

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

Tuesday 20<sup>th</sup> December 2016  
12.00 – 2.30 pm

Meeting Room 3, Education & Training Centre, Lanchester Road Hospital

### Draft Minutes

**In Attendance:**

Dr Martin Jones (acting Chair)	GP Prescribing Lead DDES CCG, Sedgefield	MJ
Dr Ian Davidson	GP CCG Quality & Safety Lead North Durham CCG	ID
Dr Catherine Harrison	GP Prescribing Lead DDES CCG, Durham Dales	CH
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Kate Huddart	Head of Medicines Optimisation DDES CCG	KH
Joan Sutherland	Head of Medicines Optimisation North Durham CCG	JS
Rob Pitt	County Durham and Darlington LPC Representative	RP
Dr David Russell	GP Prescribing Lead Darlington CCG	DR
Dominic McDermott	Senior Medicines Optimisation Pharmacist NECS	DM
Gavin Mankin (Professional Secretary)	Principal Pharmacist, RDTG	GM

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

Item Description	
1.	<b>Apologies</b> James Carlton (DDES CCG)
2.	<b>Declarations of interest</b> 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.	<p><b>Minutes of last meeting held Tuesday 16<sup>th</sup> August 2016</b></p> <p>The draft minutes were agreed as accurate. It was noted that the October 2016 meeting had been cancelled due to lack of agenda items and apologies received.</p> <p><b>ACTION: GM to upload minutes to the website</b></p>
4.	<p><b>Matters arising:</b> All matters arising covered on agenda or on Action Log.</p>
5.	<p><b>Actions taken following August 2016 meeting</b></p> <p><u>Review D&amp;T CAG Terms of Reference</u> The D&amp;T CAG Terms of Reference will be reviewed once impact of new RMOCs is known. RMOC are due to meet for first time in April 2017.</p> <p><u>Cessation of Managed Repeats – CCG Option Appraisal Recommendation Report</u> Methodology to support various models for this has been shared with members. A letter to all community pharmacies in County Durham &amp; Darlington has been drafted and sent out.</p> <p><u>Vitamin D – updated guidance from SACN</u> October 2016 FG reviewed which licensed Vit D product is currently the most cost-effective and subsequently agreed at Nov 2016 APC not to change current formulary choices at present.</p> <p><u>Stopping Overmedicating in LD</u> Alert to GP systems to highlight that these patient requires a review each time they attend for repeat medication review – no further update.</p> <p><u>Ulipristal acetate</u> Discussed at Oct 2016 Formulary Subgroup and formulary application requested from consultant for extended license covering intermittent use. Application remains outstanding.</p>
6.	<p><b>Agenda</b></p>
6.1	<p><b>Prescribing Engagement Scheme Proposal for 2017/18</b></p> <p>The draft North Durham &amp; DDES Prescribing Engagement Scheme for 2017/18 was presented to the group.</p> <p>Initial comments included:</p> <ul style="list-style-type: none"> <li>• Suggestion to focus on 1 or 2 compulsory audits rather than mini-audits which GP practices choose from.</li> <li>• Audits suggested include antibiotics and COPD rescue packs.</li> <li>• Approval of principle that a floor should be applied to some of indicators below which prescribing should not decrease. This is because in some therapeutic areas you do not want to decrease too low, and also acknowledges that some practices may also be very good at prescribing in a particular indicator so still incentives them to maintain this.</li> </ul>

