

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 16th December 2014
12.00 – 2.30 pm
Boardroom, John Snow House

Minutes

In Attendance:

Dr Catherine Harrison	DDES GP Prescribing Lead (Dales)
Dr Martin Jones	DDES GP Prescribing Lead (Sedgefield)
Gavin Mankin	RDTTC Representative
Alastair Monk	Medicines Optimisation Pharmacist, NECS
Ian Morris	Senior Medicines Optimisation Pharmacist, NECS
Rob Pitt	County Durham and Darlington LPC Representative
Dr David Russell	GP Prescribing Lead (Darlington), Chair
Joan Sutherland	Medicines Optimisation Lead, ND CCG
Laura Walker	Minute Taker, NECS
Chris Williams	Deputy Chief Pharmacist, CDDFT

Item Description

1. Apologies

Geoff Crackett	GP Prescribing Lead (North Durham)
Dr Ian Davidson	Director of Quality and Safety, ND CCG
Sue Hunter	Chief Pharmacist, TEWV Mental Health Trust

2. Declarations of interest

None declared.

3. Minutes of last meeting held Tuesday 21st October 2014

Page 1, In Attendance / Apologies – Dr Martin Jones was in attendance at the October D&T meeting.

Page 3, Item 5 re June 2014 6.7 – JS asked whether the paper on the primary care rebate schemes has been presented to all management executive meetings, IM confirmed it has been to Darlington and North Durham, JS will take this paper to the DDES meeting.

Page 5, Item 6.2 – Incorrect title given, Dr Professor Jerry Murphy.

Page 6, Item 6.5 – Incorrect title given to a meeting, Diabetes Steering Group should be amended to read Diabetes Test Strip Steering Group.

4. Matters arising

DR informed the group of an email received from Ian Davidson which gave details of the upcoming changes taking place between NECS and North Durham and DDES CCG's. The CCG's have revised the service specification for Medicines Optimisation, part of this change will be that the RDTTC will provide the professional secretary and administration roles for the D&T CAG, APC and Formulary Group. Darlington CCG are continuing with the same level of support from NECS.

5. Actions taken by Medicines Management Team following meeting 21st October 2014

October 2014 actions:

Closed items:

6.2 Lipid Modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease – on today's agenda for discussion (CLOSED).

6.3 Dosulepin Prescribing Leaflet – CH completed the leaflet, this has now been circulated. IM thanked CH for her work (CLOSED).

6.5 Diabetes Test Strips (6 month review) – 5 reports have been made to B-Braun regarding inaccurate meters, the meters have been sent for testing and so far two have been returned showing no problem with the meters. The Diabetic Specialist Nurses (DSN's) have been invited to attend the next diabetes test strip steering group (CLOSED).

9.1 Scriptswitch update on serving notice – DDES and North Durham have agreed to use Scriptswitch in EMIS practices and OptimiseRx in SystemOne practices. Decision made by DDES and North Durham not to use SystemOne protocols. (CLOSED).

9.2 MHRA Drug Safety Updates: August and September 2014 – The safety alerts have been emailed out to practices (CLOSED).

Open Items:

6.1 NICE CG 180 Atrial Fibrillation – It was agreed at the APC that the guidance would be adopted with some local amendments made. The amendments will be made following discussions between PD and the cardiologists (OPEN).

12.1 RDTTC Monthly Horizon Scanning Document August, September and October 2014 – IM to check that the CKD guideline review will be on January APC agenda. ID

is to meet with Dr Munro to discuss COPD guidance, ID has yet to arrange this meeting due to lack of response from Dr Munro. It was agreed to try to arrange this meeting again, copying CW in the communications.

16 Any other business – The area team have agreed to extend the travel vaccine PGDs which are provided on the NHS.

Historic Actions:

August 2014 5 NECS to create and maintain a list of out of stock drugs and cascade to practices quarterly – The NHS Forth Valley Document of out of stock drugs is on today's agenda for discussion. Amendments will be needed as the Scottish Drug tariff is reflected (CLOSED).

August 2014 5 Domperidone guidance – The UKMI and Pan Mersey Guidance on domperidone was discussed. It was agreed this would need to be taken to the APC, a paper will be at the January APC (OPEN).

August 2012 6.4 D&T CAG Terms of reference – IM is trying to recruit a NMP for the D&T CAG, JS suggest Chris Brown, NMP from Dr Lambert's practice, may be interested in this role (OPEN).

June 2014 6.5 Subcutaneous Methotrexate – Barry Bird is the new contact manager and is liaising with the Alcura rep. Work is now underway to get the contract into the new format before signing with Alcura (OPEN).

