

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 16th December 2015
12.00 – 2.30 pm
Meeting Room 1, Lanchester Road Hospital, DH1 5RD

Confirmed Minutes

In Attendance:

David Russell (Acting Chair)	GP Prescribing Lead Darlington CCG	DR
Ian Davidson	Director of Quality & Safety North Durham CCG	ID
Martin Jones	GP Prescribing Lead DDES CCG (Sedgefield)	MJ
Dan Newsome	Medicines Optimisation Pharmacist NECS	DN
Andy Reay	Senior Medicines Optimisation Pharmacist NECS	AR
Joan Sutherland	Medicines Optimisation Lead DDES/North Durham MO Team	JS
Kate Huddart	Medicines Optimisation Lead DDES/North Durham MO Team	KH
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Dominic McDermott	Senior Pharmacist Prescribing Support Regional Drug & Therapeutics Centre	DM
Rob Pitt	LPC representative	RP

For the first part of the meeting:

Frazer Hill	Lifeline Locality Manager County Durham Integrated Drug and Alcohol Service	FH
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Meeting Quorate (four members, including 2 GPs, with two CCGs represented)

Item Description	
1.	<p>Apologies Chris Brown (N Durham), James Carlton (DDES), Kieran Devereux (DDES), Philippa Walters (Tees Valley PHSS), Geoff Crackett (N Durham). Standing apologies: Philip Dean (NTH), Graeme Kirkpatrick (CD&DFT), David Miller (CHS), Chris Williams (TEWV) Philippa Walters will be leaving the Tees Valley Public Health Service at the end of 2015. Jo Linton will provide contact between TVPHSS and the D&T CAG in future. Geoff Crackett has resigned as GP Prescribing Lead. A replacement is being sought.</p>

2.	<p>Declarations of interest</p> <p>JS is working with several pharmaceutical companies to develop & deliver inhaler technique training. No other declarations relating to the agenda were made.</p> <p>DM has not yet received annual declarations from all members. Declarations for APC and D&T CAG have been amalgamated. Returns are not required for members who also attend and have completed a declaration for the APC.</p>
3.	<p>Minutes of last meeting held Tuesday 20th October 2015</p>
	<p>Approved.</p>
4.	<p>Matters arising</p> <p>All matters arising covered on agenda or on Action Log.</p>
5.	<p>Actions taken following meeting 20th October 2015</p>
	<p><u>October 2015 Actions:</u></p> <p>6.2 Q1 Antimicrobial Prescribing Report – on agenda. Website data – NE&C AB guideline access: AR reported that it was not possible to identify which specific areas have accessed this information to inform future work (CLOSED).</p> <p>6.3 Community Access to Specialist Medicines (vancomycin and fosfomycin) – memo prepared advising pharmacies re: urgent action required when prescriptions for vancomycin or fosfomycin received. (CLOSED).</p> <p>6.3 Community Access to Specialist Medicines (number of pharmacies) – scope of scheme to be reviewed. (CLOSED).</p> <p>6.6 Steroid Cards with Inhalers – cards and advice to be circulated once asthma guideline finalised. (CLOSED)</p> <p>6.7 Food Supplements and contracting issues – referred to APC. Understanding is that formulary does not specify products. NECS in discussions with CD&DFT. Trying to obtain a copy of the contract. Important principles at stake. (CLOSED)</p> <p>6.8 Drugs for Alcohol dependence: clinical guidance – approved at APC. (CLOSED)</p> <p>15.0 Provider Drug & Therapeutics Committees – contacts & mailing lists updated. (CLOSED)</p> <p><u>Historical Actions:</u></p> <p>April 2015</p> <p>6.2 NICE NG5 Medicines Optimisation benchmarking – referred to APC. Update on</p>

