

County Durham and Darlington Area Prescribing Committee

Thursday 5th November 2015

11.30 am – 2.30 pm

Training Room 2, Education Centre, Lanchester Road Hospital

DRAFT MINUTES

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Mike Leonard, Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council
Gavin Mankin, RDTA Representative (Professional Secretary)
Andy Reay, Senior Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&DFT
Chris Williams, Chief Pharmacist, TEWV FT
Jamie Harris, Deputy Chief Pharmacist, CD&DFT
Dr Robin Mitchell, Deputy Medical Director, CD&DFT
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Alex Murray, Patient representative
Betty Hoy, Patient representative
Rob Pitt, LPC representative

In attendance

Dr Neil Munro – Respiratory Consultant – in attendance for item 3a
Deborah Giles - Senior Medicines Optimisation Pharmacist, NECS – in attendance for item 3a

The meeting was quorate.

Part 1 – Mental Health (11.30)

1a TEWV Drug & Therapeutics Committee Feedback – September 2015

CWM presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

The following issues were highlighted to the group:

- E-prescribing – testing will begin in January 2016 for 6 months.
- Over medication in Learning Disability – discussed the need to raise awareness in primary care and that CCGs may need to do practice level audits to help quantify the issue locally.

1b TEWV Smoke-free plan

TEWV will be going smoke-free from March 2016.

Approved plan to support implementation will be brought to January 2016 APC for information. It was noted that use of bupropion and varenicline will remain restricted in mental health patients.

ACTION:

- **CW to bring TEWV smoke-free plan to Jan 2016 APC for information.**
- **CW to bring document on effects of stopping smoking on mental health drugs to Jan 2016 APC, with aim of producing a bulletin for primary care.**

1c Alcohol Drugs – supporting information

The 'Drugs for alcohol dependence: clinical guidance and three way agreement' which will support the current Green+ status in the formulary. was discussed by the APC and the following changes suggested:

- Remove need for GP to sign document as this suggest shared care rather than Green+ status.
- 6 month review should be undertaken by the alcohol service not the GP. The alcohol service should then advise GP on whether the patient is to continue on treatment or not.

This document has so far been approved by the formulary group and the D&T CAG. It will now go to the TEWV D&T for final approval.

It was noted that this will only apply in County Durham.

ACTION:

- **CJ/CW to make changes to document as suggested and publish once approved by TEWV D&T.**
- **CJ to ensure concerns of GPs as to what they are commissioned to provide and any potential increase in current workload are flagged to the appropriate commissioners.**

1d SBARD in Relation to the Monitoring of Lithium Plasma Levels

CW reported the case of a patient who developed diabetes insipidus despite having apparently "normal" lithium levels; however, it was subsequently discovered that the blood samples were being taken 18 hours post-dose, resulting in false-low levels. An SBARD to disseminate the lessons learned has been put together and it agreed that this should be circulated to primary care.

ACTION: KH/JS/AR to circulate to primary care and add to GP TeamNet.

1e TEWV Guidance on Safe Prescribing of Melatonin

This document aims to provide clinical guidance to ensure safe prescribing of melatonin within Tees, Esk and Wear Valleys NHS Foundation Trust and then to appropriately transfer prescribing to primary care.

It also proposes the use the licensed Circadin® product as the product of choice over the unlicensed formulations. This includes the crushing of Circadin® where required for the purposes of dose administration.

Noted that document is currently out for consultation prior to approval at December 2015 TEWV D&T.

ACTION:

- **CW to bring final TEWV approved version to Jan 2016 APC for information.**
- **GK to discuss if CDDFT clinicians happy to adopt licensed Circadin® as product of choice and to crush as necessary, rather than using other unlicensed formulations.**

Part 2 – General (12.00)

2a Apologies for absence:

Ingrid Whitton, James Carlton, Peter Forster, Suzy Guirguis, Melanie Robinson, Philippa Walters, Jo Linton

2b Declarations of Interest

No declarations of interest relating to the agenda were raised.

2c Minutes of the previous APC meeting held 3rd September 2015

The minutes were accepted as a true and accurate record.

