County Durham and Darlington
Drug and Therapeutics Clinical Advisory Group

Tuesday 17th June 2014
12.00 – 2.30 pm
Boardroom, John Snow House

Minutes

In Attendance:

Dr Geoffrey Crackett	North Durham GP Prescribing Lead (DCLS)
Dr Ian Davidson	Director of Quality and Safety, ND CCG, (Usual D&T CAG Chair)
Paul Davies	Medicines Optimisation Pharmacist, NECS
Dr Catherine Harrison	DDES GP Prescribing Lead (Dales)
Anne Henry	Medicines Optimisation Pharmacist, NECS
Dr Martin Jones	DDES GP Prescribing Lead (Sedgefield)
Patricia King	County Durham and Darlington LPC Representative
Dominic McDermott	Pharmacist, RDTC
Alistair Monk	Medicines Optimisation Pharmacist, NECS
Ian Morris	Senior Medicines Optimisation Pharmacist, NECS
Dr David Russell	GP Prescribing Lead (Darlington)
Joan Sutherland	Medicines Optimisation Pharmacist, ND CCG
Laura Walker	Minute Taker, NECS

Guest Speakers:

David Cook	Specialist Procurement Pharmacist
Dr Elizabeth Kendrick	GP, North Durham CCG.

Item Description

1. Apologies

Sue Hunter	Chief Pharmacist, TEWV Mental Health Trust
Dr Peter Foster	DDES GP Prescribing Lead (Easington)

2. Declarations of interest

None declared.

3. Minutes of last meeting held Tuesday 15th April 2013

6.1 Change the penultimate sentence to read, “Another meeting is to take place in May to focus on how all parties can take this issue forward as a collaborative approach.”

13. Change, “The diabetes CAG” to, “The D&T CAG”

4. Matters arising

JS informed the group that there may be a wound formulary review taking place, AM will discuss this further with the tissue viability nurses.

ACTION: AM to contact the tissue viability nurses to discuss wound formulary review.

CH asked when the antibiotic e-learning will be available, AH confirmed it will be ready in the coming few weeks.

5. Actions taken by Medicines Management Team following meeting 15th April 2104

Closed items:

4. Dosulepin death rates (Closed)
Discussed at pre-meet and agreed to close.

6.2 Prescribing incentive scheme 2014/2015/2016 (Closed)
All graphs circulated and schemes approved in all three CCG’s.

6.4 Draft COPD guideline – update on progress (Closed)
Insufficient time to discuss at APC. Summary of discussions which have taken place so far included in June D&T CAG agenda (this meeting).

6.5 Fostair formulary application discussion (Closed)
Application discussed at APC and approved for use.

6.9 Generic oral contraceptives and guideline review
Generic contraceptives discussed at APC and approved in principle. PD taking a paper to next APC defining exactly which brands are considered suitable for addition to formulary. (Closed)

10.2a, 10.2b, 10.2c, 10.2d Patient safety alert on improving medication error incident reporting and learning AND patient safety alert on improving medical device incident reporting and learning.

Documents shared with patient safety teams for them to take forward. ID asked whether the medicines optimisation team should continue to have involvement with these as the patient safety team may not pick up on all medicines related issues. IM

will follow this up.

ACTION: IM to follow up this action with the patient safety team.

Open items:

10.1 MHRA Drug Safety Updates
This will be included in the next newsletter.

The group had a brief discussion around communications; it was felt that the newsletter is currently not produced regularly enough. Some of the group felt wary of the new website, there were concerns about it being a region wide website and the fact that it involves more navigation. ID felt the current website should continue to be updated, and only once the new website is fully operational should it then be considered for used. AM confirmed that there is a section of the website which is dedicated to County Durham and Darlington. Some of the group felt that problems they have encountered with the RAIDR system have knocked their confidence in accepting the new website. DR informed the group that he had a training session on RAIDR from the medicines optimisation team and this has made the RAIDR system easier to use. MJ felt this would be useful but that it isn't something practices are aware of so needs promotion.

Historic items:
Feb 2014 6.5 Final oral nutritional supplement pathway (CLOSED)
Changes have been made to guideline as per D&T suggestions and from Rachel Masters update in June. The new guideline has been circulated and uploaded to both medicines websites.

Feb 2014 12.2 Yellow card reporting (CLOSED)
DM confirmed Clozapine yellow cards are recorded centrally via the manufacturer as most will relate to the blood monitoring they perform.

