

## County Durham and Darlington Area Prescribing Committee

Thursday 5<sup>th</sup> March 2015  
11.30 am – 2.30 pm  
Board Room, John Snow House

### DRAFT MINUTES

#### Present

Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG (from item 2k)  
Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)  
Dr Alwyn Foden, Associate Medical Director, CD&D FT  
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG  
Betty Hoy, Patient representative  
Alex Murray, Patient representative  
Chris Williams, Chief Pharmacist, TEWV  
Claire Jones, Public Health Pharmacist, Durham County Council  
Dr Martin Jones, GP Prescribing Lead, DDES  
Bhavana Reddy, RDTTC Representative (Professional Secretary)  
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS  
Rob Pitt, LPC representative (from item 2d)  
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG  
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG  
Graeme Kirkpatrick, Chief Pharmacist, CD&D FT

It was noted that as no medical representative from TEWVFT was able to attend the meeting that it wouldn't be quorate for the mental health part of the agenda. It was agreed however that any decisions made would be shared via email to the whole membership prior to publishing.

#### **Part 1 – Mental Health (11.30)**

##### **1a Mental Health Update**

CW stated that for future meetings he intended to bring a briefing report to APC which would highlight the main issues discussed at the Trust D&T. It was noted that the physical health monitoring guidance was still under discussion by the Trust and would come to a future APC meeting. There were no other outstanding issues that needed further discussion today.

##### **1b Hyperprolactinemia guideline**

The guideline drafted by the non-medical prescribing lead at TEWV was presented for comments. This document has been sent out for consultation within TEWV but is now out for APC comments across the region. The group noted that the document was an amalgamated guideline for both clinicians and patients and fed back that they agreed that this should be split into two documents. The group also stated that they found the flowchart helpful. Any further comments to be fed back to CW by the end of April.

**ACTION: 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.**

## Part 2 – General (12.30)

**2a Apologies for absence:**  
Gavin Mankin, RDTC Representative (Professional Secretary)  
James Carlton, DDES CCG  
Mike Leonard, TEWVFT  
Ingrid Whitton, TEWVFT  
Phillipa Walters, Public Health – Darlington  
Robin Mitchell, CDDFT  
Sarah McGeorge, TEWVFT  
Alistair Monk, NECS.

**2b Declarations of Interest**  
No declarations of interest relating to the agenda were raised.

### 2c Minutes of the previous APC meeting held 8<sup>th</sup> January 2015

Page 2 item 1a bullet point 4 regarding generic galantamine should read '*North Yorkshire are proposing the change and TEWV are happy with such proposed switches but will continue to prescribe generically*'.

The ACTION point under the same point above should read:  
'*A review of primary care prescribing is to be issued....*'

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

### 2d Matters arising/action log

#### Actions From January Meeting not on the agenda or action log

Nil

#### Action Log

Drugs & Driving – Guidance. It was agreed that any reference to 'PARIS' the TEWV internal IT system should be removed and this could then be shared with primary and secondary care prescribers. This item was agreed as CLOSED.

Hyperprolactinemia guidelines – this was on today's agenda.

Modafinil shared care agreement – now completed and on NECS website. CLOSED.

Melatonin – shared care agreement on today's agenda for discussion.

Specials Recommended by the British Association of Dermatologists for Skin Disease – local appendix added and now on NECS website plus link included in the formulary. JS feedback that this was on prescribing support work plans for further monitoring. This item was now CLOSED.

Nalmefene – Philippa Walters (Public Health Pharmacist for Darlington) has been added to membership of the APC. Feedback from Public Health on how they intend to commission the NICE TA for Nalmefene on today's agenda for discussion.

Domperidone status memo – completed. CLOSED.

OAB drug pathway – on today's agenda.

AF guidance – on today's agenda.

Pregabalin generic prescribing –to be discussed on the next agenda item.

Pathway for Management of Suspected First Seizure in Primary Care – this has been approved in CDDFT and is now available for prescribers. Item CLOSED.

### **Historic Actions**

Lithium Shared Care Guidelines – in RM's absence, GK fed back that both S.Tees and Sunderland nephrology departments had been contacted. Advice given was similar across both sites. There are no formal protocols however the dose should be reduced to the lowest possible dose in patients with renal impairment. South Tees had agreed to include a telephone number for further advice within the SCP and it was suggested that Sunderland be approached to see if they could do the same. This item was now CLOSED.

Declarations of interests – Not all forms have been received and the group was asked to forward on any outstanding forms. It was agreed that members should complete a form annually on the formation of the APC which was in line with the new financial year rather than calendar year. It was agreed that this item was now CLOSED.

Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain – It was noted that this had not yet been approved via chairs action. GK fed back that one of the pain consultants wanted to comment on this further. It was agreed that any final comments received should be updated by IM and forwarded to the chair for sign off within the next 3-4 weeks.

#### **2e Review of APC Membership**

NMP representation/membership to the APC – it was noted that no replacement had been found yet.

Noted that Linda Turnbull has left CDDFT and is therefore no longer a member of the APC.

#### **2f Generic Pregabalin**

The group noted the letter that had been issued by NHS England on advice of the court. It was agreed that this letter was very clear and that prescribers would be sent a copy by the end of the week. No further action by the APC was deemed necessary.

### **APC Formulary steering group update**

#### **2g Formulary Subgroup Update (Dec – Feb)**

The formulary subgroup minutes were shared with the group for information, no issues were raised.

The group were pleased to note the new format of the 'update document' from the formulary subgroup. The group agreed that as the update was very comprehensive the FSG minutes and formulary amendment documents could be moved to the standing agenda items section of the agenda as the update document already highlighted the key items for approval.

**ACTION: GM to move FSG minutes and formulary amendments documents to the 'standing items' section of the agenda.**

**2h Formulary Steering Group minutes – December 2014, January 2015 & February 2015**

The formulary subgroup minutes were shared with the group for information, no issues were raised.

**2i NICE technology appraisals and Clinical Guidance: 5<sup>th</sup> December – 9<sup>th</sup> January 2015**

**N-TAG recommendations: December 2014**

**MHRA Drug Safety Update: December 2014**

This paper was presented to the group for information and the actions taken by the Formulary Subgroup were noted.

**2j MHRA Drug Safety Update January & February 2015**

The alerts were shared with the group for information. The group noted the information in the DSU around tiotropium respimat. Whilst new data showed that there was no significant risk of death from CV events when compared to the handihaler it was noted that patients with certain cardiac conditions were excluded from the trial and therefore a new caution around this patient group that had been included within the SPC. Discussion took place around the need to be mindful of this advice but not just to stop treatment without getting further advice from specialists as this is not new information. The group agreed that a memo would be useful. IM agreed to draft a memo based on the DSU bulletin and AF agreed to comment on this prior to it coming back to APC.

**ACTION: IM to draft memo around new caution for tiotropium respimat and send to AF for comments.**

**2k Formulary Update and Online Formulary Changes Since December 2014**

CW presented the group with an update on the formulary changes, nothing major noted. These changes were approved by the group.

**2l Shared Care Guidelines for Approval**

The following shared care guidelines were presented to the group for approval:

Melatonin

This was approved by the group with the following changes:

- SCP should be amended to include adults
- It should be put into a standard format similar to the Riluzole document to make it look more professional.
- The monitoring requirement under GP responsibilities of measuring 'height, weight and pubertal development' on an annual basis should be moved to the Consultant responsibilities as GPs did not have the facilities to assess pubertal development.
- It was proposed that a line be included within the alternatives section to state that a letter for the pharmacy may need to be issued should any unlicensed products be prescribed.

Discussion took place around reducing the use of unlicensed melatonin specials products as a licensed alternative is now available. The group agreed that this should be reviewed again at a future date however it was currently important to get the shared care guideline agreed. JS suggested that more detail was needed on the trial of non-pharmacological sleep methods prior to starting melatonin and more

detail around how efficacy would be assessed. i.e. the use of sleep diaries etc.

**ACTION: CW to update the melatonin shared care agreement with the proposed changes.**

#### Riluzole

The APC is asked to adopt the a SCG for the use of riluzole in motor neurone disease (MND) patients, which is used by the MND service which runs out of James Cook Hospital and receives referrals from CD&D. This requires the RAG status of riluzole to be changed from a red drug within the CD&D formulary to an amber drug. This was approved by the group.

The group commented on the clear format of the Tees SCG and felt that the style of this document could be adopted in CD&D. The shared care protocol was approved with no changes.

#### Apomorphine

The group noted the minor amendments made to this SCG by the formulary subgroup. The main change was around the supply arrangements for apomorphine. This was approved by the APC. The group also agreed that where changes were minor and didn't change the essence of the guideline these could be carried out by FSG with no need for them to come back to the APC.

