

Medicines Management Committee Meeting
BRIEF MINUTES: Wednesday 4th October 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 SYICB
 Eloise Summerfield (ES) Prescribing Advisor, NHS SYICB
 Laura Fotherby (LF), Senior Pharmacy Technician - NHS SYICB
 Raz Saleem (RS), Prescribing Advisor, NHS SYICB
 Surinder Ahuja (SA) - TRFT Formulary Pharmacist
 Stuart Lakin (SL) - Head of Medicines Management – NHS SYICB

In Attendance:

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

Item No.	Item Description	Discussion	Action By
420/23	Introductions	SH welcomed the group to the meeting.	
421/23	Apologies	Nazreen Hussain (NH), PCN Pharmacist –TRFT. Dr Ravi Nalligounder (RNa) GP - Greenside Surgery	
422/23	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.	
423/23	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.	

424/23	<p>Draft Minutes of the last meeting 20th September 2023 (for approval) and Matters Arising</p>	<p>Page 4 – <i>Orlistat for TLS Consideration</i> – SL has taken forwards with ES who is in the process of devising a ‘weight loss pathway’. Orlistat TLS consideration to be changed to ‘GREEN’ and will be discussed at RMOG today.</p> <p>Page 5 – <i>Permethrin 5% w/w cream</i> – SL has circulated information to practice managers with regards to current stock issues. RS is reluctant to add to SystmOne ‘green board’ with it only being one drug so will explore Bitesize as well as ORx as an option for cascading advice.</p> <p>Page 5 – <i>Melatonin Generic vs Branded Prescribing</i> – immediate release for crushing tablets will be prescribed by brand (Adaflex). For prolonged release version prescribe generic 2mg melatonin, which can be halved and allows for multiple doses in 1mg tablets. SL concluded patients are expected to eventually migrate to generic preparation over time. Recommendation is to halve/crush tablets as evidence base and Pharmacokinetics suggests this is a reasonable option and deemed safe. Rotherham recognise our conclusion from the evidence base varies from Sheffield. LM has updated the SCP to reflect recent discussions and will take forwards at RMOG this afternoon.</p> <p>Action: SH and SL to pick up sleep pathway with Helen Sweeton at RMBC. LM to discuss revised SCP at RMOG today.</p> <p>Page 7 – <i>Prescribers list – joiners/leavers process for prescribers</i> – RS has discussed at a recent practice manager’s meeting and circulated for information.</p> <p>The group agreed the minutes were a true and accurate record.</p>	<p>SL</p> <p>RS</p> <p>SH/SL/LM</p>
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425/23	Action Log	The Action Log was updated in accordance with today's discussions.	
426/23	IMOC	<p>PSK9 – GB informed the MMC that LMC discussions surrounding the proposal have been deferred to October's meeting, and therefore, IMOC discussions will need deferring until November. GB flagged concerns regarding being able to obtain drug at hospital rates along with potential capacity issues to administer within primary care. Await the outcome of LMC.</p> <p>Efmody hydrocortisone tablets – awaiting Rotherham LMC discussions to be held regarding the use of the SCP at their October meeting.</p> <p>GP Involvement with Test for Private Fertility Treatment – RDTC data is beneficial, but other places need to be mindful of subscription fees to obtain such information.</p> <p>Updates on 'free of charge medication' and 'items that should not be routinely prescribed – changes to Liothyronine noted and Rotherham are undertaking this work.</p> <p>Traffic Lighting of Vaniqa – Rotherham maintains an AMBER position.</p> <p>Tramadol prescriptions coming through community pharmacy – issues have been identified in community pharmacy computer systems and not recognising Tramadol as CD's (controlled drugs).</p> <p><u>Action Log</u></p> <p>Efmody proforma for SCP – exploring electronic versions of proforma to speed up processes. RS suggested specialists should continue to prescribe</p>	

