COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
Tuesday 21st June 2011
Boardroom, Merrington 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 (Chair)
Gail Dryden, Community Matron
Dr Peter Jones, GP Lead, Sedgefield
Patricia King, LPC Representative, Community Pharmacist
Graeme Kirkpatrick, Chief Pharmacist, CDDFT
Dominic McDermott, RDTC
Ian Morris, Head of Medicines Management
Dr David Napier, GP Prescribing Lead, Easington
Anne Phillips, Nurse Practitioner
Stephen Purdy, Pharmaceutical Adviser
Dr David Russell, GP Prescribing Lead, Darlington
Satinder Sanghera, GP Prescribing Lead, Dales

In attendance:

For item 6.1 & 6.2 – Dianne Woodall & Darcey Brown, Public Health Team
For item 6.7 – Lindy Turnbull, Senior Nurse, Medicines Management, CDDFT
For item 12.3 – Michelle Jessiman, Clinical Auditor

1.0 APOLOGIES and introduction of new committee member (Anne Phillips)

Linda Neely, Head of Patient Safety and Clinical Quality
Ros Prior, TEWV
Joan Sutherland, Senior Pharmaceutical Adviser

ID introduced Anne Phillips, Nurse Practitioner, DCLS as the new practice-based non-medical prescriber representative. ID advised the committee that Sue Shine would no longer be attending the D&T but would continue to represent non-medical prescribers on the APC.

2.0 DECLARATION OF INTERESTS

No interests were declared.

3.0 MINUTES OF LAST MEETING 19th APRIL 2011

The minutes were accepted as a true and accurate record with no amendments.

4.0 MATTERS ARISING

4.1 Update from LPC – repeat prescribing and specials (SOTW)

Specials

PK advised that the issue of specials was raised at the last LPC meeting and the paper from SOTW was discussed. It was felt that the paper just highlighted general good practice guidelines and there was a consensus from the committee that it was better to work informally with GP practices rather than follow the process outlined in the SOTW document as this wasn't felt to be helpful and could delay the supply of the medication to the patient.

ID queried if it would be helpful to have a similar memorandum of understanding to SOTW, PK advised that it is what community pharmacists do anyway. ID highlighted the huge variations across localities with huge variations in price between pharmacies, and therefore from a PCT perspective felt that it would be helpful to have a signed up memorandum of understanding.

PK advised that LPC members don't think they can support it. ID queried if it would be a useful reminder to pharmacies of their responsibilities. PK stated that the consensus was that there is not a lot else we can do on specials. ID wondered why the LPC view differed between Durham and SOTW.

ID concluded that there needs to be a way forward, overall the response to this suggestion has been very disappointing as we haven't yet done all we can do on specials. PK added that one of the LPC members had raised that CD&D seem to prescribe more specials than other PCTs and there is a limit to what community pharmacists can do. It was agreed that PK would take this issue back to the LPC for further discussion with some examples of the varying costs between suppliers.

Action: HB to provide examples of specials cost variation between pharmacies to Patricia King to take back to the LPC for further discussion.

Repeat Prescribing

DR provided a brief update on this issue, advising that since this was raised at the D&T a few months ago, it had been discussed further within Darlington, particularly around pharmacies ordering repeat prescriptions for "prn" medication for patients. DR added that following these meetings, he had written to PK asking for the issue to be discussed by the LPC. As a result of discussions at the LPC, a letter has been drawn up by Greg Burke for

circulation to all pharmacies and approved by the committee ready for circulation. DR also stated that he had met with representatives from Boots and Lloyds pharmacies who agreed that this was a problem which could be improved.

DR stated that in this case, hopefully for “prn” medication in the future pharmacies would check with the patient/carer if the item is needed prior to ordering via a managed repeat prescription service. It was agreed that a copy of this letter would be shared with the committee at the next meeting.

Action: PK to forward a copy of the final LPC letter to HB for addition to agenda for August D&T meeting.

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 Routes to Quit

Dianne Woodall and Darcey Brown presented an overview of the Department of Health (DH) Routes to Quit (RtQ) stop smoking service pilot that commenced across County Durham and Darlington from June 2011. DW stated that the pilot involved offering one of five different tailored quit plans for patients to use and would be funded by the DH. She added that the pilot would be delivered by the specialist smoking cessation advisers only due to the additional training required, but would be available Countywide and also to pregnant women and the prison population. She advised that the aim of the pilot was not to evaluate the individual approaches, but could change the way stop smoking services are delivered in the future.

