

County Durham and Darlington Area Prescribing Committee

Thursday 7th May 2015
11.30 am – 2.30 pm
Board Room, John Snow House

DRAFT MINUTES

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr James Carlton, Medical Advisor, DDES CCG (from item 2p)
Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG (vice-chair) (from item 2p)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Peter Foster, GP Prescribing Lead, DDES CCG (from item 2p)
Dr Robin Mitchell, Deputy Medical Director, CD&DFT
Dr Alwyn Foden, Consultant, CD&DFT
Betty Hoy, Patient representative
Alex Murray, Patient representative
Mike Leonard, Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council
Gavin Mankin, RDTTC Representative (Professional Secretary)
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Rob Pitt, LPC representative
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&D FT

In attendance

Richard Morris, Deputy Chief Pharmacist, TEWVFT

The meeting was quorate.

Part 1 – Mental Health (11.30)

1a TEWV Drug & Therapeutics Committee Feedback

RM presented to the APC a briefing report highlighting the main issues discussed at the TEWV D&T. The group were pleased to note the new format of the 'feedback' document.

Three issues were highlighted to the group:

Physical Health Monitoring – work is currently being undertaken to scope the gaps and current practices across the patch which will have an impact on TEWV. A further update will be provided to the next APC including any implications for future primary care prescribing and implications for existing historical prescribing.

Electronic Lab Results – this is going live in July across all TEW V sites via the PARIS system.

Electronic Prescribing – project is moving forward but remains 1-2 years away.

1b Hyperprolactinemia guideline

The group noted that the final document is going to the TEWVFT D&T for approval in June 2015 following consultation with all stakeholders. Once approved it will be shared with the APC for information.

ACTION: CW to share approved Hyperprolactinemia guideline at July 2015 APC.

Part 2 – General (12.00)

2a Apologies for absence:

Martin Jones, Sarah McGeorge, Ingrid Whitton, Chris Williams
Mike Lavender, Consultant in Public Health Medicine, Durham County Council

2b Declarations of Interest

No declarations of interest relating to the agenda were raised.

2c Minutes of the previous APC meeting held 5th March 2015

The minutes were accepted as a true and accurate record with the following suggested changes:

Page 5, Item 2m: change “Lifeline is not in a position to take on new work at the moment so this would be re-looked at in 6 month’s time” to “comes into post on the 1st April 2015 and will be approached regarding nalmefene provision”.

Page 1, Item 2b: change action to “Comments on the guideline to be fed back by the end of April. To be tabled for final sign off at June TEWV D&T meeting and then to come back to APC for information.”

2d Matters arising/action log

Actions From March Meeting not on the agenda or action log

Nil

Action Log

MHRA Drug Safety Update January & February 2015

Tiotropium memo still to be actioned.

Melatonin Shared Care Protocol

Melatonin SCP been updated and put into new format and is on today’s agenda for approval – It was agreed that this item was now CLOSED.

Lipid Modification Guideline in Primary Care

Final guideline published and on website.

Local guideline for prevention of CVD through lifestyle on today’s agenda for discussion.

Vitamin D

On today’s agenda for discussion.

Increased rates of dementia for patients taking anticholinergics or antihistamines.

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

COPD Guideline

On today’s agenda for discussion.

Nalmefene

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

OAB drug pathway

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

AF Guidance

Completed and approved by Chairman's action on 31.3.15.

Historic Actions

Prescribing protocol for Oral Analgesia in Adults with Non-Cancer Pain

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

Hyperprolactinemia guidelines

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

APC Formulary steering group update

2e Update from Formulary Subgroup for May 2015 APC

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

Formulary Updates since March 2015 APC including RAG changes

Approved with no changes.

MHRA "letters sent to healthcare professionals"

FSG recommendation to approach these letters as they do for MHRA Drug Safety Updates and assess them for inclusion within the formulary on an individual basis was approved.

Off-formulary request notification form

The APC approved the addition of this form to the formulary website so that it can be used to help monitor non-formulary prescribing. The D&T CAG will be asked to discuss how this form will be used in practice within primary care.

Revised SCG template which is proposed for use across CD&D

See item 2h

2f Formulary Update and Online Formulary Changes for May 2015 APC

Received for information.

2g New Drug Applications

None received this month.

2h Standardised Shared Care Guideline Template

Following suggestion at March 2015 APC to adopt Tees SCG format the FSG have prepared a local version for approval by APC.

It has been populated with the melatonin SCP approved at the March APC as an example of what it would look like in practice.

The proposed shared care guideline template was approved for all new and updated shared care guidelines.

