Durham Dales, Easington and Sedgefield Clinical Commissioning Group | North Durham Clinical Commissioning Group | Darlington Clinical Commissioning Group

# County Durham and Darlington
# Drug and Therapeutics Clinical Advisory Group

## Minutes of meeting held
## Tuesday 15th October 2013
## 12.00 – 2.30 pm
## Boardroom John Snow House

**Present:**

| | |
|---|---|
| Dr Ian Davidson | Director of Quality and Safety, North Durham CCG, **Chair** |
| | |
| Dr Geoffrey Cracket | North Durham GP Prescribing Lead (DCLS) |
| Paul Fieldhouse | Principle Pharmacist, Regional Drug & Therapeutics Centre |
| Dr Peter Foster | DDES GP Prescribing Lead (Easington) |
| Dr Catherine Harrison | DDES GP Prescribing Lead (Dales) |
| Anne Henry | Medicines Optimisation Pharmacist, NECS |
| Kate Huddart | Medicines Management Lead Pharmacist, DDES CCG |
| Dr Peter Jones | DDES GP Prescribing Lead (Sedgefield) |
| Patricia King | LPC Community Pharmacist Representative |
| Alistair Monk | Medicines Optimisation Pharmacist, NECS |
| Ian Morris | Senior Medicines Optimisation Pharmacist, NECS |
| Joan Sutherland | Medicines Optimisation Pharmacist, NECS |
| Chris Williams | Deputy Chief Pharmacist, CD&D FT |
| | |
| Serena Bowens | Minute Taker, NECS |
| Judith Nichol | Minute Taker, NECS |

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**1. APOLOGIES**

No apologies had been received for today's meeting.

**2. RESIGNATION FROM CAG**

Anne Phillips Nurse representative has tendered resignation to the Committee. A nurse representative is required within the TOR. ID asked CW as to whether a representative could be found from the FT as a Provider, as well as from Primary Care.

The Committee expressed their thanks for Anne's contribution to the D&T and ID will write to her in due course

**Action: CW to investigate advertising in the FT for provider Nurse Representative.**

**Action: AH to advertise the primary care nurse vacancy via Newsletter.**

Introductions were made around the table and JS informed that she was currently in the process of moving into a medicines optimisation post within North Durham CCG however her attendance today was in the capacity of Medicines Optimisation pharmacist representing NECS.

SB introduced JN who will be taking over the admin support for the meeting due to SBs secondment into a new role. ID welcomed JN and thanked SB for her help with the meeting in the previous year.

**3. DECLARATIONS OF INTEREST**

No interests relating to the agenda were declared to the Committee.

**4. MINUTES OF PREVIOUS MEETING HELD TUESDAY 20TH AUGUST 2013**

There were various issues raised in relation to the minutes and it was agreed to action the following requests:

- Consistency to be implemented when adopting acronyms.
- Following a discussion in relation to NECS logo, it was agreed that the D&T was a CCG meeting and that the minutes should have the logo of the three CCGs rather than the NECS logo.
- A front sheet was to accompany all future papers, which would clearly identify from where the report had originated and who had compiled it.

**Action: IM/ID :To be discussed and addressed at the next D&T pre-meet.**

**5. Actions from Previous Meeting**

Item 8.1 – urgent care centre antibiotic prescribing audit – time frame to be made clear.

**Action: Jill Ross and CW to feedback with timescale for audit**

Item 6.0 – TOR - ID confirmed that the TOR had been discussed with CCG management executives and in relation to the rotating chair role ID has agreed to continue as Chair until such time either of the other two CCGs put forward a candidate to be able to rotate the Chair.

Page 6.2 Final Antibiotic Guidance - AM confirmed that the amendments had been made as requested, and the guideline had been circulated via email.

One outstanding action remained:

**Action: CW to work with AM to develop and appropriate "App" for the antibiotic formulary and feedback the outcome in the next 3-6 months once this had been explored and implemented if possible.**

6.3 Diabetes Type II Management Algorithm – Draft - CW confirmed that all actions relating to this were now complete including receiving comments (although none had actually been received) , formatting issues had been addressed, and the document had already gone to, and been approved by, the September 2013 APC.

Item 6.5 Final Osteoporosis Guideline - The first action for this item had been missed form the minutes but related to the development of a single primary and secondary care guideline. This had been included on the agenda for October 2013 (this meeting) so will be close as an action and will be picked up in this separate agenda item.

AM confirmed that the Osteoporosis guideline had been uploaded onto the website.