Feb 2014 6.2 Glucose test strip implementation plan (CLOSED)
It was decided to close the action of developing a poster as this initiative was now well underway.

Feb 2014 6.6 Dosulepin prescribing (OPEN)
Patient advice leaflet to be developed will be on August agenda.
Action: Develop a leaflet covering Dosulepin Risks and share at August D&T

Feb 2014 6.8 UCC antibiotic prescribing audit (OPEN)
It was agreed that this is not needed to be on the action log but can remain on there as a reminder.

Feb 2014 6.10 Vitmain D guideline (CLOSED)
AM gave the group an update from secondary care.

Dec 2013 6.9 Sub-cutaneous methotrexate pathway (OPEN)
On today's agenda for discussion.

Dec 2013 6.5 Antibiotic campaign update (OPEN)
Awaiting evaluation of the campaign.

Dec 2013 9.0 Scriptswitch review (OPEN)
AM informed the group that version 4 of the ScriptSwitch platform is being rolled out to practices. This includes a change to the pop up message which now enable feedback to be submitted as to why a switch was rejected. This will be returned to the August D&T.

The group went on to discuss scriptswitch, optimise, and the locally developed system which Darlington use on SystmOne. The group felt it would be useful for a summary of these systems to be brought to D&T for discussion. This will be returned to the August D&T.
ACTION: AM to prepare a paper outlining options for prescribing support systems with recommendations for County Durham CCGs with regard to contract expiry in Jan 2015.

Dec 2013 10.1 MHRA drug safety alert (CLOSED)
The group agreed to close this item.

Dec 2013 16.0 CAS alert process
There has been no update on this, ID suggested the CCG's raise this with the area team and report back to the D&T.
ACTION: ID to discuss this with the area team and report back.

Oct 2013 Development of an App for antibiotic formulary (CLOSED)
It was agreed that this is a realistic aspiration however it is likely to take a long time to complete therefore it was agreed to remove this from the action log.

Oct 2013 Review dressing order form (Open)
To review in August 2014.

6.1 COPD network update

AH presented this paper regarding the work done to date with regard to developing COPD guidelines. These had been developed by the Respiratory CAG and AH and ID confirmed there has yet to be a response to the letter written by ID to the CAG Chair regarding the discrepancy between FEV1 <60% and FEV1 <50% threshold for stepping up treatment. AH asked the group how they want to take this forward. ID suggested the CCG prescribing leads could meet with the respiratory leads to discuss this. The group decided it would be beneficial to wait for the outcomes from the North of Tyne meeting as this could lead to a change to the existing draft guidance.

ACTION: Following the North of Tyne meeting, CCG leads to meet with respiratory network leads.

6.2 Steroid cards

A new inhaled corticosteroid card, developed by the London Respiratory Network, has recently become available and AH presented the group with information regarding this and asked whether this is something the group would like to use , yet they had a cost of 28p per card. ID asked why these cards would be used, AH said it was felt it increases awareness and compliance. PK asked whether the current steroid cards could be promoted and used. The group felt this seemed a sensible idea; however it was felt that supporting information would be useful to go with the cards.

ACTION: PK to discuss promotion of current steroid cards with LPC.

ACTION: AH to create supporting information to go alongside current steroid card when used for inhalers.

6.3 Revised Osteoporosis guidelines

IM presented the revised osteoporosis guidelines to the group in light of recent additional warning related to Strontium, and this revised version had been agreed by Dr Matt Bridges, Consultant Rheumatologist CDDFT. ID suggested a change in wording relating to advice for healthcare professionals prescribing Strontium Ranelate, where it should read treatment should only be started by a “Consultant Physician with experience in the treatment of Osteoporosis”. The document was approved once the wording has been amended.

Further discussions took place about the osteoporosis guideline in general and DM informed the group that the place of risedronate was initially based on price, risedronate is now much cheaper. There were also discussions about the review process that should be followed when patients have been on bisphosphonates for a number of years.

It was noted by DR that patients who have an adequate calcium intake do not need to take calcium supplements, this can easily be checked. The group felt it would be useful for this to be included in the practice pharmacist work plans. ID concluded that there is guidance available but it needs to be pulled together.

Action: IM to make recommended change to guidance, circulate and add to MO website.

Action: Reviewing of Calcium and Vitamin D treatment in those with adequate calcium intake should be added to practice work plans.

