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 20th October 2015
12.00 – 2.30 pm
Seminar room, Sedgefield Community Hospital, TS21 3EE

Confirmed Minutes

In Attendance:

James Carlton CHAIR	Medical Advisor DDES CCG	JC
Peter Foster	GP Prescribing Lead DDES CCG (Easington)	PF
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
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Joan Sutherland	Medicines Optimisation Lead North Durham	JS
Louise Taylor	Medicines Optimisation Pharmacist DDES/North Durham MO Team	LT
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Ryan Smith	Medicines optimisation pharmacist DDES MO team.	RS
Rob Pitt	LPC representative	RP
Bhavana Reddy *(temporary professional secretary)*	Head of Prescribing Support Regional Drug & Therapeutics Centre	BR

Meeting Quorate

Item	**Description**
1.	**Apologies** Ian Davidson (N Durham), Catherine Harrison (Durham Dales), Kate Huddart (DDES) Dominic McDermott (RDTC) Standing apologies: Philip Dean (NTH), Graeme Kirkpatrick (CD&DFT), David Miller (CHS), Chris Williams (TEWV)

2.	**Declarations of interest** No declarations relating to the agenda were made. The chair noted that DM had circulated the declarations of interest forms and members who had not yet completed their forms and returned them to DM were encouraged to do so.
3.	**Minutes of last meeting held Tuesday 18th August 2015**
	Approved with minor changes: addition of Joan Sutherland to apologies section and addition of *'North Durham and Durham Dales are working to agree local targets'* under section 8: QIPP.
4.	**Matters arising** **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. The proposal to start with a defined area & learning from this was currently being explored and an incident reporting group had been established. D&T CAG to receive data on trends/patterns/issues of concern once set up. **ACTION: AR to pursue development of SIRMS reporting with patient safety team. KH to draft document on scope of reporting once feedback from AR received.** **6.5 National Flu Contract** Update on flu went into the CCG medicines optimisation newsletters; it was also taken to all prescribing groups across North Durham and DDES. RP updated the group on pharmacist provision of the flu vaccine. NHS England has agreed that in 2015/16 all community pharmacies should be allowed to vaccinate patients in at-risk groups and they have commissioned this as a new Advanced service. These services sit alongside the national GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets. Locally the LPC has agreed with pharmacies to target the 'walking well' i.e. patients between 18-65 with additional risk factors e.g. chronic (long-term) disease, such as severe asthma, diabetes or heart disease. The LPC has highlighted to pharmacies that good communication is essential and have proposed that pharmacies must let the patients GP know within 24 hours if they have been vaccinated. **6.7 Branded prescribing of Symbicort/Duoresp & Seretide/Sirdupla Inhalers.** It was noted that this issue had been highlighted within prescribing support software. It was also shared in the LPC newsletter and had been raised at the Community Pharmacist inhaler technique training. **8. Prescribing incentive scheme** KH had fed back that the consultants with Dr Ojechi have contacted Chris Brown and are working with her to review the patients that do not comply with the NICE GLP1 guidance. Audit of patients is currently underway and once completed the results will

	be fed back to D&T CAG. It was noted that this was also flagged at the protected learning event.
5.	**Actions taken following meeting 18th August 2015**
	<u>June 2015 Actions:</u> DVT Pathway. actions completed. (CLOSED) 6.1 Medicines Supply Issues Communication – ongoing (CLOSED). 6.2 Oxycodone prescribing – approved by formulary subgroup to be ratified by APC. (CLOSED) 6.3 medication review toolkit – on agenda 6.6 GF guidelines – approved by APC (CLOSED) 7.1 Budget update – DG had shared North Tyneside cost savings work. **ACTION: DMc to share ePACT data analysis.** 10.1 MHRA drug safety update SGLt-2 inhibitors – included in newsletter and OptimizeRx updated. (CLOSED) 14.1 Norethisterone prescribing – a Q&A document to be produced. (CLOSED) <u>Historical Actions:</u> April 2015 6.2 NICE NG5 Medicines Optimisation benchmarking. Deferred to December meeting. (OPEN) June 2014 Darlington CCG peer review findings circulated with October meeting papers for information. (CLOSED) 6.2 Steroid cards – on agenda. (OPEN)
6.	**Agenda**
6.1	**INR Self-Testing and Telehealth.**
	Jennie Hardy and Tracey Murphy attended the meeting to present this agenda item. The group were very interested to hear the results from a two year pilot looking at

