

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

Minutes of Meeting held
Board Room, John Snow House
20th August 2013
12.00 - 2.30 pm

Present:

Serena Bowens (minute taker), NECS
Dr Ian Davidson, GP Prescribing Lead (Derwentside) – Chair
Anne Henry, Medicines Optimisation Pharmacist, NECS
Kate Huddart, Medicines Management Lead Pharmacist, DDES
Dr Peter Jones, GP Prescribing Lead (Sedgefield)
Patricia King, LPC Community Pharmacist Representative
Monica Mason, RDTC
Alistair Monk, Medicines Optimisation Pharmacist
Dr David Russell, GP Prescribing Lead (Darlington)
Joan Sutherland, Medicines Optimisation Pharmacist, NECS
Christopher Williams, Deputy Chief Pharmacist, CDDFT

1.0 APOLOGIES

The following apologies were noted by the Committee:

Dr Geoff Crackett, GP Prescribing Lead, DCLS
Dr Peter Foster, Easington CCG Prescribing Lead
Dr Catherine Harrison, GP Prescribing Lead, Dales
Sue Hunter, Associate Director of Pharmacy, TEWV
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Andy Reay, Medicines Optimisation Pharmacist, NECS

2.0 DECLARATION OF INTERESTS

No interests were declared to the Committee.

3.0 MINUTES OF LAST MEETING OF HELD 18TH JUNE 2013

The minutes were accepted as a true and accurate account of the meeting.

4.0 MATTERS ARISING

DR informed the Committee that he had raised the concerns which had been addressed at June's meeting in relation Nitrofurantoin and patient renal functions

with the Microbiologists and will feed back at the next D&T CAG meeting in October 2013.

5.0 ACTIONS TAKEN BY MEDICINES OPTIMISATION TEAM FROM PREVIOUS MEETINGS

Please refer to amended action log.

The updated actions and the actions which had been closed off forming part of the agenda today were accepted and noted by the Committee and following further discussion several actions below were confirmed as complete. Any outstanding historic actions were agreed to be returned to the D&T in October 2013.

4.0 DVT Pathway – Rowena Howard has recently sent a revised SLA and a contract variation is currently underway. CLOSE

6.4 DMARD Guidance is available on the website but has not been cascaded further wide.

Action: MO to upload to the website.

6.7 Sub-Cutaneous Methotrexate – ongoing.

8.1 NECs practice level workplans –

There was discussion regarding the feasibility of developing and delivering four education topics as originally planned vs the possibility of lack of engagement if too much is done too quickly. It was agreed that an antibiotics campaign would be delivered in Q3, respiratory training and a diabetes e-learning set in Q4. It was felt that the quarterly education topic should remain for 2013/14

Feb 2012 10.4 Urgent Care Centre Antibiotic Prescribing Audit – ongoing.

6.0 AGENDA

6.1 CCG approved D&T CAG Terms of Reference

The TOR had previously been approved by GP Quality Leads and CCG Executives, however there had been a couple of additions/amendments to the document recently, which ID informed as follows:

2.2 Chair role to rotate across the Clinical Commissioning Groups.

At this juncture, ID informed the Committee that until such time that this becomes effective, he is to remain insitu.

6.1 (fifth bullet point amended to read):

To support GPs, non-medical prescribers, community pharmacists, nurses and other CCG personnel in developing prescribing systems and policies **and advise on prescribing matters in relation to clinical pathway re-design.**

8.1 These Terms of Reference will be reviewed in March 2014.

The Committee accepted these additions/amendments as a final document.

6.2 Final Antibiotic Guideline

AM advised that the guideline had recently been reviewed in light of current guideline having expired. Advice was sought from secondary care pharmacists and the microbiologists.

A number of specific queries were raised prior to the meeting and had been addressed by consultation with Stuart Brown, antibiotic pharmacist at CDDFT, and his colleagues.

Action: AM to make the recommended changes and produced as a final document.

Prophylactic guidance – appendix. For ease the Committee felt that this required a suitable index or an `app` (application).

Action: CW to work with AM to develop an appropriate `app` to use and it was agreed that this would return to D&T within the next three to six months.

Action: CW to cascade once all changes have been made.

Action: AM/AH to cascade an appropriate email informing of the final document.

6.3 Diabetes Type II Management Algorithm – Draft

CW informed the Committee that since the cascade of the draft version of the document, he had spent time altering the format of this document and has made additional changes to pages 2 and 3.

There were concerns from the GP Committee members that the document appeared to be a supplement to NICE guidance, and this draft did not seem very user friendly. Those GPs present felt that this would not be a document that would be utilised out in practices. There was particular concern that it appeared sulphonylureas were not prioritised high enough.

There was discussion regarding the focus of the CAG – whether it is appropriate to focus on the more specialised treatments, rather than having a primary care focus

Action: GPs to forward further comments/amendments to CW.

Action: Following comments from GPs, CW to make any further amendments and adjust the formatting to address user friendly issues.

Action: CW to agenda for APC scheduled September 2013.

6.4 Update on HSJ awards shortlist presentation

ID informed the Committee that the team have been shortlisted for the HSJ award will be attending the finals on 25th September 2013 in London.

6.5 Final Osteoporosis Guidelines

Following discussion at a previous D&T, this document was now presented as final.

PJ informed the Committee that last year he had raised the issue regarding the length of time that patients should be prescribed for. DR informed that he has recently received advice from Matt Bridges who recommended that after five to ten years, patients should have a bone scan to establish whether therapy should be continued. There is a risk of atypical stress fracture with long term bisphosphonates.

