

## Minutes of Rotherham Medicines Optimisation Group (RMOG)

**Date/time:** Wednesday 3<sup>rd</sup> January 2018, 1pm – 3pm  
**Venue:** Board Room, D level, Rotherham Hospital  
**Interim Chair:** Susan Douglas, Consultant Surgeon, TRFT  
**Minutes:** Osman Chohan

<b>1</b>	<p><b>Attendance</b></p> <p><b>In Attendance</b></p> <p><b>Apologies</b></p> <p><b>Quoracy</b></p>	<p>           Susan Douglas (SDo) (Chair) Consultant Surgeon, TRFT            Govinder Bhogal (GB) Deputy Head of Medicines Management, RCCG            Katy Shuker (KS) Consultant Anaesthetist, TRFT            Osman Chohan (OC) Chief Pharmacist, TRFT            Sophie Holden (SH) GP Medicines Management Lead, RCCG            Stuart Lakin (SL) Head of Medicines Management, RCCG            Surinder Ahuja (SA) Formulary/Governance Pharmacist, TRFT            Umair Hamid (UH) Medicines Information Manager/ Lead Pharmacist, PGD's, TRFT         </p> <p> <b>Dr Imran Bashir (IB)</b>, Consultant Paediatrician, TRFT – item 5.1  <b>Suzanne Owens (SO)</b>, Advanced Practice and Education Lead, Urgent &amp; Emergency Care Centre – item 7.1(a)  <b>Gaby Lawson (GL)</b> and <b>Anne Kerrane (AK)</b>, Infection Prevention and Control, TRFT – item 7.1(b)         </p> <p>Ruth Roddison (RR), Diana Mowbray, Khuram Amini (KA)</p> <p>The meeting was <b>quorate</b>.</p>	
<b>2</b>	<b>Declaration of Conflict of Interest</b>	None declared	
<b>3</b>	<b>Minutes of the last meeting</b>	Minutes of the last meeting were accepted as a true and accurate record.	
<b>4</b>	<b>Action Log</b>	Action log reviewed and updated	
<b>5</b>	<b>Formulary Requests</b>		

No.	Item	Discussion	Action /Responsibility
5.1	<b>Oxandrelone</b>	<p>Dr Bashir presented the request for oxandrelone. This is an unlicensed medicine.</p> <p>Currently a visiting specialist clinician from Sheffield Childrens Hospital (SCH) initiates and prescribes this for complex patients as an adjuvant to growth hormone. Patients are maintained on oxandrelone, prescribed by the visiting clinician at SCH with supplies being provided through the Pharmacy at SCH.</p> <p>The proposal use at TRFT is that once a patient is initiated and stabilised, ongoing prescribing will be done by Dr Bashir and supplied by TRFT rather than SCH clinician and pharmacy.</p> <p>Currently TRFT has only two patients on this treatment</p>	<p><b>Approved</b></p> <p><b>IB to prescribe ongoing treatment for stabilised patients</b></p>
5.2	<b>Alectinib</b>	<p>This item was deferred to a future meeting when a colleague (KA) from the haemato-oncology team was available to attend RMOG.</p>	
6	<b>Guidelines/ Policies/ Procedures</b>		
6.1	<b>Shared Care Guideline: Prescribing of drugs used to treat epilepsy in adults</b>	<p>Mr Bhogal presented the shared care guidelines developed by Sheffield Teaching Hospital and others across the South Yorkshire network and adopted by Rotherham.</p> <p>Essentially, the patient pathway is that referral is made to STH who will diagnose and initiate a plan of treatment for epilepsy; STH specialist nurses/ liaison nurses will support the patients and oversee the patient from a STH perspective but the GP in the locality (Rotherham in our case) will manage the patients, including ongoing prescribing and monitoring.</p> <p>This document gives a clear position of the role of the liaison nurses whilst also providing a good reminder on the uses, monitoring and usual dosing range of the medicines used in managing epilepsy.</p>	<p><b>Approved</b></p>
6.2	<b>Shared Care Guideline: Ulipristal acetate (Esmya®) for intermittent medical treatment of symptomatic uterine fibroids</b>	<p>This item was deferred to a future meeting and in the meantime Dr Holden will review the guideline with a view to its impact and appropriateness for use by GP colleagues</p>	

