County Durham and Darlington Area Prescribing Committee

Thursday 6th November 2014
11.30 am – 2.30 pm
Board Room, John Snow House

MINUTES

Present

Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG
Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Paul Davies, Medicines Optimisation Pharmacist, NECS
Alwyn Foden, Associate Medical Director ,CD&D FT
Sarah Hailwood (SHa), Consultant, CD&D FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Betty Hoy, Patient representative
Sue Hunter, Associate Director of Pharmacy, TEWV
Claire Jones, Public Health Pharmacist, Durham County Council
Dr Martin Jones, GP Prescribing Lead, DDES
Gavin Mankin, RDTC Representative
Sarah McGeorge, Nurse Consultant & Clinical Director, TEWV
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Rob Pitt, LPC representative
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Laura Walker, Administrator, NECS (minutes)
Chris Williams, Deputy Chief Pharmacist, CD&D FT

In attendance

Mary Garthwaite, Consultant Urologist

ID welcomed CJ and RP to the APC, a round of introductions were made.

Part 1 – Mental Health (11.30)

1a **Mental Health Update**

SH gave an update from the TEWV Drug and Therapeutics Committee with the main points noted as follows;

- Guidance has been developed for the use of second generation antipsychotics in anorexia nervosa for AMH and C&YPS eating disorders. The use of these are unlicensed and classified as red.
- A process has been agreed for requesting non-approved medicine. When a request is submitted the clinical director, head of service and the chief pharmacist will make a decision. Any prescribing which is approved via this system will remain in house at TEWV.

- Generic sildenafil has been removed from the NHS selected list scheme therefore it is no longer restricted to patients with defined medical conditions or suffering from severe distress. Patients suffering from erectile dysfunction with psychotropic medication may be advised to discuss this treatment option with their GP.

SH informed the group that the NICE guidance on schizophrenia which was mentioned at the previous APC has yet to be discussed at TEWV. An update on this is expected at the January APC meeting.

ACTION: SH to feedback to the group regarding the NICE guidance on schizophrenia.

The meeting was non-quorate for the general section.

Part 2 – General (12.30)

2a **Apologies for absence:**
Ingrid Whitton, TEWV
Mike Leonard, TEWV
Robin Mitchell, CDDFT

2b **Declarations of Interest**
CW gave declaration of interest for AF in his absence for item 2i – Modafinil Formulary Traffic Light Status.

RP informed the group that he works in MJ's practice.

2c **Minutes of the previous APC meeting held 4th September 2014**
Page 3 – Review of blood glucose meters, strips and needles – this item should remain open, there is some work ongoing in regards to the budget.

2d **Matters arising/action log**
Actions From September Meeting

Item 1.3 Lithium Shared Care Guidelines – Guidance is needed from Nephrology in North Durham, it was agreed that CW would ask Robin Mitchell to look into this. OPEN.

Item 1.4 Declaration of interests – Not all forms have been received, PD will chase this up. OPEN.

Item 1.7 Inclusion of indications to accepted drugs – The FSG are working on this issue. OPEN

Item 1.8 Grey List – on today's agenda. CLOSED.

Item 1.12 Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain – on today's agenda. CLOSED.

Historic Actions

Promotion of the formulary – this item is now closed, the group agreed at the previous meeting that the formulary has been well promoted. CLOSED.

Award entry for APC – no relevant categories found. CLOSED.

Lixisenatide – This item was closed at the previous APC. CLOSED.

Review of chapter 10.1.1 NSAIDS – Review due November 2014.

APC Formulary steering group update

2e NICE Technology Appraisals and NTAG recommendations

There are no NICE technology appraisals.

GM gave the group an update on the MHRA recommendations from September 2014 which included nitrofurantoin which is now contraindicated in most patients with an estimated eGFR of less than 45ml/min and the risk of cardiac side effects with domperidone.

2f MHRA Drug Safety Update

GM presented the August, September and October updates to the group. Areas of note were Levonorgestrel and ulipristal acetate remain suitable emergency contraception for all women regardless of body weight or BMI, and Dexamethasone 4mg/ml injection being replaced with a new formulation called Dexamethasone 3.8mg/ml solution for injection.

CW confirmed all but the October update have been actioned on the formulary.

SHa arrived making the group quorate.

2g Formulary Steering Group minutes

The minutes from the August and September meeting were shared. ID noted the branded prescribing item on the September minutes, PD confirmed that this will be reviewed at the next FSG with a view to bring to the APC in January.

2h Formulary Update and Online Formulary Changes

CW presented the group with an update on the formulary changes, nothing major noted.

2i Modafinil Formulary Traffic Light Status

The report suggests Modafinil should change from a red drug to a green + drug on the formulary with a caveat that it must be initiated by a specialist for narcolepsy or idiopathic daytime hypersomnolence. Some of the group felt that this should be classed as an amber drug as it seems to be a shared care arrangement.

AF arrived and GC arrived.

AF felt this should be a shared care drug, he felt it would be unpractical for patients to get all prescriptions from the consultants. The group agreed to change the status to amber. CW suggested the decision could be reviewed if it was felt it would be more appropriate to be green +.

ACTION: ID took chairman's action to change the status of Modafinil on the formulary from red to amber. A shared care document will return the the January APC.

