

ACTION NOTES

MEDICINES MANAGEMENT AND SAFETY GROUP – THURROCK CCG

Date: 15th May 2015

Present: Dr Martin (Chair), Mary Tompkins, Jonathan Andrews, Marie Mcilwain, Linda Smart, Laura Davis, Helen Farrugia, Leigh Ann Paterson (minuting)

Apologies: None

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1.	No apologies were given.	
2.	Minutes from April's meeting agreed as correct record.	
3.	<p>Item 2 - NICE Technology forecasting – M Tompkins confirmed this was on-going and will be part of QIPP and financial Plans. It will used to highlight increase in expenditure throughout year.</p> <p>Item 16 - MT to produce NICE report for Jane Foster Taylor Quality Meeting - M Tompkins told the group that she needs to agree the process for this.</p> <p>Item 23 - Group to look at suggested PIS targets for 2015-16 – Confirmed on agenda. Can be removed from log once agreed.</p>	
4.	No other matters were raised.	
5.	J Andrews ran through the current position for QIPP 14/15. He confirmed items marked in negative red were making savings. Some projects were showing no value, J Andrews confirmed this is because there is no data available.	
6.	J Andrews ran through the QIPP for 15/16. He stated there were business as usual QIPP projects and also extra projects under such areas as Stoma, Respiratory, Diabetes, End of Life, Woundcare, HOSAR, tariff excluded drugs, care homes, NHSE and Enhanced PresQIPP. He asked if Dr Martin could cast an eye over these and confirm OK for ratification. M Tompkins told the group she would be talking to A Olarinde about rebate schemes too.	
7.	M Tompkins said she was still working on the contracts with BTUH and NELFT. Dr Martin stated he didn't think this group was a decision making group but was happy for safety issues to be reported at group for discussion.	
8.	<p>Updates on groups:</p> <p>MMC – J Andrews confirmed that two different drugs were discussed. Alogliptin – There are financial advantages to this drug for diabetes it would make savings of between £40/£80K SW Essex wide. He confirmed that any primary care switches need to be at time of review. This needs to go to the Diabetes Network for approval. The CCG is suggesting initiation on alogliptin, where a gliptin is appropriate.</p> <p>Rosuvastatin – It was confirmed Dr Sharma and Dr Barbigello had worked on a shared care pathway but there was some resistance at the MMC on this. J Andrews gave out a copy of the pathway to group and asked if anyone had any comments to share them back to him to</p>	

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	<p>share with Dr Barbigello. Dr Martin confirmed he had made comments to Fatemah Leedham already.</p> <p>Contracts – M Tompkins confirmed that both contracts for BTUH and NELFT have not previously had medicines specification in them, so we have not been able to contractually resolve issues for e.g. GPs. She confirmed the specification is near agreement. There are a number of documents around this including “traffic lights document” and particular problems with shared care have been highlighted too. L Smart raised issues around CQUIN for acute kidney injury and the lack of information on discharge summaries. She confirmed NHSE will be holding a working party in May to look at this.</p> <p>Antimicrobial challenges 15-16 – M Tompkins confirmed working group to be put in place in primary care – as well as existing secondary care focused group. Group challenged in strengthening processes around anti-microbial resistance and over use. Currently working with BTUH pathology department to review out of date policy.</p>	
9.	<p>J Andrews ran through the PIS 15/16 targets. He confirmed there were fewer audits than last year to simplify things for the practices. It was agreed as OK to be sent to practices.</p>	
10.	<p>M Tompkins confirmed that there had been a recent child safeguarding case that she wanted to share with the group as this could be used as a learning mechanism. The case has been through safeguarding team. Dr Martin stated the best way to stop this sort of case would have been to make sure a minimum number of days is allowed on repeat prescribing, thereby reducing the chance of this happening again.</p> <p>Lithium learning – M Tompkins confirmed this is a shared care drug and there was no appropriate implementation in place with this circumstances. Across trusts there needs to be an understanding of who is monitoring. How can we review lithium across CCG. Dr Martin asked is it a QOFF target. The resolution needs to incorporate NPSA 2009 approaches.</p>	
11.	<p>J Andrews asked about budget setting for GPs. He confirmed it was difficult last year as no firm budget was available. He confirmed the figures would be 100% weighted capitation - exemptions being growth in population for practices. He asked the group if they felt prevalence of disease and deprivation should be taken into account when budget setting. The group agreed this should not be the case.</p>	
12.	<p>No other business was raised.</p>	
13.	<p>The date of the next meeting is Friday 19th June 14:30 – 16:00pm, Thames Room, Thurrock CCG.</p>	