NHS
County Durham and Darlington

COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee

Minutes of Meeting held
21st August 2012
Board Room, John Snow House
12.00 - 2.30 pm

Present:

Serena Bowens (minute taker)
Dr Ian Davidson, GP Prescribing Lead (Derwentside)
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre
Kate Huddart, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Dr Peter Jones, GP Lead (Sedgefield)
Patricia King, LPC Community Pharmacist Representative
Anne Phillips, Nurse Practitioner
Andy Reay, Senior Pharmaceutical Adviser (Acting Professional Secretary)
Dr David Russell, GP Prescribing Lead (Darlington)
Christopher Williams, Deputy Chief Pharmacist, CDDFT

In attendance:

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

Item 7

Vicki Vardy, Senior Prescribing Technician

Item 6.3.1

Darcy Brown, Health Improvement Lead for Tobacco Control/Smoking Cessation
Diane Woodall, Public Health Portfolio Lead Tobacco
Mike Lavender, Consultant Public Health Medicine (and registrar)

1.0 APOLOGIES

The following apologies were noted by the Committee:

Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Catherine Harrison, GP Prescribing Lead (Dales)
Sue Hunter, Associate Director of Pharmacy, TEWV
Ian Morris, Head of Medicines Management
Joan Sutherland, Senior Pharmaceutical Adviser

2.0 DECLARATION OF INTERESTS

No interests were declared to the Committee.

3.0 MINUTES OF LAST MEETING OF HELD 19TH JUNE 2012

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

- Item 6.1b, page 4, fourth last paragraph, amend to read `*NICE final appraisal determination'.*
- Item 6.6, page 7, action to read `*….return to D&T October 2012'* and not `*August 2012'*, the action log is also to be amended to reflect the amended action within the minutes.
- Item 10.1, page 8, – action to read `*…with guidance'* and not `*with definitive guidance'.*

4.0 MATTERS ARISING

PJ informed the Committee that ScriptSwitch have recently been invited to have a stall at Sedgefield PLT in October, following which he will feedback to D&T Committee.

5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT 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, with any outstanding historic actions agreed to be returned to the October D&T. The following actions have been updated since the dissemination of the papers.

6.2 Vitamin D – CW reported that it would take approximately one month to get through the Foundation Trusts appropriate reading group, following which ID will take Chairman's action to close off.

6.3 Process for reviewing local guidelines – MM senior team is currently looking at internal processes and is still to be actioned.

10.1 Magnesium guidelines – PF informed the Committee that safety concerns had been highlighted on their recent newsletter and MHRA bulletin. There was discussion over whether magnesium monitoring could be targeted to selected patients, such as those with arrhythmias. It was agreed PF would produce a newsletter pieces for circulation during September. CW stated that his team are able to assist with the content of the memo if necessary.
Action: PF team to produce newsletter for cascade September 2012.
Action: PF to produce guidance memo.

21.0 Didronates – PJ asked if any guidance was needed on when these should be stopped. Work is being undertaken by CDDFT on this and this will be reported back to the committee
Action: IM to feedback to the Committee.

AGENDA

6.0 Prescribing Incentive Scheme

The proposed prescribing incentive scheme was presented. The working group that produced the incentive scheme felt that any recommendation regarding potential access to savings was outside of their remit and this decision could only be made by CCGs. A statement was therefore included that CCGs may choose to include access to prescribing savings, but this could only be a CCG decision.

PJ felt that Minocycline should be in the first year of the scheme, as it is safety issue.

PJ felt that an audit of DMARD and lithium was the only way to get assurance that prescribing practice was safe for these drugs. To get the most from this the results should be peer reviewed by the prescribing groups.

It was agreed that there was a fine balance regarding how much work we were asking practices to do and this could impact on other practice work. Any audit tools could be tested before roll out to ensure they were simple, practical and effective

PK stated that some patients on methotrexate currently receive three monthly prescriptions; however the paper suggests monthly prescriptions. ID stated that some dermatologists issue three monthly prescriptions and would argue that it would be appropriate for their patients.

There was discussion as to whether practices should receive some funding up front for taking part in the scheme, but the view of the group was practices should only receive funding when they had demonstrated that they had achieved the indicator targets.
Action: The committee agreed to recommend the prescribing incentive scheme to CCG once the following amendments had been made:

- Recommendation to fund at the end of each year on completion of targets.
- Specific audit for DMARDs and Lithium to be implemented with peer review by the prescribing group.
- CCGs to determine whether access to savings should be part of the scheme

Action: Revised scheme to be distributed to the three CCGs via Prescribing leads or the Medicines Management Leads early September 2012.

6.1 NICE TA261

For information only – NICE TA on Rivaroxaban.

