

**NHS COUNTY DURHAM AND DARLINGTON  
Drug and Therapeutics Committee**

Minutes of meeting held

Tuesday 21<sup>st</sup> February 2012  
Kenworthy Hall, St Mary's College Durham  
12.00 – 2.30 pm

**Present:**

Serena Bowens, Administrative Co-ordinator, MMC, NHS CD&D (minutes)  
Dr Ian Davidson, GP Prescribing Lead (Derwentside), Chair  
Paul Fieldhouse, RDTC  
Deborah Giles, Pharmaceutical Adviser, MMC, NHS CD&D  
Dr Peter Jones, GP Prescribing Lead (Sedgefield)  
Patricia King, LPC Community Pharmacist Representative  
Dominic McDermott, RDTC  
Ian Morris, Head of Medicines Management, NHS CD&D  
Dr David Napier, GP Prescribing Lead (Easington), NHS CD&D  
Anne Phillips, Nurse Practitioner  
Dr David Russell, GP Prescribing Lead (Darlington)  
Dr Satinder Sanghera, GP Prescribing Lead (Dales)  
Joan Sutherland, Senior Pharmaceutical Adviser, MMC, NHS CD&D  
Chris Williams, Deputy Chief Pharmacist, CDDFT

**In attendance:**

Michelle Grant, Commissioning and Technical Manager, MMC, NHS CD&D (Items 6.2; 6.3; 6.4)  
Kate Huddart, Senior Pharmaceutical Adviser, MMC, NHS CD&D (Item 10.2; 16.1)  
Linda Neely, Head of Clinical Quality, NHS CD&D  
Michelle Jessiman, Clinical Auditor, NHS CD&D  
Dianne Woodall, Public Health Portfolio Lead Tobacco Control (Item 6.1)

**1.0 APOLOGIES**

Dr Geoff Crackett, GP Prescribing Lead (DCLS)  
Gail Dryden, Community Matron  
Chris Mallon, Pharmacist, North Tees and Hartlepool Foundation Trust  
Ros Prior, TEWV

**2.0 DECLARATIONS OF INTEREST**

No interests were declared.

**3.0 MINUTES FROM LAST MEETING HELD 20<sup>TH</sup> DECEMBER 2011**

The minutes were accepted as a true and accurate record.

**4.0 MATTERS ARISING**

There were no matters arising or outstanding from previous meetings.

**5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM FROM THE PREVIOUS MEETINGS**

Please refer to the amended action log. The updated actions were accepted and noted by the committee.

## 6.0 AGENDA

### 6.1 NHS County Durham & Darlington Stop Smoking Service pharmacotherapy usage update and preliminary results of "Routes to Quit" pilot

DW updated the Committee on the stop smoking service pharmacotherapy usage within County Durham & Darlington NHS Stop Smoking Service and also to present the preliminary results of the 'Route to Quit' Department of Health pilot.

DW gave a breakdown of 2010/2011 usage, highlighting that during the Routes to Quit pilot, the Stop Smoking Service saw an increase in smokers accessing stop smoking services compared to the same period in the previous year.

DW informed the Committee of an independent evaluation of the service being carried out by Liverpool University, on behalf of the DoH, to ascertain if smokers' decisions to contact the service were influenced by "Routes to Quit" pilot as an extra 540 people had set a quit date. Towards the end of February, draft information should be available, with full results of the pilot available in March 2012.

ID queried how the Routes to Quit scheme impacted on FP10 prescriptions for varenicline. DW stated that prescribing data provided by Medicines Management for June to December 2011 showed a decrease in the number of prescriptions dispensed for varenicline over this period. Despite this there had been no problems noted with regard to advisers asking GPs to prescribe varenicline when thought to be appropriate with 43% of patients accessing varenicline and 48% accessing NRT. All treatments were considered 1<sup>st</sup> line with the package being tailored to the individual patient

IM queried uptake of the scheme in the Durham Dales and Darlington localities. DW stated this has not been looked at as a separate issue; however the data can be retrieved. DW agreed to retrieve this data and forward to IM for information.