DW added that prescribing costs associated with the project would be funded by the DH. ID queried if the costs looked reasonable. IM stated that he felt that they were reasonable and that the team could monitor varenicline prescribing costs and if necessary request additional funding, adding that the increase in spend on products supplied via the current NRT scheme could also be monitored.

ID queried if this could potentially move work from the non-specialist advisers, DW said that this would be possible as in order to access the pilot, patients would need to see a specialist adviser. SP queried the use of the NRT scheme across all localities, DW said that all localities were now signed up to the NRT voucher scheme.

Action: IM to ensure MM data team to monitor varenicline prescribing for the duration of the pilot

6.2 Nicorette Quick Mist Spray

DB presented this paper advising that the quick mist spray was a new product which they would like to make available to all stop smoking services, adding that details of the product were outlined within the paper.

DB advised that it is a major problem for stop smoking services every time a new product is launched as there is a huge demand for the new product following television advertising campaigns, adding that at present the service is unable to offer this product to clients which is frustrating for both clients and advisers. DB added that it was likely that the quick mist spray would replace the nasal spray, it was a rapid delivery system which was less caustic, caused less eye watering and headaches, therefore, it would be a like for like product swap.

DR highlighted that the product was expensive. DB advised that it was comparable to the nasal spray in cost, adding that clients often attend the stop smoking service and request a particular product; however, the advisers don't just give a product because the clients asked for it and product selection isn't the only factor influencing the success of a quit attempt. DB advised that the most common products recommended are the patches and gum, but more dependent smokes tend to seek a product such as the quick mist spray or nasal spray as it is faster acting.

ID stated that he was disappointed by the paper as for most things we are able to accept higher prescribing costs if there is a tiered level of prescribing, but the paper appears to state that anyone can have everything, we don't do this for other areas of prescribing and there is a concern that everyone could get the quick mist spray if every option is laid out in front of them.

DB responded saying that NICE guidance and the DH recommends that every treatment is a first line treatment option, however, the service would not be promoting this product, advisers should ensure that the product selected is tailored to their dependency, previous products used and patient choice.

ID said that he could see the logic in this, however, when the RtQ programme was introduced, it was very prescriptive about the order of options available, asking if this is not the same as prescribing, as ultimately we need to make the best use of NHS resource and the prescribing budget.

DB advised that products are promoted as being a product available to the client, all factors and variables need to be considered, it would be impossible to do a simple flow chart because of the behavioural change models. He added that each new product has interest for a short period of time and highlighted the potential consequential cost of prescribing something that a patient doesn't want which could result in a failed quit attempt, wasted adviser time and the cost of the product.

The discussions were concluded with an agreement that in order to meet the needs of GP commissioners, the committee would need to see a “pecking order” of NRT products to ensure that only appropriate people get quick mist spray. ID felt that in the current state of the NHS the committee were unable to approve a blanket free choice approach and suggested that he meet with DW to discuss further with the aim of producing a further paper to return to D&T detailing a pecking order of NRT products.

Action: DW to arrange to meet with ID to discuss further
Action: HB to agenda for next D&T, following these discussions.

6.3 Insulin Prescribing Report

HB presented this report on behalf of Michelle Grant, advising that it had been produced in response to an article in the DTB looking at insulin analogues. HB added that insulin analogue prescribing rate is one of the QP QOF targets regionally and interestingly within the County the only practices achieving the target are within in Easington and with the exception of one practice work with Hartlepool hospital for diabetes management. HB added that on discussion with Janette Stephenson, across the region, only these Easington practices and practices using the Newcastle trusts were achieving this target and that this was something the SHA wished to explore further, working with consultant diabetologists to determine a region wide approach.

PJ felt that it was interesting to note the differences in glargine prescribing between the North Tees and Hartlepool diabetologists and is going to raise this at the next North Tees and Hartlepool D&T.

ID said that this was a good paper and highlighted differences in prescribing between localities, adding that it would be useful to take this to APC and also to compare CD&D with the rest of the region.

DMc advised that CD&D were highest prescribers of these drugs in the region and have been since 2006/7, however there has been very little change and it looks like prescribing has reached saturation point, whereas other PCTs are on a slow upward drift. Newcastle/Northumberland and North of Tyne have the lowest levels of prescribing in the region.

