

**AREA PRESCRIBING COMMITTEE**  
**Thursday 2<sup>nd</sup> May 2013**  
**11.30 – 2.30 pm**  
**Board Room, Appleton House**

**PRESENT:**

Geoff Crackett, GP Prescribing Lead (DCLS), North Durham CCG  
Ian Davidson, Quality and Safety Lead, North Durham CCG (Chair)  
Alwyn Foden, AMD Clinical Governance, County Durham & Darlington Foundation Trust  
Catherine Harrison, GP Prescribing Lead (Durham Dales), DDES CCG  
Betty Hoy, Lay Member  
Sue Hunter, Associate Director of Pharmacy, Tees Esk & Wear Valleys NHS Foundation Trust  
Patricia King, Local Pharmaceutical Committee Representative  
Sarah McGeorge, Nurse Consultant, Tees Esk & Wear Valleys NHS Foundation Trust  
Monica Mason, Principal Pharmacist, RDTC  
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS  
Andy Reay, Medicines Optimisation Pharmacist, NECS  
Joan Sutherland, Medicines Optimisation Pharmacist, NECS  
Laura Walker, Minute taker, NECS  
Paul Walker, Clinical Director, Tees, Esk & Wear Valleys NHS Foundation Trust  
Chris Williams, Deputy Chief Pharmacist, County Durham & Darlington NHS Foundation Trust

**APOLOGIES FOR ABSENCE:**

Sarah Hailwood (SJH), Consultant Rheumatologist, County Durham & Darlington NHS Foundation Trust  
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust  
Sue Shine, Nurse Practitioner, DDES CCG  
Ingrid Whitton, Deputy Medical Director, Tees, Esk & Wear Valleys NHS Foundation Trust

**PART 1 - MENTAL HEALTH**

**1. NEW DRUG APPLICATIONS**

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

**2. GUIDANCE ON ANTIPSYCHOTICS AND BEHAVIOURS THAT CHALLENGE**

SMc explained there has been a pharmacological and non-pharmacological event with regards to this. There are still some outstanding actions from the events however SMc feels the guidance will be ready to bring to the July APC.

**ACTION: To finalise a paper for the APC following quality improvement events and return to July meeting. This will come to the APC with results of the primary care audit (Joan Sutherland) and the POMH-UK audit (Sue Hunter)**

**3. SAFE PRESCRIBING TRANSFER GUIDANCE**

This document was at the Drug and Therapeutics Clinical Advisory Group and will return to the July APC. SH informed the group there are still some outstanding areas which need clarity and these will be discussed at the June Drug and Therapeutics Clinical Advisory Group.

GC queried whether GP's can discuss issues with long term prescribing of drugs direct with TEVV. PW welcomed this, and highlighted that the discharge letter should cover this however is aware that this is not always done.

**ACTION: Transfer of prescribing document to return to July APC**

4. **APC WORK PLAN FOR 2013/14 (pathway development for depression, psychosis, dementia)**

AR suggested to the group that the APC should have a work plan and asked the group what they would like to be included in this. It was suggested looking at clinical topics based on guidelines and arranging these to be on the agenda to coincide when the guidelines are due to be reviewed. Generally it was felt that although previously there were topics to the agenda really good planning is needed to enable consultants/GPwSI could be invited to the relevant meetings.

**ACTION: Work Plan to be devised by Formulary Steering Group**

**September 2013**

**PART 2 - GENERAL**

ID welcomed Monica Mason to the group who will be representing the RDTC, a round of introductions were made.

5. **APOLOGIES FOR ABSENCE**

See front page.

6. **DECLARATION OF INTERESTS**

None.

7. **MINUTES OF PREVIOUS APC MEETING HELD 7<sup>th</sup> MARCH 2013**

The minutes were accepted as a true reflection of the meeting.

8. **MATTERS ARISING INCLUDING ACTION LOG**

AR presented the action log to the group.

Item 3.0 Midazolam – ID asked whether the use of an information leaflet would be sufficient as a training tool for patients/carers. The group felt that this is sufficient and CW reiterated that only new patients would be commenced on this drug.

Outstanding Actions:

DMARD shared care update – CW informed the group that this will be taken to the Clinical Standards and Therapeutics Committee and the Drug and Therapeutics Clinical Advisory Group before returning to the APC in July. AF suggested this could be used universally and asked whether respiratory could be added, CW agreed and will add this.

New oral anticoagulants in AF – CW informed the group that finalised proposed guideline will be presented at the September APC.

**ACTION: CW to add respiratory to the DMARD shared care guidance.**

**ACTION: New oral anticoagulants in AF – CW informed the group that finalised proposed guideline will be presented at the September APC**

9. **APC FORMULARY STEERING GROUP**

**9.1 FORMULARY STEERING GROUP NOTES**

The notes were presented to the group by CW. The action log from the APC meeting will be completed and cascaded to the group the day after the meeting. The APC group agreed to a new formulary status of, “not yet considered” which would be used for drugs that NICE have a planned TA or NMS. It was also noted that Monica Mason will now attend these meetings as Paul Fieldhouse will no longer attend.

## 9.2 FORMULARY UPDATES

CW presented this paper and informed the group that he is meeting with IT to make some changes to the format of the formulary.

ID congratulated CW, SH and AR on the formulary, CW confirmed it has been well received.