***ACTION: DW to forward data on Dales and Darlington to IM.***

DR enquired about the possible inclusion of electronic cigarettes within the scheme. DW advised that although there is anecdotal evidence suggesting these may be of use in smoking cessation, they are not licensed for medicinal use and there is little evidence of efficacy. DW informed the Committee that although the service was not currently recommending use of these it is something that may be looked at in the future at a National level, which would be brought to the attention of the Drug & Therapeutics Committee.

PK asked what sort of demographic information was collected about patients. DW explained that postcode and age information is collected, although was not included in this report, and showed that the majority of patients were aged over 45years. The scheme was also aiming to target routine manual workers.

ID thanked DW for attending and providing this update.

### 6.2 Gluten Free food supply across NHS County Durham & Darlington

MG introduced this paper, informing the committee of the Coeliac Society guidance, amended in September 2011 recommending the adoption of monthly units of supply per patient, with the exclusion of cake mixes and sweet biscuits. MG added that the paper

included a number of recommendations for prescribing within County Durham and Darlington.

ID suggested the recommendations within the paper should form the basis of a prescribing guideline for County Durham and Darlington. PJ agreed that this would be useful for practices and suggested practices in all localities should review their practice of prescribing cakes and biscuits.

JS queried if the introduction of guidelines, requiring input from dieticians could cause issues with capacity for dieticians due to an influx of workload, especially with cakes and biscuits being on dietetic advice only. ID said he would raise this issue with the dieticians when he meets them.

On the subject of dietician input MG said that dieticians were not seeing as many patients as expected which suggested that many patients may be missing their review.

***ACTION: Paper to be developed into a concise 2 page guideline for use across County Durham and Darlington, consulting with patient groups and dieticians – and for this to be approved by Chairman's action. Guideline to return to April 2012 D&T meeting for further consideration.***

### 6.3 Review of the pilot Local Enhanced Service for Gluten Free food supply in Durham and Chester-Le-Street

MG informed the committee that the Gluten Free food scheme was originally initiated in April 2008 and has been running in the Durham and Chester-Le-Street locality. The Scheme has been reviewed recently following the publication NICE and of the amended Coeliac Society guidelines.

MG outlined the main recommendation of the paper; that the scheme be continued, however with the adoption of the revised Coeliac Society guidelines, which should lead to a reduction in spend and savings within the DCLS locality as non-staple foods are excluded from the guidelines. There was also a recommendation for the Scheme to be adopted more widely across County Durham and Darlington. IM highlighted that if this recommendation was accepted, the emphasis should be on one generic scheme, expressing concerns that difficulties could arise in managing and analysing up to six different schemes.

PK commented that patients really like and appreciate the scheme currently in place in DCLS.

ID advised that the Committee would be unable to agree to the rolling out the scheme in other localities as this would be a decision to be taken by CCGs, however the discussions concluded that the Committee would recommend if the scheme was to continue in the Durham and Chester-Le-Street locality this should use the updated guidelines discussed in item 6.2 and a revised fee structure (including a cap on out of pocket expenses), in line with other schemes nationally. PJ said that other localities should watch this closely and then consider adopting

***ACTION: MG to take to Durham & Chester-le-Street Locality Prescribing Group for further discussion.***

### 6.4 Minor Ailments Scheme Review

MG introduced the paper, informing the committee that the current SLA for the Minor Ailments Scheme is due to expire in June 2012. The paper presented comprised of a

review of the service, costs and items prescribed and recommendations for the committee to look at the service and establish whether the scheme is to be extended.

Data showed a year on year increase in spend on the scheme in the Durham Dales, Darlington, DCLS and Sedgfield localities, however a decrease in spend was seen in the Easington and Derwentside localities.

Overall ID stated that the scheme was good value for money and GPs receive the scheme very well, and an evaluation undertaken by Sunderland University in 2011 had proven that the scheme was positive and cost effective.

It was brought to the committee's attention that old advertising paperwork is currently still being used in some pharmacies and it was noted that fresh material would be required in order to advertise and promote the scheme in pharmacies. The committee were informed that additional money would be required to advertise and promote the scheme further. IM advised that although the scheme currently stays within budget, increases in use generated by advertising the scheme and the associated costs of producing promotional materials could lead to a significant increase in spend and a possible over expenditure. IM advised CCGs would need to be approached in this case to ascertain if they were willing to allocate additional expenditure to the scheme.

