Milton Keynes NHS Primary Care Trust

Milton Keynes Hospital NHS Foundation Trust

MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE

Minutes of the meeting held on Tuesday 17th July 2012
At 1pm. in the Facilities Library

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fdn. Trust	NHS MK	MK CHS
Busola Ade-Ojo (BAO)	Janet Corbett (JC)	Dr Essam Hassan (EH)
Debbie Phillips (DP)	Nigel Fagan (NF)	
Lakshmi Ragunathan (LR)	Dr Sarah Whiteman (SW)	

Other attendance: Mark Baverstock (MB), Asmita Modha (AM), Abdul Razzak (AR).

1. Welcome, apologies for absence and introductions

Apologies were received from Helen Chadwick (HC), and Folake Kufeji (FK) — **VJ**

2. Declaration of conflicts of interest

None to report. — **All**

3. Minutes of last meeting

The minutes were agreed as an accurate reflection of the meeting. — **VJ**

4. Matters arising from previous minutes

a) **Tamsulosin** – Guidelines have been reviewed and is currently undergoing consultation. JC would like Primary Care to be involved in the consultation process. — **BAO/HA**

b) **Dabigatran/Rivaroxaban** – Dr Kardos and Dr Duodu are looking into the Shared Care Guidelines. JC stated they are still waiting for sign off from the cardiology network. VJ asked BAO to ask cardiology to reach a commitment before the next meeting. — **JC**

5. Priorities Committee Decisions
Not discussed

6. Drug Formulary
New medicine applications

a) **Symbicort 400/12 (Application, Evaluation)** — **MB**
MB requested that Symbicort 400/12 be added to the formulary as it is also used in Primary Care. There is a potential for confusion (particularly with the elderly) when patients come into hospital as pharmacy only stock Symbicort 200/6. Symbicort 400/12 would also improve adherence as asthma and COPD patients only need to take ONE puff TWICE a day. MB also noted that Symbicort 400/12 is licensed in COPD patients. VJ and BAO added Symbicort 400/12 is cost neutral in comparison to Symbicort 200/6.

Decision: Approved

MB

b) Indacaterol (Application, Guideline)
MB also made a case to add Indacaterol to the formulary. It is a long acting, once-a-day treatment that would be used mainly in Primary Care in patients with an FEV_1 of more than 50%. The main advantage would be the ONCE daily dosing, which would improve patient adherence.
VJ stated some studies compare it with 12 micrograms of formoterol, and is not convinced of its clinical significance. JC & NF pointed out they do not use it in Primary Care. VJ and BAO also pointed out there are other formulary medicines that can be used in place of indacaterol. NF also noted some patients may be confused with the once-daily dosing. VJ and BAO suggested that if evidence arises of reduced admission then the inclusion of indacaterol may be justified but at the moment, alternatives can be used.

Decision: Not approved, but the application will be kept in case new evidence arises.

7. PBR excluded medicines applications
None

8. NICE guidance
a) TA260 – Migraine (Chronic) – botulinum toxin Type
JC advised that the use of botulinium toxin for this indication is in line with PBR drug exclusion criteria. JC stated that botulinium toxin can be used as long as it is in accordance with the NICE Technological Appraisal guidance.

9. Guidelines in Development
a) **Reducing antipsychotic use in dementia.**
AR presented the document stating that the aim of the document is to help increase patient care and appropriate prescribing. The document has been referenced from a similar document from the Sussex Partnership. Concern has arisen due to an increase in medicines being prescribed inappropriately, specifically antidepressants and behavioural medicines. There are problems with protocol, such as how long medications are used, who uses them, and who prescribes them. The main problem area is within nursing homes, specifically due to the lack of training. Also, there are problems in the diagnosis of Lewy Body Dementia (LBD). LBD patients fluctuate throughout the day and symptomatically looks a lot like delirium, however LBD patients won't respond to delirium medication.
AM feels the guidelines cover all the rules, and VJ agreed it was a well written document. NF said that from a GP perspective it is a good reference document for prescribers.
BAO suggested better formatting and linking to the CQC standards in line with other guidelines or policies, as well as adding review guidelines. JC suggested speaking to Linda Davis in Community Health Service to help with formatting and structuring of the guideline. BAO also pointed out it may be necessary to have a version for the nursing homes with simple checklist and the need to make the guideline more user-friendly, by looking at the layout with some of the forms as appendices.

10. Any other business

- LR mentioned that the hospital had to be CQUIN compliant by the end of the year, with a strategy plan submitted by September. BAO added the Press for Change Officer would be overlooking the process.
- SW commented that the front sheet of the Application for a medicine to be added to the formulary needed updating. BAO advised this had been carried out recently.
- JC said they are still waiting on the Shared Care Guidelines for Tenofovir and Entecavir from Dr MacFaul as they are now going out to the GPs.
- VJ pointed out an e-mail regarding Emla Cream, requesting that Phlebotomists be given permission to use Emla cream when taking bloods under a PGD. Phlebotomists are not one of the qualified health professionals who may supply or administer medicines under a PGD. BAO feels it will save time as the phlebotomist would not have to wait for the doctor to prescribe Emla cream and that Great Ormond Street Hospital already allows phlebotomists to use Emla.JC was not happy to approve this as it requires a policy/guideline to state who takes clinical responsibility. JC also stated that there is no evidence of safeguarding in place and no governance structure. If we accept this without evidence, we will be making life easier for those outside PGD than those inside. BAO said the phlebotomist would go through training like the nurses and there would be regular checks to ensure safe practice. BAO asked the committee if the phlebotomists were to follow the trust PGD process and were competency assessed, would it be agreed, to which JC agreed.

11. Confirmation of Date of next meeting

The date of the next meeting was confirmed as
Tuesday 21st August 2012, Facilities Library, Time 1.00pm.