

Medicines Management Committee Meeting
BRIEF MINUTES: Wednesday 23rd September 2019 9.00 am - 11.00 am via Zoom

Present:

(CHAIR) Dr Sophie Holden (SH), GP – Market Surgery
 Dr Ravi Nallagounder (RNA), GP - Greenside Surgery
 Govinder Bhogal – Deputy Head of Medicines Management - NHS Rotherham CCG
 Raz Saleem (RS) - Prescribing Advisor – NHS Rotherham CCG
 Lidia Borak (LB) – Prescribing Advisor – NHS Rotherham CCG
 Tara Ramakrishnan – Prescribing Advisor – NHS Rotherham CCG
 Gwen Yale (GW) – Senior Medicines Management Technician – NHS Rotherham CCG

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

<i>Item No.</i>	<i>Item Description</i>	<i>Discussion</i>	<i>Action By</i>
257/20	Introductions	SH welcomed the group to the meeting.	
258/20	Apologies	Emma Batten (EB) – Lead Infection Prevention Nurse – NHS Rotherham CCG Stuart Lakin (SL) - Head of Medicines Management - NHS Rotherham CCG	
259/20	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.	

260/20	Declarations of Interest	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.	
261/20	Draft Minutes of the last meeting 09 September 2020 (for approval) and Matters Arising	The minutes recorded were a true and accurate representation of the discussion during the meeting.	
262/20	Action Log	<p>Item 15 – Hypnotics: RS noted that this item will be returned in 4 weeks' time, for the next MMC dated 21st October 2020. ACTION: RS to bring back to the MMC dated above.</p> <p>Item 16 - Deprescribing of Antibiotics: TR was not present therefore could not update MMC. ACTION: TR to update when present at future meetings.</p> <p>Item 17 - Antibiotic Tool Kit: ACTION: JF to merge Item 16/17</p> <p>Item 18 - Hydration in CH: GB / GY attending a residential care home provider meeting. Initial meetings with dieticians. Going to be moving forward with the project. ACTION: GB / GY to update MMC of outcomes when the meeting has taken place.</p>	

263/20	SOP for Vaginal Estriol Cream	<p>GB presented the enclosure in LB absence. The document was shared for information / comments.</p> <p>GY noted that this switch has been carried out in another CCG and noted that is it to be explained to patients to use 0.5g rather than 5g (10x stronger so less product needed).</p> <p>Concern was raised by all members on how to communicate this information clearly to patients. PCN pharmacists to possibly be involved in the delivery of this switch as some patients may need to be phoned to discuss the switch.</p> <p><i>ACTION: LB to create a letter that is patient friendly to communicate out (possibly seek advice of HW).</i></p>	LB
264/20	Hospice prescribing requests to GP Practices	<p>LM asked for opinions on a way forward for this item. The hospice is now ETP live so can send prescriptions electronically which will mean patients should get their medication in a timely manner. Historically, the Hospice would ask GPs to prescribed palliative medications on their behalf. Now that they can prescribe, would GPs be happy for them to prescribed the medication and inform GPs of their plan in the records?</p> <p>The majority of hospice staff are non-prescribers –they only have 2 prescribers so they would not have the capacity to take on the prescribing of EOLC medications for the whole Rotherham population. Concerns were raised about the risk of transcribing medications from the patient records when medication is requested.</p> <p>After discussion, it was decided that if an urgent medication was needed for an individual then the hospice should prescribe it and GPs are to be tasked regarding routine medications, repeats or syringe drivers as is the current case.</p>	

265/20	eRD in Rotherham	LM requested to discuss in the next MMC when SL is in attendance.	
266/20	Antibiotic Report	GB requested to discuss in the next MMC when TR is in attendance.	
267/20	Neuropathic Pain Guidelines	<p>LM presented the guidelines to MMC. Here for comment with a view to ratifying the guidelines. There has been no update with NICE Guidance since they were produced.</p> <p>Comments from the previous guidelines have been updated. There has been no change to the medications. Clearer advice regarding weaning off medication has been added and explained. Tramadol is not to be used long term.</p> <p>It was suggested that a 'CD' symbol is added to the Gabapentin / Pregablin boxes to highlight this. A further sentence to be added to the amitriptyline box, highlighting that this medication has a higher anti-cholinergic burden than the other medication.</p> <p>ACTION: All medications to have a trial of 3 months (for duloxetine to state to trial for 2-3 months) Add 'CD' / Controlled Drug symbol to Gabapentin / Pregablin Highlight amitriptyline as having a higher anti-cholinergic burden than the other medication</p>	

