NHS
County Durham and Darlington

COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
Tuesday 21st September 2010
Board Room, Merrington House
12.00 - 2.30 pm

Present:

Hazel Betteney, Senior Pharmaceutical Adviser
Serena Bowens, PA (minute taker)
Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Dr Ian Davidson, GP Prescribing Lead (Derwentside)
Gail Dryden, Community Matron,
Jacqueline Fletcher, Medicines Management Lead, CHS
Dr Peter Jones, GP Prescribing Lead (Sedgefield)
Patricia King, LPC Representative
Ian Morris, Head of Medicines Management
Linda Neely, Senior Pharmaceutical Adviser
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
Joan Sutherland, Senior Pharmaceutical Adviser
Sarah Tulip, Pharmaceutical Adviser
Sue White, RDTC

1.0 APOLOGIES

Sally Bell
Chris Williams – Jacqueline Fletcher in attendance

2.0 DECLARATION OF INTERESTS

PK to declare interest as a provider of “practice pharmacist services” on item 15.

3.0 MINUTES OF LAST MEETING

The minutes were accepted as a true and accurate record.

With the following amendments:

Page 5 - 2nd paragraph – amend the sentence from `in future we need to advise GP's' to read `in future memos should simply advise GP's not to prescribe and not mention the exceptional cases committee'.

Page 7 – item 7.2 – third sentence replace `towards' with `forwards'.

4.0 MATTERS ARISING

4.1 Antibiotic Prescribing guideline

Chairman's action was taken following the last meeting, so guidelines presented for information only, it was noted that the guidelines have already been disseminated and LN advised that she has also prepared an abridged version.

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 HPV – update

The prescribing data was presented by HB. PJ advised that he had met with the Adan House practice. The practice advised that they are still administering Gardasil to patients who fall outside of the current national programme. FP10s are being issued at a cost of around £80 per injection with around £1500 of prescribing in June.

Action: PJ to follow up as an ongoing action.

Action: HPV Prescribing Data to be agenda'd D&T April 2011.

6.2 BGTS guidance

The existing guidance for BGTS has recently been updated by Sarah Tulip. No changes were made to the existing guidance with the exception of an additional reference to NICE guidance. This updated guidance was sent to the Diabetes Clinical Advisory Group for comment; the few responses received recommended no changes. SP suggested that the PCT logo should be added. GC queried the section covering testing when prescribed a corticosteroid as to what action we would expect the patient to take if monitoring blood glucose at this time, with concerns raised that this may increase patient anxiety levels. DR suggested amending the guidance to read "long-term corticosteroids".

Action: ST to make required amendments, the guidance can then be disseminated via the medicines email account and added to the website.

6.3 Methlyphenidate Shared Care for Adults

DR advised that this is a significant issue in Darlington and one GP has raised significant concerns about the potential long term prescribing of such drugs in adults. JS explained that the request to develop this shared care document originated from Matthew James, Lead Specialist for Mental Health who is currently developing a tertiary service for adults with ADHD. JS advised that there have been some pilots of this service in some of the North East PCTs JS has discussed the shared care protocol with other prescribing advisers from Teesside and Tyneside and the document is going to be discussed at TEWV D&T this week as well as at the other PCTs. JS advised that the document concerns a formal transfer arrangement for prescribing of a controlled drug in primary care. JS advised that there would not be large numbers of patients and the potential cost impact has been discussed. This area of prescribing is also covered in NICE guidance for treatment of ADHD in adults.

ID shared DR concerns regarding GP responsibility for prescribing in adults but felt that shared care is the only way forward. JS advised that patients will get at least a 12 monthly review and will not be discharged to GP care only. DR asked what would happen if the GP refuses to prescribe, JS advised that the specialist service would then have to continue prescribing for that patient.

PK raised concerns around the potential for substance misuse; JS advised that patients with a history of substance misuse would need to be managed by a specialist in substance misuse.

ID asked if there was an associated letter.ID also asked at what point to take action regarding changes in BP, pulse and weight; at what point should the medication be discontinued? It was felt that some guidance on this would be helpful. GC also queried “drug holidays”.

It was agreed to approve the document in principle but to return to D&T once required amendments have been made.

Action: JS to make required amendments and return to October 2010 D&T.