PK added that the scheme should be more widely advertised to patients and requested the inclusion of chloramphenicol eye drops in the minor ailments scheme formulary; however this was rejected by the Committee on the basis of the Committee wishing to reduce the amounts of antibacterials and antibiotics supplied in County Durham and Darlington.

The Committee recommended the continuation of the scheme across County Durham and Darlington and accepted the recommendations made in the paper with the following additions:

1. Spot checks of pharmacies offering the scheme are undertaken to ascertain correct implementation
2. Paperwork is audited to ensure accurate completion

Additionally, it was requested a proposal should be drawn up to present to CCGs, together with an estimate of the costs of advertising the scheme.

***ACTION: MG to produce a proposal for CCGs containing estimated advertising costs.***

#### 6.5 Pioglitazone and Risk of Bladder Cancer

IM informed the committee of a Direct Healthcare Professional Communication from Takeda, manufacturers of pioglitazone, due to an increased risk of bladder cancer. IM opened the discussion to the Committee for suggestions on how this information should be shared with prescribers.

The Committee agreed this information would be added to the next Medicines Management newsletter after checking the MHRA website to ensure no further guidance had been published.

***ACTION: Information to be added to next Medicines Management newsletter.***

#### 6.6 Generic Pioglitazone

Presenting a paper written by Shelley Calkin, IM informed the Committee of possible potential problems due to licensing differences between different generic preparations of

pioglitazone which has recently come off patent. The Medicines Management Team had been made aware of pharmacies requesting their pharmacists contact prescribers of generic pioglitazone before dispensing any pioglitazone if it appears that the use is outside of the generic products licensed indications. This was of particular concern due to the recent warnings over bladder cancer.

ID advised that there could be risks to the PCT and prescribers if recommending products outside of their licensed indications. The Committee discussed and concluded GPs were aware of the health concerns surrounding pioglitazone, however were happy to recommend pioglitazone should be prescribed generically, even if this was outside of the product licence.

It was also noted pharmacists need to be reassured that all GPs are aware of the risks of prescribing outside of the licence, which may alleviate the pharmacists from contacting GPs directly.

***ACTION: Recommendation to prescribe pioglitazone generically to be included in the next newsletter.***

***ACTION: IM to liaise with Greg Burke regarding communicating this advice to community pharmacies through the Local Pharmaceutical Committee.***

#### 6.7 Vitamin D – advice from Department of Health

DG advised of a letter from the Department of Health dated 2<sup>nd</sup> February 2012 recommending daily vitamin D supplementation for certain populations. Pregnant women aged under 18 and those in receipt of certain benefits and their children, up to age 5, can obtain supplies of vitamins including the recommended amounts of vitamin D free of charge through the Government's Healthy Start Scheme, accessed through midwives and health visitors.

The Committee queried if there was a need for practices to have access to this scheme and if pharmacies could be utilised, however there was some uncertainty over who manages this scheme in County Durham and Darlington. Discussions ensued about the best way to capture patients not eligible for vitamin supplementation under the Healthy Start Scheme, including the over 65s. It was suggested information could be incorporated into the information provided when children attend for routine vaccinations.

Concerns were raised over the potential impact the prescribing of vitamin D supplements could have on practice prescribing budgets.

The Committee concluded this was a wider public health issue and it was agreed the issue should be brought back to the next D&T meeting with representation from Public Health and an action plan.

***ACTION: CW to establish a lead within the Foundation Trust and investigate what guidance has been issued to midwives and health visitors.***

***ACTION: IM to liaise with Public Health to establish a lead for elderly patients.***

***ACTION: Item to return to April D&T meeting with further information and an action plan.***

#### 6.8 Liraglutide / Exenatide for Type 2 Diabetes Mellitus Share Care Guidance

CW advised that the shared care guideline had been amended following comments made by the Committee in December 2011, with insulin as part of a combination being removed from the guidance.

