COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
Tuesday 23rd February 2010

Present:

Hazel Betteney, Acting Senior Pharmaceutical Adviser
Dr Geoff Crackett, GP Prescribing Lead, DCLS
Dr Ian Davidson, GP Prescribing Lead, Derwentside
Gail Dryden, Community Matron
Dr Peter Jones, GP Lead (Sedgefield)
Sharron Kebell, Senior Pharmaceutical Adviser
Patricia King, LPC Chair, Community Pharmacist
Ian Morris, Acting Head of Medicines Management
Linda Neely, Senior Pharmaceutical Adviser
Stephen Purdy, Pharmaceutical Adviser
Dr David Russell, GP Prescribing Lead, Darlington
Satinder Sanghera, GP Prescribing Lead, Derwentside
Joan Sutherland, Senior Pharmaceutical Adviser
Sue White, RDTC
Christopher Williams, Head of Medicines Management, NHS Provider

1. APOLOGIES

Dr David Napier, GP Prescribing Lead (Easington)
Ros Prior, TEWV
Sue Shine, Nurse Practitioner

ID informed the Committee that Sharron Kebell was no longer acting as professional secretary to the Committee following a change in portfolios in the Medicines Management team. ID informed the Committee that Hazel Betteney was now taking over this role. ID thanked Sharron for all of her hard work over the past few years.

2. MINUTES OF LAST MEETING 15TH DECEMBER 2010

The minutes were accepted as a true and accurate record page 6, item 11.2, should read `was unable to attend’ and page 7, item 12.1, second paragraph, amend from `principal’ to `principle’.

3. MATTERS ARISING

ScriptSwitch – IM gave an update and advised that we have started to run reports on ScriptSwitch at practice level to establish individual savings and negative savings to change profile where appropriate eg, cream for anal fissures incorrectly priced. These reports will be worked through to give practice level report to prescribing leads for each locality to report back to each PBC. Savings from switches dropping off and ties in with COIN IT system being installed into practices, the firewall permissions need to be reset in order for this to work and IT needed to be informed of any problems. ScriptSwitch couldn't be updated to the central server due to this problem however once this is rectified historic data can be uploaded. Graphs and information will be pulled together to present to D&T and management group to prove validity the ScriptSwitch system, covering how much it costs (£230k) and potential practice savings (£300k). We also need to look at those areas where it is not being used to it's potential and also evaluate how it has impacted on Cephalosporins and opiate.

PK requested if it would be possible for pharmacies to have list of drugs being added to ScriptSwitch to assist pharmacies with their stock levels. IM advised that this could be done via the LPC and the newsletter.
Action: Paper to be prepared for Management Group within the next couple of months and to be brought to D&T in April 2010.

3.2 Cost Savings and QIPP

IM has previously circulated cost saving graphs to GP prescribing leads for discussion in each locality area, these graphs indicate potential savings per practice and per overall practice budget, with the caveat that these switches will not be possible in all patients. Further data will be run comparing for example, spend on diabetes drugs versus $HbA1_{c}$, spend on hypertensives etc. This will identify which practices need to be targeted by the practice pharmacist team.

PJ wanted to discuss whether his PBC group could have it's own mini incentive scheme based on these cost savings. Discussions around the potential legal issues of an incentive scheme and the difficulties in making this workable with real budgets, concluded that the issue was too complex at the moment to be considered.

3.3 Antiplatelet Guidelines

SS presented these draft guidelines which are the basis of recommendations from various consultant cardiologists and stroke physicians from North Tees, Durham, Darlington and Newcastle.

Regarding Dipyridamole for stroke, the time frame has been suggested as two to five years with the recommendation that the initiating physician advises the GP of the required time frame on initiation. It

was recommended that this was reworded to state two years unless advised otherwise. Further changes regarding the use of Prasugrel for ACS/STEMI were requested moving this advice to the second column of the guideline rather than giving it its own line.

The wording in stroke and TIA needed to be amended to state aspirin 75mg daily long term and Dipyridamole 200 mg MR twice a day for two to five years.

It was requested that something was added regarding an interaction between Dipyridamole and Clopidogrel as Sign recommended Clopidogrel monotherapy if patient's cannot tolerate aspirin.

The wording within primary prevention needed to be rearranged, so that `not recommended' is at the beginning of the sentence.

With these changes, D&T will sign off this document and it is not required to return to D&T.
Action: Amend document and for dissemination via website and newsletter.
Action: Information about Prasugrel to be added to ScriptSwitch and ScriptSwitch to be updated with the recommendations of this guideline.

