NHS
County Durham and Darlington

# COUNTY DURHAM PCT & DARLINGTON PCT
# Drugs and Therapeutics Committee

## Minutes of Meeting held
## Tuesday 19th January 2010

**Present:**

Hazel Betteney, Acting Senior Pharmaceutical Adviser
Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Dr Ian Davidson, Deputy Medical Director, County Durham & Darlington PCT's
Gail Dryden, Community Matron
Dr Peter Jones, GP Lead (Sedgefield)
Sharron Kebell, Senior Pharmaceutical Adviser (North PDA)
Patricia King, LPC Chair, Community Pharmacist
Sue White, RDTC
Ian Morris, Acting Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Dr David Russell, GP Prescribing Lead (Darlington)
Sue Shine, Nurse Practitioner
Christopher Williams, Head of Medicines Management, NHS Provider

**Guests**

Dr Alan Sensier
Dr Tim Butler
Sarah Landells

### 1. APOLOGIES

Sally Bell, Deputy Chief Pharmacist, CDDFT
Mark Burdon, Community Pharmacist, LPC representative Linda Neely, Senior Pharmaceutical Adviser
Joan Sutherland, Senior Pharmaceutical Adviser

### 2. MINUTES OF LAST MEETING 15TH DECEMBER 2010

The minutes were accepted as a true and accurate record ***(with the following amendments:***

*Item 3.2 Prescribing in Cachexia, beginning of second paragraph – Inga was unable to prescribe in primary care – replace primary care with DCLS. )*

### 3. MATTERS ARISING

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

**3.1 ScriptSwitch Update**

IM updated the group. This support role has been handed over to the commissioning team and while the team reorganises there may be a delay in progress with this piece of work. The intention is that an e mail discussion forum would be re established for a dedicated group to agree changes in a timely manner. That reports detailing savings and which recommendations have been approved or rejected would be circulated to GP practices. GP Practices would also be encouraged to recommend changes to ScriptSwitch; Procedures to follow if practices refused to use ScriptSwitch would also need to be agreed.

DR expressed his wish to be involved in future support of ScriptSwitch.
**Action: Progress with Scriptswitch to be discussed at February's meeting.**

**3.2 Cost Savings/QIPP**

ID said that he had tried to organise a meeting with Pat Taylor to discuss a possible future prescribing incentive scheme, but had been unable to secure a date.

IM was to attend Management Group tomorrow to ask for SLA extensions so practices could continue to receive prescribing support.

IM currently developing a list of cost saving ideas with potential savings for distribution to GP practices.

PJ asked whether the Committee should adopt a more long term strategy to making prescribing savings eg prescribing losartan – which will be the first Sartan to lose it's patent. DR and CW disagreed, in that may be appropriate for low prescribers of Sartans, but would not be appropriate strategy to implement PCT wide.

GC felt that the way forward was to have a joint formulary with acute trusts.

**3.4 Varenicline Shared Care**

HB reported that the amended version is being distributed to all Smoking cessation advisers.

**3.5 BMJ Award**

ID highlighted that NHS County Durham and Darlington are one of 4 finalists for a Quality improvement award and 7 delegates will be attending an awards ceremony in London on 10 March 2010. This recognises the QOF MM scheme nationally and is a significant achievement which brings kudos to the organisations.

**3.6 Actions Taken by Medicines Management Team 15th December 2009**

The actions were presented to the committee.

## 4.0 AGENDA

### 4.1 Diabetes Guidelines

Dr Alan Sensier and Sarah Landells presented this amended guideline.

The following points were made:
Aspirin MHRA update has been included in the guideline.
Logo needs to be amended.
Section about oral sachets of metformin to be amended to," where a tablet formulation cannot be used,then an oral scahet should be used as liquid is unlicensed and is prohibitively expensive. "

Committee asked who would be responsible for updating the document and from where would the document be accessed by GP practices. Dr Sensier said that this needs to be clarified.

