

**Medicines Management Committee Meeting**  
**BRIEF MINUTES: Wednesday 29<sup>th</sup> July 2020 9.00 am - 11.00 am via Zoom**

**Present:**

(CHAIR) Dr Sophie Holden (SH), GP – Market Surgery  
 Dr Ravi Nallagounder (RNa), GP - Greenside Surgery  
 Stuart Lakin (SL) - Head of Medicines Management - NHS Rotherham CCG  
 Govinder Bhogal – Deputy Head of Medicines Management - NHS Rotherham CCG  
 Surinder Ahuja (SA) – Medicines Evaluation Pharmacist – TRFT  
 Lidia Borak – Prescribing Advisor – NHS Rotherham CCG  
 Raz Saleem (RS) – Prescribing Advisor – NHS Rotherham CCG  
 Nazreen Hussain (NH) – PCN Pharmacist

**In Attendance: Jessica France (JF) –Administration Officer – NHS Rotherham CCG**

<b>Item No.</b>	<b>Item Description</b>	<b>Discussion</b>	<b>Action By</b>
<b>173/20</b>	<b>Introductions</b>	SH welcomed the group to the meeting.	
<b>174/20</b>	<b>Apologies</b>	Emma Batten (EB) – Lead Infection Prevention Nurse – NHS Rotherham CCG Gwen Yale (GY) – Senior Medicines Management Technician – NHS Rotherham CCG	
<b>175/20</b>	<b>Quorum Check</b> 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.	

176/20	Declarations of Interest	<p>RNA noted his standing declaration as he is an appointed member of the Local Medicines Committee (LMC) and is a Primary Care Network (PCN) Director.</p> <p>SH / RNA declared an interest in the item 183/20 Hospital Drugs.</p>	
177/20	Draft Minutes of the last meeting 01 July 2020 (for approval) and Matters Arising	<p>The minutes recorded were a true and accurate representation of the discussion during the meeting.</p>	
178/20	Action Log	<p>This item is now resumed and will be discussed at the fortnightly meeting.</p> <p><b>Item 15 – Hypnotics:</b>  <b>ACTION: RS to bring back to next MMC meeting</b></p> <p><b>Item 16 - Deprescribing of Antibiotics:</b>  TR / SH / EB met with TRFT and will feedback to MMT in next team meeting.  <b>ACTION: TR / SH / EB to bring to next meeting to discuss future plan.</b></p> <p><b>Item 17 - Antibiotic Tool Kit:</b>  This item was not discussed as EB was absent from the meeting.  <b>ACTION: EB to share information at next MMC meeting.</b></p> <p><b>Item 18 - Hydration in CH:</b>  Ongoing work stream with GY starting projects in Care Homes to obtain data. Information due to be shared in the coming months.</p>	

179/20	<b>Yorkshire &amp; The Humber Monthly Financial Headlines May 20</b>	<p>SL updated MMC with the financial position of NHS Rotherham CCG, referencing Enc 7 (Yorkshire &amp; The Humber Monthly Financial Report). SL noted that the current situation makes the remainder of the year difficult to predict.</p> <p>The Finance department are currently discussing plans for the FIS / QIS schemes to run whilst the year 2020/21 budget is not confirmed. It was noted that the months of March and April were the most expensive in the past 5 years, which is due to the COVID-19 pandemic and more demand of NHS services.</p>	
180/20	<b>Adalimumab Regional Report 2020-21</b>	<p>It was noted that 96% of adalimumab that we are prescribing is the biosimilar product. Rotherham have switched more patients to biosimilars than any other CCG in Yorkshire. There has been a good working relationship with TRFT in enabling this to occur. SL noted that this is a positive outcome and is hopeful that there will be similar progress with other biosimilars.</p> <p>ICS are looking to put in place a 'Gain Share Policy'. Rotherham currently holds a 'Total Block Contract'.</p>	
181/20	<b>FIS / QIS Update</b>	<p>Two QIS Indicators revolve around DOAC but we are limited as to how results could be monitored.</p> <p>A discussion was had as to how this QIS indicator could be effective due to the volume of patients who are now on a DOAC.</p> <p>It was decided to monitor Creatinine Clearance and ensure that a weight has been recorded within the last 12 months.</p> <p><b>ACTION: JF to confirm with GB in next MMC (on return from annual leave) whether it was agreed to exclude patients with atrial fibrillation.</b></p>	<b>JF</b>

182/20	<b>PresQuipp OTC Spend</b>	Epact / BSA / Presquip all have different parameters for recording spend. 19/20 Presquip Over the Counter (OTC) has been reviewed. Rotherham has the second lowest spend at £0.88 per patient. The average is £0.95 per patient across the ICS. This is despite Rotherham being the only CCG without a minor ailment scheme. There is no evidence that the lack of minor ailment scheme has had an impact on prescribing for GPs. There has been no increased pressure for appointments as a result of disbanding the scheme.	
183/20	<b>Hospital Drugs - Recording on Clinical Systems</b>	GB shared the documents with MMC explaining the additions / changes for members to comment on. Nothing was altered on the document therefore the document can now be circulated. <b>ACTION: JF upload to CCG Website / SL to circulate to all practice managers in Rotherham / GB to add to Monthly Bitesize.</b>	<b>JF / SL / GB</b>
184/20	<b>Audit: Moved on Prescribers and Out of Area Dispensing</b>	RS informed MMC that there is a quarterly check to confirm that necessary checks have been completed. This ensures Rotherham do not have to pay the cost for out of area prescribing- The process will be published onto CCG Website when complete.	
185/20	<b>EPS Hospital Units and Prescribing</b>	Last community unit to go EPS is Green Oaks (Midwifery Services) at TRFT. Large number of units have successfully turned on EPS including: Advanced nurse practitioners in care homes, Breathing Space, Community geriatricians, matrons, stoma & incontinence service, Diabetes Specialist Nurses, Heart Failure nurses, Out of Hours, Integrated and Rapid Response 0-19 (Children and Complex Needs that are not under RDaSH), audiology <b>ACTION: Circulate information in next Bitesize</b>	

