

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

**Minutes of Meeting held
16th October 2012
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) - Chair
Paul Fieldhouse, Principle Pharmacist, Regional Drug & Therapeutics Centre
Deborah Giles, Pharmaceutical Adviser
Dr Catherine Harrison, GP Prescribing Lead (Dales)
Kate Huddart, Senior Pharmaceutical Adviser
Dr Peter Jones, GP Lead (Sedgefield)
Patricia King, LPC Community Pharmacist Representative
Ian Morris, Head of Medicines Management
Andy Reay, Senior Pharmaceutical Adviser
Joan Sutherland, Senior Pharmaceutical Adviser
Sarah Tulip, Pharmaceutical Adviser
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

1.0 APOLOGIES

The following apologies were noted by the Committee:

Anne Phillips, Nurse Practitioner
Robert Lapham, City Hospital Sunderland
David Napier, GP Prescribing Lead (Easington)
Dr David Russell, GP Prescribing Lead (Darlington)

2.0 DECLARATION OF INTERESTS

Prior to the meeting Dr Russell submitted a declaration of interest form however the Chair informed the Committee that his declaration was not relating to anything on today's agenda.

Action: SB to check the Committee's declarations were up to date and if necessary inform the Chair

3.0 MINUTES OF LAST MEETING OF HELD 21st AUGUST 2012

The minutes were accepted as a true and accurate record of the aforementioned meeting.

4.0 MATTERS ARISING

There were no matters arising that were not on today's agenda or on the action log.

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 next meeting currently scheduled for Tuesday 18th December.

IM advised the Committee that following the dissemination of the papers, the following actions had been further updated.

6.0 Prescribing Incentive – the Committee were updated from the followings CCGs.

Darlington CCG - IM informed that the CCG did not agree that they were able to top slice the money from prescribing budgets and were unable to ring fence the money. The Darlington Executive felt that double payments may be being made, if elements had already been part of a QIPP scheme or QOF. A discussion ensued, as there was feelings that there was may be a lack of understanding surrounding QIPP which was from the previous financial year's budget. The Darlington Exec had also been of the opinion that GPs should be picking up on DMARDs so these should not be part of the incentive scheme. As a result Darlington would not be part of the Incentive Scheme for 2012 – 2014 as proposed.

DDES CCG – KH informed that this had been debated at executive level and it wasn't the actual scheme itself that was of concern, but stated that the uncertainty was more in relation to the payment mechanism and with the shift in budgets, and questioned who would be paid if one locality had balanced their budget but another in the CCG overspent. KH indicated that this was to be further debated at executive level and a decision taken on how to move forward. A decision was still pending from DDES on whether or not they will be part of the 2012 – 2014 scheme as proposed.

North Durham CCG – JS informed that this scheme had been accepted and the CCG is currently awaiting its release. North Durham will be part of the 2012-2014 incentive scheme as proposed.

6.3 Safe Prescribing of Varenicline - Amendments had been made to Quit manager to include a question of how the patient was feeling and the answer will be included in any referral back to the GP for Varenicline. A memo has also been circulated to highlight this change (Closed)

6.6 Fortisip Compact Rebate Scheme – IM informed the Committee that although the item was `closed`, the scheme is to be reviewed in six months as dieticians had suggested that other alternative and competitively priced sip feeds may be available by then. (Closed)

6.8 SALT Thickening Agent – KH advised the Committee that this scheme should be finalised and in operation by the end of the month (Closed)

Historic items:

June 2012 6.2 Vitamin D Supplementation leaflet and guideline – IM informed the Committee that Sarah Tulip has recently received comments from the reading group and these need to be considered and any necessary changes made. (Open)

June 2012 6.3 Process for reviewing local guidelines – IM stated that this was currently an item on the Medicines Management Senior Team agenda, but unfortunately due to time constraints the item was still being debated (Open).

