

County Durham and Darlington Area Prescribing Committee

Thursday 3rd September 2015

11.30 am – 2.30 pm

Training Room 2, Education Centre, Lanchester Road Hospital

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
Mike Leonard, Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council
Gavin Mankin, RDTA Representative (Professional Secretary)
Andy Reay, 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&DFT
Jamie Harris, Deputy Chief Pharmacist, CD&DFT
Melanie Robinson, Non-medical Prescriber, DDES CCG
Dr Robin Mitchell, Deputy Medical Director, CD&DFT
Richard Morris, Deputy Chief Pharmacist, TEWVFT
Betty Hoy, Patient Representative

In attendance

Dianne Woodall, Public Health Portfolio Lead – Tobacco Control, Durham County Council (item 2o +2p)
Eve Wouldhave, Specialist Level 3 Stop Smoking Adviser, CD&DFT (item 2o +2p)

The meeting was quorate.

Part 1 – Mental Health (11.30)

1a TEWV Drug & Therapeutics Committee Feedback – July 2015

RM presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

The following issues were highlighted to the group:

TEWV website – noted that the new website is currently under development and access to guidelines/policies is currently limited. Contact TEWV Pharmacy Team directly in interim if any issues.

Electronic Prescribing – beta testing will begin in Oct 2015. The project will include integration with the TEWV electronic discharge letter but make take 2-3 years to roll-out.

1b TEWV Smoke-free plan

TEWV will be going smoke-free from March 2016.

Plan to support implementation delayed until Nov 2015 APC. There are a

number of important issues to be considered including the safe prescribing of varenicline and bupropion in mental health patients.

ACTION: CW to share TEWV smoke-free plan at Nov 2015 APC.

1c Pain Management Algorithm for MHSOP

Guideline approved at June 2015 TEWV D&T was circulated for information. It is aimed primarily at inpatient use but has had primary care input from Tees. Members raised the following points:

- Disappointed not included in recently approved CD&D APC Pathway
- Concerns on the inclusion of buprenorphine patches and need to ensure these are prescribed/dispensed safely and appropriately. TEWV requested feedback from GPs if they see inappropriate use and will ensure that the brand required will be communicated clearly in discharge documentation to primary care.

1d Gender Dysphoria Regional Guidelines

NTW Gender Dysphoria Service have developed some prescribing guidelines for primary care. This was in response to NHS England Specialised Services Circular SSC1417 - Primary Care responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone gender dysphoria treatments. This circular enables GPs to prescribe and monitor hormone therapy for people with atypical gender identity development as recommended by Gender Identity Clinicians.

The NTW guidelines were approved by the North of Tyne Medicines Guidelines and Usage Group (a sub-group of the APC Formulary Committee) to provide prescribing support to GPs and are currently available on the NoT APC website. As the Gender Dysphoria Service is regional they would like the documents to be available for the other localities served by NECS to ensure GPs have access to the resources.

The group discussed and provisionally approved the addition of these guidelines to the CD&D website once the following questions/issues have been addressed:

- Confirmation of contact details for Regional Dysphoria Service for GPs/Clinicians in need of advice on management of individual patients.
- Confirmation of the governance arrangements for these patients. Are the use of these drugs for these indications treated as shared care and such some responsibility for these patients will be retained by the Gender Dysphoria Service; and at what point are these patients fully discharged to primary care with no further follow-up from the Gender Dysphoria Service.

ACTION:

GM to confirm with Regional Dysphoria Service contact details for specialists if GPs/Clinicians in need of advice on management of these patients.

GM to confirm with Regional Dysphoria Service the governance arrangements for these patients. Are the use of these drugs for these indications treated as shared care and such some responsibility for these patients will be retained by the Gender Dysphoria Service; and at what point are these patients fully discharged to primary care with no further follow-up from the Gender Dysphoria Service.

Part 2 – General (12.00)

Andy Reay confirmed he was representing both NECS and Darlington CCG.

Action: AR to confirm that NECS to be the link to Darlington CCG from the APC.

2a Apologies for absence:

Ingrid Whitton, Chris Williams, Jo Linton, Philippa Walters, James Carlton, Deborah Giles, Sarah McGeorge

2b Declarations of Interest

No declarations of interest relating to the agenda were raised.

Members were reminded annual declarations of interest forms were now due and of the need to declare any interest in relation to individual agenda items at the start of each meeting; this includes any hospitality received from the pharma industry.

Potential or perceived conflicts will be considered on an item-by-item basis, with group deliberation as to appropriate course of action [e.g. individual(s) with potential conflict to be excluded from decision-making; individual(s) to contribute to discussion/decision-making]

2c Minutes of the previous APC meeting held 2nd July 2015

The minutes were accepted as a true and accurate record.

