

**COUNTY DURHAM PCT & DARLINGTON PCT  
Drugs and Therapeutics Committee**

**Minutes of Meeting held  
Tuesday 18<sup>th</sup> December 2012  
Board Room, John Snow House  
12.00 - 2.30 pm**

**Present:**

Serena Bowens (minute taker)  
Dr Geoff Crackett, GP Prescribing Lead (DCLS)  
Dr Ian Davidson, GP Prescribing Lead (Derwentside)  
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre  
Deborah Giles, Pharmaceutical Adviser  
Dr Catherine Harrison, GP Prescribing Lead (Dales)  
Kate Huddart, Senior Pharmaceutical Adviser, NHS County Durham & Darlington  
Dr Peter Jones, GP Prescribing Lead (Sedgefield)  
Patricia King, LPC Community Pharmacist Representative  
Ian Morris, Head of Medicines Management  
Anne Phillips, Nurse Practitioner  
David Russell, GP Prescribing Lead (Darlington)  
Christopher Williams, Deputy Chief Pharmacist, CDDFT

**In attendance:**

The Committee welcomed the following to the meeting, to present the item as indicated:

**Item 6.4**

Sarah Tulip, Pharmaceutical Adviser, Medicines Management, CD&D PCT

**1.0 APOLOGIES**

The following apologies had been received and were noted by the Committee:

Sue Hunter, Associate Director of Pharmacy, TEWV

**2.0 DECLARATION OF INTERESTS**

SB informed the Committee that declarations had only been received from CH, AR and DR, which were noted by the Chair.

**Action: SB to chase declarations for the remaining Committee members.**

### 3.0 MINUTES OF LAST MEETING OF HELD 16<sup>th</sup> OCTOBER 2012

The minutes were accepted as a true and accurate record of the aforementioned meeting, with no recommended changes to be made.

### 4.0 MATTERS ARISING

There were no matters arising which had not been included in either today's agenda or within the action log.

### 5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM FROM PREVIOUS MEETINGS

Please refer to amended action log.

The updated actions were accepted and noted by the Committee and several actions were confirmed as complete. Any outstanding historic actions were agreed to be returned to the February 2013 D&T for finalisation. The following actions have been updated since the dissemination of the papers.

#### Actions from October 2012 meeting:

##### Item 6.2 – North East Behavioural Change Project:

Letter to be written to Neil Frankland regarding the aforementioned remains outstanding. **(Open)**

##### Item 6.3 – CCG Authorisation Support Document

Although this document had been circulated as previously agreed, the document had not been uploaded to the website as it contained in excess of 1200 pages. A summary is to be written, which will subsequently be uploaded to the Medicines Management website and if the reader requires a full version, this will be available by requesting via a web link. **(Open)**

##### Item 9.0 ScriptSwitch Update

A North East Wide approach is intended for ScriptSwitch in the future to allow for day to day updating and currently a review is underway of the County Durham and Darlington profile. A letter is still to be written by IM informing ScriptSwitch that the contract is to be rolled forward for twelve months and informing them that any future contract may have to be withdrawn remains outstanding. **(Open)**

PJ enquired what is being undertaken to encourage practices to use the ScriptSwitch system. The Committee were informed that DG is presently the lead for this piece of work and was currently removing numerous messages from the system and tidying up the profile, following which it will be looked at to include the

new formulary. The Committee were informed that if anyone had any recommendations to changes or inclusions on the system, to forward their suggestions on to the Medicines email, which will be taken into consideration and the aim is to finalise the full system within the next month. However it was reiterated that if there were any causes for concern in relation to the safety or financial issues, these requests will be actioned immediately.

**Action: Add ScriptSwitch review to August 2013 agenda.**

### **Outstanding Historic Actions:**

#### August 2012 Item 17.2 Future of D&T

It had been recently discussed with three Clinical Quality leads who all agreed that the future of the D&T is a necessity and therefore is to be continued for the foreseeable future. (Closed)

#### June 2012 Item 6.2 Vitamin D supplementation Leaflet and Guideline

The leaflet had recently been to a reading group for review who had recommended some amendments.

#### June 2012 Item 6.3 Process for reviewing local guidelines

There were currently no guidelines that were out of date, however the Medicines Management Team were currently looking at to upload all existing guidelines on to the website and to deactivate any old documents.

#### June 2012 item 10.1 MHRA Drug Safety Update April 2012, Magnesium and PPI

CW updated the Committee and informed that limited guidance had been received from the Gastroenterologists however further information had been received from the Biochemists, which had been subsequently presented to the Area Prescribing Committee. To date however there had been no comment from the Endocrinologists.

The consensus of opinion of the APC Committee was for a newsletter to be cascaded to raise the awareness and that there is no evidence that checks should be routinely undertaken.