6.4 Mixtard® 30 discontinuation

SP presented this paper which had been prepared by Deborah Giles, highlighting the discontinuation of Mixtard® 30 from 31st December 2010 and listed the presentations affected. He advised that there are

alternatives available but the preparation recommended by the manufacturer (NovoMix®) is expensive and will result in a significant increase in prescribing costs. SP advised that alternative products are available from other companies and also that there are a number of resources available to support prescribers with this product discontinuation (circulated with this paper).

DR advised that he had already addressed this issue in his practice and was concerned about the timeliness of communications to practices. HB advised that this issue was discussed in the summer newsletter and that there was also a new presentation of an alternative insulin launched in September. GD advised that other surgeries were starting to change their patients over too. ID felt it was important for Diabetic Nurses and specialists to be involved in these changes and recommendations.

DN felt that clear simple directive guidance needs to be provided. ID asked which of the documents should be sent out to practices, he felt that the diabetes UK and UKMI guidance was helpful but wondered how specific the guidance should be.

DN felt that the guidance needed to be clear around costs, recommending the most economic alternative and how to change over and that the guidance should be CDDPCT guidance. It was agreed that the guidance should be simple, supporting Humulin M3® as an option with the clear direction that it is an individual clinician decision based on the individual patient.

JS was concerned about the potential for waste if patients are switched over prior to using up their existing supplies and felt that this should be mentioned in the memo. PK raised concerns around the potential for errors as it is a new insulin product for patients. LN advised that there is a potential for error with insulin pens but that Humulin M3® is a good choice from a patient safety perspective.

Action: DG to prepare a prescribing memo as soon as possible to be cascaded to all GP practices, locality prescribing groups and PBC boards, to be cascaded to the Foundation Trusts for information and to community pharmacies.

Action: GC to take a copy of the memo to CDDFT D&T in October 2010.

6.5 Flu vaccinations (additional agenda item)

HB advised that this had been added to the agenda due to a query received from a GP practice. The practice manager had been contacted by their flu vaccine supplier to advise of supply problems, however, one of the recommendations made to the practice was that

the intradermal flu vaccine (Intanza®) was available and that Ken Ross had advised the company representative that this was ok to use. HB followed up with Ken Ross and established that although there have been some delays with some flu vaccine brands; he had not recommended that Intanza® be used as an alternative. The committee members felt that this should be raised with the company as we have recommended that this product is not used in CDDPCT, concerns were also raised around how this fits with ABPI recommendations.

Action: HB to contact the practice to establish the source of this information then DR to follow up with the company/representative concerned.

Action: HB to issue an urgent prescribing memo advising practices not to purchase the intradermal flu vaccine.

STANDING ITEMS

7.0 FINANCIAL UPDATE

7.1 Monthly finance report

HB gave a brief update on this report, advising of the current overspent position. HB advised that July data had just come out and the over spend had reduced slightly. HB advised that the forecasting model is usually updated in September/October time and is generally more accurate; SW added that the changes to category M from October 2010 should reduce this over spend further.

IM highlighted graph 9 which illustrates the impact of category M on the costs of clopidogrel prescribing and graph 17 which illustrates the significant reductions in cephalosporin prescribing.

ID queried the data for graph 7 as DCLS and Derwentside appeared to have switched positions for June 2010.

Action: HB to check prescribing data for graph 7.

7.2 County Wide budget allocations 2010/2011

HB advised that this summary was for information only, as this information has been disseminated across the localities via PBC and GP prescribing leads.

8.0 QIPP

8.1 NPC – Medicines Management Options for local implementation July 2010

8.4 NPC - A Guide to Medication Review July 2008 & Dispensing with Repeats Sept 2008

ID asked for items 8.1 and 8.4 to be considered together in response to a series of emails in August around repeat dispensing, repeat prescribing and waste. ID advised that these papers were sent to focus the discussion and asked for any ideas for savings.

IM suggested that there was growth in enteral and SIP feeds, gluten free foods and other health supplements but advised that these were areas of prescribing for PBC clusters to make decisions on.

ID advised the committee that along with JS, GC, DN and IM, he had attended a meeting at the SHA the previous week around the potential for behavioural change in prescribers; was the transfer of prescribing budget responsibility to GP consortia a mechanism for such changes. PJ was concerned as to how this could be done, GC advised that consortia contracts could be at risk.

GC felt that secondary care discussions were needed, with a formulary to back up recommendations; ID agreed that a formulary and an APC were needed to support this.

GC also suggested that there may be some cost savings in anti-cholinergics that may be worth a look. Analgesic prescribing was also raised as having potential for cost savings.