2d Matters arising/action log

Actions From July Meeting not on the agenda or action log

Nil

Action Log

CD&D Drug Monitoring Document

Updated and published on website in July 2015.

ACTION: To be fully reviewed and updated for approval at Nov 2015 APC.

Pain Management algorithm for MHSOP

On today's agenda for information. It was agreed that this item was now CLOSED

Smoking Cessation

On today's agenda for discussion. It was agreed that this item was now CLOSED

Rifaximin Guideline

Circulated with Sept 2015 APC agenda. This will be updated to reflect the NICE TA.

Review of RAG Categories

On today's agenda for discussion.

Dressings Formulary Update

Supporting documents still being updated by NECS and Tissue Viability as of 19.8.15. To aim for completion by Nov 2015 APC.

COPD Guideline

Published on website. It was agreed that this item was now CLOSED.

Asthma Guideline

On today's agenda for update on current progress.

Lipid Guidelines – Lifestyle advice

NECS still to publish on website as of 3.9.15.

Neuropathic Pain Audit

Pain guideline updated and published on website as of 3.9.15.

Task/Finish Group regarding lidocaine patch use has now met and will report back to Nov 2015 APC with an action plan to address the inappropriate use of lidocaine patches.

ACTION: Task/Finish group to report back to Nov 2015 APC with an action plan to address the inappropriate use of lidocaine patches.

Letrozole and DEXA Scans

Concerns of the APC with regard to the initiation of aromatase inhibitors and ordering of DEXA scans with the CDDFT Cancer Network Pharmacist. The Breast Site Specific Group will review and update regional guidance.

Historic Actions

Nalmefene

On today's agenda for discussion. It was agreed that this item was now CLOSED.

NICE NG5 – Medicines Optimisation

Trusts/CCGs continue to work on baseline assessment 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

Updated and published on website in August 2015 - It was agreed that this item was now CLOSED.

Vitamin D

Updated and published on website in July 2015 - It was agreed that this item was now CLOSED.

AF Guidance

Updated and published on website as of 3.9.15 - It was agreed that this item was now CLOSED.

MHRA Drug Safety Update January & February 2015

Tiotropium memo still to be actioned. It was agreed to refer this issue to the Respiratory CAG for any action in light of recent MHRA Drug Safety Updates.

APC Formulary steering group update

2e Update from Formulary Subgroup for September 2015 APC

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

Formulary Updates since July 2015 APC including RAG changes

Approved with suggested change to RAG recommendation for naloxegol and addition of Teriparatide as rejected drug for atypical fractures.

BNF Chapter	BNF Category Number	Product/indication	Detail of change	RAG Status
3	3.4.2	Omalizumab for previously treated chronic spontaneous urticaria	Add link to NICE TA339	No change (RED currently)
1	1.5	Vedolizumab for moderate to severe ulcerative colitis	Include in formulary and	Add as RED drug

			add link to NICE TA342	
2	2.8	Apixiban for treatment and secondary prevention of DVT and/or PE	Include in formulary and add link to NICE TA341	Add as GREEN ALTERNATIVE drug
10	10.1.3	Ustekinumab for active psoriatic arthritis	Include in formulary and add link to NICE TA340	Add as RED drug
8	8.2	Obinutuzumab for CLL	Include in formulary and add link to NICE TA343	Add as RED drug
8	8.2	Ofatumumab for CLL	Include in formulary and add link to NICE TA344	Add as RED drug
9	9.1.3	Anaemia management in people with chronic kidney disease	Add link to NICE NG8	No change
7	7.4	Lower urinary tract symptoms in men	Add link to NICE CG97	No change
6	6.1	SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis	Add link to MHRA DSU guidance	No change (GREEN ALTERNATIVE currently)
10	10.1.1	High-dose ibuprofen (≥ 2400 mg/day): small increase in cardiovascular risk	Add link to MHRA DSU guidance	No change (GREEN currently)
7	7.3	Intrauterine contraception: uterine perforation—updated information on risk factors	Add link to MHRA DSU guidance	No change (GREEN currently)
10 & 1		Infliximab biosimilars	Add link to NTAG advice	No change (RED currently)
		Teraparotide for atypical fractures	Add link to NTAG advice	Add as REJECTED drugs
2		Lixiana [®] ▼(Edoxaban): risk minimisation resources	Add link to letter if NICE TA approved	n/a
11	11.6	Latanoprost (Xalatan): increased reporting of eye irritation since reformulation	Add link to MHRA DSU guidance	No change (GREEN currently)
6	6.6.2.2	Denosumab (Xgeva▼, Prolia); intravenous bisphosphonates: osteonecrosis of the jaw—further measures to minimise risk	Add link to MHRA DSU guidance	No change (GREEN+ currently)
8	8	Melanoma: assessment and management	Add link to NICE NG14	n/a
2	2.9	Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti	No action required	n/a

