

**North Durham, DDES and Darlington CCGs  
Drugs and Therapeutics Clinical Advisory Group**

**Minutes of Meeting held  
Tuesday 16<sup>th</sup> April 2013  
Board Room, John Snow House  
12.00 - 2.30 pm**

**Present:**

Serena Bowens (minute taker), NECS  
Dr Geoff Crackett, GP Prescribing Lead (North Durham CCG)  
Dr Ian Davidson, GP Quality and Safety Lead (North Durham CCG)  
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre  
Dr Catherine Harrison, GP Prescribing Lead (DDES CCG)  
Kate Huddart, Pharmacist Lead, (DDES CCG)  
Dr Peter Jones, GP Lead (DDES CCG)  
Patricia King, LPC Community Pharmacist Representative  
Alistair Monk, Medicines Optimisation Pharmacist, NECS  
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS  
Anne Phillips, Non-Medical Prescriber  
Dr David Russell, GP Prescribing Lead (Darlington)

**1.0 APOLOGIES**

The following apologies were noted by the Committee:

Sue Hunter, Associate Director of Pharmacy, TEWV  
Andy Reay, Medicines Optimisation Pharmacist, NECS  
Joan Sutherland, Medicines Optimisation Pharmacist, NECS  
Christopher Williams, Deputy Chief Pharmacist, CDDFT

Introductions were made around the table and IM informed the committee of the changes with staff who have joined NECS following the recent NHS reconfiguration.

**2.0 DECLARATION OF INTERESTS**

No interests were declared to the Committee.

**3.0 MINUTES OF LAST MEETING OF HELD 19<sup>TH</sup> FEBRUARY 2013**

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The minutes were accepted as a true and accurate record, with the following amendments:

Apologies - *Anne Phillips – to be noted.*

Page 7 – Item 10.2 – to include the action - *VV writing to non-responders with 4 week deadline and any non-responders will be notified to the PCSA*

Page 10 – first paragraph AOB – to include an additional sentence - *The Committee agreed that the matter could not be taken forward locally, as the issues raised were a national issue.*

### 4.0 MATTERS ARISING

There were no matters arising that had not been included on the agenda or within the action log today.

### 5.0 ACTIONS TAKEN BY MEDICINES OPTIMISATION TEAM FROM PREVIOUS MEETINGS

Please refer to the amended action log.

The updated actions were accepted and noted by the Committee and several actions were confirmed as complete. IM notified the Committee of recently closed items and it was agreed that any outstanding historic actions were to be returned to the June D&T meeting.

#### Non-Medical Prescribing update:

It was felt prudent at this juncture to discuss item 13.0 from today's agenda covering Non-Medical Prescribing, as this also formed part of the historic action log. IM informed the Committee that the summary of Q3 prescribing showed that Non-Medical Prescribing was approximately 2% of the PCT current budget and that there were four main areas of prescribing (Respiratory, Obs and Gynae, Endocrine and CNS) which accounted for more than 50% of the cost.

A discussion ensued as to whether this was a worthwhile update and the consensus of opinion from the Committee was that practices needed to be made aware of the current expenditure for non-medical prescribing, therefore this document proved to be informative.

The Committee expressed concern that the report did not give any assurance as to the quality and safety of non-medical prescribing and the Committee requested in the future that a more detailed six monthly paper be produced in conjunction with the existing RDTC reports.

**Action: SC to produce a regular newsletter article for NMP.**

**Action: IM to pick up and produce a six monthly paper at CCG level on one report.**

Prescription arrangements for NMPs (other than those in GP practices)

As part of the discussing relating to Non-Medical Prescribers , IM informed the Committee that he has recently written a paper to Finance Directors to establish whether the FT is to be a be set up as a provider, holding a separate budget or whether the budget sits within CCGs.

ID questioned whether it was reasonable for finance directors alone to be deciding on the budget arrangements for these services and he felt that there is the need for the current arrangement to be rolled forward for the next twelve months, which will cause less disruption to the service and to pick up next financial year. At present the FT are currently unable to order any prescriptions until decisions have been established.

**Action: IM to forward to GP Prescribing Leads for their information, the paper which was sent to Finance Directors, together with a copy of the email which IM sent to Finance Directors.**

**Action: IM to inform CFOs that the D+T had recommended the establishment of a separate budget-line for these services, as a top slice within the CCG budgets.**

## 6.0 AGENDA

### 6.1 Darlington CCG Rivaroxaban DVT Pilot

Following approval of the clinical pathway, DR presented this paper to the Committee for their information showing the interim results. This showed that 76 patients had been entered into the pilot by the end of January 2013 from 10 practices. From these patients 40 had been put onto Rivaroxiban .