SK said that she had some comments on the document with regard to exenatide/liraglutide and shared care and that she would feedback comments to Sarah/Dr Sensier outside of the meeting.
**Action: The committee supported approval of the document subject to above comments and feedback from SK.**

### 4.2 Chronic Kidney Disease Guidelines

Dr Tim Butler was in attendance for this item. These guidelines have been in existence for some time and have been reviewed by a Clinical Advisory Group. Tim said that he thought document would need to be regularly updated when it is approved for use. DR has previously discussed some concerns with the guideline directly with Dr Main and Dr Butler.

Issues brought up by the group included:

- Calcium testing is a little ambiguous and needs clarifying.
- Issues around referral criteria and PTH use in community need to be clarified.
- HB stated that pages 6 and 8 were scrambled, there is also no review date.
- SS on page 4 there is a list of patient groups where eGFR not considered an accurate indication of kidney function, e.g. under 18s etc. SS said that these should be made more specific for GPs i.e set out what they should do for these patients. The point was made that eGFR is an unreliable measure and that it is more important to monitor changes rather than one absolute measure.

HB suggested that a shared care component be added to the document, so that all are clear of their responsibilities.

ACEIs and Sartans are currently grouped together when these should be addressed separately, i.e need to highlight that there is no difference between ACEIs and Sartans in renal disease and the drug class with the lowest acquisition cost should be promoted in the guideline.

CW referred to page 8 and stated that nanograms should be written in full rather than abbreviated.
**Action: Tim Butler to update guideline as shown above and bring back to meeting in March 2010. SK to send Tim Butler the shared care template document.**

**4.3 Antiplatelet Guidance**

SS updated the group. General consensus among Newcastle consultants was to use dual antiplatelet therapy for 12 months in both patient groups. CDDFT and Tees consultants advocate 4weeks use in the STEMI without immediate PCI group.Issues that remain outstanding from consultation with various trusts include:

Stroke
With regard to stroke management from CDDFT, the two stroke physicians had conflicting views which were not in line with NICE guidance, i.e. one was recommending dipyridamole use for life the other for 5 years.
**Action: SS to query with CDDFT, use of dipyridamole outside of NICE guidance and ask for exact evidence to justify this position and bring back to February's meeting.**

**4.4 MM QOF 2010-2011**

SK explained that at December's meeting it was agreed that the format of QOF would change so that audits would be integrated with education, requiring the audit cycle to be completed and that practices would have a choice of respiratory or diabetes. Changes to the personnel required to attend the training was also agreed. SK explained that audits should not be too onerous otherwise practices will be disengaged and were meant to encourage practices to look at relevant issues before attending the training. SK talked through some audits of newer diabetes treatments and suggested that practices choosing diabetes should be asked to do these or BGTS. Committee agreed that only an audit of new diabetes treatments should be offered and that an audit of BGTS and the savings that this could produce may be incentivised by changes in access to PBC savings.

Sue Shine queried the relevance of asking who initiated, in the audits and CW suggested amending to "if initiated in last year, who initiated."

SK suggested that respiratory audits may need to be done on a per GP basis rather than all patients, in an attempt to keep the workload to a reasonable level.

PK queried whether workshops could be opened up to all community pharmacists with backfill available
**Action: GP prescribing leads to feedback the numbers of patients that they have for each of the five audits to SK. SK to bring amended document to February's meeting.**

**4.5 Glucosamine**

Across CD&D we spend approximately £460k per year on glucosamine, despite NICE OA guidance not recommending its use, and that it can be purchased in health food shops and pharmacies.

Sue Shine felt that Physiotherapists were recommending it, which puts practices in a difficult situation.

If glucosamine must be prescribed, Valupak is the most economical and Patricia King confirmed that it is widely available.
The following actions were agreed:
**Action: SK to produce draft letter asking GPs not to prescribe Glucosamine for any patients on the NHS in light of lack of evidence. For those patients insistent on having glucosamine prescribed, Valupak is the brand to be recommended. Also a standard patient letter to be drafted.**
**Action: IM to amend information message on Scriptswitch relecting above.**
**Action: Mark Burdon / Patricia King to consult with LPC on above plans.**
**Action: KH to produce glucosamine prescribing data documentation to be brought to February's meeting for ratification.**
**Action: Prescribing rates of Glucosamine to be revisited and agenda'd in June 2010.**

**STANDING ITEMS**

**5.0 FINANCIAL UPDATE**

**5.1 D&T Prescribing Finance Report**

IM updated the group on the finance report. The better financial position compared with the previous month was noted. An overspend of approximately £1.4 million across NHS County Durham and Darlington was reported.