IM queried if there would be any value in looking at spend on oral hypoglycaemics and blood glucose test strips as spend on insulin may be offset by reduced costs in other areas. The committee felt that it was important at present to focus on the secondary care issue.

Action: HB to add to APC agenda for further discussion
Action: MM team to feed into regional work on insulin analogues

6.4 Pain Management Guidelines

HB presented the updated pain management guidelines on behalf of Deborah Giles advising that they had been updated to incorporate revised NICE

guidance although not the NICE pregabalin recommendations and also comments from CDDFT to move the transdermal route toward the end of the document and clearly market as less suitable for prescribing and add the dose equivalence of oxycodone for reference.

PJ queried when revised NICE guidance on pregabalin is due out as it is a significant cost pressure within his locality. HB advised that she was unsure but would follow this up.

The committee approved the guidelines and thanked Deborah Giles for producing a great piece of work.

Action: HB to follow up NICE guidance on pregabalin
Action: HB to agenda pain guidelines for final sign off by the APC and then arrange for dissemination.

6.5 Specials Prescribing Report

IM presented this report which had been deferred from the April meeting advising that following a piece of work reviewing specials prescribing in DCLS with suggested alternatives, it was recommended to review specials prescribing Countywide in a similar way. He advised that Clare Lynch undertook this piece of work covering the majority of specials prescribed countywide which was presented along with national guidance on specials and alternatives.

It was agreed that this was a useful document and it was suggested that the local information was separated from the national information and circulated to practices, with links to the national information on the website and in the next newsletter.

Action: IM to arrange circulation of local report and dissemination of additional information via the website/newsletter.

6.6 Sativex Prescribing Report

HB presented this report on behalf of Deborah Giles, advising that the report had been prepared to review prescribing since the licensing of the product, the PCT prescribing memo and the NETAG decision. HB added that there had been a few IFR requests and although two were unfortunately approved without reference to the NETAG decision, this process now links into the MM team. HB advised that there were a number of practices still prescribing Sativex and the two where IFR requests had been approved were actually quite low prescribers in comparison to other practices. It was agreed that this should be followed up at a locality level by GP prescribing leads.

Action: GP prescribing leads to follow up prescribing in those areas with active prescribers (DCLS, Dales, Derwentside and Sedgefield)

6.7 Community Medication Charts

LT advised that the community medication charts presented were agreed by CDDCHS prior to the merger with CDDFT and had been developed in response to medication errors. It was felt that there was a need to standardise the charts as there were more than eight variations in circulation across the County. She added that the aim is to pilot these charts for six months when they will be reviewed. The layout of the charts for palliative care/end of life pathway (red) and general medication (blue) mirrors those used within the FT, with more space for long acting medication on the front of the medication chart.

PJ stated that he had discussed the chart with his colleague, a palliative care specialist and they had some concerns regarding the use of the chart in practice, in particular relating to the prescribing of medication on a sliding scale. LT advised that the "special instructions" section of the chart had been added for such a purpose. PJ felt that the charts could be difficult to manage in practice in a crisis situation or over a weekend. LT advised that there is a policy in place already regarding the use of sliding scales and this is available on-line to nurses within the community and nurses have tried these medication charts and found that they could use them in practice. It was agreed that LT would add information on use of sliding scales to the guidance notes on these charts. PJ agreed to take away a copy of the chart for further discussion with his palliative care colleague.

Further discussions covered the dose ranges needed at the end of life, how to fit all of the dosing information into the allocated boxes and concerns regarding the disclaimer across the top of the chart which states that "any increase in dose requires the drug to be discontinued and re-written", which some felt wasn't always practical when managing end of life care. LT advised that the charts would not be changed prior to the pilot but that these comments would be reviewed along with any further comments received during the six month pilot which is due to start 1st July 2011.

6.8 Medicines Reconciliation – TEWV

The committee discussed this paper and felt it would be interesting to understand the process for accessing this information by TEWV, GK advised that requests for such information are commonplace from an FT perspective. It was agreed that awareness of the issue of medicines reconciliation for patients admitted to TEWV, as outlined in this paper would be added to the next newsletter.