2d Matters arising/action log

Actions From September Meeting not on the agenda or action log

Nil

Action Log

TEWV Smoking-free Plan

Verbal update on today's agenda.

Gender Dysphoria Regional Guidelines

The CD&D APC discussed these guidelines at the Sept 2015 meeting and provisionally approved the addition of these guidelines to the CD&D website once the following questions/issues have been addressed:

- Confirmation of contact details for Regional Dysphoria Service for GPs/Clinicians in need of advice on management of individual patients.
- Confirmation of the governance arrangements for these patients. Are the use of these drugs for these indications treated as shared care and such some responsibility for these patients will be retained by the Gender Dysphoria Service; and at what point are these patients fully discharged to primary care with no further follow-up from the Gender Dysphoria Service.

The Regional Gender Dysphoria Service based in Newcastle has responded to these questions as follows:

1. Re the Out of Hours question there shouldn't be any 'GD' emergencies per se, if a transwoman developed a DVT out of hours she would be managed as per any other woman with a DVT. They would then contact the GD service for advice re recommencing/amending treatment. If there was a mental health crisis then the patient would be directed to their local service provider and the GD team can advise them as necessary.

2. The intention is for the drugs to be classified as blue/green plus according to your classification system to ultimately allow us to discharge patients from the service. While the patient is undergoing treatment they will be supervised by the GD team. Patients do get discharged once they have completed their care pathway (not everyone opts for surgery) at that point they discharge to the GP and provide a comprehensive discharge summary advising what to do when and how etc.

The APC agreed to change the RAG status of these drugs for this indication from AMBER to Green+, and that the guidelines could now be published on the website.

ACTION: GM to update the online formulary with the approved changes and publish the guidelines on the website.

CD&D Drug Monitoring Document

On today's agenda for approval.

DMARD Shared Care Guidelines

On today's agenda for verbal update.

Asthma Guideline

On today's agenda for approval.

DVT Pathway

Published on website. It was agreed that this item was now CLOSED.

Gluten-free Guideline

Published on website. It was agreed that this item was now CLOSED.

Identification of Clinical Networks

A list of official and unofficial clinical networks within the region has been produced and is included with today's agenda for information. It was agreed that this item was now CLOSED.

Subcutaneous Methotrexate

Work ongoing. GK to explore options with current homecare provider and look into FP10 option.

Access to Primary Care CSI System in Secondary Care

Weblink to enable Secondary Care to access Primary Care CSI system circulated to secondary care. It was agreed that this item was now CLOSED.

Historic Actions

Dressings Formulary Update

Suggest that NECS meet face to face as soon as possible with Tissue Viability to update existing supporting documents including dressings choice matrix and revised order form for primary care, so that can be updated on the website.

Neuropathic Pain Audit

Update on progress on today's agenda.

Lipid Guidelines – Lifestyle advice

NECS still to publish on website as of 5.11.15.

Letrozole and DEXA Scans

Network Breast site specific group are meeting today.

NICE NG5 – Medicines Optimisation

Trusts/CCGs continue to work on baseline assessment for implementing locally and addressing any locally identified gaps/risk within their organisations and with their stakeholders.

MHRA Drug Safety Update January & February 2015

This issue has been referred to the Respiratory CAG. It was agreed that this item requires no further action by APC and as such it can be removed from the action log.

APC Formulary steering group update

2e Update from Formulary Subgroup for November 2015 APC

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

Formulary Updates since September 2015 APC including RAG changes

Approved with suggested changes to RAG recommendation as follows:

BNF Chapter	BNF Category Number	Product/indication	Detail of change	Date Guidance Issued	RAG Status
6		Type 1 diabetes in adults: diagnosis and management	Add link to NICE NG17	26.8.15	n/a
6		Diabetes (type 1 and type 2) in children and young people: diagnosis and management	Add link to NICE NG18	26.8.15	n/a