Issues concerning Vit D guidance were discussed.

Action:

Action: Following the aforementioned actions, the D&T Committee approve the document and is to be scheduled as an agenda item at APC September 2013. Once approved, the guideline will be uploaded onto the Meds website.

STANDING ITEMS

7.0 FINANCIAL/BUDGET UPDATE

7.1 Budget Update

Prescribing data for April-June 2013 had recently been released and AH and AM provided a verbal update of the prescribing position for each locality and their collective CCGs.

Budgets had not been set for Darlington.

PJ questioned why there had been no reports cascaded recently and formally requested that the cascade of budget memos and prescribing reports to be addressed. NECS are currently waiting for RAIDR to come on line in order to produce appropriate prescribing reports.

Action: NECs to cascade budget memos and prescribing reports as soon as access to RAIDR is confirmed.

8.0 QIPP

8.1 NECs practice level work plan focus topics

- Antibiotics – quarter 3, 2013/14 – PJ requested if asthma exacerbation patients could be looked at in conjunction with antibiotic prescribing. Discussion ensued in relation to a patient awareness campaign and ID suggested that this would need a 'Task and Finish Group' to be set up. It was established that Cumbria CCGs have such a campaign planned, and have carried out for the last few years. The Committee agreed that their campaign should be adopted.

Action: MO to establish an awareness campaign via a Task and Finish Group and to be implemented by October 2013.

Action: Antibiotic prescribing data to be produced on a regular basis.

Action: MO to include as an agenda item at October D&T for information, and update on progress.

- Respiratory - AH recently met with the Respiratory Nurse Specialists, and Dr Penney, Darlington, and suggested a focus on patient medication reviews and inhaler techniques along. Education session will be developed for Q4
- Diabetes – e-learning will be developed for Q4

9.0 SCRIPTSWITCH

9.1 ScriptSwitch Alternatives

PJ stated that within Sedgefield CCG there was negativity towards the use of ScriptSwitch. There was also suggestion that a number of practices have switched off the ScriptSwitch system as it was felt that it was not being updated on a regular basis. PJ indicated that if it is the consensus of opinion that this is a useful tool to adopt, should an incentive scheme be used to encourage use of the system. DR pursued the claim from ScriptSwitch concerning the faster turn round time of getting on updated message onto the GP systems. A turnaround time of 48 hours had been quoted, DR felt this was very important and beneficial.

Further discussion followed and questioned whether additional competitors could be looked at to see if their systems were more effective and whether or not alternative systems could prove to be more cost effective than ScriptSwitch at present.

Action: Agreement that this paper not supported by the Committee due to the cost effectiveness of the ScriptSwitch system in the future.

Action: Committee requested for additional competitors to be looked at in relation to providing an alternative more cost effective system.

Action: IM to liaise with ScriptSwitch to negotiate a decrease in the cost of the system if there is a threat to discontinue.

Action: NECS to give notice to ScriptSwitch in November 2013 to discontinue if that is the final decision of the CCGs.

Action: NECS to establish how many GP practices are waiting to convert their prescribing systems to SystemOne.

10.0 MEDICATION SAFETY & NPSA

10.1 MHRA Drug Safety Update Vol 6 Iss 11 June 2013 & Vol 6 Iss 12 July 2013

Of particular note were issues concerning

- Metoclopramide
- Nitrofurantoin

NECS newsletter will reference these latest updates

11.0 AREA PRESCRIBING COMMITTEE UPDATE

Final minutes of APC meeting held 2nd May 2013 disseminated for information.

12.0 RDTG UPDATE

12.1 Horizon Scanning Documents and NICE Guidance Update July & August 2013

The document was accepted for the Committee's information.

ID informed that the document does not look at future NICE products, only current products and also felt that it is not particularly tailored to primary care. MM informed that if an appropriate request is instigated an alternative document could be produced.

Action: ID formally requested that a tailored document for primary care and commissioners be produced by RDTG.

Action: MM to produce costings of a yearly and quarterly document per CCG.

13.0 NON MEDICAL PRESCRIBING (due August 2013)

Not yet received.

14.0 PATIENT GROUP DIRECTIONS

Rotavirus Vaccine NECSAT 2013/002 and Q&As

AH & AM provided a verbal update on the aforementioned PGD which had been recently reviewed, finalised and subsequently cascaded appropriately.

15.0 CCG PRESCRIBING LOCALITY UPDATES

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

15.1 Darlington – 16th July 2013 – reference made to dosette boxes. CW requested for some additional support from CCGs or NECs to assist with work he had started on this issue. The Local Authorities had also been involved in the production of an initial paper

Action: NECs to provide support to CW via project manager lead, linking with JS and CCGs.

15.2 North Durham – 15th June 2013

15.3 Durham Dales – 25th July 2013

15.5 Sedgfield – 24th July 2013

16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

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

16.1 County Durham & Darlington FT CSTC minutes of meeting held 20.03.13

16.2 North Tees & Hartlepool NHS FT D&T minutes of meeting held 05.07.13

16.3 Sunderland CHFT D&T minutes of meeting held

16.4 Tees, Esk & Wear Valleys NHS FT D&T minutes of meeting held 23.05.13

17.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES

These were circulated to the Committee for information for the months of May, June and July 2013.

18.0 ANY OTHER BUSINESS

CW presented a paper on stroke risk stratification and thromboprophylaxis, produced by the Trust, and referencing apixaban.

19.0 DATE AND TIME OF NEXT MEETING

Tuesday 15th October 2013
Board Room, John Snow House
12.00 pm – 14.30 pm