Part 3 – Physical Health (1.30)

3a **Atrial Fibrillation guidance and patient decision aid**

PD suggested to the group that the Gateshead guidance should be adopted, it has had positive feedback from other meetings. AF suggested on page 4 of the guidance the dosages in renal impairment the drugs should be in preferred use order rather than alphabetical order. The group discussed the NICE patient decision aid, it was felt that the document was too large and it may be better suited electronically so information can be tailored to patients. It was felt that the aid should include a comparison between NOACs and Warfarin. PD will feedback to NICE the comments made regarding the decision aid. BH questioned why a decision aid is needed, ID explained a discussion would take place with the GP the aid would be for the patient to take away to digest.

The group agreed to accept the Gateshead document. Feedback should be obtained from secondary care and returned to January APC. RB asked for the guidance to be shared among community pharmacies. It was agreed that an implementation plan should be developed if the guidance is approved at the January APC.

ACTION: PD to return feedback to January APC and an implementation plan should then be developed.

4e **Any Other Business**

It was agreed to discuss any other business before the TEWV representatives left the meeting. The group discussed Melatonin in paediatrics which is a red drug on the formulary however it is a green+ drug at CDDFT. It was agreed that adult and paediatric use needs separating, there is work ongoing with this. The group felt melatonin should be an amber drug under shared care, SH confirmed the work on this will be fast-tracked.

ACTION: Melatonin will be an agenda item on January 2015 APC meeting.

SH and SMc left the meeting.

GC noted the IFR process for self-monitoring of INR in younger people. It was suggested that IM/GC should create a paper on this looking at the cost implications of home monitoring vs. clinic monitoring.
ACTION: IM/GC create paper on cost implication of INR monitoring.

3b **Domperidone status**

PD presented the group with guidance from the UK Medicines Information Service (UKMI) regarding the changes to the use of Domperidone. GM noted there is no reference to paediatric use. The group felt that there is a lot of information on the document but the suggested action plan is the most useful part of the document, the other information could be background reading. Some of the group felt the guidance was suggesting Domperidone shouldn't be continued. It states in the guidance that patients should be reviewed and a trail of withdrawal should be tried, if this doesn't work it is ok for patients to continue taking Domperidone. The group agreed that the suggested action plan should be circulated in a memo, highlighting the fact that it is ok to continue Domperidone following a discussion and trial of withdrawal. To return to the January APC for follow up.

ACTION: Create a memo which includes the action plan from the UKMI document. To review at January APC and circulate if approved

3c OAB drug pathway update

The group welcomed Mary Garthwaite (MG) to the group, a round of introductions were made.

MG informed the group that a regional urology meeting is taking place in November where the pathway will be agreed. It is hoped that the regional guidance will be available at the January APC.

North of Tyne have a pathway which is now on their formulary. It is felt that the County Durham and Darlington pathway will be similar to the North of Tyne regarding female patients. The male guidance looks at a first line drug, followed by a second line drug of your choice. CH felt it important to include lifestyle changes in the pathway, the group agreed.

ACTION: MG to return to January APC with final pathway.

3d Prescribing protocol for Oral Analgesia in Adults with Non-Cancer Pain

PD presented this paper, there is currently one pain guideline in County Durham and Darlington however the guidance has now been split into mild to moderate pain, and neuropathic pain. The group discussed the removal of dihydrocodeine from the guidance, some felt it was limiting the drug choice and felt it would lead to more use of Tramadol. CW confirmed CDDFT do not stock dihydrocodeine, one reason for this is the issues around constipation in patients. The removal of dihydrocodeine was agreed. The group felt the title of the guidance should be changed to, 'Initial Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain'. It was also felt that on page 5 rather than state referral to social worker it should state, 'consider social factors'. It was felt that there was some emphasis on the use of patches however these wouldn't be considered for initial prescribing. It was agreed to add the information regarding the transdermal patches as an appendix to the document. The document will be amended and returned to January APC.

ACTION: PD to make suggested amendments to the protocol and return to January APC.

3e Specials Recommended by the British Association of Dermatologists for Skin Disease

JS presented this paper to the group which provides guidance on prescribing specials in dermatology. CW informed the group that the FT have re-done their list of specials, this will need comparing. This was discussed in detail and it was agreed that a comparison of the FT list would be useful to guide further discussion. It was agreed to carry out further work and to return this to January APC.

ACTION: CW to bring paper on dermatology specials to January APC.

A paper was tabled which relates to this item, Expiry of creams and ointments in a care home setting. This paper looked at the suggested expiry dates creams and ointments which has been suggested via the London, Eastern and South East Specialist Pharmacy Services. The group agreed that this offers sensible advice and chairman's action was taken to cascade the information to the CCG's and community pharmacies for implementation.

ACTION: JS to cascade to North Durham and DDES, IM to cascade within Darlington.

ACTION: CW to discuss expiry dates of creams with CDDFT to ensure they have no objections to the advice.

3f **LHRH**
A letter written by a consultant urologist has been sent out to some GP practices which seems to be favouring some drugs. The group felt the consultant should be contacted.

ACTION: ID to write to the consultant regarding the letter.

Part 4 – Standing items (for information only)

Minutes of previous meetings held:

4a **TEWV D&T Minutes July 2014**
For information.

4b **CD&D FT Clinical Standards and Therapeutics Committee August 2014**
For information.

4c **RDTC Horizon scanning – Aug-Oct 2014**
For information.

4d **CD&D D&T CAG**
For information.

4f **Date and time of next meeting:**
Thursday 8th January 11.30am – 2.30pm Boardroom, John Snow House

Contact for meeting: Laura Walker | Tel: 0191 374 6055 | laura.walker6@nhs.net