6		Diabetic foot problems: prevention and management	Add link to NICE NG19	26.8.15	n/a
5		Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use	Add link to NICE NG15	26.8.15	n/a
n/a		Coeliac disease: recognition, assessment and management	No action required as no drugs included	23.9.15	n/a
1	1.5	Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy	Include in formulary and add link to NICE TA352	26.8.15	Add as RED drug
8	8.1	Bevacizumab for treating relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal)	Add to link to NICE TA353	26.8.15	Add as a REJECTED drug for this indication
2	2.8	Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism	Include in formulary and add link to NICE TA354	26.8.15	Add as a GREEN ALTERNATIVE drug
2	2.8	Atrial fibrillation (non-valvular) - edoxaban	Include in formulary and add link to NICE TA344	23.9.15	Add as a GREEN ALTERNATIVE drug
8	8.1.5	Ruxolitinib for treating polycythaemia vera (terminated appraisal)	Add to link to NICE TA356	23.9.15	Add as a REJECTED drug for this indication
5	5.3.3	Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when taken with amiodarone	Add link to MHRA DSU guidance	Aug 2015	No change
1	1.3.5	Proton pump inhibitors: subacute cutaneous lupus erythematosus	Add link to MHRA DSU guidance	Sep 2015	No change
3	3.1.1 & 3.10	Pseudoephedrine and ephedrine: update on managing risk of misuse in the UK	Add link to MHRA DSU guidance	Sep 2015	No change
10	10.1.3	Certolizumab pegol (Cimzia®, UCB Pharma) for the treatment of Psoriatic Arthritis.	Add link to NTAG advice	Sep 2015	No change
1 & 10	1.5.3 & 10.1.3	Infliximab Biosimilars – Inflectra®▼ (Hospira), and Remsima®▼ (Napp)	Add link to NTAG advice	Sep 2015	No change
10	10.1.3	The use of sequential TNF Inhibitors in the management of psoriatic arthritis	Add link to NTAG advice	Sep 2015	No change
6	6.6.1	Terparatide - Currently listed as Green+ but is only available via homecare and is an excluded drug. No prescribing currently in primary care in CD&D.	Suggest change to RED.	n/a	Change to RED

ACTION: GM to update the online formulary with the approved changes.

2f New Drug Applications iAluril

The APC agreed to that the application needs to be approved by the CDDFT CSTC not the APC as it has an impact on secondary care only. If approved by CSTC any change to the formulary will come to the APC for information only.

2g Oxycodone Prescribing Safely

The APC discussed and approved the proposal from the D&T CAG and Formulary Subgroup to support the safe prescribing of oxycodone.

It was agreed that the MR forms of oxycodone be prescribed by brand on the grounds of safety and that the current preferred brand on the grounds of cost in primary care is Longtec®. The immediate release should be prescribed generically as the oral solution.

Noted that secondary care already have a policy in place that immediate release oxycodone should be prescribed generically as the oral solution, as per occurs with morphine.

ACTION:

- **GM to update the online formulary with the approved changes.**
- **KH/JS to implement policy of branded prescribing for oxycodone using Longtec® as the brand of choice in primary care, and oxycodone liquid as the immediate release preparation from 1st January 2016.**
- **RP/CJ to communicate the changes to community pharmacies.**

2h Branded Prescribing of Combination Inhalers

The APC approved the proposal from the Respiratory CAG, D&T CAG and Formulary Subgroup that CD&D adopt a policy of brand-name prescribing for combination inhalers to support patient safety, ensure patients receive a familiar device, and support adherence.

ACTION:

- **GM to update the online formulary with the approved changes.**
- **KH/S/AR to communicate the policy to primary care prescribers.**
- **CJ to communicate the policy to community pharmacies.**

2i DMARD Shared Care Guidelines

Noted that existing DMARD shared care guidelines are currently being reviewed and updated, including incorporating all specialities/indications for DMARDs.

It has been agreed to continue following the current BSR recommendations on monitoring of DMARDs for now.

It has also been agreed that there will be a buffer zone for certain blood results for action to reduce the need to contact secondary care so frequently for advice.

ACTION: Methotrexate SCG to be approved at January 2016 APC.

2j NTAG Update:

A verbal update on the NTAG recommendations following their September 2015 meeting was given.