Action: HB to arrange for this to be added to next newsletter

6.9 High Dose Antipsychotics

SP presented this report on behalf of Joan Sutherland. ID advised that this paper had initially come to the APC, but GP's on the APC felt it should be discussed further at the PCT D&T particularly the issue around the combined

doses of oral and injectable antipsychotics equating to high dose antipsychotics overall.

ID felt that one of the issues was around how to identify such patients in primary care. SS advised that there aren't many patients as she had looked at this in her practice.

It was felt that the issue should be highlighted in the newsletter advising practices to audit their prescribing and refer to the guidance provided if they find any patients on high dose antipsychotics.

Concerns were raised around the section of the paper covering transfer of prescribing which appeared to suggest that prescribing should be transferred to GPs, it was felt that it is not appropriate to transfer the prescribing of these patients to primary care unless there are exceptional circumstances. It was accepted that there will be some patients already transferred to primary care, but it was felt that the guidance needed to be clearer for new patients.

It was agreed that the guidance would be disseminated via the newsletter following clarification of these issues, it was suggested that the wording of the transfer of prescribing document section should be changed to state that "it is not usual to ask GPs to take over the prescribing of high dose antipsychotics".

Action: JS to seek clarification from TEWV then arrange dissemination of the information via the newsletter and website.

STANDING ITEMS

7.0 FINANCIAL/BUDGET UPDATE

7.1 Monthly Finance Report – February 2011 and March 2011

IM presented these reports, giving an overview of the end of year budget positions. He advised that Darlington PCT had a 3.46% over spend at year end and County Durham had a 3.4% over spend overall varying across the localities.

7.2 2011/12 Prescribing Budget

IM updated the committee regarding the 2011/12 prescribing budget. He advised that the budget was currently in the process of being set with a 2% uplift on out turn (5% uplift with a 3% efficiency saving).

IM advised that the budget setting methodology agreed last year would be utilised this year with an 85/15% split between the DH model and historic spend. IM added that concerns have been raised that this is the model used at a consortium level, with individual consortium budgets based on historic spend as in previous years. ID felt that this has just happened and wondered if there is an appetite to address this as we should start to address it now rather than wait until 2013.IM advised that he had been asked to look at the

range and split based on a locality “fair shares” model, but there has been no appetite for this. It was agreed that for next year we need to influence GPLC chairs to look at this.

8.0 QIPP

8.1 Annual Medicines Management QIPP Plan

IM presented a very basic summary of the MM team QP plan. He advised that he had pulled together all of the ideas for potential cost savings and summarised by BNF chapter, with a more in depth spread sheet back at the office covering details such as where the idea came from and potential cost savings. IM advised that he had discussed with ID and it was agreed to present the draft plan and then bring back a costed version for further discussion at the August D&T and within localities. IM requested that any further ideas are emailed to the medicines email address to be added to the plan. GK added that the FT is keen to work with the PCT on mutually beneficial QIPP schemes.

Action: IM to prepare a costed detailed report by locality for discussion at the August D&T meeting

Action: Committee members to feed back additional ideas via the medicines email address

9.0 MEDICATION SAFETY & NPSA

9.1 Drug Safety Update (MHRA) May 2011 and June 2011 and Paracetamol Dose Guidance

HB presented the monthly drug safety updates for May and June suggested that the following items were highlighted in the next newsletter:

Prasugrel – rare but serious hypersensitivity reactions
Bisphosphonates – atypical femoral fractures
Yasmin – risk of VTE

In addition to this, HB presented a press release from the MHRA regarding paracetamol dosing. Initially, it was felt that the press release should be circulated, however, following further discussions it was felt that the information may be confusing and was more about the changes in labelling of products rather than prescribing, it was agreed that prior to further dissemination of this HB would determine the appropriate audience.

Action: HB to ensure key messages covered in next newsletter

Action: HB to review information regarding paracetamol dose changes prior to sending out any information

9.2 TEWV Lithium Update

SP presented this document on behalf of Joan Sutherland, advising that it had been to the committee before, and was ready for final sign off, with the only change being around review and renal function.

This document was accepted for use and can now be disseminated via the website/newsletter across the county.

Action: JS to arrange dissemination of final document via newsletter and website

9.3 TEWV Safe Transfer of Prescribing Update

SP presented this document on behalf of Joan Sutherland, advising that it had been updated and highlighting the updates.

This document was accepted for use and can now be disseminated via the website/newsletter across the county.

