COUNTY DURHAM AND DARLINGTON AREA PRESCRIBING COMMITTEE

Thursday 4th July 2013
Board Room, Appleton House
11.30 am – 2.30 pm

In Attendance

Serena Bowens, NECs (minute taker)
Geoff Crackett, GP Prescribing Lead, North Durham CCG
Ian Davidson, Quality Lead, North Durham CCG (Chair)
Alwyn Foden, Acting Managing Director, Clinical Governance & Consultant Physician, CD&D FT
Sarah Hailwood, Consultant, CD&D Foundation Trust
Sue Hunter, Associate Director of Pharmacy, TEWV
Patricia King, Local Pharmaceutical Society representative
Graeme Kirkpatrick, Chief Pharmacist, CD&D Foundation Trust
Monica Mason, Principal Pharmacist, RDTC
Ian Morris, Senior Pharmaceutical Advisor, Medicines Optimisation, NECs
Andy Reay, Senior Pharmaceutical Advisor, Medicines Optimisation, NECs
Joan Sutherland, Pharmaceutical Advisor, Medicines Optimisation, NECs
Lindy Turnbull, Senior Nurse, Medicines Management, CD&D FT
Chris Williams, Deputy Chief Pharmacist, CD&D Foundation Trust

Apologies

Peter Cook, Consultant, County Durham & Darlington Foundation Trust
Sarah McGeorge, Nurse Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Sue Shine, Nurse practitioner, DDES CGG
Paul Walker, Clinical Director, Tees, Esk & Wear Valleys NHS Foundation Trust

In Attendance – Item 6

Praveen Partha, Consultant Diabetologist, CD&D Foundation Trust
Nimantha De Alwis, Public Health/Diabetes SpR, DCC

PART 1 - MENTAL HEALTH (non-quorate)

1. NEW DRUG APPLICATIONS RELEVANT TO TEWV

Sue Hunter confirmed TEWV would support the decisions made on new drug applications in the general agenda.

2. ANTIPSYCHOTIC AUDIT

Primary Care Audit – it was noted that there had been no major changes since the 2011/2012 audit. There are higher prescribing rates in Darlington; however this is likely to be due to the fact that Darlington was thought to have a greater number of care homes compared to other CCGs.

The primary care audit has been shared with Ros Prior and Sarah McGeorge from TEWV. TEWV will be producing `top tips' for GPs which will be useful to promote best practice.

It was agreed that North Durham CCG would pilot working with TEWV to compare the Primary Care results with TEWV's audit results and return the results back to the APC in November 2013.

Action: JS to liaise with Aylsa from TEWV

It was agreed rating the severity of dementia was an issue for secondary care rather than primary care.

Action: SH: TEWV to provide information on severity of dementia, rather than primary care. This can be discussed with Ian Davidson if necessary.

TEWV have taken part in the national POMH-UK audit and a summary was tabled. Results will be brought back to the APC with guidance on the pharmacological and non-pharmacological treatment of behaviours that challenge and the lessons learnt from the primary care audit.

Action: TEWV audit results to be brought to back to the APC, with guidance on behaviours that challenge, along with lessons learnt from primary care audit.

3. SAFE PRESCRIBING TRANSFER GUIDANCE

An updated document was presented to the group, in line with recent formulary status changes and further discussions at TEWV D&T.

The following point was discussed: "The majority of patients taking antipsychotic or antimanic medication will remain within secondary care services. However where a patient has been stable on and concordant with treatment for a minimum of 6 months with no other co-morbidity requiring consultant psychiatrist input and no active treatment is being provided by specialist services, consideration should be given to discharging the patient from secondary care services"

Following a discussion the group supported the discharge of patients prescribed antipsychotics if there was no active input from secondary care. There was a caveat that a high quality patient treatment plan should be passed to the GP and that a rapid route back to secondary care be established should there be concerns about the patient's mental health.

