

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 17th February 2015
12.00 – 2.30 pm
Boardroom, John Snow House

Minutes

In Attendance:

Ian Davidson CHAIR	Director of Quality & Safety North Durham CCG	ID
Catherine Harrison	GP Prescribing Lead DDES CCG (Durham Dales)	CH
Martin Jones	GP Prescribing Lead DDES CCG (Sedgefield)	MJ
David Russell	GP Prescribing Lead Darlington CCG	DR
Louise Taylor	Medicines Optimisation Pharmacist DDES/North Durham MO Team	LT
Alastair Monk	Medicines Optimisation Pharmacist NECS	AM
Anne Henry	Medicines Optimisation Pharmacist NECS	AH
Dominic McDermott Prof Secretary	Senior Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	DM
Gavin Mankin	Principal Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	GM

Meeting Quorate

The chair thanked Ian Morris for his work as professional secretary to the D&T CAG (and predecessor group) over several years.

The chair welcomed Louse Taylor as a newly appointed member of the Medicines Optimisation team for DDES and North Durham CCGs.

Item Description

Apologies

Geoff Crackett

Peter Foster

1. Ian Morris
Joan Sutherland
Chris Williams

2. Declarations of interest

No interests declared

3. Minutes of last meeting held Tuesday 16th December 2014

Approved

4. Matters arising

All matters arising covered elsewhere on agenda.

5. Actions taken following meeting 16th December 2014

December 2014 Actions:

Closed items:

6.1 NICE CG 181 Lipid Modification – local guidance

On agenda for final approval [see 6.3 below].

(CLOSED).

6.4 ICS+LABA inhaler comparison

Subsumed within APC formulary steering group review of inhalers.

(CLOSED).

6.5 Nalmefene

Memo & briefing paper prepared. Discussed at January APC. Primary care prescribing not recommended until required support in place. LA PH representatives to work with APC.

(CLOSED).

12.1 Generic pregabalin

DR has raised D&T CAG concerns with relevant pharmacy.

APC memo on agenda. Noted in discussion that Department of Health decision on community pharmacy reimbursement for pregabalin prescriptions may affect outcome.

(CLOSED).

Open Items:

6.3 Supply issues

Action re-assigned to AM on behalf of NECS. D&T CAG requested NECS to provide regular information on significant supply issues, including notification when these are resolved. Collaboration with LPC to be explored. D&T CAG request that initiative include communication strategy, with consideration given to combination of email bulletins and web postings. (OPEN)

RP action closed.

Historical Actions:

October 2014 6.1 NICE CG 180 Atrial Fibrillation – Local guidelines being taken

forward by APC. Update on agenda (CLOSED).

October 2014 6.5 Diabetes testing strips (reported inaccuracies) – no further incidents reported. Matters arising in hand – will return to agenda if new issues arise. Update on agenda (CLOSED).

October 2014 12.1 RDTC MHSB CKD/COPD/Asthma – CKD action reassigned to APC/ COPD update on agenda / Asthma update on agenda (CLOSED)

October 2014 16 AOB travel vaccine PGDs – updated travel vaccine PGDs completed by NECS MO team on behalf of NHSE AT. Available from NECS MO website @ <http://medicines.necsu.nhs.uk/resources/patient-group-directions/> (CLOSED)

August 2014 5 Domperidone guidance – APC approved memo circulated & posted on website (CLOSED).

August 2014 6.4 D&T CAG Terms of Reference Non-Medical Prescriber attendance – action reassigned to DMcD and amalgamated with other TOR issues (CLOSED).

June 2014 6.5 Subcutaneous Methotrexate – action assigned to provider management at NECS. Matters in hand – any relevant issues arising will return to agenda. No further action for D&T. (CLOSED).

June 2014 6.1 COPD network update – on agenda. Close historical action (CLOSED).

October 2013 Review dressing order form – review complete. Two new dressings to be added as replacements. Educational events & relaunch being planned for April & May. Although CDDFT internal document, may have formulary implications. Revised documentation to come to April meeting (CLOSED – to be on agenda for April meeting).

April 2014 10.2a, 10.2b, 10.2c, 10.2d Patient safety alerts – D&T CAG agenda now includes learning from significant prescribing incidents & NHS England patient safety alerts distributed via CAS. North Durham CCG prescribing group now constituted as prescribing and *medicines safety* group (CLOSED).

February 2014 6.8 UCC antibiotic prescribing audit – audit not done due to staff shortages. Possible to produce summary report based on ePACT data, but would have limitations. Rescheduled to October 2015 (CLOSED).

December 2013 16.0 CAS alert process – patient safety workstream now underway within NECS. Reasonable assurance that systems have changed and that alerts being received and actioned – based on experience of group members (CLOSED).

