County Durham and Darlington
Drug and Therapeutics Clinical Advisory Group

Tuesday 15th April 2014
12.00 – 2.30 pm
Boardroom John Snow House

Minutes

Dr David Russell (DR)	GP Prescribing Lead (Darlington) – Chair for this meeting
Dr Geoffrey Crackett (GC)	North Durham GP Prescribing Lead (DCLS)
Joan Sutherland (JS)	Medicines Optimisation Pharmacist, ND CCG
Ian Morris (IM)	Senior Medicines Optimisation Pharmacist, NECS
Alistair Monk (AM)	Medicines Optimisation Pharmacist, NECS
Anne Henry (AH)	Medicines Optimisation Pharmacist, NECS
Paul Davies (PD)	Medicines Optimisation Pharmacist, NECS
Andy Reay	Medicines Optimisation Pharmacist, NECS
Dominic McDermott (DM)	Pharmacist, RDTC
Dr Martin Jones	DDES GP Prescribing Lead (Sedgefield)
Dr Peter Foster	DDES GP Prescribing Lead (Easington)
Patricia King	County Durham and Darlington LPC Representative

Item Description

1. Apologies

Dr Ian Davidson (ID) Chair)	Director of Quality and Safety, ND CCG, (Usual D&T CAG
Dr Catherine Harrison (CH)	DDES GP Prescribing Lead (Dales)
Monica Mason (MM) Centre	Principle Pharmacist, Regional Drug & Therapeutics
Laura Walker	Minute Taker, NECS
Christopher Williams	Deputy Chief Pharmacist, CDDFT
Sue Hunter	Chief Pharmacist, TEWV Mental Health Trust

2. Declarations of interest

IM and AH Declaration of interest – both had been to a meeting where pharma industry had provided refreshments and food.

3. Minutes of last meeting held Tuesday 17th December 2013

6.2 Reword final paragraph before actions to say “selected strips” rather than “selected meters”

4. Matters arising

Dosulepin death rates

IM fed back on information he had received from TEWV regarding death rates associated with Dosulepin. This was as a result of a quote in TEWV document that suggested the rate was 200 per year and this was felt to be an out of date figure.

The TEWV data provided suggested that the national figure was now closer to 50 per annum but there was discussion on the fact that although the prescribing rates of this drug have dropped to only a tiny proportion of the original rates, the death rate associated with the drug has only dropped to a quarter of the original rate. This may indicate a higher proportion at risk in those remaining on therapy.

Action: IM to see if there is national data which shows prescribing rates against deaths associated with the drug.

5. Actions taken by Medicines Management Team following meeting 18th February 2013

Closed items:

Feb 6.1 Prescribing incentive scheme 2014 – 2016 (CLOSED)
The scheme has been developed and shared with prescribing leads. Final piece of work to agree targets is included on April 2014 agenda

Feb 6.2 Glucose test strip implementation plan (CLOSED)
Information pack has been developed and shared with all practices. Initial supplies of meters have been received by practices and the only negative comment has been that one or two practice feel they have too many meters but these can be uplifted by contacting the manufacturer.

Feb 6.6 Dosulepin Prescribing (CLOSED)
Numbers of death associated with dosulepin discussed under Matters Arising.

6.7 Draft COPD Guideline (CLOSED)
ID has written to the COPD CAG about the targets proposed in the guideline and the draft guideline will be on the APC agenda for discussion in May.

6.3 D&T Annual report (CLOSED)
Spelling mistake corrected and final version available via medicines website.

Open items:

Feb 6.2 Glucose test strip implementation plan (OPEN)
A patient information poster is still to be developed to support this initiative.

Feb 6.5 Final Oral Nutritional Supplement Pathway (OPEN)
Document is being held until the early May so as not to be sent out as the same time as the Glucose Test Strip messages

Feb 6.6 Dosulepin Prescribing (OPEN)
Patient advice leaflet to be developed

Feb 6.10 Vitamin D Guideline (OPEN)
Awaiting final comments from Endocrinologists and will then be disseminated and uploaded to website.

Feb 12.2 Yellow Card Reporting, Northern and Yorkshire 12-13 (CLOSED)
IM informed the group that he had contacted the RDTC and found that in 12-13 only 5 reports relating to clozapine came from the Northern and Yorkshire Region so this may indicate under reporting.