No.	Item	Discussion	Action /Responsibility
7	PGD's (proposals and approvals)		
7.1	<p><b>Proposals</b></p> <p><b>a) Proposal for administration of co-amoxiclav injection in UECC</b></p>	<p>Ms Owens and Mr Hamid presented this item. Under this proposal, Advanced Clinical Practitioners (Nurses and Paramedics) will be able to initiate co-amoxiclav antibiotic treatment for sepsis with a view to a fast door to needle time being achieved for patients.</p> <p>Discussion took place in regards to this proposal. Whilst acute scenarios were described, the list of acute conditions was extensive, lifted from all the indications for co-amoxiclav from the TRFT Antimicrobial guidelines.</p> <p>Questions were raised as to the appropriateness and skill set of an ACP to recognise and diagnose some of those conditions. It was suggested that a view from a microbiologist would be required to ensure appropriateness of use in accordance with antimicrobial policy and stewardship.</p> <p>A second concern was raised that the proposal also describes several surgical prophylactic uses in elective surgical cases. The Group felt this PGD was not appropriate for that purpose as elective planned care should involve prescribing of appropriate medication for the surgical procedure. It was suggested that the divisions, particularly surgery, will need to have input on this and it would need a separate PGD to the acute scenarios described above, if indeed a PGD for surgical procedure cover was at all required.</p>	<p><b>Pending:</b></p> <p><b>Microbiology input required and surgical prophylaxis to be removed from PGD. UH to work with SO</b></p>
	<p><b>Proposals</b></p> <p><b>b) Advance notice of proposal for PGD for MRSA eradication (Infection Control Team)</b></p>	<p>This was a verbal presentation on the options for MRSA eradication to be initiated appropriately. Infection Control Team (ICT) see eligible patients Monday to Friday but not Saturday and Sunday. The main areas where there is a problem in prescribing the eradication regimen correctly or in a timely manner is on the admission areas.</p> <p>A PGD was suggested as one option but an alternative option of pre-printed prescriptions and/or a pre-printed sticker with the required eradication medicines already detailed would help the situation. Pre-printed stickers are already available for several other medicines prescribing e.g. morphine, oxycodone, where a doctor will apply the sticker to the prescription chart and then sign the prescription knowing that the sticker contains the correct prescribing information.</p>	<p><b>Pending:</b></p> <p><b>ICT to look at generation of an appropriate sticker and return to RMOG when designed</b></p>

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7.2	<b>Renewals/ Amendments/ Approvals:</b>	Nil	
8	<b>Formulary Issues</b>		
8.1	<b>Medicines shortages</b>	<p>Mr Hamid and Mrs Ahuja presented an update from a national procurement group (PMSG) detailing current shortages. UH and AS described how it was difficult to keep everyone up to date with shortages because several medicines were in short supply or unavailable lately</p> <p>Mr Lakin also referenced a shortages list that was available in primary care through the PrescQIPP website.</p> <p>The Group agreed that TRFT Pharmacy would continue to do what it could to notify relevant clinical teams with shortage information for medicines affecting their area and suggest alternative options, but also to inform them when the shortages are resolved.</p>	
9	<b>Bulletins/ Newsletters</b>	The Drug Safety Update for December from the MHRA was shared for information. Mrs Ahuja shares this routinely with TRFT prescribers electronically.	
10	<b>Minutes/ Feedback from subgroups</b>	<p>The minutes of the Medication Safety Group and also the Chemotherapy Group were provided for information.</p> <p>Mr Chohan described the work of the MSG and invited a colleague from the CCG to attend if it would be beneficial. Mr Lakin accepted the invitation and will attend the next MSG meeting.</p>	
11	<b>Minutes/ Feedback from other Groups</b>	<p>The minutes from Barnsley Area Prescribing Committee were provided for information.</p> <p>The notes from Barnsley included a piece that Healthy Start Vitamin D guidelines for children and pregnant and breastfeeding women have been updated. Mr Lakin informed the Group that Healthy Start vitamins were funded and provided through Public Health England but that they were difficult to get in the Rotherham area. SL was looking to determine how these could be obtained by appropriate patients in Rotherham.</p>	

