APC Meeting
1st May, 2014
Agenda Item: 5.0

County Durham and Darlington Area Prescribing Committee

Thursday 9th January 2014
11.30 am – 2.30 pm
Board Room, John Snow House

MINUTES

In Attendance

Ian Davidson, Director of Quality & Safety North Durham CCG (chair)
Alwyn Foden, AMD Clinical Governance, County Durham & Darlington FT
Andy Reay, Senior Medicines Optimisation Pharmacist, NECS
Betty Hoy, Patient Representative
Chris Williams, Deputy Chief Pharmacist, CD&D FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Sarah Hailwood, Consultant, County Durham & Darlington NHS Foundation Trust
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Monica Mason, Pharmacist Principal, RDTC
Sue Hunter, Associate Director of Pharmacy, TEWV
Judith Nichol (minutes)

Part 1 – Mental Health (11.30)

1. Adult ADHD prescribing – potential transfer to primary care **Action**

Unfortunately Paul Walker had to give apologies, as a result this item was deferred to March's meeting.

Action: Paul Walker will bring paper to the APC in March. **PW**

This freed up time for the following paper to be tabled:

Review of clozapine prescribing system

SH presented a report detailing a review of CD&D clozapine prescription system. The recommendation of the paper was: In order to ensure that patients are receiving regular monitoring of medication prescribed for their long term conditions, the clozapine clinic teams have been asked to review all patients currently prescribed additional medication alongside their clozapine to ensure that prescribing of co-meds is transferred back to the GP where appropriate.

The APC supported this recommendation to assure safe prescribing and management of "co-meds" for those patients, as it was agreed physical health of the patients was best undertaken in

primary care. It was agreed good communication for any transfer of prescribing was essential, with individual communication to the patient and GP.

There was a discussion as to whether hyoscine for hyper salivation would be transferred to primary care. The formulary status needs to be checked as this use is off label.

Action: Check formulary status of hyoscine for hyper salivation. **AR**

Action: to review if hyoscine would be transferred to primary care **SH**

Action: Send out individual communications to patients and GP **SH**

Action: If there are any contentious issues with individual patients, this will be discussed on a case by case basis between the clozapine clinic and the GP. **SH**

Action: Add to primary care newsletter to inform prescribers of this change. **IM**

2. Revision to AChEI decision aid

SH presented a revision to the Dementia Care Pathway: Guidance for the prescription of acetyl cholinesterase inhibitors and memantine in Alzheimer's disease

This has been amended to incorporate the rivastigimine maximum dose (6mg BD). However this affects very few patients. This was approved by the committee.

Action: Ensure updated version on website **IM**

3. Lithium POMH-UK audit summary

SH presented this report which presents the baseline results for a quality improvement programme addressing the quality of monitoring of patients prescribed lithium. 57 Mental health trusts participated in the audit.

Three teams did not complete all the tests and therefore they have created an action plan to address this. The majority of patients have four lithium tests per annum. This is done in primary care. Now the team have the lithium register they can see when patients require lithium monitoring. With some patients it is very difficult to get engagement with GPs at the required frequency. It would appear that some practices do not have a recall system. The group were surprised at this as most practices had this in their incentive scheme and it was also discussed at peer review.

SH will share with committee which practices are repeat offenders. The committee would like Joan to be copied into any correspondence and for these go through official incidents

process. The committee agreed that the same process should be adopted with the adult mental health team too. SH was asked to share what information she has already.

Lithium monitoring report
SH presented this paper which gives a summary of issues raised by clinical teams in MHSOP, Durham and Darlington.

This paper was to support the lithium safety initiative bid, which is a collaborative project with NTW. The lithium database has proved very useful. NTW do not have this facility. However this does take a significant amount of resource to maintain for 900+ patients. This system mirrors one in Norfolk, where the information is downloaded from path labs which generates appointment letters automatically. This provides a wealth of additional information e.g. renal function over period of time.

To be part of the bid, matched funding is required. Norfolk's initial funding was £8,000 initially, plus £16,000 per annum, with a package of 4 years for the price of 3.

The committee did express caution that the prescriber must ultimately always be responsible for their prescribing, even with a monitoring tool such as this. The bid is for £120,000. The software will cost £56,000 for four years. SH has been working on funding

The APC agreed to support this initiative The committee entered into a discussion as to what GP support was needed, but agreed in principle to support TEWV in this bid.