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7.1 Budget update - IM confirmed that the budget and forecast information was now available on the RAIDR system but had also been circulated as paper copies as well.

8.1 NECS practice level work plan focus topics - AM confirmed that an awareness campaign had been developed with regard to Antibiotics and this was to be covered as a separate agenda item today. IM also confirmed that prescribing data for antibiotics was now available on the RAIDR system

9.1 Scriptswitch Alternatives - IM confirmed that all actions relating to this item had been completed with a paper included on today's agenda as well.

12.1 RDTC horizon scanning - ID asked for horizon scanning to be included as an item on the December D&T and for Med Man to see if this can be used to forecast potential growth due to new drugs or newer indications for existing products.

**Action: Include horizon scanning document from RDTC on December D&T agenda.**

Item 15.4 Easington LPG minutes - KH raised the issue that the Easington LPG minutes had been missed off the minutes despite these being on the August agenda.

**Action: JN :Amend the August minutes to reflect this.**

## 5. MATTERS ARISING

There were none identified.

## 6. ACTIONS TAKEN BY MEDICINES OPTIMISATION TEAM FOLLOWING MEETING HELD 20TH AUGUST 2013

It was acknowledged that the August actions had not been transcribed over onto the action log so a full description of the work done to address these was included in the discussion of the minutes in agenda item 4 (see above).

## 7.0 AGENDA

### 7.1 Update on HSJ awards

Unfortunately the Efficiency in Medicines Optimisation submission did not win an award this year. However the team were congratulated on reaching the final of the awards.

### 7.2 Wound Dressing Guideline and Order Form

AM advised that he had recently met with Richard Buckland, Tissue Viability Nurse, who confirmed that the guidelines which had been produced in 2011 are still current, together with the dressing matrix and should be considered a current "live" document. From this meeting an order form had been developed and is to be implemented in practices as an aid

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to prescribers on current formulary choices. AM informed that RB has an exception reporting tool that district nurses can use.

PK enquired as to whether the order form was to replace the FP10 forms? AM informed that this was not the case and that this form was to be used as a tool to assist in producing an FP10. JS advised the Committee that if North Durham CCG received forms which were considered as not fully complete, that they will be returned to the requestor.

RB had advised that it was not his role to police the wound formulary and JS felt that perhaps there was further work required prior to implementing to see what controls were being put in place to ensure adherence to formulary.

AM clarified although the formulary had been formally reviewed, that there had been no recent changes made to the wound formulary. KH felt that it needed to be `sold' to nurses. ID requested that a covering letter be produced to accompany the formulary and that the order paperwork was to include the wording *`do not request more than two weeks' worth of prescribed dressings'.*

GC enquired what the aim of this process was and should there be a feedback mechanism, which should then be used to inform future formularies. The Committee were informed that in other areas quantities had been included on the form, and so it was asked if could be provided as to the quantities to supply It was felt however that this was too late to change at the present time.
**The committee agreed the order form with minor amendments**
**Action: AM : cascade order form to practices with accompanying letter.**

**Action: CW to cascade to nurses.**

**Action: For review in twelve months and at this stage pack sizes to be included.**

7.3 Antibiotic Campaign Update

AM gave a verbal update on the antibiotic campaign for this winter. The key messages had been incorporated into a wider North East communications package about staying well through the winter called “Keep Calm”. This will include a “non-prescription pad” for prescribers to use for patient presenting with a viral infection which requires advice rather than an antibiotic.

ID had concerns about the danger of losing the antibiotic information in the campaign, as six weeks prior to the release of the campaign documentation there had been no prior information circulated to practices and there was a worry that this may not be utilised fully if it was to arrive without warning. AM advised that the communications team are involved and currently arranging a cascade date. The Communications team will be cascading across the whole of the North East as a North of England campaign, there by releasing MO team from having to do this at a local level.

ID advised that practices need to be made aware. IM indicated that irrespective of what is being released from North of England, MO should still promote the antibiotic messages via the newsletter and memos.

ID requested input into the evaluation at a local level.

PK requested that any future newsletters be cascaded to pharmacies and the Committee were informed that this is currently actioned via Greg Burke, LPC.

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**Action: AM to confirm with Communications that practices will be given prior warning of the winter campaign and to include key antibiotic messages in the Newsletter and Memo.**

**Action: Update to be presented at December 2013 D&T.**

7.4 UK 5 year Antimicrobial Resistance Strategy

AM presented this paper to the Committee for information which showed the action plan that had been developed to implement the recommendations from the UK Five Year Antimicrobial Resistance Strategy 2013 - 2018.

