

Thurrock Medicines Management & Safety Group
19th July 2015
The Thames Room, Civic Offices

Present:	Mary Tompkins (MT)	Head of Medicines Management (Stand in Chair)
	Laura Davis (LD)	Quality & Patient Safety Manager
	Jonathan Andrews (JA)	Implementation Lead
	Marie Mcllwain (MM)	Implementation in Primary Care
	Helen Farrugia (HF)	Finance Manager
	Linda Smart (LS)	Head of Quality & Patient Safety
	Joanne Mayhew (JM)	Senior Infection Prevention & Control Nurse
	Gemma Curtis (GC)	Deputy Business Manager (Notes)
Apologies:	Dr P Martin	GP Board Member

1.	Welcome & Apologies
	Ms M Tompkins welcomed all to the meeting. It was noted that the meeting was not quorate and only discussions could take place.
2.	Minutes of the meeting held on 15th May 2015 and Action Log
	The minutes of the meeting held on the 15 th May 2015 were reviewed by the group and agreed as an accurate account. Change to be made, Ms M Mcllwain was not in attendance. Actions from the Minutes: <ol style="list-style-type: none"> 1. MT to produce NICE report for the Quality & Governance Meeting – MT updated that this will be covered under the Meds Update. 2. Group to look at suggested PIS targets for 2015/16 - MT updated that this will be covered under the Meds Update
3.	Matters Arising
	None
4.	QIPP Final Update 2014/15
	Ms M Tompkins stated that currently over target, we were congratulated on last year's progress. Those areas that over arch will be on the years' QIPP programme.
5.	QIPP Update 2015/16
	Mr J Andrews presented the QIPP update 2015/16 to the group. It was stated that no comments have been received by Dr P Martin since the last meeting. The following projects were detailed for 2015/16:

- NHS E Recharges
- Formulary & protocols
- Tariff excluded drug challenges
- Biosimilars
- Pharmaceutical industry rebate schemes
- Wound care
- Stoma products
- Respiratory – home oxygen service
- Nutrition
- Enhanced prescQIPP
- Cow's milk protein allergy

Ms M Tompkins confirmed that Alogliptin was agreed at the Diabetes network yesterday.

Mr J Andrews confirmed that he is working with BTUH and NELFT to deliver QIPP projects, also working with GPs. Total QIPP planned savings £873,179, however there is a risk with Biosimilars as it will not deliver £100k but MT with AO has agreed to look at options to make up this difference with other interventions. This will stay as red until the gap has been filled with other projects. There is also another project on the agenda for discussion.

6. Update from Meetings

MMC BTUH

It was confirmed that the minutes of this meeting have been circulated. It was detailed that a drug was presented for approval for the shrinkage of fibroids prior to surgery, this agreed by the committee in principle as long as an appointment for the surgery was in place.

There was a lot of positive discussion regarding how we could learn from previous and current experiences from both the trust and the CCG to improve local processes.

MMC SEPT

It was stated that the minutes of the meeting are yet to be received. The meeting was positive, the medical director is meeting with the CCG leads for Mental Health. This process is intended now to include medicines related issues and appropriate CCG leads. It was suggested for this to happen in a more integrated way with Dr Sharma and ideally Dr Mohile too.

Contracts

The meds specifications for BTUH and NELFT were presented to the committee. BTUH – there is a considerable amount of detail within the document and it expected that this will be signed off. It was noted that there are going to be minor principle changes to make this acceptable to BTUH.

Issues with shared care where monitoring is required, this is a safety issue. There is a risk of two sets of monitoring and unclear responsibilities such that either duplication of monitoring and action or neither. Looking at those that need monitoring on an individual basis by the end of Sept, they will come here and to QIPP core. There could be financial consequences for this. This may be looked at like AQP.

Areas of responsibility for hospital out patients, areas of concerns for local GPs, by October the Hospital has agreed to outsource outpatient prescribing to Boots. In the meantime it has been agreed with BTUH that hospital prescriptions will be on FP10

