

Thurrock Medicines Management and Safety Group
Friday 18th September
Thames Room, Thurrock CCG

Present:	Dr P Martin	GP Board Member
	Mary Tompkins (MT)	Head of Medicines Management
	Jonathan Andrews (JA)	Implementation Lead
	Marie Mcilwain (MM)	Implementation Lead in Primary Care
	Helen Farrugia (HF)	Finance Manager
	Laura Davis (LD)	Quality and Patient Safety Manager
	Leigh Ann Paterson (LAP)	Minute Taker
Apologies:	Linda Smart (LS)	Head of Quality and Patient Safety
	Joanne Mayhew (JM)	Senior Infection Prevention & Control Nurse

1.	Welcome/Apologies and declarations of interest Dr Martin welcomed all to the meeting. The apologies were noted above. Dr Martin and JA declared a declaration of interest. Both confirmed they have been involved in Agenda Item 8 Clinical Pharmacy in General Practice.
2.	Minutes of the meeting held on 19th June JA confirmed that under Agenda item 6 – MMC BTUH the drug name presented was ulipristal (Esmya).
3.	Action Log Item 2 – NICE Technology forecasting – MT confirmed that this item was agenda. Item 24 – Self-care in minor ailments – Dr Martin said he was unsure what this agenda item was about. MT confirmed it was about encouraging patients to buy products e.g. paracetamol rather than through prescriptions. She confirmed there had been some work done in North East Essex CCG (built on Ipswich approach) and potential we could use their tools etc to send the message to practices and pharmacies. JA confirmed this message is shared at the practice visits and CEG. Dr Martin said he has not seen the documentation so could not comment. M Tompkins advised that the organisation agreed approach through QIPP Core. Item 25 – EOL formulary on webpage – MM confirmed this had been added and action is now complete.
4.	Matters arising not on agenda No other matters raised.
5.	QIPP Update 15/16 JA gave the group an overview of the QIPP 15/16. He confirmed two projects have been added that were previously seen as, business as usual (BAU) – ScriptSwitch/Generics and Dietetic reviews.
6.	Update from meetings
	a) BTUH MMC

MT confirmed Dr Sharma and Dr Martin could attend the last MMC. She confirmed that Dr Basu from BBCCG did attend so the meeting was quorate which was appreciated. These are the highlights.

Finasteride in female hirsutism (unlicensed indication)

Small numbers e.g. 12 patents anticipated. Considerable discussion focussing on likelihood that GPs would not continue prescribing and concerns re use in pregnancy and importance of monitoring. BTUH implied that GPs happy to prescribe cyproterone in same indication. Suggested that any use may require agreement by patient to take responsibility if become pregnant (eg similar to isotretinoin). BTUH agreed to prepare draft document and provide leaflets to patients etc. Raises clinical governance issues to be discussed in each CCG.

Pregabalin

Discussions re possible switches in hospital (update-court case has not upheld Pfizer position but an appeal is possible).

Respiratory Network

Agreed that MT remind Respiratory Network joint meeting of network and MMC on single occasion and seek their engagement to assist in implementation within BTUH.

Anticoagulants in DVT/PE

New NICE TA on edoxana. Agreed joint meeting with Dr Shankari (consultant lead) and Dr Hughes (NELFT) to explore this and problems of implementation in new policy as well as NELFT engagement especially before BBCCG.

Tariff Excluded drugs - eg secukinumab and vedolizumab –new NICE TAs where criteria being finalised with consultants at BTUH and prior approval processes finalised via Blueteq.

Tirofiban Audit – undertaken. Dr Kabir presented and good implementation of cost-effective Bilivaludin but some problems on implementation e.g. not used up previous stock and lessons are learnt re implementation.

Form agreed for non-formulary requests internally with Trust.

Examples of AOB:

Ticagrelor/ Prasugrel/clopidogrel in ACS- policy unclear and agreed Trust to resolve (MT has now found this after discussion with lead CTC consultant as pharmacy appeared unaware).

Prescribing of liothyronine and levothyroxine - This is being requested by BTUH Endocrinologist in primary care and is appearing locally on practices top 20 highest prescribed drugs. This needs to be addressed within the Trust.

Finalisation of Wound Care formulary with Trust (diabetic foot pathway and TNP still being addressed with BTUH (and others e.g. SEPT, NEFLT).

In appropriate prescribing of **nortriptyline** ie higher cost than necessary. Needs neuropathic pain pathways (? New neurologist).

b) EoE PAC

MT confirmed she had not notes yet received minutes, but would share with group when received.

7. Horizon Scanning and key NICE issues

MT confirmed she had listed new NICE guidelines issued over last few months to share with the

	<p>group and agreed that horizon scanning would be addressed at next meeting.</p> <p>Diabetes guidelines were addressed at last Diabetes Network. Type II guidelines are to be re-issued in October. Next priorities are insulin products, CBGM and insulin needs and lancets.</p> <p>MT confirmed that AF is being addressed in BBCCG, suggestion is that Public Health Nurse supports practices through ACE, for patients not diagnosed with AF. Alternative are that three companies could support jointly the employment of a nurse. MT confirmed anticoagulation ie. AF was also discussed at the Cardiology Network and the use of NOACs instead of Warfarin only where clinically appropriate. NOAC for cardio version was discussed but needs continual use of NOAC and warfarin would continue to be used.</p> <p>MT confirmed that a lot of the technology appraisals are for secondary care re CCG to commission, but should be of interest to members of the group too.</p>
8.	Clinical Pharmacy in General Practice
	<p>JA stated the details of the pilot. It is a £15m pilot running over 3 years. It is to provide 250 clinical pharmacists across the country. In each locality would have 1 lead pharmacist, and then 5/6 pharmacist under that lead. This is to help with cost effective prescribing and medicines use. It was confirmed this pilot was not CCG funded. It was confirmed there was interest locally, and the application for bids closes this week and that JA is leading on this for CCG.</p>
9.	Draft Practice allocations 15/16
	<p>JA gave the group a breakdown of the draft practice budget allocations for 15/16. He confirmed that Cost per AstroPU was used to calculate the practice budgets. He also explained the graph showing practice overspend/underspend for July 2015. Dr Martin asked how we can get practices to change their current practices. He confirmed this was not something for this group, but something that does need addressing e.g. through QIPP core and possible use of new primary care hubs.</p>
10.	Update on QIPP Core discussions re hubs and Medicines
	<p>MT confirmed that primary care hubs are progressing. It was the intention to gain greater local engagement around this re medicines. MT and others suggested that Rahul Chadhuri be contacted to discuss further as he is now leading.</p>
11.	Medicines Optimisation – learning lessons and safety prioritisation
	<p>MT confirmed that she had met recently with Jan Tomes, Heather Walker and Hilary Scott to discuss Medicines Optimisation. They are initially focussing on safety aspects and learning from incidents that occur especially where more than one organisation is involved. Controlled drugs in particular need an authorisation form. MT confirmed they are in the process of updating the authorisation form with NELFT and subsequently with BTUH. It was mentioned that lessons need to be learnt on patient discharge and the mechanism for doing this. Suggested forums were TTL and Harm Free Care meetings.</p> <p>Dr Martin expressed his concerns about NELFT view on need for authorisation forms.</p>
12.	Antimicrobial Plans
	<p>The Antimicrobial policy should now be on webpage. MT shared the recent Antimicrobial policy with the group. Busola Daramola is leading on this, supported at present by MT.</p>
13.	AOB
	<p>No other business was raised.</p>
Date of Next Meeting	
Friday 16 th October 14:30pm – 16:00pm, Thames Room	