

**COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee**

**Minutes of Meeting held
19th February 2013
Bede House, Belmont
12.00 - 2.30 pm**

Present:

Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Dr Ian Davidson, GP Prescribing Lead (Derwentside), Chair
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre
Deborah Giles, Pharmaceutical Adviser, NHS County Durham & Darlington
Dr Catherine Harrison, GP Prescribing Lead (Dales)
Kate Huddart, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Dr Peter Jones, GP Lead (Sedgefield)
Patricia King, LPC Community Pharmacist Representative
Dr David Russell, GP Prescribing Lead (Darlington)
Christopher Williams, Deputy Chief Pharmacist, CDDFT
Laura Walker, Admin Support (minute taker)

In attendance:

The Committee welcomed the following to the meeting to present the items as indicated:

Item 10.2

Vicki Vardy, Senior Prescribing Technician, CDD PCT

Item 10.4

Stuart Brown, Antibiotic Pharmacists, CDDFT
Richard Nendrick, Antibiotic Pharmacy Technician, CDDFT
Jill Ross, Antibiotic Pharmacist, CDDFT

1.0 APOLOGIES

The following apologies were noted by the Committee:

Serena Bowens, Admin support, CDD PCT
Ian Morris, Head of Medicines Management, CDD PCT
Dr Deepa Nayar, Consultant Microbiologist, CDDFT
Anne Phillips, Nurse Practitioner
Andy Reay, Senior Pharmaceutical Advisor, CDD PCT

2.0 DECLARATION OF INTERESTS

DR declared interest in item 6.3.

3.0 MINUTES OF LAST MEETING OF HELD 18th DECEMBER 2012

It was noted that the minutes were not final and the following amendments are to be made:

DR was present at the meeting.

Item 5.0 – on page 2 where it reads, “letter to be written by Neil Frankland”, should read, “letter to be written to Neil Frankland”.

Item 5.0 – on page 3, it was agreed to add further detail to the heading June 2012 Item 10.1 MHRA Drug Safety Alert April 2012, by adding Magnesium and PPI to the title.

Item 6.7 – DR noted that the action for IM to circulate Osteoporosis Pathway to D&T members for comment was not completed.

Item 6.9 – a typing error was noted.

Item 6.10 – to be re-written and for ID to agree accuracy.

Item 6.11 – to reword the final sentence to read “The committee rejected the rebate scheme”.

It was agreed that ID would take chairman’s action to finalise the minutes of the December meeting once all the above changes have been made.

4.0 MATTERS ARISING

4.1 Declarations of Interest

Declaration of interest forms were forwarded to LW. All other committee members were requested to forward to SB at earliest opportunity.

4.2 Updated Terms of Reference

This paper was presented as a final document but it was not in the final format. ID suggested adding a CCG employed pharmacist as part of the group’s membership, all were in agreement and the document was approved.

ACTION: ID to add CCG employed pharmacist to terms of reference as part of the group membership.

5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM FROM PREVIOUS MEETINGS

Please refer to amended action log.

The updated actions were accepted and noted by the Committee and several actions were confirmed as complete. Any outstanding historic actions were agreed to be returned to the April D&T.

Many of the actions required an inclusion of an article within the medicines management newsletter. The committee felt that there needed to be a review of communications in light of how often a newsletter is produced and also how communications and newsletters will be taken forward by NECS. PF suggested that the RDTC newsletter may be a useful alternative as it has moved from bi-monthly to a monthly publication. GC felt that there was a need to have something produced locally to ensure that it is relevant to our GPs. It was agreed that DR would look to see if the RDTC newsletter was a useful vehicle for communications in the future.

ACTION: DR to review the RDTC monthly newsletter and feedback at April 2013 meeting.

It was agreed to discuss item 10.4 at this point.

10.4 Urgent Care Centre Antibiotic Prescribing Audit 2012 – 2013

JR presented this paper to the group which looked at the prescribing of Cephalosporin's, Quinolone and Co-amoxiclav in Urgent Care Centres across County Durham and Darlington. The report showed that 12% of the prescribing was for Cefalexin, Ciprofloxacin and Co-amoxiclav, PJ felt a benchmark figure is needed to compare this to, the group agreed.

