COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
Board Room, Appleton House
Tuesday 20th April 2010
12.00 – 2.30 pm

Present:

Dr Ian Davidson, GP Prescribing Lead, Derwentside
Dr Geoff Crackett, GP Prescribing Lead, DCLS
Linda Neely, Senior Pharmaceutical Adviser
Anne Henry, Pharmaceutical Adviser (On behalf of Jacqueline Fletcher)
Patricia King, LPC Chair, Community Pharmacist
Ian Morris, Acting Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Stephen Purdy, Pharmaceutical Adviser
Dr David Russell, GP Prescribing Lead, Darlington
Dr Peter Jones, GP Prescribing Lead, Sedgefield
Sue White, RDTC
Barbara Nimmo, Prescribing Support Pharmacist (from item 5.3 onward)

In attendance:

David Britton (for only item 5.2)
Michelle Grant (for only item 5.2)
Caroline Levie (for only item 5.3)

1.0 APOLOGIES

Hazel Betteney, Acting Senior Pharmaceutical Adviser
Sharron Kebell, Senior Pharmaceutical Adviser
Ros Prior, TEWV
Sue Shine, Nurse Practitioner (SSh)
Joan Sutherland, Senior Pharmaceutical Adviser
Gail Dryden, Community Matron
Serena Bowens,
Jacqueline Fletcher Pharmaceutical Adviser (Anne Henry attending instead)

2.0 MINUTES OF LAST MEETING HELD 16th March 2010

The minutes of the previous meeting were agreed with the following amendments:

Item 1.0 - add Dr Peter Jones and Mr Stephen Purdy to the list of apologies given

Item 3.2 – Typo error – 3rd line of second Para to read "…submitted scripts **for** patients …"

Item 3.2 – Typo error – 7th line of second Para to read "…for their patients **but** prescribing had ceased …"

Item 8.0 – Typo error – 6th line of second Para to read "**Enteral** nutrition report …"

Item 15.2 – Typo error – 7th line of first Para to read "…**prescribable** on the NHS. …"

At this juncture DR asked if the correct "action" boxes could be used on the agenda to ensure that the reason for and papers coming to the meeting could be appropriately considered – the committee agreed with this request.

ID also asked that a D&T cover sheet be submitted along with any paper to be presented to D&T.

3.0 MATTERS ARISING

Dales GP Prescribing Lead post

DR asked if the issue of the ongoing GP prescribing lead support for the Dales had been raised with Hilton Dixon in that Satinder Sanghera's post was no longer funded. ID said this had been raised with Hilton Dixon but in the current financial climate no further funding was available. Although this may be reviewed in the future the PCT has to manage its finances carefully in light of the global economic situation. PJ asked if medicines management as a whole was at risk of not being funded and ID replied that as a department as a whole we would have to review how we can safely function in the future, but remain within the current budget limits for the team.

3.1 Dosette Boxes and Repeat Dispensing

SP presented a paper discussing the provision of dosette boxes in line with the DDA, and how this was a separate issue to the use of repeat dispensing. It also recommended that PCT could not comment on how these two issues should be considered in light of each other.

On discussion SP stated that although legally repeat dispensing can be used for patients on MDS and 7-day prescriptions, it was not the policy intention. The main debate was around the need for the dispensing

pharmacist to carry out a concordance check every time the repeat prescription was dispensed

ID summed up the debate that in agreement with the D&T, it was felt that:

"It may be appropriate to use repeat dispensing to generate weekly prescriptions for dosette boxes in certain circumstances following assessment by both the community pharmacist and the GP. However, it is essential that the requirements for repeat dispensing are followed such as a concordance check with the patient each time a repeat prescription is dispensed"
Action: SP to bring final statement to come back to next D&T.

3.2 Drug Monitoring

The updated drug monitoring document was presented to the D&T for comment following discussion at the last meeting. SP had a number of points that required further comment and the following recommendations were made by the committee:

Statin – separate the different monitoring requirements for 1° and 2° prevention.

Carbamazepine and Phenytoin – add the wording from the BNF regarding drug monitoring to outline the differences in recommendations for the monitoring of these drugs. Clinicians will then be able to make a decision as to which monitoring regimen is most appropriate for the patient.

Phenytoin – Change the therapeutic range to Micromoles/l not mmol/l

Levothyroxin – Should read levothyroxine.

Sulphasalazine – Summarise the comment into a more concise bullet list.