**Action: DG to write a small statement and forward to GC and DR and following their approval DG to release via MM newsletter.**

## **6.0 AGENDA**

### **6.1 Updated Terms of Reference**

This document had recently been re-revised due to the structural changes of the new NHS. It was felt that the current membership is heavily clinical and discussion occurred on whether or not a Non-Executive Director of Board is required as part of the membership. As the D&T is a Clinical Advisory Group and recommendations

would go to CCGs it was felt that this step is where external scrutiny should be applied

The following changes were made to the proposed document:

- Title – Change to ‘Drug and Therapeutics Clinical Advisory Group’
- 1.1 Role - needs to state: ‘*that D&T is intended as a Clinical Advisory Group*’.
- 2.1 Membership - remove the wording ‘in attendance’ and merge into the membership body.
- 2.2 Quorum - to say ‘*At least two CCGs must be represented*’.
- 2.4 Remove ‘product placement’ comment. Include reference to ‘*the formulary and to advising on rebate schemes*’.
- 7.0 Reporting and communication arrangements – change to:
  - Remain accountable and report to:
    - *Management Executives and Quality Groups of Darlington, DDES and North Durham CCGs.*
  - Circulate minutes to:
    - *Area Prescribing Committee*
    - *All neighbouring trust D&Ts including: CDDFT, CHSFT, TEWV and NTHFT.*

**Action: Serena to make the required changes and return to ID for approval**

## 6.2 Final Draft D&T Annual Report 2011-2012

ID and IM had recently re-drafted the annual report, and informed the Committee that the report now included more detail on what roles have been undertaken and presented to the Committee today for ratification.

It was highlighted that within the section Developing Primary Care Guidelines, pain management had been mentioned twice and the duplicate entry was to be removed.

The Committee approved this version as the final document for future circulation.

## 6.3 Enoxaparin Prescribing

AR presented this to the Committee and referred to ‘The Transfer of Prescribing’ document and questioned what the arrangements should be agreed for enoxaparin prescribing when patients transfer from secondary (CDDFT) to primary care.

The paper presented different options for four particular groups of patients relating to CDDFT and aimed to clarify the agreed position:

1. Patients on discharge from secondary into primary care.
2. Maternity Services patients.
3. Pre-op patients
4. Cancer patients

The Committee felt that this summary was long overdue and agreed that following patient discharge, the Trust should prescribe for the first four weeks; maternity services should remain as it is now and continue to supply; pre-op patients would usually be supplied by the FT unless there were logistical problems; cancer patients prescriptions should be supplied by the Trust for the first month, following which should be picked up and supplied by primary care.

ID felt that this document gives a degree of clarity to the system. ID questioned whether this would fit in with contract uplift to take in enoxaparin and the Committee felt that this may just be for maternity services. CW informed the Committee that he had briefly took to this paper to a recent Foundation Trust D&T meeting and although they broadly agreed with the recommendations he would take back for agreement with the consultant body and circulate via a memo. It was felt that in instances where practices receive any unreasonable request that they contact the Medicines Management team direct.

Question arose in relation to those practices which refer their patients onto either Sunderland or North Tees, and that the Hospital Trusts needed to be approached in an endeavour to look at obtaining their agreement on the proposal of this system.

**Action: CW to take to FT D&T & consultant bodies.**

**Action: Deborah Giles - Memo to be cascaded in the New Year by MM.**

**Action: AR Change title to “Low Molecular Weight Heparin” rather than just enoxaparin.**

#### 6.4 Updated Drug Monitoring Guidelines

ST informed the Committee that following the presentation of the initial draft guidelines at October’s D&T, the recommended changes had been made to the guidelines and subsequently received additional feedback and was being re-presented to the Committee today for ratification.

There had been a previous query as to why differing monitoring was recommended for Valproate and Carbamazepine depending on condition and ST explained that different pieces of NICE guidance relating to these conditions had included different monitoring requirements but no explanation could be found as to why. As a result the monitoring for these drugs had been left as they were, and we listed as different depending on their use.

The changes below were recommended, following which the Committee approved the guidelines

**Action: ST to make the following amendments:**

- **Diuretic – Reword “urinalysis” in the sentence “Thiazides – urinalysis for glucose at baseline then 12 monthly”**
- **Remove Names off back page**
- **Add “agreed by d&t date” and add a “review date”**

#### 6.5 Shingles and Zostavax

IM informed the Committee that this vaccine which had been developed to prevent shingles, was currently being marketed towards practices however yet the PCT

Immunisation and Vaccination colleague had expressed concerns about practices developing their own targeted campaigns. The Government were currently developing a vaccination programme nationally however there are concerns that practices may purchasing the vaccine and target patients which will not be within the national campaign.