JF raised potential savings in wound care; IM advised that he was currently in discussions around top-slicing the prescribing budget to fund a “first three dressings” scheme but advised would need TVN support and a formulary. PJ and SS advised that this had been tried in the past in Sedgefield and was unsuccessful.

Home oxygen assessment was suggested due to the increasing spend on the oxygen budget.

DR raised concerns regarding pharmacies ordering repeat prescriptions for their patients without checking if all items are needed, including a few patients where their prescriptions were ordered when they were in hospital. PK advised that the pharmacy should only submit the prescription for payment once the medication has been collected by the patient. PK advised that many of the multiples are offering this service and that patients like this service.

ID raised repeat dispensing, is it worth making changes to the national process in order to make this work; advising that in his own practice he was revisiting this, working closely with the pharmacy to ensure that the conversation between the patient and pharmacy takes place before each “batch” prescription is issued. LN wondered if this could be

addressed through the contract. JF added that historically there had been problems with some of the GP computer software, HB advised that it was working well in some parts of the county.

Further suggestions included another "not dispensed" scheme from PK and ensuring repeat prescribing systems are in place from ID. A repeat of the countywide waste campaign was discussed as another option as waste is still a significant issue.

Action: IM to look at development of a new waste campaign.

Action: HB to review prescribing data for anti-cholinergics.

8.2 Glucosamine update

ST provided an update on prescribing of glucosamine in view of the guidance not to prescribe which was issued in March 2010 and based on NICE guidance. ST advised that £560k was spent on Glucosamine from March 2009 - March 2010. Prescribing data covering June 2009 – June 2010 demonstrated a downward trend since the guidance was issued in March. Prescribing data was presented by locality demonstrated a 32% reduction in prescribing costs, however, if prescribing were to continue at this level, the annual expenditure for this financial year would be around £433k, therefore there is potential for further savings to be made and the message not to prescribe needs to be reinforced. GC wondered if all practices have addressed this yet, ID advised that the graphs do illustrate major changes at practice level in some practices. GC felt that practice pharmacists and locality prescribing groups need to raise this issue; ID advised that the graphs would be useful for discussion at a locality level.

DR advised that rheumatologists were still recommending glucosamine at a recent time in event, but also that he had seen that a year's supply could be purchased by patients for £4.99.

PK advised that pharmacists could target MURs to our cost savings, the LPC are interested in this; she felt it would be useful for community pharmacies to receive a monthly bulletin advising of such cost savings.

LN advised that glucosamine was one of the themes that kept being raised at patient groups looking at the pharmaceutical needs assessment and wondered if we could use the media to support our message not to prescribe. ST added that a recent BMJ article supported our approach. SW advised that glucosamine 1.5g and glucosamine 500mg + chondroitin 400mg will both be in category M of the drug tariff from October 2010.

Action: GP prescribing leads and MM Team –to be highlighted again at locality level and within practices by practice support pharmacists.

Action: IM to look at potential monthly or quarterly bulletin on cost savings for community pharmacies.

8.3 ScriptSwitch Update

IM provided a verbal update on ScriptSwitch. A meeting has been scheduled to take place with ScriptSwitch and the PCT IT team next week regarding the IT issues that have arisen. ScriptSwitch has been notified that their reporting mechanism is not working properly as the reports provided centrally are not accurate. IM gave an example of a clopidogrel to aspirin switch being valued at £250k per patient.

A report has been sent to the Chief Executive and subsequently forwarded to the programme board regarding the potential versus actual savings made using ScriptSwitch. However, IM advised that this data should be reviewed with caution because, if a message pops up each month a drug is issued on repeat, the annual potential saving is recorded every time e.g. 12 x annual saving recorded. IM also advised that a paper went to Management Executive in April with actions to improve the use of ScriptSwitch. IM advised that there is a break clause in the contract if issues cannot be resolved. IM added that the price list used was not update making it difficult for us to change prescribing recommendations following patent expiry e.g. losartan.

It was intended that practice level reports could be discussed at D&T meetings, but unfortunately at present they are inaccurate. DR asked if we could reclaim the costs where is hasn't been working and GC expressed concerns around the savings that are reported being inflated. PJ asked how long we should give it.

There were discussions around whether the problems were IT or ScriptSwitch related; this would be discussed at the meeting next week. Further discussions around how does ScriptSwitch work across the rest of the North East? Could we revert to ScriptSwitch profile rather than our tailored profile, this would lose a lot of our local patient safety messages. IM advised that there were no other software systems available.