Action: JS to arrange dissemination of final document via newsletter and website

10.0 APC UPDATE

10.1 Draft Minutes from APC Meeting held 5th May 2011

ID updated the committee on the APC, advising that the second meeting had taken place and had been quorate, with a copy of the draft minutes circulated to the committee for information. ID highlighted discussions around sharing the North of Tyne formulary and associated processes. GK added that he felt there may be some benefits linking with Tees rather than North of Tyne due to geographical boundaries, DN added that links to Sunderland would also be required. ID felt that in the future a regional approach may be possible, but until then, further discussion was needed in order to engage clinicians.

11.1 RDTC UPDATE

11.1 Horizon Scanning Document – May 2011 and June 2011
DMc advised that he would now be representing the RDTC at CDD PCT D&T with Sue White representing the RDTC at the APC, deputising for each other where appropriate.

DMc advised that the RDTC had taken on board suggestions from committee members regarding the BNF chapter that the drugs covered within the document fall into. He felt that within these reports, there was nothing of significant impact to primary care.

PJ queried the new antihistamine (Bilastine) at £15/month, it was agreed to put a message on ScriptSwitch advising that this is currently not recommended.

Action: HB to ensure message added to ScriptSwitch for Bilastine

11.2 Self Monitoring of Blood Glucose

DMc advised the committee that there were two documents already available a briefing document and an academic detail aid covering self monitoring of blood glucose. He added that a data report would be following soon trying to look at the issues differently. One of the areas highlighted by the report is the ratio of blood glucose test strips to lancets, there are a lot more strips being prescribed compared to lancets with Darlington having the highest rate regionally at 2.5 strips per lancet. DMc also highlighted the recommendation that the lowest cost test strips are prescribed, with some PCTs looking at changing patients over to alternative meters and test strips, with the meters provided free of charge by the manufacturer.

DR circulated a paper covering this issue advising that one practice in Darlington has started a pilot of the GlucoRx Nexus test strips and meters, he added that this approach has been carried out elsewhere in the country and could lead to significant savings as the test strips are around £5/pack cheaper than alternatives.

DMc added that in CD&D if 75% of blood glucose test strips were prescribed as GlucoRx , over £400 k/year of savings could be realised.

It was felt that this was a good idea, but that it needed to be a joined up approach with secondary care and community pharmacies and as not every meter will suit every patient, ID suggested that a list of 3-4 preferred meters could be drawn up.

HB queried how long the test strips last once opened as this has been an issue in the past, DMc advised three months.

It was agreed that this approach should be considered at APC, within the QIPP plan and at locality level and involve all secondary care trusts including North Tees and Hartlepool and Sunderland.

There were discussions about the potential for negotiation with other manufacturers and the potential for putting the process out to tender, and look at potential rebate options.

Action: HB to agenda this item for further discussion at the next APC meeting

11.3 Insulin Analogues

DMc advised that this was the RDTC's contribution to the regional work on insulin analogues. He added that the RDTC had prepared a report to

accompany the drug update document circulated to committee members. He advised that this report is almost ready for circulation and covered areas such as prevention compared with outcomes reported for these drugs, adding that if CDD reduced prescribing to match the lowest in the country (North of Tyne), they would have enough funding to spend on lifestyle support and potentially prevent around 301 new cases of diabetes per year. It was felt that this report should be discussed further at the APC.

GC queried how successful lifestyle intervention was, following his attendance at a therapeutics update last week which stated that it was difficult to sustain results with lifestyle interventions.

DMc advised that there is NICE guidance due out next February looking intensive lifestyle support.

Action: HB to agenda for next APC

11.4 Melatonin

DMc presented this report to the committee, advising that it had been produced to support discussions on melatonin prescribing. PJ said that he thought this was a good paper and he would be taking it back to his practice and locality for further discussion. DN advised that there were issues with melatonin prescribing coming from City Hospitals Sunderland which he would raise with at the next D&T.

Action: DN to raise this matter at the next CHS D&T

12.0 PRESCRIBING UPDATES

12.1 Drug and Therapeutics Bulletin (DTB) – May 2011 & June 2011 & discussion of dissemination process

The DTB summaries prepared by DR had been circulated to the committee for information and discussion of the appropriate dissemination route. ID expressed reservations about sending the summaries out in full via the medicines email account as there was still a lot of information included within the summaries. DR advised that he just selects and summarises the relevant articles. ID said that he was happy to be guided by other people. Discussions concluded that although people do receive a lot of emails into their inbox, the summaries should be sent out monthly.

