County Durham and Darlington Area Prescribing Committee

Thursday 2nd July 2015
11.30 am – 2.30 pm
Board Room, Appleton House

MINUTES

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG (vice-chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Dr Alwyn Foden, Consultant, CD&DFT
Alex Murray, Patient representative
Mike Leonard , Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council
Jo Linton, Public Health Pharmacist, Darlington Borough Council
Gavin Mankin, RDTC Representative (Professional Secretary)
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&D FT
Chris Williams, Chief Pharmacist, TEWV FT
Dr Suzy Guirguis, Consultant, TEWVFT
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Jamie Harris, Deputy Chief Pharmacist, CDDFT

ID welcomed JL and JH to the APC, a round of introductions were made.

In attendance
No-one

The meeting was quorate.

Part 1 – Mental Health (11.30)

1a **TEWV Drug & Therapeutics Committee Feedback**

CW presented to the APC a briefing report highlighting the main issues discussed at the TEWV D&T.
The following issues were highlighted to the group:
Physical Health Monitoring (NICE CG178 & 185) – work is currently being undertaken to scope the gaps and current practices across the patch which will have an impact on TEWV. There will be a Kaizen event to look at this issue.

Calcium monitoring with lithium – the new requirements still need to be communicated to primary care and the overarching CD&D drug monitoring document needs to be updated.

Clozapine safety bulletin – this is currently in development and will be taken

to the Aug 2015 D&T CAG for discussion.

Electronic Lab Results – was due to go live in July but has been delayed because of the number of labs TEWV have to deal with.

Electronic Prescribing – beta testing will begin in Oct 2015. The project will include integration with the TEWV electronic discharge letter.

Pain management algorithm for MHSOP – this has been developed and will be cascaded to primary care. Will come to Sept 2015 APC for information.

CQC Assessment – TEWV had received good feedback from a recent CQC inspection in relation to medicines but the need for some improvement on covert drug administration was highlighted.

Smoking – TEWV are to become a smoke free Trust from March 2016. It was agreed this an opportune moment to review the local nicotine replacement guidelines and the local policy regarding e-cigarettes.

ACTION:
NECS to update overarching CD&D drug monitoring document with changes to calcium monitoring for lithium.

CW to bring Pain management algorithm for MHSOP to Sept 2015 APC for information.

CW to bring TEWV smoke-free plan to Sept 2015 APC.

CJ to bring local nicotine replacement guidelines and policy regarding e-e-cigarettes to Sept 2015 APC for review.

1b Hyperprolactinemia guideline
The group noted that this has now been approved by TEWVFT D&T and will be shared with the APC for information.

ACTION: CW to share approved Hyperprolactinemia guideline with APC for information.

Part 2 – General (12.00)

2a Apologies for absence:
Ingrid Whitton, James Carlton, Robin Mitchell, Melanie Robinson, Betty Hoy, Rob Pitt, Andy Reay

2b Declarations of Interest
No declarations of interest relating to the agenda were raised.
Noted that Dr Alwyn Foden is now a governor at CDDFT.

2c Minutes of the previous APC meeting held 7th May 2015
The minutes were accepted as a true and accurate record.

2d Matters arising/action log

Actions From March Meeting not on the agenda or action log
Nil

Action Log

Nalmefene
On today's agenda for discussion.

NICE NG5 – Medicines Optimisation
Trusts/CCGs continue to work on action plan for implementing locally and addressing any locally identified gaps/risk within their organisations and with their stakeholders.

Guideline for Diagnosing & Managing CMPA and Lactose Intolerance
Claire Kerr still to updated guideline with suggested changes following May 2015 APC.

COPD Guideline
On today's agenda for discussion.

Asthma Guideline
On today's agenda for discussion.

Vitamin D
On today's agenda for discussion.

Lipid Guidelines – Lifestyle advice
On today's agenda for discussion.

AF Guidance
NECS to review & update as necessary following launch of regional NOAC patient alert card.

Letrozole
On today's agenda for discussion.