**Action: Memo to be cascaded to provide advice to practices on prescribing before Christmas.**

**Action: Prescribing Leads to agenda at appropriate LPGs.**

#### 6.6 Prescribing Dilemmas Guide

DG presented this paper as a guide for health professionals in CD&D regarding situations on prescribing which were not covered by the NHS or may often cause some confusion as their status in the NHS is unclear. The Committee felt that it was a useful document which could be adopted in practices, however it would be useful to include in the guidelines Oxygen, SALT thickening agent, Palliative care drug service, TB drug service, and more clarity on malaria.

**Action: Add to document Oxygen, SALT thickening agent, Palliative care drug service, TB drug service, and more clarity on malaria and return to D&T February 2012 with the agreed amendments.**

#### 6.7 Osteoporosis Pathway

IM informed that there had recently been some on going work with consultants, to develop this pathway for primary prevention and Matt Bridges had provided guidance who proposes that the existing drug guidance is maintained but with Strontium joining Denosumab as third line with some clarity needed with regard to safety warning about Denosumab regarding hypocalcaemia. PJ highlighted that there had been no indication of the duration of therapy which needed to be included or when it was appropriate to stop. The committee felt that the pathway as presented and the drug part of the guidance should be reformatted into a single document and that High Risk screening recommendations should be checked to ensure they agree with NICE.

**Action: IM to notify Matt Bridges of D&T comments.**

**Action: IM to circulate to D&T members for further comment**

#### 6.8 APC Formulary

AR presented a paper to the Committee to make them aware of the progress made with regard to the formulary and that this has been cascaded to Trust and Prescribing Leads for any comments. AR informed that he had recently received additional remarks and will collate all future comments and feed back to the Committee. Recently NICE had published guidelines regarding Formulary development and AR was pleased to report that our processes were in line with the recommendations.

The formulary was in its final stage and ID expressed his thanks to the Formulary Development Group for their continued input.

PJ indicated that some of the drugs were not commonly used in primary care but it was explained that as a joint formulary it had to cover secondary care use as well.

#### 6.9 Insulin Proposal

AR stated that this paper had been presented today for the information of the Committee. AR indicated that this proposal had recently been agreed for pilot in Darlington and that Sanofi have offered this scheme at a fixed quarterly price with a 20% rebate on costs related to the previous quarter. If this scheme was to be adopted in County Durham it thereby has the potential to save money with an estimated saving of £500k in County Durham. The paper had previously been to Diabetes CAG however it had not received much interest. Based on past experience with companies in practice PJ was sceptical about the proposal and recommended if this is adopted, that a contract be drawn up with County Durham and the drug company. AR informed the Committee that Darlington have adopted the 'Working with Pharmaceutical Industry' policy for use with this pilot

#### 6.10 Guidelines for the Transfer of Prescribing responsibilities between Primary and Secondary Care

AR presented a document which would serve as a set of rules regarding the transfer of prescribing and would fit alongside the formulary. AR explained that the document was based on a version from South of Tyne and had been modified to our needs with an aim of minimising the number of drugs requiring formal shared care so efforts are focussed on those drugs which require it most.

There then followed a discussion in relation to how long patients were expected to remain on these drugs following discharge and although the Committee weren't convinced that patients on amber drugs could be stabilised after one month, the paper was approved.

#### 6.11 Metformin MR

AR brought a paper to the committee to discuss whether or not CCGs wish to adopt a rebate scheme which would require them to use branded Metformin MR. AR informed the Committee that County Durham currently have expenditure in the region of £222k per annum for this drug and there could be a potential saving of £27k per annum.

The scheme however was not recommended by the Regional Procurement Pharmacist and the Committee felt that as it was a category C drug, it could potentially affect the NHS drug reimbursement system and that in principal Metformin should be prescribed generically, unless there was good evidence not to.

The committee rejected the rebate scheme.

### **STANDING ITEMS**

#### **7.0 FINANCIAL/BUDGET UPDATE**



VV provided a verbal update of the prescribing position for each locality and their collective CCGs based on September prescribing data which had recently been released.

The forecast showed that all localities were currently underspent, with the exception of Dales which were overspent.

## 8.0 SCRIPTSWITCH

Nothing to update. The paper that was included was an error as this had been presented at the October 2012 D&T already.

## 9.0 MEDICATION SAFETY & NPSA

### 9.1 MHRA Drug Safety Update Vol 6 Iss 3 October 2012

This document was circulated to the Committee who raised concerns about Denosumab and that it shouldn't be used in patients with hypocalcaemia. There was also discussion regarding the evidence relating to Simvastatin interactions and limiting dose. There was also debate about cardiovascular risk with diclofenac. The Committee were informed that North Tees have recently taken diclofenac off their formulary even for short term use and CW said that the FT do not issue long term use but do issue diclofenac for short term issue.

