

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 18th February 2014
12.00 – 2.30 pm
Boardroom John Snow House

Minutes

Dr Ian Davidson (ID)	Director of Quality and Safety, ND CCG, Chair
Dr Geoffrey Crackett (GC)	North Durham GP Prescribing Lead (DCLS)
Dr Catherine Harrison (CH)	DDES GP Prescribing Lead (Dales)
Dr Peter Jones (PJ)	DDES GP Prescribing Lead (Sedgefield)
Joan Sutherland (JS)	Medicines Optimisation Pharmacist, ND CCG
Dr David Russell (DR)	GP Prescribing Lead (Darlington)
Monica Mason (MM)	Principle Pharmacist, Regional Drug & Therapeutics Centre
Stuart Brown (SB)	Antibiotics Pharmacist, CDDFT representing Chris Williams
Ian Morris (IM)	Senior Medicines Optimisation Pharmacist, NECS
Alistair Monk (AM)	Medicines Optimisation Pharmacist, NECS
Anne Henry (AH)	Medicines Optimisation Pharmacist, NECS
Paul Davies (PD)	Medicines Optimisation Pharmacist, NECS
Judith Nichol	Minute Taker, NECS
Janette Stephenson (JS)	Head of Medicines Optimisation, NECS Guest

Item Description

1. Apologies

C. Williams (sending Stuart Brown on his behalf)
Sue Hunter (Chief Pharmacist, TEWV Mental Health Trust)

2. Declarations of interest

Item 6.7 – AH Declaration of interest – been to a GSK sponsored meeting relevant to this paper.

3. Minutes of last meeting held Tuesday 17th December 2013

6.6 Reword final para inn 6.6 to read *“ID wanted clarity on the suggested scheme so this was discussed at length. Darlington CCG practices do not currently have a scheme and indicated that they would not be part of any future schemes.”*

Action was stated as ID but should be IM

- 6.7 Change “D&T Committee” to “D&T CAG”
- 6.10 Title of this part of the minutes should read “Draft Urinary Incontinence Guideline”
- 12.1 Monthly Horizon Scanning – MM clarified that the December summary had been discussed at the December meeting although this report had not been available when the papers had been circulated
- 16.0 JEXT memo – remove the word “their” from the first paragraph in this section

4. Matters arising

None – all actions covered in action log

5. Actions taken by Medicines Management Team following meeting 17th December 2013

Dec 6.1 Update on the North Region Care Home Meeting (CLOSED)

A workplan was being developed for practice pharmacists and JS is inputting into this and will consider if anything from this meeting needs to be included

Dec 6.6 Prescribing incentive scheme (CLOSED)

On 13th Feb 2014 a meeting was held to discuss a potential incentive scheme for North Durham CCG, and DDES CCG.

This meeting was attended by Geoff Crackett (North Durham), Ian Davidson (North Durham), Joan Sutherland (North Durham and DDES), Ian Morris (NECS), Anne Henry (NECS), and Paul Davies (NECS).

Feedback at the meeting was that the opportunity for practices to meet to discuss specific therapeutic topics was well received although the repeat prescribing audit was not that useful. The indicators were found to be useful also meaning a mixture of audit, peer review and indicators was felt to be a good mix for a future scheme. A draft scheme is presented in item 6.1 of the Feb 2014 agenda (this meeting).

Dec 6.7 Aymes Shakes Pathway (CLOSED)

The final version is on today’s agenda, with slight amendments.

Dec 6.8 Green Bag (CLOSED)

The slides have been circulated to ID and information has been provided to all practices from the Comms Team to all. Concern was raised however that only a small number of bags had been delivered to pharmacies and practices with an expectation that contractors will need to buy further supplies The committee felt that this will significantly impact on the uptake of the scheme.

Action: IM to raise this with the Comms Team and give feedback to the next meeting.

Dec 6.9 Methotrexate Pathway (OPEN)

This is a contracting issue and as such has been passed to the contracting team. The Committee asked for the up-to-date paperwork to be uploaded onto the MO website when available from contracting.

Action: IM to ask for updated paperwork from contracting team and upload onto MO website.

Dec 6.10 Draft urinary incontinence guideline: (CLOSED)

This has been discussed at the APC. The urologists are to be invited to the April's APC to see if they have any further comments on the guideline.

