North of England
Commissioning Support Unit

North Durham, DDES and Darlington CCGs
Drugs and Therapeutics Clinical Advisory Group

Minutes of Meeting held
Tuesday 18th June 2013
Board Room, John Snow House
12.00 - 2.30 pm

Present:

Serena Bowens (minute taker), NECS
Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Dr Ian Davidson, GP Prescribing Lead (Derwentside)
Dr Catherine Harrison, GP Prescribing Lead (Dales)
Anne Henry, Pharmaceutical Adviser, NECS
Kate Huddart, Lead Pharmacist, DDES CCG
Dr Peter Jones, GP Lead (Sedgefield)
Monica Mason, RDTC
Alistair Monk, Medicines Optimisation Pharmacist
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Dr David Russell, GP Prescribing Lead (Darlington)
Joan Sutherland, Medicines Optimisation Pharmacist, NECS
Christopher Williams, Deputy Chief Pharmacist, CDDFT

1.0 APOLOGIES

Sue Hunter, Associate Director of Pharmacy, TEWV
Anne Phillips, Nurse Practitioner

2.0 DECLARATIONS OF INTEREST

There were none declared.

Introductions were made around the table.

3.0 MINUTES OF LAST MEETING HELD TUESDAY 15TH APRIL 2013

The minutes were agreed as an accurate reflection of the meeting and will be signed off as final.

4.0 MATTERS ARISING

DR requested that an update be provided in relation to the DVT pathway. ID informed that although there were a few minor changes, the pathway had recently been approved in North Durham. In addition there were changes that had been requested within the DDES document and following the recommended changes, it was agreed that both documents from North Durham and DDES were to be combined into one document.

DR requested clarification regarding the Out of Hours care, and CW clarified that until such time the new pathway is developed fully, that the existing pathway is still to be referred to. It was discussed that the revised pathway also needs incorporating into the specification for DDES following which the document would be disseminated within the next couple of weeks.

Action: KH to liaise with Rowena Howard to move forward.

Action: CCG Commissioners to discuss with FT the change in the pathway and gain assurance that the FT is happy to follow this new arrangement.

5.0 ACTIONS TAKEN BY MEDICINES OPTIMISATION TEAM FOLLOWING MEETING 16TH APRIL 2013

ID expressed concern that this paper had not been disseminated prior to today's meeting. IM explained that unfortunately this was due to pending information in relation to some of the outstanding actions. IM shared the paper with members and discussed the main points. From the April meeting only one action remained open which was timetabled for the August 2013 D&T agenda and 5 historic actions remained open. When these actions were discussed it was agreed that:

Feb 2013/10.4a – Urgent Care Centre Antibiotic Prescribing Audit – the benchmarking of UCC prescribing against comparable data should be timetabled for Dec2013 agenda

Feb 2013/10.4b – Sharing of outcomes of UCC Antibiotic Audit by prescribing leads in CCGs – it was agreed that this could be closed. - CLOSE

June 2012 10.1 – Including a statement in MM newsletter regarding Magnesium monitoring in PPI patients – It was felt that this had already been done and that confirmation should be sought from the Feb 2013 minutes - CLOSE

6.0 AGENDA

6.1 12/13 Prescribing Incentive Scheme Achievements (DDES and N Durham CCG's only)

IM had pulled together figures separately for all CCGs, with the exception of Darlington CCG as they were not part of the current scheme. Graphs for indicators have been included for each locality which indicates trends within that locality.

PJ enquired on the mechanism as to how the money is spent and how the appeals process is going to be managed in DDES. KH and IM have put together a process which recently went to CCG and is pending finance approval .In order that NECS MO are able to write out accordingly to all practices, IM asked if within the CCGs if consideration can be given to both the passes and the fails and if he could be notified of the outcome.