Action: Share with committee which practices are repeat offenders for not re-calling patients (all services) SH

Action: Share the information we have already regarding adult mental health team. SH

Action: Copy JS into all reports. SH

Action: Flag future incidents as significant events. SH

Action: Put reminder in newsletter regarding monitoring and recall system IM

Action: Bring to the Committee for discussion when reviewing the prescribing incentive payment. IM

Action: Committee to review process after 6 months SH

Action: Offer GP support as necessary for lithium bid ID

4. Dosulepin guidance
SH gave a verbal updated on the issues around Dosulepin prescribing.

The group discussed why Dosulepin was still being used when there had been 40 accidental fatal overdoses in England and Wales, though there was some debate if this was a historic figure when prescribing levels were much higher – up to date figures are required from the National Poisons data. The view was that most patients had been reviewed and dosulepin was never initiated, though there was an anecdotal account that a pharmacists had recommend dosulepin for a new patient following the sertraline supply problem recently. The group discussed whether there was any way that established patients was could be reviewed to get them off the medication and whether they need to be referred to secondary care.

The switching recommendations in the paper could be more specific regarding alternative drugs. There was also a suggestion to put a prescribing indicator on Dosulepin in the incentive scheme.

The committee felt that more information was needed as to the levels of medication prescribed and the associated risk, including whether dosulepin was more cardiotoxic than other antidepressants.

Action: The report to be taken to D&T next month with the most up-to-date prescribing figures and overdose figures and cardiotoxicity. **ID/SH**

Action: Specific guidance on switching to be included in the paper **SH**

Action: Bring back to the APC in March 2014. **SH**

Action: Small article to be produced for community pharmacists to remind them dosulepin should not be initiated in new patients **IM**

5. Diazepam prescribing in Crisis

SH has spoken to individual prescribers about prescribing levels. The committee asked for further information to be back for discussion at the meeting in July.

Action: Put back on the agenda for July. **SH**

Part 2 – General (12.30)

6. Apologies for absence:

Sue Shine.
Kate Huddart.
Peter Cook.
Paul Walker.
Ingrid Whitton.
Susie Gurgiss.

7. Declarations of Interest

No interests relating to the agenda were declared to the Committee.

8. Minutes of the previous APC meeting held 7th November 2013

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Job titles for ID & SS to be updated. **Action completed** **JN** 10/01/2014

Item 9

IFR update – additional information

The new value based commissioning system has been approved by North Durham, but we are still working to the old system until everyone has agreed this. A big communication rollout is planned across primary and secondary care. A new IT person starts on the 20th January and this will allow updates to the web based system. The Minutes are correct and do not need to be changed. This update is for information purposes only.

9. Matters arising including action log

AR gave a verbal update.

10. APC Formulary steering committee

10.1 Formulary steering committee notes (Nov. and Dec)

MM presented these two documents to the committee.

The formulary group raised an issue regarding the annotation of the formulary with treatments which has received a positive NICE TA but the condition is not currently treated within the Trust.

Action: Formulary steering group to devise form of wording to cover annotation of positive NICE TAs not currently treated at the Trust **FSG**

10.2 Formulary updates

CW presented this document to the committee for information only.

10.3 Annual horizon scanning documents

These documents have been forwarded to NECS by the RDTC.

Janette Stephenson is meeting with Directors of Finance and will recommend a 4% uplift to prescribing budgets. The document is to go to the formulary group next week and they will set a work plan for the year. This will then to be sent out via email for information and comments.

Action: Formulary group to circulate work plan **MM**

10.4 Promotion of the formulary

AR tabled a document on possible ideas to promote the formulary. The document will be emailed around for further discussion. It was agreed preparation should be undertaken to enter the formulary for an award.

Action: Document to be circulated **AR**

Action: Preparation to be undertaken for award entry. **IM**

11. New Drug Applications:

11.1 Medroxyprogesterone Acetate (Sayana Press)

Approved for formulary use as a green drug

Action: PGD for practices to be drafted **IM**

Action: Put brand names on formulary making it clear that one preparation is IM, one is SC. **CW**

11.2 Lixisenatide

CW presented this document. The acquisition costs are less than others on the market, but there was concern around adding another drug to the formulary. If added to the formulary it was discussed that perhaps this should be a second line drug. The Diabetes CAG meets next week and the APC will approve this if it is supported by the CAG.

Action: Declaration of interest to be checked. **ID**

Action: APC will approve as a green drug if the Diabetes CAG supports. **CW**

Action: CW to bring paper to next APC regarding the how we deal with future applications for diabetic drugs **CW**

12.0 NTAG Update:

ID verbally updated the committee.

