

Medicines Management Committee Meeting
BRIEF MINUTES: Wednesday 12TH January 2022 9.00 am - 11.00 am via MS Teams

Present:

Dr Sophie Holden (SH), GP – Market Surgery – Chair
 Dr Ravi Nallagounder (RNA), GP - Greenside Surgery
 Govinder Bhogal (LB), Deputy Head of Medicines Management – NHS Rotherham CCG
 Eloise Summerfield (ES) Prescribing Adviser – NHS Rotherham CCG
 Gwen Yale (GY) Prescribing Advisor – NHS Rotherham CCG
 Laura Fotherby (LF), Senior Medicines Management Technician – NHS Rotherham CCG
 Stuart Lakin (SL), Head of Medicines Management – NHS Rotherham CCG

In Attendance:

Julie Murphy – Medicines Management Administrator – NHS Rotherham CCG – Minute Taker

Item No.	Item Description	Discussion	Action By
01/22	Introductions	SH welcomed the group to the meeting.	
02/22	Apologies	Nazreen Hussain (NH), PCN Pharmacist –TRFT. Surinder Ahuja (SA) - TRFT Formulary Pharmacist	
03/22	Quorum Check Minimum of 3 members to include: 1 x GP, 2 x Medicines Management Team Members, one of which should be the Head of Medicines Management or deputy and one prescribing support pharmacist from the Medicines Management Team.	The meeting was quorate in line with the Quoracy Guidance within the Terms of Reference.	

04/22	Declarations of Interest	<p>RNA noted his standing declaration as he is an appointed member of the Local Medicines Committee (LMC).</p> <p>Dr S Holden and Dr N Ravi are Rotherham GPs and declared an interest in any items pertaining to general practice.</p>	
05/22	Draft Minutes of the last meeting Wednesday 15 th December 2021 for approval and Matters Arising	<p>Amendments to 650/21 of the minutes – RN advised he is no longer a PCN Director and for the Declarations of Interest be amended moving forward.</p> <p>651/21 – Adele Bunch from the AHSN –Inclisiran On agenda today item 10/22</p> <p>651/21 - Methotrexate Injection Safety Audit Action: GB to look at incorporating practice guidance into bitesize. To Do</p> <p>651.21 - QIPP Update Action: TR to calculate cost of switch and discuss further with GB/SL. Ongoing.</p> <p>651/22 - PARM Stratification Tool Work on hold – SL awaiting update from Sally Webster</p> <p>652/21 - Epilepsy SCP Received by RMOG and due to go to SCE.</p> <p>661/21 - Safety Audit Flozins and Insulin undertaken by ES ES advised that some patients had been coded as having both Type 1 & Type 2 Diabetes. Review to be undertaken in conjunction with the specialist, with an advisory re coding issues. SL recommended sharing the audit with the Practice Managers / Lead GPs / PCN Pharmacists for review and follow up and refer on accordingly. Action: - ES to share audit as directed.</p>	<p>SW</p> <p>GB</p> <p>TR</p> <p>SL</p> <p>ES</p>

		<p>671/21 Clozapine GB advised work had been completed.</p> <p>671/21 - Steroid Plasters LF notes one patient prescribed in October. Action: GY to follow up at practice.</p> <p>671/21 Quarterly Dieticians Meetings SL advised that the Infant feeding pathway was on today's agenda and information had been incorporated into bitesize. Action complete</p> <p>671/21 Gaviscon in Young Children Action – SL to discuss further with dieticians to see if this can be integrated in.</p> <p>Transgender SCP – On agenda today item 09/22 SL advised that the SCP was due to be received at SCE and LMC. SL noted that the LMC were aware of SCP and no comments had been received to date.</p>	<p>GY</p> <p>SL</p>
06/22	Action Log	<p>Ardens/Valproate – ongoing. Awaiting RS to give an update.</p> <p>Acne Workstream – ongoing TR.</p> <p>IM Ergocalciferol – ongoing. To be discussed at MMC when LB is present.</p>	

