

Medicines Management Committee Meeting BRIEF MINUTES: Wednesday 7th October 2019 9.00 am - 11.00 am via Zoom

Present:

(CHAIR) Dr Sophie Holden (SH), GP – Market Surgery Dr Ravi Nalliagounder (RNa), GP - Greenside Surgery Surinder Ahuja (SA) - Medicines Evaluation Pharmacist – TRFT Stuart Lakin (SL) - Head of Medicines Management - NHS Rotherham CCG Govinder Bhogal – Deputy Head of Medicines Management - NHS Rotherham CCG Lisa Murray (LM) - Prescribing Advisor – NHS Rotherham CCG Laura Fotherby (LF) – Senior Medicines Management Technician – NHS Rotherham CCG Christelle Van der Bijl (CV) – PCN Pharmacist Catherine Hall (CH) - Deputy Chief Nurse/Designated Nurse Safeguarding and Looked After Children In Attendance: Jessica France (JF) –Administration Officer – NHS Rotherham CCG

ltem No.	Item Description	Discussion	Action By
283/20	Introductions	SH welcomed the group to the meeting.	
284/20	Apologies	Emma Batten (EB) – Lead Infection Prevention Nurse – NHS Rotherham CCG	
285/20	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.	

286/20	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.	
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287/20	Draft Minutes of the last meeting 23 September 2020 (for approval) and Matters Arising	The minutes recorded were a true and accurate representation of the discussion during the meeting.
288/20	Action Log	Item 15 – Hypnotics: To be discussed at MMC 21 st October 2020 Item 16/17 - Deprescribing of Antibiotics / Antibiotic Tool Kit: There were no further updates regarding this item. Item 18 - Hydration in Care Homes: There were no further updates regarding this item.

 the reality of crying babies rather than medicalise it. The ICON programme plans to link in with the newly developed infant feeding pathway. CH has liaised with SL to identify national trends in prescriptions including Gastric Reflux and Formula Milk. Prescriptions have decreased in areas where ICON is used. SL responded that there are so many factors influencing the prescribing of these products it would be impossible to ascertain the effect of the ICON initiative on prescribing rates. ACTION: SL suggested CH link in with dieticians at TRFT to further this 	SL / CH
GY forwarded her document to MMC highlighting the changes agreed in the previous meeting. MMC did not make any further changes and approved the document. ACTION: SL to take this item to the next OE meeting	SL
	 pathway. CH has liaised with SL to identify national trends in prescriptions including Gastric Reflux and Formula Milk. Prescriptions have decreased in areas where ICON is used. SL responded that there are so many factors influencing the prescribing of these products it would be impossible to ascertain the effect of the ICON initiative on prescribing rates. ACTION: SL suggested CH link in with dieticians at TRFT to further this work stream. SL to provide contact information for CH. GY forwarded her document to MMC highlighting the changes agreed in the previous meeting. MMC did not make any further changes and approved the document.

292/20	Antibiotic Report	ACTION: GB to liaise with TR regarding data in the report and to update MMC at the next meeting. The current data ideally needs comparators e.g. per 1000 patient.	GB
291/20	eRD (Electronic Repeat Dispensing) in Rotherham	 LM updated MMC on this item and has been working alongside LB and GW with various practices regarding eRD. LM suggested sending out an email to practices below 5% along with an FAQ document. MMT aims to establish the appetite for virtual ordering of repeat prescriptions for patients. GB suggested concentrating first on young patients who are only on one or two medications and are stable. LM to use the knowledge from NHS Wakefield CCG and implement eRD in 3 Rotherham practices as examples, if successful, PCN pharmacists can further implement in additional practices. CV explained how she is progressing with eRD in one of her practices. She is contacting suitable patients a week after they have had their medication review. This ensures there is a trickle effect of patients being chosen for eRD and the pharmacy is not being overwhelmed. ACTION: LM to circulate introductory information (finalise with MMC before distribution) LM to liaise with CV regarding eRD in Rotherham. 	LM / CV

293/20	Financial and Quality Incentive Schemes (FIS & QIS) Criteria	The CCG is in a difficult financial position this year and is expected to be in deficit at Year End based on current predictions. MMT have the ability to influence savings in prescribing areas with the QIS and FIS scheme. The scheme does need to justify its cost and will consist of switches and swaps which can be completed within a six month period. The proposed FIS & QIS criteria will not be linked to practice budgets. Practices will receive 10p per item providing they meet the target. There will be 13 criteria payment of 10p/patient will be made against each criteria achieved. OE was very supportive in providing an incentive scheme for GPs as the scheme has. The indicators will be finalised within the following days and will be taken to OE for approval. SL asked for comments from MMC with the revised format and no major concerns were raised.
294/20	Items for OE	FIS & QIS Neuropathic Guidelines RCCG is reviewing its' options regarding prescribing software for GP Surgeries. SL to seek advice from OE regarding this change.
295/20	Care Homes	MMT have shortlisted for the Care Home Technician role and are due to interview in the coming weeks.

296/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	 Opioids –risk of dependence and addiction Fentanyl patches- do not use in opioid naïve patients Methotrexate –specify on the dose directions which day they take this weekly medication on e.g. Methotrexate Monday, Folic acid Friday –SA will discuss with rheumatology Insulin – rotating injection sites to reduce risk of cutaneous amyloidosis
297/20	NICE	There was no discussion regarding this item.
298/20	Traffic Light Update	There was no discussion regarding this item.
299/20	Horizon Scanning	There was no discussion regarding this item.

300/20	NHSE Accountable Care System (ICS) – Impact	SL informed MMC that the QUIT programme was discussed at the latest ICS meeting. The project is due to start in January with Sheffield leading on it. A gluten free engagement exercise has been undertaken with 80 patients involved. Feedback is awaited before a decision is taken as to whether a broader consultation is needed.
301/20	 For Information: 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.
302/20	Feedback from RMOG	There was no discussion regarding this item.
303/20	Items for RMOG, Items for Escalation or Additions to the Risk Register	There was no discussion regarding this item.
304/20	Urgent Issues & Appropriate Escalation	There was no discussion regarding this item.

305/20	Risks Raised	There was no discussion regarding this item.	
306/20	Any Other Business	 SL contacted Practice Managers and will circulate communication regarding practices working only with prescription ordering apps that are integrated with SystmOne or EMIS Web. ACTION: SL to produce a letter to send to Practice Managers. SL to circulate letter at next MMC for comments. SA informed MMC that the AF guidelines have not yet been approved after being reviewed – a few minor alterations are needed before it can be ratified. ACTION: SA to liaise with GB regarding missing links and minor changes highlighted. 	SL SA / GB
307/20	Date of next meeting	Date and time of next meeting: Wednesday 21 st October from 9.00am – 11.00am via Zoom	