NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHS Rotherham Medicines Management Committee Meeting**
	Time:	**9.00am – 11.00am**
	Date:	**Wednesday 6th December 2017**
	Venue:	**Cedar Room G.02 Oak House**
	Reference:	**SH/MB**
	Chair:	**Sophie Holden**

Present:

Sophie Holden	SH	GP, Commissioning Executive, RCCG
Ravi Nalliagounder	RN	GP
Govinder Bhogal	GB	Deputy Head of Medicines Management, RCCG
Stuart Lakin	SL	Head of Medicines Management, RCCG
Paula Whitehurst	PW	Pharmacy Technician

In Attendance:

Megan Beharall	MB	Administrative Officer, RCCG

1.	**Apologies:** Surinder Ahuja	
2.	**Declarations of Interest** There were no specific conflicts of interests declared at the meeting.	
3.	**Minutes of the Meeting held on Wednesday 22nd November 2017.** 4.5 Minor Ailment Scheme The committee agreed the following amendment. The statement "RS and PW are still working with HW on the public consultation." Should now read "RS and PW are still working with HW on the pre – consultation." Otherwise the minutes were held as a true record.	
4.	**Matters Arising** **4.1 Prescribing Responsibility for Transgender Medications** Previous Minutes *SL informed the group that there haven't been any updates from Porterbrook. It was noted that SL is going to speak with Porterbrook re all queries from GP's at once. Nurses within GP practices have feedback that most of the injections would not be able to be self-administrated.* *SL informed the group that all Rotherham GP's are signed up to the Transgender LES. The group discussed whether there are any templates or guidance regarding the frequencies and dosages.* *The group discussed how patients would be registered when going through or*	

	having gone through the trans process. It was noted that GP's need to speak with patients to make sure They understand that changing gender on the computer system may mean that screening for diseases may not appear and consequently the patient will actively have to contact the practice to seek access to screening programmes. Ongoing. SL is waiting to have final comments and take them all to Porterbrook altogether.	
	4.2 Melatonin for Sleep Disorders in Children Previous Minutes *Dr Jason Page informed the group that in the Children's & Young Peoples Care Closer to home meeting, Melatonin guidelines were discussed. Dr Page was informed that these guidelines are currently being updated with input from the paediatric consultants.* SH informed Dr Jason Page that the guidance is currently being updated, work is being done between a Paediatrician consultant and Eloise.	***MB***
	4.3 Scriptswitch Previous Minutes *Had a problem with scriptswitch last week. This was down for 2 days due to a critical error. GB to clarify the changes made by scriptswitch.* Ongoing. It was noted that the Rotherham Medicines Management Team have had scriptswitch installed onto their laptops. It was agreed that it would be made a priority to have scriptswitch installed onto the GP's laptops. The committee had a discussion regarding error messages which appeared when scriptswitch isn't turned on, on the computer. RN informed the group that an error message also appears on the screen if there are 2 or more emis/systmOne windows open.	**SW**
	4.4 Anti-epileptic Medication Guidelines Previous Minutes *Nicola has agreed and is able to attend PLTC in March. SH to take this to SCE.* ***Post meeting note: There is no availability at March PLTC no Nicola will be invited to the May PLTC event.*** The committee discussed that the South Yorkshire Wide shared care protocol was complete however One CCG has primidone as a red light drug which is holding back the final version of the guidelines Rotherham and Sheffield have previously prescribed this within the past year. The group agreed that Rotherham would accept the current guidelines and put them into place across Rotherham. GB to contact Gary (Sheffield CCG) and Chris (Barnsley CCG) to inform them of this decision.	**GB**
	4.5 Review of Minor Ailments Scheme Previous Minutes *SL informed the group that the letter telling all community pharmacies' that antihistamines would be removed from the Minor Ailment scheme has been sent out. The LPC had also been informed about this change from the 1st January 2017.* *RS and PW are still working with HW on the pre - consultation.* PW informed the group about the Carers Right Event that RS and herself attended to promote the Minor Ailment Scheme pre-consultation. The feedback they received was positive. Many patients	

	agreed with the CCG plans that the CCG should not Fund the minor ailment scheme and patients should buy these medications themselves. PW informed the committee about a patient who thought the scheme was beneficial however she could not use it as Her medication required pharmacy labels to be on the boxes.	
	4.7 Smoke Free (RS) Previous Minutes *It was discussed that there are no prescribers within this service. This meant there was no clinical decisions made, only used a PGD criteria to give out medication.* *Smoke free campaign out to tender, SH to find out the lead.* Ongoing. SH is still looking into this.	**SH**
	4.8 Delmosart XL (Methylphenidate) Branded Generic Switch – November 2017 – RS Previous Minutes *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. No update. RN awaiting a response from CAMHS.* RN informed the committee that this patient had now received an appointment with CAMHS.	
	4.10 Pregabalin Previous Minutes *Ongoing. SL informed the group that Rotherham patients were slowly being moved onto the generic. The group discussed that training is required for practices regarding the repeat prescribing. It was also noted that front line staff require some training to identify patients who are accessing scripts too frequently and maybe at risk of abusing the drug.* *It was noted that there is a national problem with pregabalin prescribing. The national prescribing levels are increasing.* Ongoing. The committee discussed the consultation regarding pregabalin becoming a Controlled Drug. It was noted that this would be an issue with storage facilities, staff time and capacity. It was also noted that patients have been recommended to ask the GP for pregabalin by colleagues in areas such as physiotherapy/ Rheumatology/ Neurology at the RFT.	
	4.11 Glaucoma Previous Minutes *SA updated the guidelines these have been updated to the NICE guidance; there haven't been any major changes. SA taking to RMOG.* This has been taken to RMOG today (06.12.17) feedback to be given at the next meeting.	