June 2014 6.1 COPD network update – ID is awaiting a response from Dr Munro regarding the evidence supporting the move away from the NICE guidance (OPEN).

June 2014 6.2 Steroid cards – The group are still awaiting the final guidance from the London Respiratory Group regarding the steroid card supporting information (OPEN).

October 2013 Review dressing order form – The new wound formulary will be launched in Jan/Feb 2015 (OPEN).

April 2014 10.2a, 10.2b, 10.2c, 10.2d Patient safety alerts – IM is looking at a process of sharing of learning from incidents, this will be ready in 2015 (OPEN).

February 2014 6.8 UCC antibiotic prescribing audit – There are currently capacity issues within CDDFT therefore the audit from Stuart Brown is on hold (OPEN).

December 2013 16.0 CAS alert process - A paper has been prepared by Janette Stephenson which was sent to ID to be discussed at the Primary Care Quality Surveillance Group. The paper was not discussed at the meeting but may be presented in the future.

6. Agenda

6.1 NICE CG 181 – Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

Local Guideline – “Drug considerations in the management of Blood Lipids”.

IM has produced a local guideline which reflects the NICE CG 181 which was shared among the GP prescribing leads. It was suggested that an appendix may be useful which included some commonly encountered issues such as people with a 11% risk or elderly patients where a statin may not be considered suitable despite the calculated risk. CH suggested that rather than an appendix it may be more useful to have a statement which reflects the fact that patients should be treated on an individual basis and this should be discussed with the GP. IM agreed to write and add a statement to the guideline reflecting this. DR thanked IM producing this guidance.

ACTION: IM to add statement to guideline advising GP’s to treat patients on an individual basis.

6.2 NICE CG 180 – Atrial Fibrillation

Current local treatment statistics

IM has used RAIDR to look at the prevalence of AF in each CCG compared to the 13/14 QOF data figures. The figures show that the local impact of the AF guidance is likely to be 20% greater than national figures in North Durham, 28% greater in Darlington and 31% greater in DDES. IM said that practice level reports were also available via RAIDR. The group accepted this report for information.

6.3 NHS Forth Valley – Supply Issues Bulletin (Sept – Oct 2014 Vol2, No8)

Dominic McDermott shared the NHS Forth Valley supply issues bulletin with IM as a suggestion for keeping up to date with in/out of stock medicines. IM has been in contact with NHS Forth Valley who have given their consent to using the bulletin however the bulletin would need to be adapted locally as there are some references to the Scottish Drug Tariff. The group discussed the need to be informed when a medicine is back in stock, it was agreed that this is hard to achieve as stock can vary on a day to day basis. RP receives stock updates on a weekly basis, and has agreed to work on the Forth Valley bulletin incorporating his stock updates.

ACTION: RP to amalgamate the Forth Valley NHS bulletin with the stock updates to create a document which can be shared routinely.

6.4 Comparison of Fostair, Flutiform, Seretide and Symbicort for Asthma & COPD

Lisa Hext and Shelley Calkin, both practice pharmacists in DDES CCG, have produced a document which compares Fostair, Flutiform, Seretide and Symbicort.

The group felt this was a really useful document and would be keen for this to be shared. There are two new inhalers now on the market, it was agreed that these should be added to the document before it is circulated. DR thanked Lisa and Shelley for this work.

ACTION: AM to ask Shelley if the two new inhaler products can be added to the document, then to cascade the updated document.

6.5 NICE technology appraisal guidance 325: Nalmefene for reducing alcohol consumption in people with alcohol dependence

NECS summary for commissioners Nov 2014

The Medicines Optimisation Team at NECS have produced a summary of the NICE TAG 325. CH highlighted the need for Nalmefene to be prescribed in conjunction with psychosocial support, and whether this would mean the prescribing can be done by the alcohol service that also provide the psychosocial support. CW queried whether the alcohol service is commissioned to provide their service to people who drink that amount of alcohol. RP informed the group of a pilot ran by Lundbeck where community pharmacists will be trained to provide the psychosocial side of the care. The group agreed that some guidance needs to be sent to GP's to avoid confusion.

ACTION: Memo to be circulated to GP practices regarding Nalmefene and the need to have psychosocial support alongside the prescription.

6.6 Pharmaceutical Needs Assessment consultations

IM informed the group that the closing date for comments on the draft Pharmaceutical Needs Assessments for County Durham and Darlington had recently passed and once finalised these documents will be used when considering Community Pharmacy applications.