There was discussion over the traffic light status of drugs for alcohol and opioid dependence. In Tees there is a proposal that they be classed as red. It was felt that work needed to be done outside of the meeting, linking with NECA, the Community Alcohol Service and the Local Authority to determine whether GPs would be asked to prescribe these drugs in County Durham and Darlington and therefore whether a red classification would be appropriate.

During this discussion, there was a general point made regarding potential inappropriate referrals. ID informed the group that any issues regarding referrals could be flagged to quality leads if there was a concern. CCG quality leads are Ian Davidson (North Durham) Dinah Roy (DDES) and Richard Harker (Darlington)

.

Action: TEWV to consider developing a template for a high quality patient treatment plan when discharging patients prescribed antipsychotics, detailing length of treatment, frequency of review, who would perform reviews etc.

Action: TEWV to establish rapid route back to secondary care mental health services should a patient who had been discharged on an antipsychotic experience deterioration in their mental health status.

Action: IM to liaise with NECA, the Community Alcohol Service and the Local Authority to determine whether GPs would be asked to prescribe drugs for alcohol and opioid dependence in County Durham and Darlington and therefore whether a red classification would be appropriate.

4. DOSULEPIN PRESCRIBING RATE REPORT

This report was discussed and it was agreed that TEWV would provide guidance on alternative choices of drugs for patients currently prescribed dosulepin. This will include its use as antidepressant and low dose use as a hypnotic

Action: SH to provide additional information to be cascaded to Primary Care.
Action: Message to be included on ScriptSwitch incorporating this advice. (IM)
Action: Once information is received from TEVW, AR to cascade to all localities.

5. MIDAZOLAM INFORMATION LEAFLET

The Committee approved the carer information leaflet.

PART 2 - GENERAL

6. DIABETES GUIDELINE

Dr Partha and Dr De Alwis presented the diabetes guideline which has been approved by the Diabetes Clinical Advisory Group (CAG). The guideline shows first, second and third line choices, but allows for individual treatment, based on the patient's characteristics.

There was discussion over whether this guideline should cover blood glucose monitoring, however the CAG are working on a separate document covering this, and it was agreed that this was the best way forward.

Action: Review date of 12 months to be included
Action: Lifestyle advice to be re-visited at every stage
Action: CW to resolve some of the current format issues, including costs and remove drug names when a class would be more appropriate
Action: Glucose testing strips – further guidance will come from the CAG
Action: To be forwarded to D&T and FT D&T for their information and onward dissemination.

Chairman's Action: Following the completion of all of the aforementioned actions, the document to be finalised and ID will take Chairman's action to approve the document for future cascade.

7. APOLOGIES FOR ABSENCE

Please refer to front page.

8. DECLARATIONS OF INTEREST

There were no declarations received for this part of the meeting.

9. MINUTES OF THE PREVIOUS APC MEETING HELD 2ND MAY 2013

These minutes were approved by the Committee and agreed to sign off as a final document for cascading. In future the following wording will be used for new drug applications relevant to TEWV: "Sue Hunter confirmed TEWV would support the decisions made on new drug applications in the general agenda."

10. MATTERS ARISING INCLUDING ACTION LOG

There were no matters arising.

Action log

ID stated that all three CCGs need to sign off the TOR, which will then return to the APC for final sign off

AF raised that representation at the APC should be addressed, to ensure that all CCGs were represented

Revisit the requirement of APC and D&T for Primary Care.

11. APC FORMULARY STEERING GROUP

There was discussion around the level of support required to support the formulary and it was agreed that a paper would be produced detailing this. Maintaining the formulary is not a simple administrative task and it requires support from IT and the RDTC, along with other areas

MM informed that the RDTC could produce a list of black triangle drugs for inclusion on the formulary and this will be investigated. ID has met with the IT department informing them that IT input was essential to maintain the web based formulary

.

Action: NECs to be produce a paper on formulary support.

11.1 Formulary Steering Group Notes

Pirfenidone is going to be included on the specialist drugs list and is currently only commissioned from specialist centres.

