NHS
County Durham and Darlington

COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
Tuesday 20th July 2010
Board Room, Appleton House
12.00 - 2.30 pm

Present:

Hazel Betteney, Senior Pharmaceutical Adviser
Dr Geoff Crackett, GP Prescribing Lead, DCLS
Dr Ian Davidson, GP Prescribing Lead, Derwentside
Michelle Grant, Medicines Management Commissioning & Technical Manager
Dr Peter Jones, GP Lead (Sedgefield)
Sharron Kebell, Senior Pharmaceutical Adviser
Ian Morris, Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Ros Prior, TEWV
Stephen Purdy, Pharmaceutical Adviser
Dr David Russell, GP Prescribing Lead, Darlington
Sue Shine, Nurse Practitioner
Sue White, RDTC
Christopher Williams, Head of Medicines Management, NHS Provider

In attendance for item 6.1:

Dr David Robertson, Hon Secretary, LMC
Jeannie Hardy, Professional Lead for Adult Services (South)

1.0 APOLOGIES

Gail Dryden, Community Matron,
Joanne McCormick, Prison Service
Linda Neely, Senior Pharmaceutical Adviser
Joan Sutherland, Senior Pharmaceutical Adviser

2.0 DECLARATION OF INTERESTS

No interests were declared.

3.0 MINUTES OF LAST MEETING

The minutes were accepted as a true and accurate record.

With the following amendments:

Page 3

Item 5.0, point 6 'Focus under nutrition' should read 'Focus on Undernutrition'
Item 5.0, point 10 'role' should read 'roll'

Item 5.0, point 11 'Gravax' should read 'Grazax'

Page 5

Item 6.5, the final sentence should read 'IM reiterated that this was a well written document and thanked JS for her work.'

4.0 MATTERS ARISING

VTE Prophylaxis in obstetric patients

HB advised that this guidance could potentially apply to a significant proportion of our pregnant population. HB has discussed this with the FT and currently the they have agreed to supply all medication in relation to this until agreement around a way forward with this guidance has been reached. A position statement was emailed via the medicines account to all prescribers on 30th June 2010.

DR raised concerns regarding the timeliness of the guidance issued by the Medicines Management Team. IM advised that the delay was necessary in order to determine the nature of the issue and to determine what action had already been taken by other departments within the PCT and also to confirm that this guidance hadn't been agreed elsewhere without medicines management input.

Intradermal Flu vaccines

PJ raised the issue of intradermal flu vaccines and wanted to know what the current position on this was around the patch. DN advised that he found out that his practice had ordered it but were able to cancel their order quite easily once he became aware of this. PJ advised that he had taken this up with Sedgefield PBC cluster but wondered what the current position was in the Dales. HB advised that it was raised at the PBC board in the Dales, but neither HB nor IM could provide a further update on their position at the moment.

Gardasil

PJ provided an update on the position with Adan House prescribing Gardasil. He advised that their stock was destroyed in the fire in March and that they will now follow national guidance.

Specials

SK advised that the LPC had been approached regarding a formal scheme of community pharmacists reporting specials costs back to the prescriber, the LPC were not prepared to formally undertake such a scheme without further funding. SW advised that specials may form part of a national medicines management QIPP which is under development.

4.1 Antibiotic Prescribing Guidelines

DR presented the second draft of the antibiotic guidance on behalf of LN. DR advised that secondary care are using amoxicillin for sore throat rather than the recommended phenoxymethylpenicillin, it was agreed to follow national guidance and use phenoxymethylpenicillin.

Concerns were raised regarding the amoxicillin doses for acute otitis media, CW advised that these doses may have come from CKS, DR to follow up with LN. Concerns were also raised regarding the TDS dosing regimen of clarithromycin as a second line choice for the same indication, again DR to seek clarification.

IM queried the use of CRB65 in the summary document and CURB-65 in the guidelines, DR to clarify with LN.

GC raised the selection of clioquinol/flumetasone for otitis externa, CW advised that this is the preparation that there is currently a PGD for, he also queried the length of course. DR to clarify with LN.

HB queried the varying expiry dates and reference to annual guidelines, DR advised that he would clarify this.

SW suggested including reference to the UK Teratology Information Service (UKTIS 0844 892 0909; www.uktis.org) in the section on drugs in pregnancy.

Action: DR clarify the above points with LN, ID will take chairman's action on the final draft in order that it can be disseminated electronically prior to the next D&T meeting when it will be brought back for information.