	<p>agenda with MO dashboard. (CLOSED)</p> <p>August 2015 Budget update – ePACT growth analysis shared. (CLOSED).</p> <p>August 2015 Matters Arising Off-formulary/off-guideline prescribing – meeting between NECS MO and clinical quality team scheduled for January. To consider region-wide approach to collating reports and learning from incidents.</p>
6.	Agenda
6.1	Substance Misuse & Diversion
	<p>The Chair welcomed Frazer Hill (Locality Manager, Lifeline, County Durham Integrated Drug and Alcohol Service), who delivered a presentation on potential diversion and misuse of prescribed medicines. Feedback from service users suggests that pregabalin is frequently diverted and abused, along with benzodiazepines and opioids. Pregabalin, s/l buprenorphine and 10mg diazepam tablets can command premium prices.</p> <p>The following points were made during subsequent discussion, which focussed on potential action to reduce risk: prescribers voluntarily restrict prescribing of 10mg diazepam tablets; prescribing trends are monitored via CD LIN; Durham CC PH are involved in multi-agency drug strategy group; this group to consider potential diversion/abuse of OTC medicines from pharmacies as well as street values of prescription drugs. ID proposed that the D&T CAG recommend that prescribers limit pregabalin to 28-days' supply (in line with CD regulations). The group supported this proposal.</p> <p>ACTION: CJ to circulate memo to prescribers advertising D&T CAG recommendation to limit pregabalin prescriptions to 28-days' supply. Memo to include background information on diversion/misuse of prescription drugs and street values.</p>
6.2	NECS Antimicrobial stewardship event feedback and next steps
	<p>AR briefly reported on the NE&C antimicrobial stewardship event held on 19th November 2015. Presenters included Professor Clodna McNulty (Head of Primary Care Unit, Public Health England), Professor Kate Gould (Lead Public Health Microbiologist North East England), Dr Deepa Nayar (Consultant Microbiologist, County Durham and Darlington NHS Foundation Trust) and Jane Lawson (Infection Prevention and Control Nurse, DDES CCG). MJ reported on workshops & cases presented from RCGP TARGET toolkit. Subsequent discussion focussed on potential next steps. The following points were made: RCGP TARGET toolkit is very useful resource; many GPs may not be familiar/aware of resource; toolkit & case studies could be used to support local educational sessions (timeout); discussion with peers likely to be helpful & more beneficial (vs individual use of online TARGET resources); practice representative attendance at events (with feedback to colleagues and action planning) to be considered for inclusion in incentive scheme for 2016/17; results of local benchmarking against recommendations in NICE NG15 Antimicrobial Stewardship (using NICE baseline assessment tool) can be used for action planning; GPs unlikely to adopt NICE recommendations on near patient CRP testing for suspected LRTI unless funding arranged; NECS MO team preparing paper on CRP</p>

	<p>testing (to include consideration of funding options).</p> <p>ACTION: Options for cascading TARGET toolkit resources and case studies via local educational sessions to be explored by NECS & CCG MO teams. Requirement to attend educational session, cascade to colleagues & produce practice action plan to be considered for inclusion as mandatory component of prescribing incentive scheme for 2016/17.</p> <p>Please note RCGP TARGET workshop planned for 19/03/216: http://www.rcgp.org.uk/learning/north-england/north-of-england-faculty/target-toolkit-and-antimicrobial-stewardship-regional-events.aspx</p>
<p>6.3</p>	<p>Prednisolone prescribing options for swallowing difficulties</p>
	<p>CD&D formulary group recently considered a proposal to add prednisolone oral solution to the formulary as an alternative to soluble tablets for people with swallowing difficulties. CD&DFT policy only to use standard tablets and to crush/disperse them as needed. A leaflet on prednisolone for asthma from the Medicines for Children website (supported by Royal College of Paediatrics & Child Health and Neonatal & Paediatric Pharmacists Group) advises parents that standard tablets can be crushed & mixed with small amount of soft food. The formulary group did not recommend adding prednisolone oral solution to the formulary, but requested that the D&T CAG consider what steps might be taken to “review the use of all oral forms of prednisolone in patients unable to take ordinary prednisolone tablets.” The D&T CAG considered patterns of prednisolone prescribing, good practice guidance on crushing tablets and opening capsules from the Royal Pharmaceutical Society and clarification from the professional secretary of the NPPG. Between 2.5% and 4.5% of prescriptions for prednisolone are for soluble tablets in CD&D, but these prescriptions now account for around 40% of prednisolone prescribing cost (linked to price increases and less use of enteric coated products).</p> <p>The D&T CAG supported a proposal that the prednisolone oral solution be re-considered by the formulary group for use by children unable to swallow standard tablets. Prescribers to be reminded to prescribe standard tablets whenever suitable.</p> <p>ACTION: Formulary group to consider D&T CAG proposal.</p>
<p>6.4</p>	<p>NHS England MO dashboard & NICE NG5 MO baseline assessment</p>
	<p>Baseline assessments of local systems and actions against NICE NG5 Medicines Optimisation guideline are due to be considered by the APC in January. The NHS England Medicines Optimisation dashboard has recently been refreshed. The content may help with completion of baseline assessments, identification of gaps and development of action plans. JS proposed linking the baseline assessment/gap analysis with CD&DFT work on the NHS England HoPMOp [Hospital Pharmacy and Medicines Optimisation Project – see also NHS Benchmarking Pharmacy Project & NHS Medications Safety Thermometer]. The group reviewed CD&D CCGs’ performance against NHSE MO dashboard indicators. Low overall use of medication safety audit software was noted. AR reported that an adaptation of the PRIMIS PINCER medication safety audit tool is available locally via RAIDR and NECS have asked NHSE for this to be recognised and reported in the dashboard.</p>

