

## County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 16<sup>th</sup> August 2016  
12.00 – 2.30 pm

Board Room, Appleton House, Lanchester Road, DH1 5XZ

### Minutes

**In Attendance:**

Dr James Carlton (Chair)	Medical advisor DDES CCG	JC
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Kate Huddart	Head of Medicines Optimisation DDES CCG	KH
Dan Newsome	Medicines Optimisation Pharmacist	DN
Dawn Cruickshank	County Durham and Darlington LPC Representative	RP
David Russell	GP Prescribing Lead Darlington CCG	DR
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Gavin Mankin (Professional Secretary)	Principal Pharmacist, RDTG	MM

Meeting Quorate (four members, including 2 GPs, with two CCGs represented)

Item Description	
1.	<b>Apologies</b> Martin Jones (DDES CCG, Sedgefield), Chris Brown (ND CCG), Ian Davidson (ND CCG), Catherine Harrison DDES CCG (Durham Dales), Esther Sheard (ND CCG), Rob Pitt, Joan Sutherland
2.	<b>Declarations of interest</b> Nothing declared. Members were reminded that completion of Annual Declaration Interest form covering the period 2015-16 was now due and completed forms should be returned to the professional secretary as soon as possible.
3.	<b>Minutes of last meeting held Tuesday 21<sup>st</sup> June 2016</b> The draft minutes were agreed as accurate <b>ACTION: GM to upload minutes to the website</b>
4.	<b>Matters arising:</b> All matters arising covered on agenda or on Action Log.

5.	<p><b>Actions taken following June 2016 meeting</b></p> <p><u>Significant medication incidents</u> No more issues been reported and SIRMS is now set-up to capture these incidents. Agreed item now closed as now picked up via SIRMS.</p> <p><u>Secondary care medication incident report</u> Further reports will include the suggested changes to format from this group. Item now closed.</p> <p><u>Non-medical prescribing update</u> Agreed item now closed as action been undertaken by MO teams.</p> <p><u>ND &amp; DDES Joint Working with Community Pharmacy Steering Group</u> Trial of joint meeting between LPC and this group still to take place but is in progress. Agreed that Darlington also be included in this. Item now closed.</p>
6.	<p><b>Agenda</b></p>
6.1	<p><b>Review of D&amp;T CAG Terms of Reference</b></p> <p>Following discussions at the last meeting on the future remit of the D&amp;T CAG the group reviewed its current terms of reference from April 2015.</p> <p>The group noted the need to reduce overlap between groups and reduce unnecessary meetings. It was felt that all of the original remit of the D&amp;T CAG is now covered by other local prescribing groups and the APC but that it remains a good forum for shared learning/practice within primary care.</p> <p>One option would to reduce the frequency of the meetings to quarterly and for the D&amp;T CAG to focus in safety plus sharing best prescribing practice in primary care across County Durham &amp; Darlington.</p> <p>The group also discussed the potential impact of the new Regional Medicines Optimisation Committee on the work of the APC.</p> <p><b>ACTION: To review remit of D&amp;T CAG and terms of reference once impact of Regional Medicines Optimisation Committee is known.</b></p>
6.2	<p><b>Ciclosporin eye drops – Green+ Information Leaflet</b></p> <p>The group discussed and approved this leaflet for GPs which has been developed to support the Green+ status on the formulary of ciclosporin eye drops.</p> <p>It was suggested that GP review section should specify that only side-effects and if drug still working needs to be considered at each GP review.</p> <p><b>ACTION: GM to take to Sept 2016 APC for final approval.</b></p>
6.3	<p><b>Schools Medicines FAQ Update</b></p> <p>The group discussed and approved this document.</p> <p><b>ACTION: CJ to circulate to GPs and schools.</b></p>

<p>6.4</p>	<p><b>Cessation of Managed Repeats – CCG Option Appraisal Recommendation Report</b></p> <p>The group discussed in detail this option appraisal paper prepared by NECS.</p> <p>It was agreed that something needed to be done but that this paper builds expectation amongst CCG execs of cost savings that might not be there and might not be 100% achievable. It was felt some work is required locally to understand exactly what savings may be achievable with each of the options/models presented.</p> <p>As interim step it was agreed to send out a letter to all community pharmacies from the three CCGs and the LPC based on the letter that has already been circulated with Tees regarding reducing waste in the current managed repeat prescription system. Any further action required would then be agreed upon and implemented from December 2016.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>GM to shared methodology for Luton and Coventry models with D&amp;T CAG members.</b></li> <li>• <b>LPC to provide accurate local figures on patients on managed repeats and similar systems to AR/NECS so that can understand exactly what savings may be achievable locally with each of the options/models presented.</b></li> <li>• <b>KH/DN/JC/DC to draft a letter to go out to all community pharmacies within County Durham &amp; Darlington based on the Tees letter.</b></li> </ul>
<p>6.5</p>	<p><b>Vitamin D – updated guidance from SACN</b></p> <p>The group discussed the new guidance from the SACN. The group agreed to send out clear guidance to prescribers that vitamin D supplements should not generally be prescribed and the public should be encouraged to purchase these themselves.</p> <p>The group noted that County Durham Council/Public Health is going to re-promote the health start vitamins scheme across the county.</p> <p>It was also agreed to ask the FSG to review which licensed Vit D product is currently the most cost-effective.</p> <p><b>ACTION: GM to ask the FSG to review which licensed Vit D product is currently the most cost-effective.</b></p>
<p>6.6</p>	<p><b>Stopping Over Medicating in LD</b></p> <p>An audit of the potential number of patients in primary care requiring review as per the guidance has now been carried.</p> <p>The following points were raised during discussions:</p> <ol style="list-style-type: none"> <li>1. What support was available from the mental health trust to support this? Could CCGs provide financial support to the mental health trust to support this work?</li> <li>2. Are GPs happy to review these patients themselves?</li> <li>3. Could review of these patients be included in a future prescribing engagement scheme?</li> </ol> <p>After discussion it was agreed to ask Gareth Forbes to add an alert to GP systems to highlight that the patient requires a review each time they attend for repeat medication</p>

