County Durham and Darlington
Drug and Therapeutics Clinical Advisory Group

Minutes of meeting held
Tuesday 17th December, 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 Crackett	North Durham GP Prescribing Lead (DCLS)
Monica Mason	Lead 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
Alistair Monk	Medicines Optimisation Pharmacist, NECS
Kate Huddart	Medicines Management Lead Pharmacist, DDES CCG
Dr Peter Jones	DDES GP Prescribing Lead (Sedgefield)
Alistair Monk	Medicines Optimisation Pharmacist, NECS
Joan Sutherland	Medicines Optimisation Pharmacist, ND CCG
Chris Williams	Deputy Chief Pharmacist, CD&D FT
Dr David Russell	GP Prescribing Lead (Darlington)
Judith Nichol	Minute Taker, NECS
Janette Stephenson (JSt)	Head of Medicines Optimisation, NECS **Guest**

1. **APOLOGIES**
   Apologies received from Ian Morris

2. **DECLARATION OF INTEREST**
   No interests relating to the agenda were declared to the Committee.

3. **MINUTES FROM LAST MEETING HELD ON 15TH OCTOBER 2013**
   The minutes were accepted as a true and accurate account of the meeting.

4. **MATTERS ARISING (DISCUSSION)**
   AM updated the Committee on practice pharmacist allocations for North Durham.

5. **ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM FOLLOWING MEETING 15TH OCTOBER 2013**

Chris Williams:

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- Action: CW to investigate advertising in the FT for provider Nurse Representative. **Done**
- Action: CW to cascade dressings order form to nurses. **On hold at the request of A. Monk in order to discuss further with Richard Buckland**
- Action: CW to feedback with timescale for UCC antibiotic Audit by Jill Ross with a view to feed back results at February 2014 D&T. **Done.**

Chris and Alastair:

- Action: CW to work with AM to develop an 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. Work is ongoing regarding this, **Done.**

Anne Henry:

- Action: AH to advertise the primary care nurse vacancy via Newsletter. **Done**
- Action: AH to cascade to CCGs the timescale for practice formulary development and notify practices that existing formularies may not fully follow the web based formulary until this piece of work has been completed. **Done.**

Ian Morris:

- 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. **Done.**
- 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. **Done**
- 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 was made available by CW previously. MM has also done some work on a guideline on behalf of NECS. **Final draft guideline to be made available for discussion at February meeting.**
- Action: IM to allocate a lead for taking MDS work forward as a joint piece of work including the LMC, LPC, Local Authorities, CCGs, and FT. **Done**
- Action: IM to feed back to Darren Archer regarding Subcutaneous Methotrexate being seen as a contracting issue but make the necessary paperwork available on the website. **Done**
- Action: IM add monthly horizon Scanning document to December 2013 agenda. **Done.**
- Action: IM Add Drug and Therapeutics Bulletin Summaries to December 2013 agenda. **Done.**
- Action: IM to include horizon scanning document from RDTC on December D&T agenda. **Done.**

Ian Morris/ Ian Davidson:

- Action: IM/ID: To discuss the format of papers and logos etc at D&T pre meet and addressed at the next D&T pre-meet. **Done.**

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Judith Nichol:

- Action: JN: Amend the August minutes to reflect that Easington LPG minutes had been available at the meeting. **Done.**

Alastair Monk:

- Action: AM: cascade dressings order form to practices with accompanying letter. **Order form has been discussed at LPG forums.**
- Action: AM - Review dressings order form in twelve months and at this stage pack sizes to be included. **Noted.**
- 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. **Done.**
- Action: AM - Update of winter campaign and antibiotic initiative to be presented at December 2013 D&T. **Done.**
- Action: AM to bring an executive summary of UK antimicrobial strategy to December 2013 D&T. **Done.**
- Action: AM to make changes to lipid guideline, following which can be cascaded, and include on APC agenda for information. **Done.**
  Action: All items on the action log highlighted in red can now be green.