This pilot has been adopted in Darlington CCG however DDES and North Durham CCGs have decided to make minor amendments before implementing.

The committee thanked DR for his report.

### 6.2 Implementation of Care Bundles from “Patient Safety – it’s no trouble at all”

IM presented this paper to the Committee with a recommendation that some of the initiatives were included in practice level workplans. ID questioned the GP Leads as to whether this would be something that GP Prescribing Leads could adopt out in practice? PJ felt that it would not be adopted in practice. PK felt that much of

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the Warfarin recommendations already formed part of the contract standard relating to the INR service and that this would be duplication of work. ID indicated that he would be interested on a useful tool for insulin when this becomes available in the future.

Following discussion, the Committee's decision was not to implement over the next twelve months however with a recommendation that be looked at as a possible part of an incentive scheme for 2014/2015.

### 6.3 PGD Adoption by CCGs

IM updated the Committee regarding a paper which went to each CCGs to gain the adoption of the current PGDs and agreeing a future adoption and signing up process. IM informed that currently there are no further PGDs for review until September, which will be picked up via a new North East wide PGD process to be adopted by NECs in the future.

### 6.4 Prescribing Incentive Scheme Peer Review Update

IM informed the Committee that peer review sessions have taken place within all localities, with the exception of Sedgefield locality which is currently scheduled for 24<sup>th</sup> April 2013. IM informed that these sessions had been well received by practices within all localities. The paper covered the main queries and learning points that had come to light from these meetings.

The committee raised the point that the DMARD guidelines were being updated by CDDFT and that this need addressing as they had already been extended once already.

**Action: IM to ascertain when revised DMARD guidelines will be ready.**

### 6.5 Minor Ailments Service Review

IM informed the Committee that the minor ailments scheme has been running for the past few years across the County, which is reviewed on a regular basis and at the present time, with the exception of any newly opened pharmacies, all pharmacies across the County were signed up to the scheme.

There was further discussion surrounding the scheme and PJ requested clarification as to whether this scheme will be continuing in the future.

ID felt that all enhanced services should be continued for the next twelve months and felt that recommendations should be made to CCGs to continue the service.

PK offered to the Committee the services of the LPC if it assisted in the continuance of this well received service.

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There was discussion on the high usage and of the disparity of differing medications within different localities and that this was something which needed further investigation with three pharmacies requiring a contract review meeting due to their use of the scheme being significantly above average.

The Committee agreed that to be fair to providers that the scheme needed to be extended by twelve months, which would also give the opportunity for providers to be able to review the scheme in a reasonable time frame.

There was further discussion surrounding the publicising and promotion of the scheme, which some members of the Committee felt would be advantageous to the future continuance of the minor ailments scheme. IM reiterated to the Committee, that all the advertising costs associated with the promotion of the scheme would need to be factored in to CCG budgets along with any additional drug costs that this may generate.

**Action: IM to notify CCGs of the D&Ts recommendation to roll forward the minor ailments scheme by 12months**

**Action: IM to arrange a contract review visit with the three outstanding pharmacies**

### 6.6 Formulary Update (verbal)

IM cascaded to the Committee the first formulary newsletter which had recently been produced by Andy Reay. There was discussion as to whether adherence to the formulary could be linked to the 2014/15 incentive scheme. The Committee felt that this was useful document and requested for future newsletters to be produced.

**Action: Medicines Optimisation to produce a Formulary update in a newsletter on a bi-monthly basis.**

## STANDING ITEMS

### 7.0 FINANCIAL/BUDGET UPDATE

IM provided a verbal update of the prescribing position for each locality and their collective CCGs based on February 2013 prescribing data which had recently been released.

The forecast showed the following data:

- Darlington CCG – £793k underspend
- DDES CCG – £44k overspend overall
- North Durham CCG – £848k underspend overall

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Budgets for next year had not yet been finalised as CCG finance have not decided on up-lifts, but is likely to be in the order of 0%

### 8.0 QIPP

It was agreed that QIPP was to be included as part of the proposed practice workplans and to include education, switches, reviews and prescribing incentive scheme.

