NHS
County Durham and Darlington

COUNTY DURHAM PCT & DARLINGTON PCT
Drugs and Therapeutics Committee
19th June 2012

Minutes of Meeting held
Board Room, John Snow House
12.00 - 2.30 pm

Present:

Serena Bowens (minute taker)
Dr Geoff Crackett, GP Prescribing Lead (DCLS)
Dr Ian Davidson, GP Prescribing Lead (Derwentside)
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre
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
Ian Morris, Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Andy Reay, Senior Pharmaceutical Adviser
Dr David Russell, GP Prescribing Lead (Darlington)
Joan Sutherland, Senior Pharmaceutical Adviser
Christopher Williams, Deputy Chief Pharmacist, CDDFT

In attendance:

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

Sarah Tulip, Pharmaceutical Adviser – Items 6.2 and 6.3

1.0 APOLOGIES

The following apologies were noted by the Committee:

Sue Hunter, Associate Director of Pharmacy, TEWV
Anne Philips, Nurse Practitioner

2.0 DECLARATION OF INTERESTS

In addition to any normal practice, particular attention was made to the Rivaroxaban paper and no declarations were announced.

Declaration of interest forms were also handed out for members of the Committee to complete and return to Serena Bowens by the end of June 2012

3.0 MINUTES OF LAST MEETING OF HELD 17TH APRIL 2012

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

Page 2 – second paragraph fourth line, *`two practices within the locality…'* to be amended to read *`two practitioners within the locality….'*

No other amendments were highlighted.

4.0 MATTERS ARISING

The Committee welcomed Dr Catherine Harrison, Dales Prescribing Lead, who has recently been recruited to fill the vacant post as Prescribing Lead in Dales. Introductions were made around the table.

There were no other matters arising that were not circulated on today's agenda.

4.1 Morphine/Diamorphine Feed back

IM asked for feedback on the recent change from using Diamorphine to Morphine.

GC indicated that the Out of Hours doctors were still using Diamorphine and the information on the recent switch did not appear to have been received by them. There was also indication that there was lack of availability of morphine in one of the community pharmacies.

IM informed the Committee that CW had recently undertaken some work surrounding stock levels in community pharmacy and that this had been relayed to FT OOH teams. CW informed the Committee that Calum Polwart, Lead Pharmacists for CD&D FT, had telephoned those community pharmacies who would normally have extended opening hours and open during the bank holiday periods to who was holding stock and some Community pharmacies had asked what they should keep as appropriate stock.

KH stated that appropriate information had been cascaded recently regarding out of date stock and in relation to a refund scheme for out of date palliative care drugs. This communication was not sent electronically but via hard copies to ensure receipt.

KH said that draft SLAs had recently been drawn up for pharmacies who had agreed to hold palliative care stock and these were to be presented to the LPC.

PJ raised the query as to whether all practices should be contacting the medicines management team to destroy out of date diamorphine? ID indicated that when practices had destructions that needed to be witnessed that an appropriate request should be sent to the Medicines Management team via Medicines email (cd-pct.medicines@nhs.net), following which a visit will be arranged for a member of the team to visit the premises.

ID stated that Locality Prescribing Groups should be made aware of the route to follow to request a destruction visit and that the LPGs cascade this route to pharmacies, ensuring that it is reiterated that following any request, to allow reasonable time for medicines management to arrange an appropriate visit. PK stated that she had not experienced any problems with stock holding of Morphine at present and anticipates that community pharmacies will contact MM, as and when out of date Diamorphine stock comes to light.

CW stated that if anyone had any concerns re out of hours, please inform CW who will take forward to resolve.

ID asked if anything could be actioned from MM or LPC. PK stated that she will inform Greg Burke, Chief Officer, LPC to cascade appropriate information. GC felt that a

palliative care list needs to be maintained for information. PK stated that a guidance list would be appreciated, together with an appropriate SLA and KH said the list had already been circulated with an accompanying SLA in development.

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 August D&T.

6.1 Dabigatran – although previously closed off CW to still liaise with AR after meeting.

6.3b Vitamin D - currently remains open as an additional action was agreed for ID/IM to write a letter to CHMO. PJ requested that PF clarify the benefits of Vitamin D.