Action: IM to investigate the review process to be followed once patients have been on bisphosphonates for a number of years.

6.4 D&T CAG annual report

The draft annual report of the D&T CAG for 2013-2014 was presented to the group. It was noted from this that the terms of reference will be brought to the August D&T for review. JS noted it mentions a bi-monthly newsletter being produced; this is currently being done quarterly. It was decided to amend the wording in the report to read, "a newsletter". It was also agreed to amend the information around the new website to read, "a newer site is being piloted with consideration to gradually move to this site". ID felt there should be a mention of RAIDR in the communication section of the newsletter and the QIPP work that was agreed around Aymes Shake and Blood Glucose Testing Strips should be added to the successes section.

ACTION: IM to make suggested amendments to the annual report before adding to website and sharing with practices.

6.5 Subcutaneous Methotrexate

IM presented a paper to the group regarding the current arrangements for subcutaneous methotrexate. A previous paper had come to the D&T regarding the current arrangement of recommendation for treatment being made in secondary care with prescribing and monitoring occurring in secondary care and the agreement was to try to develop the process to make this a more formal contractual arrangement. After speaking with contracting colleagues this had proved difficult, so support from the D&T CAG was being sought for contracting discussions to take pace to consider moving the whole of the prescribing and monitoring back into secondary care.IM asked the group if they were in agreement with this. ID agreed that the group are happy for secondary care to take over this as long as they take on both the monitoring and prescribing of methotrexate however discussions would be needed to ascertain what was possible.

Action: IM to notify Darren Archer from the contracting team that the D&T CAG were supporting of discussions taking place to transfer the responsibility of Sub-cutaneous methotrexate prescribing back to CDDFT with associated monitoring.

6.6 Genetic testing prior to Warfarin testing – short presentation and discussion

Dr Elizabeth Kendrick attended the CAG to give the group a presentation on genetic testing for Warfarin dosing. This would identify people who would be difficult to dose due to being of a specific genotype.

It was explained that a blood test would be taken and sent to the Life Centre at

Newcastle for analysis, the test currently has a 3 day turnaround, but this will be reduced to a 7 minute turnaround once near patient testing is introduced.

The GP would receive the result along with a personalised algorithm for the patient. It is hoped that this will lead to the patient being in the therapeutic range quicker, and for longer.

EK explained this will also highlight those patients who would not be suitable for warfarin which will prevent time wasted in trying to control the patient on warfarin.

The test will cost £15 per patient, and EK has secured 500 free tests and is hopeful further tests can be secured for free.

EK has been assured that there are daily deliveries from UHND to the Life Centre.

PK asked whether the patients care would be taken over by EK's team, EK explained it wouldn't, her team would give the information to the current care givers after they have done the initial dosing.

EK explained the first 500 patients who use this test will undergo careful supervision to ensure there are no problems. EK informed the group this isn't a trial, GC was concerned and felt outcome data is needed from a trial.

ID summarised that there were some concerns from the group as it feels like a trial. It was however, felt that this should be further looked into and NECS will work with EK to gain further information.

Action: D&T agreed to establish a task and finish group to work with EK on the feasibility of establishing a warfarin genotype testing service.

6.7 Primary Care Rebate Schemes

Peter Cook, North East Specialist Procurement Pharmacist, attended the meeting to present this paper which gives an overview on primary care rebate schemes in place across the area. The paper showed the current uptake of the various schemes across each CCG, and in addition to this the paper covered the governance process behind the consideration of each scheme.

GC asked whether the NHS can approach pharmaceutical companies, PC confirmed this cannot happen; a pharmaceutical company can only approach the NHS.

PC informed the group that he is the North East contact for rebate schemes. CH asked about the money and if this will be seen on the prescribing budget. IM explained that a search is done to get the prescribing figures; these are sent to the pharmaceutical company who will then complete the rebate. Different CCGs have different ways of recording the rebates received.

ID confirmed that this is useful guidance however he queried item 2.2 in the good practice principles table which states rebate schemes should be approved through robust local governance processes. ID questioned where this approval currently happens, and noted there are other parts of the document that are not being adhered to. PC confirmed that these are guidance; ID felt a board level agreement is needed for a process with rebate schemes.