**Action: Include Denosumab and Diclofenac advice on next Med Man Newsletter.**

### 9.2 MHRA Drug Safety Update Vol 6 Iss 4 November 2012

This document was circulated to the Committee for information and attention was drawn to the MHRA learning module on Antipsychotics

### 9.3 MHRA Drug Safety Update Vol 6 Iss 5 December 2012

This document was circulated to the Committee.

One point of note was the safety review relating to codeine containing pain relief in children following post-surgical fatalities in ultra-rapid metabolisers. PF said that although the EMEA had recently added contraindications in relation to codeine and pain relief for secondary care, the full details were not currently available.

### 9.4 DTB – summary

The document was accepted for the Committee's information with attention being drawn to the following articles:



Improving inhaler technique – this article discussed how significant benefits could be obtained by simply teaching patients and clinician more about correct inhaler technique.

Antidepressant treatment of neuropathic pain – This article suggested that a tricyclic antidepressant should be considered first line for neuropathic pain with amitriptyline being appropriate due to clinicians' familiarity with this drug despite not being licenced for this indication.

This is in line with current PCT guidance of using Amitriptyline, although the DTB does suggest using Imipramine if amitriptyline does not work, whereas the PCT guidance moves to gabapentin at this step. (Note - this is different to NICE guidance which recommends Gabapentin before Amitriptyline but the D&T felt that this could not be supported due to gabapentin being a black triangle drug at the time the guideline was written and was significantly more expensive than Amitriptyline).

Moving specialist drugs out of hospital – this article covers the use of homecare arrangements and their potential for increased convenience for patients. The committee however felt that this was a significant challenge for finance departments.

Fidoxamicin for C. Diff infections – This article covers the use of fidoxamicin in C.Diff cases and although it does not recommend first line use it does suggest that its use should be considered on a case by case basis.

Sativex in MS – This article concluded that the DTB found it difficult to identify a place for this product in clinical practice based on the limitations of the clinical trials.

Following the summary of the guidance there was discussion about the value of the DTB with DR feeling that a fuller resume of the document should be presented to the D&T. The committee felt that there may be an option for CCGs to pay for a subscription for all GPs and Nurse prescribers from non-recurring monies and IM agreed to investigate this.

**Action: IM to investigate the costs of a county wide subscription to the DTB for all GPs and Nurse Prescribers.**

## 10.0 AREA PRESCRIBING COMMITTEE UPDATE

AR provided a brief verbal update from the APC meeting held November 2012.

## 11.0 RDTG UPDATE

### 11.1 Horizon Scanning Documents and NICE Guidance Update November 2012

The document was accepted for the Committee's information. PF stated that this document can now be downloaded monthly.

## 12.0 PRESCRIBING UPDATES

There were no prescribing updates presented.

## 13.0 NON MEDICAL PRESCRIBING

The report was presented to the Committee and accepted for information.

Given the reporting it was agreed that closer monitoring is needed of the CDs prescribed by NMPs and also those who appear to be providing repeat prescriptions.

**Action: Shelley Calkin and GP prescribing leads to feedback to GP practices the level of NMP prescribing if there is concern**

**Action: Every six months Shelley Calkin to provide a locality report is to be disseminated to the Committee and to LPGs**

## 14.0 PATIENT GROUP DIRECTIONS

IM provided a verbal update on the following two PGDs which had been recently reviewed and cascaded via Medicines Management:

- Hib/Men C – Menitorix – IMM 2011/095
- Meningococcal Group C – IMM 2011/009

## 15.0 Medicines Management Team Update

IM informed that there had recently been significant staff changes with regard to the NHS reconfiguration however all members of MMT have been offered alternative employment apart from one member who was with the team on secondment from another trust.

## 16.0 CCG Prescribing Locality Updates

The minutes from the following locality prescribing groups and sub-committees were circulated for the Committees information:

- 16.1 Dales Locality Prescribing Group - 20<sup>th</sup> September 2012
- 16.2 Darlington Prescribing Sub-Group - 20<sup>th</sup> November 2012
- 16.3 Derwentside Prescribing Sub-Group - 11<sup>th</sup> October 2012
- 16.4 Durham & Chester-le-Street Local Prescribing Group - 13<sup>th</sup> November 2012
- 16.5 Easington Locality Prescribing Group – 15<sup>th</sup> November 2012
- 16.6 Sedgefield Prescribing Group - 15<sup>th</sup> August 2012

## **17.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE**

Summaries from the following provider Drug & Therapeutics Committee meetings were circulated for information.

17.1 County Durham & Darlington NHS FT D&T

17.2 Tees, Esk & wear Valley D&T

17.3 North Tees & Hartlepool NHS FT D&T

17.4 Sunderland CH FT D&T

## **18.0 ANY OTHER BUSINESS**

None.

## **19.0 DATE AND TIME OF NEXT MEETING**

Tuesday 19<sup>th</sup> February 2013  
Bede House, Belmont, Durham  
12.00 pm – 14.30 pm