The committee thanked SP for the updated document.
Action: SP to work with DR to agree final changes before posting updated document on website and notify clinicians via the newsletter.

4.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM

Please refer to amended action log.

ID notified the group that the Management Executive had approved the development of the APC but this will have to be done within existing

financial resources. ID said that this was something we will have to consider as finances are tight and we may have to see what work can be passed to the APC that will allow changes in D&T. There was also discussion about the future of locality based prescribing committee and ID said that there are plans to have a separate meeting about how these can be supported. The biggest difficulty was having adequate admin support to run these effectively.

5.0 AGENDA

5.1 ScriptSwitch update

IM presented to the group a summary of the use of the ScriptSwitch IT system across the PCT. This was in conjunction with a paper that was being presented to the Management Executive Group on Wednesday 21st April.

IM told the committee how the system had realised savings of £348k in County Durham and £96k per annum in Darlington meaning after the cost of the licence. CDPCT had saved £153k and Darlington £61k making the system very cost effective as an investment.

The opiate warnings that were on the system had been activated 4548 times and 2200 times in Durham and Darlington respectively with about 10% being accepted by prescribers.

The Cephalosporin warning regarding C.diff had been actioned 491 and 142 times in Durham and Darlington respectively with just under 10% being actioned.

AH asked if the cost of the staffing needed to maintain the system had been included in the costing and IM said that as this was difficult to quantify these had not been included. The size of the savings however were so significant that even if these were included the savings would have still been large.

The committee discussed the benefit of the data if it were available at locality level and IM said this was now available but for the purpose of the Management Executive Group paper the data has been amalgamated to PCT level.

Actions – all IM:

- **Make practice level data available for PBC reports.**
- **Contact practice managers to ensure all GPs and nurses have the system available to them**
- **Notify prescribing leads of “non-users” in their localities**
- **Review the significance of the savings that were rejected.**

5.2 Near Patient Testing/High Risk Drugs

DB and MG attended to present a paper on the development of a service to monitor patients taking high risk drugs under shared care. The main reason for the paper was to agree on the list of drugs to be included however the debate moved on to discuss the paper as a whole.

MG explained that there were already some services provided from practices via a DES but this only covered Sedgefield, DCLS and Derwentside, with a different funding arrangement being in position for Dales. Not all practices in these localities are signed up at present. This new service spec would pull these services into one.

DN said that there may be issues as Sunderland Hospitals do not have shared care in place for a lot of these drugs and LN asked what would be the process for monitoring patients who had been GP initiated or no longer under the care of the consultant but still being prescribed.

The list of drugs was considered appropriate by the Committee with LN asking if amiodarone required long term shared care, with DN saying that he thought this was justified.

The list of drugs was agreed with the following actions:
Action: DB to add to the list Anticancer drugs, Drugs subject to NPSA warnings (i.e. Lithium, Methotrexate, Oral Anticancer Drugs).

It was the Committee's opinion that too much emphasis was placed on the need for shared care, that different trusts would have different agreements, and the need to develop shared care may add to workload. DB said that this may break the link with shared care and so robust communication mechanisms would need to be in place. As a result the following points were agreed:
Actions – all DB:

- **Although Shared care would be the best way forward remove the need for shared care and make the service for anyone receiving any of the drugs listed.**
- **Where possible link the service to the PCT monitoring document which recommends different blood tests to be taken for each drug**
- **Contract monitor the drug monitoring using MIQUEST searches.**

5.3 Stroke Prevention in Primary Care

Caroline Levie attended to update the committee on the stroke prevention and AF service that was being promoted in the area and started in October 2009. This project was for 12 months and involved

relatively simple checks to identify AF such as taking a patients pulse to see if it irregular, and incorporating this into the templates used in practice. All PBC groups had been contacted about this project but there was acknowledgement from Caroline that as it has prescribing recommendations and a potential drug budget impact then the D&T should have been consulted earlier.

The committee discussed the paper and the information sheet and felt this was useful as long as the updated version could be obtained from the original authors when available. Caroline said this was already in hand.

IM asked if the costs of the drugs and monitoring had been factored in to the project costs which Caroline confirmed this had not been done but acknowledged that it needed doing.

The committee fully supported the clinical benefits of the project and recommended that Caroline raise the issue with finance of the funding required by drug and monitoring service budgets.
Action: Caroline Levie to identify additional costs to finance.