- Certolizumab pegol for the treatment of psoriatic arthritis - The Northern (NHS) Treatment Advisory Group recommends the use of certolizumab pegol as an option in those patients who fulfil NICE criteria for use of TNF Inhibitor therapy in psoriatic arthritis. However other more established, NICE approved treatment options would remain first line choices in this patient group.
- Infliximab biosimilars - The Northern (NHS) Treatment Advisory Group recommends the use of infliximab biosimilars as an option where the originator product (Remicade®) would normally be prescribed. The group was satisfied that the data presented showed that bio similarity had been demonstrated for the infliximab biosimilar (CT-P13) with regards quality,

non-clinical and clinical comparability. The group agreed that infliximab biosimilars should be considered as a first line option in new patients suitable for treatment with infliximab. For existing patients consideration should be given to switching where it is clinically appropriate and as part of a clinician led management programme which has appropriate monitoring in place.

- Use of sequential TNF inhibitors in the management of psoriatic arthritis - The Northern (NHS) Treatment Advisory Group recommends that the sequential use of TNF inhibitors can be considered in the case of failure due to inefficacy or adverse effects (AEs) and if the patient still has active disease. Sequential use must be assessed and reviewed by a multidisciplinary team within the Trust and patients must continue to fulfil the NICE 'start-stop' criteria when prescribing a TNF inhibitor for psoriatic arthritis.

The formulary website will be updated accordingly.

2k CD&D Drug Monitoring Document

The APC discussed and approved the updated version of the CD&D Drug Monitoring Recommendations Document for use in primary care with the following additional changes:

- Minocycline – highlight not a preferred treatment option.
- Venlafaxine – incorrectly appears on page 5 under infections
- Sulfasalazine – agreed was not necessary to add under GI section as rarely use.
- Dronedarone – add under anti-arrhythmics.
- Immunomodifying drugs – change title to DMARDs
- Remove page breaks in middle of individual drug entries.

The following changes were noted:

- Section added for spironolactone and diuretics split into loop, thiazide and spironolactone
- Lipid drug monitoring updated to reflect NICE CG 181 and CDD “Drug considerations in the management of blood lipids”
- NOAC information added in line with recommendations made from SPCs, and CDD’s “AF Guidelines for prescribing in primary care” document. Edoxaban not included because uptake not expected to be significant
- Antipsychotic monitoring recommendations updated to reflect current TEWV Antipsychotic monitoring document
- Carbamazepine recommendations for monitoring in bipolar disorder now removed, latest NICE guidelines no longer recommend its use
- Section on lamotrigine baseline bloods added
- Lithium recommendations updated in line with TEWV “Safe lithium therapy and shared care guidelines“ document
- New section on monitoring of antifungal drugs added to detail requirements for safe use of terbinafine and fluconazole if long term
- Monitoring requirements for Propylthiouracil added.
- DMARD section removed since this is now covered in more detail by individual Shared care documents and link provided to these
- Other updates made reflect any changes made to SPCs and good practice recommendations since previous document was published.

ACTION: Dan Newsome (NECS) to make agreed changes to CD&D Drug Monitoring Document, and publish final version on website by end of Nov 2015.

JH to produce a summary document on the monitoring requirements for DMARDS

2l Neuropathic Pain Audit – Lidocaine Patches

A verbal report on the ongoing work between CDDFT and DDES/ND CCGs task and finish group in tackling prescribing issues in this area was presented to the group.

Secondary care guidelines on the prescribing of lidocaine plasters are in development which

clearly define criteria for secondary and primary care to adhere, empowering prescribers to challenge inappropriate indications.

It was agreed that all prescribing of lidocaine patches be in acute rather than repeat prescribing/dispensing.

ACTION: GK to develop guideline for use of lidocaine patches for approval at Jan 2016 APC.

KH/JH/CJ to implement policy of all prescribing of lidocaine patches being on acute rather than repeat prescribing/dispensing.

2m New Format of BNF

Papers detailing the changes to the format of the electronic and print versions of the BNF from September 2015 were presented to the group.

The APC discussed the impact of the changes of the BNF structure on the structure and format of the County Durham & Darlington Formulary website.