The D&T CAG discussed this issue and another possible reason may be that all incidents may be reported by the Clozapine Monitoring Service from their office meaning all incidences are reported from one site.

Historic Items:

October 2013 Feedback on MDS work (CLOSED):
AM provided the April 2014 D&T with an update of the work of the group.

December 2013 Report on Community Acquired C.Diff April-Oct 2013 (CLOSED):
Summary document relating to key points associated with C.Diff now complete but local adoption by North Durham CCG is still being discussed.

December 2013 Sub – Cutaneous Methotrexate Pathway (OPEN):
Ali Chapman is working with the provider and will pass the new pathway to MO for uploading onto website once this is available.

December 2013 Antibiotic Campaign Update (OPEN):
Evaluation of non-prescription pad will be included as part of the review of the whole campaign

December 2013 ScriptSwitch Review (OPEN):
Review underway with a summary progress paper to be included on June 2014 agenda.

December 2013 MHRA Drug Safety Update Oct 2013 and Nov 2013 (CLOSED):
Due to the time lapsed it was agreed to close this action.

December 2103: CAS alert Process (OPEN):

Janette Stephenson is awaiting confirmation from Area Team as to what their process is.

6.

6.1 Feedback on MDS work

AM updated the group on the progress so far with the pathway for managing compliance aids.

A meeting had initially taken place before Xmas to discuss the way in which Multi Compartment Compliance Aids (MCCA) are used ; this was in response to a letter that had originally been circulated from the PSNC and BMA highlighting the recommendations in a report which had been produced by the RPSGB. At the meeting it was agreed that work initially done by Chris Williams should be used as a basis for taking the issue forward

A subsequent meeting had happened which included Local Authority colleagues which allowed the issue of how the MCCAs were being used by care workers and this highlighted the need for Pharmacies to act as gatekeepers of the MCCA process by doing a MUR if patients were having problems in taking their medicines as MCCAs were not the only solution available.

There were some concerns raised about funding pharmacies to provide MCCAs as currently it was felt that there was not appropriate funding available to pharmacies to carry out this process

Another meeting is to take place in May to focus on how all parties can take this issue forward as a collaborative approach.

The D&T CAG thanked AM for his update.

6.2 Prescribing Incentive Scheme 2014/2015/2106

The NECS Medicines Optimisation team shared with the CAG a series of graphs which related to the Prescribing Incentive Scheme indicators for 2014/2015.

At the time the graphs were produced Darlington CCG were not going to be part of the scheme due to an internal decision, yet DR told the group that it had only just been agreed that Darlington CCG may well join the scheme as long as the criteria for payment can be agreed internally. As a result PD shared with the CAG a further set of data which included Darlington figures.

The debate regarding the targets to be used centred on making the target achievable, whilst requiring lower scoring practices to meet a minimum threshold before being considered to have met the target.

As a result of the discussion the following targets were proposed:

Topic	Indicator	Baseline and Measurement Periods	Target for measurement period
Antibiotics	Items per Antibacterial STAR PU for Cephalosporins, quinolones and Co-Amoxiclav	Baseline: Measurement (final figure):	a) To be below the baseline figure of the top 25% of practices. **Or** b) Shown a 10% relative reduction between practices baseline and final figure. *Note - Not achieved if final figure is above 25 items per STAR PU*
Glucose Test Strips	% of all test strip items written as APC approved products	Baseline: Measurement (final figure):	40% or above
Oral Nutritional Supplements	% of products listed in Oral Nutritional Supplement Guidelines written as Aymes Shake	Baseline: Measurement (final figure):	35% or above
Formulary Adherence	Percentage of items from BNF chapters 1,2,3,and 4 written as CDD APC formulary approved products	Baseline: Measurement (final figure):	90% or above
Wound Formulary Adherence	% of items for wound management products written as CDD wound formulary products	Baseline: Measurement (final figure):	a) To be above the baseline figure of the top 25% of practices. **Or** b) Shown a 10% relative

			increase between practices baseline and final figure. *Note - Not achieved if final figure is below 50%.*

Action: PD to apply these criteria to the graphs/data and share with prescribing leads for final agreement

6.3 Glucose Test Strip implementation plan update

IM informed the group of the progress of the implementation of the Roll out of the recently approved Blood Glucose Test Strips. IM said all practices will have received an allocation from of the approved meters and test strips direct from the company and if any more were needed then the suppliers could arrange this.