KH said she felt it was a good plan but questioned how this will be locally implemented by CCGs.

PJ indicated that outliers should be named and shamed via CCGs who should be linking and talking to outliers.

It was agreed that a strategy should be developed for next year with CCGs working together with NECS.

**Action: AM to bring an executive summary to December 2013 D&T.**

7.5 Practice Formulary Update

Following the completion of the Web based formulary there had been requests to look at a way of making this automatically available on IT computer systems.

Currently there were two older formularies however neither have not been reconciled with the new web based formulary and clarification was needed as to how CCGs would like this presenting..

Although ID requested steer on the best option, IM indicated that not everyone was in agreement as to what they wanted and there are differing requirements across CCGs. IM advised the original agreement for the formulary was built on a web based platform however there was now the potential for further develop this as a GP system `add on'.

AH said the paper gave the various options that could be adopted and the Committee was asked to agree on one of these. ID had no strong feelings as to the best option and indicated that a suitable compromise needed to be agreed.

Following discussions it was agreed that as SystmOne can have separate Red, Amber and Green formularies then these three levels can easily be incorporated. For Emis however, where only one formulary can be used, it was agreed that from the paper “option B” should be adopted (Green, green plus and amber drugs should be above the line with a ScriptSwitch message on amber drugs) .

In addition to this it was agreed that the ScriptSwitch message should follow “option A” which would be to include a message on all Red. Amber and Green drugs.

**Action: To cascade to CCGs the timescale for this development and notify practices that existing formularies may not fully follow the web based formulary until this piece of work has been completed.**

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7.7 Lipid Guideline Review

AM presented the revised Guideline for Lipid Modification in Primary and Secondary Prevention of CVD. The revisions included further advice on drug choices in Primary and Secondary prevention along with a reference to NICE TA 132 with regard to Ezetimibe.

After reviewing the guideline the committee accepted it with the following changes:

Page 5 – Remove the word "Currently" from the paragraph about Ezetimibe.

Page 5 – Reword the sentence "NB. Creatinine Clearance is slightly different measure to eGFR" to make this clearer

Page 6 – Add a greater explanation to the right hand column of the table to explain more as to what to do when Simvastatin is recommended but patients are taking interacting drugs that are contraindicated.

Page 7 – Remove the words "late in life or those …"from the paragraph regarding discontinuing statins

**Action: AM to make changes, following which can be cascaded, and include on APC agenda for information.**

7.8 Lithium Patients Maintained on Li Level above 1mmol/l

JS gave a verbal update on the management of Lithium patients who are required to be maintained above a therapeutic blood level of 1mmol/l. The agreement with TEWV was that all of these patients should be referred back to them for on-going management. The committee agreed with this approach.

**Action: IM :Add a note to the Formulary to say that if a maintenance level of over 1mmol/l is needed then lithium is considered to be a red drug in this instance and patients should be managed by their consultant**

**Action:IM: Include message in Newsletter stating that patients who have their lithium level maintained above 1mmol/l should be referred back to their consultant for on-going care.**

7.9 Vitamin D deficiency Guideline

There were two guidelines presented for discussion which covered the treatment of Vitamin D deficiency. One of these had been written by the RDTC and the other was a FT document that was presented by CW.

ID said that he felt that a document that was in line with the current FT guidelines would be useful as this would allow agreement between primary and secondary care. There was acknowledgement however that there may be other similar guidelines in development across the region and I was agreed that if anyone has any comments regarding the RDTC document then these should be fed back to them.

**Action: Comments regarding the RDTC document on Vitamin D insufficiency treatment to be fed back to Monica Mason at the RDTC.**



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**Action: IM to discuss with RDTC and the FT the possibility of developing a single guideline for use across primary and secondary care, based on the FT document on Vitamin D deficiency that is already agreed.**

7.10 Pathway for Managing Compliance Aids

The LMC had recently discussed with the LPC the adoption and implementation of the July 2013 document produced by the Royal Pharmaceutical Society entitled “Improving patient outcomes – The better use of multi-compartment compliance aids”. It had been agreed that this should be discussed at the D&T to see how this could be taken forward.

CW also included a document that had been produced in 2012 as a draft with was a pathway for managing compliance aids, but this had never been finally agreed.