6. AGENDA

6.1 Update on North Region Care Home Meeting

JS presented the Executive Summary which updated the D & T Committee as to the care home meeting that took place on 17th October 2013.

The D & T Committee accepted the following recommendations:

1. The committee accepts the update, and support the multi disciplinary approach to provide healthcare to care homes, and with regard to medication support the need for inter-professional partnership approach to reduce avoidable harm;

2. The committee were made aware that that the recent Department of Health in England survey Care Homes Use of Medicines Study found that:

   - Residents were prescribed an average of 7.2 medicines;
   - Seven our of ten care home residents were exposed to at least one medication error;
   - other studies of prescribing in UK care homes suggest inappropriate prescribing occurs in 50 - 90% of patients and the most frail older people are the most vulnerable to drug related adverse events.

3. That the 'multi-compartment compliance aid' working group take fully into consideration these reports in their work.

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4. Medication related 'issues' within these reports be collated and shared with practices for consideration when reviewing medication.

5. To review the 'Tees Tool' for sharing of best practice. In light of this last point JS said she had not managed to locate this as yet and where medicines sit with regard to this tool.

With regard to future meetings JS said she will Link in with safeguarding adults team but was not aware of whent the next meeting was. ID/JS said they hadmet with local CQC reps and guidance for care homes was something that they were interested in. NICE guidance regarding this is due out February 2014.

Action: Relevant care home work to be put in work plan for next year.

6.2 Report on Community Acquired C. Diff April-Oct 2013

AM gave a verbal update on the Report of Community Acquired C Diff report covering Apr – Oct 2013. AM asked for comments from the Committee. The report highlighted issues related to antibiotic prescribing in relation to the risks associated with C diff and other issues including the prescribing of loperamide are highlighted.

AM said this report will form part of the Health and Social Care HCAI reduction forum agenda, hosted by the local authority.

Action: AM to clarify the specific details highlighted in the subsequent discussion e.g. whether a course of antibiotic was used prior to the C diff case, or if the course was used to treat a case of C diff.

Action: Key messages around C diff and prescribing to be highlighted in the prescribing newsletter.

6.3 UK 5 Year Antimicrobial Resistance Strategy – Summary

AH presented an Executive Summary of the UK 5 year Antimicrobial Resistance Strategy 2013 – 2018, together with the NECS Medicines Optimisation strategy for supporting antibiotic prescribing and promoting antimicrobial stewardship in GP practices within Durham and Darlington CCGs. Papers were presented for discussion.

The key actions for primary care were:

- ❖ Only prescribing antibiotics in situations where they are clearly indicated
- ❖ Appropriate choice of antibiotic if an agent is actually required
- ❖ Ensuring patients understand their responsibilities around compliance once an antibiotic is prescribed

The Committee supported this document and were keen that the document would reflect specific actions relevant to local CCGs and practices.

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6.4 **Important Prescribing Considerations in C. Diff Prescribing**

AM presented a paper highlighting important prescribing consideration when managing a Clostridium Difficile infection (CDI). The paper highlights to prescribers specific issues around sampling, prevention and management in relation to C diff. Other issues including the potential for inappropriate prescribing of loperamide in unexplained diarrhoea were highlighted. This report will form part of the Health and Social Care HCAI reduction forum agenda hosted by the local authority.

The committee noted the content of the paper; following this meeting the information will be uploaded to the medicines optimisation web-site.

ID expressed concern over the potential for over-sampling based on this guidance. A discussion took place over thresholds for sampling. It was felt an accurate patient history would also guide when a health professional would be minded to take a stool sample.

Document was accepted and will be uploaded onto Medicines Website.

6.5 **Antibiotic Campaign Update**

AM gave a verbal update about this campaign. Non-prescription pads were circulated to practices in November with some practices requesting further supplies. ID said he would be interested in the evaluation of the campaign.

The UCC have also received supplies of pads and posters and it is anticipated that NECS will be able to support prescribers in the UCC with some training, similar to that currently being provided.