IM noted that the practice list size that had been used for the Stanley Medical Group was in fact the old list size and this would be amended, along with the payment, when practices are notified

ID asked the Committee as to their opinion on whether the incentive scheme had been a worthwhile exercise and whether the scheme should continue for 2013/14. The Committee indicated that although the results were challenging, the peer reviews had been very well received. The Committee felt that the right balance of the scheme had been achieved and that the scheme should continue for its duration of eighteen months.

ID enquired with DR as to whether the scheme could be implemented within Darlington CCG; however DR felt that this would not be something that Darlington CCG would be willing to take up.

IM reminded the group that there are six indicators for the 13/14 part of the scheme and GC requested that when writing out to GP practices, that it be made clear as to what practices are required to do.

On a final note there was discussion about the place of Ezetimibe in light of NICE guidance and whether or not the scheme prohibited the use of this drug in appropriate patients. The feeling of the group was that the 2% threshold allowed for the necessary use, and practices can always appeal if they feel that their practice population needed a higher threshold in order to meet their clinical needs and stay within the "pass" category for this indicator. It was agreed however that the place of Ezetimibe should be considered more when the guidance on lipid management is reviewed.

6.2 Update on osteoporosis guidelines in light of strontium guidance

IM informed the Committee that he was currently in communication with Matt Bridges, Consultant Rheumatologist, CDDFT, to revise these guidelines which were in view of strontium warnings and restricting the drug to severe osteoporosis, within specific subgroups of men and women. Dr Bridges felt that the guidance should not be changed radically however it would be of benefit to add in a final step in the treatment, so that Strontium appeared as a 4th line drug (but as an alternative to Raloxifene). Dr Bridges had asked however if GPs could be responsible for assessing any cardiovascular concerns and whether GPs would agree to the guidance in this form.

The GPs in the committee felt that they were comfortable with conducting a CVD risk assessment in these patients as long as the patient had been informed that prescribing would be dependent on this. In light of this they were happy with the revised guidance for strontium and its place in the new guidance. As a result the committee would support the use of Strontium as a Green Plus drug.

Dr Bridges had also asked whether denosumab should be downgraded to a green plus drug as currently the first dose needs to be given by the specialist. A discussion ensued and it was agreed that GPs would not be happy with having to give the first dose but would be happy to prescribe following any appropriate recommendation of the Specialist Consultant and undertake appropriate follow ups with the patient as required.

IM also said that the guidance now included an amendment to Calcium guidance in saying that vitamin D should be given to those with an adequate Calcium intake. The committee felt it would be useful to give guidance as to what is considered adequate, and for those who need just a Vitamin D product then two examples should be stated.

The final point for discussion was regarding the need to add further information about the MHRA guidance on monitoring calcium levels in those with severe renal impairment t and who are taking Denosumab. IM agreed to add this into the guidance.

Action: IM to feedback comments to Matt Bridges

Action: IM to amend document as requested.

6.3 Update on Antibiotic Guideline Review

AM informed the Committee that the Durham guideline had recently been updated in light of some guidance from the Tees area. This is currently being reviewed by the Trust Microbiologist.

Comments will be taken back to the Antibiotic Management team on 4th July and will then be circulated to GPs who are helping with the development for further comment.

GC asked about the use of Nitrofurantoin in UTI as a reasonable renal function was needed to make the drug work so this may be an issue in older patients who may have poor renal function. AM said he would raise this with the Consultant Microbiologist

Action: AM to feedback to the D&T CAG as to whether there have been any amendments to the document following the results of the review and bring final document for agreement

6.4 Updated DMARD Guidance

CW apologised to the Committee in submitting this paper again however it had proven to be a large piece of work and he has brought it back to the meeting today for any additional comments or reviews on the paper.

The guideline covered the use of DMARD but getting a consensus across different disciplines had proved difficult as the different Royal Colleges have differing advice on what to monitor and how often. As a result Dermatology were not covered by the guidance but may be added at a later date.

