

## County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 21st April 2015  
12.00 – 2.30 pm  
Boardroom, John Snow House

### Confirmed Minutes

#### In Attendance:

Ian Davidson CHAIR	Director of Quality & Safety North Durham CCG	ID
Geoff Crackett	GP Prescribing Lead North Durham CCG (Durham & Chester-le-Street)	GC
Peter Foster	GP Prescribing Lead DDES CCG (Easington)	PF
Catherine Harrison	GP Prescribing Lead DDES CCG (Durham Dales)	CH
Martin Jones	GP Prescribing Lead DDES CCG (Sedgfield)	MJ
David Russell	GP Prescribing Lead Darlington CCG	DR
Kieran Devereux	Non-Medical Prescriber representative DDES CCG	KD
Claire Jones	Public Health Pharmacist Durham County Council	CJ
Philippa Walters	Public Health Pharmacist Tees Valley Public Health Shared Service	PW
Rob Pitt	Community Pharmacist Local Pharmaceutical Committee	RP
Alastair Monk	Medicines Optimisation Pharmacist NECS	AM
Ian Morris	Medicines Optimisation Pharmacist NECS	IM
Andy Reay	Medicines Optimisation Pharmacist NECS	AR
Shelley Calkin	Medicines Optimisation Pharmacist DDES/North Durham MO Team	SC
Kate Huddart	Medicines Optimisation Pharmacist DDES/North Durham MO Team	KH
Joan Sutherland	Medicines Optimisation Pharmacist DDES/North Durham MO Team	JS
Louise Taylor	Medicines Optimisation Pharmacist DDES/North Durham MO Team	LT
Richard Buckland	Tissue Viability Lead Nurse CD&DFT TV service – in attendance for Item 6.1	RB
Dominic McDermott	Senior Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	DM

## Meeting Quorate

Chair welcomed new members (Kieran Devereux, Claire Jones and Philippa Walters) and visitors (Richard Buckland).

<b>Item Description</b>	
<b>1.</b>	<b>Apologies</b> Chris Brown (new NMP representative for North Durham) James Carlton, DDES
<b>2.</b>	<b>Declarations of interest</b> Noted that general practices may have an interest in continuation of Travax service [in particular when used for non-NHS travel health services]. Also noted that general practices have a financial interest in the prescribing incentive scheme. No other interests declared
<b>3.</b>	<b>Minutes of last meeting held Tuesday 17<sup>th</sup> February 2015</b>
	Approved
<b>4.</b>	<b>Matters arising</b> All matters arising covered elsewhere on agenda.
<b>5.</b>	<b>Actions taken following meeting 17<sup>th</sup> February 2015</b>
	<u>April 2015 Actions:</u>  <u>Closed items:</u>  6.1 TOR Update. Further changes to TOR on agenda. (CLOSED).  6.3 NICE CG 181 Lipid Modification. Local supplement considered by APC & posted on NECS MO website. (CLOSED)  6.4 NICE CG 180 Atrial Fibrillation. Local guidance considered by APC. (CLOSED)  6.7 Psychotropic Medication and Driving. Amended document from TEWV circulated and posted on NECS MO website. (CLOSED)  16 Melatonin Shared Care. Taken forward by APC. (CLOSED)  <u>Open Items:</u>