2m

#### **Nalmefene**

Feedback was received from the Public Health APC representatives on how Public Health locally intends to commission the psychosocial support services required with nalmefene. The various options were discussed in detail and it was agreed that at this stage there is no service that is able to provide adequate on-going psychosocial support as required by NICE guidance for the prescribing of nalmefene for appropriate patients. It was not feasible for these patients to attend primary care and the preferred option would be for a recovery centre to provide the whole package of care. The new provider in County Durham – Lifeline – comes into post on the 1<sup>st</sup> April 2015 and will be approached regarding nalmefene provision. It was agreed that a working group should be set up to explore service implications.

**ACTION: CJ to bring back to May APC meeting for consideration of representatives to sit on the working group.**

2n

#### **What treatments will NTAG consider? Guidance for Drug & Therapeutics / Area Prescribing Committees**

This was circulated to APC Members for information only.

### **Part 3 – Physical Health (1.30)**

3a

#### **OAB drug pathway update**

A regional urology meeting has taken place and a suggested OAB drug pathway has been produced. This was circulated to members of the APC for comment. Comments were received from IM and forwarded to MG however no further communication has been received.

**ACTION: Defer item to next meeting or when updated pathway received from MG.**

**3b AF Guidance**

The Gateshead guideline is currently being updated for use locally with input from the clinicians at CDDFT. IM presented the updated document alongside the current CDDFT stroke risk document. It was agreed that the flow chart in the CDDFT document was valuable and should be included within the new updated document as the first page. It was agreed that further details on the drugs should be included within the appendices as well as the information around warfarin initiation in primary care. The group agreed that the revised document should be circulated via email with ten days for final comments and then to be signed off via chairs action.

**ACTION: AM to update document as above and share with APC members for comment. To be approved via chairman's action prior to the next meeting.**

**3c Guidelines for Diagnosing and Managing Cow's Milk Protein Allergy (CMPA) and Lactose intolerance**

This item was deferred to the May meeting.

**3d Lipid Modification Guideline in Primary Care**

The final draft was presented to and approved by the group. The guideline has been adapted from NICE CG181. A comment was made around getting a public health view point around including a larger emphasis on exercise and diet within the guideline. It was agreed that as this had been discussed previously the document should be published on the website; however further comments/advice from public health could still be sought.

**ACTION: To publish final guideline on website. IM to contact ML to discuss 'exercise and diet' prior to prescribing and whether more prominence should be given within the guideline under section 1.**

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

IM reported that a few further amendments are in progress and as discussed previously any further comments by pain consultants would need to be received as soon as possible so they could be included. The group agreed that the document should be approved via chairman's action within the next 4 weeks.

**ACTION: IM to update guideline as above prior to approval by chairman's action by 3<sup>rd</sup> April 2015.**

**3f Vitamin D**

The APC noted the NICE public health summary guidance. They also noted that there are now licensed medicinal preparations of high dose vitamin D available in the UK.

The current local vitamin D guidelines were discussed by the APC and it was agreed the guideline needs updating to include a licensed product. The RDTC agreed to look at price differentials outside of the meeting and decision would be made via the formulary subgroup.

**ACTION: RDTC to share price differentials with formulary subgroup who will then make a recommendation to APC.**

**3g COPD Guideline**

Discussion took place around the FEV1 50/60 debate. ID fed back that a compromise recommending that those patients who fell within the FEV150-60%

range would only be treated if they were symptomatic would allow progress, however an updated guideline had not been received.

It was noted that the formulary subgroup would be looking at newer inhalers and it was felt that this would be a useful document which would guide prescribing.

#### **Part 4 – Standing items (for information only)**

- 4a**            **TEWV D&T Minutes November 2014**  
For information.
- 4b**            **CD&D FT Clinical Standards and Therapeutics  
Committee December 2014**  
For information.
- 4c**            **CD&D D&T CAG December 2014 Minutes**  
For information.
- 4d**            **RDTC Horizon scanning – January & February 2015**  
For information.

#### **Chairman's Action**

- Pregabalin memo – approved and distributed.
- Domperidone memo – approved and distributed.

#### **Any Other Business**

GC raised the issue of the new report around increased rates of dementia for patients taking anticholinergics or antihistamines. This was in a news report last week. It was agreed that further information was required.

**ACTION: The RDTC agreed to look into the data behind the headlines and bring it back to next APC.**

BH raised an issue to do with another media report around the use paracetamol for pain. It was noted that this related to regular high dose paracetamol use and that this may not be as safe as was initially thought, however it was still a safer option than some other pain killers such as NSAID's. No further action was required on this.

#### **Date and time of next meeting:**

Thursday 7<sup>th</sup> May 2015 11.30am – 2.30pm Boardroom, John Snow House