6. Agenda

6.1 Terms of Reference Update

Proposed amendments to the D&T CAG Terms of Reference (TOR) to reflect new secretarial arrangements were accepted. The group did not consider that there should be any further changes at this time. Public health commissioning representatives to be invited. Review date set to February 2017.

DM questioned whether the TOR should explicitly acknowledge a role for the group in promoting medication safety – and whether the group might consider formal designation as the local medication safety committee for primary care in County Durham & Darlington (as per p.9-10 of [NHS/PSA/D/2014/005](#)). Chair suggested discussion with CCG Medicines Optimisation teams.

ACTION: DM to contact PH commissioning representatives. Further changes to be considered by CCG MO teams.

6.2 Blood Glucose Testing Strips Initiative

Update

AM presented a paper outlining progress with the blood glucose testing strip (BGTS) initiative. Data from November 2014 show evidence of staged implementation with clear change towards use of approved meters and strips. Both the average cost and total monthly expenditure on BGTS has fallen across the three CCGs, with the greatest proportional change in DDES (-12% Sept-Nov 2014 vs 2013). However, the estimated financial impact is currently below anticipated levels. Greater savings are expected during 2015.

Wide variation in use of approved meters and strips across practices was noted – with several practices prescribing very high proportions of BGTS from the recommended list. Suggested that high proportions might indicate use of recommended meters and strips for excluded groups (e.g. children, people carb counting or using pumps). Personal experience of GPs in the group is that high rates of prescribing of recommended strips can be achieved within guidelines.

The group accepted this report for information.

AH then provided a brief update on approaches to cost-effective use of insulins. Key features of diabetes services in areas with low or reduced use of insulin analogues have been identified. These include: protected learning time & locally tailored education for primary care teams, with specific attention to insulin initiation, and; specialist outreach and training provision. Funding for service redesign may be required before savings from more cost-effective use of insulins can be released. A programme budgeting approach may help.

6.3 NICE CG 181 Lipid Modification

Local guidance

AM presented a revised paper on local implementation of NICE CG 181 Lipid Modification incorporating changes requested at the December meeting.

Subsequent discussion focussed on: absence of detailed costing information for different implementation approaches; likelihood that there will be significant increase in numbers of patients to be treated; scope for prioritising implementation; possible differences in approach to implementation between practices; value of local

implementation plan (with consensus on phasing); likelihood that lower risk patients will be identified via opportunistic health checks rather than programmed screening; importance of shared decision-making with patients, and; potential savings from reducing inappropriate use of rosuvastatin and other agents not recommended by NICE (e.g. fibrates).

The group approved the document in its current form.

ACTION: AM to arrange for document to be posted on NECS MO website & for hyperlink to be emailed to practices. GM to arrange for document to be included on APC agenda for information.

6.4 NICE CG 180 Atrial Fibrillation

Local guidance

AM provided a verbal update on progress with local guidance and a proposal to adapt the Gateshead guideline for use in County Durham and Darlington. The Gateshead document was considered at the January meeting of the APC and comments had been received from CD&DFT representatives. Feedback from CD&DFT was also shared with the D&T CAG. The APC had concluded that the Gateshead guideline requires changes before it can be adopted locally. A suitably amended version of the Gateshead document will be considered for approval at the March APC meeting.

ACTION: APC to take forward.

6.5 CD&D COPD guideline

Update

AH presented a paper on cost pressures related to inhaler prescribing – based largely on RDTG therapeutic reports – and updated the group on progress with COPD guideline development. The APC formulary steering group is reviewing inhalers for both COPD and asthma, including new products. Progress with COPD guideline development has been hindered by disagreements about targeting of ICS/LABA combination inhalers and triple therapy. Guidance developed by the North of Tyne respiratory group recommending triple therapy (ICS+LABA+LAMA) for all patients with FEV₁<60% predicted has not yet been ratified. Local specialist opinion on FEV₁ thresholds for routine introduction of ICS+LABA combination therapy is divided. Other neighbouring health systems (e.g. Gateshead & Tees) have adopted guidance which is consistent with NICE recommendations. The chair expressed the view that any proposed deviations from current NICE guidance should be based on clear evidence and that supporting evidence should be made available.

CH suggested that progress might be made by emphasising areas of agreement – especially around reducing use of triple therapy for people with mild-to-moderate disease and increasing uptake of pulmonary rehabilitation. It was also noted that there may be greater benefit to patients from ensuring correct and consistent use of inhalers.

Report accepted for information.

ACTION: ID to meet Dr Neil Munro 18/02/15 to discuss issues and explore options for progress.