186/20	2020/21 Cost Savings Ideas	<p>GB updated MMC with the Cost Savings schedule for 2020/21. The schedule will be starting from August 2020. The first two projects are bulk switches which should be straightforward to remotely carry out. The later schemes will be more complicated and can be done once lockdown rules ease and more work can be completed within the practices. Minor alterations have been suggested to the work plan schedule. There will be a degree of flexibility depending on the situation at the time the projects are due,</p> <p><b>ACTION: GB to make changes as appropriate / RS to liaise if necessary. JF / SL to contact Local Pharmacists when necessary to make them aware of the changes.</b></p>	GB / JF / SL
187/20	QIS 2020/21	<p>LB explained enclosure 15a to MMC (HRT QIS indicator), which was guidance for MMT / PCN staff. The document was to explain how to achieve the outcome for QIS indicators. MMC noted that this is beneficial and every team member will complete a guidance document for each QIS item as a reminder of what is expected and to gain as much as possible from the schemes.</p> <p><b>ACTION: Each QIS indicator to have an accompanying document detailing instructions for practices which will include the aim of the QIS indicator, baseline and the expected target / outcome.</b></p>	ALL
188/20	B12 Injections	<p>LB informed MMC of the prescription revision tool to aid QIS work stream. MMC agreed it was very informative. It gives guidance to clinicians reviewing the clinical need for B12 injections. Due to COVID, many practices have reviewed their patients and done switches from injections to tablets where appropriate. There has been an influx of complaints from patients in response to stopping B12 injections (or lengthening the time between injections) during COVID. SL has responded to an MP's letter regarding Vitamin B12.</p> <p><b>ACTION: JF to add attachment to CCG Website.</b></p>	JF

189/20	Hospital Discharge Letters	<p>NH explained that PCN staff are concerned over discharge letters as they are very lengthy and contain multiple errors which could be a potential risk. NH also noted that once these errors have been corrected, it can take up to 4 weeks from when the original concern was raised and the patient was discharged from hospital.</p> <p>SA noted that there may be an interface issue with the lengthy letters as she has only seen 4/5 pages maximum. She receives information from Barnsley which will be passed on to NH. She requested NH to forward the lengthy discharge letters for SA to review to identify any concerns.</p> <p><b>ACTION: NH to ask Datix to be forwarded on so PCN Pharmacists have access to the information.</b>  <b>ALL to forward any examples of poor quality discharge letters to SA for review.</b></p>	NH / ALL
190/20	Items for OE	No items for OE	
191/20	Care Homes	There was no discussion regarding this item	
192/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	There was no discussion regarding this item	

193/20	<b>NICE</b>	There was no discussion regarding this item	
194/20	<b>Traffic Light Update</b>	There was no discussion regarding this item	
195/20	<b>Horizon Scanning</b>	There was no discussion regarding this item	
196/20	<b>NHSE Accountable Care System (ICS) – Impact</b>	There was no discussion regarding this item	
197/20	<b>For Information:</b> <ul style="list-style-type: none"> <li>• <b>Barnsley APC Minutes</b></li> <li>• <b>Barnsley APC Memo – Memo &amp; Enclosure</b></li> <li>• <b>Doncaster &amp; Bassetlaw APC</b></li> <li>• <b>RDASH Draft MMC Minutes</b></li> <li>• <b>Sheffield Area Prescribing Group</b></li> </ul>	There was no discussion regarding this item	
198/20	<b>Feedback from RMOG</b>	There was no discussion regarding this item	

199/20	Items for RMOG, Items for Escalation or Additions to the Risk Register	There was no discussion regarding this item	
200/20	Urgent Issues & Appropriate Escalation	There was no discussion regarding this item	
201/20	Risks Raised	There was no discussion regarding this item	
202/20	Any Other Business	<p>NH discussed 7 day prescribing during the meeting, informing the group that pharmacy have been dispensing monthly scripts and will not give NOMADs.</p> <p><b>ACTION: JF to confirm details with SL / NH in next MMC meeting.</b></p> <p><b>NH informed MMC that the New Pharmacy Technician will start in their new role.</b></p> <p><b>ACTION: MMT member to review guidance/policy for Issue regarding insurance to ensure technicians are fully covered whilst working for the practices.</b></p>	<p><b>JF</b></p> <p><b>MMT</b></p>
203/20	Date of next meeting	<p><b>Date and time of next meeting:</b></p> <p>Wednesday 12<sup>th</sup> August from 9.00am – 11.00am via Zoom.</p>	