County Durham and Darlington Area Prescribing Committee

MINUTES OF MEETING HELD

Thursday 7th November 2013
11.30 am – 2.30 pm
Board Room, Appleton House

In Attendance

Ian Davidson, Deputy Medical Director, NHS County Durham & Darlington (chair)
Alwyn Foden, AMD Clinical Governance, County Durham & Darlington FT
Andy Reay, Senior Medicines Optimisation Pharmacist, NECS
Betty Hoy, Patient Representative
Chris Williams, Deputy Chief Pharmacist, CD&D FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG
Dr Peter Cook, Consultant, County Durham & Darlington Foundation Trust
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Janette Stephenson, Head of Medicines Management, NECS (Guest)
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Monica Mason, Pharmacist Principal, RDTC
Robin Mitchell, Deputy Medical Director, CD&D FT
Sue Hunter, Chief Pharmacist, TEWV
Sue Shine, Nurse Practitioner, NHS County Durham & Darlington
Judith Nichol (minutes)

Part 1 – Mental Health (11.30)

SH agreed that the APC could consider all items under the physical health section of the APC despite not being quorate with regard to TEWV attendance and confirmed TEWV would support the decisions made.

1. LITHIUM MONITORING

SH verbally fed back on the TEWV work regarding Lithium monitoring. As part of a review it had been decided that TEWV would take back the responsibility of all patients with a blood lithium target level above 1mmol/l and 5 patients had been identified in the TEWV area (4 within County Durham and Darlington, and 1 in Tees). GPs are being written to and TEWV will take back all aspects of treatment including prescribing and monitoring.

During the discussion it was also highlighted that there were issues with a small group of Easington patients, especially those in the Seaham area as their blood tests are sent to Sunderland Hospitals for analysis. Unfortunately TEWV is unable to see the results that are on the Sunderland system and the GPs are unable to see the results TEWV have on theirs.

TEWV have a lithium database which flags patients where it has been over 3 months since the last monitoring. It was agreed that TEWV should inform Quality and Prescribing leads if any practices did not respond to requests to chase up monitoring

SH noted that there is an outstanding action for the TEWV legal department to draft the information sharing agreement between CDDFT and TEWV to enable a list of lithium results to be sent directly to TEWV from the CDDFT lab.

Action: GP prescribing leads to raise during peer reviews the issue of referring back patients with a lithium target above 1mmol/l
Action: IM to include in the newsletter the need for GPs to refer patients with a treated lithium target of above 1mmol/l back to TEWV for ongoing management.
Action: TEWV to ask GPs for results of lithium monitoring tests to be made available to TEWV if the database shows this is required. If problems are encountered then TEVW should inform CCG prescribing leads and Quality Leads.

Part 2 – General (12.30)

2. APOLOGIES FOR ABSENCE

Dr Ingrid Whitton, Deputy Medical Director, Tees, Esk & Wear Valleys NHS
Dr Paul Walker, Clinical Director of Adult Mental Health (Durham & Darlington)
Kate Huddart, Head of Medicines Optimisation, Sedgefield
Patricia King, LPC representative
Sarah Hailwood, Consultant Rheumatologist, CD&D FT
Sarah McGeorge, Nurse Consultant/Clinical Director, TEWV
Suzy Guirguis, Consultant CAMHS, TEWV

3. MINUTES OF THE PREVIOUS APC MEETING HELD 5TH SEPTEMBER 2013

Agreed as a true record with the following minor amendments:

8.3 The date stated needs to be Jan 2014 and not July 2014.
8.4. Reference should be to “internet” and not Wi-Fi

4. MATTERS ARISING INCLUDING ACTION LOG

Antipsychotic audits
Since JS has now changed role, a new lead for this is required.

Action: IM to organise new lead

Dosulepin
Guidance will come to January's meeting.

IFR System
The IFR process is being reviewed and the revised system will start in 2014. There are new protocols going to the CCGs for varicose veins etc. to ensure consistency. An amalgamated report on the IFR system has been requested.

Urology Guidelines
Urinary incontinence guidelines are currently being drafted and will be submitted as a final version to the March APC. A discussion then took place about UTIs and how important it was for primary care and secondary care to work together to improve prescribing in this area, particularly with long term antibiotic use.

During the action log discussions it was agreed Public Health should be invited to attend the APC

Action: ID/IM to raise with regional urology group if necessary
Action: ID/IM to invite urologists to the meeting in March if appropriate
Action: ID to invite Public Health to attend APC meetings.

Terms of Reference
The Terms of Reference have been updated and will be published on the website.

Formulary
AH is on track to put this on the practice computer systems by December.

5. APC FORMULARY STEERING GROUP

5.1 Formulary steering group notes
The minutes of the September and October Formulary Steering Group were received by the APC for information.

5.2 Formulary updates
CW discussed the list of formulary updates made during September and October which showed the changes listed by BNF chapter.

5.3 Proposed review of blood glucose meters, strips and needles
AR tabled a paper showing the comparative prices of the different blood glucose strips. There was then a group discussion regarding the savings which could be made with glucose strips and there was a possibility of approaching this as a county wide QIPP initiative with Diabetes CAG involvement. The paper showed that if a 50% switch was made to the lowest cost strips around £500k could be saved. MM said that a similar piece of work had been done in Manchester and the committee felt that this work should be a priority.