There was a discussion regarding working with the pharmaceutical industry. NECS will be setting up a process for this, which will be shared with CCGs

Action: NECs to set up a process for working with the pharmaceutical industry.

11.2 Formulary Updates

Currently pending changes from IT.

11.3 Rifaximin – Traffic Light Status

As a licensed product is now available for hepatic encephalopathy, there was discussion as to whether the red classification of Rifaximin could be reviewed. The Group felt that no changes to traffic light status or recommendations should be made until NICE reviewed the product possibly around September/October 2013.

11.4 Drug Trials

There was discussion around how we handle drug trials in primary care. AR informed the Group that he has been asked to comment from an MO aspect on drug trials in primary care. ID said the CCGs have responsibility for drug trials in primary care and he has requested a written process from Research and Development
.

Action: AR to flag with Research and Development.

11.5 Aflibercept (Eylea)

AR has recently been approached by commissioners and informed that City Hospitals Sunderland have this on their formulary and are currently treating some Durham patients with this drug. There was a discussion over how we annotate tertiary care drugs on the APC formulary. It was agreed that a pragmatic approach be taken with tertiary care drugs and where it was felt appropriate, they would be added to the APC formulary where it was felt to be an issue.

Action: tertiary care drugs to be included in APC formulary and where it is felt to be an issue.

12. NEW DRUG APPLICATIONS

12.1 Triptorelin

The group accepted the recommendation of the formulary steering group that triptorelin be added to the formulary as a potential first line option, as a cost effective alternative to existing preparations.

Action: Triptorelin approved for inclusion on the CD&D formulary as a green plus drug, first line option for licensed indications.

12.2 Degludec

The APC made the decision not to add insulin degludec to the formulary as the product does not appear to offer increased benefit to the wider population – this decision was considered in line with the SMC decision to also reject the product

Action: Drug not approved for inclusion on the CD&D formulary.

12.3 Desunin

The group agreed the inclusion of Desunin as a formulary amendment to introduce a second licensed product.

Action: Desunin approved for inclusion on the CD&D formulary.

13. IFR UPDATE

Geoff Crackett reported that the IFR system works more promptly and effectively when the electronic system is used rather than the old paper based system. A reminder to clinicians to use the electronic system would be useful

Action: Clinicians to be contacted to remind them to use the online system. AR will contact the IFR team

14. DMARD SHARED CARE GUIDELINE

These guidelines have been reviewed and now cover all specialities that use DMARDs with the exception of dermatology. The format has been improved to make accessing the relevant information more user-friendly. Dermatology have agreed that they will not share care with GPs for their patients prescribed DMARDs.

The Group approved the guideline for dissemination. ID thanked Sarah Hailwood for an exceptional piece of necessary work.

Action: MO team to cascade via future Medicines Optimisation Newsletter.
Action: CW to disseminate within FT.

15. DMARD MONITORING BOOKLET

The Group were informed that this booklet is now at a stage where it can be sent to print for dissemination to patients.

Action: IM to acquire definitive costs and then contact CCGs and FT (Graeme Kirkpatrick), to obtain agreement to proceed to print.

16. MINUTES OF PREVIOUS MEETINGS HELD

16.1 CD PCT Drug & Therapeutics Committee

None available.

16.2 TEWV Drug & Therapeutics Committee

None available.

16.3 CD&D FT Clinical Standards and Therapeutics Committee

None available.

17. RDTC HORIZON SCANNING – JUNE 2013

This document was presented to the Group for their information.

18. ANY OTHER BUSINESS

AF flagged that the following statement on the APC formulary was no longer correct in light of new evidence around the risk of pneumonia as well as the lipophilicity of the steroid component
"Combination Products: Higher dose product more effective in the treatment of COPD"

Action: This line will be removed from the formulary website

19. DATE AND TIME OF NEXT MEETING

Thursday 5th September 2013
Boardroom, John Snow House