Historic Actions

Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain
Had been completed and approved by Chairman's Action but D&T CAG have subsequently suggested needs an appendix adding to cover neuropathic pain to be discussed on today's agenda.

MHRA Drug Safety Update January & February 2015
Tiotropium memo still to be actioned.

Hyperprolactinameia guideline
Completed and to be added to website - It was agreed that this item was now CLOSED.

Melatonin Shared Care Guideline
Completed and added to website - It was agreed that this item was now CLOSED.

APC Formulary steering group update

2e Update from Formulary Subgroup for July 2015 APC

This was presented to the group and the following actions were taken by the APC:

Formulary Updates since May 2015 APC including RAG changes
Approved with no changes.

BNF Chapter	BNF Category Number	Product/indication	Detail of change	RAG Status
3	3.4.1	Hydroxyzine	Add link to MHRA DSU guidance	No change
5	5.2.2	Ketoconazole HRA: information about the risk of hepatotoxicity – sent by HRA Pharma on 24 March 2015	Add link to information about the risk of hepatotoxicity – sent by HRA Pharma on 24 March 2015	No change
5	5.3.3	Sofosbuvir with daclatasvir; sofosbuvir and ledipasvir: risks of severe bradycardia and heart block when taken with amiodarone	Add link to MHRA DSU guidance	No change
9	9.1.3	Epoetin beta (NeoRecormon): increased risk of retinopathy in preterm infants cannot be excluded	Add link to MHRA DSU guidance	No change
8	8.2.4	Fingolimod (Gilenya ▼): first reported case of progressive multifocal leukoencephalopathy (PML) in a multiple sclerosis patient taking fingolimod without previous treatment with natalizumab or other immunosuppressive medicines– sent by Novartis on 29 April 2015	Add link to letter	No change
2	2.8.2	Rivaroxaban	Add link to NICE TA335	No change
	5.1	Rifaximin	Add link to NICE TA337	Change status from RED to Green+
6	6.1.2	Empagliflozin	Include in formulary and add link to NICE TA336	Add as Green alternative drug
4	4.3	Depression in children & young people	Add link to NICE CG28	
4	4.2	Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges	Add link to NICE NG11	
4	4.1.2 & 4.2.1.1	Violence and aggression: short-term management in mental health, health and community settings	Add link to NICE NG10	
3	3	Bronchiolitis in children	Add link to NICE NG9	

Discussion tool place around the appropriate RAG status for Rifaximin and if AMBER(Shared Care) was more appropriate. It was agreed it should be classed as Green+ because CDDFT have a prescribing guideline to support it use and there is little or no monitoring required.

Discussion also took place on the RAG categories available on the CD&D Formulary and whether they were appropriately defined. It was agreed to ask the FSG to review the RAG categories within the formulary.

ACTION:
GM to update the online formulary with the approved changes.
GK to circulate CDDFT prescribing guideline for rifaximin.
Formulary Subgroup to review RAG categories available within CD&D Formulary.

2f Shared Care Guidelines for Approval
None received this month.

2g NTAG Update: June 2015 meeting
A verbal update on the NTAG recommendations following their June 2015 meeting was given.

- Omnipod insulin pump - the final recommendation is still to be finalised and will be available on the NTAG website in the next 2 weeks.
- Infliximab biosimilars - The Northern (NHS) Treatment Advisory Group recommends the use of infliximab biosimilars as an option where the originator product (Remicade®) would normally be prescribed.
  The group was satisfied that the data presented showed that bio similarity had been demonstrated for the infliximab biosimilar (CT-P13) with regards quality, non-clinical and clinical comparability. The group agreed that this recommendation will apply to new patients however localities may wish to consider implementing a managed therapeutic switch programme between products to take full advantage of the savings available. It is recommended that this is co-ordinated via a regional contracting arrangement to ensure consistency throughout the NTAG region.
- Teriparatide for atypical fractures - The NHS Northern Treatment Advisory Group does not recommend the use of teriparatide for the treatment of (bisphosphonate induced) atypical fractures.
  The group was concerned about the paucity of the data, lack of evidence of robust clinical efficacy of treatment and considered that it did not represent a cost-effective treatment option. The group noted that teriparatide was not licensed for this indication and it is not currently under regulatory review.