6.2 Category M Patient Expiry Windfall Savings

AR informed the Committee that this paper had been produced by MM and highlighted the windfall savings on the specified drugs following their reclassification to Category M. AR would like to discuss with TEWV how to maximise savings and establish what the best option would be for switching.

PF indicated that there was a difference in cost of £100 between sugar free and non-sugar free Olanzapine.

ID stated that advice needed to be given to locality prescribing leads and we need a joint approach with TEWV to return to APC for ratification.
Action: Category M savings information to Locality Prescribing Groups with joint approach on Category M savings to APC.

6.3 Safe Prescribing of Varenicline

The Committee welcomed Darcy Brown and Dianne Woodall, Smoking Cessation Services and also Mike Lavendar, Public Health Clinician.

DB presented a discussion paper on smoking cessation services recommendations to Primary Care Prescribers on the prescribing of Varenicline. DB reported that following concerns from GPs across the County with the recent advice given from the Smoking Cessation Services over how patient's access Varenicline, a prescribing memo had recently been cascaded in July. The memo which was cascaded requested patients to contact their GP practice regarding their suitability for the prescribing of Varenicline.

DB reported that changes had now been made in the Smoking Cessation Service assessment process and all patients assessed for Varenicline received a one to one assessment in a confidential environment.

The proposed paper indicated three different options which could be made available:

Option 1 – Use of depression screening tool prior to recommending prescribing.
Option 2 – Varenicline access via the refined current route.
Option 3 – Modify Quit Manager to add compulsory questions regarding mental health.

ID requested from DB for an indication as to what the Stop Smoking Service would recommend. DB stated that everything had been taken on board together with the information that had been received both regionally and nationally, that the Option two would be the preferred option. It is recommended that all providers see

patients on varenicline weekly if they there are cautions for the use of varenicline. GP prescribing leads also supported option two

DB stated that a questionnaire has recently been developed and subsequently data is stored securely on Quit Manager, which can be accessed from safe and secure portals.

KH asked for affirmation that all smoking cessation providers have been trained on how to use Quit Manager. DB confirmed that all providers were trained to a level two standard and that Stop Smoking Services would be pleased to offer any further additional training if required.

ID stated that there was no question in the initial assessment that asks the patient `*how are you now?*'. DB indicated that he would be happy to amend the assessment and would work with ID to amend this.

ID stated that from a patient safety point of view, most prescribers would prescribe with caution and needed to ensure that primary care prescribers are taking responsibility for prescribing and to prescribe with caution but at the time of completing the questionnaire, that it should also include a question on the current state of a patients mental health.

The committee agreed to accept `option 2' now that Smoking Cessation Service had adopted a revised patient assessment process.
Action: DB to amend Quit Manager to include initial question `how are you now'.
Action: End August, following the modifications to Quit Manager, MM Team will cascade a memo informing prescribers of the revised process.

6.4 Antibiotic Prescribing in Urgent Care Centres

The paper presented by KH was noted and supported by the D&T. The results of the audit would be available in the New Year and will subsequently be shared with the D&T.

ID questioned whether a GP Prescribing Lead should attend future meetings of the Foundation Trust Antibiotic Management Team Meeting and queried whether would it be possible that the meeting could be structured in order that a Lead could attend for a specific timeslot. KH stated that the group would welcome representation from a Prescribing Lead.

KH requested that the Prescribing Leads feedback to her any prescribing issues relating to antibiotics so that she could address then.

AR raised with IM whether the C.diff on line training module could be shared with the FT.

6.5 Joint working on PGDs

KH brought to the attention of the Committee that she was currently working with Jacqueline Fletcher, Foundation Trust on shared PGDs to run jointly until end of March 2013. The committee supported this work.

6.6 Fortisip Compact Rebate Scheme

AR informed the Committee that IM was currently working on this paper which had the potential to make savings by switching to Fortisip Compact. In addition the company are offering a further rebate scheme

PJ asked whether this would undermine the use of Complan. AR felt that Complan remained the cheapest option, but where a further nutritional supplement was required, Fortisip compact was a reasonable option . There was question as to how long the scheme will run for. DR asked whether there was a rebate scheme available for Complan.

There was discussion over whether any potential savings should be ring fenced. The committee felt that any savings should not be specifically ring fenced for dietetic issues
Action: The Committee supported further discussions with dieticians in order to determine if there were any clinical reasons why the scheme should not be adopted. After these discussions the scheme is to be returned to the D&T if appropriate.

6.7 Working with Pharmaceutical Industry Guideline

CCGs had requested guidance and subsequently this paper had been developed by Deborah Giles, MM team, with input from ID and JS.

KH recommended that section 3 be moved to the beginning of the paper for clarity and recommended a flow chart be included.
Action: The Committee approved this paper with the above amendments.

