Durham Dales, Easington and Sedgefield Clinical Commissioning Group | North Durham Clinical Commissioning Group | Darlington Clinical Commissioning Group

County Durham and Darlington
Drug and Therapeutics Clinical Advisory Group

Tuesday 16th February 2016
12.00 – 2.30 pm
Meeting Room 1, Lanchester Road Hospital, DH1 5RD

Minutes

In Attendance:

Dr James Carlton CHAIR	Medical advisor DDES CCG	JC
Dr Ian Davidson	Director of Quality & Safety North Durham CCG	ID
Dr Catherine Harrison	GP Prescribing Lead DDES CCG (Durham Dales)	CH
Dr Peter Foster	GP Prescribing Lead DDES CCG (Easington)	PF
Dr Martin Jones	GP Prescribing Lead DDES CCG (Sedgefield)	MJ
Chris Brown	Non-medical prescriber Representative North Durham CCG	CB
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Shelley Calkin	Medicines optimisation pharmacist, ND and DDES CCG	SC
Dr Esther Sheard	GP Prescribing lead at ND CCG	ES
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Gavin Mankin	Principal pharmacist, RDTC	GM
Monica Mason	Principal pharmacist, RDTC	MM

Meeting Quorate (four members, including 2 GPs, with two CCGs represented)

Item	**Description**
1.	**Apologies** David Russell, Joan Sutherland, Kate Huddart, Jo Linton, Rob Pitt Standing apologies: Philip Dean (NTH), Graeme Kirkpatrick (CD&DFT), David Miller (CHS), Chris Williams (TEWV)
2.	**Declarations of interest** It was noted that GP prescribers in the room may have a conflict of interest with regards to the prescribing incentives scheme discussion. However, it was agreed that at this meeting the group were only commenting on the scheme and no decisions were being made as to the final details of the scheme.

3.	**Minutes of last meeting held Tuesday 16th December 2015** AR requested that point 6.2 on page 2 of the December minutes be amended from "AR reported that there was not enough detail in web data to identify patterns or extract useful information to inform future work" to "AR reported that it was not possible to identify which specific areas have accessed this information to inform future work".
4.	**Matters arising:** All matters arising covered on agenda or on Action Log.
5.	**Actions taken following meeting 20th October 2015** <u>December actions:</u> 6.3 Prednisolone options for swallowing difficulties – prednisolone solution has been proposed for addition to the formulary and will be considered at the March APC meeting (Closed) 6.4 NHS England MO dashboard & NICE NG5 MO baseline assessment – this matter is being taken forward by the APC (Closed) 8.1 ICS/LABA switch options – No further developments to discuss 9.0 Prescribing support software – this item was moved to the next meeting as JS was unable to attend the Feb meeting. Alternatively the group asked if this information could be circulated by email. DR is keen for this information to be received for consideration in Darlington. AR will liaise with DR on this matter. <u>Historical action:</u> NECS MO: Off formulary/off guideline prescribing. AR explained that the aim with this work was to log together incident reporting from across the area, and it was envisaged that this would be on a quarterly basis, but he was unable to confirm when this would happen. AR agreed to lead on this item and to bring a draft to the April D&T CAG meeting.
6.	**Agenda**
6.1	**Drugs of abuse briefing** The group reviewed the draft briefing document produced for GP practices and community pharmacies. It was suggested that the document be split into two separate documents; one for GP practices and one for community pharmacies, and that the "key Messages" be brought to the front of the documents as a summary. The group discussed the benefit of GP-patient contract and asked whether there was a generic version available that could be made available for use. CJ agreed to speak to the Drug and Alcohol Services about this. **ACTION: CJ to amend document as per points above and circulate by email for final comments.**
6.2	**Stoma care prescribing** The group discussed information presented with an aim to rationalise stoma product prescribing, which accounts for large costs across DDES and ND CCGs. The group queried the current contract(s) in place and requested that further details be provided to the group. The group reviewed the prescribing data provided but requested that this data be presented as cost per patient. There was discussion around the perceived benefits of undertaking this work and the need for training of nurses in the prescribing and ordering of these products. The group were concerned that the manufacturers may be driving the

