

**NHS County Durham and Darlington  
Drugs and Therapeutics Committee**

**Minutes of Meeting held  
Tuesday 17<sup>th</sup> April 2012 12.00 – 14.30  
Appleton House, Durham**

**Present:**

Serena Bowens, Administrative Co-ordinator, NHS County Durham & Darlington (Minutes)  
Dr Geoff Crackett, GP Prescribing Lead, Durham & Chester-le-Street  
Dr Ian Davidson, GP Prescribing Lead, Derwentside (Chair)  
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre  
Deborah Giles, Pharmaceutical Adviser, NHS County Durham & Darlington  
Kate Huddart, Senior Pharmaceutical Adviser, NHS County Durham & Darlington  
Dr Peter Jones, GP Prescribing Lead, Sedgefield  
Patricia King, LPC Community Pharmacist Representative  
Ian Morris, Head of Medicines Management, NHS County Durham & Darlington  
Anne Phillips, Nurse Practitioner, NHS County Durham & Darlington  
Andy Reay, Senior Pharmaceutical Adviser, NHS County Durham & Darlington  
Dr David Russell, GP Prescribing Lead, Darlington  
Joan Sutherland, Senior Pharmaceutical Adviser, NHS County Durham & Darlington  
Christopher Williams, Deputy Chief Pharmacist, County Durham & Darlington NHS Foundation Trust

**In attendance:**

Lindy Turnbull, Senior Nurse Medicines Management, CD&D FT  
Calum Polwart, Lead Pharmacist, CD&D FT

ID welcomed Andy Reay, Senior Pharmaceutical Advisor, on secondment to NHS County Durham and Darlington, to the Committee.

**1.0 APOLOGIES**

Sue Hunter, Associate Director of Pharmacy, TEWV

The Committee noted that Dr David Napier, GP Prescribing Lead (Easington) and Dr Satinder Sanghera, GP Prescribing Lead (Dales) were not in attendance.

**2.0 DECLARATION OF INTERESTS**

No interests were declared.

**3.0 MINUTES OF LAST MEETING HELD 21<sup>ST</sup> FEBRUARY 2012**

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

Item 10.2 – amend last paragraph to.... “In summary ID said that the committee needed to respond to SHA requests to tackle C.Diff rates, yet acknowledged that reducing antibiotic prescribing rates should not be at the expense of worsening the safety of frail elderly patients”.

## **4.0 MATTERS ARISING**

### **4.1 Locality C.Difficile updates**

Following discussions at the February 2012 D&T meeting, GP Prescribing Leads were asked to discuss *C.Difficile*, and the paper presented, within their localities.

PJ advised that Sedgefield had discussed the paper at their last prescribing subcommittee where it was agreed to have a protected learning time event relating to this issue, and the committee were looking into this being facilitated by an NPC trainer. PJ also advised that two practitioners within the locality identified as high prescribers of antibacterial drugs had received additional support from the locality's Medicines Management Adviser.

GC informed the committee that an educational event has been held involving practices from North Durham CCG (Durham and Chester-Le-Street and Derwentside practices), which was targeted specifically at higher prescribers of antibacterials. GC also advised that following discussions at the Durham and Chester-Le-Street locality prescribing group, he was wanting to write to the GP out of hours service regarding their use of cefalexin first line, however was awaiting the new PCT antibiotics guideline. PJ highlighted the issues surrounding antibiotic choice by out of hours provider were being raised in other localities too and queried how localities could link in with out of hours providers.

DR advised that a consultant microbiologist and antibiotics pharmacist from County Durham and Darlington NHS Foundation Trust had attended the last Darlington prescribing subcommittee meeting to feed back to primary care prescribers.

### **4.2 Apomorphine Shared Care Guideline**

ID informed the Committee this item had returned to the D&T in error. The item had been omitted from the agenda at the last APC meeting in March 2012.

#### **ACTION:**

- *Item to return to APC for formal ratification*

## **5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM FROM LAST MEETING**

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 return to June D&T meeting.

