

Medicines Management Committee Meeting

BRIEF MINUTES: Wednesday 20th September 2023 9.00 am - 11.00 am via MS Teams

Present:

Dr Sophie Holden (SH), GP – Market Surgery – Chair
Govinder Bhogal (GB) – Deputy Head of Medicines Management – NHS SYICS
Lisa Murray (LM) Prescribing Advisor, NHS SYICS
Laura Fotherby (LF), Senior Pharmacy Technician - NHS SYICS
Raz Saleem (RS), Prescribing Advisor, NHS SYICS
Nazreen Hussain (NH), PCN Pharmacist –TRFT.
Stuart Lakin (SL) - Head of Medicines Management – NHS SYICS

In Attendance:

Stephanie Whitworth (SW) – Medicines Management Administrator – NHS SYICS – Minute Taker

Item No.	Item Description	Discussion	Action By
396/23	Introductions	SH welcomed the group to the meeting.	
397/23	Apologies	Surinder Ahuja (SA) - TRFT Formulary Pharmacist Dr Ravi Nalligounder (RNa) GP - Greenside Surgery	
398/23	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.	
399/23	Declarations of Interest	Dr S Holden and Dr N Ravi Nalligounder is a Rotherham GP and declared an interest in any items pertaining to general practice. SH also declared she is now a member of the Board of Directors at The Federation.	

<p>400/23</p>	<p>Draft Minutes of the last meeting 6th September 2023 (for approval) and Matters Arising</p>	<p>Page 2 – <i>Draft Barrier Products for Care Home in Rotherham (Process 2023)</i> – GB/LF said the best approach is to hold off adding to Bitesize until programme has been rolled out across all care homes. Tissue Viability will be liaising directly with care homes and GP practices. LF will be tracking expenditure on barrier products moving forwards.</p> <p>Page 2 – <i>Statins and last bloods for medication optimisation</i> - RS shared a link to the National RCGP Advice released during Covid explaining how to safely switch patients from warfarin to DOACS). Document at this time (March 2020) states bloods taken <3 months is considered reasonable to use as a baseline and beyond this period will require repeating. SH/ SL advised to titrate Atorvastatin up to 80mg as recommended for secondary prevention.</p> <p>Page 3 – <i>Chicken Pox vaccines</i> – GB said he has received an email from Andrew Davies (LMC Chairperson) who confirmed LMC discussions have been held and they do not support the SCP proposal. SL said LMC representation at the next IMOC would be beneficial to ensure concerns are shared by those who will be directly impacted. SL reiterated the importance of reviewing core contracts, and as it stands currently, Rotherham GPs are not contracted to undertake this work. Issues regarding the vaccine cold chain were also noted.</p> <p>Page 4 – Buprenorphine patch – GB said product still showing as OOS, so QUIP proposal is currently on hold. SL said he is cautious to use a product which is already demonstrating supply issues as part of the QUIP agenda moving forwards.</p> <p>Page 4 - Pharmacies not performing to set standards – NH said she has circulated Clarie Thomas's email to PCN colleagues so any issues can be reported to her directly.</p> <p>Page 6 – PSK 9 – SL said he is currently reviewing Inclisiran. SH attended an Inclisiran meeting recently and said West Yorkshire have a service which allows GPs to refer into PCN led clinics who are responsible for counselling/ensuring patients are well-informed about Inclisiran, initiate</p>	
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		<p>medication as well as providing follow-up and therefore did not directly impact GP workload.</p> <p>RDTTC – GB shared the information with practices regarding prescribing for private providers which they can then help to inform patients. SL said IMOC should proceed with caution – Rotherham currently pay a fee to use RDTTC services whereas other places currently do not. RS shared an LMC letter regarding Private Bariatric Surgery Follow-Up’ which offers advice to GPs to ensure patients are directed to appropriate services post treatment. Circulate amongst practices with the emphasis on it being the advice of the LMC and not the ICB.</p> <p>The group agreed the minutes were a true and accurate record.</p>	
401/23	Action Log	The Action Log was updated in accordance with today’s discussions.	
402/23	CD LIN (Controlled Drug Local Intelligence Network) Learning Event Feedback	<p>LF informed the MMC she and GB attended the National Controlled Drug Learning Event recently and shared some information she felt was useful to Rotherham, which included the discussions held regarding opioid reduction in chronic pain. As it stands currently, > 1 million are prescribing opioids for chronic pain with 1 in 62 of patients suffering fatality as a direct impact of long-term use.</p> <p>SL said he intends to discuss chronic pain with the Federation to establish whether there may be any scope for a pain service, especially as local counsellors have previously shown interest in local opioid prescribing and ways to tackle its reduction. SL said specialist services have declined in recent years so is looking at the current antidepressant/hypnotic’s project to see if there is capacity to extend the model to opioid prescribing/pain management. NH said a holistic approach needs to be considered to ensure patients are appropriately managed.</p> <p>Other topics to note:</p> <ul style="list-style-type: none"> • CQC CD annual report from 2022 raised concerns regarding the prescribing of CDs by non-medical prescribers, which will be 	