	ordering process. The group were made aware that North Of Tyne and Sunderland groups had both undertaken similar pieces of work, and it would be useful to talk to those involved. **ACTION: MO team to scope this issue further and bring this information to the April D&T CAG meeting**
6.3	**Non-medical prescribing update (DDES and ND)** A report from the MO team updated the group on guidance issued to non-medical prescribing in DDES and ND CCGs. This included education/update sessions and prescribing reports for each NMP. It was noted that in general the response to this support had been very positive, particularly the face-to-face education and training sessions. The RDTC had worked with the MO teams to produce an "NMP prescribing tool" which enables each NMP to log into the tool and download a report of their prescribing. This had been very well received by users, who found it useful. ID commented that this was an important piece of work because CD&D have a high number of NMPs. There was some concern raised for those NMPs who weren't practice-based and hence would not have access to this support, for example those NMPs employed by the FT. It was agreed that the responsibility for supervision of prescribing for NMPs in FT's should be with their employer primarily. There is not capacity at present for the CCGs MO team to take on this role. **ACTION: No further action requested**

	Standing Items
7.0	**Financial/Budget update**
7.1	**Budget update** The monthly financial headlines for the CD&D CCGs were provided. The variation in data between the RDTC data and that provided by NECS was explained as being due to the differences in the practices included i.e. the RDTC reports only includes those selected practices agreed by the CCG as appropriate for inclusion. There was discussion around the pressures faced by CCGs to come within budget.
8.0	**QIPP**
8.1	**Prescribing Incentive Scheme 2016/17** A paper was presented outlining the proposed prescribing incentive scheme for 2016/17 for DDES, North Durham and Darlington CCGs. **Part one of the scheme:** AR asked how this scheme could accommodate the Antibiotic Quality Premium and that it would be necessary to ensure this was not overlooked by the incentive scheme. There was some discussion around the number of audits included within the scheme and whether or not they were all necessary. In particular some of the group queried the need for a baseline audit, explaining that prescribers were aware that in many cases antibiotic prescribing was inappropriate without the need for this first audit, but rather the scheme should look at ways to begin improving this prescribing. CH discussed the merits of using simple techniques such as recorded messages on the surgery answer phone to explain why antibiotics were unlikely to be prescribed for a sore throat for example. [SC entered the meeting here]. ES described some work she had recently undertaken in her practice

	where she looked retrospectively at antibiotic prescribing and highlighted any inappropriate prescribing with the relevant prescriber. The discussion returned to undertaking an audit as per the incentive scheme, there was some discussion around the template to be used and what it involved. CB reminded the group that to complete an audit cycle the process would need to be repeated, with an aim to see improvement between the cycles. MJ suggested that the audit should be undertaken for a set time period rather than a set number of consultations as this would be fairer with regards the differing sizes of practices. The group agreed that the time period the audit took place and when it was repeated needed to be comparable i.e. not a winter month versus a summer month. CB emphasized the need for an improvement in the levels of documentation between cycles i.e. why the antibiotic had been prescribed, was microscopy required/undertaken, were allergies noted and recorded. The CQC were keen to see examples of completed audit cycles. It was suggested by the group that a baseline audit would not be necessary but rather that an agreed template be promoted for use by prescribers when prescribing antibiotics. The template to be used would need to be sent around by email for agreement in the first instance. It was suggested that prescribers should be encouraged to use the agreed template whenever they prescribed an antibiotic but in particular for UTIs. A "pop-up" message would need to be added to the relevant prescribing support systems e.g. Optimise Rx to remind prescribers of the need to use the templates. An audit would then follow later in the year to measure if the use of these templates had improved antibiotic prescribing rates. The group suggested that this work should go through the CCGs in April. With regards attendance at the Target event, the group noted that there was an event in Newcastle in early March, however it would be unlikely that this would be sufficient and that a local Target event would need to be arranged. As all the information necessary to host such an event was available from the RCGP website, it was agreed that it may be possible for this to be done locally. There was some discussion around the usefulness of the self-assessment checklist, and the benefit of peer discussion. **Part 2 of the scheme:** The group discussed the appropriateness of reducing paracetamol prescribing. There was some concern among the group with regards reducing the maximum quantities of paracetamol to be prescribed, as patients on long-term pain relief should be encouraged to continue taking paracetamol regularly as part of their pain management plan. Query was also raised that if prescribing of paracetamol was limited would this not just pass the associated costs to other parts of the NHS i.e. minor ailments schemes, which would be more costly. GM explained that other areas have restricted paracetamol prescribing for those patients with acute conditions, i.e. for conditions that would fall under the "Care of the Chemist", however this could also complicate the launch of any regional minor ailments scheme. It was agreed that there was a need to reduce paracetamol prescribing where possible and appropriate and the prescribing of paracetamol in large quantities to care homes and for acute conditions should be investigated further as part of the incentive scheme. The group discussed the ED part of the scheme, it was agreed further discussion would take place outside of this meeting to agree whether or not this piece of work would be