3.4 Glucosamine

SK presented some suggested letters for informing practices about the price differences in Glucosamine. It was agreed that the table should be presented in cost order, with the cheapest preparations at the top. It was also felt that we needed to give a clear message not to prescribe full stop. SW highlighted problems with the PCT recommending a food supplement that has no evidence and therefore suggested that the message was kept sharp but strong.

ID said that it was difficult to justify the amount of budgetary spend on this unproven medicine and that D&T should say no to the practices quite strongly and felt that it would dilute the message if D&T started suggesting the brand that should be prescribed. It was agreed that it would be added to the table, that in order to prescribe the most cost effective preparation, Glucosamine must be prescribed as a brand. It was agreed that the letter could be sent with some amendments to make the boxes more explicit giving the message on the most cost effective product and adding to the third paragraph `the D&T Committee feels that this expenditure can no longer be jusitfied'.

It was agreed that the letter goes out as an official communication but the options will be offered to practices to address this problem, using the practice pharmacist team and GP prescribing leads.
Action: Send letter with rearranged table and amendments.

Action: Review prescribing in two to three months time/audit.

3.5 **Dosette boxes and repeat dispensing**

SK presented a paper on the use of repeat dispensing for dosette boxes. She advised that using repeat dispensing would be okay if the patients medicines were in the rules of the repeat dispensing, however, repeat dispensing guidance recommends that community pharmacist need to check whether anything new has been added to their medication or over the counter every time a batch of prescriptions is processed via repeat dispensing.

Discussions around how this would best work were concluded by ID suggesting that some guidance should be prepared for commissioners and community pharmacists as how to make this process practicable for all, eg could we specify a minimum of monthly contact with patients but still issue weekly prescriptions? LN suggested contacting the PSNC. The D&T position is that they are comfortable with finding ways to use repeat dispensing for dosette boxes and requested that broad guidance was brought back to the D&T next month for sign off with agreement on a minimum time period.
Action: Agenda for March 2010 D&T and SK to prepare this guidance.

4.0 **Actions Taken by Medicines Management Team**

Three minor amendments were made to the action log regarding the people responsible for the actions, also CW advised that the PGD application rejected at the previous D&T meeting would not be resubmitted. Please refer to amended action log.

The updated actions were accepted and noted by the Committee.

5.0 **AGENDA**

5.1 **Asthma Guidelines**

HB presented the asthma guidelines for adults, children under five and children aged five to twelve, along with information on spacer devices. HB advised that the only contention was around the use of symbicort SMART, which could be more costly from a prescribing perspective but may save money if better control of a patients asthma reduced hospital admissions. Combination inhalers were discussed and although savings can be made using these inhalers, they can make it difficult to step treatment down. The Committee requested that a guide to the costings of these inhalers was disseminated with the asthma guidelines and also that this guide was referred to in the adult guidelines regarding Symbicort SMART.

The Committee felt it was a well written document however had the following amendments:

Qvar is mentioned in the children's guidelines however it is not licensed for use in children. It was requested that this was put in brackets after the mention of Qvar. A couple of typo's were highlighted for correction and it was requested that the information sheet on spacer devices was condensed on one page.
Action: Guidelines agreed for sign off with the above changes and additional information sheet regarding the cost of combination inhalers.
Action: To share guidelines with Secondary Care Trusts.

5.2 QOF MM Plan 2010-2011 – Steroid Treatment Card

SK presented an updated version of the QOF document. She advised that she had discussed the audit on the use of inhaled fluticasone in children with paediatricians. The BNF recommends that patients on high doses of inhaled corticosteroids, should be provided with a steroid card.

However, the Paediatricians who special in respiratory disease are not keen to adopt the use of steroid cards and the pharmacy in the hospital advised that they do not routinely issue these. The Committee recommended that we should promote the use of steroid cards and requested that a summary document similar to that distributed by SK from another PCT be prepared and disseminated with the asthma guidelines.

It was agreed that the question regarding steroid cards would be removed from the QOF audit but may be considered for a future community pharmacy audit. It was also suggested that a campaign in community pharmacies should be undertaken to raise awareness of the need for handing out steroid cards which should be issued on dispensing. It was also suggested that the question of whether a patient has a steroid card could be incorporated into annual asthma review templates and read-coded.

It was also discussed that there were no guidelines for checking on adrenal suppression if on high doses of inhaled steroids. It was recommended that these patients should be under the care of hospital specialists and that this should be added to the audit.