## **6.0 AGENDA**

### **6.1 Dabigatran for prevention of stroke in non-valvular atrial fibrillation**

ID informed the Committee the prescribing memo circulated had already been cascaded after taking Chairman's action on this item, explaining this had been added to this agenda to enable Committee members to formally debate any issues surrounding this.

DR queried if a rebate scheme would lead to a reduction in prescribing costs of dabigatran. PF advised that the RDTC are in the process of producing a medicines management briefing document on dabigatran, rivaroxaban and epixaban which would be circulated via the APC.

KH advised that Foundation Trust consultants wanted a wider discussion on how dabigatran would be handled at the next APC meeting. CW added that one of the FT consultant cardiologists, Dr Murphy, has suggested a more definite definition of indications, with input from GPs and cardiologists, and that this should be discussed further through the APC, to produce a formal guideline for both the Foundation Trust and primary care.

ID suggested a good way forward would involve the formation of an advisory group through the APC, and agreed for this to be taken forward to the next APC meeting.

**ACTION:**

- ***Item to be taken to the next APC meeting for further discussion***

6.2 Guidelines for the supply of Gluten Free Products in CD&D

JS informed the Committee that following the previous D&T meeting, a formal guideline had been produced by Michelle Grant, who met with dieticians who were very supportive of the guideline. JS added that at present the service specification for the Gluten Free Local Enhanced Service running in the Durham and Chester-Le-Street locality does not incorporate the updated Coeliac UK guidelines, which the PCT guideline is based on, which would require updating before countywide sharing and dissemination of the guideline.

GC queried if dieticians would have capacity for the dietetic reviews referred to in the guideline as a lot of patients do not regularly see a dietician prior to obtaining gluten free products.

PK commented that involving pharmacists can improve the process. ID agreed that it would be good to share the guideline with pharmacists as a quality based initiative.

**ACTION:**

- ***Final guideline to be disseminated and circulated to GP practices and community pharmacists in County Durham and Darlington.***
- ***Committee to recommend to North Durham CCG that the Local Enhanced Service for Gluten Free Food supply in Durham and Chester-Le-Street is amended to incorporate these guidelines.***

6.3 Vitamin D supplementation for patients at risk of deficiency

IM informed the Committee that based on prescribing of Fultium D3, prescribing vitamin D supplementation for patients aged over 65 years would cost approximately 12p per patient per day, which could add 4% to prescribing budgets.

The Committee were in agreement that spending such a high proportion of the prescribing budget would not be feasible.

IM advised that NHS North of Tyne have produced a guideline for the treatment and prevention of vitamin D deficiency, alongside a patient information leaflet, and recommended something similar was produced for use in County Durham and Darlington, with the recommendation that patients are advised to purchase supplements.

PK commented that most community pharmacists would be more than happy to support this guidance and an accompanying information leaflet, especially as it would support the message of healthy living pharmacies and would be a valuable public health initiative.

GC added that a co-ordinated approach would be needed, and the Committee questioned why the Department of Health had not produced clearer, more specific guidance to

accompany the Chief Medical Officers' letter, as all PCTs are doing very similar work as a result of the letter which could have been carried out on a national basis. It was agreed ID would feed back the Committees comments to the Chief Medical Officer. KH also suggested Janette Stephenson could be asked to feed back to the Department of Health via her Regional Pharmacists Group. ID concluded that prescribing of vitamin D supplements for the prophylaxis of vitamin D deficiency could not be recommended to prescribers, and there was a need to cascade guidance to prescribers as soon as possible, with input from Public Health.

**ACTION:**

- ***Guidance document and patient information leaflet to be produced and cascaded to community pharmacies and GP practices.***
- ***ID to feed back the Committee's comments regarding the Chief Medical Officers' letter to the Chief Medical Officer.***

**6.4 Antibiotic Guideline 2012**

KH thanked Committee members for their comments in producing this revised guideline, explaining that the comments have been incorporated into the guideline, however asked the Committee for their views on the following questions:

1. *Acute otitis media – does the Committee wish for clarithromycin to remain as a 2<sup>nd</sup> line choice?*

The Committee agreed that trimethoprim should replace clarithromycin as 2<sup>nd</sup> line choice for acute otitis media.