Action: IM to provide an update to October 2010 D&T meeting following the meeting with ScriptSwitch and IT.

9.0 MEDICATION SAFETY & NPSA

9.1 Drug Safety Update

HB provided a brief overview of the MHRA Drug Safety Updates for July & August 2010 advising that there was nothing of relevance to primary care in July's edition. The MM team are currently cascading a memo on rosiglitazone and have raised the recommendations around Modafinil prescribing with CDDFT in response to the August 2010 edition.

9.2 Lithium Update

LN gave an update on the lithium RPIW held by TEWV. LN advised that a pilot in Middlesbrough was complete. LN advised that she had met with JS and ID regarding the paperwork and processes and will feedback their comments into TEWV before rolling out in County Durham and Darlington. Standardised letters are to be sent to GP's to regarding lithium, detailing prescriptions issued, the transfer of prescribing to GPs and the associated monitoring required. Purple lithium books are currently being given to all patients managed by TEWV, at the end of this process, those patients currently prescribed lithium who are not managed in secondary care will need to be issued with purple books, LN raised concerns around the short period of time to catch these patients no longer managed in secondary care.

PJ queried what action to take if a new patient to the practice is already on lithium, should the GP refer to secondary care? Secondary care is the ultimate aim for all patients prescribed lithium allowing for an annual mental health review.

A further outcome of the RPIW was a lithium database, ID raised concerns around caldicott recommendations and the potential governance issues that could arise if TEWV receive bloods results of lithium patients who are not under their care. RP advised that the main responsibility for drug monitoring should remain with the prescriber however; the idea of the database is as a back up/supporting role. ID advised that the letters may need to be changed to reflect this.

As part of the discussions around the use of the purple book for lithium patients, the books were compared to the "yellow book" recommended by the NPSA for patients prescribed anticoagulants. SS advised the committee that CDDFT had written to her practice to advise that they are no longer using the yellow books for patients on anticoagulants. It was agreed that this was a patient safety concern that needed further investigation.

Action: SS to forward email re the ceasing of yellow books to HB.

Action: HB to address with CDDFT.

10.0 RDTC UPDATE

10.1 Horizon Scanning Document

SW gave a brief update on the August and September horizon scanning document advising that Sativex is on the agenda for discussion at the October 2010 NETAG meeting.

10.2 RDTC Antimicrobial Prescribing October 2009 – March 2010

SW gave a brief overview of this paper, providing an addendum focusing on specific antibiotics advising that overall, antibiotic prescribing had reduced by 1.36% in County Durham and 0.08% in Darlington; however, both PCTs were above the England average. The rate of prescribing was lower than expected taking deprivation into account in Darlington; however, data on antibiotics issued by walk-in centres is not available for inclusion in the report.

IM highlighted the reductions in cephalosporin prescribing illustrated in figure 6b. SW advised that there had been a 50% reduction in cefalexin prescribing in County Durham and 57% in Darlington. Quinolone prescribing has also reduced in County Durham with a 13.25% reduction in ciprofloxacin prescribing; Darlington has experienced a 7.18% increase in ciprofloxacin prescribing.

Trimethoprim prescribing has increased, possibly due to lower levels of cefalexin prescribing. Doxycycline prescribing has increased across County Durham and Darlington. Minocycline prescribing has reduced possibly following patient safety concerns.

SW highlighted that tetracycline prescribing is increasing in both PCTs; tetracycline is not in the guidelines and is ten times the cost of oxytetracycline. LN advised she would raise this with the antimicrobial group. The committee asked that this is highlighted both on ScriptSwitch and in the next newsletter.

SW advised that the MRSA and C.Difficile rates were encouraging with County Durham 6th lowest for C.Difficile and Darlington lowest in the North East. It was also noted that CDDFT has the lowest MRSA rate in the North East.

It was noted that azithromycin prescribing had increased across both PCTs it was thought that this may be due to increased prescribing in sexual health.

ID highlighted the higher rates of prescribing of antibiotics (including topical preparations) by NMPS in County Durham and Darlington, it was suggested that there may be more prescribing NMPs working in County Durham and Darlington than in other areas.

Overall, ID felt that the report was reassuring, the PCTs were not standing out and the positions have improved.

Action: LN to raise tetracycline prescribing with antimicrobial group.

Action: HB to ensure cost difference between oxytetracycline and tetracycline and their place in PCT antibiotic guidance is highlighted in the next newsletter and on ScriptSwitch.

