AREA PRESCRIBING COMMITTEE
Thursday 7th March 2013
11.30 – 2.30 pm
Training Room, Bede House, Belmont

PRESENT:

Geoff Crackett, GP Prescribing Lead (DCLS), NHS County Durham & Darlington (Chair)
Alwyn Foden, AMD Clinical Governance, County Durham & Darlington Foundation Trust
Sue Hunter (SH), Associate Director of Pharmacy, Tees Esk & Wear Valleys NHS Foundation Trust
Patricia King, Local Pharmaceutical Committee Representative
Sarah McGeorge, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Ian Morris, Head of Medicines Management, NHS County Durham & Darlington
Andy Reay, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Joan Sutherland, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
J. Turnbull, Liaison Nurse, Tees Esk & Wear Valleys NHS Foundation Trust (observer)
Laura Walker, Minute taker, NHS County Durham & Darlington
Sue White, Regional Drug & Therapeutics Centre
Chris Williams, Deputy Chief Pharmacist, County Durham & Darlington NHS Foundation Trust

APOLOGIES FOR ABSENCE:

Peter Cook, Consultant, County Durham & Darlington Foundation Trust
Ian Davidson, Deputy Medical Director, NHS County Durham & Darlington
Suzy Guirguis, Consultant, CAMHS, Tees Esk & Wear Valleys NHS Foundation Trust
Sarah Hailwood (SJH), Consultant Rheumatologist, County Durham & Darlington NHS Foundation Trust
Betty Hoy, Patient Representative
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Patrick Pearce, County Durham & Darlington Foundation Trust
Lindy Turnbull, Senior Nurse for Medicines Management, CDDFT
Ingrid Whitton, Deputy Medical Director, Tees, Esk & Wear Valleys NHS Foundation Trust
Paul Walker, Clinical Director, Tees, Esk & Wear Valleys NHS Foundation Trust

IN ATTENDANCE:

Dr Sally Roscoe, Anaesthetic and Chronic Pain Consultant, County Durham & Darlington Foundation Trust, will attend the meeting for the targinact appeal.

PART 1 - MENTAL HEALTH

SH confirmed she is happy for the committee to make decision on new drug applications in the general agenda.

1. NEW DRUG APPLICATIONS (RELEVANT TO TEWV)

SH presented a paper suggesting the reclassification of dementia drugs from amber to green plus, the group supported this proposal, provided a simple information sheet is made available.

2. DEMENTIA TREATMENT PROTOCOL

This document has been compressed to 2 sides of A4 for ease of use. IM suggested the colour scheme of the document should marry up with the formulary colours, this suggestion was accepted and the document will be changed. AR suggested changing the wording of “Shared Care Prescribing” to transfer prescribing to GP and also to amend the Oro-dispersible box to read, “restricted/ limited”.

The group discussed the cost chart on the document, with issues around this potentially being out of date quickly. The group felt it is a useful chart to have and suggested simplifying the chart and adding actual costs on the internet, or sending out actual costs periodically.

SH informed the group that the behavioural issues document from Januarys APC is still being worked on.

ACTION: SH to amend the colours on document to match with the formulary change Shared Care Prescribing to "transfer prescribing to GP and to add "restricted/limited" to the oro-dispersible box. Simplify the cost chart to make it less susceptible to going out of date.

3. MIDAZOLAM

This paper was presented to the group with 3 options suggesting the addition of Buccolam to the formulary. The group felt option 2, "Continue existing patients on their current buccal midazolam product, but commit to Buccolam as the only approved formulary product for all new patients" was the preferred option but to amend this to include the consideration of switching patients to Buccolam where appropriate. JS highlighted the need for training around this to patients and carers, PK suggested sending out information with the prescription to the patient/carer.

ACTION: TEWV to make an information leaflet which can be given to patients/carers to address training issues.

4. **SAFE PRESCRIBING TRANSFER GUIDANCE**

SH brought this paper to the group which has been approved with the PCT's and has been used over the last 5 years. It has been updated to incorporate the formulary colour coding. SH explained that unlicensed and off label medicines are not included but she will list the commonly used unlicensed and off label medicines in the next version of the document. AR highlighted the need to define the shared care system and to set out some rules for this, including the use of unlicensed and off label medicines CW felt the document was excellent and suggested it be used as a template across the board. The group agreed and AR and CW will meet to take this further.

Points to note: most antipsychotics are classed as green plus, not shared care drugs. The APC agreed that dementia drugs could be moved from amber to green plus status provided some guidance on the transfer of prescribing was produced by TEWV.

There were some minor changes such as venlafaxine high dose being a green plus drug.

