

Medicines Management Committee Meeting
BRIEF MINUTES: Wednesday 21st October 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
 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
 Raz Saleem - Prescribing Advisor – NHS Rotherham CCG
 Gwen Yale (GY) – 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>
308/20	Introductions	SH welcomed the group to the meeting.	
309/20	Apologies	Emma Batten (EB) – Lead Infection Prevention Nurse – NHS Rotherham CCG Lisa Murray (LM) - Prescribing Advisor – NHS Rotherham CCG	
310/20	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.	


311/20	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.	
312/20	Draft Minutes of the last meeting 7 October 2020 (for approval) and Matters Arising	The minutes recorded were a true and accurate representation of the discussion during the meeting.	
313/20	Action Log	<p>Item 15 – Hypnotics: RS has paused this work stream at the request of SL until the Antidepressant Protocols have been completed.</p> <p>Item 16/17 - Deprescribing of Antibiotics / Antibiotic Tool Kit: There were no further updates regarding this item</p> <p>Item 18 - Hydration in Care Homes: There were no further updates regarding this item</p>	

314/20	Antibiotic Report	<p>TR has made the further amendments suggested by GB previously. This included weighted reporting of antibiotic prescribing per 1000 patients. One practice is a significant outlier with a substantial growth in antimicrobial prescribing compared to all other practices who have shown a negative growth.</p> <p>This practice showed a 38% increase in antimicrobial prescribing –the list size of this practice has decreased considerably and has recently taken on a care home which may explain some of this growth.</p> <p>Other than that, the report is very positive with prescribing reductions of up to 20% during lockdown.</p> <p>Debate was had as to how to promote this reduction in antibiotic usage and why this may have occurred. Discussion was had about the value of hand hygiene, social distancing and the impact this has on the spread of viral infections. It was also discussed how we could promote the public health messages that viral infections do not require antibiotics.</p> <p><i>ACTION: JF liaise with TR for SH and a member of the outlying practice to ask about their antimicrobial prescribing.</i></p>	JF
315/20	eRD FAQs and Top Tips for Community Pharmacy	<p>LM submitted Enc 8 to MMC for information / comments about electronic repeat dispensing (eRD) for community pharmacists. It was felt to be very useful document which gives clear directions to community pharmacists on how to manage eRD requests.</p> <p>RNA shared positive comments and noted that this document would be useful for his own Practice's Administration staff to provide them with a better understanding of the work carried out regarding this item.</p>	

316/20	Generic Brand Guidance	<p>SL submitted Enc 9 to MMC for information / comments. Rotherham CCG is already undertaking a lot of this SYB generic prescribing policy. It focuses on patients branded products which tend to be more expensive and encourages switching to the generic alternative.</p> <p>ACTION: SL to take SYB Policy to OE for information.</p>	SL
317/20	Post Bariatric Surgery	<p>This agenda item initially stemmed from requests from patients who have had private surgery abroad who then request post-op care and ongoing treatment when they return on the NHS. Issues are becoming more prevalent from a number of private clinics too including private transgender and psychiatry clinics (e.g. ADHD) where patients have been started on unusual medications and GPs are requested to take over the care of these patients without a shared care agreement in place.</p> <p>It was noted that some private clinics e.g. psychiatry UK and 360 Psychiatry state on their website that they provide a private service and the GPs have no obligation to prescribe medication. They state the patient has two options – to continue on the private route or join the NHS waiting list. SH noted that GPs needs support to not feel pressured to continue medication that has not been started by the NHS.</p> <p>Sheffield CCG has a medicines code which is a very comprehensive document. MMC agreed that this document should be reviewed, adapted and formalised for Rotherham patients.</p> <p>ACTION: JF to arrange meeting with SH, SL and GB to discuss and bring back to MMC.</p> <p>Private treatment to be Red Lighted – has already been included in a recent Top Tips</p>	JF