Action: Evaluation of the campaign as a whole will be brought to this group when completed (AM)

6.6 **2014 – 2015 Prescribing incentive scheme discussion**

A paper was presented on the possibility of a prescribing incentive scheme for 2014 – 2015 with the possibility of extending this scheme into 2016. To help with the discussion the current 2012 – 2014 Prescribing incentive scheme document was presented for information.

ID wanted clarity on the suggested scheme so this was discussed at length. Darlington CCG practices do not currently have a scheme and indicated that they would not be part of any future schemes. This scheme should focus practices on quality prescribing and safety awareness, as previously, and there was significant discussion on possible indicators for this scheme.

There was a suggestion that a task and finish group would be needed to take this forward. There was a suggestion that the process needs the support of NECS in terms of co-ordinating the process.

Action: IM to email prescribing leads and follow up with telephone call. Needs task and finish group with GP representation by mid-January.

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6.7 Aymes Shake Pathway

The proposed new nutritional supplements pathway, using *Aymes* in preference to Complan Shake was presented to the D & T CAG. This detailed the cost of prescribing nutritional supplements contribute to the overall prescribing cost for County Durham and Darlington. The D&T Committee discussed the first draft of this pathway

It was noted that Dieticians are in support of practices using this pathway and it was suggested that a CQUIN target should be developed in order to ensure that any patient discharged from the trust with enteral nutrition indicated has had either a dietician assessment while in hospital or within 4 weeks of discharge.

To help with the change to Aymes it was suggested that a ScriptSwitch message could be put on to prompt clinicians to make this change, and CW suggested a switch message could be put on the discharge summary regarding choice of sip.

The committee are happy to accept this paper.

Action: ID to discuss this issue at APC.

Action: Switch to Aymes shake from Complan, Fortisip or ensure plus to be added to work plan for practice support pharmacists.

6.8 Green Bag/ POD campaign

CW gave an update on this initiative for which a slide presentation was included with the papers. The campaign is designed to encourage the use of patients own medication in hospital with the idea being that the patient's meds go with them into hospital via a "Green Bag". It is hoped this will reduce the wastage of medicines considerably and the campaign itself is to be launched in January/February.

Communications teams will be involved in the briefing and implementation phases of this campaign

Action: JSt to send out the presentation to ID.

Action: CW to trim this down for CCGs.

Action: Care homes to have stocks of bags themselves.

Action: To tie in with *voice* campaign.

6.9 Methotrexate Pathway

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The Executive Summary of the Sub Cutaneous Methotrexate Pathway Discussion paper, homecare patient registration and consent form, and the *Alcura* Service Presentation slides were presented to the D&T Committee for discussion.

This issue has been to the committee previously and CW was able to give a lot of background information on this pathway. It was felt that this pathway discussion needs to take place at a contracting level and the committee felt they cannot take this forward further. **:** CW has highlighted this issue to CDDFT contracting dept.

Action: AM to take forward and flag with NECS provider management in order to try to establish activity levels in order to inform any discussions.

6.10 **Draft urinary incontinence guideline**

AM gave an update on the background to this guidance where comment had been sought from consultants – any comments that had been received were included with the papers.

CW confirmed the guidance had been discussed at the Formulary Steering Group.

There was a comment on the treatment review section, and a suggestion that therapy be discontinued if no patient benefit at 6 months of treatment. The Committee supports these guidelines.

Action: Guidance to form part of the next APC agenda.

7.0 STANDING ITEMS

7.1 **Budget Update**

AM gave a verbal update of CCGs budgetary position based on September figures.

Action: AM to send latest October data by the end of December 2013.

8.0 QIPP

No items for discussion

9.0 SCRIPTSWITCH

9.1 A ScriptSwitch profile update was presented by AM.

A series of reports had been requested by NECS showing:

- switches that had not been accepted in the last 12 months

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- switches that had been rejected most often
- switches currently showing negative switch values.

AM requested that a review of the profile be undertaken in light of this information, in order to make the profile more relevant to current prescribing and to reduce the burden of unnecessary messages.