		<p>monitored by NHS England. The emphasis of the importance of documenting all CD incidents onto the portal was raised.</p> <ul style="list-style-type: none"> • CD LIN undisclosed issues with formulating the 2022/23 Quarter 4 report, so data will be taken from 23/24 Quarter 1 report instead – shared for information. • Benefits of Buvidal (a buprenorphine prolonged-release injection which is an opioid partial agonist/ antagonist) were noted. It is administered as a weekly or monthly subcutaneous injection to treat opioid dependence where there is a risk of diversion of opioid substitution medicines. It may have a place in treating opioid dependence for people in custodial settings where there may be challenges to obtain their regular supervised consumption of medication or within drug services. It Could soon be available as 6-monthly injection. 	
403/23	NHSE List of Opportunities – updates following PET	Discussed and Endorsed by RPET. SL has circulated amongst colleagues across the ICB and informed the MMC there are limited opportunities for Rotherham as we are already undertaking most of this work locally. SL welcomed any comments from MMC members should they have anything else to add.	
404/23	Orlistat for TLS Consideration	<p>GB brought to MMC today for TLS consideration. Currently AMBER TLS status which only allows initiation by a specialist or a specialist service. Amber status requires patients to be reviewed by Get Healthy Rotherham; however, this service does not recommend medication resulting in patients not having Orlistat as an option until Tier 3 is reached. Brought to MMC today to reclassify as GREEN. A lengthy discussion was held and the MMC supported the reclassification on the basis that a ‘weight loss pathway’ is introduced with a caveat that regular face-to-face interactions take place between GPs and patients to ensure weight/lifestyle is monitored.</p> <ul style="list-style-type: none"> • Referral to Get Healthy Rotherham • Consider Orlistat if lifestyle changes are having limited impact. • Refer to Tier 3. 	

		Action: SL to take forward outcome of today's discussion with ES, so a weight loss pathway can be devised. Discuss at RMOG for reclassification to GREEN on TLS.	ES/SL
405/23	Lyclear	<p>RS shared a Medicine Supply Notification regarding the limited supply of Permethrin 5% w/w cream used for treating scabies and asked the MMC how this should be managed locally moving forwards. SL said British Association of Dermatologist have written a document sharing concerns of a potential scabies epidemic. Emma Batten (Infection Control Lead for Rotherham) attended a regional AMR meeting where she also raised it as a concern.</p> <p>SL said we are very limited as to how this can be managed and the best way to proceed is on a case-by-case basis.</p> <p>Action: SL to share the supply notification amongst practice managers. RS to highlight the issue on SystmOne greenboard. NH to circulate amongst PCN colleagues.</p>	SL/RS
406/23	Melatonin Generic vs Branded Prescribing	<p>RS informed the MMC that Melatonin has been moved from Category C to M in the drug tariff. By switching to generic melatonin 2mg slow-release tablets Rotherham could see potential savings of between 65 -67%.</p> <p>SL supported the idea but raised concerns regarding running the risk of expensive specials being selected so stringent measures need to be undertaken to ensure this does not happen. The MMC cautiously sees no issue with moving our recommendation towards generic melatonin slow release but needs to ensure the draft SCP is updated to reflect this change in direction. Further discussions required at RMOG before considering making a medication switch.</p> <p>Action: LM to update the draft SCP to reflect above and take to RMOG for further discussion.</p>	LM
407/23	PrescQIPP Scorecard - Action Log – bring back to MMC quarterly	<p>Discuss at MMT and bring back to MMC as a summary.</p> <p>Action: SL to raise at next MMT</p>	SL
408/23	Items for PET	None	

409/23	QIPP Update	None	
410/23	Care Homes	None	
411/23	Safety warnings from the MHRA, manufacturers and NHS Improvement and NICE	None	
412/23	Traffic Light Update	None	
413/23	Horizon Scanning	None	
414/23	<p>For Information:</p> <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 6. IMOC Minutes (July's Ratified) 	Shared for information	
415/23	Feedback from RMOG	None	
416/23	Items for RMOG, Items for Escalation or Additions to the Risk Register	<ul style="list-style-type: none"> • Orlistat • Generic Melatonin 	
417/23	Review RMOG Agenda	None	
418/23	Urgent Issues & Appropriate Escalation	None	
417/23	Risks Raised	None	

418/23	Any Other Business	<p>SH has shared the draft guidelines for Migraine Management in Primary Care Pathway for feedback and any suggestions will be taken to Kirsty Gleeson.</p> <p>LF said she is making use of the 4-week trial of the ORx multi-profile tool and will be working across places who use this. Working together to review top 20 cost saving measures in each area. LF said she will produce a report so we can benchmark across other places.</p> <p>Prescribers list – joiners/leavers process for prescribers. RS has said he has produced a one-page sheet which contains a flow chart giving advice as well as providing links to useful information in the event of having to register/unregister medical/non-medical prescribers. RS stressed it is the responsibility of all practices to ensure the prescribing register is regularly updated so that prescribing budgets aren't impacted.</p> <p>Action: RS to send document with SL so he can discuss at the next Practice Managers meeting.</p>	RS/SL
419/23	Date of next meeting	<p>Date and time of next meeting: Wednesday 4th October 2023 from 9.00am – 11.00am via MS Teams</p>	