10.3 RDTC Quarterly Prescribing Report - June 2010

Noted for information**.**

10.4 RDTC Estimated Prescribing Report Completion Dates

SW gave a brief summary of this document. HB advised that CDDFT have started to request that GPs take over prescribing of prucalopride. SW offered to forward the draft RDTC review to aid discussions at CDDFT D&T.

Action: SW to send draft RDTC review on prucalopride to HB

11.0 PRESCRIBING UPDATES

11.1 Drug and Therapeutics Bulletin

HB briefly summarised the DTB for August and September advising that the recommendations on Qlaira® and ulipristal would be covered in the updated PCT contraception guidance which is agenda'd for the October 2010 D&T meeting.

11.2 New Drugs & Products and NETAG recommendations

None this month.

11.3 NICE Guidance

The papers covering NICE guidance issued in July and August 2010 were noted by the committee.

12.0 NON MEDICAL PRESCRIBING

No paper this month.

13.0 PATIENT GROUP DIRECTIONS

JF presented an application for a PGD for Otomize ear spray at the request of Matthew Brooksbank. Urgent Care centres are reporting that there are a number of patients treated with locorten-vioform re-presenting at UCC or GP's, it is thought that this may be due to the

method of application i.e. drop rather than spray. HPA guidance recommends Ear Calm first line and neomycin (contained in Otomize®) second line. LN advised that this was not the recommendation in the PCT guidelines as the HPA guidelines were updated after the PCT antibiotic guidelines were finalised. Following discussion, the PGD application was approved.

DR raised concerns that PCT antibiotic guidelines did not reflect HPA guidance and asked if they could be amended as it is a significant change.

Action: LN to amend antibiotic guidelines which can then be sent out via the Medicines email and added to the website.

14.0 QOF QUARTERLY UPDATE

IM provided an update on the on Medicines Management QOF workshops which are scheduled over the next two months for respiratory and diabetes, he also advised that practices had been followed up regarding attendance at the appropriate sessions and submission of their 1st audits. A locality detailed summary was provided to the committee for information.

15.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

15.1 Prescribing Support Update - bimonthly

IM gave an update on revised practice cover arrangements and circulated a summary of these arrangements. He also advised on the savings realised by the practice support team for this financial year as follows:

Darlington: £28,135
DCLS: £23,467
Derwentside: £2,452
Dales: £22,320
Easington: £88,549
Sedgefield: £56,591

These savings can be roughly broken down into three types:

1st Phase savings (e.g. Venlafaxine) - £142,580
2nd Phase savings (e.g. PPI's) - £19,442
Pilot work and ad hoc switches - £48,571

16.0 PBC PRESCRIBING LOCALITY UPDATES

No updates received this month.

17.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

17.1 Update from Sunderland CHFT D&T- Friday 3rd September 2010

Summary noted by the committee.

17.2 Update from North Tees and Hartlepool FT D&T - Friday 10th September 2010

Summary noted by the committee.

17.3 Update from County Durham and Darlington FT D&T – Wednesday 11th August 2010

HB gave a brief update on this meeting that was attended by Sharron Kebell. She advised that the trust is changing its choice of LMWH to dalteparin. Liraglutide/exenatide prescribing was raised again and it was decided that the time period before transfer of prescribing into primary care should be agreed at the next Diabetes Clinical Advisory Group.

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

JS gave a brief update on the TEWV D&T covering lithium shared care, antipsychotic prescribing, agomelatine NETAG decision and a North Yorkshire QIPP idea which involved switching patients from once daily "XL" preparations to twice daily standard release tablets.

17.5 Durham Cluster Prison Drugs and Therapeutics

No paper this month.

17.6 Community Health Services Medicines Management Committee

No paper this month.

18.0 ANY OTHER BUSINESS

Vitamin D

GC enquired when this document would be coming to D&T; he was advised that it is agenda'd for October 2010 D&T meeting.

LPC

PK advised that it is difficult for pharmacies to access documents on PCT intranet which are available to GPs. She asked if pharmacies can

be given a password. JS advised that the PCT are currently looking at `www' site which would make these documents accessible to all.

2011 D&T Dates

Dates and venues for 2011 D&T Meetings were distributed.

19.0 DATE AND TIME OF NEXT MEETING

Tuesday 19th October 2010
12.00 - 2.30 pm
Board Room, Appleton House

Confirmed as an accurate record:

Name:

Dr Ian Davidson - Chair