	4.12 Freestyle Libre Glucose Monitor Previous Minutes *Patients are now self-funding this product as the CCG will not fund unless there is seen to be clinical benefit. The group discussed the process of how a policy can be put into place to determine which patients are eligible for funding and which have to self-fund.* *LB informed the group about the licensing differences between the product in USA and Europe. In USA the guidance shows that each disk can only be used for 10 days. In USA Clinicians only provide this product to adults whereas in Europe it is promoted to children. It also states that for the first 12 hours the blood glucose reading are not accurate, therefore the finger prick still needs to be used.* SL informed the group about a proposal that has gone to Lynda Astbury (LA), Diabetes Specialist Nurse, regarding the Freestyle libre guidelines. SL is meeting with LA to discuss how this Will operate from the diabetes nurses perspective. SL agreed he would bring the proposal back to MMC after his meeting. The committee made a comment on the proposed flow diagram regarding Access for Type 2 Diabetic patients. Currently the CCG is looking at guidelines for Type 1 diabetics only. The group discussed that other CCG's are also using a limited approach towards the product.	
	4.13 NHSE Accountable Care System (ACS) Template Previous Minutes *No update. SL informed the group that there is a Heads of Medicines Management meeting on Friday morning.* *SL to take emollients self-care leaflet to the meeting to see if this can be a South Yorkshire and Bassetlaw wide project.* No update on this. The next meeting is Wednesday 13th December 2017.	
	4.14 Tinzaparin Previous Minutes *Ongoing. Next steps are to get relevant GP information into a short flow then include further information as appendix. SA to take the guidelines to RMOG and then to circulate to the committee.* *The group discussed practices signing up for the shared care protocol. Currently the CCC sends the protocol and the practice sign the form and sends it back. This has now been updated so the practice will assume to accept the shared care protocol automatically unless they contact the CCC to reject it. This prevents chasing practices for signed papers.* *GB also informed the group about an email regarding Tinzaparin shared care form. The CCC will no longer be faxing the Tinzaparin Shared Care form to the GP. It is believed that this will become the responsibility of the referring ward.* *Feedback to be taken to the VT group; that RCCG prefer the CCC monitoring all discharges.* *SA to take the ratified district form to RMOG. The protocol needs to be finalized.* Ongoing. The Tinzaparin Shared Care form is going to RMOG today (06.12.17).	***SA***

	4.17 Pain Team <u>Previous Minutes</u> *SA agreed to take the query re to oxycodone RMOG; this will then be passed onto the pain team.* This has been taken to RMOG today (06.12.17) feedback to be given at the next meeting.	
5 / 6.	**Items which should not be routinely prescribed and DNRP Prescqipp:** See attached action log, Appendix A.	
	Asthma Guidelines: GB informed the committee about the Asthma summary guidelines which had been published from the new NICE guidance. The new guidance has recommended that each practice uses a FeNO machine to diagnose asthma Discussions took place about training for staff members and funding of these machines. It was noted that caseloads may also need to be reviewed which smaller practices may have difficulty achieving. SH & GB to inform SCE (next week w/c 11/12/17) - discussion re kit and training – who / where/ when /funding / is it manageable for smaller practices?	**SH/GB**
7.	**NICE – November 2017** November's NICE guidance was discussed within the committee and it was agreed that there should be section within the newsletter to inform GP's which NICE guidance will affect them. GB to work with ES to see which guidance's will be funded by the CCG and which by NHSE.	**GB** **GB/ES**
8.	**Traffic Light Update** No update	
9.	**Horizon Scanning** • All inhalers now going to have the delivered dosage rather than inhaled dosage. The combination inhalers will continue to have the inhaled dosage. • GB to check if any benefit of acetylcysteine over carbocysteine.	**GB**
10.	**NHSE Accountable Care System (ACS) – Impact** No update	
11.	**For Information:** Barnsley APC Minutes – no update Barnsley APC Report – no update Barnsley APC Memo – no update RDASH Draft MMC Minutes – no update Sheffield Area Prescribing Group – no update Doncaster & Bassetlaw APC – no update	

12.	**Any Other Business:** **<u>12.1</u>** SL informed the committee about the demand for fentanyl patches within Swinton. It has been noted that there have been many pharmacy/ dentist / Vets break ins. It was agreed that SL would email all practice managers to inform them and circulate to the GP's.	**SL**
	<u>12.2</u> SL informed the group about an internal audit which has taken place. The feedback as been generally very positive. However there are a couple of areas which need to be reviewed including who the team report to within the CCG and TOR.	
13.	**Items for RMOG, Items for Escalation or Additions to the Risk Register**	
14.	**DATE OF NEXT MEETING:** The next meeting will take place on **Wednesday 20th December 2017** from 9.00 am to 11.00 am in G.02 Cedar Room, Oak House.	

