

Medicines Management Committee Meeting
BRIEF MINUTES: Wednesday 4th November 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
 Lisa Murray (LM) - Prescribing Advisor – NHS Rotherham CCG
 Raz Saleem - Prescribing Advisor – NHS Rotherham CCG
 Laura Fotherby (LF) – 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>
335/20	Introductions	SH welcomed the group to the meeting.	
336/20	Apologies	Emma Batten (EB) – Lead Infection Prevention Nurse – NHS Rotherham CCG	
337/20	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.	

338/20	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>RS noted that there is a conflict regarding the Antidepressant Pilot as he is the Antidepressant Lead for the CCG.</p>	
339/20	Draft Minutes of the last meeting 21 October 2020 (for approval) and Matters Arising	<p>ACTION: 319 – JF to alter ‘appendix 1 and 2’ to ‘appendix 1’.</p> <p>Clozapine – MMT will be sharing a list of all clozapine patients on the system. Information went out to GPs regarding adding clozapine to clinical systems on the October Bitesize. RDASH will put clozapine on the acute medication screen on both GP systems so it will be visible on the SCR (summary care record). This will then be visible on the acute prescribing screen when they prescribe it every month. Reviews will be updated so GP letters will be more frequently received,</p> <p>Communication with practices - due to be discussed at RMOG today. There needs to be a consistent approach to communication with practices and it needs to be formalised. RDASH are now sending all electronic letters through workflow. Is this something that the community teams at TRFT can consider?</p> <p>The minutes recorded were a true and accurate representation of the discussion during the meeting.</p>	JF
340/20	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> <p>ACTIONL: JF to alter error ‘appendix 1 and 2’ to ‘appendix 1’ as identified in the previous minutes and for Action Log.</p>	JF

341/20	Antidepressant Pilot - Eligible Patients Pathway	<p>RS shared his enclosure (Appendix 1) with MMC, having shared Appendix 3 previously at MMC. RS explained the various criteria within the document that assists to identify eligible patients for the Antidepressant Pilot. MMC did not raise any concerns with the document and noted that it will enhance this workstream.</p> <p>There are approximately 20,000 patients in Rotherham who have a read code of depression in their records. The pilot will initially look at Cohort 1 with the ability to expand to further cohorts if the pilot is successful. Currently it will only include adults >21 years old.</p> <p>RS will contact the practice Mental Health Lead to validate and 'sign off' the eligible patients. Patients will then be invited to have their medication reviewed.</p> <p>Initial plans are to start in a few practices with high numbers of eligible patients and expand. It is innovative work and it is hoped that this could be rolled out on a PCN basis.</p> <p>There has been positive feedback from patient engagement groups. Discussion that the money should be given directly to practices was raised – there would not be sufficient funds to be able to achieve a similar pilot if money was given to practices.</p> <p><i>ACTION: RS / SL to forward item on to the next LMC meeting with all the appendices. Approved with clinical oversight</i></p>	RS / SL
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342/20	Longtec for Acute Pain	<p>RNA explained his concerns regarding repeat prescriptions. Orthopedics are sending patients home on Longtec (oxycodone) 10mg BD for pain relief.</p> <p>It was felt that this was inappropriate to be discharged on these medications as oxycodone is a strong opioid and these patients are not cancer patients. As a result of the doses they are discharged on, they need tapering doses after 2-3 weeks. Discharging patients on these strong opioids puts them at risk as they have sudden withdrawals for pain relief and there are concerns about dependency.</p> <p>SA explained that they are only supposed to be on these medications for only 5 days on discharge and they should not be re-prescribed by the GP. RNA explained that it is not often clear on the discharge letter and patients tend to ask the GP for more as they still have pain.</p> <p>This topic was discussed in the past but has not been resolved. It was previously agreed that it would be clear on the discharge summary that this will be for 5 days only and to discontinue after this period.</p> <p>ACTION: SA suggested to raise this at the next RMOG meeting.</p>	SA
343/20	Pulse Oximetry	<p>A box has been delivered to Oak House containing the Pulse Oximeters ordered. Ongoing discussions are occurring with the respiratory team to develop a COVID pathway to support patients who have been diagnosed with COVID to monitor for signs of early deterioration.</p> <p>GB is liaising with Janet Sinclair-Pinder on how to get the products distributed to patients.</p> <p>ACTION: GB to update MMC on any further changes / outcomes regarding this workstream.</p>	GB

