AREA PRESCRIBING COMMITTEE
Thursday 6th September 2012
11.30 – 2.30 pm
Board Room, John Snow House

PRESENT:

Jean Bertram, Patient Representative
Geoff Crackett, GP Prescribing Lead (DCLS), NHS County Durham & Darlington
Ian Davidson, Deputy Medical Director, NHS County Durham & Darlington (chair)
Sarah Hailwood (SJH), Consultant Rheumatologist, County Durham & Darlington NHS Foundation Trust
Betty Hoy, Patient Representative
Sue Hunter (SH), Associate Director of Pharmacy, Tees Esk & Wear Valleys NHS Foundation Trust
Patricia King, Local Pharmaceutical Committee Representative
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Sarah McGeorge, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Ian Morris, Head of Medicines Management, NHS County Durham & Darlington
Lynda Ramsay, Community Matron, County Durham & Darlington NHS Foundation Trust
Andy Reay, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Joan Sutherland, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Laura Walker, Minute taker, NHS County Durham & Darlington
Sue White, Regional Drug & Therapeutics Centre
Chris Williams, Deputy Chief Pharmacist, County Durham & Darlington NHS Foundation Trust

IN ATTENDANCE:

David Knight, Senior Information Systems Developer
Sarah Tulip, Pharmaceutical Advisor, NHS County Durham & Darlington

APOLOGIES FOR ABSENCE:

Sarah Burns, NHS County Durham & Darlington
Peter Cook, Consultant, County Durham & Darlington Foundation Trust
Paul Fieldhouse, Regional Drug & Therapeutics Centre (deputy in attendance)
Alwyn Foden, County Durham & Darlington Foundation Trust
Suzy Guirguis, Consultant, CAMHS, Tees Esk & Wear Valleys NHS Foundation Trust
Sue Mole, Patient Representative
Lindy Turnbull, County Durham & Darlington NHS Foundation Trust
Paul Walker, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Ingrid Whitton, Deputy Medical Director, Tees Esk & Wear Valleys NHS Foundation Trust

It was noted that the meeting was not quorate on commencement with lack of representation from the Foundation Trust, however a Foundation Trust representative is expected to arrive.

PART 1 - Mental Health

1. <u>New drug applications (relevant to TEWV)</u>

SH agreed that the new drug applications could be considered on behalf of TEWV.

2. <u>Lithium</u>

SH explained that TEWV maintain a database which records lithium patient monitoring test results. Patients whose test results are more than 28 days old are investigated. It is estimated there are between 200 - 300 patients who are not on the database and are solely managed by their GP. SH informed the group TEWV would take referrals from GP's especially if these patients had any problems however she is wary there will be a sudden influx of these patients coming back to TEWV which would be difficult to

manage. ID mentioned the prescribing incentive scheme will cover lithium prescribing and suggested this could be used to flag up TEWV re-referrals.

SH told the group that she has some difficulty gaining the test results from the pathology labs and that only one pathology lab in the area provides her with a weekly list of results. CW will discuss providing test results on a weekly basis with the Foundation Trust pathology lab. ID suggested he could write to pathology labs if needed to highlight patient safety concerns and ask them to provide the results.

AR asked the group how re-referral criteria should be publicised, ID suggested putting this in the newsletter but that this should be done so as to avoid getting all referrals at once. The patients could be referred if appropriate when they are reviewed by the GP.

ACTION: To add lithium referral criteria from shared care guideline to newsletter. JS / SH December 2012

PART 2 - General

3. Apologies for absence (verbal)

See front page.

4. Declaration of interests (verbal)

None declared.

5. Minutes from last meeting held 05.07.12

The minutes were accepted as a true and accurate record of the previous meeting with the following amendments:

Item 19.0 where membership changes have taken place, to include the reason for membership changes in the minutes alongside the name.

To include page numbers on the minutes.

6. Matters Arising/Action Log

Item 2.0 Prescribing Guidance Drug Misuse – ID has taken this to CD LIN and DAAT to action, however this needs a date to complete.
ACTION: ID to get completion date from DAAT for this action.

Item 2.1a Potential Pregabalin Misuse – SW has received an email regarding this and will send this to JS / SH

Item 7.0 Matters Arising/Action Log –(Dementia prescribing algorithm). SH informed the group this is due back to their D&T in November so bring back to January APC.
ACTION: To return in January 2013 APC.

Item 9.1, 9.2, and 9.5 – all have action to return in 2013/2014, to amend action log accordingly.

Item 9.4 Tostran – AR offered apologies, this was completed and needs to be updated.