Appendix A

Drugs not routinely prescribed	Rotherham's Expenditure Top / Bottom 50% of CCG's	NHS E Guidance	Rotherham CCG Action
Liothyronine in primary Hypothyroidism	Bottom	• should not initiate Liothyronine for any new patient • Deprescribe Liothyronine in all patients where appropriate • there is a clinical need for Liothyronine to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	
Tadalafil once daily	Top	• Primary care should not initiate Once Daily Tadalafil for any new patient • Deprescribe Once daily Tadalafil in all patients where appropriate	SL to speak with Jan re prescribing Tadalifil
Fentanyl (immediate release)	Top	• Primary care should not initiate immediate release Fentanyl for any new patient • Deprescribe Immediate release Fentanyl in all patients where appropriate • Where there is a clinical need for immediate release Fentanyl to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	RCCG to include this guidance within the CCG Bitesize to make sure it is only prescribed to patients in palliative care.
Rubefacients (excl. topical NSAIDs)	Top	• Primary care should not initiate rubefacients for any new patient • Deprescribe rebufacients in all patients where appropriate	LM to review the policy. Encourage patients to buy their own when necessary.
Travel vaccines	Top	• Primary care should not initiate travel vaccines for any new patient	Aware of local problems not major issues which need resolving. RS to map out the local usage of vaccines by practice.

Co-proxamol	Bottom	• should not initiate co-proxamol for any new patient • Deprescribe Co-proxamol in all patients where appropriate • there is a clinical need for Co- proxamol to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	Previous work has been done on this, Co- proxamol guidelines to be reviewed.
Doxazosin (MR)	Top		Do a bulk scriptswitch with the Deprescribing of these drugs.
Lidocaine plasters	Bottom	• should not initiate Lidocaine plasters for any new patient • Deprescribe Lidocaine Plasters in all patients where appropriate • Where there is a clinical need for Lidocaine Plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	Only to be used for post herpetic neuralgia Already used in Bitesize
Glucosamine and Chondroiton	Top	• Primary care should not initiate Glucosamine and Chondroitin for any new patient • Deprescribe Glucosamine and Chondroitin in all patients where appropriate	A lot of work previously done however been forgotten about. A lot of work done again should show in next quarter's data.
Omega-3 and other fish oils	Top	• Primary care should not initiate Omega-3 and other fish oils for any new patient • Deprescribe Omega-3 and other fish oils in all patients where appropriate	Guidelines have already been agreed and put into place. Reviews are underway to take patients off this. Situation should be improving as patients can only use if have high triglycerides.

Gluten Free	Bottom		Rotherham has already taken off prescription. Rotherham is as good as they can be at the minute waiting to see the outcome of the current consultation.
Herbal treatments	Top	• Primary care should not initiate Herbal Treatments for any new patient • Deprescribe Herbal Treatments in all patients where appropriate	Very low spending's, only affecting 1 or 2 patients in Rotherham. Stop prescribing at review herbal treatment is on the prescriptions.
Homeopathic treatments	Bottom	• Primary care should not initiate Homeopathy treatments for any new patient • Deprescribe Homeopathy Treatments in all patients where appropriate	Rotherham Very close to the bottom – no action to be taken
Perindopril Arginine	Bottom	• Primary care should not initiate Perindopril Arginine for any new patient • Deprescribe Perindopril Arginine in all patients where appropriate	Information to go out within the newsletter and Scriptswitch to be put into place. No major problems but work is being undertaken.
Dosulepin	Bottom	• should not initiate Dosulepin for any new patient • Deprescribe Dosulepin in all patients where appropriate • there is a clinical need for Dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	This is included in the 5 drugs to review .Policies are already into place for this. Keep working the same way at the minute.

Oxycodone and Naloxone	Top	• should not initiate Oxycodone and Naloxone for any new patient • Deprescribe Oxycodone and Naloxone in all patients where appropriate • there is a clinical need for Oxycodone and Naloxone to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	Review the local policies, compare per practice see if there are any hotspots.
Paracetamol and Tramadol combination product	Bottom	• Primary care should not initiate Paracetamol and Tramadol combination product for any new patient • Deprescribe Paracetamol and Tramadol combination product in all patients where appropriate	To be included into next year's work plan to split the paracetamol and the tramadol.
Timipramine	Top	• should not initiate Timipramine for any new patient • Deprescribe Timipramine in all patients where appropriate • there is a clinical need for Timipramine to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a MDT &/or other healthcare professional	Previously tried to bulk switch off Timipramine and not worked.
Lutein and Antioxidants	Top	• Primary care should not initiate Lutein and Antioxidants for any new patient • Deprescribe Lutein and Antioxidants in all patients where appropriate	A lot of requests from opticians for prescribing this. Feedback needs taking to ophthalmology not to recommend to patients. This will stop raising patient's expectations when the supermarket prices are too high.