

## County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 21<sup>st</sup> June 2016  
12.00 – 2.30 pm  
Meeting Room 1, Lanchester Road Hospital, DH1 5RD

### Draft Minutes

**In Attendance:**

Dr James Carlton (Chair)	Medical advisor DDES CCG	JC
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Dr Peter Foster	GP Prescribing Lead DDES CCG (Easington)	PF
Kate Huddart	Head of Medicines Optimisation DDES CCG	KH
Dr Martin Jones	GP Prescribing Lead DDES CCG (Sedgfield)	MJ
Dan Newsome	Medicines Optimisation Pharmacist	DN
Rob Pitt	County Durham and Darlington LPC Representative	RP
Dr Esther Sheard	GP Prescribing lead at ND CCG	ES
Joan Sutherland	Head of Medicines Optimisation North Durham CCG	JS
Monica Mason	Principal Pharmacist, RDTG	MM

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

Item Description	
1.	<b>Apologies</b> Chris Brown (ND CCG), Ian Davidson (ND CCG), David Russell (Darlington CCG), Dr Catherine Harrison DDES CCG (Durham Dales)
2.	<b>Declarations of interest</b> Nothing declared
3.	<b>Minutes of last meeting held Tuesday 19<sup>th</sup> April 2016</b> The draft minutes were agreed as accurate <b>ACTION: MM to upload minutes to the website</b>

4.	<p><b>Matters arising:</b></p> <p>All matters arising covered on agenda or on Action Log.</p> <p>An un-tabled discussion took place regarding the remit of this group and the recent lack of overlap with other CD&amp;D groups of items for this agenda. It was agreed that a further discussion would take place at the August meeting to discuss the role of this group.</p>
5.	<p><b>Actions taken following meeting</b></p> <p><u>April actions:</u></p> <p>Actions were completed as per the action log.</p>
6.	<p><b>Agenda</b></p>
6.1	<p><b>Drugs of abuse briefing</b></p> <p>This briefing was presented for information as the briefing has already been distributed. It was noted that so far no comments on the briefing had been received, but that this work will be fed into the Drugs Strategy group within the Council. JC asked if there was any CCG representation on that group, CJ responded that she would check. RB commented that practice pharmacists are also aware of the issues surrounding pregabalin.</p> <p><b>ACTION: No action from group</b></p>
6.2	<p><b>Champix 4 weeks initiation packs</b></p> <p>This briefing was noted by the group, however comment was raised that the Stop Smoking teams prefer to use the two-week packs as it enables them to retain more frequent contact with the patient. CJ asked if this information can be added to local med op bulletins.</p> <p><b>ACTION: No action from group, but information to be added to local bulletins</b></p>

<p><b>Subgroup Updates</b></p>	
7.0	<p><b>IT Development Group Update</b></p> <p>Optimising IT workshop – the group were informed that RS is embedding impact tools, but that an IT focus is required. The next meeting to discuss this work will be held in July. DDES have an overarching IT strategy group to oversee this work.</p> <p><b>ACTION: No action from D&amp;T</b></p>
8.0	<p><b>Non-medical Prescribing Update</b></p> <p>The group noted that the RDTG had recently updated the NMP prescriber tool and that the revised version was being added to GP teamnet.</p> <p>It was noted that MO team training session uptake had been poor and that these sessions were likely to stop. The group discussed various ways to improve attendance and engagement including linking this training to nurse revalidation, e-learning, but the main issue appears to be identifying which topics to cover. JS explained that essentially the MO team had attempted to pick up the training that had previously been provided by NHSE; however there is no budget for this provision. It was agreed that local discussion was needed within the CCGs as to 1) this training is to be discontinued or 2) the MO team look at a mechanism for feedback from NMP community as to whether there is a strong desire</p>