7. APC Formulary Sub Group Update

7.1 NICE Technology Appraisals and Formularies

AR presented this paper explaining that formulary groups should not duplicate the clinical work undertaken by NICE technology appraisals. More focus could then be placed on implementation of the technology appraisal; therefore the group needs to review how it treats NICE technology appraisals. All

Trusts will have to publicise which NICE technology appraised drugs they have made available. IM asked whether all drugs have to be listed, as the report suggests all drugs are listed. It was suggested that all drugs are listed but this could be done on the formulary. CW suggested horizon scanning and preparing so the clinicians don't have to complete a full application form. CW suggested putting NICE TA drugs on formulary and reviewing them regularly and keeping all informed. ID suggested using a formulary information page on the website.

ACTION: Revise formulary process so that NICE TA implementation is streamlined, with more focus on implementation rather than duplicating the clinical work of NICE: AR/CW/SB December 2012

7.2 Terms of Reference

This paper was returned to the group with amendments completed. JB noted there is no membership from Sunderland however patients from the area are referred into Sunderland, the group are aware of the boundary issues and AR suggested this document will be constantly being updated. The group accepted this document with a view to review at the end of March 2013.

ACTION: To review end of March 2013. AR/CW/SH

Foundation Trust representative arrived at the meeting at this point, the meeting is now quorate.

7.3 Demonstration of Formulary Website

David Knight and Sarah Tulip joined the meeting to present the formulary website. This website has been developed by David and is expected to go live at the end of 2012. CW emphasised that this is to show the group the tool at this stage and not the final formulary. David did a brief presentation of how the website works, it is on the internet so can be accessed anywhere by anyone. IM asked whether there could be a mobile app, David informed the group there is a mobile version of the page which is not as detailed. If the drug is not listed a blank page is shown, IM suggested having a generic page stating the drug is not on the formulary. CW suggested getting the website running and to make amendments to it from there as and when issues are raised. AR suggested he forward this on to the prescribing leads in a "none live" state for them to use, then to make live at the end of December 2012. ID thanked David and Sarah for the presentation.

ACTION: AR to forward to prescribe leads and give 1 month for feedback, then plan to go live December 2012.

8. New Drug Applications

8.1 Fidaxomicin

The APC approved Fidaxomicin for the treatment of Clostridium difficile infection as a green plus drug, suitable for prescribing in primary or secondary care only on the recommendation of a consultant microbiologist**.**

8.2 Exenatide Prolonged Release

Exenatide Prolonged Release (Bydureon®) is approved as a treatment option as recommended by NICE TA 248. A shared care protocol has been produced to support its use and further guidance on its place in therapy will be provided by the Diabetes Clinical Advisory Group.

The first months' supply will be made from secondary care before transfer to primary care.

NB. Prescribers must make it clear that this is a once weekly injection to avoid confusion with the twice daily preparation of this drug.

Action: Further guidance on the place in therapy will be provided by the Diabetes Clinical Advisory Group. December 12.

TEWV representative's left the meeting at this point.

8.3 Vitamin D

The committee was informed that there is now a UK produced, unlicensed, 20,000 IU colecalciferol product, called Bio Vitamin D3, which contains an information sheet in English. Quality assurance checks have been undertaken by NUTH and it is of suitable quality. Therefore it can be used in preference to the imported (licensed in Germany) Dekristol product. It also has the advantage that it does not contain arachis oil and is cheaper than Dekristol. It was also noted that there may soon be a licensed 10,000 IU colecalciferol product available.

Decision: Bio Vitamin D3 20,000iu (unlicensed) will be added to the Formulary alongside Dekristol. This will be reviewed on confirmation of the availability of a licensed 10,000 unit product.

8.4 Rivaroxaban

Rivaroxaban is approved as a treatment option as recommended by NICE TA 256 and TA 261.

Its use is supported in the treatment of AF and DVT where patients can't tolerate other treatment options and also in the Darlington primary care DVT pilot.

On-going work will be undertaken to define the place of rivaroxaban in the DVT and AF pathway.

Action: Work will be undertaken to define the place of rivaroxaban in the DVT and AF pathway, March 2013.

9. APC Annual Report

This report demonstrates to CCGs the work the APC has produced and importantly its plans for the future, it will be important to inform the continuation of the group

The group approved the document, and to be sent to CCG's and the Foundation Trust.

ACTION: To be sent to CCG's and CDDFT and to be placed on the website ID / AR

10. IFR Decisions

AR has found no unusual patterns with the IFR requests he has been receiving. CW asked again for himself and GK to be included in the feedback for the IFR decisions, AR agreed to discuss this with Berenice Groves. ID asked whether this is moving to a regional process, CW stated the NETAG website has a regional form. JS informed the group that North of Tyne uses an I.T process which they are hoping to roll out regionally. ID asked for an update on what will happen with IFR requests in the re-organisation.