5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM

Please refer to amended action log.

The updated actions were accepted and noted by the Committee.

6.0 AGENDA

6.1 Administration and supply of injections for housebound patients by community nurses

HB gave an overview of the paper which was requested by the LMC. David Robertson felt that the paper covered the issues. He added that he felt that the minutes of the D&T meeting in June 2009 and subsequent guidance that was issued did not reflect the discussions and if followed to the letter could cause some difficulties and felt that currently as things stand, this statement is proving to be an obstacle to looking after patients. The LMC felt that there could be some middle ground to support groups of patients who could not easily access a pharmacy for their injectable medicines. CW added that the initial advice was to stop district nurses having to collect prescriptions on behalf of patients, however the CHS policy did allow for district nurses to carry drugs in exceptional circumstances. Jeannie Hardy also felt that the issue had arisen due to interpretation of the guidance by district nurses that they shouldn't carry drugs and also around using practice stock rather than drugs labelled with the patients name.

A further discussion ensued around how this related to claiming of PADM fees and seasonal influenza vaccines. It was agreed that CW, David Robertson and Jeannie Hardy could prepare a revised statement clarifying the transportation issue including the influenza vaccination position and forward this for dissemination via the Medicines email account to GP practices with CHS disseminating this to their staff. This final statement can be sent out prior to the next D&T but should be returned to the meeting for information.

Action: CW to prepare a revised statement and arrange for it to be cascaded accordingly.

6.2 Sativex Prescribing

HB presented this paper advising that Sativex had recently been granted a product licence for a specific group of patients for a very limited indication; this had resulted in a number of queries from prescribers and most recently an MP. HB advised the committee that there were two considerations. Firstly, were the committee happy with the original course of action and secondly how to address existing prescribing. HB advised that NETAG were due to review this product on 12th October 2010.

It was agreed that HB would update the prescribing data and provide it by PBC cluster to the relevant prescribing leads to take forward for discussion within their cluster.

GC raised concerns regarding the reference to the exceptional cases committee in the memo that was disseminated to practices, it was agreed that this was not ideal and in future memos should simply

advise GP's not to prescribe and not mention the exceptional cases committee.
Action: HB to update prescribing data and disseminate to GP prescribing leads for follow up within their locality.

6.3 D&T revised Terms of Reference

HB presented the revised terms of reference. ID advised that the Clinical Quality Group has been disbanded and all references to this group should be amended to Clinical Directorate.

SW queried the role of RDTC representative, agreed to amend the membership list by moving the RDTC to the bottom of the list and adding "in attendance" prior to the provider representatives.

Action: HB to make these final amendments to the Terms of Reference.

6.4 Steroid cards for inhaled corticosteroids

SK presented a paper on the use of steroid cards for patients prescribed inhaled corticosteroids in consultation with respiratory and paediatric specialists. The options presented were discussed and it was agreed that a document similar to the Gwent document presented by SK should be prepared for County Durham, it was agreed that this should only cover prescribing in children. It should include information on how to obtain steroid cards in County Durham and Darlington. There should also be a recommendation to review all and refer any paediatric patients on high dose inhaled corticosteroids to an appropriate specialist as well as issuing a steroid card. There were discussions around the Gwent document stating "unlicensed" in some of the Qvar doses, it was felt that although it is unlicensed, a dose should be stated for safety reasons.

Action: SK to prepare a County Durham version of the Gwent document with the amendments described above.

6.5 CKD Guidelines

DR presented the updated guidelines advising that he felt that it was a good document although he felt there were a number of changes required following his discussions with nephrologists in the South of the County. It was felt that more clarity was need around the recommended monitoring frequencies and the management of patients with raised eGFR but normal creatinine.

It was agreed that these guidelines were not yet ready for ratification and that DR would enter into email discussions with the authors and

nephrologists to resolve these issues. Once these issues are resolved, the guideline can be returned to D&T for ratification.

Action: DR to initiate an email discussion to agree a way forward, once clarification has been completed, the guidelines will be returned to the D&T.

STANDING ITEMS

7.0 FINANCIAL UPDATE

7.1 Monthly finance report

HB presented this report advising that the new format had been agreed with ID and PJ. HB advised that as we still don't have an agreed prescribing budget, comparisons had been carried out between the spend in April 09 and April 10 which both had the same number of dispensing days, with increases in spend ranging from 3.36% to 10.02%. PJ queried whether Sedgefield's comparison had been affected by the PPA processing error from last year, HB advised that this was unlikely. HB advised that the front sheet of the report provided a commentary on the graphs and IM picked up a number of these points in the meeting with graph 9 demonstrating the impact of category M price changes and graph 17 highlighting the impact of the work on cephalosporin prescribing.

