

**MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE**

**Minutes of the meeting held on Tuesday 22nd August 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)	Dr Sarah Whiteman (SW)	
Folake Kufeji (FK)		
Debbie Phillips (DP)		
Lakshmi Ragunathan (LR)		

Other attendance: George MacFaul (GM), Cathy Lau (CL).

1. Welcome, apologies for absence and introductions

Apologies were received from Helen Chadwick (HC), Janet Corbett (JC), Nigel Fagan (NF), Essam Hassan (EH), Premila Thampi (PT)

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) **Tenofovir & Entecavir Shared Care Guidelines** – FK helping GM put together shared care guidelines. Will circulate once completed for ratification.
- b) **Reducing Antipsychotic use in Dementia** - FK to chase the formatted paper from the consultant.
- c) **Emla Cream** – VJ happy for Phlebotomists to train, BAO suggested to change the competency to an annual check.

GM/FK

5. Priorities Committee Decisions

Not discussed

**6. Drug Formulary
New medicine applications**

a) Ferinject

MB

GM requested that Ferinject be added to the formulary as an alternative to Cosmofer. It is more expensive than Cosmofer but it is a standard treatment for chronic iron deficiency & IBD patients. The main benefit is the time saving. Cosmofer takes 80 minutes to administer, whereas Ferinject only takes 20 minutes. As far as quality goes, there are no problems with efficacy. Another advantage is that no test dose is needed. Ferinject would not be used on all patients. DP asked if Planned Care needed to save the time Ferinject would

save. GM noted that Planned care were looking to expand and offer more services. Also, that patients come into hospital every two months for an hour and a half. Using Ferinject would mean they only needed to stay for 20 minutes and it would be less frequent. Ferinject would be better for patients and better for infusions in general.

The cost per year for each drug is:

- Cosmofer - £23k
- Ferinject - £55k

FK noted that the patients using Ferinject would be a niche group, and that it would need reviewing. GM suggested a 6 month review and audit with Claire Robbins using the Southampton model. DP suggested that if Planned Care showed what they will do with the spare time Ferinject would save, it would vastly improve their case. VJ said that if Ferinject proves to have no side effects, and a real benefit can be shown then it will be approved for full formulary inclusion.

Decision: Approved for a 6 month trial with audit report to M&TC.

GM/CR

b) Propess (Dinoprostone)

VJ wanted to point out that the evaluation for Propess was very well presented. However, the submitting Doctor sent her apologies and requested a deferral to the September meeting.

Decision: Deferred to September meeting when PT can attend

7. PBR excluded medicines applications
None

8. NICE guidance

a) **TA261 – Venous thromboembolism (treatment and longterm secondary prevention) – Rivaroxaban**
See item 9a.

b) **TA262 – Ulcerative colitis (moderate to severe, second line) – adalimumab (terminated appraisal)**
FK clarified that this was put on the agenda so that it was acknowledged as un-appraised by NICE.

9. Guidelines in Development

a) **Shared Care Guideline for Dabigatran-Rivaroxaban.**

Cardiology have now expressed reservation with the shared care guidelines which were circulated for approval. It would not be possible to approve without cardiologist buy in.

FK to chase up concerns and bring final version to September meeting

**FK /
Cardiologists**

10. Any other business

Antimicrobial stewardship group (*minutes to be circulated*)

LR reported on the August meeting of the Antimicrobial stewardship group. Currently working on an action plan with press for change member & Jackie Page to ensure the trust achieves its CQUIN target for antimicrobials. More staff will be needed for antimicrobial rounds. BAO added that CQUIN is very important and they need to specify exactly what resources were needed.

11. Confirmation of Date of next meeting

The date of the next meeting was confirmed as
Tuesday 18th September 2012, Eaglestone Restaurant Function Room, Time
1.00pm.