318/20	Gastro Prescribing Communication	<p>RS shared two emails which were received in the past few weeks which have been sent by the IBD clinic to GP practices. These emails have resulted in significant events. RS felt the emails were inadequate in terms of what was required to ensure accurate and auditable communications.</p> <p>Multiple issues have arisen including requests to change medications which were erroneous, wrong medications requested and doses. MMC felt such medication changes communication was clinically inappropriate and unsafe. A universal approach to communication is needed across all specialities to GP surgeries. A Proforma has been suggested, similar to the diabetes and epilepsy specialist nurses.</p> <p>SA agreed to take this to TRFT Patient Safety Group and seek clarification from Gastro if they have approval to communicate this way. SL further added that as previously discussed, last year, MMC needs to consider looking at a process to all external communication coming into practices – add to action log.</p> <p>ACTION: SA to take the TRFT Patient Safety Group ACTION: JF to add item to Action Log</p> <p>ACTION: SA to take to RMOG and patient safety group. Also to add to further agenda item for overarching work stream regarding communications coming into practice in non-approved ways.</p>	<p>SA /JF</p> <p>SA</p>
319/20	Antidepressant Pilot - Antidepressant Medication Review	<p>RS brought the Anti-depressant Review Pathway (Appendix 3) to MMC for clinical oversight and approval. MMC ratified the pathway for use with no changes required</p> <p>The pilot is aimed at a specific group of eligible patients who can self-refer to the scheme. They will be on first line drugs only, first episode of depression, no co-morbidities and not under secondary care. Patients will be leading the journey and the pharmacist and team will be facilitating this. Patients will have access to a specific part of IAPT and VAR.</p> <p>ACTION: RS to forward Appendix 1 to follow at the next available MMC meeting.</p>	<p>RS</p>

320/20	Clozapine Significant Incident	<p>A significant event has been reported by TRFT to the CCG regarding Clozapine Prescribing. A patient who was admitted to hospital had no record of Clozapine on their MAR Chart, nor on SCR and as a consequence the patient did not receive their medication whilst an in-patient and became acutely unwell as a result.</p> <p>Learning points include: All GP practices need to record medication issued by other organisations in the 'CCG preferred way' to ensure these medications are on the GP systems and can be seen by secondary care on the summary care record. TRFT cannot order a stock of clozapine medication themselves so they rely on patients to bring their own stock of medication or are reliant on obtaining a supply from RDASH.</p>	
321/20	Items for OE	<p>Generic Brand Guidance</p> <p> Generic Brand Guidance.pdf</p> <p>RCCG AMS Group Terms of Reference / Brief Minutes 2020 10 07</p> <p>  RCCG AMS Group - DRAFT AMS Brief Terms of Reference.pMinutes 2020 10 07.r</p> <p>Localised Protocol for Outbreaks of Influenza in Care Homes</p> <p> Localised Protocol for Outbreaks of Infl.</p>	

		Prescribing Incentive Scheme (PIS)  2020-21 PIS (Medicines Management)	
322/20	Care Homes	MMT has successfully recruited a new Care Home Pharmacy Technician to fill the vacant post. MMT is hoping the new Technician will start within the coming weeks. GY is highlighting work / areas in which the new staff member can enhance the team.	
323/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	There was no discussion regarding this item.	
324/20	NICE	There was no discussion regarding this item.	

325/20	Traffic Light Update	There was no discussion regarding this item.	
326/20	Horizon Scanning	There was no discussion regarding this item.	
327/20	NHSE Accountable Care System (ICS) – Impact	There was no discussion regarding this item.	
328/20	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.	
329/20	Feedback from RMOG	There was no discussion regarding this item.	

330/20	Items for RMOG, Items for Escalation or Additions to the Risk Register	IBD Clinic and Gastro- Communication	
331/20	Urgent Issues & Appropriate Escalation	There was no discussion regarding this item.	
332/20	Risks Raised	There was no discussion regarding this item.	

333/20	Any Other Business	<p>GB: Prescribing incentive Scheme- the finalized document will be sent to practices. The scheme will be active until the 31st March 2021 when searches will be run. Patients in care homes to be excluded from the Vitamin D incentive scheme.</p> <p>GB: A document has been received recommending that all community pharmacists will need to check antibiotics that patients receive as part of their antimicrobial stewardship role. This includes checking allergy status, indication, check formulary and contact the prescriber if any anomalies are found. It was decided that this document needed to be verified and prescribers to be informed once this had been established.</p> <p>GB: NRLS is changing soon to a new updated version with a patient safety form.</p> <p>GB: Influenza in Care Homes GB has further updated the 'In Season' and 'Out of Season' protocol for flu. EB has reviewed and has made no changes. ACTION: GB to take to OE.</p> <p>RNa discussed the Feeding Pathway with MMC. RNa noted that when he reviewed the pathway, it would be beneficial to include information regarding referrals by health visitors directly. It does not currently clearly state that Health Visitors are able to refer directly to the Dietician Service.</p> <p>RS will liaise with RNa's GP practice to review end of life medications</p>	GB
334/20	Date of next meeting	<p>Date and time of next meeting: Wednesday 4th November from 9.00am – 11.00am via Zoom</p>	