There had been a suggestion of reducing Methotrexate monitoring to 3 monthly once stable but ID asked how we would know if renal function was declining unless it was being measured. It was felt that this could cause confusion as established patients and new patient would have different monitoring frequencies.

IM informed that the `blue books' will still need to be printed and disseminated and that this would incur a cost to CCGs and he would get costings for this.

The committee thanked CW for his on-going commitment to pull together these guidelines and supported them being taken to the APC for ratification

Action: IM to obtain costings for printing 'blue books' and submit to CCG DoF's.

6.6 HSJ awards shortlist

This paper was tabled at the meeting, due to an embargo on any release prior to today's meeting.
IM informed the Committee that following this successful piece of work covering online training with regard to reducing HealthCare Acquired Infections, the project had been shortlisted for an HSJ Award in the Efficiency in Medicines Management category.

IM and ID reiterated that this was an excellent piece of work and on behalf of the Committee appreciation and thanks were to be cascaded to all those involved. The final decision regarding winners will be made in September 2013

6.7 Sub-cutaneous Methotrexate – verbal discussion

ID queried with CW as to what the current arrangements were for the management of Sub Cut Methotrexate however unfortunately CW was unable to advise. IM informed the Committee that this had originally been commissioned through Ian Makinson's team in the PCT as a homecare contract. It had recently come to light that all Homecare contracts have been passed to the FT but unfortunately this service had not.

Darren Archer, Provider Management is in the process of writing to Quality Leads and Finance and he welcomed the support from the D&T from a clinical perspective. Agreement is required from CCGs to transfer the home care contract over to the FT.

Action: ID requested for Darren Archer to produce an appropriate paper to be able to present to CCGs for their decision

6.8 APC Paper – Rifaximin traffic light status

CW informed that rifaximin was previously approved in secondary care as a `red drug' and is currently on the formulary, however following recent changes in the licence preparation it had been presented to the formulary steering group to change the `traffic light' status of the drug to a `green plus' drug. CW said there were approx. 23 patients being prescribed in CDDFT with a further 7 or 8 patients in primary care.

GC said he was concerned about the proposal to change the drug to a green plus product as often patients are not treated using the agreed protocol and aren't retried on lactulose. With this in mind there was no assurance that this drug would also not be used outside of the agree protocol.

The consensus of opinion of the Committee today was that until appropriate advice is cascaded from NICE towards the end of the year that the drug is to remain as a 'red' drug.

7.0 FINANCIAL/BUDGET UPDATE

7.1 Patent Expiries and Prescribing Growth

IM presented this paper to the Committee for their information, advising of the prescribing position for each locality and their individual CCGs based on March 2013 data and what the effect would have been if patent expiry windfall savings had not happened.

The year-end position showed the following statistics:

- Darlington CCG - £727k underspent
- DDES CCG - £221k overspent overall
- North Durham CCG - £679k underspent overall
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If however windfall savings had not been realised then true growth would be 4.81% in DDES, 5.46% in North Durham, 1.05% in Darlington.

There was however some windfalls that were still to have a full year effect so this is likely to suppress growth in 13/14 to nearer 3% with a contraction in Darlington of approx. 0.5%

8.0 QIPP

8.1 NECS practice level work plan

IM shared the overarching work plan which is currently in discussion with NECs and wanted to draw to the attention of the Committee the quarterly topics for in depth review:

- Respiratory Q2
- Antibiotic campaign Q3
- Diabetes Q4

Following discussion the group felt that covering all three topics may be unachievable and so ID recommended that either Respiratory or Diabetes should be focussed on for the remainder of the year along with an autumn / winter antibiotic campaign.

Following any future discussion with the relevant CCGs, IM welcomed further comments prior to the final work plan being disseminated but would include these two topics as the priority areas to work on as part of the in depth review sections of the work plan

Action: Committee to feedback to IM following discussion with CCGs.