	ACTION: NICE NG5 baseline assessments/gap analysis to be considered by APC
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	Standing Items
7.0	Financial/Budget update
7.1	<p>Budget update AR tabled projected cost growth and forecast outturn figures for CCGs in the North East and Cumbria for FY15/16 (based on expenditure April-Sept 2015). It was noted that Darlington has higher projected cost growth than other CCGs in the region.</p>
8.0	QIPP
8.1	<p>ICS/LABA inhalers – switch options JS presented a paper prepared by Shelley Calkin (SC) seeking D&T CAG approval for a recommendation that “practices should consider switching appropriate patients to more cost-effective combination [ICS/LABA] inhaled therapy.” Considerable sums can be released for other purposes within the local healthcare system if suitable patients are transferred from their existing ICS/LABA inhalers to newer less expensive alternatives. Care will be needed in identifying suitable patients and a range of factors will be need to be considered before switching inhalers – including patient preference and ability to use available devices. The D&T CAG agreed that the Respiratory CAG be asked to look at the paper, with a recommendation from the D&T to carefully consider the potential for increased cost-effectiveness and value.</p> <p>ACTION: SC, JS & DN to amend/update paper and forward to Respiratory CAG.</p>
9	<p>Prescribing Support Software (verbal update) KH provided an update. All County Durham practices now use OptimizeRx. Estimated savings across North Durham & DDES to 27/11/15 = c. £850K. Largest contributors to savings are pregabalin dose optimisation, preferential use of shake formulations and some inhaler recommendations. Messages are checked quarterly. Darlington practices continue to use the local protocol-based system. The group agreed that it would be helpful to share messages/recommendations from both systems.</p> <p>ACTION: MO teams to prepare summaries of system messages/recommendations to be shared.</p>
10	MHRA Drug Safety & NPSA
10.1	<p>MHRA Drug Safety Updates:</p> <ul style="list-style-type: none"> • October 2015 • November 2015 <p>Presented for information. Noted that relevant information has been added to OptimizeRx and Darlington protocols.</p>
11	Area Prescribing Committee

	Minutes of meetings held 03/09/15 and 05/11/15 received. Changes to the CD&D Drug Monitoring document agreed at the APC have been made. A document detailing changes from previous versions has also been produced. DN sought the group's views on further comments received. The group agreed changes to reflect guidance in NICE CG 137 Epilepsy. ID agreed to approve minor changes on behalf of the APC.
12.1	RDTC Monthly Horizon Scanning Document <ul style="list-style-type: none"> • November 2015 • December 2015
13	Patient Group Directions None received
14	CCG prescribing locality updates
14.1	Darlington Prescribing Sub Committee Confirmed minutes November 2015 received for information.
14.2	North Durham LPG Not received.
14.3	Durham Dales LPG Draft minutes November 2015 received for information.
14.4	Easington LPG Draft minutes November 2015 received for information.
14.5	Sedgefield Prescribing Task Group Draft minutes November 2015 received for information.
15	Provider Drug & Therapeutics Committees
15.1	County Durham & Darlington FT CSTC Confirmed minutes August 2015 received for information.
15.2	University Hospital North Tees D&T Confirmed minutes September & November 2015 received for information.
15.3	Sunderland Joint Formulary Committee Confirmed minutes September 2015 received for information.
15.4	Tees Esk & Wear Valley D&T Confirmed minutes September 2015 and Feedback summary December 2015 received for information.
16	Any Other Business
	None
17	Date and time of next meeting Tuesday 16th February 2016 12.00 – 14.30 Board Room, Appleton House, Lanchester Road