The committee felt that careful clinical input should inform this work as some of the most rejected switches were important from a patient safety point of view and should still remain on the profile e.g. diclofenac to other NSAIDS. It was suggested that more specifically the review could also consider when the switch popped up – for an acute supply, repeat issue or repeat re-authorisation.

DR advised about batch re-authorising on SystmOne; scriptswitch does not pop up with any messages when repeats are batch re-authorised. DR has spoken to ScriptSwitch about this.

Action: The committee approved the profile review, with caution concerning certain switches, and input needed from clinicians to support this work

10.0 MEDICATION SAFETY & NPSA

10.1 MHRA Drug Safety October 2013 and November 2013

MM updated the Committee on these publications. Of particular concern to primary care was the antiepileptic drug information which highlighted that the MHRA had recently issued information about switching between manufacturers products of antiepileptic drugs, including switching between branded and generic products, and between different generic products of a particular drug. This raises issues for both existing patients and new patients

In addition to this the topic of NOACs was discussed with particular regard to the increased risk of bleeding.

Action: It was felt an article should be produced for the newsletter covering the relevant issues.

11.0 AREA PRESCRIBING COMMITTEE ANNUAL REPORT

This was shared for information and discussion .

12.0 RDTC UPDATE

12.1 Monthly Horizon Scanning

The December summary was discussed at the December meeting although this report had not been available when the papers had been. This included a national cost calculator which was published yesterday. MM presented this for discussion. It was felt this was an important planning document which is based on assumptions and predictions, and is an indicator of potential cost pressures for the coming year.

Action: JSt to circulate to heads of NECS finance and CCG finance leads.

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Action: This document to go to the next APC.

13.0 PATIENT GROUP DIRECTIONS

13.1 None issued.

14.0 CCG PRESCRIBING LOCALITY UPDATES

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

14.1 Darlington LPG minutes September 2013 minutes –Received but currently awaiting ratification

14.2 North Durham LG Minutes – received for information

14.3 Dales LPG minutes September 2013 minutes – Received but currently awaiting ratification

14.4 Easington LPG September 2013 minutes – received for information

14.5 Sedgefield LPG September 2013 minutes – Received but awaiting ratification

15.0 PROVIDER DRUG & THERAPEUTICS COMMITTEES

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

15.1 CDDFT CST October minutes – awaiting ratification

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

15.3 Sunderland CHFT D & T July 2013 minutes

15.4 Tees Esk & Wear Valley July 2013 minutes – awaiting ratification

16.0 ANY OTHER BUSINESS

DRUG & THERAPEUTICS BULLETIN SUMMARIES

Deferred from last meeting as insufficient time to discuss.

JEXT memo

ID expressed concerns over the clarity of the NHS England alert concerning the JEXT recall. In particular the alert was not clear in terms of who should be responsible for contacting patients in order to alert them to this potential fault with their Jext. Was it the GP practice or the community pharmacy?

CW informed the group that the trust has a conference call in place in order to act within a swift time scale. CW offered the opportunity for a medicines optimisation pharmacist or community pharmacist to possibly join in if relevant to primary care in future.

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JSt discussed this alert, and informed the committee that the content of any alert from NHS England cannot be altered.

DR discussed his approach in Darlington to alerting his GP colleagues on potential actions to take.

There was a discussion concerning the initial procurement process for Jext; and should the recall be considered by practices as a Serious Adverse Event – what can be learned from this process. JSt confirmed there is a robust procurement process in place.

Action: It would be useful to have an agreed process. JSt is to explore further with Area Teams how such level 2 patient recalls can be managed in future. JS to share robustness of process with CH.

17.0 DATE AND TIME OF NEXT MEETING

18th February 2014, 12.00 – 2.30 pm, Board Room, John Snow House

Document management				
Version	Date	Summary	Owner's Name	Draft version
0.1	17/12/13	D&T Minutes	I Morris / I Davidson	

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