		<p>until proforma has been returned by practices and digital tools now allow them to be returned to appropriate person. GB said agreements from all stakeholders is required to implement chosen proformas.</p> <p>IMOC are requesting Finance attend monthly IMOC meetings due to increasing drug costs.</p> <p><u>NICE TA and safety update</u></p> <p>DEKAs – vitamin supplements for CF in paediatrics - MMC endorsed but must be initiated by Sheffield Children’s Hospital. Rotherham will look to implement ORx popups to ensure GPs prescribe what is recommended by specialists and ensure they are <u>only</u> prescribed for CF patients.</p> <p>Chicken Pox vaccine – IMOC have received a statement from Rotherham LMC advising they do not accept the proposal. SA is also raising at RMOG to state she advocates all tests/vaccinations required prior to a patient being commenced on a biological best remains in secondary care and will look to ensure skills are on site at TRFT to support this undertaking.</p> <p><u>Updated Version of Green Clause TLS</u></p> <p>The MMC fully supports Dr Neil Thorman’s suggestion of incorporating Rotherham’s TLS wording across the ICB as the information is clear and concise and appropriately advises clinicians.</p> <p>ES said she is continuing to review the grey list and making decisions which drugs are applicable to take forwards.</p> <p>Levofloxacin – the MMC supported AMBER if microbiologists instruct GP to prescribe.</p> <p>Melatonin – advised to refer to local SCP.</p> <p>Methotrexate – Sheffield are updating their Methotrexate SCP (shared care protocol) and are adopting the specialist pharmacy service SPS template</p>	<p>LF/GB</p>
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		<p>for this. Sheffield is hoping for other areas who need to update their templates will also use SPS standard version. A problem currently stands regarding the prescribing of injectable Methotrexate. Sheffield and Barnsley allow their GPs to prescribe both oral and injectable versions, but Rotherham and Doncaster encourage primary care to only prescribe oral methotrexate, which is for safety purposes. If a patient chooses to seek Rheumatology treatment in Sheffield or Barnsley, this will mean Rotherham GPs being expected to follow the process of using the injectable version. Further discussions are required with how best to proceed. The MMC endorsed the use of SPS template moving forwards for consistency.</p> <p>Self-Care – The MMC supported the document and said to also keep our simplified version locally.</p> <p>South Yorkshire Self Care Guidance – SL said work has been undertaken by RS demonstrated far more opportunities across other places than in Rotherham.</p> <p>Inclisiran – awaiting outcomes of phase 4 trial data.</p>	
427/23	<p>Dieticians Performance Report – September</p>	<p>SL gave an update on September’s Nutrition and Dietetic report and noted the following.</p> <ul style="list-style-type: none"> • Flatlining on baby milk formula. Slight increase in costs due to inflation but prescribing levels remain stable. • Tube feeds to prevent endoscopy appointments – increase in paediatrics noted.> than 200 patients across Rotherham being tube fed currently. • Expenditure is satisfactory, but steadily increased when we moved to the new contract. • Specialised baby milk feed demonstrates a flatline on amino based formulary, which is causing issues nationally in terms of cost growth. <p>SL referenced the Infant Pathway and said 16% of all newborn children in Rotherham are being referred to this service and the data demonstrates a lack of support for new parents with problem feeders. SL said the report</p>	

		<p>also supported that babies who were being bottle fed were mainly discovered to have tongue tie when attending their dietetic appointment, which highlights the issue of limited training within community settings to pick this matter up earlier. The MMC highlighted the inequality and will be discussing further at RPET and RMBC. SL noted RPET discussions have been held historically; however, funding isn't available to expand the service further. GB noted concerns regarding the growing service and sustainability to manage this in future.</p> <p>Thickeners – awaiting new guidelines.</p> <p>SL said continence and stoma services will also be providing reports for quality assurance and will be bringing these to future MMC for scrutiny when ready.</p> <p>Action SW to send to RPET.</p>	SW
428/23	PrescQIPP Scorecard Summary	<p>SW to organise a MMT meeting to discuss in detail the QIPP Programme, Score Card and where Rotherham are benchmarking currently against NHS England's list of opportunities.</p> <p>Action: SW to organise MMT meeting in 3 – 4 weeks' time to discuss the above.</p>	SW
429/23	Items for PET	<ul style="list-style-type: none"> • September's Nutrition and Dietetic report • Shortages of ADHD Medications 	
430/23	QIPP Update	Discuss QUIP at MMT meeting	
431/23	Care Homes	<p>GY advised all but four care homes have now received hydration training. Data is demonstrating positive outcomes and will be brought to MMC when ready so it can be discussed in more detail.</p> <p>Action: SW to add Care Homes Data to MMC for discussion in 4 weeks' time.</p>	SW

432/23	Safety warnings from the MHRA, manufacturers and NHS Improvement and NICE	<ul style="list-style-type: none"> • Statins: very infrequent reports of myasthenia gravis • Fluoroquinolone antibiotics: suicidal thoughts and behaviour • Letters and medicine recalls sent to healthcare professionals in August 2023 	
433/23	Traffic Light Update	None	
434/23	Horizon Scanning	None	
435/23	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 6. IMOC Minutes 	Shared for information	
436/23	Feedback from RMOG	None	
437/23	Items for RMOG, Items for Escalation or Additions to the Risk Register	Melatonin SCP	LM
438/23	Review RMOG Agenda	None	
439/23	Urgent Issues & Appropriate Escalation	None	
440/23	Risks Raised	None	

441/23	Any Other Business	<p>RS shared a one-page guide to help support primary care in the Shortages of ADHD Medications – the MMC endorsed the guidance and highlighted some minimal changes for RS to amend prior to the document going to RPET. RDaSH have also expressed an interest in using it. SL noted searches locally are going to be an issue for Rotherham due to capacity issues and have been escalated as a risk.</p> <p>Action: RS to send to SW for RPET discussions. Circulate to PM's and add to Bitesize. Upload to local website.</p> <p>Draft pathway for migraines has been circulated and comments have been sent to Kirsty Gleeson.</p> <p>SL advised the 'risk register' has been discussed at RPET and it has been noted Rotherham are unlikely to deliver QIPP due to capacity issues and accumulating ICB work. Doncaster also has the same issue on the risk register. SL wanted to inform the MMC this was not a reflection on capabilities, but due to the impacts a significant increase in workload is having on what is deemed to be a very small team within the ICB.</p> <p>RS has been a double PrescQIPP award winner for his work on medicines optimisation and the anti-depressant pilot. Three awards won in total. Both SL and RS thanked all the MMT for their hard work and everyone played a part in the achievement.</p> <p>The antidepressant pathway has now been extended to include hypnotics.</p>	RS
442/23	Date of next meeting	<p>Date and time of next meeting: Wednesday 18th October 2023 from 9.00am – 11.00am via MS Teams</p>	