Minutes of Joint Meeting: Drug and Therapeutics Group TRFT and Area Prescribing Committee RCCG

Date/time: **Wednesday 2 March 2016, 1pm – 3pm**
Venue: **Listerdale Room**
Chair (Interim): **Conrad Wareham**
Minutes: **Jill Brown**

Escalations to OQSEG from the meeting on 2 March 2016:

1.

Good practice noted on 2 March 2016:

1.

No.	Item	
1	**Attendance**	Dr Conrad Wareham (CW) (Medical Director TRFT) Avanti Gunaseka, (AG) (Clinical Lead for Medicines Management RCCG) Carole Taylor (CT) (Deputy Chief Pharmacist) Christina Dezelak (CD) (Medicines Information Pharmacist) Osman Chohan (OC) (Chief Pharmacist TRFT) Ruth Roddison (RR) (Lead Nurse Inpatient Pain Team TRFT) Stephen Davies (SD) (Chief Pharmacist RDASH) Stuart Lakin (SL) (Head of Medicines Management RCCG) Professor Al- Wali (WAW) (Consultant Microbiologist) Jill Brown - minutes (Pharmacy Secretary)
	In Attendance	Mr S Blair, Consultant Surgeon – agenda item 6.1 Gaby Lawson, Antimicrobial Pharmacist – agenda items 6.1/8.2 Tracie Taylor, (Pathology Clinical Services Manager/Anticoagulation – agenda item 8.3 and 8.4
	Apologies **Quoracy**	Diana Mowbray, Eloise Summerfield, Ellie Monkhouse, Surinder Ahuja The meeting was quorate
2	**Declarations of interest**	None declared

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No.	Item	Discussion	Decision Made	Action	Responsibility	Due Date	Progress/ Date Closed
3	**Minutes of the last meeting**	Minutes of the last meeting were accepted as a true and accurate record except Conrad Wareham was depicted as CB instead of CW.	Action Points agreed	Minor amendment. Circulate action points			Closed
4	**Matters arising from last meeting**						
3.1	**Buprenorphine**	There is no chronic pain service in Rotherham. A review of patches is required to determine where buprenorphine is being initiated	Provide data initiated by RFT. Audit to be carried out in Primary Care re initialisation	Results to next meeting	SA/OC/CT/SL	May 2016	PARKED
3.7	**Octasa (mesalazine)**	ES is working on a brand switch to Octasa	Patients prescribed mesalazine generically will receive this brand	All generic mesalazine and Ascol prescriptions need to be changed to Octasa. Need to use up our supplies and then change. Letter to patients when change occurs.	OC	April 2016	ONGOING
3.9	**Glaucoma prescribing**	The use of bimatoprost in the area has increased. Mr Jabir finds that latanoprost is not as effective. Clarification on the first line choice is required.	Audit suggested of twenty patients to understand why one drug may or may not be better than the other.	Audit completed. To invite a consultant ophthalmologist to the next meeting to discuss	OC	April 2016	ONGOING
3.11	**Testosterone Shared Care**	Shared Care Protocol completed	Awaiting input from a diabetes		OC/SL	April 2016	

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	Protocol		consultant				
3.13	**COPD Guidelines**	CCG colleagues met with Dr Jon Miles. These guidelines can be used and shared once agreed by Dr Miles - awaiting his response.	Once guidelines approved, share with this Group.	Clarify/gain agreement/approval with Dr Miles. Request the new COPD Guidelines are presented to this Group – SL to send draft guidelines to OC to discuss with Dr Miles	OC/SL	June 2016	ONGOING
3.14	**Melatonin for Children**			Shared Care Protocol and guidance developed for Circadin®		March 2016	Completed CLOSED
13.1	**Medication Safety Group TOR**	MSG Chair Dr Gerry Lynch in attendance. This is a sub group of D&T and the remit of the Group is gradually evolving to take medicine issues forward.	The composition of the TOR to be updated. Request to be sent for representation from Divisional Governance Leads to be responsible and take forward issues in their areas.	To be ratified at the next Medication Safety Group Meeting in March.	SA/GL	March 2016	CLOSED
5.	**Action log**						

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6	**Formulary Requests**						
6.1	**Tobramycin 1.2g powder**	Requested by Mr S Blair, Consultant Surgeon	Approved	Add to Formulary	SA	March 2016	CLOSED
6.2	**Fosfomycin IV**	Requested by Prof. Al-Wali	Approved	Add to Formulary	SA	March 2016	CLOSED
7	**Annual Work Plan**		**Approved**				
8	**Guidelines/ Policies/ Procedures**						
8.1	**COPD Guidelines 2016** **NHS Rotherham CCG**	This guideline meets the prescribing concerns of the CCG and the Respiratory Team at RFT. OC/CW would like page 2 to be referenced. AG agreed but GPs will receive the original document only as a quick and easy reference for prescribing inhalers.		Inclusion of references for RFT.	OC/CT/SL	May 2016	
8.2	**Green stickers on prescription charts to alert for C. difficile**	To alert the prescriber that the patient has had a previous history of C.diff.		Green stickers on prescription charts to alert for C. difficile	To alert the prescriber that the patient has had a previous history of C.diff.		
8.3	**Tinzaparin Shared Care**	Completed in part awaiting graphics to complete the document. The Care Co-Ordination Centre is	CW requested that the guidance be disseminated	TT to contact the CCC for date to commence		March 2106	