Dec 12.1 Monthly Horizon Scanning and national cost calculator: (CLOSED)

National cost calculator has been circulated to CCGS giving figures based on a 100,000 population. In addition to this JSt had produced a briefing document which had gone to CCGs and recommended an uplift to the prescribing budget of 2.5% – 4% on out-turn, however since the recently issued revision to the prescribing forecast model NECS now recommend applying the top figure of 4%.

Dec 6.2 Report on Community Acquired C. Diff April – Oct 2013 (CLOSED)

Summary document is finalised but local adoption in North Durham CCG is still to be decided due to discussion relating to stool sampling frequency in primary care

Dec 6.5 Antibiotic Campaign Update (OPEN)

Antibiotic working group is developing an evaluation process for the non-prescription pad part of the wider scheme

Dec 9.0 Scriptswitch Review (OPEN)

AM said he was progressing with this piece of work but will need input for Prescribing Leads regarding which of the under used recommendations should be removed from the profile. Initial discussions had suggested that some of the infrequently used or accepted prompts may need to be looked into further as they still gave an important message which should not be overlooked. The committee asked for an update to be provided to the May D&T CAG.

Action: AM to work with prescribing leads to review/remove underused and obsolete Script Switch prompts and report progress at May D&T CAG

Dec 10.1 – MHRA Drug Safety Update Oct 13 and Nov 13. (CLOSED)

Inclusion of relevant issues in the MO newsletter was discussed and it was agreed to close the action.

Dec 16.0 CAS Alert Process (CLOSED)

The committee was informed of the process that was being developed to advise practices once CAS alerts had been issued which may have a medicines related element. CAS alerts are cascaded at a national level via Area Teams.

Historical Items

Oct 13 - Vitamin D Guideline (CLOSED)

Draft guideline on Feb 2014 D&T CAG agenda (this meeting)

Oct 13 - Feedback on MDS work (OPEN)

AM fed back on the outcome of a recent meeting which was attended by the LMC, LPC FT and NECS. The committee asked for a further update to be provided at the April 2014 D&T.

Action: AM to provide an update on the MDS working group to the April 2014 D&T CAG.

Aug 13 – Horizon Scanning Document to be tailored to primary care (CLOSED)

The horizon scanning document has been discussed at the December D&T CAG and includes figures related to a typical CCG with 100,000 population

Feb 12 – Urgent Care Centre Antibiotic Audit (CLOSED)

The results of the most recent audit are included on the Feb 2014 D&T CAG agenda (this meeting)

Jun 13 – Subcutaneous Methotrexate (CLOSED)

The overall issue regarding the sub-cut methotrexate contract was felt to be a contracting issue however a residual action remains relating to the uploading of the pathway onto the MO website once available from contracting. This action is already covered under action ref : Dec-13 6.9.

Oct 13 – Dressings order form (CLOSED)

AM confirmed that this form had now been circulated

Oct 13 – Antibiotic formulary App (OPEN)

AM reported that there was still nothing to report on this as it is still being discussed with IT developers.

Oct 13 – Dressings order form. (OPEN)

This action was to include pack sizes in the next version of this form but this is not required until Aug 2014.

6.

6.1 Prescribing Incentive Scheme 2014/2015/2016

IM presented the first draft of a prescribing incentive scheme for 2014 -2106. This had been developed following a meeting on 13th Feb to discuss possible indicators for the scheme. One of the benefits of the current scheme had been the peer review sessions where the opportunity to discuss a therapeutic issue had been useful to GPs so this new scheme was to include a mixture of indicators, audits and peer review.

The CAG discussed the proposed scheme and agreed it in principle subject to it being further developed ready for management executive meetings in March.

The CAG discussed the rolling forward of the scheme and felt that as long as the structure of the scheme stayed the same then the scheme could be reviewed at the end of the first year and compulsory audits changed at this time if needed. For the indicators it was felt that these could also be changed at the end of the year by revising the targets needed for achievement or removing redundant indicators if necessary. As there were a number of mini audits listed it was agreed that practices could choose to do one of these a year meaning this part of the scheme could stay the same for the next two years, there was a requirement to add Dosulepin into the list of mini audits though to draw prescribers attention to this issue.