## 9.3 NON FORMULARY PRESCRIBING SYSTEM

ID questioned whether these forms are of similar function to the IFR process and questioned whether both processes were needed. AR felt this system will help monitor non-formulary drugs and from experience the necessity for the prescriber to complete the paper work makes prescribers think twice about the request. Having this system will also prevent the IFR process being inundated with requests. CW felt this system will be monitored so if there is a high number of requests for a particular drug this can be reviewed and potentially added to the formulary.

BH queried why a drug can be ok for one person but not for the rest of the population, ID explained that it depends on individual circumstances of that patient and is usually a patient with exceptional circumstances.

The group agreed to trial this system and to review it once up and running. CW will be monitoring the data received.

**ACTION: Non-formulary prescribing system: Review the system after six months of use and feedback to group**

## 9.4 APC FORMULARY SUB GROUP TOR

The group queried the lack of commissioner representation in the TOR, CW informed the group that the steering group doesn't make decisions and does the background work on behalf of the APC. It was agreed to add the non-formulary prescribing system decisions to the steering group. The group accepted the TOR for the steering group.

## 10. ADRENALINE AUTO-INJECTOR DEVICE 1<sup>ST</sup> JUNE

The group agreed the memos which will now be cascaded. JS asked whether school nurses will be receiving training, CW will contact Shona Hawkins to discuss school nurse training and confirm adequate training will be received.

**ACTION: To add a message to scriptswitch regarding the choice of adrenaline auto-injector**  
**ACTION: Memo's to be cascaded**

## 11. NEW DRUG APPLICATIONS

### 11.1 LINACLOTIDE

CW presented this paper which recommends Linaclotide to be on formulary as green plus, the group agreed to this.

**ACTION: To add Linaclotide to the formulary as a green plus drug. Prescribing will be monitored by NECS and brought aback in twelve months' time.**

## 12. IFR UPDATE

AR informed the group that there is now an electronic system for the IFR process now. AR will confirm with the IFR team that the APC will receive feedback from the process. There will be training for the new electronic system; AR will invite CW to this training for information.

**ACTION: AR to liaise with the IFR team to ensure there is communication with the APC and invite CW to the training.**

ID asked the group for any other business in the general section. CW informed the group that the trust no longer over-labels Diclofenac and in future they will be using Naproxen pre-packs.

ID presented the group with an interim copy of Terms of Reference for the APC. ID informed the group that the CCG Quality and Safety Leads should receive a copy of the minutes. The group felt there were some changes to the membership needed (medical director/associate medical director, wording for MOPs/SMOPs. ID suggested the group should have 2 CCG representatives over 2 separate CCGs to be quorate. ID informed the group that this was made as an interim TOR for the changes which have taken place following the closure of the PCT. CH suggested naming them Interim Terms of Reference, the group agreed.

**ACTION: LW to add CCG Quality and Safety Leads to APC distribution list**

**ACTION: ID to make slight amendments to the TOR following the groups feedback**

### **PART 3 – PHYSICAL HEALTH**

#### **13. DMARD SHARED CARE GUIDELINE UPDATE**

This was discussed under item 8.

#### **14. LMWH MEMO**

ID felt that GP's were a little uneasy about the prescribing of LWMH for pre-operative patients. CW explained the reason for GPs doing this is the difficulty in the pre-assessment clinics being able to prescribe. CH felt the GP should be informed of the date of the surgery and also the patient's weight to ensure safe prescribing can be carried out, CW agreed and will ensure this information is fed back to the GP. The group accepted this memo and agreed that with the assurance that GPs will be informed of the patient's weight, date of surgery and dose of drug this memo is to be cascaded.

**ACTION: CW to prepare pro-forma to be completed and sent to GP with essential information, memo to be cascaded following this.**

#### **15. DMARD MONITORING BOOKLET (PRINTING)**

IM suggested the printing for these should be picked up by CCG's. ID agreed to discuss this with the finance team at the CCG, ID asked for an estimated cost. IM will get an idea of how many booklets will be needed and the estimated cost for this and feedback to ID.

**ACTION: IM to give ID details on number of copies needed and estimated cost. ID to discuss this with CCG finance team.**

### **PART 4 – STANDING ITEMS (FOR INFORMATION ONLY)**

#### **16. MINUTES OF PREVIOUS MEETINGS HELD:**

##### **16.1 COUNTY DURHAM & DARLINGTON PCT DRUGS & THERAPEUTICS**

For information.

##### **16.2 TEES ESK & WEAR VALLEY D&T**

For information.

##### **16.3 COUNTY DURHAM & DARLINGTON CLINICAL STANDARDS AND THERAPEUTICS COMMITTEE**

No minutes circulated.

#### **17. RDTC HORIZON SCANNING – APRIL 2013**

MM presented this paper to the group for information.

#### **18. APC WORK PLAN FOR 2013/14**

This item was discussed under item 4.

**19. ANY OTHER BUSINES**

IM informed the group that a memo has been written about the Stronium concerns from the MHRA.

The group agreed to remove the Horizon Scanning from the APC agenda and that this will be discussed in the APC sub-group.

CW informed the group that community nurse prescribers are currently unable to access new prescription pads. This issue has been raised with NECS and CW is awaiting urgent feedback. ID suggested CW speaks to Richard Henderson to discuss this as there was a meeting with the directors of finance this week and this issue was on the agenda.

**20. DATE AND TIME OF NEXT MEETING:**

**Thursday 4<sup>th</sup> July  
11.30 – 2.30pm  
Board Room, Appleton House**

**Confirmed as an accurate record:**



**Dr Ian Davidson – Chair  
4<sup>th</sup> July 2013**