268/20	Using AccuRX for Insulin Usage	<p>RS explained SW document in her absence. This document is to be used in relation to contacting patients about their insulin usage. It has been through the Information Governance process. It is a quick and efficient way of contacting patients and obtaining a response. A generic text message will be sent to all patients on insulin. The process will be readcoded and the dosage of insulin will be updated in the medication records. The document has been approved.</p> <p><i>ACTION: SW needs to ensure frequency of medications is documented so it is visible to TRFT and if the dose is associated with mealtimes. SW to return to MMC for clarification of wording.</i></p>	
269/20	Homely Remedies	<p>GY shared her enclosure with MMC for comments. A document was brought regarding the use of homely remedies in Care Homes. The document is to authorise or exclude patients whom the GP feels would be appropriate to receive homely remedies. It has to cover all OTC items which may be needed (including some which may not usually be prescribed e.g. simple linctus). It is based on NICE guidance and CQC.</p> <p><i>ACTION: Approved → to be taken to OE within the minutes</i></p>	
270/20	Items for OE	<p>Homely Remedies Neuropathic Pain Guidelines (once updated)</p>	

271/20	Care Homes	<p>Individual practice permission is being sought to clarify the work that GPs are happy for the MMT technicians to undertake. Clarity is needed to ensure that the team are working consistently across practices. The document gives clear guidance and clarity regarding tasks.</p> <p>The team are identifying further care homes to work with in future. This expansion depends on a new team member being recruited to replace the previous technician.</p> <p>There will be further PPE training for Care Home staff and the CH Team are not currently visiting care homes as per government guidelines.</p>	
272/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	<p>SA shared the enclosures highlighting key areas. DOAC – reminder about bleeding risk especially with renal impairment and doses e.g. ensure CrCl (our AF guidelines include a similar renal impairment chart).</p> <p>ACTION: Bitesize – hyperlink on ScriptSwitch</p> <p>Clozapine –RDASH guidance needed regarding blood monitoring (TRFT do not prescribe or dispense clozapine –patients need to bring their own supply to the hospital)</p> <p>Emollients- risk of severe/ fatal burns</p> <p>Laxatives- stimulant laxatives will only be available OTC in smaller pack sizes in supermarkets etc to reduce risk of abuse.</p>	

273/20	NICE	<p>GB shared the current NICE guidelines update.</p> <p>Remsiva – Infliximab s/c injection for use at home – will not involve primary care –will be on Blueteq</p> <p>ACTION: GB to consider putting the NICE guidelines on MMT website</p>	
274/20	Traffic Light Update	<p>There was no discussion regarding this item.</p>	
275/20	Horizon Scanning	<p>There was no discussion regarding this item.</p>	

276/20	NHSE Accountable Care System (ICS) – Impact	There was no discussion regarding this item.	
277/20	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 	There was no discussion regarding this item.	
278/20	Feedback from RMOG	There was no discussion regarding this item.	

279/20	Items for RMOG, Items for Escalation or Additions to the Risk Register	Emollient Guidelines	
280/20	Urgent Issues & Appropriate Escalation	There was no discussion regarding this item.	
281/20	Risks Raised	There was no discussion regarding this item.	
282/20	Any Other Business	Feedback from Dr Ravi that having multiple urgent request from RDaSH services to prescribe acute medication (sometimes new) for patients as unable to get to clinic due to remote working etc (Covid related) and GP having to prescribe – RDaSH should do the prescribing and have facility to get prescription to patient. RS, along with Kate Tufnell, will raise with RDaSH as logging such issues to support electronic prescribing	

		<p>SA informed MMC that she has received 20 discharge letters from MMT and practices in the past week which have been Datix'd. These will be taken to the EPMA user group.</p> <p>SH suggested to discuss QUIT at the next MMC meeting</p> <p>RS asked for advice regarding the work on templates carried out</p>	
283/20	Date of next meeting	<p>Date and time of next meeting: Wednesday 7th October from 9.00am – 11.00am via Zoom</p>	

DRAFT