6.8 SALT Thickening Agent

CW presented this paper for a service to be implemented in order for patients to gain quick access to the product without having to first visit their GP. The paper had recently been discussed again at the LPC and the consensus of the LPC was that it should be included in the minor ailments scheme, as opposed to a voucher scheme. The Committee highlighted that this was not `a minor ailment'. It was agreed that KH and CW would discuss how this could be funded.
Action: Paper not approved, but in principal D&T agreed that a scheme to enable quick access to thickening agents should be developed. KH and CW to discuss.

At this juncture PK asked if the minor ailments scheme currently in force, could be reviewed, together with looking at the budget. The LPC felt that the scheme was not being used to its full potential and PK indicated that it needs to be advertised further so that the service is fully utilised.

6.9 D&T Annual Report

Although included as an item on the agenda, unfortunately the report was not available for discussion at today's meeting and deferred to October meeting.
Action: To agenda October D&T.

6.10 QOF 11/12 Methotrexate Audit

The results of scheme from 2011/2012 were presented to the Committee. The Committee would like to see the audit broken down in to individual practices for them to then address any concerns that may arise.

STANDING ITEMS

7.0 FINANCIAL/BUDGET UPDATE

VV provided a verbal update of the prescribing position for each locality and their collective CCGs based on prescribing data which had recently been released. The report was noted by the Committee.

8.0 SCRIPTSWITCH

AR reported that the Darlington ScriptSwitch contract has been aligned with the County Durham one. The contract has 2 and half years to run, with a one year break close which can be exercised every October.

9.0 MEDICATION SAFETY & NPSA

9.1 MHRA Drug Safety Update June 2012

It was agreed the articles on Febuxostat and Tacrolimus should be highlighted in the newsletter and data should be provided to prescribing leads
Action: To be included as an item in the next PCT newsletter.

9.2 MHRA Drug Safety Update July 2012

It was agreed the article on Dabigatran should be highlighted in the newsletter.
Action: Dabigatran to be included as an item in the next PCT newsletter.

10.0 APC UPDATE

AR provided a brief verbal update from the APC meeting held July 2012. The APC report will be available by the end of September and there was general consensus that the work that the APC and D&T undertakes needs to be publicised.

11.0 RDTC UPDATE

11.1 Horizon Scanning Documents and NICE Guidance Update July 2012

The document was accepted for the Committee's information and in particular of note:

Fidaxomicin is likely to be added to the formulary.

Mannitol for cystic fibrosis is currently under review by NICE.

11.2 Horizon Scanning Documents and NICE Guidance Update August 2012

The document was accepted for the Committee's information.

11.3 Monthly Performance Summary April 2012

PF indicated that he would be happy to give a short presentation at the next D&T.
Action: Agenda item October 2012 for PF to present.

12.0 NON MEDICAL PRESCRIBING

There were no updates this month.

13.0 PATIENT GROUP DIRECTIONS

KH informed the Committee that Influenza PGD had recently been reviewed and cascaded via Medicines Management.

14.0 CCG PRESCRIBING LOCALITY UPDATES

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

14.1 Darlington – ratified minutes 17th July 2012.

14.2 Derwentside – ratified minutes 10th May 2012.

14.3 Durham and Chester-le-Street – ratified minutes 8th May 2012.

14.4 Durham Dales – draft minutes 17th May 2012.

14.5 Sedgefield – no report available for presentation at today's meeting.

15.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

Summaries from the following provider Drug & Therapeutics Committee meetings were circulated for information.

15.1 County Durham & Darlington NHS FT D&T – minutes 1st August 2012.

16.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES

July and August circulated to the Committee for information.

17.0 ANY OTHER BUSINESS

17.1 Ivacaftor

Ivacaftor for cystic fibrosis is not yet available in the UK and at present is only available via clinical trials or on compassionate basis from the company/

17.2 Future of D&T

ID informed the Committee that he had recently taken up the role of GP Quality & Safety Lead, North Durham Clinical Commissioning Group. He also informed the Committee that he will remain in his role as Accountable Officer to the LIN until 31st March 2012.

ID requested feedback from those present regarding their views of the future of the D&T. It was the opinion of those present today, that the D&T Committee performs a useful role and should continue within the new structures. There is a risk that it could be disbanded, only to re-appear at a later date when the importance of the group is realised

CW questioned whether there was also a similar debate underway in relation to APC, as the future changes would also affect the future of APC.

The Committee were in agreement there is a need for both the D&T and APC to continue for the foreseeable future.
Action: ID to finalise D&T draft annual report and to cascade to CCGs, highlighting the importance of the D&T Committee and any associated risks if it were to be disbanded.
Action: PK to write on behalf of LPC to CCG leads regarding any concerns.

22.0 DATE AND TIME OF NEXT MEETING

Tuesday 16th October 2012
Board Room, John Snow House
12.00 pm – 14.30 pm

Confirmed as an accurate record:

Dr Ian Davidson – Chair

16th October 2012