The Committee requested that this report should not name specific products, so that the Committee would be seen to be unbiased.

Action: IM to further develop the scheme to be ready for 10th March and remove reference to specific products

Action : IM to include Dosulepin in the list of mini audits

Action: IM to bring final version back to April D&T for final sign off

Action: ID to write to Darlington CCG to express D&T CAG support for Darlington practices to be included in the scheme

6.2 Glucose Test Strip Implementation plan

IM presented the Draft Information pack which will help with the implementation of the Glucose Test Strip formulary decision. This pack includes information about the products, switching options for practices, support available from the manufacturers, checklists for the practices to follow and patient letters which may be used. In addition to this pack IM said that Pharmacies had already been notified about the changes by way of a memo which had been circulated.

As part of the roll out plan the practices will be receiving 5 of each meter for them to

use with patients. In addition to this there will be training available, with education sessions being provided by the pharmaceutical companies who supply the meters.

The Committee agreed that this was an excellent piece of work.

As a separate piece of work some of the manufacturers have approached the CCGs offering rebates based on the use of the selected test strips and this is being considered by David Cook in his role as procurement pharmacist.

Action: IM to include Pharmacy memo into pack and to include a message in the pack that practices should discuss the changes they will be adopting with their local pharmacies

Action: IM to develop an A4 poster to include in the pack for practices and pharmacies to use in their waiting areas. This should include advice to patients not to purchase a meter unless it is from the preferred list as test strips will only be prescribed for these meters.

Action: IM to share pack with Diabetes CAG for comments

Action: IM to share final pack with prescribing leads for proof reading, comments, and discussion with their practice nurses

Action: IM to link up with Derek Knowles' successor to link in with lab service in FT.

6.3 D&T Annual Report

IM presented this to the Committee later than planned. The committee agreed the content of the document which highlighted to changes made in the D&T to reflect the changes to the NHS structure in primary care. JS highlighted one typo which was in the first paragraph in "Plans for the Future" and required "theis" to be changed to "this"

Action: Typing mistake to be amended: "Theis" to 'this'

Action: Make final version available on website and circulate to CCGs for information.

6.4 VTE Risk with CHC (MHRA)

IM presented a paper which discussed the recent MHRA guidance about combined hormonal contraceptives (CHCs) and VTE risk. The Medicines and Healthcare products Regulatory Agency (MHRA) have written directly to doctors regarding the Europe-wide review that confirmed the risks and included a checklist compiled for when these products are prescribed.

IM confirmed that this information had been notified to practices in a recent memo.

The CAG received the document for information.

6.5 Final Oral Nutritional Supplement Pathway

IM presented the Final Revised Oral Nutritional Supplement Pathway. The Dieticians and Foundation trust have given their professional steer to this final version and there is a blue coloured paper for Primary Care and a green coloured paper for Secondary Care.

Since this document was presented at the D&T in December the main change is the inclusion of low volume preparations as a separate column on the second page. The available products have also been reviewed and Med Opt have included these except a powdered product which is not available as pre measured sachets – when tested this product resulted in different amounts being used when scooped from the bulk container meaning it was deemed unsuitable for inclusion.

In addition to this a price list of the different products has been produced as an appendix to the guideline and this will be updated on a regular basis as prices change.

Action: IM to circulate the Primary Care Document to practices along with the MUST tool, and add to website

Action: IM to change all products on price list to black (some are purple) and include a comment about the powdered bulk product that was not included.

6.6 Dosulepin Prescribing

IM presented the paper on Dosulepin prescribing which is recognised as a licenced product, but dangerous in overdose. TEWV has highlighted this as a risk, and as such have produced guidance for prescribers about reviewing and stopping the prescribing of the drug where possible. This document is being taken to their internal committee but isn't expected to have any further changes requested.

Prescribing data at practice level had been shared with prescribing leads but the committee were shown CCG level data that indicated that in DDES there may have been some initiations as the prescribing rate has remained constant over the past few years rather than dropping naturally as would have been expected

The Committee discussed whether the results of the mini-audits could be incorporated into the incentive scheme, as this would incentivise Dosulepin prescribing reduction and it was agreed that this would be useful.

The committee also asked where the 200 deaths data came from that was mentioned in the TEWV document as this had been quoted as an annual figure for a number of years now.