	<p>After discussion it was agreed that any comments on the proposed scheme should be forwarded to DM by the 23<sup>rd</sup> December 2016, so that a revised proposal can go to all local prescribing groups in January 2017 for further consultation. After this a final draft will be prepared for approval at the February 2017 CCG Exec and February 2016 D&amp;T CAG.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Any comments on the proposed scheme should be forwarded to DM by the 23rd December 2016</li> <li>• Final Prescribing Engagement Scheme for 2017/18 to be approved at the February 2017 CCG Exec and February 2016 D&amp;T CAG.</li> </ul>
6.2	<p><b>Rightcare Local Outliers</b></p> <p>DM presented a paper on Rightcare – Implications for Prescribing and Medicines Optimisation in County Durham &amp; Darlington.</p> <ul style="list-style-type: none"> <li>• The Right Care programme is a quality and productivity improvement initiative supported and sponsored by NHS England.</li> <li>• 15% of the CCG Quality Premium for FY 2017/18 will be awarded based on performance against a local measure derived from the Right Care programme and agreed with regional teams.</li> <li>• The Right Care programme is intended to help reduce unwarranted variation and maximise value in healthcare.</li> <li>• The Right Care methodology begins with a focus on variation that warrants further investigation. Routinely collected data is used to identify variation in activity, expenditure and outcomes.</li> <li>• Data packs produced to support the Right Care programme set out ‘value opportunities’ arising from primary care prescribing. These are calculated by comparing expenditure in a selected CCG with average expenditure in ten ‘similar’ CCGs and with the five lowest spending of these ten CCGs.</li> <li>• Analysis of the patterns shown in the Right Care data is consistent with analysis of other similar primary care prescribing data sets.</li> </ul> <p>The group noted that the themes identified in the right care data packs are known to Medicines Optimisation teams, have been the focus of MO work in recent times and are included in current QIPP plans. It is important that MO teams share this message within their CCGs.</p> <p><b>ACTION: No action from D&amp;T</b></p>
6.3	<p><b>NECS – Useful Prescribing Information – A guide for Prescribers</b></p> <p>Circulated for information and is also available on the CD&amp;D pages of the NECS website.</p> <p>All agreed it was a very useful document.</p> <p><b>ACTION: No action from D&amp;T</b></p>
6.4	<p><b>Managed Repeat Prescriptions in Co Durham &amp; Darlington – Memorandum of Understanding</b></p> <p>Following the joint CCG/LPC letter circulated in August 2016 on Managed repeat prescriptions the LPC have proposed suggested Memorandum of Understanding for Managed repeat prescriptions in Co Durham and Darlington to be signed by individual community pharmacies within Co Durham and Darlington to can confirm that the pharmacy will adhere to the following requirements as outlined in the aforementioned letter:</p>

	<ul style="list-style-type: none"> <li>• Patients will be supported to manage their own health and will be consulted on all decisions about their care and treatments (NHS Constitution, March 2013)</li> <li>• Patients will be encouraged and supported to manage and request their own repeat medicines wherever possible</li> <li>• All staff will ensure that they follow the pharmacy's approved standard operating procedures for managed repeats and will ensure extra vigilance is given to "when required" medications to ensure they are ordered only when required by the patient</li> <li>• Patients will not be encouraged to order their next month's prescription at the time of collecting their current month's dispensed medicines</li> <li>• Pharmacy staff are acutely aware that ordering unnecessary medicines creates a false clinical picture at the GP practice, and has a negative impact on the NHS Prescribing budget</li> <li>• The pharmacy notes that practices are not obliged to provide retrospective prescriptions for items already delivered without prior agreement</li> </ul> <p>The D&amp;T CAG approved the LPC Memorandum of Understanding subject to comments received.</p> <p>The D&amp;T CAG also asked the LPC to highlight to community pharmacies that incidents of abuse of the system and over-ordering are being recorded on SIRMS so that trends can be audited, and that they may receive a letter from a GP practice if an incident occurs.</p> <p>The D&amp;T CAG agreed to promote a standard letter from GP to pharmacy when an incident of abuse of the system and over-ordering occurs. A suggested template is available from Darlington CCG.</p> <p>The group also noted the ongoing work in this area by NECS which is looking at a number options across the region including a complete ban on all 3<sup>rd</sup> party ordering. Members raised some concerns about the impact of a complete ban on patients and Nursing Homes.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>LPC to finalise Memorandum of Understanding and ask all community pharmacies in County Durham &amp; Darlington to sign and return by 31<sup>st</sup> Jan 2017.</b></li> <li>• <b>Darlington CCG to share their GP to pharmacy letter template for over-ordering with other CCGs in County Durham &amp; Darlington.</b></li> </ul>
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Subgroup Updates	
7.0	<p><b>IT Development Group Update</b> Noted that a new template system from Ardens is being trialled in DDES.</p> <p><b>ACTION: No action from D&amp;T</b></p>
8.0	<p><b>Non-medical Prescribing Update</b> Nothing to report.</p> <p><b>ACTION: No action from D&amp;T</b></p>
9	<p><b>ND &amp; DDES Joint Working with Community Pharmacy Steering Group</b> Nothing to report except that an updated minor ailments scheme is going to the March</p>