	<p>HP if the pharmacy is closed ie the patient should not need to go to the practice requesting medication that should have been dispensed at the hospital</p> <p>NELFT We are currently further away from a conclusion, this is detailed within the papers. There is concern for responsibilities from different conditions, but also where the charges are coming to.</p> <p>Interested in following through the accountability as both contracts to work with CCG formularies. There are also some accountability issues.</p> <p>Wound care, welcome any comments on the documents. Leaflet was issues to the group and discussed. It was noted for the leaflet to be passed through Communications for standardisation. This also needs to be crossed ref with other documentation.</p>
6.	Performance Prescribing
	<p>Mr J Andrews tabled the paper, to look at prescribing costs for Thurrock, this is the top 30 for 14/15. This is compared for the previous year. This was discussed in detail.</p>
7.	Antimicrobial Formulary
	<p>Ms M Tompkins is aware of resistance a major challenge nationally, in Thurrock our performance is good with the key national challenges. There is a need to reduce frequency of prescribing, also reduction in use.</p> <p>There are concerns with co-amoxiclav usage and we are addressing primary care in this formulary. This will be included within contract variations with BTUH, also A&E to use this formulary. It was confirmed that we will be setting up separate group across South West Essex regarding raising public awareness and keeping on target for this work. We have to meet national challenges.</p> <p>Mr J Andrews stated that we have changed first line anti-biotics. This looks closer to the Health Protection Agency (HPA) advice. Looking at GPs to prescribe correct antibiotic for the correct infection. Ms J Mayhew asked for the comments for C Diff awareness to be amended. The HCI network group also has guidelines on MRSA. Ms L Smart raised recurrent UTIs, time/ length of prescription needed and dose to be made clearer. It was discussed for other comments from other documents to be linked in for UTIs.</p> <p>Performance The performance chart was presented to the group and confirmed that we are mid-range nationally. Quality premiums reduced by 1% this year. Antibacterial drugs, we are prescribing effectively. Co-amoxiclav, we are below average for this, but we can still improve. There is need for continual reduction in antimicrobial usage and this is part of the Quality Premium.</p>
8.	NICE Updates
	<p>Ms M Tompkins, key ones anticoagulants in atrial fibrillation and its local implementation. Also recent guidance for new recommendation for the use of drugs. We are changing from a prior approval form to criteria for prescribing based on national guidance and maintaining the local first choice as normally to use warfarin. Hospital specialists will initiate prescribing which will normally be continued by GPs. The process will be audited and kept under review.</p>

<p>9.</p>	<p>Self-care in Minor Ailments</p> <p>This is the Ipswich policy statement on paracetamol. We need to work up communications for this strategy which was supported. This is part of QIPP and is good practice. The aim is to monitor charges for prescriptions of less than 50 tablets of liquid equivalent. Savings of approx. 70% of this may be achievable, but monitoring will not be exact. Around the country work has been done, including North East Essex and given information. Discussed to give update at CEG and distribute to pharmacies, GPs and libraries. Note-long term prescribing of regular paracetamol eg for osteoarthritis will not be affected Action Dr Martin/MT to take forward.</p> <p>Discussed for Meds complaints to be logged with the complaints team.</p>
<p>11.</p>	<p>EOL Formulary</p> <p>Documents presented to the group. There is still specialist advice available, but this is what most GPs and OOH providers would expect to prescribe and the order in which they would prescribe. Speaking to GPs it's clear that they cannot just change patients, this needs to be changed at source, working with pain specialists.</p> <p>Each organisation is having different sets of paperwork, trying to have agreed paperwork with each organisation.</p> <p>MM to ask Aaron Fauch to send out on weekly bulletin. Action MM</p>
<p>12.</p>	<p>Self-Care Monitoring of BG</p> <p>Ms M McIlwain stated that the diabetes group have been working on this, and have done well in the past with this. This is to help on-going reviews. First choice formulary is still being discussed.</p>
<p>13.</p>	<p>Clozapine</p> <p>Arisen in discussions in SEPT, needs to be prescribed by a specialist, GP may be aware but may not consider, this is the suggestion from SEPT. So far this has been well received. Plan is to send this letter to the practice. Discussed for contact details to be added to the letters and OOH contact details for the GP. Also are the practices getting the information that the patients are getting. This is also to be picked up with NELFT. Action MM</p>
<p>14.</p>	<p>Tariff excluded drugs</p> <p>This is an audit report from internal audit. The report was reviewed and noted that there are 2 recommendations. This went to the Quality & Governance Committee and to be considered at this group. MT to speak to Dr Martin for his comments.</p> <p>1st recommendation – Meds specification for BTUH, this has now been added. This was agreed at the tech sub group yesterday at BTUH, Q1 data will be considered alongside other BTUH data. This will be detailed in the relevant minutes. Hope for sign off of the spec Monday.</p> <p>2nd recommendation – finalised budgets that these are reported to the appropriate committee. These have not yet been finalised. Suggested to be reported to the Finance & Performance committee quarterly and report back to the Quality & Governance committee.MT is working with finance colleagues and others in each CCG to have clarity on this.</p>

15.	AOB
	No other business was raised.
Date of Next Meeting	
21st, 14:30pm, The Thames Room, Civic Offices	