NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group | NHS North Durham Clinical Commissioning Group | NHS Darlington Clinical Commissioning Group

County Durham and Darlington
Drug and Therapeutics Clinical Advisory Group

Tuesday 18th August 2015
12.00 – 2.30 pm
Seminar Room, Lanchester Road Hospital

Confirmed Minutes

In Attendance:

James Carlton CHAIR	Medical Advisor DDES CCG	JC
Ian Davidson CHAIR	Director of Quality & Safety North Durham CCG	ID
Peter Foster	*GP Prescribing Lead* *DDES CCG (Easington)*	*PF*
Catherine Harrison	GP Prescribing Lead DDES CCG (Durham Dales)	CH
Martin Jones	GP Prescribing Lead DDES CCG (Sedgefield)	MJ
David Russell	GP Prescribing Lead Darlington CCG	DR
Chris Brown	Non-Medical Prescriber representative North Durham CCG	CB
Philippa Walters	Public Health representative Tees Shared Public Health Service	PW
Deborah Giles	Medicines Optimisation Pharmacist NECS	DG
Alastair Monk	Medicines Optimisation Pharmacist NECS	AM
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Kate Huddart	Medicines Optimisation Lead DDES/North Durham MO Team	KH
Louise Taylor	Medicines Optimisation Pharmacist DDES/North Durham MO Team	LT
Dominic McDermott	Senior Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	DM

Meeting Quorate

Item Description	
1.	**Apologies** Kieran Devereux (NMP DDES), Claire Jones (PH DCC), Rob Pitt (LPC). Standing apologies: Philip Dean (NTH), Graeme Kirkpatrick (CD&DFT), David Miller (CHS), Joan Sutherland ((DDES/ND), Chris Williams (TEWV)

2.	**Declarations of interest** Chair noted recent email correspondence arising from freedom of information requests regarding hospitality for CCG board members. The requests highlighted the importance of comprehensive disclosure of any potential conflicts of interest. The following points were made during subsequent discussion: • Potential or perceived conflicts to be considered on an item-by-item basis, with group deliberation as to appropriate course of action [e.g. individual(s) with potential conflict to be excluded from decision-making; individual(s) to contribute to discussion/decision-making] • Declarations to be as comprehensive as possible. Maxim "if in doubt, declare" commended to all. • Standing declarations to be updated. Ad-hoc declarations as matters arise recommended even when previously recorded. • Local recording of education and training events supported by pharmaceutical companies (or other sponsors) recommended. May not always be necessary to record details of individual sponsors where provision is via independent third parties and sponsorship is from several sources. May be advisable to record any relevant conversations with individual company representatives. • May be advisable to "insulate" members of decision-making groups from direct contact with pharmaceutical company representatives as far as possible. DR & AR have attended events relating to DVT treatment and prophylaxis sponsored by the manufacturer of rivaroxaban [Bayer]. The group agreed that it would be acceptable and appropriate for discussions on the DVT pathway to continue with DR & AR present. **ACTION: DM to circulate standing declaration of interest forms**
3.	**Minutes of last meeting held Tuesday 16th June 2015**
	Approved with addition to Section 2: *The group agreed that it would be acceptable and appropriate for discussions on the DVT pathway to continue with DR & AR present.*
4.	**Matters arising** Section 6.3 DVT pathway AR presented the draft revised pathway documents (circulated by email) with a summary of changes. The following points were made during discussion: • Documents are draft for consultation. Comments invited from group members. • Specialist input has been sought from Dr Mahmood (consultant haematologist and anticoagulation lead, CD&DFT) and a GPwSI. • Key changes include: greater emphasis on stopping anticoagulants following a negative initial US scan; recommendation to refer or seek advice when DVT not clearly provoked; reminder about NOAC card; notes on monitoring; new evidence on compression stockings; additions to pros & cons listed. • DR & JC reported discussions with Dr Mahmood about haematology referrals and availability for advice. Dr Mahmood has confirmed that he is available to provide telephone advice when required (e.g. uncertainty about treatment