	patient self-testing of INR using the Roche Coaguchek machines and in conjunction with Health Call. JH and TM explained how the system worked in practice and outlined the safety measures that had been built into the process. It was noted that the trust now had 200 patients self-monitoring their INR using this system. It was noted that patients liked the service; some of the perceived benefits from patients are: reduced time attending clinics, able to test while away from home and or on holiday and that they system is flexible around them. Clinic staff are also very supportive of the service after some initial caution. They feel that they now have more time to spend with more complex patients. The group were also informed that patients self-testing saw significant improvements in their TTR (time in therapeutic range) compared to before they started self-testing. It was noted that TTR's went up from around 59% 3 months pre-study to 74% 6 months post study. It was felt that this increase in TTR was due to patients taking ownership of their condition and being more involved in the process. Currently all costs are contained within the service provided by the Trust (including test strip provision) although it was noted that this may need to be reviewed should the service expand significantly. Members were interested to note that the Coaguchek machine holds a memory of 100 INR readings and these readings are checked and downloaded by the service on a 6 monthly basis. It was also noted that GP's are informed of any changes to the patient's medication by fax within 24 hours. In the future it is hoped that this information can be sent via GP systems. Currently the system relies on automated telephone calls to liaise with patients, it is hoped that a web based system will also be available for those patients that prefer this in the future. It was agreed that a key action should be around better communication of the service to GP practices. The group thanked JH and TM for attending the meeting and presenting the results of their pilot.
6.2	**Q1 Antimicrobial Prescribing Report**
	AR presented the Q1 antimicrobial prescribing report. Antimicrobial prescribing is a key issue for CCGs because of the issues around antimicrobial resistance and the increased risk of healthcare associated infections (HCAIs). In addition CCGs are now mandated as part of the quality premium for 15/16 to reduce overall levels of antibiotic prescribing by 1% and to reduce the proportion of broad spectrum antibiotic prescribing which is associated with an increased risk of C.difficile infection. The group noted that the North East has some of the highest prescribing rates in the country, however overall rates compared to the previous year are decreasing. The group noted that South Tyneside CCG had the lowest antibiotic prescribing rates within the North East and Cumbria. AR reported that South Tyneside have been focusing on different areas in an attempt to reduce prescribing, they have also implemented peer reviews highlighting individual prescribers prescribing and held learning events highlighting specific case studies. The group agreed that this was a sensible approach. It was suggested that perhaps a focus on non-respiratory infections may be useful i.e. UTIs, acne and skin etc. It was agreed that the suite of resources available from the NECS medicines optimisation team was very useful and that these needed to be utilised more at practice level. The group also agreed that the North East and Cumbria Antibiotic guidelines should be highlighted on GPTeamNet. Community pharmacy should also be giving out the same messages around antibiotics. It was agreed that this would be

	discussed further after feedback was received from the NICE antibiotic stewardship implementation days and the NECS antibiotic day on the 19th November. **ACTION AR to provide website statistics for the NE&C guideline and DMc to add to the next agenda for further discussion and action**
6.3	**Community Access to Specialist Antibiotics (vancomycin and fosfomycin)**
	The group discussed the proposal that was presented. There have been several instances where patients and their carers have been unable to access their treatments for C.Diff or UTI's in a timely manner. The proposal suggested adding vancomycin and fosfomycin to the current community pharmacy palliative care drugs scheme in order to address the potential delays. It was noted however that the majority of the issues arose from the fact that the pharmacist was not made aware that the prescription had been received and that it was urgent. Some pharmacies will have access to a range of wholesalers so they will be able to order the items required within 24 hours. It was therefore agreed that rather than extending the palliative care scheme that some simple communication measures highlighting the issue should be put in place as it was felt that these would tackle issue of timeliness. CJ agreed to put together a communication highlighting that if any prescriptions for vancomycin or fosfomycin are received that these prescriptions are urgent and if they cannot get the stock in within 24 hours then the patient should be directed to another pharmacy in order for the supply to be made within the appropriate time frame. As a side issue it was felt that the number of pharmacies that hold stock for the palliative care scheme should be reviewed. **ACTION: CJ to communicate to pharmacies as above.**
6.4	**Medication Review Toolkit to support frail elderly Work Stream**
	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. Final versions of these documents had been shared with the group. The group approved these versions. It was noted that the tool would be shared with practice pharmacists and non-medical prescribers.
6.5	**Medicines in Schools update**
	CJ fed back that there was now better pharmacy/medicines management input into the schools teams at Durham County Council, some of the areas that had been covered/tackled included: - Better advice on ordering of salbutamol inhalers and pharmacy requests from schools - Schools now get a one day refresher on managing medicines and there is a FAQ's document available on the intranet. - A bulletin highlighting instructions around what to consider when children need day time medicines had been produced. CJ fed back that she will be the named contact for schools to contact if they have any queries around medicines use however she may need some GP support to help her in this role.