	2017 CCG Executive.  <b>ACTION: No action from D&amp;T</b>
<b>Sharing Best Practice</b>	
10.1 – 10.5	<b>CCG prescribing locality updates and minutes</b> Provided for information.  <ul style="list-style-type: none"> <li>• <b>Darlington prescribing sub-committee</b> – nothing specific to highlight.</li> <li>• <b>North Durham prescribing and medication safety group Sept &amp; Oct 2016</b> – nothing specific to highlight.</li> <li>• <b>Durham Dales LPG Sept 2016</b> – nothing specific to highlight.</li> <li>• <b>Easington LPG Sept 2016</b> – nothing specific to highlight.</li> <li>• <b>Sedgefield LPG Sept 2016</b> – nothing specific to highlight.</li> </ul>
11	<b>QIPP and cost effective prescribing</b> The group noted that NECS Medicines Optimisation Team are currently looking at and considering some regional workstreams. Within County Durham & Darlington the following have recently been agreed: <ul style="list-style-type: none"> <li>• Gluten free prescribing – to await national position expected in April 2017.</li> <li>• Branded Generics – that the use of branded generic will be considered on individual drug case by case basis by local prescribing groups. Examples of branded generic prescribing schemes currently under consideration locally are pregabalin, buprenorphine patches and fentanyl patches.</li> </ul> <b>ACTION: No action from D&amp;T</b>
12	<b>Medication Safety and NPSA</b>
12.1	<b>MHRA Drug Safety Updates Sept + Oct + Nov 2016</b> GM updated the group on the September, October and November 2016 MHRA DSU and that these had already been actioned within the formulary.
12.2	<b>Central Alerting System – patient safety alerts</b> Nothing to report.
12.3	<b>Significant medication incidents</b> Nothing to report.
12.4	<b>Primary care medication incident trends</b> The usual updates had been forwarded to CCGs.
12.5	<b>Secondary care medication incident report</b> Next report not available as yet.
<b>Standing items</b>	
13	<b>Budget Update</b> DM provided an update to the group. The position at the end of October 2016 had improved.
14	<b>Patient group directions</b> None for group to note this meeting.
15	<b>Area prescribing committee minutes November 2016</b> Provided for information.

<p>16.1 - 16.4</p>	<p><b>Provider drug and therapeutics committees</b> The group noted the minutes and July 2016 update from TEWV D&amp;T. Minutes from CD&amp;D CSTC, UHNT D&amp;T and Sunderland JFC were not available as yet.</p>
<p>17</p>	<p><b>AOB</b> <b><u>D&amp;T CAG Meeting Dates for 2017</u></b> Circulated for Information</p> <p><b><u>Flu Campaign and Community Pharmacies</u></b> LPC asked for specific examples of when community pharmacies have not notified GPs of vaccinated patients or if GP practices have experienced any issues with the emails from the Pharmoutcomes system.</p> <p><b><u>Generic Sildenafil</u></b> General discussion took place regarding the prescribing of generic sildenafil on FP10 scripts and private prescriptions.</p>
<p>18</p>	<p><b>Date and time of next meeting</b> 21<sup>st</sup> February 2017 12.30 – 15.00 Board Room, Appleton House</p> <p>After discussion it was agreed to move the next meeting forward a week to avoid half-term and so it can be at the usual time of 12noon – 2.30pm</p> <p><b>ACTION: GM to arrange a suitable meeting venue for re-arranged date on 14<sup>th</sup> Feb 2017.</b></p>