There has been some PPA processing errors which would make Sedgefield more overspent and Easington less overspent.

IM was not aware of any further information about uplifts on prescribing for 2010-2011. Budget setting methodology is still being worked on taking into account recent DOH guidance.

**6.0 MEDICATION SAFETY**

**6.1 Drug Safety Updates**

January 2010's bulletin was unavailable for meeting. To be considered at February 2010's meeting.

**6.2 Drug and Therapeutics Bulletin**

This was deferred to February's meeting.

**7.0 NEW DRUGS & PRODCUCTS**

None were discussed.

**8.0 NICE GUIDANCE**

No NICE guidelines were produced in the month of December 2009, so this was not discussed.

**9.0 NON-MEDICAL PRESCRIBING**

**9.1 Patient Group Direction - applications**

**Triamcinolone Acetonide (Kenalog) PGD**

A PGD application from Eileen Bradshaw, Lead Physiotherapist was considered by the committee. The application did not detail why Kenalog was needed over Depomedrone, which is available via a PGD. SW highlighted that Kenalog is now only available in 1 ml vials.
**Action: CW to feedback to Eileen Bradshaw, that application rejected for now, better justification to be provided and application will be re-considered. IM to review PGD Policy including how applications are received by the D&T.**

**10.0 NETAG**

Nothing to report.

**11.0 INTERFACE ISSUES**

**11.1 Update from Sunderland CHFT D&T 4th January 2010**

DN updated the group. Optive, which is preservative free eye drops presented in a bottle; were considered by CHS D&T. The majority of patients currently receive preservative free eye drops as a Minim. However elderly patients do have difficulty using these. Optive has a novel preservative system which on instillation into the eye disperses so preventing irritation to the eye. Once opened it is stable for six months. Optive costs £7.50 per bottle.

Since another similar product is also being marketed, the group decided not to approve the product at this stage, instead it was agreed that both products should be reviewed whilst establishing comparative costs of Minims and the bottle presentation.

**11.2 Update from North Tees Trust D&T 8th January 2010**

No update as a PCT representative was unable to attend the North Tees D&T.

## 12. ANY OTHER BUSINESS

### 12.1 Dossette Boxes and Repeat Dispensing

David Robertson, Secretary of the LMC, has recently approached the medicines management team to confirm whether use of repeat dispensing to support weekly dossette boxes is appropriate. David Robertson then wanted the LMC to promote this to GPs.

The committee supported the principle that repeat dispensing could be used within the rules of repeat dispensing to limit the administrative burdens of generating weekly scripts for patients on dossette boxes. However PK did have reservations about the proposals within the document of potentially offering dossette boxes with 28 day scripts.
**Action: SK to report back to David Robertson re repeat dispensing and that it could be used within the rules of repeat dispensing for those needing weekly scripts.**

### 12.2 Methylphenidate Shared Care

Ros Prior stated that she would not be consulting with CDDFT regarding the above and this would have to be picked up by a member of the PCT Medicines Management Team.
**Action: IM to ensure draft methylphenidate share care guideline developed by Tees is taken to CDDFT D&T.**

### 12.3 Harmonisation of EHC Training

Patricia King highlighted that pharmacists who were EHC trained in the Stockton and Middlesborough area had to be re trained in the Durham area i.e the training in the south is not recognised. PK was asked to take this issue up with Public Health representatives e.g Lynne Wilson.

### 12.4 "As Directed "Dosage Instructions

Stephen Purdy highlighted that a community pharmacist has complained about a GP practice using "as directed" dosage instructions. The particular GP practice was unknown.
**Action: KH to put reminder in next newsletter regarding avoidance of "as directed".**

## 13.0 DATE AND TIME OF NEXT MEETING

Tuesday 23rd February 2010
12.00 – 2.30 pm
Board Room, Appleton House

NHS
County Durham and Darlington

**Confirmed as an accurate record:**

**Name:**

**Dr. Ian Davidson - Chair**