	duration or investigation following unprovoked DVT) and that the department can accept routine haematology referrals when further investigation is considered appropriate. • Further discussion needed to clarify arrangements to ensure continuity and comprehensive coverage. Potential for development of DVT clinic to be explored. • CD&DFT and OOH service reportedly continue to use LMWH as preferred DVT treatment. Further secondary care input into pathway and discussions on joint approach to be pursued via APC. AR to clarify CD&DFT approach with pharmacy department. • NICE TAs recommend dabigatran (following initial LMWH) and apixaban as options for use within licensed indications for DVT [edoxaban TA published post-meeting]. All NICE recommended NOACs are included in local formulary as options. Proposed to acknowledge this in pathway documents, with note that these approved options are not covered by the local pathway. Local pathway only covers use of rivaroxaban. Rivaroxaban selected for pathway coverage on basis of clinical experience, relative simplicity of regimen, once daily dosage in continuation phase, cost (including local purchasing/supply arrangements) and to reduce clinical risks associated with anti-coagulants by promoting local consistency. • Communication issues and version control need to be considered. CB reported that some administrative content may be missing from documents currently posted on GPTeamnet. **ACTION: Group members to forward comments to AR/DR. AR/DR/JC to clarify haematology department capacity/commitment to provide advice/accept referals. AR to clarify CD&DFT/OOH service practice. Revised documents to be considered by APC. MO teams to check material posted on GP TeamNet.** Section 6.4 Off-formulary/off-guideline prescribing – reporting arrangements AR updated the group on exploration of potential for SIRMS to be used to report off-formulary/off-guideline prescribing requests/activity. Possible in principle. Need agreement on what to report and how to use information. Propose starting with defined area & learning from this before expanding. FSG suggest focus on red drugs initially. Group decided that the system should allow any request to prescribe which raises concern to be reported. D&T CAG to receive data on trends/patterns/issues of concern. **ACTION: AR to pursue development of SIRMS reporting with patient safety team. Development to cover feedback to D&T CAG. KH to draft document on scope of reporting.**
5.	**Actions taken following meeting 21st April 2015**
	<u>June 2015 Actions:</u> 6.2 Medicines Supply Issues Communication. AM to update D&T CAG August. On current agenda. (CLOSED).

	6.3 DVT Pathway. Dealt with under Matters Arising. (CLOSED) 6.4 Off-formulary/off-guideline prescribing. Dealt with under Matters Arising. (CLOSED) 6.5 Medicines in Schools. Documents circulated to practices. (CLOSED) <u>Historical Actions:</u> April 2015 6.2 NICE NG5 Medicines Optimisation benchmarking. Deferred to October meeting. (OPEN) 6.4 Medication Screening tool for Frail Elderly Patients. On current agenda. (CLOSED) February 2015 6.5 CD&D COPD guideline. Guideline finalised by respiratory CAG and approved at APC in July. (CLOSED) June 2014 6.2 Steroid cards Update: to be taken forward via respiratory CAG. Deborah Giles to take over as NECS MO representative at respiratory CAG. (OPEN)
6.	**Agenda**
6.1	**Medicines Supply Issues Communication**
	AM updated group on developments. NECS MO team will collate information from Manchester LPC, PSNC, wholesalers and other sources and pass on to three local volunteers for corroboration/sense check. A consensus document will be uploaded to the Co. Durham & Darlington pages of the NECS MO website and email notification will be sent to prescribers. This process will be trialled for 3-6 months, with evaluation. Points arising during discussion: any resource compiled on a periodic basis is likely to quickly lose currency; online resource can be amended if and when significant issues arise; additional ad-hoc email memos can be sent alerting prescribers when changes made. **ACTION: NECS MO Team to pilot as per proposal.**
6.2	**Oxycodone Prescribing Safety**