### 9.0 SCRIPTSWITCH

IM provided update, informing the Committee that ScriptSwitch is currently saving across both County Durham and Darlington 321k per annum versus 231k overall cost. . The profile has recently been reviewed and 700 obsolete pop up messages have been removed and that any recommendations referencing the PCT had been amended. All hyperlinks have been checked and IM assured the Committee that these were all working and that the next step is to see how the system can be managed across North East for a single process for future updating, with the ScriptSwitch reports being looked at as an overall quarterly reporting system.

The Committee had concerns that there are a lot of practices that are currently not using the system and there have been reports that individual GPs have 'turned the system off'. The Committee requested clarification as to how they can they be made aware of practices that are not using it? DR informed the Committee that Darlington practices have been asked to 'sign up' to an agreement on the ScriptSwitch system confirming that they are using it.

**Action: IM to inform GP Prescribing Leads of the practices that are not currently using or of those that have switched off the ScriptSwitch.**

**Action: IM to draft paper and to be returned to August D&T CAG regarding the continuation of the contract along with possible alternatives.**

### 10.0 MEDICATION SAFETY & NPSA

#### 10.1 MHRA Drug Safety Update March 2013

This was cascaded to the Committee for their information with nothing of note to discuss.

### 11.0 AREA PRESCRIBING COMMITTEE UPDATE

AR had submitted his apologies for today's meeting, therefore unfortunately an update was not available to be provided from March APC meeting.

**Action: Agenda update from March APC to June D&T CAG.**

## **12.0 RDTG UPDATE**

### **12.1 Horizon Scanning Documents and NICE Guidance Update March 2013**

The document was accepted for the Committee's information.

### **12.2 Horizon Scanning Documents and NICE Guidance Update March 2013**

The document was accepted for the Committee's information.

## **13.0 NON MEDICAL PRESCRIBING**

Discussed within action log agenda item.

## **14.0 PATIENT GROUP DIRECTIONS**

IM informed the Committee that no PGDs had been reviewed or cascaded recently and as previously eluded to in the meeting, the next PGD reviews were not due for review until September 2013.

## **15.0 CCG PRESCRIBING LOCALITY UPDATES**

The minutes from the following locality prescribing groups and sub-committees were circulated for information:

15.1 Darlington – final minutes from meeting held 19<sup>th</sup> March 2013

15.2 Derwentside – unconfirmed minutes from meeting held 14<sup>th</sup> February 2013.

15.3 Durham and Chester-le-Street – final minutes from meeting held 12<sup>th</sup> February 2013

15.4 Dales – final minutes from meeting held 24<sup>th</sup> January 2013

15.5 Easington – draft minutes from meeting held 17<sup>th</sup> January 2013

15.5 Sedgefield – draft minutes from meeting held 20<sup>th</sup> March 2013

PF – from one of the LPG there was question surrounding rifaxamin and that an audit had recently been undertaken, which indicated that Consett practice in N Durham CCG had high prescribing.



## 16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

The Committee noted that no recent minutes or summaries had been received from any of the following provider Drug & Therapeutics Committee.

16.1 County Durham & Darlington NHS FT D&T

16.2 North Tees & Hartlepool NHS FT D&T

16.3 Sunderland CHFT D&T

16.4 Tees, Esk & Wear Valleys NHS FT D&T

## 17.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES

The summaries for March and April 2013 were circulated to the Committee for information.

## 18.0 ANY OTHER BUSINESS

18.1 In order to alleviate loss of actions and future accountability CH requested that the actions which had been assigned to the Medicines Optimisation team should include the name of the person to whom the action had been assigned to.

**Action: IM to update action log accordingly.**

18.2 Formulary Group – PF stated that there had been recommendation regarding dosulepin saying that it should never be prescribed however PF indicated that there are currently practices still prescribing.

**Action: PF to forward details to Prescribing Leads.**

18.3 Epipen/Jext

AM informed the Committee that Jext will be replacing Epipen as the adrenaline auto-injector of choice.

**Action: AR to attend next round of timeout sessions in July and for the action plan and memos regarding this change to be cascaded out to CCGs.**



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18.4 Future circulation of D&T CAG Minutes

KH asked if in future, minutes of the D&T CAG could be circulated in advance of the meeting in order to give time for any actions to be carried out.

**Action: IM to circulate minutes 4 weeks before the next meeting**

**19.0 DATE AND TIME OF NEXT MEETING**

Tuesday 18<sup>th</sup> June 2013  
Board Room, John Snow House  
12.00 pm – 14.30 pm

**Confirmed as an accurate record:**



**Dr Ian Davidson - Chair  
18<sup>th</sup> June 2013**