6.7 North East MM behaviour change project – remains open with DG returning item to October D&T.

Historic actions:

December 2011 6.5 Best practice guidance – JS gave a further update on this open action. Currently in abeyance until TEWV have further information. A meeting is currently scheduled for July and will return to August D&T.

5.3 Melatonin – this item has been included as an agenda item for July APC, therefore can be closed off from D&T. PF stated that he would take the information he had produced regarding melatonin to RDTC. DN stated that Sunderland Hospitals currently recommend this drug which limits what can be realistically achieved in the Easington locality.

6.0 AGENDA

6.1a <u>Rivaroxaban Rebate Scheme</u>

IM presented a summary of a rebate scheme for Rivoroxaban which was on offer from the manufacturer to ask GP Prescribing Leads if they wish their localities to be part of the scheme.

A number of questions were asked regarding how the scheme would be ran and IM said the prescribing of the drug would be monitored by the PCT Medicines Management Team and a reimbursement form completed and returned to the manufacturer. In turn any rebate received would be recorded against the prescribing CCGs Prescribing Budget and be recorded as income.

CW said he felt this was more of a marketing ploy by the manufacturer but there were differing views about this as there would be no requirement to use the drug but if CCGs were not signed up to the scheme then no reimbursement could be claimed.

ID said a similar scheme was in place for other drugs such as Dabigatran so a precedent had been set and this and other schemes were being reviewed by the North East Procurement Pharmacist in order to standardise such agreements across the North East.

All localities/CCGs represented at the Committee expressed their desire to be part of the scheme.

6.1b - Rivaroxiban DVT Pathway

DR verbally presented an initiative which was being developed with help from Andy Reay, Senior Pharmaceutical Adviser, which used Rivaroxiban as a first line treatment for DVT.

This was contrary to the current scheme where Enoxoparin and Warfarin were used which was felt to be difficult to monitor and more inconvenient for patients.

In summary the new process would involve patients suspected with a DVT receiving a pack of Rovaroxiban from their Dr who then continued this if the DVT was confirmed on further investigation. If no DVT was confirmed then the medication was stopped.

DR had discussed this with CCG colleagues who felt this initiative was a good idea and wished it to be taken forward in Darlington.

PJ – asked what the is timescale for the pilot and DR replied this was six month pilot and 60 GPs from the 70 in Darlington have signed up to the scheme.

ID said that as Chair of D&T and APC this is for the information of the Committee only and felt unable to approve or support this pilot until such times that it has been through the correct processes which would include a drug application being made to the APC. DR apologised to the Committee for this oversight but said that NICE final appraisal determination had given a positive opinion to the use of the drug in this condition.

CW raised concerns of patients receiving a different treatment depending on if they presented at practice or UCC.

DN asked if the pilot should not be evaluated and results returned in six months and then assessed for future implementation.

IM asked if it be presented to APC in July and CW said it could it go to the APC formulary sub-group.

ID summarised that the Committee could not give approval to the scheme as Rivaroxaban was not an approved formulary drug. The Committee agreed to review this matter after completion of the pilot.

KH requested to have information about this cascaded via a newsletter for the information of practices for clarity on the current state of play.
Action: IM to include in Medicines Management Newsletter to practices.

6.2 Vitamin D Supplementation leaflet and guideline

Following the letter from the four Chief Medical Officers in February 2012 regarding supplementation of Vitamin D for those who are at risk of deficiency ST presented a guideline for Clinicians regarding the advice along with a Patient information Leaflet which had been developed by the medicine management team

KH felt that in order to assist patients, a guidance of what products and levels of supplements to give to patients should be included. ST said Information regarding

supplements is currently available via a hyperlink on the document however it was felt that the online system was more targeted for those patients that have already been accepted on the Healthy Start Scheme so a list be included in the leaflet for those patients that are unable to sign up to the scheme.

CW enquired what were the plans for dissemination/distribution of the leaflets within the Foundation Trust. IM stated that the leaflets were still to go through `reading group' process, however when approved they would be circulated to GPs and could also be sent to the FT for dissemination by Health Visitors and Midwives and district nurses.
Action: It was agreed to disseminate the flowchart and prescribing information.
Action: Include a list of available products containing 10mcg Vitamin D and send to reading group once agreed by ID as Chairman's action.