	KH presented a paper prepared by Ryan Smith setting out options for oxycodone prescribing. Several NHS localities have recommended brand name prescribing of modified-release strong opioids to help reduce associated risks. Local pain and palliative care teams have been consulted. No strong preferences have been expressed. After discussion, the D&T CAG recommended that generic oxycodone oral solution 5mg/5ml be prescribed when immediate-release oxycodone is required and that prescriptions for modified-release oxycodone be for the Longtec® brand. This may require a change of brand when prescribing is transferred from secondary to primary care. A communication plan will be needed. A clear statement emphasising that morphine remains the first-choice strong opioid in CD&D should be included in all relevant documents. **ACTION: D&T CAG recommendations to be considered by Formulary Group and APC.**
6.3	**Medication Review Toolkit to support frail elderly workstream**
	LT updated the D&T CAG on progress with tools to support medication review for frail elderly patients. A draft screening tool and an amended/abridged version of the Cumbria STOP/START tool have been developed following consultation. A development group has been formed and a pilot of the tools is underway. Electronic versions of the tools for use with GP systems are being developed. Final versions of documents to be available for October D&T CAG meeting. **ACTION: LT to arrange for final versions to be considered/ratified at October meeting.**
6.4	**CVD day & CVD Intelligence Packs**
	KH presented a summary of an NHS England event on *Improving prevention, early detection and management of cardiovascular disease* held in Durham in March and commended the related data and intelligence packs produced by NHS England. The packs highlight significant variation among practices. Data is mainly from QOF. North Durham CCG quality group has discussed content and sent information to all practices. Outlying practices have been notified. DDES produces quarterly updates and performance is discussed with locality leads.
6.5	**National Flu Contract**
	KH presented details of the new national 'flu vaccination advanced service commissioned from community pharmacies by NHS England. Community pharmacies will be paid to vaccinate adult patients in at risk groups. Service specification and guidance to be published. The following points were noted during discussion: potential for duplication; importance of timely & clear communication between providers; may be surplus vaccine & waste, as general practices are required to order enough vaccine to cover at-risk population; may be issues with locum accreditation & pharmacist availability; additional route may not increase coverage of hard-to-reach groups; pharmacy provision may be more helpful in some areas than others; local meetings between 'flu vaccination providers likely to be worthwhile. Developments & issues to be discussed at LPC meeting in September. MO teams to be represented.

	ACTION: Memo to be circulated to practices to raise awareness and promote local discussions.
6.6	**Guidelines for Supply of Gluten Free Products in DDES and North Durham**
	DG presented an update of guidelines on supply of gluten free products. Existing guidelines have passed review date and North Durham CCG intends to de-commission the non-prescription supply service. Noted that there is now a single "button" on the ICE system for the required blood tests when investigating possible coeliac disease. The updated guidelines were accepted by the D&T CAG. **ACTION: Guidelines to be forwarded to APC with D&T CAG recommendation.**
6.7	**Branded Prescribing of Symbicort/DuoResp & Seretide/Sirdupla inhalers**
	KH presented a paper outlining safety concerns arising from generic prescribing of corticosteroid + long-acting beta-agonist combination inhalers. The concerns and possible solutions had been discussed at a CD&D respiratory CAG meeting. The respiratory CAG proposed that CD&D adopt a policy of brand-name prescribing for combination inhalers to support patient safety, ensure patients receive a familiar device, and support adherence. The D&T CAG supported the proposal. **ACTION: Respiratory CAG proposal to be taken to formulary group with D&T CAG endorsement. MO teams to raise issues with LPC & highlight importance of patients receiving inhaler devices they are familiar with. MO teams to aid implementation via prescribing support software, once guidance finalised.**

	Standing Items
7.0	
	7.1 Budget update AR tabled a Prescribing Financial Summary for North East & Cumbria CCGs covering April-June 2015. Prescribing reports have been circulated to localities. It was noted that year-on-year growth (Apr-Jun 2015 vs Apr-Jun 2014) was considerably lower in North Tyneside than in other CCGs in the region. This may be connected to extensive QIPP work in North Tyneside. The group requested a summary of North Tyneside QIPP plans and achievements for the next meeting. **ACTION: DG to prepare summary of North Tyneside QIPP work for October meeting.**
8	**QIPP**
	Prescribing Incentive Scheme KH presented an update on the prescribing incentive scheme. With minor exceptions, the scheme is now in operation across CD&D. *North Durham and Durham Dales are working to agree local targets.*