2h NTAG Annual Report 2014/15
This was presented to the group for information.

2i Dressings Formulary Update
An update to the 2008 Wound dressing formulary for use in community was presented to and approved by the group subject to an implementation plan being in place and the supporting documents being updated. The changes have already been approved by the D&T CAG but still need to go via CSTC.

ACTION:
GM to update formulary website accordingly.
NECS to work with Tissue Viability to update existing supporting documents including dressings choice matrix and revised order form for primary care.

2j Nalmefene
CW/CJ provided an update on the provision of nalmefene by Lifeline. TEWFT have been subcontracted by Lifeline to provide the clinical support for the service, and are currently developing a guideline for the use of nalmefene. The guideline will be ready for the September 2015 APC.

ACTION: CW to bring local pathway on use of nalmefene to September 2015 APC for information.

2k NICE Guidelines (NG5) – Medicines Optimisation – Key Priorities for Implementation.
Trusts/CCGs continue to work on action plan for implementing locally and addressing any locally identified gaps/risk within their organisations and with their stakeholders.

ACTION: APC stakeholders to present proposed action plan for implanting guideline recommendations and addressing any locally identified gaps/risk to Sept 2015 APC.

Part 3 – Physical Health (13.00)

3a COPD Guideline

Dr Neil Munro – Respiratory Consultant – in attendance.

The final draft of the COPD was presented to and approved by the group with the addition of a link to the online COPD Assessment tool.

It was noted that that after discussion the Respiratory CAG have agreed to remain with the FEV1 cut-off of 50% as per NICE.

An appendix prepared by the FSG detailing suggested formulary COPD inhaler choices was presented to and approved by the group with the following amendments:

- Not to include any products in Respimat device at this stage.
- Olodaterol – no place on formulary currently as only in Respimat device
- Seretide inhalers – only for existing patients
- LAMAs – also include glycopyrronium as an option. Tiotropium handihaler to be 1st choice.
- LAMA/LABA – also include glycopyrronium/indacaterol as an option
- ICS/LABA – annotate to say a budesonide/formoterol combination should be 1st choice.

The group noted there is no intention to switch existing patients to newer inhalers or generics.

The guideline and COPD formulary inhaler choices were approved for 12 months initially, and it was agreed that no changes to the formulary would be considered for at least 12 months.

ACTION: GM to publish final guideline on website.

3b Asthma Guideline

IM gave an update to the group on the development of local guideline for Asthma.
It is hoped that the guideline and associated formulary amendments will be available for discussion at the August 2015 Respiratory CAG meeting.

ACTION: NECS to take Gateshead asthma guideline to next Respiratory CAG as a basis for producing a CDD version.

3c Vitamin D Guideline

The current local vitamin D guidelines have been updated to reflect the availability of licensed medicinal preparations of high dose vitamin D in the UK now. Reference has also been made to the accommodation of choice of product based on religious or dietary restrictions.
The group approved the updated guideline with the following changes:

- Fultium D3 – to be highlighted as 1st choice on the basis that is the most commonly used licensed product within County Durham & Darlington.
- Table of available products – to be spilt into separate tables for licensed and unlicensed products.

ACTION: NECS to update Vitamin D guideline with suggested changes and publish final guideline on website.

3d Lipid Guidelines – Lifestyle advice

The final draft local guideline for prevention of CVD through lifestyle interventions was presented to and approved by the group.

ACTION: NECS to add to current Lipid Guidelines as an appendix and to publish final guideline on website.

3e Neuropathic Pain Audit

The results of an audit on the management of neuropathic pain in North Durham and DDES CCGs were presented to the group.