There was discussion initially at the APC about who should be responsible for stopping the drugs but Paul Peter felt this should be the secondary care clinician.

The updated guideline was accepted and approved by the Committee with thanks to the diabetic consultants who had developed the guidance

#### 6.9 CDDFT draft Apomorphine Shared Care Guideline

CW presented a shared care guideline for apomorphine which was based on a shared care guideline for South Tees NHS Foundation Trust. ID queried how the guideline would work in practice. CW stated that patients can administer themselves and pumps are used by nurses. IM queried the drug costs involved and how expensive the scheme would be to run. CW stated that prescribing in South Tees is through FP10 prescriptions. For initiation patients are inpatients for 2-3 days then stabilised over 2-3 months before being transferred back to primary care. A maximum of 6 patients are expected to be trialled each year with only a small amount going on to long term treatment. Although the drug is not cheap the pump used for administration is funded by the manufacturer.

ID stated that it would be useful to have a minimal transfer period and any administration problems would need to be ironed out prior to transfer to primary care.

The Committee approved the guideline for use in County Durham and Darlington and it was suggested the paper should be taken forward to the Area Prescribing Committee meeting on 1<sup>st</sup> March 2012.

***ACTION: Item to be added to agenda for March 2012 Area Prescribing Committee.***

### **STANDING ITEMS**

#### **7.0 FINANCIAL BUDGET UPDATE**

IM gave a verbal update and informed the Committee that December was currently forecasting a year end overspend of £326,110 (2.04%) for Darlington and £968,431 (1.086%) for Durham. This had jumped significantly in December due to this single month showing an unusually large overspend of around 8% in all localities and wasn't just in the NHS County Durham and Darlington area.

Early indications were that the profile allocated too little to December which was suggested by the north east wide impact of this. This will only be known however once the figures for January 2012 are available

#### **8.0 QIPP**

IM informed the committee of the discussions regarding prescribing uplift and how savings from expected patent expiries has been taken into account.

Due to the significant windfall expected from Atorvastatin, Olanzapine and Quetiapine MR coming off patent, and a 1% uplift was being proposed and would be used in any modelling.

#### **9.0 SCRIPTSWITCH**

IM provided a verbal update, informing the Committee an updated contract with penalty clauses for non-functioning of the system was currently with the PCT Director of Finance awaiting sign off. This would mean that any non-functioning days would be reimbursed by way of an extension at the end of the contract period.

## 10.0 MEDICATION SAFETY & NPSA

### 10.1 MHRA Drug Safety Update January and February 2012

The new contraindications, warnings and advice for monitoring atomoxetine included in the January 2012 update were highlighted to the Committee. ID queried if this would affect shared care guidelines currently in place. DG advised this was discussed at the last TEWV D&T meeting and shared care guidelines for atomoxetine were being revised by TEWV as a result.

***ACTION: Updated atomoxetine shared care guidelines to return to D&T.***

***ACTION: Item to be highlighted in the next newsletter.***

### 10.2 Community Acquired C.Diff and Antibiotic Prescribing Report

KH informed the Committee that NHS County Durham and Darlington were currently amber rated by the Department of Health for incidence of *C.Diff*, which has resulted in the PCT senior management team asking for action on this.

KH informed the committee that all practices with a case of *C.Diff* were written to and asked to complete an audit form regarding previous use of antibiotics; a 79% response rate to the audit was achieved from July to December 2011, however in 67% of cases, prescribing did not match formulary recommendations for a variety of reasons including duration of treatment being too long, sub-therapeutic doses being prescribed and incorrect choice of drug for the indication.

A number of prescribing leads asked about the evidence base underpinning the concern that antibiotic prescribing increases *C.Diff*. LN explained that in the past there had been a link associated with high Cephalosporin prescribing which has since reduced and ID outlined the importance of discussing *C.Diff* cases and acting on this organisational priority as we are outliers, as a result Prescribing Leads were asked to raise this with their localities and if not this would be done by the newly appointed Quality Leads.

PK asked if consideration had been given to promoting hand washing in nursing homes for residents rather than just for staff and if alcohol gel could be made available for patients to use. AP said that although gels do not work against *c.diff* the promotion of hand washing could be useful.