	<p>5 Supply issues AM continuing work on this. RP to work with NECS MO to explore use of wholesaler information to track supply problems. (OPEN)</p> <p>6.5 CD&amp;D COPD guideline. Work continuing via respiratory CAG. (OPEN)</p> <p><u>Historical Actions:</u></p> <p>No developments to report.</p>
<b>6.</b>	<b>Agenda</b>
<b>6.1</b>	<b>Dressing Formulary Update</b>
	<p>Richard Buckland (Tissue Viability Nurse) in attendance to present &amp; answer questions. Nursing Homes, CCG leads, Nurse leads, podiatrists and others have been involved in the update process. The principles and framework for the formulary are unchanged. Minor changes to content – mostly to recommend use of less costly products of equal utility.</p> <p>Inclusion of Parafricta queried – due to non-committal advice from NICE. Additional guidance on appropriate use would be welcomed.</p> <p>Mechanisms for monitoring formulary adherence and reporting of exceptions were discussed. Limitations of the current system were acknowledged. Overall, the D&amp;T CAG supported the update.</p> <p><b>ACTION: RB to present formulary update to APC.</b></p>
<b>6.2</b>	<b>NICE Medicines Optimisation Guidelines</b>
	<p>IM summarised NICE MO guidelines. Useful consolidated resource. Much already in place. Relevant to all components of local healthcare system, including social care providers and commissioners. Need to map local systems and processes and identify gaps – results to feed into local plans.</p> <p><b>ACTION: NECS &amp; CCG MO teams + LA/PH pharmacists to use NICE tools to benchmark local system and identify gaps. Gap analysis to be shared with D&amp;T in August.</b></p>
<b>6.3</b>	<b>D&amp;T Terms of Reference update &amp; CHAIR</b>
	<p>Ian Davidson gave notice of his intention to resign as chair of the D&amp;T CAG after many years' service and invited expressions of interest from prospective replacements.</p> <p>JS presented revised TOR with a proposed reporting structure setting out relationships between D&amp;T CAG and other groups (community pharmacy joint working steering group, practice pharmacist forum &amp; prescribing software support systems clinical meetings). Revised TOR approved with following amendments:</p>

	<p>Scope amended to clarify that decision-making authority rests with CCGs. Membership to include Public Health <i>clinical or pharmacist</i> representatives.</p> <p><b>ACTION: GP representatives to help identify candidates to replace chair. JS to make agreed changes to revised TOR.</b></p>
<b>6.4</b>	<p><b>Medication Screening for Frail Elderly</b></p> <p><b>Local guidance</b></p>
	<p>LT presented a medication screening flowchart adapted from resources in Wales. This resource may help practice teams when screening for medication-related issues in frail elderly patients and prioritising in-depth medication reviews. Other related resources are planned. Several NHS bodies have produced guidance on approaching medication issues in the frail elderly (e.g. NHS Scotland, NHS Cumbria Stop/Start). A variety of views were expressed. Doubt was expressed about the utility of such tools. Complex issues are involved. Training, experience and skill are needed. Practitioners with appropriate competencies may not find tools useful. The potential for such tools to support a multi-disciplinary approach was suggested. Social care involvement may be needed. A simple memo with examples of practical steps that might be taken was suggested as an alternative option to developing comprehensive guidance.</p> <p><b>ACTION: MO teams to continue work &amp; develop detail, with consultation. Explore options for memo format with supplementary support materials.</b></p>
<b>6.5</b>	<p><b>TRAVAX</b></p>
	<p>KH presented a paper recommending that the Drugs and Therapeutics CAG supports the continuation of funding for subscription to TRAVAX on behalf of all GP Practices in Durham and Darlington. Service is commissioned jointly by Durham &amp; Darlington CCGs (invoiced via DDES) and has been funded by local NHS for several years. The joint subscription attracts a discount. Funding is reviewed on an annual basis. The paper included a review of TRAVAX and alternative sources of information on travel medicine, including the views of regular users. TRAVAX is provided by NHS Scotland. The subscription costs £1,200 p.a. + VAT. The main alternative NaTHNaC is funded by Public Health England and is free at the point of use. A preference for TRAVAX had been expressed by those who responded to the user survey. The D&amp;T CAG supported continuation of funding.</p> <p><b>ACTION: KH &amp; GP leads to arrange for continued subscription via lead CCG (with recharge arrangements).</b></p>
<b>6.6</b>	<p><b>Tailoring Antimicrobial Programmes</b></p> <p><b>Pilot</b></p>
	<p>AM presented a paper on a national pilot of an initiative to improve antibiotic stewardship among out-of-hours providers – for information. The initiative is at an early stage and it is not yet known whether local OOH providers will participate. CCGs may in future be approached as commissioners of OOH services. Approval will be needed for data sharing. The D&amp;T CAG would support local involvement in the TAP</p>