A new treatment advisory committee serving CCG populations in the North East & Cumbria is in the process of being established. The committee will work to facilitate collaboration between CCGs, providers, public health teams, and patients. The new committee will build on the success of the former NHS North East Treatment Advisory Committee (NETAG) with key changes to reflect the new healthcare environment in which we operate. The first meeting has been provisionally scheduled for Tuesday 25th February 2014 at which two treatment appraisals will be considered:

- Nalmefene for reduction of alcohol consumption in patients with alcohol dependence
- Sequential treatment of retinal vein occlusion with intravitreal ranibizumab or dexamethasone

A website will be developed in due course and this will serve as the principal source of information concerning the committee.

Action: ID to send out Terms of reference (ToR) and membership of NTAG to Committee by email after first meeting. **ID**

Action: ID to bring ToR and membership to APC in March 2014. **ID**

13 IFR update

Discussed under minutes of the previous meeting.

Part 3 – Physical Health (1.30)

14 Review of Chapter 10.1.1 NSAIDs

MM presented the review to the committee for approval. The APC endorsed the recommendations of the formulary steering group:

Long Term use: Ibuprofen low dose – First line treatment
Naproxen low dose – Second line treatment
Naproxen high dose – Third line treatment

- Alternatives or fourth line: Diclofenac, celecoxib, meloxicam, indometacin.
- Remove from formulary: piroxicam, nabumetone, mefenamic acid, etodolac and etoricoxib

There will be a review by the formulary steering group in 6 months

Action: Put message on ScriptSwitch and newsletter or memo with safety risks (NSAID review summary). **IM**

Action: Share paper with prescribing groups **IM**

Action: Formulary steering group to review in 6 months time **MM**

15 Treatment of urinary incontinence - discussion only

AR presented this document to the committee for discussion only. Generally there was a view that specialists wouldn't routinely expect to see this group of patients. It was felt reasonable that the suggested drugs be trialled before referral.

Action: Urologists to be invited to the March APC if they have any further comments on this guideline **AR/CW**

16 Review of blood glucose meters, strips and needles

AR presented the recommendations of the review panel to the APC. The APC approved the recommendations of the panel and the following products will be added to the formulary:

- GlucoRx Nexus range: Nexus, mini and voice meters (3 meters, one strip)
- Mylife Pura
- Supercheck 2
- B Braun Omnitest 3

The APC also endorsed that GlucoRx fine point and BBraun Omnican fine needles, should be the needles of choice in County Durham and Darlington.

An implementation plan will be developed by March and this will detail support which can be provided by the companies for implementation. CCGs will have to consider if this is in line with their joint working with the pharmaceutical industry policy. As part of the implementation plan community pharmacists will be given advance notification so that they can run down stock levels of non-formulary products

There was discussion as to whether a proportion of savings generated could be ring fenced for diabetes. This would require a programme budget approach

All the members of the review panel and the RDTC were thanked for their input. In particular Paul Peter and Debbie Calland's expertise was invaluable

Action: Letter to the chair of the Programme Board regarding Diabetes Programme budget approach recommendation. **ID**

Action: Implementation plan to be developed by March. **AR / IM**

Action: Anne Henry to update glucose monitoring guidelines and then circulate. **AH**

Action: Article to go out the community pharmacists. **IM**

Part 4 – Standing items (for information only)

17 Minutes of previous meetings held:

17.1 **CD PCT D&T**

Action: AR to circulate out to the committee members by email **AR**

17.2 **TEWV D&T**

Action: to circulate out to the committee members by email **AR**

17.3 **CD&D FT Clinical Standards and Therapeutics Committee**

Action: AR to circulate out to the committee members by email **AR**

18 RDTC Horizon scanning – November and December 2013
MM presented these documents to the committee for information.

19 Any Other Business

Action: ID to speak to Dr Mike Lavender to get Public Health representation at this committee. **ID**

There was a discussion regarding GPs being asked to prescribe liraglutide with insulin by specialists. The APC have asked the diabetes CAG is to give their opinion of the combination. The committee will wait for the CAG's viewpoint and bring back to the March meeting for a decision AR

20 Date and time of next meeting:

Thursday 6th March 11.30 – 2.30 Boardroom, John Snow House

Contact for meeting: Judith Nichol | Tel: 0191 374 4158 | judithnichol@nhs.net;