The debate then moved on to making patients aware of the risk of the medication they are taken and the committee felt that a patient information leaflet may be useful for this.

Action: IM Ascertain the source of the “200 deaths per year” data got the death figures came from.

Action: IM Recommend that practices review their Dosulepin Prescribing with a view to stopping, targeting patients with a patient advice leaflet.

Action: Share the information on prescribing rates and risks with Locality Prescribing Groups and practices.

Action: Put into a mini audit for the incentive scheme.

6.7 Draft COPD Guideline

Declaration of interest: AH has been to a GSK sponsored Network meeting relevant to this paper.

AH presented the Draft Local Respiratory Network COPD Guideline for discussion. In her introduction AH acknowledged an error in the cover paper where :

“It proposes FEV1 >60%” should read “It proposes FEV1<60%”

In addition to this AH said the paper was presented for discussion rather than approval as stated in the cover paper

In the discussion AH highlighted the main differences between the proposed Local Respiratory Network guideline and the NICE guidance was that it proposes FEV1 <60% of predicted (rather than NICE <50%) as the threshold for adding in long acting bronchodilators

The pneumonia risk with steroids was discussed, together with the cost impact on prescribing budget of adding this treatment in sooner than recommended in NICE. The Committee discussed how this will affect quality s as a result and there was concerns about the use of drug company COPD assessment tools and what influence Pharma may have had on the guidance.

The Committee agreed that the prescribing elements needs to go to APC, as this is the right forum, but that it is important for the network to have reasoning behind the lower treatment threshold to support the guidance , and a declaration of interest showing what support the network has received from Pharma.

Action: On behalf of the the D&T CAG, ID will respond formally to the Local

Respiratory Network with the Committee's concern re going against NICE guidance and will ask for an explanation of their rationale, supporting evidence for the lower treatment threshold, and information about the support received from the Pharm Industry.

Action: Paper to be presented at the next APC with the supporting data

NOTE *(GC left at this point)*

6.8 UCC Antibiotic Prescribing Audit

Stuart Brown presented this paper on the CDDFT Urgent Care Centre Antibiotic Prescribing Audit 2013/14 on behalf of Jill Ross and Chris Williams. This was to audit the use of Cephalosporin, Quinolone and Co-amoxiclav antibiotic prescribing at CDDFT Urgent Care Centres (UCC's) between 1st and 31st October 2013. EyeSoft (Ward computer software) was used for the culture results.

The results of the audit showed that 12% of all antibiotic prescriptions were for these drugs, which was an improvement on the audit done in Oct 2012 and over 80% of the prescribing was in line with the indications listed in the primary care guidance compared with 65% in the previous October. 52% of Cefalexin prescribing was considered non-compliant however but there was discussion about why this drug may be used and this could have been due to use in pregnancy or past failure with Trimethopirm.

SB said that further training would be done in centres which would include discussing the results and the audit will be re-ran every 12 months (and this may be increased to 6monthly once the supporting pharmacy technician returns from secondment).

The committee thanked SB for producing the report.

Action – Stuart Brown to Repeat UCC antibiotic audit in October 2014, and then 6 monthly thereafter.

6.9 Long Acting Insulin Analogue update

AH presented this paper for information only to the Committee on the progress regarding long acting insulin prescribing at CD&D Diabetes Clinical Advisory Group

The Diabetes CAG has formed an insulin analogue working group, the first meeting is scheduled for 11th March and will look at the place of these products in treatment. The Diabetes CAG however has agreed that NPH Insulin should be used first line for new starts for people with type 2 diabetes, except where analogue insulin reduces DN visits from multiple injections to one per day. AH said she would keep the committee informed of developments.

6.10 Vitamin D Guideline

AM and MM have worked collaboratively on the CD&D Guidance for the treatment of Vitamin D insufficiency and deficiency document which was presented at the meeting. This guidance had been produced on the back of Endocrinologists work on osteoporosis and MM said she would take this back to the RDTG to be referenced.

The Committee discussed which product was most appropriate for each instance of vitamin D prescribing as there was a mixture of licenced and unlicenced products but it was agreed that all products need to be shown in the guidance.

the Committee agreed that it is an excellent piece of work and very clear to understand and Stuart Brown said he would seek any comments from endocrinologists.