	CB reported practice experience with the GLP-1 agonist mini-audit and proposed that a standard letter be made available via TeamNet for pactices to use to notify specialists of non-compliance with NICE criteria for continued use. **ACTION: Proposal for standard letter to be forwarded to diabetes CAG.**
	GP and Community Pharmacy Secure Electronic Communication Pilot – Verbal Update KH reported on progress. The pilot involves using a software tool [PharmOutcomes] for secure communication between general practice and community pharmacy. The tool is already used to support community pharmacy provision of advanced and enhanced services. There is currently no direct interface between PharmOutcomes and GP IT systems.
9	**Prescribing support software**
	KH provided a verbal update. Darlington practices continue to use an in-house system. OptimizeRx is now compatible with EMIS. Decision has been taken to use OptimizeRx across all practices in North Durham. DDES to consider similar move based on full appraisal of options. Some practices have a pop-up message to query whether calcium levels have been checked when denosumab is prescribed. AR to find out if this can be shared more widely.
10	**MHRA Drug Safety & NPSA**
10.1	**MHRA Drug Safety Updates:** • **June 2015** • **July 2015** Presented for information. The group noted warnings about atypical ketoacidosis associated with SGLT-2 inhibitors. This is a potentially serious adverse event associated with a new and, as yet, not well understood class of medicines. **ACTION: Prescribing support software to be updated.**
11	**Area Prescribing Committee**
	Draft minutes 02/07/2015 received for information. ID drew attention to the following: COPD guideline approved (with FEV_1 threshold for ICS/LABA introduction as per NICE guidance); changes to vitamin D guidelines; issues with DEXA scans for people prescribed aromatase inhibitors to be addressed, and; concerns about governance and commissioning arrangements for prescribing, supply and monitoring of sub-cutaneous methotrexate. ID has raised concerns about sub-cut methotrexate at North Durham CCG management executive. NECS MO team are preparing a paper outlining options to address sub-cutaneous methotrexate concerns for September APC meeting.
12.1	**RDTC Monthly Horizon Scanning Document** • **April 2015** • **May 2015** • **June 2015**

	Received for information.
13	**Patient Group Directions** None received
14	**CCG prescribing locality updates**
14.1	**Darlington Prescribing Sub Committee** Final minutes July 2015 received for information. CB noted discussion of issues around use of norethisterone to delay menstruation and queried mechanisms for sharing learning/experience between localities. Similar questions have been raised elsewhere. Agreed that D&T CAG is most suitable forum for sharing learning between localities. RDTC may be able to provide advice on therapeutic issues relating to norethisterone and VTE risk. **ACTION: DM to request RDTC advice on norethisterone prescribing to delay menstruation**
14.2	**North Durham LPG** Confirmed minutes June 2015 received for information.
14.3	**Durham Dales LPG** Draft minutes July 2015 received for information.
14.4	**Easington LPG** Draft minutes July 2015 received for information.
14.5	**Sedgefield Prescribing Task Group** Draft minutes July 2015 received for information.
15	**Provider Drug & Therapeutics Committees**
15.1	**County Durham & Darlington FT CSTC** Minutes April 2015 received for information.
15.2	**North Tees & Hartlepool NHS FT D&T** Final minutes July 2015 received for information.
15.3	**Sunderland CHFT D&T** Not available.
15.4	**Tees Esk & Wear Valley D&T** Confirmed minutes June 2015 received for information.
16	**Any Other Business**
	Noted that differences between NHS bodies in choice of preferred blood glucose testing meters (& strips) may have impact on prescribing patterns at boundaries – e.g. different meters being used in North Tees may affect Easington locality.
17	**Date and time of next meeting** Tuesday 20th October 2015 12.00 – 14.30 Seminar Room, Sedgefield Community Hospital, TS21 3EE