ACTION: CW and AR to meet to discuss using this document for all medication.
ACTION: The updated guidance for the transfer of prescribing was accepted in principle pending minor changes (to be made by SH)

PART 2 - GENERAL

5. **APOLOGIES FOR ABSENCE**

See front page.

6. **DECLARATION OF INTERESTS**

AR is currently working on the DVT pathway alongside Bayer Pharmaceuticals.

7. MINUTES OF PREVIOUS APC MEETING HELD 10TH JANUARY 2013

The minutes were accepted as a true reflection of the meeting with one amendment to be made as below;

ACTION: Item 9.3 Transfer of prescribing document – no mention of green plus drugs in point one, to amend minutes to include green plus drugs.

8. MATTERS ARISING/ACTION LOG FROM APC MEETING HELD 10TH JANUARY 2013

It was noted that the formulary is now live; CW has noted the majority of feedback from the Foundation Trust is around the format of the website and how people use it in different ways.

AR gave a brief update on the action log with nothing outstanding to note.

9. APC FORMULARY STEERING GROUP

9.1 FORMULARY STEERING GROUP NOTES

The formulary sub group meet monthly and a copy of the notes from the meeting were circulated for information.

9.2 NICE GOOD PRACTICE GUIDE, DEVELOPMENT & UPDATING OF LOCAL FORMULARIES UPDATE

CW informed the group that himself, AR and Paul Fieldhouse attended the NICE good practice in developing and updating local formularies event and it was pleasing to note that the formulary created by this group is ahead of most other areas. There were some areas highlighted which need work doing and these will be addressed in the formulary steering group.

9.3 FORMULARY UPDATES FEBRUARY

CW presented this paper giving a summary of formulary updates for February. The group felt this was a useful document and should be produced each month. IM asked whether there would be any information on the formulary regarding refusals, CW will look into this how this can best be displayed on the formulary.

ACTION: CW to produce this document monthly for the APC.

9.4 APC FORMULARY LAUNCH

The launch has happened however it will continue to be promoted. AR and JS have both had very positive feedback from GP practices and SLA pharmacists.

9.5 ADRENALINE AUTO-INJECTOR DEVICE 1ST MAY

CW explained that EpiPen is being discontinued and being replaced by EpiPen 2 and there are also other alternative preparations available. There has been a regional tender which has been awarded to the Jext product. Due to timescales, a switch to JEXT will be implemented from the June 1st. PK asked whether all GP practices will be using Jext, CW explained the EpiPen will still be in the system for a while but Jext will be the product of choice for new patients and patients requiring a replacement device. There is a representative from Jext who is available to meet any training needs. AR will circulate further information requiring this change

ACTION: AR to circulate further information before the switch date of June 1st.

TARGINACT APPEAL

Dr Sally Roscoe (SR) arrived at the meeting to present her appeal against the Targinact decision on behalf of her colleagues. SR presented a short power point presentation to the group outlining the reasons she feels Targinact should be added to the formulary.

Following the presentation the group were allowed ten minutes to ask SR questions. AF asked what impact it would have if this appeal was not accepted. SR explained that there would only be approximately 10 patients in the region who would be appropriate for this drug and if this drug was not available these patients would be referred to Dr Yiannakou. AR asked about the long term cost of patients being on this drug. SR felt that the drug cost will be there, but if those patients suitable for this drug could not be prescribed it then they would incur high cost of referrals to services such as Dr Yiannakou's which can be avoided if targinact was available. CW raised concerns with the possibility of many patients asking for this drug if it is on the formulary. SR felt this would not necessarily happen as there is only one patient who SR would like to trial the drug who has not been started on it

by her GP. SR did suggest she could right some strict guidance for the prescribing of this drug which would ensure only those patients who have tried all other possibilities would get this drug.

The group thanked SR for attending and will contact SR following a decision, SR left the meeting.

SW highlighted the fact that the formulary covers around 80% of all drugs, and asked whether there is an alternative route this could be taken to such as a non-formulary request, as clearly there are some patients who should be given this drug. CW suggested a form be made available which clinicians can use on an individual patient basis and if all criteria are met then this form can be sent to GP for prescribing. It was agreed that there should be a protocol to follow for non-formulary drugs. The group agreed that targinact should remain off formulary however CW will work with SR to enable individual patient requests for targinact. JS suggested an audit is carried out to monitor the number of patients who are prescribed targinact, the group felt audits are not always the best method and so it was agreed that CW will be made aware of all requests to monitor the volume of prescribing.