	<p>review.</p> <p><b>ACTION: KH to ask Gareth Forbes to add an alert to GP systems to highlight that the patient requires a review each time they attend for repeat medication review.</b></p>
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<b>Subgroup Updates</b>	
<b>7.0</b>	<p><b>IT Development Group Update</b></p> <p>Nothing to report.</p> <p><b>ACTION: No action from D&amp;T</b></p>
<b>8.0</b>	<p><b>Non-medical Prescribing Update</b></p> <p>MO teams currently looking at high prescribing of CDs and high volume of prescribing by some NMPs.</p> <p>CCGs are looking how to manage prescribing costs associated with NMPs.</p> <p>Also currently collating feedback from training sessions that had been provided.</p> <p><b>ACTION: No action from D&amp;T</b></p>
<b>9</b>	<p><b>ND &amp; DDES Joint Working with Community Pharmacy Steering Group June 2016</b></p> <p>Minutes circulated for information. Nothing else to report.</p> <p><b>ACTION: No action from D&amp;T</b></p>
<b>Sharing Best Practice</b>	
<b>10.1 – 10.5</b>	<p><b>CCG prescribing locality updates and minutes</b></p> <p><b>Darlington prescribing sub-committee July 2016</b> – not yet available it was noted that this mainly referenced the FSG and APC minutes</p> <p><b>North Durham prescribing and medication safety group July 2016</b> – nothing specific to highlight.</p> <p><b>Durham Dales LPG July 2016</b> – nothing specific to highlight.</p> <p><b>Easington LPG July 2016</b> – nothing specific to highlight.</p> <p><b>Sedgefield LPG July 2016</b> – nothing specific to highlight.</p>
<b>11</b>	<p><b>QIPP and cost effective prescribing</b></p> <p>Darlington wish to look at some branded generic prescribing in an effort to save costs. Previously D&amp;T CAG supported a policy of no branded generic prescribing but after discussion group agreed that this now a decision for individual CCGs who need weigh up the pros &amp; cons for each drug concerned (including product availability, is the price stable, and what happens when the price differential ends).</p> <p>The group noted that each of the CCGs is now on weekly reporting. On the core plan ND &amp; DDES remain on track to deliver. There is a lot work to be done on extended QIPP plans.</p> <p><b>ACTION: No action from D&amp;T</b></p>

<b>12</b>	<b>Medication Safety and NPSA</b>
<b>12.1</b>	<b>MHRA Drug Safety Updates June + July + August 2016</b> GM updated the group on the June, July and August MHRA DSU and that these had already been actioned within the formulary.
<b>12.2</b>	<b>Central Alerting System – patient safety alerts</b> Nothing to report
<b>12.3</b>	<b>Significant medication incidents</b> Nothing to report
<b>12.4</b>	<b>Primary care medication incident trends</b> The usual updates had been forwarded to CCGs.
<b>12.5</b>	<b>Secondary care medication incident report</b> Next report not available as yet.
<b>12.6</b>	<b>RAIDR Patient Safety Dashboard</b> DN highlighted to group what was available via the RAIDR Patient Safety Dashboard. It was felt that practice pharmacist should have access as they would probably be tasked to monitor this on behalf of practices.
<b>Standing items</b>	
<b>13</b>	<b>Budget Update</b> AR/DN provided an update to the group.
<b>14</b>	<b>Patient group directions</b> The group noted the NHS England PGDs which had recently had their expiry date extended.
<b>15</b>	<b>Area prescribing committee minutes July 2016</b> Provided for information.
<b>16.1 - 16.4</b>	<b>Provider drug and therapeutics committees</b> The group noted the minutes and July 2016 update from TEWV D&T. Minutes from CD&D CSTC, UHNT D&T and Sunderland JFC were not available as yet.
<b>17</b>	<b>AOB</b> <u>Ulipristal acetate</u> It was highlighted to the group that secondary care is not always providing the first month of treatment. This issue of whether the intermittent use indication was approved on the formulary was also raised. Agreed to pick this up via the formulary subgroup.  <b>ACTION: GM to confirm with CDDFT if formulary application received for intermittent use indication and then FSG to confirm currently formulary status.</b>
<b>18</b>	<b>Date and time of next meeting</b> 18 <sup>th</sup> October 2016 12.00 – 14.30 Meeting Room 3, Education & Training Centre, Lanchester Road Hospital