6.6	**Steroid Cards with Inhalers.**
	RS presented a guidance sheet that clarifies when a steroid card should be issued to a patient. It was noted that this sheet was based on guidance from Rotherham CCG. The group were interested to note that under Symbicort® the advice was to issue a steroid card with all 200/6 and 400/12 inhalers. It was noted however that this differs from the advice for Pulmicort®. It was suggested that this may be to do with licensing for SMART use. RS reported that they had contacted Rotherham about this and they were in the process of checking the advice they had received on this. The group also noted that DH guidance states that *'it is the responsibility of the patients' doctor to issue a steroid treatment card…'* it was however agreed that the following sentence should also be included below this: *'However pharmacists should always check that a card has been issued and if not then one should be supplied'*. The group approved the steroid guidance. **ACTION: RS to make minor change as above and to distribute once clarity on Symbicort® has been received.**
6.7	**Food Supplements and contracting issues**
	The group were made aware of issues pertaining to the recent decision to agree that Aymes® shake should be their preferred nutritional supplement. It was noted that since the recommendation, the price for complan had been reduced which meant that there was now only a difference of around 8p. Dietician feedback was that they were happy with the previous recommendation. The group therefore agreed to change their recommendation back to using complan shake as previously. **ACTION: Guidelines to be forwarded to APC with D&T CAG recommendation.**
6.8	**Drugs for Alcohol dependence: clinical guidance**
	As there was no TEWV rep at the meeting, CJ presented this item as she had been involved in its development. The guideline had been developed to support the delivery of care between the GP, patient and the county Durham drug and alcohol service and to support the Green+ RAG status. The guideline looks at use of acamprosate, naltrexone and disulfiram. The group agreed it was a very useful document and approved the guidance presented. **ACTION: Guidelines to be forwarded to APC for sign off.**

	Standing Items
7.0	**Financial/Budget update**
7.1	**Budget update** AR fed back that August data was now available and the budget forecast picture was much better than previously. BR fed back that this was a similar picture across the country. It was highlighted that previous predictions were based on only 4 months prescribing data. It was noted that DG had already shared the North Tyneside QIPP work as had been requested previously. DMc was currently analysing some further data in ePACT which highlighted some of the work done in North Tyneside compared to national trends which he would share with the group. It was noted that there are no

	quick wins this year however there may be some scope in looking at 'out of stocks' and highlighting these to prescribers. **ACTION DMc to share ePACT analysis.**
8.0	**QIPP**
8.1	**2014/15 prescribing incentive scheme Darlington peer review** These had been shared with the group for information as requested at the previous meeting.
9	**Prescribing Support Software (verbal update)** JS updated the group on the roll out of OptimizeRx for Emis web practices across North Durham and DDES. It was noted that scriptswitch would be decommissioned shortly. Darlington practices continue to use an in-house system.
10	**MHRA Drug Safety & NPSA**
10.1	**MHRA Drug Safety Updates:** • **August 2015** • **September 2015** Presented for information. The group noted the new yellow card app.
10.2	**TEWV Lithium Notice** This was presented for information. It was noted this would be sent to APC for discussion at the November meeting.
10.3	**Anoro Ellipta Safety Assessment** This item was deferred to the next meeting.
11	**Area Prescribing Committee**
	The minutes of the APC would be shared with members once available. ACTION DMc to share APC minutes with membership
12.1	**RDTC Monthly Horizon Scanning Document** • **September 2015** • **October 2015** The new antidepressant vortioxetine was highlighted as a drug that may impact primary care. This had received a positive opinion in October so would be due for launch around January 2016. The group noted that draft NICE guidance didn't recommend the use of the drug however membership noted that the company representatives had been active in the area and had stated that they were liaising with TEWV to update their pathways. It was agreed that this should be monitored. ***Post meeting note:*** **The NICE FAD was issued shortly after the meeting and the group agreed via email that this should be discussed further by formulary subgroup and then APC.**
13	**Patient Group Directions** None received

14	**CCG prescribing locality updates**
14.1	**Darlington Prescribing Sub Committee** None available.
14.2	**North Durham LPG** Confirmed minutes August 15 and draft minutes September 15 received for information.
14.3	**Durham Dales LPG** Draft minutes September 2015 received for information.
14.4	**Easington LPG** Draft minutes September 2015 received for information.
14.5	**Sedgefield Prescribing Task Group** Draft minutes September 2015 received for information.
15	**Provider Drug & Therapeutics Committees**
15.1	**County Durham & Darlington FT CSTC** Not received
15.2	**North Tees & Hartlepool NHS FT D&T** Not received
15.3	**Sunderland CHFT D&T** Not received. **ACTION: it was agreed that DMc should re-contact providers for their minutes.**
15.4	**Tees Esk & Wear Valley D&T** Confirmed minutes July 2015 and September 2015 feedback received for information.
16	**Any Other Business**
	Members were encouraged to attend the antimicrobial stewardship day that had been arranged by NECS on the 19th November 2015.
17	**Date and time of next meeting** Tuesday 15th December 2015 12.00 – 14.30 Meeting Room 1, Lanchester Road Hospital.