Key points highlighted included:

- Prescribing data identifies poor compliance with NICE guidance for the treatment of neuropathic pain
- Pregabalin is associated with high misuse potential, as such it should be reserved until later in the prescribing pathway, with amitriptyline and gabapentin trialled prior if appropriate
- A review of prescribing indications identifies wide-spread 'off-license' use of lidocaine patches
- Usage of lidocaine in DDES, ND and Darlington CCGs is on average around 4-times higher than that of neighbouring CCGs
- A multi-targeted intervention encompassing prescribing in both primary and secondary care is needed to improve quality and reduce spend
- Promotion and adherence to the guideline on pharmacological treatment of neuropathic pain is crucial to the improvement of prescribing

After discussion the following was agreed:

- To add Appendix 8 – Pharmacological treatment for neuropathic pain – Guidance for Prescribers – as an appendix to the Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain.
- To set up a task/finish group with primary and secondary care to meet with pain team to tackle inappropriate use of lidocaine patches in the first instance and then poor prescribing practices in neuropathic pain in general.

ACTION:
NECS to add Appendix 8 – Pharmacological treatment for neuropathic pain – Guidance for Prescribers – as an appendix to the Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain and to publish final guideline on website.
Task/Finish group to report back to Sept 2015 with an action plan to address the inappropriate use of lidocaine patches.

3f Letrozole and DEXA scans

Following discussion at May 2014 APC it has been confirmed with the CDDFT Cancer Network Pharmacist that within County Durham & Darlington that the consultant writes to the patients' GP to ask them to organise DEXA.
The Northern Cancer Network state in their guidelines that:

"If you are prescribed an aromatase inhibitor drug i.e. Anastrazole, Letrozole, Exemestane, (a type of hormone treatment sometimes used to treat post-menopausal women with breast cancer) you will need to have a DEXA scan (a scan to check your bone mineral density) as these drugs can cause a reduction

in bone thickness. This scan will be arranged by your hospital team or GP when you first start this medication and then may be repeated at two years and five years if necessary. You will be advised if you need further scans.
Your medication will be reviewed at your appointment but if you have any problems with your medication in between your appointment then contact your breast care nurse or GP."

The group noted that often responsibility falls between the breast surgeon and the oncologist. It was brought to the attention of the group that the APC had never agreed the pathway in County Durham & Darlington whereby the consultant writes to the patients' GP to ask them to organise DEXA.

After further discussion the APC felt that as it is the secondary care consultant who is responsible for initiating the aromatase inhibitor they should be responsible for organising the DEXA scan. It was agreed that the matter should be referred to the CDDFT Cancer Network Pharmacist.

ACTION: GK to raise the concerns of the APC with regard to the initiation of aromatase inhibitors and ordering of DEXA scans with the CDDFT Cancer Network Pharmacist.

Part 4 – Standing items (for information only)

4a **Formulary Steering Group Minutes April & May 2015**
For information.

4b **Formulary Amendments Post-May 2015 FSG Meeting**
Formulary Amendments Post-June 2015 FSG Meeting
For information.

4c **TEWV D&T Minutes March 2015**
For information.

4d **CD&D FT Clinical Standards and Therapeutics Committee April 2015**

For information.

4e **CD&D D&T CAG April 2015 Minutes**
For information.

4f **RDTC Horizon scanning – May & June 2015**
For information.

4g **MHRA Drug Safety Update April & May 2015**
For information.

Chairman's Action
None this month.

Any Other Business

Dermatology – DMARD Shared Care

The group noted that CDDFT are currently in the process of producing a shared care guideline for the use of DMARDs in dermatology.

Dermatology – subcutaneous methotrexate

GK asked if current rheumatology homecare pathway for subcutaneous methotrexate could also be used for dermatology patients. The group noted that the pathway is currently under review but it is unclear where the commissioners have got to with this issue. The APC felt it could not agree to dermatology patients being added to the current rheumatology pathway/shared care until the commissioning and the issues around who is responsible for prescribing/monitoring in general are resolved.

Date and time of next meeting:

Thursday 3rd September 2015 11.30am – 2.30pm
Boardroom, John Snow House