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12	<b>Items approved by Chair outside of the meetings</b>	Nil	
13	<b>Any other business</b>		
13.1	<b>Fentanyl patches: inappropriate use</b>	<p>Mr Chohan relayed a concern expressed by Dr F. Fawthrop, Consultant Rheumatologist, in relation to the number of patients she has seen who seem to have fentanyl patches prescribed inappropriately in primary care without exhausting other options first, and are suffering with side effects as well as inadequately controlled pain.</p> <p>Mrs Roddison had also shared her concerns via email and asked that this be raised at RMOG. RR is unable to attend today but this item will be raised again at the Feb meeting with RR present.</p> <p>Mr Lakin said Rotherham was a high prescriber of opiates and the Group discussed how lack of a chronic pain management service in Rotherham was not helping the situation.</p>	
13.2	<b>Vitamin D: inappropriate referrals</b>	<p>Mr Lakin reminded the group of the Rotherham CCG prescribing guidance on Vitamin D and re-presented the guidance. RCCG recommends self-management / self-care for maintenance of vitamin D rather than supply on prescription from GP.</p> <p>SL went on to describe how discharge letters from hospital were regularly asking GP's to prescribe ongoing maintenance vitamin D. Whilst GP's will prescribe a short course of treatment to correct low levels of vitamin D, ongoing maintenance will not be prescribed and patients will be advised on how to self-manage/ self-care i.e. purchase vitamin D supplements if they wish to do so.</p> <p>The Group agreed that the vitamin D guidance should be recirculated to TRFT prescribers to reduce the number of inappropriate requests for maintenance supplies through GP's.</p>	
13.3	<b>Consultation on Rotherham Pharmaceutical Needs Assessment 2018-2021 (RMBC)</b>	Mr Chohan informed the Group that Rotherham MBC are going to consult the public in regards to the pharmacy services available in Rotherham and whether they meet the needs of the public.	

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		<p>The Group reviewed documents and did not have any additional comments to feed back to RMBC on the consultation proposals.</p> <p>Mr Lakin said he had already seen these papers and suggested that it seemed fine from his perspective.</p> <p>The Group thought that community pharmacy services in Rotherham were good with a very good spread across the area and with a number of pharmacies open out of hours and late on weekends.</p>	
13.4	<b>NICE Technology Appraisal Guidance 2017</b>	Mr Chohan shared data on the NICE TA's issued in 2017 and how compliant the Trust was with getting the medicines onto formulary. OC will continue to maintain and keep visible at RMOG a list of NICE TA's and compliance going into 2018.	
13.5	<b>Tinzaparin Shared Care</b>	<p>Mrs Ahuja informed the Group that the Care Coordination Centre (CCC) had reviewed its workload and with immediate effect (1<sup>st</sup> December) had ceased to fax across the Shared Care notification to GP's, instead returning the responsibility to wards to fax to GP's when patients are discharged.</p> <p>The Group were very concerned about this on two fronts: firstly that the decision had been taken without reference to the anticoagulation group and the policy; and second that it was highly unlikely wards would be able to fax GP's, the result of which could leave patients at risk and without appropriate treatment.</p>	
13.6	<b>Freestyle Libre</b>	Dr Bashir raised Freestyle Libre test strips and asked whether these would be prescribable by GP's. Mr Lakin	
14	<b>Items for escalation to Clinical Governance Committee</b>	<p>1) Tinzaparin Shared Care:</p> <ul style="list-style-type: none"> <li>- unilateral decision by CCC is inappropriate and puts patients at risk</li> <li>- determine an alternative method rather than wards to fax GP's (e.g. utilise anticoagulation nurses to fax to GPs), even if only an interim measure until a more substantive approach can be agreed.</li> </ul> <p>2) Clarification on which documents go to which approving group e.g. DRG, CHID for approval.</p>	

Document owner: Chief Pharmacist

Name of Committee: Rotherham Medicine Optimisation Group

Page 6 of 7

No.	Item	Discussion	Action /Responsibility
15	<b>Date and time of next meeting</b>	Wednesday 7 <sup>th</sup> February 2018 1pm – 3pm Pharmacy Seminar Room, A Level, Rotherham Hospital.	