2i Shared Care Guidelines for Approval

The following shared care guideline was presented to the group for approval:

Melatonin for use in Adults

The following additions to the current shared care guideline for Melatonin in children were suggested to there is only one shared care guideline covering all the indications for melatonin:

Conditions to be treated:

- Adults: To improve subjective quality of sleep & daytime function in insomniacs over 55yrs old. (alternative drugs are gabapentin and pregabalin). It is also used in Parkinson's patients where a trial of clonazepam has failed and also REM behavioural disorders. If recommended by a sleep neurologist.

Contra-indications:

- 4th sentence should read 'sleep disturbance in obstructive sleep apnoea.

Caution:

- In adults it is generally well tolerated.

Initiation:

- Secondary or tertiary care.

Clinically relevant drug interactions

- Fluvoxamine, caffeine & artemisinin – may increase levels
- B-blockers, corticosteroids, NSAID's, cannabiboids, & benzodiazepines – may decrease levels.

These additions were approved by the group.

It was also suggested that information on the supporting letter to suppliers for the ordering of melatonin specials by community pharmacies be included under 'Other Information'. (Post-meeting it was confirmed that this supporting letter is no longer required by wholesalers).

ACTION: GM to update the melatonin shared care agreement with the approved changes to include adults and publish.

2j Nalmefene

CJ provided an update on the provision of nalmefene by Lifeline. It was agreed that a working group was no longer required to explore service implications as Lifeline already had pathways for use of nalmefene which it could adapt and use locally.

ACTION: CJ to bring local pathway on use of nalmefene to July 2015 APC for information.

2k APC Annual Report 2014/15

This was presented to and approved by the group with the following changes:

- Oral analgesia guidelines – remove as not yet ratified.
- Other secondary care prescribing groups – change to read CDDFT Clinical Standards & Therapeutics Committee, and TEWVFT D&T.

ACTION: RDTC to publish on website.

2l APC Terms of Reference – updated April 2015

The APC Terms of Reference have been reviewed and updated to include:

- Reference to local authorities as stakeholders
- Membership sections updated to reflect current stakeholders and those active members of APC.
- Including NECS representing Darlington CCG.

The updated APC Terms of Reference were approved by the group and will be reviewed again in 12 months' time.

It was noted that work remains on-going to identify potential non-medical prescribing representatives to the APC and D&T CAG.

ACTION: RDTC to publish on website.

- 2m APC Workplan 2014/15**
This was circulated to APC Members for information and it will be updated on regular basis.
- 2n Increased Rates of Dementia for Patients taking Anticholinergics or Antihistamines**
The RDTC have looked at the data behind the headlines as requested at March 2015 APC and a summary was presented for information.
It was agreed that no further action was required at this stage by APC.
- 2o RDTC North East and Cumbria Horizon Scanning Document 2015-2016**
Presented to the group for information.
New drugs/NICE guidelines with potential financial impact were highlighted to the Group.
- 2p NICE Guidelines (NG5) – Medicines Optimisation – Key Priorities for Implementation.**
The APC discussed the impact of this guidance locally. It was noted that APC Stakeholders are currently completing the baseline audit tool provided by NICE.
- ACTION:**
APC stakeholders to benchmark themselves against NICE Medicines Optimisation Guideline using Baseline Assessment Audit Tool, and undertake a gap analysis to be presented at July 2015 APC.
APC stakeholders to present proposed action plan for implementing guideline recommendations and addressing any locally identified gaps/risk to Sept 2015 APC.

Part 3 – Physical Health (13.30)

- 3a OAB drug pathway update**
The final draft of the local OAB drug pathway was presented to and approved by the group.
All comments received from members of APC have been incorporated and the final draft has the support of Mary Garthwaite (on behalf of the regional urologists).
- ACTION: GM to publish final guideline on website.**
- 3b Guidelines for Diagnosing and Managing Cow's Milk Protein Allergy (CMPA) and Lactose intolerance**
Claire Kerr – Dietician and Dr Shah – in attendance.
- CDDFT Dieticians have written these guidelines to aid recognition, diagnosis and management of cow's milk protein allergy and lactose intolerance and to support appropriate prescribing. This will hopefully result in a cost saving for the

NHS, lead to faster diagnosis and improved patient care.

The guideline recommends the use of the following baby milks in CMPA and Lactose intolerance:

- Over the counter purchase of lactose free formula and lactase enzyme (No prescribing)
- EHF – Nutramigen lipil 1 and 2 (with advised quantities) in Non IgE allergy
- AAF – Neocate LCP(with advised quantities) in IgE allergy

The guideline and associated formulary recommendations were approved by the group with the following changes:

- Make product names clearer e.g. bold type so they stand out
- Add info on what to do when child reaches 12 months old
- Amend prescribing interval from monthly to 2 weekly.

ACTION:

**GM to publish final guideline on website once changes have been made.
GM to send out supporting documents to APC members for review.**

During discussions on the guideline the need for advice to support primary care in the management of the babies with potential feeding issues in general was identified.