	<p>pilot. Report accepted for information.</p> <p><b>ACTION: No additional action for D&amp;T CAG.</b></p>
<b>6.7</b>	<p><b>Pregabalin Memo Update</b></p>
	<p>An updated memo prepared by DDES/North Durham MO teams has been circulated to practices. The memo highlights advice issued by NHS England following a ruling in the high court. The Pfizer product Lyrica® should be specified whenever pregabalin is prescribed for treatment of pain.</p> <p><b>ACTION: No additional action for D&amp;T CAG.</b></p>
<b>6.8</b>	<p><b>RDTC/NECS Q&amp;A documents NOACs, Osteoporosis &amp; Constipation</b></p>
	<p>Question and Answer documents prepared by the RDTC on behalf of NECS had been circulated to D&amp;T CAG members at the request of the DDES/North Durham MO teams. The documents were welcomed by D&amp;T CAG members. Concern was expressed that some of the content may no longer be current. A review and update may be required before the documents are circulated more widely. RDTC has previously requested that NECS do not make the documents available via a publicly accessible website, as the normal procedures for internal &amp; external review and reference checking were abbreviated when the documents were produced. GP Team Net was identified as a suitable vehicle to disseminate the documents.</p> <p><b>ACTION: DM to confirm RDTC position on document publication, then review/update/revise as necessary and arrange for documents to be posted on GP Team Net.</b></p>
	<b>Standing Items</b>
<b>7.0</b>	<b>Financial/ budget update</b>
<b>7.1</b>	<p><b>7.1a North Durham CCG PMD</b> Received for information.</p> <p><b>7.1b DDES CCG PMD</b> Received for information.</p> <p><b>7.1c Darlington CCG PMD</b> Received for information.</p>
<b>8</b>	<b>QIPP</b>
<b>8.1</b>	<p><b>Prescribing Incentive Scheme 2015/16 proposal</b> IM presented the proposal – with thanks to DR for the mini-audit menu. General principles, structure and outline of scheme unchanged (agreed for 2014-16). Detailed proposals were discussed. Discussion focussed on the following: EPS targets and whether they can be applied to dispensing practices; the number of</p>

	<p>targets related to antimicrobial prescribing; repeat dispensing targets and approach of Darlington practices, and; involvement of community pharmacies in joint working. Agreed to remove main antibiotic audit, enhance proposals for joint working with community pharmacy and agree specific targets via email.</p> <p><b>ACTION: IM to make agreed changes and circulate revised indicators and targets. ID to take chair's action once agreement achieved.</b></p>
8.2	<p><b>Prescribing Incentive Scheme 2014/15</b>  <b>DDES &amp; ND Peer Review – report</b></p> <p>SC presented the results of the DDES and ND peer review element of the 2014/15 prescribing incentive scheme. Differences between the approaches taken by practices in the two CCGs were highlighted. Differences between antibiotic audits undertaken limited the ability to draw any general conclusions. However, performance of most practices improved on re-audit. D&amp;T CAG noted that all practices across the two CCGs have completed the required audits. Noted that Darlington CCG have yet to share findings.</p> <p><b>ACTION: SC to highlight learning from peer review to practices.</b></p>
8.3	<p><b>Branded Generic policy proposal</b></p> <p>KH presented a paper on branded generic prescribing recommending that the D&amp;T CAG does not advocate branded generic prescribing. The recommendation was supported..</p> <p><b>ACTION: KH to publicise D&amp;T CAG position.</b></p>
8.4	<p><b>Community Pharmacy Waste Audit</b></p> <p>LT presented the results of an audit of medicines returned to community pharmacies. Insulins and transdermal opioid accounted for a large proportion of the returned medicines by value. Memos had been prepared and circulated drawing attention to the audit findings and recommending that prescribers limit prescription quantities to reduce waste. An additional memo on Picato gel has been circulated.</p>
9	<p><b>Prescribing support software</b></p>
	<p>Update from SC. All but one North Durham SystmOne practices now using OptimiseRx. Optimise offer rate circa 12%, with circa 25% acceptance. Savings estimate £250K. Scriptswitch estimate £17K, with lower acceptance rate. High rejection rate to be investigated.</p> <p>Biggest potential cost saving = pregabalin dose optimisation.</p>
10	<p><b>MHRA Drug Safety &amp; NPSA</b></p>
10.1	<p><b>MHRA Drug Safety Updates:</b></p> <ul style="list-style-type: none"> <li>• February 2015</li> <li>• March 2015</li> </ul>
	<p>Received for information.</p> <p><b>ACTION: Revised advice on tiotropium prescribing to be considered for inclusion in next edition of Medication Safety Newsletter.</b></p>
10.2	<p><b>Central Alerting System – Patient Safety Alerts</b></p> <p>No items to report.</p>
10.3	<p><b>Medication Safety Newsletter</b></p> <p>The first edition of the DDES/North Durham Medication Safety Newsletter has been circulated to practices. The newsletter covered topics discussed at the February D&amp;T CAG.</p>