ACTION: AR to contact Bernice Groves and feedback to CW and GK outside of the meeting. October 2012
ACTION: AR to find out if this will move to a regional process in the re-organisation and feedback to the group. October 2012

11. NETAG Update
ID updated the group on the decisions made at the last NETAG meeting on 10th July. NETAG has been asked not to approve any specialised commissioning drugs until March 2013.

12. Medication Safety

12.1 MHRA Drug Safety Update July 2012

ID highlighted the Dabigatran advice. This will be looked at by the anti-coagulant group.

Action Anticoagulant Group to consider MHRA advice on Dabigatran

12.2 MHRA Drug Safety Update August 2012

ID highlighted the Simvastatin update. IM informed the group that the Medicines Management Team are producing a memo regarding this.

Action: Medicines Management Team to produce simvastatin memo IM September 2012.

At this point ID asked CW and GK about their C.Diff trial using probiotics. CW explained that given the current C.Diff position the Trust felt it pertinent to try this method, as although there is no evidence for this, there is also no evidence against it and a potential theoretical benefit. CW explained that this is just being undertaken in hospitals and if this makes a difference to C.Diff then this work will be shared with primary care. At this point in time no change in practice is required in primary care.

Part 3 – Physical Health

13. RDTC Prescribing Data PPI's and Laxatives

SW presented this paper which looks at PPI prescribing and laxative prescribing. The report shows that esomeprazole is still being prescribed. CW stated that gastroenterologists may have differing views but if this is being instigated by trust then he is happy to discuss this further with individuals if necessary. GK asked whether this is a big financial issue as it may not be worth pursing further. SW suggested savings can be made in some areas, not across the board.

Action: AR to investigate potential savings to determine if further action is required.

The laxative data shows a high amount of prucalopride being prescribed. GK explained that CDDFT have a consultant who is an expert in this area and so sees patients from around the county which leads to the higher levels of prescribing of this drug

14. GI Formulary

This paper was presented by CW. ID raised concern regarding the symbol used for green and green plus drugs as they are not easy to differentiate. CW suggested having a statement under the green plus drugs to explain. The group accepted this document.

Action: ST to amend formulary to explain /make clear green plus status. December 2012

15. Algorithm for the Management of Chronic Constipation incorporating Prucalopride

CW returned this to the group following making the amendments requested. ID questioned the dotted line between "adequate relief" and "stop laxative and commence prucalopride". It was decided that this is unnecessary and will be removed. ID asked whether there needs to be a date in the green box reading "initial or subsequent addition of laxatives". In the section reading "This pathway has elements that can be covered in primary care" IM asked which elements this covers. CW suggested he will remove this writing. IM suggested the "alarm features" should be listed, ID suggested this should be done in the narrative. GK summarised that they will make these changes if they are possible. ID highlighted that this is a green plus drug, CW will add a comment in about this. ID summarised that this has been approved by the committee and that the further acute constipation guidelines which are due in around 6 months will be useful to primary care.

16. AMD Memo

CW reported that the Ophthalmologists in the FT endorse this. ID asked if there were specific dietary guidelines rather than stating increase fruit and veg. LR informed the group there is a Patient Information Leaflet from the eye clinic available for the dietary requirements, LR to forward this to AR for dissemination with memo. This document has not been seen by Sunderland Eye Infirmary, ID suggested this is checked with South of Tyne PCT.

ACTION: LR to forward PIL to AR for dissemination with memo.
ACTION: AR to discuss memo with South of Tyne PCT

17. GLP-1 Shared Care Guidelines for Liraglutide/Exenatide

CW returned this paper to the group after making amendments. This document was accepted by the APC.

Action: shared care guideline to be placed on respective websites and highlighted in newsletter LM / CW / DG

18. Mercaptopurine Memo

This memo has been sent out to primary care. As previously discussed CDDFT are in the process of updating their shared care guidelines, which will return to the APC in January 2013.

Part 4 – Standing Items (for information only)

19. Minutes

19.1 CD&D PCT D&T Draft June 2012

For the information of the committee.

19.2 TEWV D&T Unconfirmed May 2012

For the information of the committee.

19.3 CD&D Clinical Standards and Therapeutics Committee Draft August 2012

For the information of the committee.

20. Drug & Therapeutic Bulletin summaries

To follow.

Action: AR to find out how D&T bulletin summaries should be circulated.

21. RDTC Horizon Scanning

21.1 July 2012

For the information of the committee.

21.2 August 2012

For the information of the committee.

22. Any other business

Date and time of next meeting:

Thursday 1st November 2012
11.30 - 14.30
Boardroom, John Snow House, Durham

Confirmed as an accurate record:

Dr Ian Davidson - Chair