2. *Acute rhinosinusitis – does the Committee wish for clarithromycin to remain as a 2<sup>nd</sup> line choice in acute rhinosinusitis or pen V as within the HPA guideline?*

The Committee agreed Doxycycline to replace clarithromycin as 2<sup>nd</sup> line choice for acute rhinosinusitis.

3. *Acute cough/ bronchitis – does the Committee wish for clarithromycin to remain as a 2<sup>nd</sup> line choice?*

The Committee agreed Doxycycline to replace clarithromycin as 2<sup>nd</sup> line choice for acute cough/ bronchitis due to the reduced risk of *C.Difficile*.

4. *UTI in pregnancy – why is cefalexin no longer recommended?*

The HPA is aware of some cases where pregnant women, prescribed Cefalexin for a UTI have developed *C.Difficile*. As a result their guidance has been updated to no longer recommend Cefalexin for UTI in pregnancy.

5. *Community multi-resistant extended spectrum beta-lactamase E.Coli and treatment with fosfomycin – does the Committee feel the need for further advice similar to that circulated by other PCTs?*

The Committee agreed that a guideline/ factsheet should be produced, similar to work done by other PCTs, containing information on how pharmacies can obtain fosfomycin.

6. *Pelvic inflammatory disease and acute prostatitis – why use ofloxacin rather than ciprofloxacin?*

The Committee agreed Ciprofloxacin to be used and Ofloxacin to be removed for this condition.

ID thanked KH for her work on updating this guideline. The guideline was approved, with the final version to incorporate the comments listed above. GC suggested the revised guidelines should be launched 'with a bang' to ensure all prescribers were aware of the document, and suggested this would also be a good opportunity to promote the Medicines Management website. ID agreed that the guidelines would be launched with an accompanying memo, with links to the website.

**ACTION:**

- ***KH to make final amendments to guideline as per the discussion stated above. To be circulated to DR and CDDFT antibiotic pharmacist for final check prior to cascade.***
- ***Finalised guideline to be circulated across County Durham and Darlington with accompanying prescribing memo and information on Medicines Management website.***

6.5 Revised community medication charts

The Committee welcomed Lindy Turnbull from CDDFT who explained the revised community medication administration charts and palliative medication administration records, circulated to the Committee, had been evaluated and piloted within CDDFT and were designed to incorporate feedback received. LT advised that guidance had also been produced on how the charts should be completed, following feedback received from GPs.

ID commented that the charts were very clear, however raised the issue of GPs in urgent care and out of hours situations frequently being asked to sign charts for patients they have no background for, which can often be difficult, feeling perhaps these requests should be in exceptional cases only.

The Committee accepted the charts as presented.

6.6 Antioxidant vitamin and mineral supplements for age related macular degeneration

DG informed the Committee that there is still a significant amount of prescribing of vitamin supplements for ARMD in County Durham and Darlington, especially compared to other North East PCTs.

GC queried if these supplements had a place in therapy for established disease, as another GP had looked into the evidence and was still prescribing based on this. PF commented that there was little evidence of efficacy and agreed to look into this further and feed back to Committee members.

PJ queried if ophthalmologists were prescribing or recommending these supplements in secondary care. CW agreed to follow this up with the Foundation Trust ophthalmologists. JS added that it would be useful to engage with local opticians too, through the LOC. KH suggested that the prescribing in primary care should be looked into further, looking into the reasons behind prescribing.

It was agreed to hold off issuing a prescribing memo until PF responded to Committee members regarding evidence. CW suggested a memo from the Area Prescribing Committee to encompass secondary care may be more influential. ID agreed to defer the issue to the next APC meeting.

**ACTION:**

- ***PF to feed back to Committee members regarding evidence of efficacy of vitamin and mineral supplements for ARMD.***
- ***Item to be added to the next APC agenda for further discussion.***

**6.7 North East Medicines Management behaviour change project**

DG informed the Committee of work being carried out regionally looking at optimising adherence to medicines and reducing waste. DG explained that the project was currently in the pilot phase of insight gathering and would be launched officially by the end of September 2012.