	taken forward. **ACTION: SC to take the points discussed and amend the prescribing incentive scheme accordingly before distributing via email for agreement.**
9	**Prescribing Support Software (verbal update)** No update available.
10	**MHRA Drug Safety & NPSA**
10.1	**MHRA Drug Safety Updates:** • **December 2015** • **January 2016** GM updated the group on recent alerts from the MHRA with particular note to information concerning nicorandil (now second line treatment for angina; risk of ulcer complications) and bisphosphonates (very rare reports of osteonecrosis of the external auditory canal).
10.2	**Fentanyl safety notice – NHS Wales** The group were made aware of information regarding the risk of harm from the inappropriate use and disposal of fentanyl patches that had recently been issued by NHS Wales.
11	**Area Prescribing Committee** Draft minutes from the January meeting were received. It was noted that the development of the DMARD SCGs was ongoing.
12.1	**RDTC Monthly Horizon Scanning Document** • **January 2016** • **February 2016** The above documents were noted for information. The group were made aware that N-TAG is reviewing the evidence for E-cigarettes.
13	**Patient Group Directions** None received
14	**CCG prescribing locality updates**
14.1	**Darlington Prescribing Sub Committee** Confirmed minutes January 2016 received for information.
14.2	**North Durham Prescribing and Medication Safety Group** Unconfirmed minutes January 2016 received for information.
14.3	**Durham Dales LPG** Unconfirmed minutes January 2016 received for information.
14.4	**Easington LPG** Unconfirmed minutes January 2016 received for information.
14.5	**Sedgefield Prescribing Task Group** Unconfirmed minutes January 2016 received for information.
14.6	**ND and DDES Joint Working with Community Pharmacy Steering Group** Not received

14.7	**DDES Practice Pharmacist Meeting** Unconfirmed minutes December 2015 received for information
15	**Provider Drug & Therapeutics Committees**
15.1	**County Durham & Darlington FT CSTC** December 2015 meeting cancelled
15.2	**University Hospital North Tees D&T** Confirmed minutes January 2016 received for information.
15.3	**Sunderland Joint Formulary Committee** Confirmed minutes November 2015 received for information
15.4	**Tees Esk & Wear Valley D&T** Confirmed minutes December 2015 and Feedback summary January 2016 received for information.
16	**Any Other Business**
	Paracetamol for self-limiting conditions – this was discussed during item 8.1 (prescribing incentive scheme) CJ informed the group that discussions were being undertaken with regards the alcohol services three-way agreement, and that she hoped to have a position on this matter in time for the March APC meeting CH asked whether in future there should be more consultation on the prescribing incentive scheme at an earlier stage i.e. prior to it being brought to D&T CAG. JC agreed to discuss this with KH and JS. ID – raised concern regarding the medicines safety alerts cascade, explaining that he received them into the CCG but not necessarily into the practice, and whether there was a reason for the difference in the cascade, as they don't seem to be consistent. JC asked the group to be aware of this issue and AR explained that a summary of all reports sent out should be distributed soon from NECS. AR circulated a letter from NHSE discussing the proposed development of Regional Medicines Optimisation Committees. There was no additional information available at this time.
17	**Date and time of next meeting** Tuesday 19th April 2016 12.00 – 14.30 Board Room, Appleton House, Lanchester Road