ACTION: Targinact will remain off the formulary

ACTION: CW and AR will work with SR to make a formal process which will allow patients who meet a certain criteria to be allowed this drug and with CW being made aware of all patients to keep an eye on the volume of patients being prescribed targinact.

10. FUTURE OF APC

A meeting was held to discuss the future of the APC however there are still some issues which need addressing such as the terms of reference and the delegated authority of the group. SW informed the group that the RDTC are currently undergoing changes and if the APC would like the continued support from the RDTC they need to make this known or support may cease. AR will raise this issue with Jeanette Stephenson.

ACTION: AR to discuss with Jeanette Stephenson the need for the RDTC to support with the APC.

11. NEW DRUG APPLICATIONS

These new drug applications were received following a respiratory meeting involving primary and secondary care specialists and the recommendations of this group were supported by the formulary group.

As all the new drug applications were all respiratory drugs and the consultant at today's meeting is a respiratory consultant, the group agreed that it would be unfair for AF to make comments on the drugs, or to vote on their inclusion on the formulary.

11.1 FLUTIFORM

The group agreed that this drug should be added to the formulary.

11.2 ACLIDINIUM

The group agreed that this drug should be added to the formulary.

11.3 GLYCOPYRRONIUM

The group agreed that this drug should be added to the formulary.

12. IFR UPDATE

No updates.

13. NETAG UPDATE

CW informed the group of the decisions made at the most recent NETAG meeting. The future of NETAG is still uncertain but any updates will be reported to the group.

14. MEDICATION SAFETY

14.1 MHRA DRUG SAFETY UPDATE JANUARY

For information.

14.2 MHRA DRUG SAFETY UPDATE FEBRUARY

For information.

The group agreed that it would be more beneficial to discuss these at the formulary steering group and to remove this item form the APC agenda.

ACTION: To remove the Medication Safety item form the APC agenda and for these to be discussed at the formulary steering group, with relevant information being brought to the APC.

PART 3 – PHYSICAL HEALTH

15. DVT PATHWAY

AR presented this paper. It was felt there may be an issue as the pathway has changed in line with NICE guidance so that diagnostic tests are undertaken in 24 hours rather than within 3 days in the previous pathway. AR explained that Dr Russell has been in contact with all ultrasound departments relating to this pathway and all were in agreement that their services were NICE compliant. It was agreed that whether ultrasound services were compliant with NICE or not was an issue for individual Trusts
AR asked the group if they would ratify the drug sections of the pathway, the group were all in agreement with this.

ACTION: The group ratified the drug sections of the pathway.

16. LMWH

CW asked the group if they would agree to GP's providing prescriptions to patients for LMWH one week before surgery. CW explained that the follow up prescription is provided by the Foundation Trust. The group agreed to this.

ACTION: The group agreed to GP's providing one week supply of LMWH to patients pre-surgery.

17. DMARD MONITORING BOOKLET

CW presented this booklet to the group which has been developed by Lesley Richards. It is the same as the previous booklet with some minor changes. AF asked whether the bloods could be listed in the same order as they are printed off in clinics as this will reduce confusion or potential errors. The group felt it may be useful to use across other specialities and so on pages 2 and 3 rheumatology should be removed. It was noted that the PCT has provided printing for these in the past, IM informed the group that the CCG's should be approached for payment of printing, as the PCTs will no longer be in existence.

ACTION: CW to inform Lesley Richards of suggestion to change the order of bloods and to remove rheumatology from the text to ensure it is generic. To contact CCGs for payment for printing.

PART 4 – STANDING ITEMS (FOR INFORMATION ONLY)

18. MINUTES OF PREVIOUS MEETINGS HELD:

18.1 COUNTY DURHAM & DARLINGTON PCT DRUGS & THERAPEUTICS

No minutes circulated.

18.2 TEES ESK & WEAR VALLEY D&T

No minutes circulated.

18.3 COUNTY DURHAM & DARLINGTON CLINICAL STANDARDS AND THERAPEUTICS COMMITTEE

No minutes circulated.

19. RDTC HORIZON SCANNING

19.1 HORIZON SCANNING JANUARY 2013

For information, SW gave the group a brief update on the content.

19.2 HORIZON SCANNING FEBRUARY 2013

For information, SW gave a brief update on the content.

20. ANY OTHER BUSINESS

The group agreed that the following APC meetings should be held at Appleton House or Merrington House, LW to arrange venues.

ACTION: LW to arrange venues for following meetings.

Date and time of next meeting:

2ND May 2013, 11.30 – 2.30
Boardroom, Appleton House

Confirmed as an accurate record:

Dr Ian Davidson - Chair