HB advised that the new format practice reports at locality level fall out of this report to allow localities to determine the reasons for any changes. It was agreed that due to the number of lines on the graphs, future locality practice reports would be prepared in landscape, one graph per page.

IM provided an update on the position with the prescribing budgets advising that he is meeting with the director of finance this week to hopefully finalise the budgets.

Action: HB to request that the data team amend the format of the practice graphs as above.

7.2 Countywide fair share budget setting methodology

HB tabled a paper which demonstrated how the prescribing budget could look if the DOH "fair shares" model was adopted across County Durham and Darlington. Easington was highlighted as gaining the most from this model of budget setting and it was felt that we needed to understand prevalence, services available and under treatment. DN advised that historically GP's in Easington have just managed with what they have been given. ID suggested that if this model of fair shares is to be moved forwards, it would need to be done gradually

over a few years, but consideration was also needed as to how other budgets e.g. acute trust budgets were allocated as the prescribing budget is only part of the whole picture. The committee members felt that this model would generate some useful discussions with PBC and requested that HB emailed the document out to prescribing leads so that this could be discussed with PBC.

Action: HB to email this document to GP prescribing leads.

8.0 MEDICATION SAFETY & NPSA

8.1 Drug Safety Update

HB provided a brief update on this document advising that there was little relevance for primary care except a reminder of the discontinuation of orciprenaline.

8.2 Terms of reference for Safer Medicines use e-group

DR presented this document on behalf of LN. IM requested clarification on objective 1 around the safe and secure handling of medicines as this is already in the D&T TOR, following discussions it was agreed that objective 1 should be removed from the document. ID also requested that his job title was amended. The document was agreed with these two amendments, DR to feedback to LN.

Action: DR to feedback amendments to LN to finalise document.

9.0 RDTC UPDATE

9.1 Horizon Scanning Document

SW presented the horizon scanning document and advised that there will be a new drug evaluation out shortly on Prucalopride, a new drug for the management of laxative-resistant chronic constipation in women. There were some discussions on why it was just for women, SW thought that this may be due to the majority of the trial participants being women. The committee asked that prescribing of this drug is monitored. There were then discussions around whether or not to inform GP's not to prescribe with some members concerned this may encourage some GP's to prescribe. It was agreed that advice would be issued not to prescribe this drug in the next newsletter and via ScriptSwitch. It was also agreed that this should be the case for all new drugs on the market that have the potential to impact in primary care.

Action: HB to ensure included in next newsletter and add to ScriptSwitch.

ID highlighted the information on exenatide receiving a positive opinion from the EMEA, although it was unclear whether this is a new formulation of exenatide e.g. weekly and also the change in indication of Gardasil® to include use from the age of 9 years for the prevention of premalignant genital lesions (cervical, vulvar and vaginal) and cervical cancer causally related to certain oncogenic Human Papillomavirus (HPV) types and external genital warts (condyloma acuminate) causally related to specific HPV types.

SW also advised that the RDTC were currently working on high level QIPP indicators for medicines management in the North East with monthly reporting, the HOMM's across the North East will be reviewing these indicators at their meeting on 21st July 2010.

SW also advised of other work they were doing including information and background on vitamin D deficiency, an intradermal flu vaccine evaluation and a Sativex® evaluation for NETAG.

10.0 PRESCRIBING UPDATES

10.1 Drug and Therapeutics Bulletin

HB briefly summarised this months DTB which covered ezetimibe increasing prescribing costs, HB advised that members of the practice support team were currently looking at this in practices with high levels of prescribing. The bulletin also covered prevention of COPD exacerbations, febuxostat for gout and an additional statement on the place in therapy of liraglutide.

10.2 New Drugs & Products and NETAG recommendations

NETAG met on 13th July 2010, ID updated the committee on the outcome of this meeting as follows:

Following an appeal, NETAG has revised its guidance and Agomelatine (Valdoxan®) is recommended for the treatment of depression only following an adequate trial* of at least three alternative antidepressant drugs at maximally tolerated doses. Prescribing and monitoring should be initiated by specialist mental health physicians. After a minimum of 12 week's treatment, responsibility for prescribing may be transferred to primary care subject to local shared care and commissioning arrangements. * As described by NICE and as stated in the BNF.