ACTION: Claire Kerr to work with primary care to develop a pathway for primary care that will go to D&T on managing an unsettled, fractious baby with potential feeding issues

3c COPD Guideline – Update

IM gave an update to the group on the development of local guideline for COPD.

The FSG are currently reviewing the inhaler choices on the formulary and have sent suggestion for possible future formulary choice to the Respiratory CAG meeting for inclusion as an appendix in the guideline the Resp CAG are developing.

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

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

3d Asthma Guideline - Update

IM gave an update to the group on the development of local guideline for Asthma. It was suggested that the asthma guideline from Gateshead may make a good basis for developing a local guideline.

The FSG are currently reviewing the inhaler choices on the formulary and have sent suggestion for possible future formulary choice to the April Respiratory CAG meeting for inclusion as an appendix in the guideline the Respiratory CAG are developing.

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

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

3e Vitamin D Guideline

The current local vitamin D guidelines are being updated to reflect the availability of licensed medicinal preparations of high dose vitamin D in the UK

now. Reference will also be made to the accommodation of choice of product based on religious or dietary restrictions.

ACTION: List of licensed products within guideline to be updated and also advice around choice of product based on religious/dietary requirements to be reviewed. Updated guideline to be approved at July 2015 APC.

3f Lipid Guidelines – Lifestyle advice

A draft local guideline for prevention of CVD through lifestyle interventions was presented to the group for discussion. Members were request to submit any comments to CJ.

ACTION: Guideline to updated in light of any comments received including addition of a Patient Information Leaflet/”Lifestyle Prescription”.

3g Prescribing protocol for Oral Analgesia in Adults with Non-Cancer Pain

Following the March 2015 APC this has been updated with the suggested amendments but not yet approved by Chairman’s action as comments are still awaited by pain consultants. To date comments from the pain consultants have still not been received but it was agreed to approve guideline has there had been adequate opportunity for them to comment.

Some minor amendments and typos had been received and these will be incorporated before being uploaded to website

ACTION: IM to publish final guideline on website.

Part 4 – Standing items (for information only)

4a Formulary Steering Group Minutes February & March 2015

For information.

**4b Formulary Amendments Post-March 2015 FSG Meeting
Formulary Amendments Post-April 2015 FSG Meeting**

For information.

4c TEWV D&T Minutes January 2015

For information.

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

For information.

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

For information.

4f RDTC Horizon scanning – March & April 2015

For information.

4g MHRA Drug Safety Update March 2015

For information.

Chairman’s Action

- Atrial Fibrillation Guideline – approved and distributed. However has been identified that may need to be updated to reflect regional NOAC patient alert card.

ACTION: May need minor update to reflect monitoring requirements in regional NOAC patient alert card. Specifically need for annual Hb, renal and liver function check.

Any Other Business

NTAG Update

The group noted the following recommendations from the April 2015 meeting of NTAG:

- Aripiprazole long acting injection (Abilify Maintena®) for schizophrenia - approved
- Paliperidone long-acting injection (Xeplion®) for schizophrenia - approved
- Lurasidone (Latuda®) for the treatment of schizophrenia in adults - not recommended.
- Airsonett® laminar flow device for treatment of uncontrolled allergic asthma – not recommended
- Rituximab for the treatment of Immune (Idiopathic) Thrombocytopenic Purpura (ITP) in adults and children (unlicensed indication) – approved.

The formulary will be updated accordingly.

TEWV Medication Incidents

It was confirmed that TEWV will contact the appropriate CCG Prescribing Leads and Medication Safety Officers with any medication incidents it identifies relating to that particular CCG.

NOAC Patient Alert Card

The group noted that the Northern England Strategic Clinical Network has produced a NOAC Patient Alert Card, and this is currently being roll-out in both primary and secondary care.

The NOAC Alert Card has been developed to clearly inform patients and healthcare professionals of key safety information regarding the use of novel oral anticoagulants (NOACs). The card includes advice to the patient about what symptoms and signs should concern them and who to contact if problems develop with clear lines of responsibility. Useful information for healthcare workers includes the indication and duration for the treatment and advice on how to manage common complications and concerns.

The card was developed in consultation with all stakeholders within the clinical network as a standardised and easily recognisable tool for use across the region.

Letrozole and DEXA scans

Following a clinical incident the need to identify and agree who is responsible for ensuring patients on letrozole receive the appropriate follow-up with a DEXA scan has been identified.

ACTION:

To audit who orders & reviews DEXA scan for patients on letrozole via Practice Pharmacist Workplan.

To check with Cancer Network who they believe is responsible for ordering & reviewing DEXA scan for patients on letrozole.

Date and time of next meeting:

County Durham and Darlington Area Prescribing Committee Meeting

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