07/22	CRP Testing and DMARDS	<p>ES provided an overview of the Ardens template which does not include CRP testing, but the SCPs do. British Society of Rheumatology have advised this is no longer required as a monitoring process, However Rheumatology like it though as it provides a trend on patient deterioration. ES noted no response had been received from Gastroenterology. ES advised that Sheffield are the only area in the region who had not removed the monitoring, Barnsley and Doncaster had removed the CRP monitoring.</p> <ul style="list-style-type: none"> • Option 1 – Rheumatology – advise dept to no longer do this. • Option 2 – Continue to include CRP in the SCPs. <p>SH advised Rheumatology do not see the blood results as these go to the GP. RN mirrored this and noted that CRP testing increases the GP workload.</p> <p>ES' recommendation: in line with national guidance and what occurs in neighbouring areas NHS Rotherham will no longer be undertaking CRP testing.</p> <p>Action – ES to write to Rheumatology Action – JMu to add to Action log.</p> <p>ES asked about Gastroenterology SCP – SL advised a blanket approach be applied to drug specific monitoring in line with national guidance.</p> <p>Email response received during meeting re CRP testing and conventional DMARDS (ES) Rheumatologist response if GPs stop doing these patients will have to cope. This test can be requested on a case by case basis if required.</p>	ES JMu
08/22	Nutritional Prescribing Service Performance Report (December 2021)	<p>SL recommended monitoring continue as part of MMT function and any comments to SL.</p> <p>Expenditure on all products was down across the board compared to last year. Monthly spend can be erratic but this is due to when the invoices are received. No cost pressures in the system.</p>	

		<p>Tube feed patients levels had remained fairly static with slight growth. Project started 15 years ago with 95 patients and currently managing over 200 patients.</p> <p>Gluten free expenditure had increased during Covid due to reduced availability of products in supermarkets, this was now reducing as stock becomes available. Patients can contact dietetics if required.</p> <p>Infant feeding went live April 21 with 91% patient seen within 7 days of referral. Delays had been due to parents being unable to make the appointment. 678 patients had gone through the pathway. 13% of newborn patients had gone through the pathway. Dieticians have requested that practitioners do not to start patients on any medication and refer the patient to the dietician. The Dietetic Department intends to undertake an audit to see how the dietician's input has impacted on the patient's outcomes and will feed results into this group.</p> <p>Thickeners SL advised this was now in the contract and all patients in care homes are assessed before being put on a thickener. MMT were not currently managing this but keeping an eye on progress within the care homes.</p>	
09/22	Transgender Guidelines	<p>In conjunction with the Endocrinology Leads a revised guideline with amendments in red and yellow had been shared with members on the 9 January 2022 for discussion today.</p> <p>SL advised there were no substantive changes and that the changes made related to language, more products available and monitoring changes.</p> <p>Monitoring requirement change becomes every, 3 months in the first year and every 6 months for the following 2 years after starting therapy and yearly thereafter. SH advised hi-lighting this, so it is not missed.</p> <p>Endometrial Ultrasound scans for Transmen should now be carried out every 2 years from 5 years after commencing testosterone. SH advised hi-</p>	

		<p>lighting so not missed and that GPs will need to have a robust recall system in place. SL had been liaising with Sara Hartley to reflect the changes in the Local Enhanced Service (LES).</p> <p>RN agreed this was a good document but lengthy, and wondered if a summary could be added. SL advised a summary of treatment was at the end. SH advised having a summary of items which should not be missed e.g. breast screening etc. ES advised incorporating a local summary for Bitesize as the group who assessed the protocol would not be able to do this, SL agreed. Members agreed with the changes.</p> <p>Action: - SL to create a summary for publication in Bitesize.</p>	SL
10/22	Clinical Pathway for Lipid Management	<p>SL advised that this is a national pathway and should be adopted by NHS Rotherham, with a recommendation to incorporate a local referral process as discussed below:-</p> <p>RMOG advised the Injectable Therapies section would need amending for injectable therapy to be undertaken by the Bio-Chemistry Department, and thus reducing inappropriate referrals. SL advised that in the injectable Therapies section GB could add 'see local referral pathways for appropriate referral and care'. SL noted that NHS Rotherham were compliant with the national guidance and have gone above and beyond locally.</p> <p>Action:- SL to provide feedback to pathway group.</p> <p>Action – GB to work on the PDF for local use and discuss with Dr Magdalena Turzyniecka at Bio-Chemistry and amended version to be received by MMC in future. GB to liaise with Janet Sinclair-Pinder regarding the referral process.</p> <p>RN raised concerns on the last paragraph stating that new products can be initiated in primary care and potential conflicts if patients see this and query why they may be referred to a specialist. Members agreed that there is the option for primary care clinicians to initiate these products if confident to do so (as per national guidance) but the referral would enable the most</p>	SL GB