JR explained some difficulty was experienced around Read codes and the lack of their use. She explained that when re-audit is carried out more free text search will be used. With UTIs 42% were assessed as appropriate. There is no Read code for pyelonephritis or upper UTI and therefore many had to be classed as compliant. Also Cephalexin is 3rd line treatment for UTI in pregnancy. JR explained that they had searched for cultures for sensitivities and also checked to see if patients had any antenatal appointments on their system. JR felt that again the requesting of free test in future audits would give the pregnancy status. There was a discussion around the use of co-amoxiclav for lacerations, the prescribing for this is recommended by the Plastic's team at UHND. Some of the group were wary of this and SB agreed more work is to be done around this.

JR then presented the graphs within the report highlighting that Dr Piper house had the lowest adherence to formulary, cephalexin is the least appropriately prescribed antibiotic within the audit and that the non-medical prescribers were more compliant with the formulary than the GPs in OOH. However JR did state that GPs may see more complex cases than the non-medical prescribers.

The feedback from this audit has been forwarded on to the Urgent Care Leads; SB will request this information is cascaded down to prescribers in the Urgent Care Centres. This information can be shared with the CCG's by GP prescribing Leads. The audit will be repeated in 6 months.

ACTION: JR and her team to find a benchmark figure to compare to the prescribing figure for Cefalexin, Ciprofloxacin and Co-amoxiclav. JR and team to carry out a re-audit and share audit with D&T.

ACTION: GP Prescribing Leads to ensure audit report is shared within the CCG's.

6.0 AGENDA

6.1.1 Medicines Management QOF Indicators 2012/2013 – final achievement

This paper documented which GP practices in County Durham and Darlington passed/failed the QOF for 2012/2013. There were 3 practices which failed to submit all the evidence required by the deadline. They were given a chance to appeal, two of the practices appealed and submitted the evidence, the remaining practice failed to submit any evidence. DG asked the group if they feel these 3 practices should pass or fail the QOF.

The group agreed that the two practices who have now submitted evidence should pass, the practice who failed to submit any evidence will fail. ID will write to the practices to inform them.

ACTION: ID to write to practices informing them of QOF Medicines Management achievement.

6.1.2 Medicines Management QOF Indicators 2012/2013 – e-learning outcomes and audit results

DG presented this paper which shares the findings from the 2012/2013 Medicines Management QOF. DG reported very positive feedback from the QOF and the ePACT data shows a reducing trend in co-amoxiclav and cephalosporin prescribing over the past year. DG asked how the group would like the information feedback to the CCG's. The group suggested making the document smaller and easier to read and presenting it in a newsletter and also link it to the Medicines Management website.

The group were pleased with the audit and suggested continuing the work next year. It was noted that some work from this falls in the incentive scheme and it was suggested that the incentive scheme could be altered in the second year to incorporate more of this work. The group agreed it would be unfair to amend the incentive scheme as practices may already be doing work towards the second year. KH suggested using engagement schemes to look at this work further. The group agreed that this work should continue to be looked at but were unsure the best way to promote this.

ACTION: DG/KH to make the document easier to read and to add to newsletter and website.

6.2 GMC Guidance on Prescribing and Managing Medicines and Medical Devices

This paper was brought to the group for comment and to decide whether to disseminate it. GC felt that it would be beneficial to highlight at the Prescribing Incentive Scheme peer reviews. The group felt it would be better to summarise the document and then publish in the newsletter. The main changes that would require highlighting were remote prescribing, unlicensed medications, working with pharmacists and yellow cards.

ACTION: DR to summarise document, DG to add to newsletter.

6.3 County Durham and Darlington DVT Pathway

DR presented this paper which updated the DVT pathway in light of the 7 month rivaroxaban pilot in Darlington CCG. The old CDD PCT guidelines used enoxaparin and due to the guidelines being complex many practices had not signed up to the old scheme across CDD PCT and were admitting patients into hospital which was costly. Rivaroxaban was now no longer a black triangle drug. The new pathway gave the choice of enoxaparin and warfarin or rivaroxaban. DR highlighted other changes in the new DVT pathway following NICE guidance June 2012.

DR reported that most surgeries had signed up to the pilot in Darlington and which has potential cost savings. PJ enquired how many patients had been though the scheme in Darlington. DR reported that there have been issues with getting feedback from the scheme however there is some data back and this can be reported on. CH asked about the starter packs of rivaroxaban, DR explained each Partner GP will be given 4 packs per year by Bayer which can be given to patients to commence therapy instantly. PK also suggested the patient information leaflet should be available in larger print.