In addition to supplies, practices had received the information pack which had been widely discussed and there had been very little negative feedback from practices other than one practice saying they had received more meters than the needed (in this case the practice was told to notify the manufacturer of the excess stock to arrange an uplift.

Uptake of the use of the meters would be monitored in the prescribing incentive scheme.

6.4 Draft COPD Guideline – Update on Progress

IM and AH informed the group of the progress so far with regard to the development of the COPD Guideline.

The guideline is currently being developed by the Respiratory network but there had been issues raised about the FEV1 threshold for adding in ICS being at 50% predicted in NICE yet being at 60% predicted in the guideline. During the meetings this had been raised by Medicines Optimisation Representatives and following this Dr Ian Davidson had written to the network Chair to ask for further information regarding the evidence behind this recommendation.

The D&T CAG discussed the risk of patients being initiated on drugs earlier than necessary and the increased risk of side effects, additional drug costs and the evidence needed to support this recommendation.

The committee also asked of the remit mandate and TOR of the various networks and clinical advisory groups and where they fit into the CCG decision making structure.

This was unclear yet prescribing leads felt this needs to be clarified due to the advice they were giving to CCGs

Action: The role and place of Networks and CAGs to be discussed at APC and CCGs to determine their advisory role and the governance processes relating to them.

6.5 Fostair Formulary Application Discussion

PD brought to the CAG a recent formulary application for Fostair inhaler *(Beclomethasone Dipropionate/ Formoterol Funarate Dihydrate).*

This drug was felt to be as effective as other drugs used in the same stage of treatment yet there were some concerns that it may be used earlier than others by being used as a reliever.

Fostair is also currently cheaper than most formulations of Seretide and Symbicort.

As a result of the discussion it was felt that further clarity would be helpful as to exactly where in the treatment pathway Fostair would be used.

Action: PD to include application on Formulary group / APC agenda and seek further clarification on place in therapy from applicant

Diabetes CAG – Long Acting Insulin Analogue Update

6.6 AH informed the group that an Insulin Analogue Working Group had been formed as a subgroup of the diabetes CAG. This group will look specifically at the issue of analogue insulin prescribing and aim to promote the use of NPH insulin by educational support.

The success of the group will be dependent on good GP engagement so CCG diabetes leads will be discussing in more detail with GP colleagues.

6.7 Dopamine Agonist Issues in Parkinson's Disease Patients

AM informed the group of some recent email discussions which had taken place about side effects related to Dopamine agonists, especially in those patients that may no longer be under the care of specialist services.

A patient information leaflet from City Hospitals Sunderland FT was included with the discussion paper and this highlighted these side effects and the CAG were told that a

similar leaflet was already available from CDD FT.

The group agreed that practices may need to be reminded of the side effect risks to this group of patients and should ensure that all patients are receiving the necessary support.

6.8 Position Statement of Public Health Prescribing Issues for DDES and North Durham CCGs

JS shared with the CAG a summary of the recharge arrangements with County Durham Local Authority relating to Public health Services which were accessing primary care funded medications.

This paper gave the position relating to Substance misuse and alcohol services, Smoking Cessation, and Long Acting Reversible Contraception.

The paper was received as an update.

6.9 Generic Oral Contraceptives and Guideline Review

PD told the group there could be considerable cost savings from using some of the cheaper brands of established oral contraceptives. The CDD formulary currently states a limited number of brands but does not include all of the cheaper versions.

DR said that some of the cheaper versions were already in use in Darlington CCG without any problems , and PD said cheaper brands were also in use in North of Tyne and in Cumbria (via the Lothian formulary)

Action: PD to take the issue to APC for discussion including possible financial savings from using these cheaper brands.

7. Financial/ budget update

7.1 Budget Update

IM informed the group of the current prescribing forecast for the three CCG areas. These were: Darlington (3.08% over), North Durham (5.32% over), and DDES (8.64% over).

7.2 Budget Setting Update

IM informed the group that he was in the final stages of finalising the budget setting modelling spreadsheets for North Durham and Darlington but still needed to clarify a

small number of budget lines in each of these CCGs as services may have closed since budgets were set last year.