	<p>for this training to continue.  <b>ACTION: CCGs to discuss the issues and options 1 and 2 above and communicate this to the MO teams.</b></p>
9	<p><b>ND &amp; DDES Joint Working with Community Pharmacy Steering Group</b>  There was discussion around the difficulties of pharmacy attendance at these meetings and the possibility of this meeting being incorporated into the LPC meeting was discussed. D&amp;T supported a trial of this idea and it was agreed that RB would take this idea forward.  <b>ACTION: RB to organise a trial of a joint meeting between this Joint Working Group and the LPC.</b></p>
<b>Sharing Best Practice</b>	
10.1 – 10.5	<p><b>CCG prescribing locality updates and minutes</b>  <b>Darlington prescribing sub-committee</b> – it was noted that this mainly referenced the FSG and APC minutes  <b>North Durham prescribing and medication safety group</b> – discussions around the prescribing incentive scheme, pharmacy allocation, NMP education sessions and sick day cards were highlighted.  <b>Durham Dales LPG</b> – Highlighted discussions around budgets and diabetes impact, and the impact of QIPP savings on the prescribing budget.  <b>Easington LPG</b> – discussions mainly focused on the incentive scheme.  <b>Sedgefield LPG</b> – discussions were similar to those listed above.</p>
11	<p><b>QIPP and cost effective prescribing</b>  The group discussed the challenges facing the CCGs particularly with relation to diabetes. There was also discussion around the minor ailments scheme and its uptake across CD&amp;D vs other areas in the region. It was suggested that the LPN may be looking to methods of implementation used in NoT.</p>
12	<b>Medication Safety and NPSA</b>
12.1	<p><b>MHRA Drug Safety Updates</b>  MM updated the group on the April and May MHRA DSU and that these had already been actioned within the formulary</p>
12.2	<p><b>Central Alerting System – patient safety alerts</b>  Nothing to report</p>
12.3	<p><b>Significant medication incidents</b>  Nothing to report</p>
12.4	<p><b>Primary care medication incident trends</b>  The usual updates had been forwarded to CCGs</p>
12.5	<p><b>Secondary care medication incident report</b>  Discussed above</p>
<b>Standing items</b>	
13	<p><b>Budget Update</b>  AR was not present at the meeting and no update had been submitted to the group, KH and JS discussed the pressures facing the CCGs.</p>

14	<p><b>Patient group directions</b></p> <p>The group were updated of the development of PGDs including MMR, low dose diphtheria etc.</p>
15	<p><b>Area prescribing committee minutes</b></p> <p>Provided for information.</p>
16.1 - 16.4	<p><b>Provider drug and therapeutics committees</b></p> <p>The group noted (draft) minutes from CD&amp;D FT CSTC, UHNT D&amp;T, Sunderland JFC, TEWV D&amp;T</p> <p>PJ informed the group that North Tees were considering the use of ulipristal for uterine fibroids. MM explained that this work was ongoing with both York and Scarborough and Greater Manchester prescribing groups, but that GM were expected to publish a pathway in the near future.</p>
17	<p><b>AOB</b></p> <p>It was agreed that a memo concerning the risk of fentanyl patches and baths/heat would be produced by the MO team</p> <p>PJ asked if sacubitril had been added to the CD&amp;D formulary. MM agreed to check if this drug had been added to CD&amp;D formulary and forward on any supporting information.</p> <p>ES raised an issue regarding a request for prescribing of fidaxomicin which had subsequently been abruptly stopped; MM will communicate this to FSG.</p> <p>RP raised a possible issue concerning 30mg prednisolone tablets and requested that wording be added to the formulary that “only 5mg tablets are prescribed”. MM agreed to communicate this to FSG.</p> <p>MJ raised an issue regarding tetracycline vs oxytetracycline, it was suggested that MJ raised this with microbiology.</p>
18	<p><b>Date and time of next meeting</b></p> <p>16<sup>th</sup> August 2016 12.00 – 14.30 Board Room, Appleton House, Lanchester Road</p>