8.2 Medicine Waste Campaign – Verbal Update

JS informed the Committee that North Durham and DDES CCGs had commissioned the waste campaign and following working with Community Pharmacies, GP Practices, Nurses and Patient Groups and will be meeting with Care Home Managers within the next week. A three month evaluation has been set up for patients.
The Waste Campaign and will be re-launched in November 2013.

9.0 SCRIPTSWITCH *(Due August 2013)*

Note – Standing item, report not due until August 2013 meeting

10.0 MEDICATION SAFETY & NPSA

10.1 MHRA Drug Safety Update Vol 6 Iss 9 , April 2013

Monica Mason gave a brief summary of the document which was duly accepted by the Committee for their information.

10.2 MHRA Drug Safety Update Vol 6 Iss 10 May 2013

MM gave a brief summary of the document which was duly accepted by the Committee for their information. It was agreed to make practices aware of the Liothyronine 20mcg shortage by way of the Medicines Optimisation Newsletter.

Action: Anne Henry to include Liothyronine 20mcg drug shortages in MO newsletter.

11.0 APC UPDATE (*verbal update)*

There was no update available at today's meeting. Following the APC meeting scheduled beginning July, it was agreed to cascade the final minutes from the previous APC meeting held 2nd May 2013.
Action: IM to cascade final APC minutes held 2nd May 2013.

12.0 **RDTC UPDATE**

12.1 Monthly Horizon Scanning - May 2013

MM gave a brief summary of the document which was duly accepted by the Committee for their information.

12.2 Monthly Horizon Scanning - June 2013

MM gave a brief summary of the document which was duly accepted by the Committee for their information.

13.0 NON-MEDICAL PRESCRIBING *(Due August 2013)*

14.0 PATIENT GROUP DIRECTIONS

IM informed the Committee that the reviewing and processing of the PGDs was now a North East Wide process and the contact lead for this was currently Hira Singh, Pharmaceutical Adviser, Teesside.

14.1 Men C PGD

IM informed the Committee that the aforementioned PGD had recently been cascaded.

15.0 CCG PRESCRIBING LOCALITY UPDATES

The minutes from the following locality prescribing groups and sub-committees were circulated for the Committees information:

15.1 Darlington Prescribing Sub-Group meeting – summary minutes of meeting held 21st May 2013.

15.2 North Durham LPG – final minutes of meeting held 14th May 2013.

15.3 Dales LPG – draft minutes of meeting held 23rd May 2013

15.4 Easington LPG - minutes of meetings held 21st February, 21st March and 16th May 2013.

15.5 Sedgefield LPG - minutes of meeting held 25th April 2013.

16.0 PROVIDER DRUG & THERAPEUTIC COMMITTEES

The Committee noted that minutes from the following locality prescribing groups and sub-committees had not been circulated prior to today's meeting however accepted that some minutes had been tabled today for the Committees information:

16.1 County Durham & Darlington NHS FT D&T – not received

16.2 North Tees & Hartlepool NHS FT D&T – 8th March 2013 and 20th May 2013.

16.3 Sunderland CHFT D&T – not received

16.4 Tees Esk & Wear Valley D&T – 24th January 2013 and 25th April 2013.

KH requested for cross representation across the CCGs at future meetings, however ID indicated that capacity and GP availability would currently be an issue.

17.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES

This item was deferred to August 2013.

18.0 ANY OTHER BUSINESS

ID informed the Committee that Dinah Roy had requested that both the D&T and the APC be Chaired on a rolling basis across CCGs. A discussion ensued and the Committee felt that at this would be of no benefit to either Committee.

Action: KH/ ID to discuss with Dinah Roy

19.0 DATE AND TIME OF NEXT MEETING

North of England
Commissioning Support Unit

Tuesday 20th August 2013
Board Room, JSH
12.00 – 2.30 pm

Confirmed as an accurate record:

Dr Ian Davidson - Chair
20th August 2013