<p>344/20</p>	<p>Financial Report Aug 20</p>	<p>SL shared the Financial Report with MMC from Aug 20. The Prescribing Incentive Scheme (PIS) will continue as intended however there will be no Prescribing Budgets for practices this year as this would be an unachievable goal for practices with the additional struggled of year 2020/21.</p> <p>SL explained that finances are settling down, noting that August was a competitive month in comparison with last year. In August 2019, there was a peak due to CatM price rises and prescriptions allegedly being held back. Forecast growth is 2.63% at Year End – above the England and Yorkshire & Humber average but favourable compared to other South Yorkshire CCGs. Cost growth is predicted at 4.33% with excess costs of £775k from April-August 20. The majority of this is due to NCSO drugs with sertraline causing a significant amount of the cost growth. Sertraline accounts for £567k of this figure (73%). Item growth is at -1.81%, with a negative item growth in antibiotic prescribing.</p> <p>The Stoma and Continence Service are showing strong item growth. SL has sent communications to understand why this is happening and how we can prevent it from occurring for the remainder of the financial year.</p>	
<p>345/20</p>	<p>Items for OE</p>	<p>No new items to be taken.</p>	

346/20	Care Homes	GY is making a database of interventions that the care home team are making. There is a summit regarding care homes on 20.11.2020 which GY will be attending	
347/20	Safety warnings from the MHRA, manufacturers and NHS Improvement	SA will circulate the update next meeting	
348/20	NICE	There was no discussion regarding this item.	
349/20	Traffic Light Update	There was no discussion regarding this item.	

350/20	Horizon Scanning	There was no discussion regarding this item.	
351/20	NHSE Accountable Care System (ICS) – Impact	The AMD pathway is being discussed at RMOG today –Brolucizumab (Beovu). Chief Pharmacy post for ICS is being advertised but there is little detail on funding for the post. CROP Audit – audit of strong opioid drug prescribing. It will look at benchmarking and will dovetail into the chronic pain pilot services (if QIPP streams go ahead).	
352/20	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.	
353/20	Feedback from RMOG	There was no discussion regarding this item.	
354/20	Items for RMOG, Items for Escalation or Additions to the Risk Register	AMD pathway Communication between community/ outpatient teams and GPs Use of strong opioids in post-op pain on discharge / from Orthopedics	
355/20	Urgent Issues & Appropriate Escalation	There was no discussion regarding this item.	

356/20	Risks Raised	There was no discussion regarding this item.	
357/20	Any Other Business	<p>EOLC (End of Life Care) template: RNa has been trialing a new EOLC template which RS has developed for the use of palliative medications. Positive feedback from RNa. It includes both 1st and 2nd line drugs. There is a helpline for the hospice on the screen and a list of pharmacies which keep the medications in stock. Medications go EPS by default and have a small quantity of medications e.g. 3 ampoules to reduce wastage.</p> <p><i>ACTION: RNa to share further feedback with RS outside of the meeting MMC happy to approve the EOLC template but it would be beneficial to discuss with OOH providers Will need to be added to Top Tips/ Bitesize so clinicians are aware and can add it to their easy-reach templates on the 'F12 key'</i></p> <p>NH discussed continued issues with Discharge Letters from TRFT. It is causing difficulties regarding the PCN DES as discharge letters need to be completed within 7 days and impacting on workload. SA noted she has received around 50 queries regarding this. The majority of discrepancies seem to be from Medicine. Discontinuations do not appear in the TTO section so changes are not always clear. SA noted that she will investigate this as soon as possible and will feedback to NH.</p> <p><i>ACTION: SA to action the above.</i> <i>ACTION: NH to forward recent examples to SA for investigation.</i></p> <p>SA requested some clarity on branded generics which are being used in the CCG. E.g. Sukkarto (metformin MR) and Zemtard (diltiazem MR). Clinicians who are unfamiliar with the brands are finding it confusing and she wondered if it would be possible to write the generic equivalent name on the prescription so that it appears on the Summary Care Record (SCR). It was felt that this would be an impossible task to complete especially as medications are being changed due to out of tasks. It was agreed that a list</p>	<p><i>RNa / RS</i></p> <p><i>SA / NH</i></p>

		of CCG preferred brands would be made available to TRFT and GP practices ACTION: List of CCG preferred brands to be discussed at next MMC meeting and then can be taken to RMOG	
358/20	Date of next meeting	Date and time of next meeting: Wednesday 18 th November from 9.00am – 11.00am via Zoom	

R A T I F I E D