5.4 Hyperprolactinaemia Guidance:

As no one was present from TEWV NHS trust to discuss this paper it was deferred until next meeting

STANDING ITEMS

6.0 FINANCIAL UPDATE

IM updated the committee on the current budget setting situation with a paper to sign off the agreed budget methodology going to Management Executive Group on 21st April. This will recommend the adoption of the national PBC budget methodology from the DOH being phased in over 3 years for prescribing with a 1% top slice for expensive medicines.

Un-validated outturn forecasts using February 2010 data showed CDPCT as £1,772,709 (2.08%) overspent and Darlington PCT being £140k (0.92% overspent) for the practice elements of the prescribing budget. These figures are very close to the January data forecasts meaning validation is likely to confirm these figures.

7.0 MEDICATION SAFETY & NPSA

7.1 Medication Safety

LN updated the committee on work underway to meet the requirements of NPSA RRR regarding Lithium with the following key points:

- A lithium action plan has been developed in conjunction with TEWV Trust.
- A standard audit tool has been developed for use in practices and is being considered by the clinical audit team.
- An audit is also being developed for use in community pharmacy to act as part of the audits required in community pharmacy contact
- In May there is an RPIW about lithium being led by TEWV. Although there is a short notice for this GPs are asked to see if they can attend.
- Handheld record books are being used but some lithium patients are no longer under the care of TEWV. GPS are therefore asked to promote the use of these books which can be ordered via the patient safety team in the interim until they move over to being supplied by Tracy Newton

ID asked if JS could be kept informed, and invited to RPIW, as link person to TEWV. LN agreed with this and said JS would be invited.
Actions:
- **JS to be invited to RPIW by LN.**
- **Prescribing Lead GPs to see if they will be able to spare time to attend the RPIW (although this lasts a week attending for less than this would be considered beneficial if planned into session).**
- **LN to ask GPs to use hand held booklets for patients not already under care of TEWV to ensure a consistent approach.**

7.2 Drug Safety Update (MHRA)

The April edition of the MHRA drug safety update was discussed with the following items to be highlighted in the Newsletter:

Yasmin – Recently published studies suggest that the risk of venous thromboembolism (VTE) is association with use of the combined oral contraceptive Yasmin may be slightly higher than previously estimated, and somewhere between the risk associated with combined pills containing levonorgestrel (otherwise known as “second generation”) and those containing desogestrel or gestodene (known as “third generation”). The risk of VTE with Yasmin remains very small and, like other oral contraceptives, is less than that associated with pregnancy. Prescribers should be aware of the new evidence when discussing the most suitable type of contraceptive for any woman who wants to start or switch contraception.

Clopidogrel and Proton Pump Inhibitors - In light of the most recent evidence, the previous advice on the concomitant use of clopidogrel with proton pump inhibitors has now been modified. Use of either omeprazole or esomeprazole with clopidogrel should be discouraged.

The current evidence does not support extending this advice to other PPIs.
Action: KH to include these two issues in the forthcoming "Prescribing Matters" newsletter.

8.0 RDTC UPDATE

8.1 Horizon Scanning Document

Received for information

8.2 North East Specials Report with Covering Paper

This data needs to be taken out to Practices urgently by practice support pharmacists and data available at Locality Level for review by PBC Clusters

The summary of a review of the use of specials, carried out in Jan 2010 was presented for discussion. In it was highlighted the high use of liquid specials costing £796k per annum in CDPCT and £72k in DPCT. The review noted a list of issues that had come to light along with some recommendations for the D&T to consider.

There are also Step by Step guide for prescribers to use when choosing medicines for patients who are unable to take solid oral dose forms produced by UKMi along with a Q&A guide and further background information.
Actions:

- **Deborah Giles to add information message to ScriptSwitch to advise prescribers that an alternative "licensed" product may be available, and include a link to the UKMi supporting documents.**
- **GP Prescribing Leads to discuss specials report with PBC groups.**

8.3 RDTC Publication work plan

SW reported that the RDTC had recently produced a report on enteral nutrition which the PCT may like to consider. DR said that nursing homes are under pressure for their residents not to lose weight so they often use these preparations to keep patients weight from dropping.

A Hot Topic publication had been produced to discuss the role of Pregabalin in neuropathic pain following the recent NICE guidance. This could significantly impact on prescribing budgets as the current drugs in use first line are much cheaper.

9.0 PRESCRIBING UPDATES

9.1 Drug and Therapeutics Bulletin

Discussion centred on the article relating to the place of Silver dressings and if they are appropriate for use. Although there is national work continuing about this, it was felt that this should be raised locally at non medical prescribing meetings. The committee felt the DTB should be available to practice teams.

