

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 16th June 2015
12.00 – 2.30 pm
Boardroom, John Snow House

Approved Minutes

In Attendance:

Ian Davidson CHAIR	Director of Quality & Safety North Durham CCG	ID
James Carlton Chair Designate	Medical Advisor DDES CCG	JC
Geoff Crackett	GP Prescribing Lead North Durham CCG (Durham & Chester-le-Street)	GC
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
Claire Jones	Public Health Pharmacist Durham County Council	CJ
Alastair Monk	Medicines Optimisation Pharmacist NECS	AM
Ian Morris	Senior Medicines Optimisation Pharmacist NECS	IM
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Shelley Calkin	Medicines Optimisation Pharmacist DDES/North Durham MO Team	SC
Kate Huddart	Medicines Optimisation Lead DDES/North Durham MO Team	KH
Joan Sutherland	Medicines Optimisation Lead DDES/North Durham MO Team	JS
Ryan Smith	Medicines Optimisation Pharmacist DDES/North Durham MO Team	RS
Dominic McDermott	Senior Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	DM

Meeting Quorate

Chair welcomed new chair designate, James Carlton (Medical Advisor DDES CCG) to the meeting.

Item Description	
1.	<p>Apologies Kieran Devereux (NMP DDES), Graeme Kirkpatrick (CD&DFT), Rob Pitt (LPC), Philippa Walters (PH Tees), Chris Williams (TEWV).</p>
2.	<p>Declarations of interest DR & AR have attended events relating to DVT treatment and prophylaxis sponsored by the manufacturer of rivaroxaban [Bayer]. <i>The group agreed that it would be acceptable and appropriate for discussions on the DVT pathway to continue with DR & AR present.</i></p>
3.	<p>Minutes of last meeting held Tuesday 21st April 2015</p>
	<p>Approved with amendments to Sections 6.5, 8.2 & 9.0. 6.5 – formal CCG approval not required as is continuation of previous arrangements 8.2 – noted that Darlington CCG have not yet shared findings from peer review 9.0 – all but one North Durham SystmOne practices are now using OptimiseRx</p>
4.	<p>Matters arising Section 6.2 NICE NG5 Medicines Optimisation An August target for joint gap analysis likely to be ambitious for LA participants. Agreed to defer to October meeting. Section 8.2 Prescribing Incentive Scheme 2014/15 Peer Review (ND & DDES). Noted that Darlington CCG have not yet shared findings from peer review. ACTION: Darlington CCG to share peer review findings with D&T CAG.</p>
5.	<p>Actions taken following meeting 21st April 2015</p>
	<p><u>April 2015 Actions:</u></p> <p>6.1 Dressings formulary update. To be considered by APC in July. (CLOSED).</p> <p>6.2 NICE NG5 Medicines Optimisation. NECS & CCG MO teams + LA/PH pharmacists to use NICE tools to benchmark local system & identify gaps. Gap analysis to August D&T. Update: August timescale likely to be optimistic for PH/LA representatives. Deferred to October meeting. (OPEN)</p> <p>6.3 TOR & CHAIR Update: Dr James Carlton will chair D&T CAG from August. (CLOSED)</p> <p>6.4 Medication Screening for Frail Elderly MO teams to continue work & develop detail, with consultation. Explore options for memo format with supplementary support materials. Update: Ongoing. (OPEN)</p>

	<p>6.5 Travax Approved. To be ratified by CCGs. Update: CCG ratification not sought, as is continuation of current arrangements. (CLOSED)</p> <p>6.8 RDTC/NECS Q&A documents DM to review & update. MO teams to post on GP teamnet. Update: documents reviewed, updated and posted on GP teamnet. (CLOSED)</p> <p><u>Historical Actions:</u></p> <p>February 2015 5.0 Supply issues communication NECS to explore development of information product(s) – system, process & resources (email & Website). To include systems for notification when issues resolved. Update: On Agenda. Historical action closed. (CLOSED)</p> <p>6.5 CD&D COPD guideline. Update: Work ongoing via respiratory CAG – close to final agreement. Discussion about inhaler technique training and workshops ensued. e-learning is to be available via NECS MO website. CCG MO teams have contacted CPPE about inhaler technique training. Arrangements will be made once formulary group has finalised review of inhalers. (OPEN)</p> <p>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)</p>
6.	Agenda
6.1	Prescribing Incentive Scheme Update
	<p>The group formally endorsed and ratified the final version of the prescribing incentive scheme approved by the chair on 15th May 2015.</p> <p>An earlier draft version of the scheme targets had been circulated with D&T CAG papers in error, but group members had been involved in the development process and had received the final approved version separately (circulated 15.05.15). The D&T CAG approved scheme has been accepted in North Durham CCG and DDES CCG (subject to minor changes). Discussions are ongoing in Darlington CCG.</p> <p>CCGs are preparing separate support documents for the mini-audits</p>