DR reported that the draft pathway had been consulted on widely within both primary and secondary care. DR asked the group for approval of these documents so they can be used as soon as possible. PJ was in favour of this and felt the current pathway is too complex and leads to GP's not using it and instead sending patients to hospital. The group felt that it was critical to ensure that the new service specification and the pathway are sent out at the same time. The group approved the documents, however they felt the documents should go to the APC in March for approval. CW suggested this also goes through the FT Clinical Standards and Therapeutics Committee for discussion as this pathway will be used by the Out of Hours Service, this was agreed.

The committee felt that there was a requirement to see the results of a pilot before amending a pathway. It was agreed that DR would collate the following information from the Darlington pilot:-

- Total number of patients

- % of patients taking rivaroxaban or being administered enoxaparin
- Negative or positive outcomes i.e. any admissions to hospital or significant events e.g. bleeds

The group felt that the 1st April would be the anticipated start date for the new pathway. The group suggested DR should email GP prescribing leads an update which can then be taken to local prescribing groups so they could consider the new pathway.

PF noticed that reviewing pathways is not on the terms of reference for the D&T, ID will look into this.

ACTION: DR to provide results from the rivaroxaban pilot.

ACTION: DR to email GP prescribing leads update for discussion at local prescribing groups.

ACTION: ID to review D&T terms of reference regarding reviewing pathways.

6.4 Prescribing Dilemmas Guide

This paper was presented to the group with amendments made following the previous D&T meeting. PK noticed that the malaria prophylaxis table on page 8 has some incorrect details on, and also suggested adding on the age restrictions for prescribing items on the minor ailments scheme.

DG highlighted to the group that from the 31st March 2013 some of this information may be out of date. The group accepted the document once the suggested amendments have been made, with a review date of March 2013.

ACTION: DG to amend malaria prophylaxis table, and to add age restrictions to minor ailments. DG to add to website and send out via the medicines management email/newsletter.

6.5 CD Learning Points

This document was for information only as it had already been disseminated. In the article, “notifying pharmacies when dosette patients are admitted” PK asked who should be notifying pharmacies, ID said that this was following a case when a practice had not informed a pharmacy that a dosette patient was in hospital. The pharmacy had continued to dispense and deliver the prescriptions and CDs had been taken from the patients home whilst in hospital. Therefore it is for anyone who is aware that patients are admitted to hospital to inform community pharmacies to stop supplying dosette boxes.

STANDING ITEMS

7.0 FINANCIAL/BUDGET UPDATE

VV informed the group the data is not yet available for the current budget update.

KH presented the paper written by Ian Morris which shows the finance position and budget setting update for 2013/2014 in light of patent expiries. The paper suggests there is a 2% underlying growth in County Durham. PF reported that RDTTC had a finance report at CCG level on its website that illustrated the underlying growth in North Durham and DDES CCGs. It is believed the budget information has been shared with finance and is being worked on. PJ asked whether the local budgets are set by the CCG's, ID confirmed this will be the case.

8.0 QIPP

There were no QIPP updates presented.

9.0 SCRIPTSWITCH update Q3 2012/2013

DG presented this paper which shows reported savings in 2012 of £321,253. GC suggested scriptswitch should address red drugs and the wound formulary. GC agreed that although looking at dressings would be time consuming it would be useful to have. GC suggested starting with the top 10 most used dressings. The group agreed and this will be brought up at the next Medicines Management team meeting for further discussion.

ACTION: To discuss adding dressings to scriptswitch at Medicines Management Team Meeting.

10.0 MEDICATION SAFETY & NPSA

10.1.1 MHRA Drug Safety Update December 2012

Shown to the group for information, nothing of note to discuss.

10.1.2 MHRA Drug Safety Update January 2013

Shown to the group for information, nothing of note to discuss.

10.2 Safe and Secure Handling of Medicines Report 2011/2012

VV explained that this year the process was done online, although a small number of paper forms were still completed. There are still a small number of non-responders mainly optometrist practices, who have been contacted on numerous occasions and VV would like to know what to do with these. ID suggested these are written to again and given a 4 week deadline, if they fail to respond again there details will be passed on to the PCSA.

Action: VV writing to non-responders NPSA.

10.3 Community Acquired C.Difficile & Antibiotic Prescribing Report

This paper covers the period of July to December 2012. KH reported 100% response rate due to the infection control team now completing the forms at the practice, however it was noted that the responses could lack detail due to lack of GP input. Overall adherence to the antibiotic formulary was still high at 80%

compliance. The group decided that this report should be shared with the local prescribing groups.

ACTION: KH to share this report with GP prescribing leads for agenda at local prescribing group.