It was agreed to make no changes to the format and structure of the County Durham & Darlington Formulary website at this stage but to keep this under review.

2n Prescribing Outlook 2015

A summary of the national horizon scanning publication Prescribing Outlook 2015 which was published in September 2015 was presented to the group for information
Work on regional cost predications and impact is currently underway.

Part 3 – Physical Health (13.00)

3a Asthma Guideline

Dr Neil Munro – Respiratory Consultant – in attendance
Deborah Giles - Senior Medicines Optimisation Pharmacist, NECS – in attendance

The draft of the CD&D Asthma was presented to and approved by the Group with the following changes:

- Add in reminder about use of spacers with inhaled steroids
- Replace Fostair 100/6 with Fostair 200/6 at Step 4

Noted the guideline includes the addition of the following inhalers to the formulary for use in asthma:

- Salbutamol Airomir® Autohaler
- Beclometasone Easyhaler®
- Sirdupla® (Fluticasone/salmeterol)

ACTION: Deborah Giles to update and publish final guideline on website by end of Nov 2015.

3b Osteoporosis Guideline

Work has begun on developing a local osteoporosis guideline with the involvement of clinicians from secondary care. It was noted that a NICE TA on Bisphosphonates for preventing osteoporotic fragility fractures is due at the end of November 2015.

ACTION: Dan Newsome (NECS) to produce a final draft osteoporosis

guideline for approval at the January 2016 APC.

3c High Cost Drugs Update

AR presented a paper to the group and informed the group that work is underway to try improve the quality of data around high cost drug use that is received from secondary care.

During discussion the following points were raised:

- CDDFT pharmacy team is putting in place a structure to look at the use of high cost drugs within the Trust.
- CCGs are looking at the potential of using the Blueteq software to help manage high cost drug use and spend.
- There is a need to standardise 1st, 2nd choice treatments locally in some therapeutic areas e.g. rheumatology.
- APC is the right forum for clinical debate on and making decisions around the local formulary choices of high cost drugs.
- Finances around high cost drugs is more appropriately discussed in finance/contracting/commissioning forums.

ACTION: AR to form a subgroup to look at how NECS/CCGs can begin to move forward with this workstream, in particular addressing issues such as local product choice (e.g. biologics in rheumatology), scope for cost savings, and are the use of high cost drugs clinically appropriate.

3d Food Supplement Contracting Issues

AR shared with the group for a paper detailing the current issues with Nutricia and the current food supplement contract.

After discussion it was agreed that this was not an issue for the APC to resolve, as it was a contracting and as such due the potential cost implications the issue should be referred to the CCG Executive Committees for a resolution/decision.

ACTION: AR to refer issue to CCG Executive Committees for a decision.

Part 4 – Standing items (for information only)

4a Formulary Steering Group Minutes August 2015

For information.

4b Formulary Amendments Post-October 2015 FSG Meeting

For information.

4c TEWV D&T Minutes July 2015

For information.

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

For information.

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

For information.

4f NTAG Minutes June 2015

For information.

4g RDTC Horizon scanning – September & October 2015

For information.

- 4h MHRA Drug Safety Update August, September & October 2015**
For information.

Chairman's Action

None this month.

Any Other Business

Minor Amendment to COPD Guideline

A minor error to the administration instructions for Anoro Ellipta® in the COPD guideline been corrected.

Diabetes Prescribing Working Group

It was agreed the new Diabetes Prescribing Working Group should be a subgroup of and report to the APC. It is charged with monitoring, reviewing and advising on the quality and safety of diabetic prescribing in County Durham and Darlington. It will support the achievement of the new diabetic model locally by looking at best value prescribing. Noted that was separate to the existing Diabetes CAG. It was also agreed to circulate the draft terms of reference for the Diabetes Board to comments for the next 2 weeks and then approve via Chairman's Action.

ACTION: Terms of Reference to be approved via Chairman's action by end of Nov 2016.

Date and time of next meeting:

Thursday 7th January 2016 11.30am – 2.30pm

Board Room, North Durham CCG, Rivergreen Centre, Aykley Heads, Durham