Financial/ budget update

7.0 IM presented the Prescribing Monitoring Documents (PMD) relating to September 2014 prescribing

7.1a North Durham CCG PMD

The September 2014 prescribing data showed North Durham CCG to be forecasting a £365k (0.8%) underspend on the prescribing elements

7.1 7.1b DDES CCG PMD

The September 2014 prescribing data showed DDES CCG to be forecasting a £63k (0.1%) underspend

7.1c Darlington CCG PMD

IM provided the PMD's for the CCG's, noting that Darlington have now set their budget. As a result this will be reflected in future PMD documents as will the forecast under/overspend.

8 QIPP

The group discussed the glucose test strip savings, the change in activity can be seen and although the savings are slow to come through. This is due to some practices having changed from a low cost meter to an alternative low cost meter which is on the formulary, in addition to this some larger practices may not have changed all of their patients yet.

9 Scriptswitch

North Durham and DDES are using Scriptswitch in practices with EMIS, those with SystemOne will be using OptimiseRx. CH informed the group that OptimiseRx is not as intrusive as Scriptswitch, it will only pop up when something is done incorrectly.

10 MHRA Drug Safety & NPSA

MHRA Drug Safety Updates:

- 10.1
- **October 2014**
 - **November 2014**

GM presented the safety updates; the main area for discussion was around the Dexamethasone change. Dexamethasone is part of the palliative care list, AM has been in contact with the palliative care leads regarding this and will be updating the Palliative Care Stock list for community pharmacies.

11 Area Prescribing Committee

CW gave the group a brief update from the previous meeting;

- It was agreed to move modafinil from red to amber (shared care) – shared care coming back in January.
- Melatonin discussion – to harmonise traffic light status. Proposal going in January.
- Overactive Bladder Guidance. Regional guidance expected for January 2015 meeting.
- BAD specials dermatology guidance discussed. Proposal to adopt with local appendix to come back in January

RDTC Monthly Horizon Scanning Document

12.1

- **November 2014**

GM presented the Horizon Scanning Document to the group. The group discussed generic Pregabalin, as a patent extension had been awarded to Pfizer for their products use in Neuropathic pain. DR said a letter had been sent to his practice from a local pharmacy stating patients should be reviewed and changed to Lyrica if appropriate in line with the product licence. DR sent a memo to practices informing them not to follow the advice of the letter. The group were concerned that the letter to DR had received was requesting changes to patient medication and DR will discuss this matter with the pharmacy concerned

ACTION: DR to discuss the letter received with the pharmacy concerned.

Patient Group Directions

13

The following PGDs were either issued or extended since the last D&T CAG

- (NECSAT 2014/011A) for Influenza vaccines
- (TW 2012/ 001) Typhoid (extended to 05/01/2015)
- (TW 2012/ 002) Hepatitis A (extended to 05/01/2015)
- (TW 2012/ 003) Hepatitis B (extended to 05/01/2015)
- (TW 2012/ 004) Hepatitis A + Typhoid (extended to 05/01/2015)
- (TW 2012/ 005) Combined Hep A+B (extended to 05/01/2015)

14 CCG prescribing locality updates

14.1 Darlington Prescribing Sub Committee

Final Minutes 18th November 2014

This was shared for information purposes only.

14.2 North Durham LPG

Final Minutes 14th October 2014

Final Minutes 11th November 2014

This was shared for information purposes only.

14.3 Durham Dales LPG

Unconfirmed minutes 17th July 2014

This was shared for information purposes only.

14.4 Easington LPG

Unconfirmed minutes 24th July 2014

This was shared for information purposes only.

- 14.5 Sedgefield Prescribing Task Group**
Draft minutes 9th July 2014
This was shared for information purposes only.
- 15 Provider Drug & Therapeutics Committees**
- 15.1 County Durham & Darlington FT CSTC**
Unconfirmed minutes 15th October 2014
These were shared for information purposes only.
- 15.2 North Tees & Hartlepool NHS FT D&T**
Unconfirmed minutes 14th November 2014
These were shared for information purposes only.
- 15.3 Sunderland CHFT D&T**
No minutes available.
- 15.4 Tees Esk & Wear Valley D&T**
Unconfirmed minutes 25th September 2014
This was shared for information purposes only.
- 16 Any Other Business**
IM informed the group of a pilot being ran where the 111 service will be able to refer patients to a community pharmacy for an emergency supply if patients have ran out of medication. The decision to supply however will remain with the Pharmacist in line with regulations. Information on this has been circulated. CH asked whether walk in centres are aware of this, IM wasn't sure but said it would need be checked.
- 17 Date and time of next meeting**
17th February 2014
12.00 – 14.30 Board Room, John Snow House

Minutes confirmed as accurate at D&T CAG meeting 17th February 2014