DG circulated examples of patient information leaflets from NHS North East, made available as part of the project, advising the leaflets were available free of charge for use in County Durham and Darlington. ID suggested Committee members read through the leaflets and feed back to DG by the end of April 2012 if they were happy for the leaflets to be disseminated widely across County Durham and Darlington through locality prescribing groups.

ID asked for this item to return to the October 2012 D&T meeting for an update on the project's progress.

**ACTION:**

- ***Committee members to feed back to DG by 30<sup>th</sup> April 2012 if they have any objections to the patient information leaflets to be circulated to practices.***
- ***Item to return to D&T in October 2012.***

**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 prescribing data which had only recently been released.

The forecast data showed DDES CCG to be forecast £296,484 overspent (0.58%), North Durham CCG £95,671 overspent (0.25%), Darlington CCG £124,725 overspent (0.78%).

**7.1 Prescribing Incentive Scheme**

IM informed the Committee the paper presented had been produced based on historic schemes run in the past and was to generate discussion about the desire for a prescribing incentive scheme in the different localities and CCGs. PJ commented that previous incentive schemes had been useful, however added that practices would need to know the budgets available first, plus the practices the Committee would most want to engage may see they would not have a chance of achieving, and therefore would not get involved.

ID added that such a scheme would involve a lot of work for Medicines Management teams, in terms of implementing, administration and monitoring, and highlighted that this capacity may not exist in the future.

The GP Prescribing Leads agreed that an incentive scheme would not be worth the amount of work necessary to achieve the targets set, and practices needed to be engaged in the

Medicines Management agenda through other ways. The Committee recommended that an incentive scheme should not be implemented for 2012/13.

## 8.0 QIPP

No updates were presented.

## 9.0 SCRIPTSWITCH

IM provided a brief verbal update, informing the committee that the revised contract for County Durham had recently been signed, and that Medicines Management were currently in the process of renewing the Darlington contract. With agreement from DR the revised Darlington Contract would include the same penalty clauses included in the County Durham contract and would be engineered to expire at the same time as the County Durham Contract.

## 10.0 MEDICATION SAFETY & NPSA

### 10.1 MHRA Drug Safety Update March 2012

ID asked for prescribing data to aliskiren (Rasilez) to be reviewed, with the item included in the next Medicines Management newsletter if sufficient prescribing identified.

#### **ACTION:**

- ***Prescribing data for aliskiren to be reviewed.***
- ***Item to be included in next Medicines Management newsletter if appropriate.***

### 10.2 MHRA Drug Safety Update April 2012

Not yet published.

### 10.3 Diamorphine to morphine switch

ID welcomed Calum Polwart, Lead Pharmacist, CDDFT, who informed the Committee that the switch would commence on 1<sup>st</sup> May 2012. CP explained that a number of training sessions had already taken place, and that there appeared to be lots of awareness about the switch despite some concerns from committee members that this was not the case.

PF queried if pharmaceutical wholesalers and suppliers had been made aware of the switch, as there is still lots of prescribing of Diamorphine across the North East, in particular in County Durham and Darlington. CP explained that Janette Stephenson has been liaising with wholesalers regionally as part of this.

ID asked if any more could be done to help ensure the switch goes smoothly, querying if sending a memo just after the switch e.g. on 3<sup>rd</sup> May 2012 may help. JS raised the issue of community pharmacy stock, highlighting that this may prompt a surge of requests for controlled drug authorised witnesses to destroy any future unused stock. ID suggested including an information message on ScriptSwitch and highlighting the switch to all practice pharmacists.

PK also asked the position of the PCT with regarding reimbursement of any out of date, unused Diamorphine stock as this was currently the arrangement with the PCT. IM said this would still be the case and KH agreed to review the current arrangements and publicise this to Community Pharmacies and the LPC.