		<p>appropriate products to be initiated after specialist input and discussion with the patient.</p> <p>Group discussed the open prescribing data and agreed titrating up was appropriate.</p>	
11/22	Items for OE	Transgender guidelines for information only.	
12/22	QIPP Update	SL/GB to review the QIPP programme for 2022/23. No local financial implications for 2021/22.	
13/22	Care Homes	<p>Work to start on 7 February 2022. SL and Emma Batten have been communicating with David Charles at NHSE regarding national funding available for 2021/22. SL had provided local proposals for funding and was awaiting response for a Project Co-Ordinator.</p> <p>Hydration module 1 training ready to go and module 2 will be ready later in the year.</p>	
14/22	SYB CPCS Report	<p>GB advised some monitoring was coming through but was random. Discussions were ongoing with Jacqui Tuffnell regarding payments in April 2022 in relation to sign-up requirements. LPC were of the understanding that GPs do not need to sign-up. GB has referred the question to NHSE and awaiting a response. SL had forwarded this to Gail Stones and Gill Mather in the Data Quality Team with regard to the Arden's template to enable a cross match of the information collected.</p> <p>RN advised CPCS was included in the PCN DES contract which all practices had signed up to as part of being in a PCN.</p>	

15/22	eRD (Electronic Repeat Dispensing) Support Programme	LM not present for discussion.	
16/22	Safety warnings from the MHRA, manufacturers and NHS Improvement	Already reviewed.	
17/22	NICE	No update at this time	
18/22	Traffic Light Update	GB – Grazax & Acarizax had become Amber in line with neighbouring areas and a South Yorkshire wide Shared Care Protocol was in development.	
19/22	Horizon Scanning	No update at this time	
20/22	NHSE Accountable Care System (ICS) – Impact	SL noted that the ICS had requested a Local Integrated Pharmacy and Medicines Optimisation (IPMO) group be set up with further discussion at the next meeting.	

21/22	For Information: <ol style="list-style-type: none"> 1. Barnsley APC Minutes 2. Barnsley APC Memo – Memo & Enclosure 3. Doncaster & Bassetlaw APC 4. RDASH Draft MMC Minutes 5. Sheffield Area Prescribing Group 		
22/22	Feedback from RMOG	<p>Sucralfate – was Red on traffic light.</p> <p>Benilexa IUS– Licensed for heavy menstrual bleeding and contraception but no license presently for endometrial protection in HRT</p> <p>Lipid Pathway - discussed under item 10/22</p>	
23/22	Items for RMOG, Items for Escalation or Additions to the Risk Register	No update at this time.	
24/22	Urgent Issues & Appropriate Escalation	No update at this time.	
25/22	Risks Raised	No update at this time.	
26/22	Any Other Business	<p>Lorazepam (GY) GY provided an update regarding administering and/or refusal to administer PRN medications and CQC’s response which had been shared with members.</p> <p>GY asked how best to communicate the information. SL recommended developing a myth busting summary to all GPs, Care Homes and PCN Pharmacists, and provide support to care homes where required.</p>	

		<p>RN recommended education on how to do this should be with the commissioner of the RMBC Nursing homes and Contracting services. RN advised approaching the service providers first to ascertain if a policy was in place.</p> <p>GB noted this will be a seismic shift for some care homes, and we need to manage this gently and allow time to make the changes. RN felt a stronger approach should be taken via CQC to ensure change is made.</p> <p>SL agreed with comments above and has a plan in place to launch the programme, and continue working with the care homes and liaise with RMBC as required.</p> <p>GY to obtain facts and figures of the number of elderly residents occupying residential beds. Lynne Flynn TRFT Care homes team is in regular contact with the care homes and has good relationships in place to undertake the medicines training. GY/LF can provide support straight away as required. SL asked if a PRN policy could be ready for launch on the 7 February 2022.</p> <p>Action – GY to collate the data and develop the PRN policy for the next meeting.</p> <p>Action – JMu to add to next weeks agenda</p>	<p><i>GY</i></p> <p><i>JMu</i></p>
27/22	Date of next meeting	<p>Date and time of next meeting: Wednesday 26 January 2022 from 9.00am – 11.00am via MS Teams</p>	