DDES CCG had decided to set their budget in house without NECS support.

8 QIPP

No Items.

9 ScriptSwitch

9.1 ScriptSwitch Profile Review

Review now underway with negative switches removed unless they are clinically relevant. Least accepted switches and being reviewed and being deleted if not clinically relevant. A summary paper is due to be provided at the June D&T CAG

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10.1 MHRA Drug Safety Updates

10.1a February 2014 (Issue 7)

DM discussed the update and drew attention to the recent review which confirmed the small risk between Combined hormonal contraceptives and venous thromboembolism.

10.1b March 2014 (Issue 8)

DM discussed the update and highlighted the warning related to the interaction of St John's Wort with hormonal contraception, including Implants. In addition to this attention was drawn to the recent restrictions associated with Strontium Ranelate and cardiovascular risk.

Action: IM to include both items in next Newsletter

10.1c April 2014 (Issue 9)

DM discussed this update and reminded the group of the changes to the Yellow Card Reporting system to include more details about the pregnancy status of any women over 16 years of age who have experienced an adverse reaction to medication.

10.2 10.2a & 10.2b Patient safety alert on improving medication error incident reporting and learning (including supporting information)

The group discussed the NHS England / MHRA stage three Patient Safety Alert about improving medication error incident reporting and learning with a target date for completion of 19th September 2014.

The alert highlighted a number of actions which organisations needed to do by the deadline depending on their size and function.

CCGs will need to identify a Medication Safety Officer to be part of a National Medication Safety Network and take a local lead for Medication safety, reporting, learning and sharing.

In addition to this CCGs will also need to recognise their role as a commissioner to ensure that providers are putting the actions required in this Alert into place.

JS said she felt that this would be something to be discussed at the QRG to ensure providers are up to speed with this.

Action: IM to discuss with patient safety teams for inclusion in their work stream

10.2c & 10.2d Patient safety alert on improving medical device incident reporting and learning. (including supporting information)

The committee discussed this alert which was very similar to the one associated with Medication errors and agreed that it had the same implications.

11 Area Prescribing Committee

PD informed the CAG that the March APC had been cancelled due to the number of apologies received from CDDFT which would have meant the meeting would not have been Quorate. This decision had been taken by GC as stand in Chair for the meeting and following his return from leave Dr Ian Davidson had written to members in his capacity as APC Chair to remind them of the importance of attending the APC

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12.1 RDTC Monthly Horizon Scanning Document – February , March and April 2014

DM updated the group on the content of these reports for information MM presented the January copy of the Monthly Horizon Scanning Document for information

13 Patient Group Directions

The D&T CAG were told that since the last meeting the following PGDs had been issued , all of which relate to immunisation services commissioned by the Area Team:

- Haemophilus influenzae type B & meningococcal C conjugate vaccine
- Measles Mumps and Rubella (MMR) vaccine MenC - Menitorix
- Pneumococcal Conjugate Vaccine (Prevenar13) (PCV)
- Pediacel
- Repevax

14 CCG prescribing locality updates

14.1 Darlington Prescribing Sub Committee
minutes 18th Mar 2014
This was shared for information purposes only .

14.2 North Durham LPG
Minutes 11th March 2014
This was shared for information purposes only .

14.3 Durham Dales LPG
Unconfirmed minutes 23rd Jan 2014
This was shared for information purposes only .

14.4 Easington LPG
Unconfirmed minutes 9th Jan 2014
This was shared for information purposes only .

14.5 Sedgefield Prescribing Task Group
Unconfirmed Minutes 22nd Jan 2013
This was shared for information purposes only

15 Provider Drug & Therapeutics Committees

15.1 County Durham & Darlington FT CSTC
Draft minutes 12th Feb 2014
This was shared for information purposes only .

15.2 North Tees & Hartlepool NHS FT D&T minutes
Unconfirmed Minutes 14th March 2014
This was shared for information purposes only .

15.3 Sunderland CHFT D&T
Minutes 6th Jan 2014
This was shared for information purposes only .

15.4 Tees Esk & Wear Valley D&T minutes
Minutes 23rd Jan 2014

This was shared for information purposes only .

16 Any Other Business

None raised.

17 Date and time of next meeting

17th June 2014

12.00 – 14.30 Board Room, John Snow House