		platelet therapy (terminated appraisal)		
13	13.5.3	Secukinumab for treating moderate to severe plaque psoriasis	Include in formulary and add link to NICE TA350	Add as RED drug
11	11.8	Dexamethasone intravitreal implant for treating diabetic macular oedema	Add link to NICE TA349	No change (RED currently)
8	8.2	Everolimus for preventing organ rejection in liver transplantation (NOT recommended)	Add link to NICE TA348	Add as a REJECTED drug
8	8.1	Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non small cell lung cancer	Include in formulary and add link to NICE TA347	Add as RED drug
11	11.8	Aflibercept for treating diabetic macular oedema	Add link to NICE TA346	No change (RED currently)
1	1.6	Naloxegol for treating opioid induced constipation	Include in formulary and add link to NICE TA345	Add as GREEN PLUS drug to be used on advice of specialist only. Noted that local constipation guideline currently being updated.
13		Ciclosporin and methotrexate in dermatology	Change RAG status from Green to Amber in chapter 13 as per other indications for these drugs.	Change RAG status from GREEN to AMBER
13	13.6.1	Adapalene 0.1% gel and cream	Add to formulary in place of Retin-A® (Tretinoin) gel which has been discontinued. Adapalene currently most commonly prescribed topical tretinoin product in CD&D.	Add as GREEN drug.

ACTION:
GM to update the online formulary with the approved changes.

2f New Drug Applications

- Dexmedetomidine

New Drug Applications for Formulary	Reasoning	BNF Chapter	Action taken following July FSG meeting
Dexmedetomidine	<p>Sedation of adult ICU patients requiring a sedation level not deeper than arousal in response to verbal stimulation (corresponding to Richmond Agitation-Sedation Scale (RASS) 0 to -3).</p> <p>Dexmedetomidine, when compared to conventional sedatives and opiates, has been demonstrated to be associated with both sedative and analgesic sparing effects, reduced delirium and agitation over above existing agents, minimal respiratory depression and predictable and desirable cardiovascular effects.</p>	15.1.4	Suggest as as a RED drug

The APC agreed to add Dexmedetomidine to the formulary as a RED drug.

ACTION:

GM to update the online formulary with the approved change.

2g Emollients Review

The FSG has reviewed the emollients section of Chapter 13 (Skin) of the formulary with input from the dermatology teams in both primary and secondary care.

Requested formulary amendments	Reasoning	BNF Chapter	Action taken following July FSG meeting
Emollients Review (as per paper)	Add Zeroderm oint, Zerodouble gel, QV Gentle Wash, QV Bath Oil, Zeroneum, and Zerolatum.	13	Suggest changes approved as GREEN drugs

The APC approved the suggested changes to the emollient section of the formulary.

ACTION:

GM to update the online formulary with the approved changes.

2h Review of RAG Categories within CD&D Formulary

As requested by the APC the FSG has reviewed the RAG categories within the CD&D Formulary and feels that no changes are required. It will however facilitate the production of leaflets for primary care to support the use of some Green+ drugs where these are identified as a need. The FSG has produced a quick reference guide to the different RAG categories to be included on the formulary and NECS websites.

After discussion the APC approved the quick reference guide to the RAG categories used with within the formulary with the following changes:

- “Not Reviewed” category changed to “Awaiting Review”.
- “Not Approved” category changed to “Rejected”.

ACTION:

GM to update the online formulary with the approved changes.

2i Shared Care Guidelines for Approval

None received this month.

Noted that existing DMARD shared care guidelines are currently being reviewed and updated, including incorporating all specialities/indications for DMARDs and these will be brought to Nov 2015 APC for approval.

It was also discussed and agreed that shared care status relates to a drug not necessarily the speciality/indication, as a drug may be used by more than one speciality and for different indications.

2j Share Care Agreement or Guidelines?

The APC was asked for some clarity around whether Shared care should be referred to as agreement or guidelines.

Headings now say shared care guidelines, these used to read shared care agreement. The word agreement was thought to give the confidence to prescribe the drug.

Historically the APC used the term agreement but that usually was seen as both parties actually signing the document which was cumbersome for all concerned to keep signed copies. Nationally there has been a move to having shared care agreement or guidelines on the web now so that they can just be referred to and not have to be physically signed up to and that is why the wording has changed to guideline.