6.3 Process for reviewing Local Guidelines

IM stated that there were currently 44 locally produced guidelines and that there was a requirement to undertake a review of all guidelines. ST indicated that the majority of the guidelines in circulation had not been produced by Medicines Management team and a system needed to be established that if guidelines were to be reviewed, who would be the most appropriate to undertake. IM stated that MM would need to work with other bodies and needed to agree a process and to allocate a member of MM together with a GP Prescribing Lead to provide the clinical support required.

KH indicated that a process should be presented to the MM Senior Team for further discussion and ID gave assurances that D&T will provide appropriate clinical support from a GP Prescribing Lead as and when deemed necessary.
Action: MM to develop a timetable and represent the final process to the D&T Committee.

6.4 Prescribing Incentive Scheme (proposed)

ID apologised for returning this item to the D&T agenda for further comment but this was following recent interest from Clinical Commissioning Groups in having such a scheme in place.

A discussion ensued which highlighted that there was a conflict as to whether or not the scheme should be top sliced from the practice budgets and that the specific outcomes and indicators for the scheme had not yet been decided or discussed..

A debate followed about the best way to implement the scheme and how it should be rewarded and whether or not it should be deferred to next year. It was felt that it had been deferred too many times in previous years and the overall opinion was that if a decision was made to implement an incentive scheme, that the budget to be top sliced by 75p per registered patient for the scheme to commence October. In the meantime a working group should be established to develop the scheme further ready for the October "go live" date.

IM said this money could always be returned back to the prescribing budget if needed but if the top slice was not done now it would be difficult to remove at a later date.

DN said it would be difficult if the scheme was solely based on making a saving as some practices need to increase their prescribing to reach the necessary levels of clinical care. CH said it was refreshing to see a proposed scheme which did not just focus on specific areas and ID agreed that it was intended to change prescribing practice rather than to specifically focus on certain drugs.

Action: **IM to top slice prescribing budgets at a rate of 75p per registered patients**

Action: **IM to arrange a working group to discuss the details of the future prescribing incentive scheme.**

6.5 PCC document `CCG Authorisation: The Role of Medicines Management'

ID stated that this document had originated from Primary Care Commissioning and presented to the D&T with a request that the Committee feedback to IM over the next week if there were any specific comments in relation to it.

The intention is to use the document to develop an authorisation support pack which provides the necessary information and documents to support the process from a Medicines Management Perspective. Prescribing leads were therefore asked to also email to IM any specific documentary evidence which they feel would be useful if it was also added to the pack

Action: **Prescribing Leads to email IM with locality evidence by 29th June.**

Action: **IM to populate the document with the required evidence and circulate to CCGs and return to D&T October 2012.**

6.6 CCG Delivery Plan Insert for Medicines Management

IM presented the Medicines Management insert which has been included in the Delivery Plan for each CCG. This takes the points developed in the Medicines Management Strategy Scope and embeds them into a delivery plan with the example presented to the Committee including milestones and tasks that have been included by ID on behalf of the Derwentside locality.

Committee members agreed that this would be a useful basis for a strategic action plan for localities and were asked to feedback any comments to IM by the end of June

Action: **Committee members to feedback any comments to IM before end June 2012 and return to D&T October 2012.**

6.7 The PRACtICe Study (GMC) Executive

ID informed the Committee that he felt that it was important to bring an executive summary of this 195 page document to the Committee's attention. DN felt that the paper was not helpful. CH suggested that the recommendations on page 28 could be used as indicators for a prescribing incentive scheme.

6.8 Palliative Care Guidelines

These guidelines which had been produced by North of England Cancer network had been brought to Committee for their information and were asked whether D&T needed to implement anything to promote the guidelines further. It was established and agreed that this document had been well circulated and the Committee accepted the guidelines in its current format.

6.9 Future Standing Items

IM notified the Committee that there would be potential changes to future agendas, in that its structure would change to incorporate the requirements for some documents to be used as CCG authorisation evidence and to also include a clinical engagement section. IM also

indicated that there was a necessity to reintroduce the cover sheet for all papers on any agenda.

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 March prescribing data which had recently been released.