**ACTION:**

- *Information message to be added to ScriptSwitch with hyperlink to NECN guideline.*
- *Memo to be recirculated.*
- *Issue to be included in practice pharmacists' work plans. Pharmacists to be asked to highlight the issue in practices.*
- *KH to review current palliative care drug holding and reimbursement arrangements for Community Pharmacy*

**10.4 Chemotherapy policy**

(Note – With the agreement of the Committee Calum Polwart stayed for this agenda item as the committee felt his specialist input would be welcome)

KH thanked CP for his help in producing this policy, advising that the document was to be presented at the PCT Transitional Management Executive meeting, to be held 18<sup>th</sup> March with two minor changes to the paper presented. KH also advised the policy as presented would require formatting into the PCT standard policy format, as per the PCT Policy for the Development and Approval of Policies.

ID commented some references in the policy seemed more Foundation Trust focused and queried if they needed to be more PCT focused to make the document more relevant to primary care contractors.

The Committee accepted the policy and agreed for the policy to move forward to the Transitional Management Executive meeting.

**ACTION:**

- *Policy to be taken forward to PCT Transitional Management Executive by KH..*
- *Policy to be formatted into standard format as per PCT Policy for the "Development and Approval of Policies" by KH with input from Jeff Pearson, PCT Policy Manager.*
- *Policy to be highlighted in next Medicines Management newsletter to GPs.*

**11.0 APC UPDATE**

IM provided a brief verbal update from the Area Prescribing Committee meeting held March 2012.

IM informed the Committee that Andy Reay has now taken over the role of Professional Secretary for the APC, and that AR will provide further updates to the D&T Committee in the future.

**12.0 RDTC UPDATE**

**12.1 Horizon Scanning Document March 2012**

Document accepted for information.

**12.2 Horizon Scanning Document April 2012**

Document accepted for information.

**13.0 PRESCRIBING UPDATES**

No updates were presented.

**14.0 NON MEDICAL PRESCRIBING**

ID said that following the resignation of Gail Dryden from the Committee there was now only one NMP representative on the Committee. ID explained that historically there would be one NMP representative from community services and one representative for primary care. AP commented that because of the varying roles it would be difficult to represent all NMPs on the Committee and recommended a prescriber, rather than a manager. It was agreed ID and CW would discuss further outside of the meeting.

JS informed the Committee of the recent changes to controlled drugs prescribing, whereby from 23<sup>rd</sup> April 2012 independent pharmacist prescribers and independent nurse prescribers will be enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs.

**Action:**

- ***ID and CW to discuss future arrangements for NMP representation at the Committee and to take forward as they feel is appropriate.***

**15.0 PATIENT GROUP DIRECTIONS**

KH provided a verbal update update on current PGDs recently reviewed and cascaded.

**16.0 QOF**

**16.1 QOF Medicines Management 2012/2013**

The Committee accepted the final version of the QOF Medicines Management document for 2012/13 and approved for dissemination to practices.

**ACTION:**

- ***Final QOF document to be cascaded to practices by DG and KH.***

**17.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS**

IM provided a verbal update from the MM team, welcoming Andy Reay, Senior Pharmaceutical Advisor, on secondment from North of Tyne and Wear NHS Foundation Trust.

**18.0 CCG PRESCRIBING LOCALITY UPDATES**

Minutes from the following locality prescribing groups and sub-committees were cascaded for information:

18.1 Darlington

18.2 Derwentside

18.3 Durham and Chester-Le-Street

18.4 Durham Dales

18.5 Sedgefield

**19.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE**

Updates from the following provider Drug & Therapeutics Committees were cascaded for information:

19.1 County Durham and Darlington NHS Foundation Trust

19.2 Tees, Esk & Wear Valleys NHS Foundation Trust

**20.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES**

Circulated to the Committee for information.

**21.0 ANY OTHER BUSINESS**

ID informed the Committee that Dr Satinder Sanghera has formally resigned as GP Prescribing Lead for Durham Dales, however has agreed to continue until a suitable replacement has been recruited.

**22.0 DATE AND TIME OF NEXT MEETING**

Tuesday 19<sup>th</sup> June 2012  
Bede House, Belmont Business Park, Durham  
12.00 – 14.30

**Confirmed as an accurate record:**



**Dr Ian Davidson – Chair**  
**19<sup>th</sup> June 2012**