Action: NECS MO Team to work with Peter Cook to develop a paper for CCG governing bodies explaining the process for rebate schemes and seeking their approval

7. Financial/ budget update

7.1a North Durham CCG PMD

7.1b DDES CCG PMD

7.1

7.1c Darlington CCG PMD

IM presented the group with the prescribing monitoring documents for the three CCG's. The end of year figures for 13/14 showed that all CCGs had overspent on their prescribing allocation to the tune of 2.7% in Darlington CCG, 5.08% in North Durham CCG, and 8.35% in DDES CCG.

7.2 Budget Update Setting

IM informed the group that he had circulated budget setting spreadsheets to Darlington CCG and North Durham CCGs for them to use in their budget setting for 2014/2015 whereas DDES had decided to use an alternative method.

JS informed the group that she is working on the North Durham budget which is currently being agreed as having a 7.6% uplift on budget. Mark Pickering has been working on the DDES budget, JS reported that DDES are looking at a 10% uplift. IM and DR are working on the Darlington budget.

8 QIPP

ID confirmed that CCG's would be interested in the work done to support QIPP and this should be added to the annual report. The group discussed the blood glucose test strips and Aymes Shake work.

GC reported some patients can't tolerate Aymes Shakes due to the high volume of liquid and JS reported that there is currently some work ongoing by dieticians looking at the osmolality of Aymes Shake in the hope it can be given in smaller volumes. JS will share this work once it is completed.

IM also reported that the Blood Glucose Test Strip work seemed to be progressing well with early indications suggesting a good uptake of the recommended products.

ACTION: Add Aymes Shake and Glucose Test Strips to Annual Report as QIPP

initiatives..

9 Scriptswitch

This was discussed under item 5.0.

10.1 MHRA Drug Safety Update May 2014

IM highlighted the adrenaline auto-injector update where it is recommended patients have 2 auto-injectors at all times, and every time an auto-injector is used 999 must be called and an ambulance must be requested. Following this the adrenaline guidance is being reviewed and is to be returned to the August D&T.

GC discussed domperidone and its restriction in being used for bloating and heartburn. He questioned whether this would lead to these patients being referred to gastroentereolgists. The group agreed there needs to be some advice around this urgerntly.

ACTION: Review adrenaline guidance and return to August D&T.

ACTION: Medicines optimisation team to produce guidance on the restricted use of domperidone.

10.2 Adrenaline MHRA Guidance:

10.2a Adrenaline auto-injectors: a review of clinical and quality considerations

See 10.1.

10.2b Adrenaline auto-injectors: advice on use

See 10.1

11 Area Prescribing Committee

Unable to discuss due to time restraints.

12.1 RDTC Monthly Horizon Scanning Document – May and June 2014

Unable to discuss due to time restraints.

13 Patient Group Directions

- Adrenaline (Epinephrine) injection for the treatment of anaphylaxis (May 2014)
- Combined low dose diphtheria, tetanus and inactivated polio vaccine (Td/IPV – Revaxs) (May 2014)

The above PGD's are now complete and have been circulated on behalf od the Area

Team

14 CCG prescribing locality updates

14.1 Darlington Prescribing Sub Committee
Minutes 20th May 2014
This was shared for information purposes only

14.2 North Durham LPG
Minutes 8th April 2014 and 13th May 2014
This was shared for information purposes only

14.3 Durham Dales LPG
Draft minutes 27th March 2014
This was shared for information purposes only

14.4 Easington LPG
Draft minutes 6th March 2014
This was shared for information purposes only

14.5 Sedgefield Prescribing Task Group
Draft minutes 12th March 2014

This was shared for information purposes only

15 Provider Drug & Therapeutics Committees

15.1 County Durham & Darlington FT CSTC
Draft minutes
This was shared for information purposes only .

15.2 North Tees & Hartlepool NHS FT D&T minutes

This was shared for information purposes only .

15.3 Sunderland CHFT D&T
Minutes
This was shared for information purposes only .

15.4 Tees Esk & Wear Valley D&T minutes
Minutes
This was shared for information purposes only .

16 Any Other Business
IM mentioned the issue with supply for venlafaxine 37.5mg and 75mg, it was agreed to use the MR tablets in the interim and a memo will be sent out.

ACTION: Memo to be sent regarding the supply issues with Venlafaxine.

PD informed the group that there is some guidance on clozapine now, and to highlight the need for awareness of patients taking clozapine and the side effects associated with this.

17 Date and time of next meeting

19th August 2014
12.00 – 14.30 Board Room, John Snow House