

**Medicines Management Committee Meeting**  
**BRIEF MINUTES: Wednesday 12<sup>th</sup> August 2019 9.00 am - 11.00 am via Zoom**

**Present:**

(CHAIR) Dr Sophie Holden (SH), GP – Market Surgery  
 Dr Ravi Nallagounder (RN), GP - Greenside Surgery  
 Stuart Lakin (SL) - Head of Medicines Management - NHS Rotherham CCG  
 Govinder Bhogal – Deputy Head of Medicines Management - NHS Rotherham CCG  
 Tara Ramakrishnan – Prescribing Advisor – NHS Rotherham CCG  
 Raz Saleem (RS) – Prescribing Advisor – NHS Rotherham CCG  
 Gwen Yale (GY) – Senior Medicines Management Technician – NHS Rotherham CCG  
 Emma Batten (EB) – Lead Infection Prevention Nurse – 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>204/20</b>	<b>Introductions</b>	SH welcomed the group to the meeting.	
<b>205/20</b>	<b>Apologies</b>	Laura Fotherby (LF) – Senior Medicines Management Technician – NHS Rotherham CCG Surinder Ahuja (SA) – Medicines Evaluation Pharmacist – TRFT	
<b>206/20</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.	

207/20	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>	
208/20	<p><b>Draft Minutes of the last meeting 29 July 2020 (for approval) and Matters Arising</b></p>	<p>GB confirmed for the previous minutes (FIS/ QIS update 181/20) that there would be no exclusion of AF patients from the DOAC indicator.  <b>ACTION: JF to correct previous minutes as appropriate</b></p> <p><b>ACTION: JF to liaise with LB to upload 'B12 Injections' document to the CCG Website.</b></p> <p>AOB 202/20 –practices should not issue a 7 day prescription if requested by pharmacists for a NOMAD. There is guidance available for pharmacies regarding NOMADS.</p> <p><b>ACTION: GP practices should NOT issue seven day prescriptions  Item to be discussed at MMT meeting – review BMA guidance and see whether CCG website can be updated to reflect advice</b></p> <p>The minutes recorded were a true and accurate representation of the discussion during the meeting.</p>	<p>JF</p> <p>JF</p>
209/20	Action Log	<p><b>Item 15 – Hypnotics:</b>  RS has produced streamlined guidance and forwarded this to RDaSH for comments. It was noted that this item was paused due to COVID, however RS is waiting for further notice from RDaSH when this item will resume.  <b>ACTION: RS to liaise with RDaSH to MMC 09/09/2020</b></p> <p><b>Item 16 - Deprescribing of Antibiotics:</b>  This item is on the agenda (214/20 and 215/20)</p> <p><b>Item 17 - Antibiotic Tool Kit:</b>  SL informed MMC that the Antibiotic Strategy will be completed by early September</p>	

		<p><b><i>ACTION: SL to bring this item to the next meeting.</i></b></p> <p><b>Item 18 - Hydration in CH:</b> A meeting is due to take place next in the near future. <b><i>ACTION: GY to update at next MMC meeting.</i></b></p>	
210/20	<b>Drugs for Not Routinely Prescribing (DNRP)</b>	<p>RS provided MMC with a verbal update explaining information enclosed in the updated report (Enc 7). The report has been based on cost not items. RCCG is not an outlier in any specific area. All areas are heading in the right direction.</p> <p>Rubifaciants, doxazosin and travel vaccines have all shown positive downward trends.</p> <p>Dolusepin has gone up due to cost (QIS indicator). The graphs make it clear where interventions have been made by practices/ CCG.</p> <p>There have been no negative comments from patients or practices about DNRP.</p>	
211/20	<b>Antidepressant Drug Report</b>	<p>RS shared the report and discussed the figures presented with MMC. It was identified that Rotherham is the second highest prescriber of antidepressants in Yorkshire. A financial risk has been identified for the CCG as the cost of sertraline has significantly increased. Sertraline is the first choice antidepressant for Rotherham as per NICE guidance. We are high prescribers of this medication compared to some other CCGs. Essentially, practices are prescribing the correct medications but are prescribing high volumes. RS is currently working with Kate Tufnell (KT) to direct patients to other areas of help and resources other than medication. This includes the Rotherhive website which directs patients to therapies and local / national support for a range of mental health conditions.</p>	