On out turn for March 2012 (End of Year) the forecast showed the following:

- Derwentside were overspent by 30k (0.2%)
- DCLS were underspent by £134k (0.58%)
- Easington were overspent by £125k (0.68%)
- Sedgefield were overspent by 85k (0.52%)
- Durham Dales were overspent by 60k (0.38%)
- Darlington CCG were overspent by 89k (0.56%).

Prescribing budgets had been recently allocated with individual localities receiving 65% fair shares /35% Historic share. IM proceeded to run through each of the locality budgets. There had been slight changes to DCLS and Easington where Dr Wrights ED clinic and the Hawthorns Spinal Unit had both been set as a top slice this year so they were more clearly reported. IM informed the Committee that the budgets were to be cascaded 20th June 2012 unless any localities requested further changes and the previously agreed top slice for the prescribing incentive scheme would be made before cascading.

8.0 QIPP

There were no QIPP updates presented.

9.0 SCRIPTSWITCH

IM provided a brief verbal update, informing the Committee that ScriptSwitch were currently addressing recent IT issues in practices which may have caused the system to not be as efficient as expected.
There were also discussions in place to review the Scriptswitch contract for Darlington to bring this into line with the Durham contract and to include the same clauses regarding non-payment if the system did not work as a result of issues with Scriptswitch itself.
There was also some discussion regarding the inclusion of the system in the Urgent Care Centres and IM said he would raise this as part of the discussions.

10.0 MEDICATION SAFETY & NPSA

10.1 MHRA Drug Safety Update April 2012

Reference was made to the MHRA issue 9, volume 5, April 2012.
Action: PF to contact MHRA to produce a holding statement regarding Magnesium and return to D&T August 2012 with guidance.

10.2 MHRA Drug Safety Update May 2012

MHRA issue 10, volume 5, May 2012, was presented for information.

11.0 AREA PRESCRIBING COMMITTEE UPDATE

AR provided a brief verbal update from the Area Prescribing Committee which was held 3rd May 2012.

ID requested for representation from a GP Prescribing Lead at APC and TEWV Prescribing Group. PJ agreed to attend future APC meetings and CH to attend future TEWV Prescribing Group.

12.0 RDTC UPDATE

12.1 Horizon Scanning Documents and NICE Guidance Update May 2012

The document was accepted for the Committee's information.

12.2 Horizon Scanning Documents and NICE Guidance Update June 2012

The document was accepted for the Committee's information.

13.0 PRESCRIBING UPDATES

There were no prescribing updates presented.

14.0 NON MEDICAL PRESCRIBING

There were no updates this month.

15.0 PATIENT GROUP DIRECTIONS

KH provided a verbal update on current PGDs recently reviewed and cascaded via Medicines Management and reiterated that there is no Oxygen PGD in circulation as this was not generally needed.

16.0 QOF (QUARTERLY UPDATE)

16.1 Medicines Management QOF and GP QOF achievement 2011/2012

A summary was presented of practice achievement of Medicines Management QOF points in the 11/12 financial year.

17.0 MEDICINES MANAGEMENT TEAM UPDATE

IM provided a verbal update from the MM team.

18.0 CCG PRESCRIBING LOCALITY UPDATES

The minutes from the following locality prescribing groups and sub-Committees were cascaded for information:

18.1 Darlington – 15th May 2012
18.2 Derwentside – not available
18.3 Durham and Chester-le-Street – not available
18.4 Durham Dales – 17th May 2012

18.5 Sedgefield – not available

19.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

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

19.1 County Durham & Darlington NHS Foundation Trust

20.0 DRUG & THERAPEUTICS BULLETIN SUMMARIES

Circulated to the Committee for information.

21.0 ANY OTHER BUSINESS

PJ brought to the attention of the Committee that he currently had some patients that had been on didronate for in excess of ten years and asked whether this is something that D&T should be looking at. DR said he had recently written to Matt Bridges, Consultant Rheumatologist, for his views and DR said he would feed back once he had received a reply.

Action: DR to feed back to the Committee comments he receives from Mat Bridges regarding use of Didronel.

22.0 DATE AND TIME OF NEXT MEETING

Tuesday 21st August 2012
Board Room, John Snow House
12.00 pm – 14.30 pm

Confirmed as an accurate record:

Dr Ian Davidson – Chair
21st August 2012