>	
18.	<b>Date and Time of Next Meeting</b> Wednesday 8 <sup>th</sup> November 2017, 9.00-11.00am in the Cedar Room at Oak House.	ALL