The Committee agreed to sign of the document with these amendments. It was also agreed that practice pharmacists can facilitate these audits but that practices are responsible for completion of them. IM advised that £10k had been approved to fund NPC training for the educational elements of this years QOF.

Action: SK to amend the audit tool to remove the reference to steroid card but to add a reference to adrenal suppression as described above.
Action: SK to prepare a guidance sheet on the use of steroid cards to be distributed with the asthma guidelines.

5.3 <u>Area Prescribing Committee</u>

ID presented a paper on a proposed APC. The second version of this paper was circulated however a third version is now in progress. ID advised that an APC could help us do better in engaging with our clinicians. It is felt that an APC is needed for County Durham & Darlington. There is an addition to make to page four, where point three needs to be amended to state `and clinical network recommendations'. ID has also had the offer that we could dovetail into North of Tyne sub-groups and processes. IM queried why North Tees and Hartlepool and City Hospitals Sunderland were not included. ID advised that this is because we are not the lead commissioners for these Trusts, we are only lead commissioners for CDDFT and TEWV. Option two in the paper was supported and the paper was approved. SHA wide medicines group in process of being evolved. Alan McCulloch suggests joint D&T with North Tyne.
Action: Amendment to point three on page four.
Action: Option two adopted and paper approved.

STANDING ITEMS

6.0 FINANCIAL UPDATE

HB updated the Committee on this years budget setting methodology and presented a paper and some budget modelling graphs. These were prepared following discussions with PBC Chairs and Prescribing Leads. ID and HB met with PBC chairs and prescribing leads. ID and PJ represented PCT and Stuart Findlay represented PBC.

The new methodology this year utilises the tool provided by the Department of Health for setting of PBC budgets. The budget model agreed was to reduce the historic element within the budget from it's current 33% to 25% in year one, reducing by 10% over the following two years, ie 15% in year two and 5% in year three. This was illustrated by graphs comparing current budget and forecast out turn with predicted budget using this model over the three years. A further question was raised regarding a contingency fund for expensive medicines which is currently clawed from practice budgets. It was discussed that real budgets would probably sit at a cluster level with indicative budgets at practice level. This paper was also being discussed at PBC Chair meeting at the same time as D&T. It was agreed that there would need to be an agreement with PBC regarding risk sharing/contingencies.

Action: The methodology was agreed and can be used to set the budgets.

The Prescribing Financial Report was presented and HB advised that the finance team were interested in the over spend in Derwentside, however the Medicines Management Team had advised the finance team of the reduction in budget experienced in Derwentside in previous years.

7.0 MEDICATION SAFETY

7.1 Lithium

JS advised that the papers disseminated with the agenda had since been updated and that version four of the lithium shared care guidelines and version five of the lithium update were the documents approved at TEWV D&T. SS had concerns that there was too much detail in these documents for primary care which was not all relevant and felt that more important points may be lost. JS advised that TEWV were happy for us to adapt into our own format.

LN then provided an update on the NPSA alert and suggested that we work with other PCT's to develop a document that is suitable for primary care. It was agreed that SS would do this on behalf of all PCT's. LN to liaise with SS.

ID was concerned that a statement was included that highlighted that responsibility for ensuring that monitoring was done lies with the prescriber.

The documents were accepted as TEWV documents and the shared care documents should be uploaded on the websites and PCT guidance should be prepared.
Action: SS to prepare PCT guidance based on these documents.
Action: Documents to be added to website.

8.0 RDTC UPDATE

8.1 RDTC Newsletter January 2010

SW gave a brief update and overview of this document and advised that they had reinstated their prescribing newsletter.

8.2 RDTC Horizon report January & February 2010

She also highlighted that Horizon scanning reports are produced by the RDTC monthly and are available on their website. It was requested that these were brought to D&T on a monthly basis.

RDTC QOF Reports & Publication

Due to time constraints this item is to be agenda'd for discussion at March D&T.
Action: To agenda on March D&T.

9.0 Drug Safety Updates

The Drug Safety updates for January and February 2010 were briefly discussed. It was agreed to ensure that there is a message on ScriptSwitch regarding branded prescribing of oral tacrolimus. HB also highlighted that Sibutramine had been withdrawn.
Action: Update ScriptSwitch regarding tacrolimus.

10.0 Drug and Therapeutics Bulletin

Abstracts only available however if members wish to view the full document, they will need to register with the library for an Athens password to be able to access these. It was requested that as well as a summary of the abstracts the conclusions were also summarised.
Action: To summarise both abstracts and conclusions in future.

11.0 NEW DRUGS & PRODUCTS

None this month.