<b>11</b>	<b>Area Prescribing Committee</b>
	Draft minutes 05/03/2015 received for information.
<b>12.1</b>	<b>RDTC Monthly Horizon Scanning Document</b> <ul style="list-style-type: none"> <li>• <b>February 2015</b></li> <li>• <b>March 2015</b></li> </ul>
	Received for information.
<b>13</b>	<b>Patient Group Directions</b> None received
<b>14</b>	<b>CCG prescribing locality updates</b>
<b>14.1</b>	<b>Darlington Prescribing Sub Committee</b> Final minutes 17th March 2015 received for information.
<b>14.2</b>	<b>North Durham LPG</b> Final minutes 10 <sup>th</sup> March 2015 received for information.
<b>14.3</b>	<b>Durham Dales LPG</b> Draft minutes 19 <sup>th</sup> March 2015 received for information.
<b>14.4</b>	<b>Easington LPG</b> Draft minutes 12th March 2015 received for information.
<b>14.5</b>	<b>Sedgefield Prescribing Task Group</b> Draft minutes 11th March 2015 received for information.
<b>15</b>	<b>Provider Drug &amp; Therapeutics Committees</b>
<b>15.1</b>	<b>County Durham &amp; Darlington FT CSTC</b> Final minutes 11 <sup>th</sup> February 2015 received for information.
<b>15.2</b>	<b>North Tees &amp; Hartlepool NHS FT D&amp;T</b> Final minutes 13 <sup>th</sup> March 2015 received for information.
<b>15.3</b>	<b>Sunderland CHFT D&amp;T</b> Not available.
<b>15.4</b>	<b>Tees Esk &amp; Wear Valley D&amp;T</b> Confirmed minutes 22 <sup>nd</sup> Nov 2014 & 27 <sup>th</sup> Jan 2015 received for information. Feedback report 26 <sup>th</sup> March 2015 received for information.
<b>16</b>	<b>Any Other Business</b>
	The North of England Strategic Clinical Network has produced a patient-held NOAC card (available from <a href="http://www.nescn.nhs.uk/networks/cardiovascular-network/cardiovascular-network-groups/cardiac-advisory-group/">http://www.nescn.nhs.uk/networks/cardiovascular-network/cardiovascular-network-groups/cardiac-advisory-group/</a> ). Practices can request supplies from NESCN. Cards have been distributed to community pharmacies.
<b>17</b>	<b>Date and time of next meeting</b> 16 <sup>th</sup> June 2015 12.00 – 14.30 Board Room, John Snow House, Durham