Action: AR to contact Paul Fieldhouse to get information regarding Manchester's blood glucose testing strip review.

Action: AH/AR to draft paper as soon as possible about the options and proposed way forward.

5.4 Guidance for General Practitioners on use of Ingenol Mebutate

CW presented the information sheet developed for GPs for the use of Ingenol Mebutate (Picato) to treat Actinic Keratosis. The Committee agreed the leaflet but asked for a slight amendment:

Action: CW to change 2-8^{0} to say 2^{o} to 8^{o}

5.5 Draft formulary process

CW was pleased to report the number of hits on the website and the group would like to monitor this closely to see how the site was being used. The formulary will be put on the NECS wide website when it is available.

CW presented a table demonstrating the formulary process. The Committee were pleased that this succinctly demonstrated the formulary process and this will be shared with other prescribing groups. When NTAG is formed this will have to be reflected in the document.

Action: AR to share formulary process document with others and to put document on the website.

Action: Formulary group to produce one page document on how to promote the APC formulary.

6. NEW DRUG APPLICATIONS

There were no drug applications to consider.

7. APC ANNUAL REPORT

AR presented the APC's Annual Report. The group agreed to share this with the LPGs and CCGs, add to website and to circulate via the medicines email. CW also agreed to add to CDDFT CSTC agenda.

Action: GP prescribing leads to include APC annual report of LPG agendas
Action: AR to include APC annual reports on website and circulate to practices via medicines email.

8. NHS ENGLAND DECISIONS

There was a suggestion that NHS England decisions should be automatically annotated on the formulary, along with a link to the policy statement where applicable. It was agreed that this should be done and that it was a very useful feature of the web based formulary.

9. IFR UPDATE

GC updated the group on the current IFR process and the adoption of a North East process. At present no decision has been made with regard to pre-approved drugs. Training about the IFR process was being discussed but was not yet available for CCG decision makers

Part 3 – Physical Health (1.30)

10. GUIDELINES ON ANTICOAGULANTS

CW presented a guideline regarding Stroke risk Stratification and thromboprophylaxis. A discussion took place on the merits of the various NOACs and the risks of bleeds, and their use in liver and kidney disease. The committee agreed that Warfarin will be the first line drug, with Rivaroxaban second line on the basis of cost. The other NOAC drugs remain formulary choices for appropriate patients. The following minor amendments to the document were agreed:

- Warfarin first line should be the first comment in the right hand box on the flow chart
- A grey line should been added to the table header indicating warfarin first line and an explanation of why rivaroxaban is second line
- A line should be added to costs indicating possible availability rebate schemes for NOACs

The group agreed to review this guideline by December 2014 in order to review the evidence base.

> **Action:** CW / AR to check that there is no commercially sensitive information in the Stroke risk Stratification and thromboprophylaxis guideline, then to be placed on website.

11. GUIDELINES FOR LIPID MODIFICATION

IM updated the group as to the revisions in the guidelines. It was agreed that “If side effects or contra-indications, prescribe atorvastatin 20mg to 40mg should be changed to 10-20mg.

> **Action:** IM to amend document on front page, Atorvastatin to be 10mg to 20mg instead of 20mg to 40mg as necessary.

12. NECS MEDICINES OPTIMISATION ACTION PLAN FOR SUPPORTING ANTIMICROBIAL STEWARDSHIP IN PRIMARY CARE

IM presented a paper written by Alastair Monk regarding the work being done around Antibiotic Stewardship in line with the UK antimicrobial Resistance Strategy 2013-2018.

IM explained that there was to be a wider "Keep Well" campaign which will include an antibiotic message comprised of leaflets, posters, TV adverts and a "non-prescription pad" for use when a prescription for a medication is not needed. The paper also included the action plan developed by NECs for use in primary care in line with the national strategy.

AF asked for confirmation that the FT were up to speed with the plan and IM and CW confirmed that the Antibiotic Management Team worked closely with primary care and were aware of the plan. Non-prescription pads will be getting circulated to all practices via a mail shot from NECS communications team.

Part 4 – Standing items (for information only)

13. MINUTES OF PREVIOUS MEETINGS HELD:

13.1 CD PCT D&T
Action: As this document was not included it is to be cascaded to APC members

13.2 TEWV D&T
Action: As this document was not included it is to be cascaded to APC members

13.3 CD&D FT Clinical Standards and Therapeutics Committee
Action: As this document was not included it is to be cascaded to APC members

14. RDTC HORIZON SCANNING – SEPTEMBER AND OCTOBER 2013

The fact that lidocaine plasters are now indicated only in adults for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) stimulated debate. It was suggested that the pain team be asked to produce guidance on the use of lidocaine patches

Action: AF to ask the pain team to produce guidance on the use of lidocaine patches

15. ANY OTHER BUSINESS

The group discussed the timings of the meetings especially if there was little to discuss during the mental health section.

Action: Time allocated to mental health to be adjusted if there was little to discuss.

16. DATE AND TIME OF NEXT MEETING:

Thursday 9th January 2014
11.30 Board Room, John Snow House