Action: Stuart Brown to ask for Endocrinologists comments

Action: MM to add references and include any endocrinology comments

Action: AM to disseminate via medicines email and website once complete

7.0 Financial/ budget update

7.1 Budget Update

IM talked through the Prescribing Budget Update Report which covered the changes which had been made to the prescribing forecast profile.

IM explained that a revised profile had been made available in January which showed a significant improvement in prescribing forecasts but a further update was issued only a few weeks later which gave CCGs a significant overspend.

As a result of the most recent profile CCGs were forecast to have the following out-turns: Darlington (2.9% over), North Durham (5.1% over), and DDES (8.5% over).

As a result of this NECS is recommending that a 4% uplift on Out-turn used as a basis for setting GP practice level budgets for 2014/2015.

7.2 Budget Setting Guidance

IM presented the North East and Cumbria Horizon Scanning Document 2014 – 2015 for information only. As a result of the revised forecast model NECS is recommending that a 4% uplift on Out-turn used as a basis for setting GP practice level budgets for 2014/2015.

8 QIPP

No Items.

9 ScriptSwitch

DR informed the group on the work that had been done in Darlington since the decommissioning of the ScriptSwitch system. DR said the new system was working well once set up and relies on the configuration of the inbuilt “pop up” system which is part of the SystmOne software.

10

10.1 MHRA Drug Safety Updates

10.1a December 2013

MM presented this for discussion and said there are no actions for formulary groups.

10.1b January 2014

MM presented this for discussion and said there are no actions for formulary groups.

11 Area Prescribing Committee

IM advised the group of the main issues which would affect primary care from the January APC meeting. Practices will be notified of the key issues via a Formulary Newsletter which will include information about the chosen products for blood glucose testing, information about the recent revision of the NSAID section of the formulary, details of the new North treatment Advisory Group NTAG which has been established in place of NETAG, and update on the new process for receiving copies of the BNF..

12

12.1 RDTC Monthly Horizon Scanning Document - January 2014

MM presented the January copy of the Monthly Horizon Scanning Document for information

12.2 Yellow Card Reporting, Northern and Yorkshire 12-13

MM presented an RDTC report showing the number of yellow card reports received from the Northern and Yorkshire area.

During the 2012-13 financial year 2,169 reports were received, a 10% increase over 2011-12, with one NHS organisation being significantly higher than the others.

In the North and Yorkshire area varenicline was the most frequently reported drug whereas this was third on the national figures and although Clozapine was highest in the UK this did not feature in the Northern and Yorkshire top 10.

Action: MM to obtain more information about reporting rate and where clozapine featured in the NHS Northern and Yorkshire data.

Action: IM to share report with Dianne Woodall, Public Health Tobacco Lead,

Durham County Council due to Varenicline content of the report.

13 Patient Group Directions

14.1 None issued since last meeting

14 CCG prescribing locality updates

14.1 Darlington Prescribing Sub Committee

Unconfirmed minutes 21st Jan 2014

This was shared for information purposes only .

14.2 North Durham LPG

Unconfirmed Minutes 14th Jan 2014

This was shared for information purposes only .

14.3 Durham Dales LPG

Unconfirmed minutes 28th Nov 2013

This was shared for information purposes only .

14.4 Easington LPG

Unconfirmed minutes 7th Nov 2013

This was shared for information purposes only .

14.5 Sedgefield Prescribing Task Group

Unconfirmed Minutes 13th Nov 2013

This was shared for information purposes only

15 Provider Drug & Therapeutics Committees

15.1 County Durham & Darlington FT CSTC

Unconfirmed minutes 4th Dec 2013

This was shared for information purposes only .

15.2 North Tees & Hartlepool NHS FT D&T minutes

10th Jan 2014

This was shared for information purposes only .

15.3 Sunderland CHFT D&T

Unconfirmed Minutes 6th Nov 2013

This was shared for information purposes only .

15.4 Tees Esk & Wear Valley D&T minutes

4th November 2013

This was shared for information purposes only .

16 Any Other Business

MM gave an update from the formulary subcommittee.

- 17** **Date and time of next meeting**
15th April 2014
12.00 – 14.30 Board Room, John Snow House