		<p>It was noted that KT may have the funding required to carry out additional review for patients on long term medication with a view to deprescribing if appropriate. Variations in prescribing data between practices has been carried out and will be used to help focus resources for long term SSRI reviews.</p>	
<p>212/20</p>	<p><b>Cardiovascular Report</b></p>	<p>GB shared the report with MMC. Rotherham have a 20% cost growth and 7% item growth for cardiovascular prescribing (below the England average of 21%). Rotherham is a still very high prescriber of low molecular weight heparin (LMWH) – this may be due to GPs prescribing for maternity cases whereby in other CCGs Secondary Care prescribe these items.</p> <p>We are in the middle of the cluster for oral anticoagulants and our rising costs are in line with other CCGs.</p> <p>It appears Rotherham are under prescribing and undertreating patients with a CHADS/VASC score &gt;2 scoring 90.4%. Although we are only 4% from the top performing CCG in our cluster it is enough for Right Care to feel we are performing poorly.</p> <p>A discussion was had querying whether GPs are more cautious of initiating DOACS/anticoagulants compared to secondary care colleagues.</p> <p>It was also noted that the data picks up the most recent CHADS/VASC score –some of which may be historical patients who may no longer have Atrial fibrillation e.g. following cardioversion.</p> <p><b>ACTION: Encourage GP practices to review patients with CHADS-VASC score &gt;2 and remove the readcode where appropriate</b></p> <p>Rotherham antiplatelet report shows prescribing going down but costs elevating due to clopidogrel.</p> <p>The anti-lipid therapy report shows Rotherham is the 2<sup>nd</sup> highest CCG in the cluster for items. Costs are high but we are not performing so well to the QOF targets which has again been noted by Right Care,</p> <p>A discussion was had as to why this may be occurring.</p> <p><b>ACTION: GB to update Lipid Guidelines and bring to MMC for comments.</b></p>	<p><b>GB</b></p>

213/20	Discussion of RDTC Respiratory Report	<p>TR noted that the document shared is a summary of the content in the report. Asthma patients are overusing salbutamol inhalers. It was agreed that MMT will provide the searches to look for patients who have been issued more than 6 inhalers over the past 12 months. If receiving 2 inhalers on each prescription then the frequency of ordering should be lengthened to reflect this. ES commented to change from 'reduce items' to 'increase length of ordering' in the document.</p> <p>This workstream is for practices to begin implementing once approved. SL queried whether PCN Pharmacists/Techs could carry out Asthma reviews. <b><i>ACTION: Development of a salbutamol factsheet for patients</i></b></p> <p>Triple therapy in COPD Our CCG has a selection of low carbon inhalers on the formulary ACTION: SL will confirm QIS/ FIS budget Video links for patients given inhalers to show how to use them correctly Discuss with Gordon Laidlaw re production of leaflets for salbutamol and video links for using inhalers</p>	
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214/20	<b>Deprescribing of Topical Antibiotics for Acne</b>	<p>TR shared a document with MMC regarding the Deprescribing of Topical Antibiotics for Acne.</p> <p>A letter to will be sent to patients which contains information about the use of the medication and that it is not recommended for long term use. This has already been reviewed by Helen Wyatt (patient liaison officer). Topical antibiotics should be stopped after 3 months due to resistance and changed to benzoyl peroxide 5%.</p> <p>SH suggested that there may be potential complaints/push backs due to the nature of the medication.</p> <p>RNA commented that it would be more appropriate to carry out 12 monthly reviews rather than 6 months so it fits within a medication review cycle.</p> <p>ES suggested lowering the age to 12 years old as this will then capture younger patients with acne.</p> <p>SL suggested that it may be beneficial for future use to create a patient information leaflet.</p> <p><b>ACTION: SL/TR to liaise with HW to produce letter and discuss creating a patient leaflet</b></p>	SL / TR
215/20	<b>Deprescribing of COPD Rescue Medication</b>	<p>TR shared a document with MMC that has been seen and commented by both Maria Ascensio (MA) and Helen Wyatt. Jacqui Pollington (JP) has concerns that GPs may not want to take sputum samples from patients.</p> <p>RNA commented that some people have green sputum in the morning but not throughout the rest of the day. Purulent and brown sputum is more of a concern. It was agreed that the colour of sputum is not helpful in the context of a colour chart. It is better to reference changes to volume and consistency of sputum rather than a change in colour.</p> <p><b>ACTION: TR to remove the colour chart from the document and make the alterations as suggested by MMC.</b></p> <p><b>Final document to come back to next MMC for approval</b></p>	TR
216/20	<b>Diabetes Report</b>	<p>SL shared the diabetes report with MMC.</p> <p>There has been no change from the previous report. Rotherham has the second highest prescribing costs in Yorkshire and is poorly performing at QOF targets, We have high insulin and gliptin use compared to other CCGs in the cluster.</p> <p><b>ACTION: MMT are planning to review patients accessing high volumes</b></p>	