Actions:

- **AH to raise at non-medical prescribing group.**
- **SK to ensure practice teams are made aware of the issue and ongoing debate.**

9.2 New Drugs & Products

None.

9.3 NICE Guidance

The committee discussed the report from Wendy Stephens regarding NICE guidance that was recently published.

CG96 – Neuropathic pain will have significant impacts on the PCT prescribing budget as is recommends the use of Pregabalin as a direct alternative to Amitriptyline. The cost difference between these two drugs is 30-90 times depending on the dose used yet as it is now stated in NICE guidance it will be difficult to discourage. Financial modelling of this is also difficult as the true number of patients suffering from neuropathic pain is unknown.

Duloxetine is also listed as the drug of choice for patients with painful diabetic neuropathy.

The RDTC has produced a Hot Topic discussion on this piece of NICE guidance and it was asked that this could be discussed at the next D&T meeting.

Action: SW to bring this document to the next D&T for wider discussion regarding the impact of this guidance.

9.4 NETAG

ID informed the committee that NETAG was meeting on the afternoon of Tuesday 20th April.

10.0 NON MEDICAL PRESCRIBING

No report received.

11.0 PATIENT GROUP DIRECTIONS

LN tabled a summary of the actions taken with regard to PGDs over the past month. LN had been asked by Hilton Dixon and IM to lead on Patient Group Directions to oversee the updating of existing PGDs and the development of new ones. In addition to this LN will be reviewing the whole PGD process.

LN's report also listed specific PGDs that had been recently updated or reviewed.

The committee received the report for information.

12.0 QOF QUARTERLY UPDATE

Practice QOF visits by medicines management team currently underway – nothing else to report.

13.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

13.1 Prescribing Support Update

The committee received for information the report of the work of the practice pharmacists.

13.2 Cephalosporin prescribing report County Durham and Darlington September 2009

Barbara Nimmo presented the results of an audit of Cephalosporin use that had been conducted in September 2009 in 78 practices in County Durham and Darlington. This audit found that the larges use of these drugs was in elderly patients with 1664 prescriptions being recorded in the audit period. Only 8.9% were considered to be in line with the PCT antibiotic formulary.

The most common indication for these drugs was for UTI and a significant number being for the prophylaxis of UTI (which is no longer considered appropriate).

The committee welcomes the quality of the audit and the amount of information it contained.

ID said that this was an interesting report but that as the audit was carried out in September 2009 the results were of limited value to Practices at this time. The main purpose of carrying out the audits had been to draw prescribers' attention to the risks associated with cephalosporin prescribing and in this they had certainly succeeded as

data showed cephalosporin prescribing across the PCTs had significantly reduced. ID enquired as to whether the Committee considered it worthwhile to repeat the audits but in view of the reduced overall cephalosporin prescribing this was thought to be unnecessary.

IM said that prescribing rates of Cephalosporins had now dropped with a corresponding dip in C. Diff rates and the committee agreed that it would be useful to make prescribers aware of current C.Diff rates vs. Cephalosporin prescribing by adding a graph to the newsletter if this was possible.
Action: BN/KH if possible add graph of C.Diff rates and Cephalosporin rates to the Medicines Management Newsletter.

14.0 PBC PRESCRIBING LOCALITY UPDATES

The D&T received for information the locality prescribing group report from Darlington PBC.

15.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

15.1 Update from Sunderland CHFT D&T

No meeting until 6th May 2010.

15.2 Update from North Tees and Hartlepool FT D&T

No Meeting until 14th May 2010.

15.3 Update from County Durham and Darlington FT D&T

No meeting until 21st April 2010.

15.4 Update from TEWV Mental Health Trust D&T

No paper provided.

15.4 Durham Cluster Prison Drugs and Therapeutics

No paper provided.

15.6 Community Health Services Medicines Management Committee

No paper provided.

16.0 ANY OTHER BUSINESS

LN asked if the extension of the current Antibiotic formulary that she is updating could be extended until the end of June. This will allow the incorporation of cellulitis and UTI guidance that is due to be issued.
Action: The extension of the Antibiotic Guidance until the end of June 2010 was agreed.

17.0 DATE AND TIME OF NEXT MEETING

Tuesday 18th May 2010
12.00 – 2.30 pm
Board Room, Merrington House

Confirmed as an accurate record:

Name:

Dr. Ian Davidson - Chair