11.0 AREA PRESCRIBING COMMITTEE UPDATE

The group discussed the formulary website which is being launched on the 1st March 2013. There have been some technical issues with the website as it wasn't working on internet explorer 7. This has now been rectified, and the website address has had to change as a result of this. KH reminded the group that this is a work in progress and that all comments should be forwarded to the Medicines Management Team.

GC queried what should GPs do if they were requested by consultants to prescribe a red or non-formulary drug? CW informed the group that he was working on devising a non-adherence form that would be discussed at the next APC.

12.0 RDTC UPDATE

12.1 Horizon Scanning Documents January 2012 and February 2012

These were shown to the group for information, PF gave a brief summary of each document. CH asked whether a memo will be published relating to dabigatran which is now contraindicated in patients with prosthetic heart valves who require anticoagulant treatment. This information was from the January horizon scanning document. The group agreed to send out a memo.

ACTION: KH to send out memo relating to new contraindications for dabigatran.

PF highlighted Nalmefene (Silencro®) which has just had a positive opinion from the EMA. The drug is indicated for the reduction of alcohol consumption in adults with alcohol dependence. This is a long term treatment as the patients do not abstain from alcohol but just reduce their number of units. The RDTC was doing some work in this area to assess impact.

ACTION: PF to update the committee on RDTC work on Nalmefene at April meeting.

PF presented the October 2012 monthly performance summary for the North of England. The group felt it would be useful to have a CCG level version of this. PF agreed to bring the CCG level report to the April D&T.

ACTION: PF to bring monthly performance summary for the CCG to the next D&T.

13.0 NON MEDICAL PRESCRIBING

There was no update due to the quarterly data not being available yet.

14.0 PATIENT GROUP DIRECTIONS

KH explained that from March 2013 CCGs and LATs will be the new authorising bodies for PGDS due to the PCT being disbanded. There will be a need for CCGs to accept the current PGDs that are in place across County Durham and Darlington. All County Durham and Darlington PGD's will be up to date until October 2013 and a prescribing advisor is currently looking at a joint way forward with regards to PGD' in NECS and informing CCGs of their duty.

ACTION: Medicines Management Team to suggest plan for adoption of PGD's and inform CCG's.

15.0 CCG PRESCRIBING LOCALITY UPDATES

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

15.1 Darlington – 22nd January 2013.

15.2 Derwentside – 13th December 2012.

15.3 Durham and Chester-le-Street – 8th January 2013.

15.4 Durham Dales – 15th November 2012.

15.5 Easington – 15th November 2012.

15.6 Sedgefield – 19th December 2012 and 16th January 2013. PF brought figures on esomeprazole prescribing to the group following an action in the December minutes. This data illustrated that for a practice with only 4% of PPI prescribing as esomeprazole, the cost of esomeprazole can be over half of the PPI budget.

PJ asked whether Easington will be getting a prescribing lead, KH explained this is being looked at.

16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

16.1 County Durham & Darlington NHS FT Clinical Standards and Therapeutics – not received. CW informed the group that has not been asked to provide these, KH explained copies of the minutes are sent to Medicines Management Team.

ACTION: SB to request AR provides copy of minutes for future meetings.

16.2 North Tees & Hartlepool NHS FT D&T – not received.

16.3 Sunderland CHFT D&T – not received.

16.4 Tees, Esk & Wear Valleys NHS Foundation Trust – not received.

17.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES – January and February

These were circulated to the Committee for information.

17.1. D&T Subscriptions

It was agreed that this is a matter for the CCG's to decide.

18.0 ANY OTHER BUSINESS

ID highlighted an issue raised from patient groups where it is felt tablets should remain the same colour to reduce confusion. PK agreed that this is a safety issue. CW felt it would be hard to get pharmaceutical companies on board with this. KH suggested it would have to be taken up with the Department of Health. The Committee agreed that the matter could not be taken forward locally, as the pharmacists present at the February meeting felt it was impractical to pick up.

GC asked about the future of the gluten free and minor ailment schemes as they are due to expire on 31st March 2013. GC had concerns as to who would manage the schemes if they were to roll forward. ID felt they would be part of the NECS offer but agreed clarity was needed on this.

ACTION: ID to clarify the future of the minor ailment and gluten free schemes.

19.0 DATE AND TIME OF NEXT MEETING

Tuesday 16th April 2013
Board Room, John Snow House
12.00 pm – 14.30 pm

Confirmed as an accurate record:



Dr Ian Davidson – Chair
16th April 2013