In summary ID said that the committee needed to respond to SHA requests to tackle *C.Diff* rates, yet acknowledged that reducing antibiotic prescribing rates should not be at the expense of worsening the safety of frail elderly patients.

**Action: Prescribing leads to discuss practice/prescriber level data in their localities and to raise the profile of the *C.Diff* concern when appropriate.**

**Action: KH to bring revised prescribing guideline to April D&T**

### 10.3 Insulin passports – NPSA patient safety alert no. 3

Linda Neely and Michelle Jessiman presented a paper on the percentage of assurances received with regard to the implementation of NPSA/2011/PSA003

They advised it was necessary for NHS County Durham and Darlington to give assurance as commissioners that the NPSA alert regarding insulin passports had been implemented by relevant independent contractors. A response rate of 55% had been achieved; however this was not sufficient to close off the alert.

ID suggested LN write again to practices and re-issue guidance to practices as this may have been an oversight and it was agreed that a 75% compliance rate should be acceptable to close off the alert.

***ACTION: LN to re-issue guidance by writing to practices.***

## **11.0 APC UPDATE**

IM provided a verbal update from the Area Prescribing Committee meeting held January 2012.

## **12.0 RDTC UPDATE**

DMc introduced Paul Fieldhouse, informing the Committee that PF would be taking over the role as RDTC representative to County Durham and Darlington Drug & Therapeutics and Area Prescribing Committees.

### **12.1 Monthly Horizon Scanning**

PF presented the RDTC horizon scanning document for February 2012.

### **12.2 RDTC work plans – Publications and Prescribing Reports**

Accepted for information with a note that a document covering Asenapine (atypical antipsychotic) would be made available in March.

### **12.3 RDTC Medicines Management Briefings**

DMc introduced two draft briefing documents produced by the RDTC on the recent updated NICE hypertension guidelines, for diagnosis and monitoring, and management. DMc advised the briefing documents would be available at the end of the week, once finalised on the RDTC website and it was agreed the final version would be disseminated to GPs in County Durham and Darlington via the Medicines Management Team.

***ACTION: Briefing documents to be disseminated to prescribers in County Durham and Darlington after being finalised by the RDTC.***

## **13.0 PRESCRIBING UPDATES**

There were no updates presented.

## **14.0 NON-MEDICAL PRESCRIBING**

There were no updates presented.

## **15.0 PATIENT GROUP DIRECTIONS**

IM provided a verbal update on PGDs, advising KH was currently leading on the PGD process.

## **16.0 QOF**

### **16.1 Medicines Management QOF 2012/2013**



DG informed the Committee the Medicines Management QOF document had been revised following comments at the last D&T meeting and an audit of antibiotic prescribing had been added. The Committee accepted the revised document for circulation to practices.

#### **17.0 MEDICINES MANAGEMENT TEAM UPDATE**

IM provided a verbal update, advising the Committee the Medicines Management Team has recently recruited a Senior Pharmaceutical Adviser on secondment for 12 months. IM also stated Practice Support Pharmacist posts would be advertised by the end of the week via NHS Jobs.

#### **18.0 CCG PRESCRIBING LOCALITY UPDATES**

Summaries of CCG prescribing locality sub-groups were circulated for the Committee's information.

#### **19.0 PROVIDER DRUG & THERAPEUTICS COMMITTEES**

Summaries of provider Drug & Therapeutics Committee meetings were circulated for information.

#### **20.0 ANY OTHER BUSINESS**

ID informed the Committee the Medicines Management strategy document, presented at previous D&T meetings has now been approved by all three CCGs in County Durham and Darlington.

DN informed the Committee that he has recently submitted his resignation as GP Prescribing Lead for Easington. DN will depart D&T when a suitable recruitment has been found.

ID informed the Committee that today he had received verbal resignation from Gail Dryden, Community Matron, CD&DFT.

#### **21.0 DATE AND TIME OF NEXT MEETING**

Tuesday 17<sup>th</sup> April 2012  
12.00 – 2.30 pm  
Board Room, Appleton House

**Confirmed as an accurate record:**



**Dr Ian Davidson – Chair**