12.0 NETAG

The following products have been appraised by NETAG with decisions below.

Deferasirox – recommendation deferred
Sodium Oxybate – not recommended for use within NHS North East however it was felt that this could be suitable on an individual case by case basis.

13.0 NICE GUIDANCE

HB gave an overview of the NICE report. She advised that the NICE guidance recommends that the full course of VTE prophylaxis should be prescribed by hospital on discharge. .
Action: Article in newsletter to advise practices of this guidance.
Action: HB to raise this at next CDDFT meeting.

14.0 NON-MEDICAL PRESCRIBING

CW advised that his team were arranging a local NMP conference lwith a date to be arranged but some time towards the end of April. This will be available to practice and PCT staff.

CW advised that the ratified minutes of the quarterly NMC steering group would be sent to the CHS Medicines Management Group in the future. He also advised that this group would receive the minutes of the prison D&T's, therefore he suggested that the CHS Medicines Management Group minutes replace all others that are shared with D&T. Regarding prisons, it was requested that before these minutes no longer come to D&T clarification from Julie Dhuny was sought.
Action: See point 16.0 below.

15.0 Patient Group Direction - applications

None this month.

16.0 Durham Cluster Prisons

CW advised that there was nothing of note but asked if these minutes need to be brought to D&T in future?
Action: JS to liaise with Julie Dhuny and feed back to CW.

INTERFACE ISSUES

17.0 Update from Sunderland CHFT D&T

No meeting held this month.

18.0 Update from North Tees Trust D&T

No meeting held this month.

19.0 Update from County Durham & Darlington FT 3rd February 2010

GC updated the Committee on this meeting. He felt that this was a disappointing and unproductive meeting due to different clinicians turning up at different venues. One of the problems that this has caused, is that the agreement made in December to no longer use Diclofenac has been revoked but they have agreed to add a caveat on discharge that it should not be continued long term.
Action: SK to draft a letter to Alan McCulloch for ID's signature on behalf of D&T expressing our concerns.

20.0 Update from TEWV – 28th January 2010

SS updated the Committee on this meeting. She advised that anti-psychotic use in dementia was discussed following an audit carried out in Hartlepool which found that not many practices were conducting three monthly reviews on these patients and discussions of the risks of these drugs aren't documented. Guidance on the use of these drugs has been drawn up and alternatives to long term treatments offered.

SS was to summarise this for GP's in her cluster, however ID felt that this important issue should be addressed at a county wide level and therefore requested that the guidance is brought to the D&T. Other items of discussion included Aglomelatine where a decision had been made by NETAG not to use but an appeal has been lodged. SS also advised that the HAD has now been included as an alternative assessment tool in the depression guidance.

Pregabalin has been added as a third line option for generalised anxiety disorder. First line are SSRI's, second line venlafaxine/duloxetine. ID has requested that we review prescribing levels of pregablin further in the future.

Olanzapine has not been approved for use in anxiety by TEWV. JS advised that there are issues regarding shared care transfer of prescribing of anti-psychotic injections, this is particularly a problem in the Easington area. JS is picking up the wider issues regarding education and training around this.

JS also advised that version three of the safe transfer of prescribing document has been approved by TEWV and needs to be added to the website/newsletter.
Action: JS to obtain copy of anti-psychotic guidance to be brought to March D&T.
Action: Safe transfer of prescribing document to be added to newsletter and website.

21.0 ANY OTHER BUSINESS

Generic substitution – agenda to D&T March.

Intradermal flu vaccinations – significantly more expensive than routine flu injections.
Action: HB to draft a holding statement to be issued to practices regarding this
Action: Ken Ross, Public Health to be invited to D&T March and to agenda.

Clopidogrel (generic) – there had been some issues regarding advice given to pharmacies in the area by Lloyds head office regarding the dispensing of Clopidogrel. Lloyds have now retracted this statement in County Durham & Darlington.
Action: SK to email this information to D&T committee.

Contraception guidance out of date, committee agreed to extend for six months to allow for it to be updated.

Pandemic flu – thanks to JS and her team for their work on this. Stocks of drugs were returned to DOH today, the excellent stock

monitoring system and the volume of work involved was acknowledged by IM on behalf of Medicines Management. JS also thanked also to the wider Medicines Management team involved.

22.0 DATE AND TIME OF NEXT MEETING

Tuesday 16th March 2010
12.00 – 2.30 pm
Board Room, Merrington House

Confirmed as an accurate record:

Name:

Dr. Ian Davidson - Chair