Action: HB to arrange monthly dissemination of DTB summaries prepared by DR

12.2 New Drugs & Products and NETAG recommendations

Next meeting scheduled 12th July 2011.

12.3 NICE Guidance Review - April and May 2011

MJ presented this update on behalf of Linda Neely. MJ advised that due to the capacity of the team, the report was now presented in a revised format and asked for the committee's opinion on this revised report format. She added that the revised format is based on the summaries produced by the RDTC with additional costings added from the NICE website and wondered what, if anything else the committee required from this report.

ID said he felt that it was difficult to judge from these reports as most of the guidance covered had less relevance to primary care. Further discussions about the content and format of the report concluded that if was possible, the cost information and PbR status could be added to the NICE section of the RDTC horizon scanning reports, reducing duplication of effort.

Action: DMc to determine if it will be possible for the additional information to be incorporated into the horizon scanning document for future meetings.

13.0 NON MEDICAL PRESCRIBING

No update this month.

14.0 PATIENT GROUP DIRECTIONS

No PGDs this month.

15.0 QOF

15.1 QOF 2010/2011 Final Achievement

Paper received for information. HB advised that the majority of practices who did not achieve these QOF points failed to do so as they failed to sign in at the education sessions, adding that this shouldn't be a problem for this year's MM QOF.

15.2 QOF 2011/2012 Final MM QOF Indicators

Paper received for information and final ratification.

15.3 QOF 2011/2012 Final QP QOF Indicators

Paper received for information and final ratification.

16.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

16.1 Strategy Update

IM gave a brief update on the MM team advising that GPLC chairs, prescribing leads and the practice based staff have been informed of which staff have been aligned to which consortia, based on the staff preferences. He added that Dinah Roy had suggested that the new working arrangements should commence from 1st July, ID had requested that this be delayed until 1st September, to allow for pieces of work to be completed, but this request has met with resistance at this point in time.

ID advised that if GP prescribing leads have any concerns, they need to raise them with the chairs and to be part of the discussion. Concerns were raised that DCLS and Derwentside were going to be left with little in the way of cover.

ID advised that the strategy document had been reviewed by all consortia and a summary document of all responses had been prepared, he added that he had met with Dinah Roy and Greg Moorhouse to discuss the levels of support and a paper was due to go to the IFB with a draft summary document circulated to GP prescribing leads.

The committee requested that an update on NCSO was added to ScriptSwitch and the next newsletter.

The committee were advised that a paper on ScriptSwitch was due to be taken to the IFB in July, it was agreed that this would be circulated to GP prescribing leads for comment and for further discussion at the August D&T meeting.

Action: DG to add NCSO information to ScriptSwitch and newsletter

Action: IM to circulate ScriptSwitch paper to GP prescribing leads for comment and prepare a paper for the August D&T meeting.

17.0 PBC PRESCRIBING LOCALITY UPDATES

17.1 Darlington Prescribing Locality Group

A summary of the meeting held 10th May 2011 was circulated for information.

17.2 Derwentside Prescribe Locality Group

A summary of the meeting held 7th June 2011 was circulated for information.

17.3 Sedgefield Prescribing Locality Group

A summary of the meeting held 25th May 2011 was circulated for information.

17.4 DCLS Prescribing Locality Group

A summary of the meeting held 10th May 2011 was circulated for information.

18.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

18.1 Update from Sunderland CHFT D&T

A summary of the meeting held 4th May 2011 was circulated for information.

18.2 Update from North Tees and Hartlepool FT D&T

A summary of the meeting held 13th May 2011 was circulated for information.

18.3 Update from County Durham and Darlington FT D&T

A summary of the meeting held 1st June 2011 was circulated for information.

18.4 Update from Tees Esk and Wear Valley Mental Health Trust D&T

A summary of the meeting held 26th May 2011 was circulated for information.

19.0 ANY OTHER BUSINESS

No further items were raised.

18.0 DATE AND TIME OF NEXT MEETING

Tuesday 16th August 2011
Board Room, John Snow House
12.00 – 2.30 pm

Confirmed as an accurate record:

Name:

Dr. Ian Davidson - Chair