6.2	Medicines Supply Issues Communication
	<p>AM presented a document from Somerset CCG with advice for community pharmacies on management of supply issues and a summary of information from PSNC, Manchester LPC and other sources.</p> <p>During discussion, the following points were noted: Somerset flowchart may be perceived as ‘patronising’ by some pharmacists, as is likely to be well established practice. LPC input may be helpful. GPs unlikely to consult website or similar resource for information on supply issues – active communication (e.g. by email) required. Only major supply problems (and resolution of these) need to be covered. Difficulties around collecting information – and local variability. Some national developments expected. Regional process would be welcomed. D&T CAG requests NECS to lead – with trial/pilot in CD&D.</p> <p>ACTION: CJ to take Somerset flowchart to LPC. AM/AR to develop plan for pilot process to share with D&T CAG in August.</p>
6.3	DVT Pathway update and related safety incident
	<p>A medication safety incident in a North Durham CCG practice has highlighted issues with version control and availability of non-approved pathways/guidance in some practices. The issues appear to have arisen from local adaptation of pathways/guidance. ND MO team and ID have addressed issues arising.</p> <p>DR and AR gave update on recent developments with DVT pathway. Attended conference at which Bradford pathway was discussed. Bradford have commissioned DVT/thrombosis clinic. Also evidence presented questioning current guidance on use of compression hosiery to prevent post-thrombotic syndrome. Both issues for local consideration. Consultation with local specialists will be needed. Noted that D&T CAG role is limited to consideration of drug-related issue and that pathway approval is subject to local CCG processes.</p> <p>ID queried arrangements for referral for investigations following unprovoked DVT.</p> <p>ACTION: DR/AR to update D&T CAG on progress with pathway revision in August. JC to update D&T CAG with progress on commissioning arrangements for investigations following unprovoked DVT in August.</p>
6.4	Off-formulary/off-guideline prescribing Proposed reporting arrangements - consultation
	<p>DM presented an off-formulary/off-guideline reporting template that had been discussed at APC formulary group and APC. The intention was to partly mirror arrangements in local hospitals (to harmonise approaches to non-formulary prescribing) and to use the forms to capture information about requests to GPs to prescribe outside local formulary and guidelines. GPs initiating off-formulary/off-guideline prescribing might also report this.</p> <p>During discussion it was noted that GPs are unlikely to use the template in its current form. Other mechanisms are available for collecting information on prescribing which may be of concern. Proposed that MO teams explore options for including reporting</p>

	<p>option in SIRMS.</p> <p>ACTION: AR and NECS MO team to investigate options for including off-formulary/off-guideline prescribing requests/activity via SIRMS. To report back to D&T CAG in October.</p>
6.5	Medicines in Schools
	<p>CJ informed the group of a new workstream within the LA to develop guidance/advice/policies on medicines use and handling in schools and educational establishments.</p> <p>ACTION: CJ to bring draft guidance to D&T CAG for sense check & comment at appropriate stage in development.</p>

Standing Items	
7.0	
	<p>7.1 Budget update</p> <p>AR gave a verbal update on FY 2014/15 budget performance. Overall, prescribing budget performance was in line with the pattern for the North East as a whole. All three CCGs had small overspends at year end (from just under 1% to just over 2% of budget). Final figures taking account of rebates and re-charges are not yet available. Arrangements for FY 2015/16 budgets have yet to be finalised.</p>
8	QIPP
8.1	<p>Neuropathic Pain Audit</p> <p>Ryan Smith was welcomed to his first D&T CAG meeting. RS presented findings of an audit of prescribing for neuropathic pain. There is considerable use of lidocaine patches.</p> <p>ACTION: Audit findings to be shared with APC (and CD&DFT). Appendix on prescribing for neuropathic pain to be included in non-cancer pain guidelines. Pregabalin prescribing and abuse potential to be considered by CD LIN.</p>
9	Prescribing support software
	<p>RS has taken over responsibility for prescribing support software in ND & DDES and provided a verbal update.</p> <p>Key points included: Scriptswitch is being phased out. Local management is more labour intensive with Scriptswitch. OptimiseRx handle “backroom processes”. Still awaiting EMIS compatibility before can switch completely to OptimiseRx. There is a trial underway, which may be extended to include local practices. Need to give 3 months notice to Scriptswitch.</p> <p>Largest potential saving arises from pregabalin dose optimisation (BD instead of TDS).</p>
10	MHRA Drug Safety & NPSA

10.1	MHRA Drug Safety Updates: <ul style="list-style-type: none"> • April 2015 • May 2015 For information
	Received for information.
11	Area Prescribing Committee
	Draft minutes 07/05/2015 received for information.
12.1	RDTC Monthly Horizon Scanning Document <ul style="list-style-type: none"> • April 2015 • May 2015 • June 2015
	Received for information. Discussion arising from approval of licensed product for magnesium deficiency centred on hospital initiated prescribing – with questions about guidance and appropriate use. ACTION: Availability of licensed magnesium supplement to be included in newsletters.
13	Patient Group Directions None received
14	CCG prescribing locality updates
14.1	Darlington Prescribing Sub Committee Final minutes May 2015 received for information.
14.2	North Durham LPG Not received.
14.3	Durham Dales LPG Draft minutes May 2015 received for information.
14.4	Easington LPG Draft minutes May 2015 received for information.
14.5	Sedgefield Prescribing Task Group Draft minutes May 2015 received for information.
15	Provider Drug & Therapeutics Committees
15.1	County Durham & Darlington FT CSTC Not available.
15.2	North Tees & Hartlepool NHS FT D&T Final minutes May 2015 received for information.
15.3	Sunderland CHFT D&T Not available.
15.4	Tees Esk & Wear Valley D&T Confirmed minutes March 2015 received for information. Feedback report June 2015 received for information.
16	Any Other Business
	GC offered thanks, on behalf of all group members and the wider NHS community in

	<p>Durham and Darlington, to Ian Davidson for his service to D&T in different guises over several years. JC will take over as chair from August onwards.</p> <p>ID offered thanks to Ian Morris for his service as professional secretary and as a long-standing member of the D&T, and wished him well in his new responsibilities for the Tees area.</p>
17	<p>Date and time of next meeting</p> <p>18th August 2015</p> <p>12.00 – 14.30 Board Room, John Snow House, Durham</p>