Amifampridine phosphate (Firdapse®) for Lambert-Eaton myasthenic syndrome is not recommended for use within NHS North East. Roflumilast (Daxas®) in the management of severe COPD is not recommended for use within NHS North East.

Tocilizumab (RoActemra®) for systemic-onset juvenile idiopathic arthritis for patients who have already received treatment with etanercept and adalimumab is recommended as an alternative treatment to anakinra for use within NHS North East.

Tocilizumab (RoActemra®) for polyarticular juvenile idiopathic arthritis is not recommended for use within NHS North East.

The Watchman™ device for left atrial appendage occlusion for stroke prevention in patients with atrial fibrillation is not recommended for use within NHS North East.

Action: HB to ensure these recommendations are added to the next newsletter and to ScriptSwitch.

10.3 NICE Guidance

MG presented this paper highlighting the potential budgetary impact of CG100 on primary care in the future and also the release of CG101 COPD. MG advised the committee that the PCT COPD guidance were currently being prepared following the release of this guidance.

MG also highlighted that NICE have issued a statement advising that they are reviewing their decision on the recommendations made in the neuropathic pain guidance. HB advised that this could be incorporated into the memo that is due to be disseminated on neuropathic pain.

Action: HB to ensure NICE statement added to neuropathic pain guidelines.

11.0 NON MEDICAL PRESCRIBING

11.1 Review of practice-based non-medical prescribing

MG presented the non-medical prescribing report, unfortunately due to time constraints this could not be discussed fully. The committee agreed the recommendations made in the report to prepare a report quarterly and share with NMPs, to update the wound management formulary and monitor adherence to this. SS raised concerns regarding competency statements that have been requested from all practice-based NMPs, SS to feedback comments to JS outside of the meeting.

The committee requested more detailed reporting around the prescribing of high risk drugs e.g. DMARDs in a separate section of this report.

Action: SS to contact JS with comments on competency declarations.
Action: MG/JS to prepare an extra section of the report on high risk prescribing

11.2 Report on non-medical prescribing conference

This paper was noted by the committee for information.

12.0 PATIENT GROUP DIRECTIONS

The committee noted the list of updated PGDs.

13.0 QOF QUARTERLY UPDATE

SK briefly updated the committee on the outcomes of 09/10 Medicines Management QOF, advising that only three practices in DCLS did not achieve the required targets.

14.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

14.1 Prescribing Support Update - bimonthly

No update this month.

15.0 PBC PRESCRIBING LOCALITY UPDATES

16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

16.1 Update from Sunderland CHFT D&T

DN/SP had prepared a summary of this meeting which was noted by the committee; the main points were that Fostair inhaler was rejected, the trust is changing its low molecular weight heparin choice to dalteparin and the letter from ID regarding branded prescribing of Tacrolimus was to be circulated among the renal consultants.

16.2 Update from North Tees and Hartlepool FT D&T Friday 9th July 2010

SP had prepared an update, but due to time constraints this was not discussed.

Action: SB to circulate to committee members for information.

16.3 Update from County Durham and Darlington FT D&T

Next meeting 11th August, GC advised that he was unable to attend, it was agreed that SK would attend this meeting.

16.4 Update from Tees Esk and Wear Valley Mental Health Trust D&T – Tuesday 20th July 2010

This meeting was occurring at the same time as the PCT D&T so an update will be brought to the next meeting.

16.5 Durham Cluster Prison Drugs and Therapeutics

No update this month.

16.6 Community Health Services Medicines Management Committee

This paper was noted by the committee for information.

17.0 ANY OTHER BUSINESS

ID briefly raised the new white paper and the potential implications of this on the future direction of travel for medicines management and potential for recruitment. It was agreed that a meeting needed to be arranged as soon as possible with GP prescribing leads, PBC chairs and Joseph Chandy to discuss this further.

Action: SB to organise a meeting with PBC chairs, Joseph Chandy and GP prescribing leads.

ID also acknowledged that this would be SK's last D&T and thanked her for all of her work in the county over the past few years and wished her well in her new role on behalf of the committee.

ID also advised the committee of the other members of the medicines management team who would be leaving over the next few weeks – Maria Bagshaw, Christophe Ollerenshaw, Emma Post and Elaine Sheldon.

18.0 DATE AND TIME OF NEXT MEETING

Tuesday 21st September 2010
12.00 – 2.30 pm
Board Room, Merrington House

Confirmed as an accurate record:

Dr Ian Davidson - Chair