6.6 CD&D Asthma guideline

Update

As under 6.5 above, AH presented a paper on cost pressures relating to inhaler prescribing. The BTS/SIGN British Guideline on Management of Asthma has recently been updated. The formulary steering group is reviewing choice of inhalers in County Durham and Darlington.

Report accepted for information.

ACTION: No additional action for D&T CAG.

6.7 Psychotropic Medication and Driving

TEWV Information Sheet

ID presented a revised version of an information sheet on the implications for prescribers and patients of new legislation. Further amendments to remove references to TEWV and make the document more applicable to primary care were suggested and accepted by the group.

Suitably amended document approved for use in primary care.

ACTION: AM to circulate amended version of document to practices by email and post on NECS Medicines Optimisation website.

6.8 Generic pregabalin

Memo

GM confirmed that a memo on generic pregabalin approved at the APC had been circulated to practices and posted on the NECS medicines optimisation website. Generic pregabalin is not yet available. The memo states that further guidance will be issued once generic pregabalin is available.

The group noted circulation of the memo.

ACTION: No additional action for D&T CAG.

Standing Items

Financial/ budget update

- 7.0 AM reported that details of prescribing budget arrangements for 2015/16 are not yet available. Forecasts for end-of-year expenditure are very close to budget for all three CCGs.

7.1a North Durham CCG PMD

Received for information.

7.1b DDES CCG PMD

- 7.1 Received for information. Noted that DDES budget does not include amounts “top sliced” for specific purposes (c.£400,000).

7.1c Darlington CCG PMD

Received for information.

8 QIPP

No items.

9 Prescribing support software

No items.

Standing item title changed to reflect use of systems other than ScriptSwitch.

10 MHRA Drug Safety & NPSA

MHRA Drug Safety Updates:

- 10.1**
 - **December 2014**
 - **January 2015**

December 2014: Noted that CD&D formulary has already been amended to include links to MHRA safety updates on ivabradine and isotretinoin.

January 2015: Potential primary care contribution to ensuring appropriate advice/counselling and contraception for women prescribed valproate discussed. UK Teratology Information Service advice leaflets for patients available from the BUMPS website (@ <http://www.medicinesinpregnancy.org/Medicine--pregnancy/>) do not currently cover valproate use in pregnancy. UKTIS are collaborating on a study into the development of children born to mothers with epilepsy. Recruitment details are posted on the BUMPS website.

Central Alerting System – Patient Safety Alerts

- 10.2**
 - 10.2a Potassium permanganate
 - 10.2b LMWHs
 - 10.2c Thickening Agents

Noted that three patient safety alerts with implications for primary care prescribing had been cascaded to practices.

10.3 Significant Medication Incidents

Three recent incidents with potential lessons for prescribers were noted for information.

11 Area Prescribing Committee

ID gave the group a brief update from the January meeting:

- Modafinil shared care agreement approved (with modifications)
- British Association of Dermatologists recommended list of specials plus local additions accepted for inclusion in formulary.
- Non-cancer pain guidance to be approved by Chair's action once agreed changes have been made.

RDTC Monthly Horizon Scanning Document

- 12.1**
 - **December 2014**
 - **January 2015**

Received for information. Launch of new high strength vitamin D products may have implications for formulary.

- Patient Group Directions**
- 13 None received
- 14 **CCG prescribing locality updates**
- 14.1 **Darlington Prescribing Sub Committee**
Final minutes 20th Jan 2015 received for information.
- 14.2 **North Durham LPG**
Final minutes 13th Jan 2015 received for information.
- 14.3 **Durham Dales LPG**
Not available.
- 14.4 **Easington LPG**
Unconfirmed minutes 8th Jan 2015 received for information.
- 14.5 **Sedgefield Prescribing Task Group**
Final minutes 12th Nov 2014 received for information.
- 15 **Provider Drug & Therapeutics Committees**
- 15.1 **County Durham & Darlington FT CSTC**
Not available.
- 15.2 **North Tees & Hartlepool NHS FT D&T**
Draft minutes 9th Jan 2015 received for information.
- 15.3 **Sunderland CHFT D&T**
Not available.
- 15.4 **Tees Esk & Wear Valley D&T**
Not available.
- 16 **Any Other Business**
Northern England Strategic Clinical Networks CVD Event advance notice circulated
ACTION: AM to check if NECS CV workstream represented at event.
Proposed Melatonin Shared Care Agreement discussed
Received from CD&DFT and TEWV. Circulated for primary care/GP input. No issues identified with shared care. Some concern expressed about poor evidence base, assessment of response and parameters for discontinuation.
ACTION: Refer to APC for approval.
Date and time of next meeting
- 17 21st April 2015
12.00 – 14.30 Room CR1, Appleton House

Minutes approved as accurate record 21/04/15