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		to facilitate the process	without waiting for Graphics				
8.4	**Anticoagulation Policy: NOACs update**	SL stated that the rise in prescribing of NOACs has risen by 241% in the past year. There is a need to rationalise but different consultants use different NOACs. AG stated that GPs have complained about inappropriate NOAC discharges. CT explained that incorrect doses have been prescribed for renal impaired patients. TT explained that the anticoagulant nurses are involved with warfarin prescribing but are left out of the loop with NOAC prescribing. TT explained that she needed top down support and she was not involved in the contracting of these drugs.	CW made the Group aware that decisions will be made going forward	To discuss every month in this meeting	TT/OC		ONGOING
8.5	**TRFT Opioid Sticker**	RR requested that a run of stickers could be produced with the wording on a single sticker instead of a double as requested. A Serous Untoward Incident led to the development of these stickers	CW agreed and asked that a sample to be brought to the next meeting.	Sample to next meeting	RR/OC	April 2016	

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8.6	**TRFT Opioid SOP**	The word 'ACUTE' has been taken off the document as requested. CW requested that the black type on red background be replaced by white type on red background as the former is not suitable for colour blind people or photocopying. CT requested that 'normal saline' be replaced by '0.9% sodium chloride' and where it states 'mgs' to replace with 'micrograms' as per Medicines Policy. To put in the yellow box 'review patient every 20 minutes for 24 hours' CW requested that diamorphine be not used for general use. The boxes for moderate and severe pain for the fentanyl dose need to be a joint box.	To approve with these minor amendments	Amend as requested	RR	March 2016	CLOSED
9.	**PGD's (renewals)** **None received**						
10	**Formulary Issues**						
10.1	**Biosimilars: Infliximab** **/Etanercept**	Infliximab is under negotiation to be replaced by a biosimilar. To be implemented with Gastroenterology and Rheumatology new patients.					

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		Etanercept - contract for a replacement biosimilar is being negotiated and could be in pale by early summer. SD asked if a patient did was not happy with the new drug if there was freedom to go back to Etanercept. OC replied no. Requirement to let patients aware of the switch and once switched the patients will need careful monitoring.					
11	**New NICE Guidance**	None received.					
11.1	**Technology Appraisals- Process**	OC to receive this guidance and to bring to Group for compliance. The relevant clinicians will need to be involved.					
12	**Bulletins/ Newsletters**						
12.1	**MHRA Drug Safety Updates**	February newsletter.	To be disseminated to all consultants	E-mail all consultants	SA	March 2016	
13	**Quality**						
14	**Minutes/ Feedback from Subgroups**	None received					

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15	**Items approved by Chair outside of meetings**	None					
16	**Items for escalation to OQSEG**	None					
17	**Any other business**						
17.1	**Anakinra for periodic fever syndrome**	A NHSE commissioned drug requested by an RFT Rheumatology consultant. We are not a specialist centre therefore our request will be refused. OC ask SL if obtained will the CCG pay for this drug. SL requires a response from NHSE first before consideration	OC to contact NHSE	Await response	OC/SL		
18	**Notes from the CCG Medicines Management Meeting**						
	1	Traffic light changes Roprinirole – To be non-traffic lighted for restless legs syndrome GPs can initiate Ciclosporin eye drops – Jason Punyer CCG to discuss with Dr Rafiq – requests have been received from Sheffield ophthalmologists to continue prescriptions.					

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	2	Vitamin D – all patients that are insufficient = maintenance therapy (I.e. not requiring treatment) will not be prescribed products but given information regarding lifestyle interventions and advised to self-manage if they wish. (Leaflet below) Rotherham-CCG-vitamin-D-leaflet.pdf					
	3	Self-Blood Glucose Monitoring – Type 2 diabetes Guidelines attached these have been developed with Lynda Astbury Diabetes specialist nurse. • Patients will be switched to the preferred needles • When appropriate patients will be offered a choice of blood glucose meter and some patients will be switched to the preferred meters at their diabetes review.					
	4	Parkinson branded generics Talks with Dr Hafiz • Ropinirole – Repinex XL • Stalevo – Sastavi (Levodopa + Carbidopa + Entcapaone) The CCG will switch patients to these branded generics Dr Hafiz was happy to initiate these brands as they are 50% the cost of the generic – Advised not to initiate pending discussions with TRFT pharmacy as they may not be able to access these brands or happy with branded generic prescribing.					
18	**Date, time & venue of next meeting**	Wednesday 6 April 2016 1pm - 3pm Board Room, D level, RFT					

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