		<p><i>of insulin to ensure whether the volumes of insulin they receive are correct for their needs.</i></p> <p><i>Diabetes guidelines are in the process of being updated.</i></p> <p><i>The diabetes specialist nurse service is being reviewed with an emphasis towards increased community working.</i></p>	
217/20	Items for OE	Infant Feeding guidelines	
218/20	Care Homes	Recent regional care home meetings suggest that Rotherham are ahead of the curve with their input into care homes. We are already doing everything that has been suggested and have started to develop good relationships with the PCNs.	
219/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	There was no discussion regarding this item as SA was not present.	
220/20	NICE	There was no discussion regarding this item	
221/20	Traffic Light Update	There was no discussion regarding this item	
222/20	Horizon Scanning	There was no discussion regarding this item	

223/20	<b>NHSE Accountable Care System (ICS)</b> – Impact	There was no discussion regarding this item	
224/20	<b>For Information:</b> <ul style="list-style-type: none"> <li>• Barnsley APC Minutes</li> <li>• Barnsley APC Memo – Memo &amp; Enclosure</li> <li>• Doncaster &amp; Bassetlaw APC</li> <li>• RDASH Draft MMC Minutes</li> <li>• Sheffield Area Prescribing Group</li> </ul>	There was no discussion regarding this item	
225/20	<b>Feedback from RMOG</b>	There was no discussion regarding this item	
226/20	<b>Items for RMOG, Items for Escalation or Additions to the Risk Register</b>	There was no discussion regarding this item	
227/20	<b>Urgent Issues &amp; Appropriate Escalation</b>	There was no discussion regarding this item	
228/20	<b>Risks Raised</b>	There was no discussion regarding this item	



229/20	Any Other Business	<p>Hospital Recording of Druga: RNA has been altering the way this is recorded in Systm1 as per CCG guidance. He has noticed that a lot of the historical medications are non-ETP prescriptions which has meant that patients have been unable to receive electronic prescriptions. RS explained that this can easily be resolved by ensuring the correct box is ticked on the organisational settings of Systm1.</p> <p><b>ACTION: RS to take this item to the MMT team meeting and cascade to PCN pharmacists and practices.</b></p> <p>A new product, Beovu / Brolocizumab has been licensed for AMD – NICE has been delayed but it is being heavily marketed by the company claiming it will reduce clinic appointments as it can be used 8 or 12 weekly and is therefore a Covid strategy. It was agreed by RMOG for it to be used third line, only for patients that currently needing other products every 4 weeks due to inadequate response. This will be closely monitored by Blueteq and invoices, as over-use of this product will reduce potential savings for future biosimilars of ranibizumab (Lucentis) from next year.</p> <p>Update needs to be included in the next issue of Bite Size</p> <p>Infant feeding Pathway has been produced by dieticians with input from 0-19 service <b>ACTION: to be taken to OE and as an AOB at SCE</b> <b>Once approved to be added to the next issue of Bitesize</b></p>	
230/20	Date of next meeting	<p><b>Date and time of next meeting:</b> Wednesday 9<sup>th</sup> September from 9.00am – 11.00am via Zoom <b>Wednesday 26<sup>th</sup> August meeting is cancelled due to lack of availability.</b></p>	