After discussion the APC agreed to stick with the term Shared Care Guideline as this the appropriate term to refer to the document used to support the shared care status of a drug. The term “agreement” refers to the arrangement between the consultant and the GP to prescribe a shared care drug for a particular patient.

2k NTAG Update: June 2015 meeting

A verbal update on the NTAG recommendations for Omnipod Insulin Pump following their June 2015 meeting was given.

**2l Quick Reference Guide for Chief Pharmacists: Unlicensed Medicines
MHRA Guidance Note 14**

This was presented to the group for information.

2m Nalmefene Pathway

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

2n NICE Guidelines (NG5) – Medicines Optimisation – Key Priorities for Implementation.

Trusts/CCGs continue to work on baseline assessments 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 January 2016 APC.

2o County Durham Stop Smoking Service NRT Formulary Review

The suggested changes to the NRT formulary were presented to and approved by the APC. This included the addition of Quickmist® to the formulary.

The APC noted these changes only applied to County Durham.

2p Public Health View on e-cigarettes

A position statement on the use of e-cigarettes was presented to the group by the County Durham Stop Smoking Service. This was approved by the APC.

The APC noted that the Stop Smoking Service cannot recommend the use of e-cigarettes as stop smoking aid as they are not currently regulated/licensed but it can provide behavioural support to patients who chose to use e-cigarettes themselves.

Part 3 – Physical Health (13.00)

3a Asthma Guideline

It is hoped that the guideline and associated formulary amendments will be available for approval at the November 2015 APC meeting.

ACTION: Final draft to come to Nov 2015 APC for approval.

3b DVT Pathway – amended version Vitamin D Guideline

The current local DVT Pathway has been updated and was presented to the group for approval.

The APC approved the DVT pathway with the suggested changes.

ACTION:

AR to update and publish final guideline on website by end of Sep 2015.

AR to prepare and issue memo to support updated guideline by end of Sep 2015.

GM to explore secondary care access to primary care CSI system which hosts approved guidelines within primary care.

3c Guidelines for Supply of Gluten Free Products in DDES and North Durham

This was an update of the existing guideline which was done in consultation with the dieticians – there have been no changes to the content of the guideline. NECS are liaising with dietetics as part of the decommissioning of the GF service in North Durham.

The guideline was discussed at D&T in August 2015 and approved for use.

The APC approved the guideline.

ACTION: NECS to publish final guideline on website by end of Sept 2015.

3d Hyponatremia Guideline and Tolvaptan

The group noted that the use of Tolvaptan within this regional guideline is no longer specifically an issue as EU guidelines no longer support the use of Tolvaptan for this indication.

The hyponatremia guideline was more specifically raised as an example of the issue of the governance arrangements for guidelines prepared by regional groups of clinicians which are not aligned to any of the Strategic Clinical Networks, AHSN or any of the local area prescribing committees.

It was agreed to identify all the clinical networks that exist regionally and their associated governance arrangements. Identified unofficial clinical networks can then be advised on how to get any guidelines they produced adopted and formally approved regionally.

ACTION:

GM/GK to produce a list on official and unofficial clinical networks that are in existence within the region.

3e Subcutaneous Methotrexate

A paper detailing the options for the future prescribing and dispensing arrangements for subcutaneous methotrexate was presented to the group.

The APC noted that no current contract is in place, just an agreement in principle.

Questions raised by the group included:

- Is governance of homecare contract better done by CDDFT or primary care?
- Is there a risk of NECS holding a contract for Darlington CCG and North Durham/DDES CCGs holding a separate contract?
- Should prescribing and monitoring be kept together?

ACTION:

NECS to work up option 3.3 as the preferred recommendation of the APC to resolve this issue.

Part 4 – Standing items (for information only)

4a Formulary Steering Group Minutes June & July 2015

For information.

**4b Formulary Amendments Post-July 2015 FSG Meeting
Formulary Amendments Post-August 2015 FSG Meeting**

For information.

4c TEWV D&T Minutes June 2015

For information.

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

Not yet available.

4e CD&D D&T CAG June 2015 Minutes

For information.

4f RDTC Horizon scanning – July & August 2015

For information.

4g MHRA Drug Safety Update June & July 2015

For information.

Chairman's Action

None this month.

Any Other Business

High Cost Drugs and Biosimilars

Workstream underway to look at Gastro prescribing first.

Guidelines to support Green+ status for drugs for alcohol dependence

To be an agenda item at November 2015 APC meeting.

North of England Respiratory Advisory Group

Noted that was in process of being created and it was suggested it should align itself with AHSN and/or Strategic Clinical Networks

Date and time of next meeting:

Thursday 5th November 2015 11.30am – 2.30pm

Training Room 2, Education Centre, Lanchester Road Hospital