The committee felt this was a priority area and IM asked if this was to be included in next year’s NECS work plan or if was to be included in this year’s plan in place of an existing commitment. ID said he felt that this should be looked into during the current year, by developing the original draft pathway and including the guidance from the RPS document.

**Action: IM to allocate a lead for taking this piece of work forward as a joint piece of work including the LMC, LPC, Local Authorities, CCGs , and FT.**

7.11 Sub-Cutaneous Methotrexate

IM presented a paper written jointly with Darren Archer which proposed passing the contract management of the homecare arrangements for Methotrexate back the FT to align it with other homecare arrangements. The original contract had come to an end in April but the company were still providing the service under an “implied” contract arrangement.

There was significant debate about the proposed which included questions about the number of patients this would involve and if this was agreed as a block contract then what would happen if patient numbers increased. There was also significant concern that GPs would be asked to prescribe the drugs as they would then be taking on a significant amount of responsibility, would be funding the drugs via FP10, yet the FT would make any savings as the manager of the contract.

The committee felt that they could not progress the discussion any further as it was a contracting issue, but wished to ensure that the necessary paperwork to support the current process was available on the website.

**Action: IM to feed back to Darren Archer regarding this being seen as a contracting issue for each CCG but make the necessary paperwork available on the website.**

**8.0 FINANCIAL/BUDGET UPDATE**

8.1 Budget Update – RAIDR live demo

IM gave a presentation about the financial reporting and prescribing analysis which is available on the RAIDR system. It has been agreed to distil the main themes into a paper based report for the next six months until GPs become familiar with the system.



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There was significant discussion about which areas would be tackled in order to tackle the forecast prescribing overspends as there were no easy areas left to tackle. The consensus was that individual outliers now need to be tackled as some have been considered high cost prescribers for a number of years.

**9.0 QIPP**

9.1 Education Sessions linked to Workplan topics

Insufficient time to discuss but AH briefly informed the group that two antibiotic sessions had already been arranged.

**10.0 SCRIPTSWITCH**

10.1 ScriptSwitch Update

IM presented a paper outlining the options open to CCGs with regard to exercising the break clause contained in the current ScriptSwitch contract. There was an option to serve notice on all or part of the contract and this needed to be done by 24th October 2013.

ID said he would have liked a recommendation to be made to the committee but IM explained that he was aware that there was no single option which was favoured by all so as a result the paper gave the background detail and the full range of options for the committee to debate.

From the discussion it was clear that there were differing views between the three CCG , and although Darlington was not represented today David Russell had made it clear that Darlington would be servicing notice on their contract.

Action: individual CCGs to decide how to progress and serve notice on ScriptSwitch before 24th October if they wish to do so.

**11.0 MEDICATION & SAFETY NPSA**

MHRA Drug Safety Update Vol 7 Iss 2 Sept 13

Shared for information but nothing of significant relevance to primary care

**12.0 AREA PRESCRIBING COMMITTEE**

Draft minutes of meeting held 5th September 2013 disseminated for information of the Committee.

**13.0 RDTC UPDATE**

13.1 Monthly Horizon Scanning

Insufficient time to discuss so deferred to December 2013 meeting

**Action: Add monthly horizon Scanning document to December 2013 agenda**

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**14.0 PATIENT GROUP DIRECTIONS**

None have been issued since the last D&T

**15.0 CCG PRESCRIBING LOCALITY UPDATES**

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

15.1 Darlington Prescribing Sub Committee minutes - currently awaiting ratification.

15.2 North Durham LPG Minutes final 10th September 2013

15.3 Durham Dales LPG Draft Minutes – currently awaiting ratification.

15.4 Easington LPG minutes – Unconfirmed Minutes from 5th September received for information

15.5 Sedgefield LPG Draft Minutes 11th September 2013

**16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEES**

Summaries from the following provider Drug & Therapeutics Committee meetings were circulated for information.

16.1 County Durham & Darlington FT CSTC minutes 7th August 2013

16.2 North Tees & Hartlepool NHS FT D&T minutes – currently awaiting ratification

16.3 Sunderland CHFT D&T 4th July 2013

16.4 Tees Esk & Wear Valley D&T unconfirmed minutes 25th July 2013

**17.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES**

Insufficient time to discuss

**Action: Add Drug and Therapeutics Bulletin Summaries to December 2013 agenda**

**18.0 ANY OTHER BUSINESS**

None noted

**19.0 DATE AND TIME OF NEXT MEETING**

17th December 2013
12.00 – 2.30 pm
Board Room, John Snow House

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