June 2012 6.6 CCG delivery plan – IM stated that no responses had been received and therefore the item will be `closed` from the action log. (Closed)

June 2012 10.1 MHRA DSU April 2012 – Magnesium monitoring - This item was still open as it was decided that CW will discuss this issue with Gastroenterologists before taking comments to APC. A final decision will be fed back to the D&T in December. MM to draft an item regarding magnesium following which will be sent to PF who will cascade via RDTTC newsletter. (Open)

June 2012 21.0 AOB – The osteoporosis guidelines were currently be reviewed by the rheumatologists. DR was scheduled to feedback comments to the Committee today but was not present. DR to feedback December D&T (Open).

December 2011 6.5 Best practice guidance: Optimising treatment and care for people with behavioural and psychological symptoms of dementia – TEWV are still considering this and there is no definitive guidance yet. to formulise but their pathway is currently pending. JS to move this forward with TEWV. (Open)

5.3 Melatonin - JS to liaise with TEWV and establish who the lead is now (Open)

8.2 Bulletin for community pharmacists – Decision already taken to cascade MM newsletter to community pharmacies via Greg Burke (LPC) who emails these to

pharmacies and posts out for those that may not be on the distribution group.(Closed)

The Committee accepted the aforementioned additional updates.

Action: IM to update the action log accordingly.

6.0 AGENDA

6.1 D&T Draft Annual Report

IM outlined the format of the D&T annual report for 2011/2012 which had been redrafted into a two page document to ensure widespread readership. ID requested that the Committee provide any comments on the report today. It was acknowledged that some typos needed addressing but comments were welcomed on the content of the document.

PJ – felt that the report should highlight the valuable links that the D&T Committee has established with other Trusts.

PF – stated that the RDTC Horizon scanning work needed to be included and elaborated on.

PK – requested that the report should highlight the links that have been made with community pharmacies including LPC representation at the D&T.

GC – felt that the report needed to indicate the major successes that the D&T have had achieved since its inception and have a more “punchy” message.

Action: IM to re-evaluate the report and subsequently cascade to the Committee via email. Once received by the members, ID welcomed any further comments on the revised report.

Action: Following receipt of any additional comments, ID to take Chairman’s action and cascade the report before end of year, via CCGs, Quality Groups, LPGs and RDTC.

6.2 North East Behavioural Change Project

IM informed the Committee that the Neil Frankland, Behavioural Change Project Lead Chair was unable to attend today’s meeting and therefore in his absence, IM summarised the paper on his behalf.

DG informed the Committee that workshop groups were going to be set up for the following and would be worked up across the whole of the North East region:

- Domiciliary visits
- green bag scheme
- MURs
- admissions and discharge support
- repeat dispensing

ID felt that there had not been much progression since the project was first announced at D&T in January 2012 and was a little disappointed with the tangible benefits so far

JS asked if a repeat prescribing initiative could also be looked at, as this also links with repeat dispensing.

GC stated that the separate piece of work that had been undertaken by CW on compliance aids needed an investment, and the committee felt that some of the slow progress of the behaviour change project may mean that some stakeholders may be disengaging from the process and deciding to go their own way with respect to projects and initiatives.

Action: On behalf of ID, IM to compile a letter to Neil Frankland requesting for further feedback, and stating that the D&T would have hoped for some tangible benefits and projects to adopt by now given the money spent so far.

6.3 CCG Authorisation Support Document

IM presented the localised version of a Medicines Management CCG Authorisation Support document. This was based on the paper by Primary Care Contracting and the full version would include an embedded document to be used as evidence. Presented today was the abbreviated version which does not include all the embedded documents.

IM recently cascaded the abbreviated document to DDES CCG for their comments as their authorisation visit was due soon and informed the D&T Committee that the full document will be uploaded to the MM website. Only two areas needed to be finalised, one was the TOR for all local prescribing groups and the other was the TOR for the CCG Quality Groups.

PF requested that the RDTC be included in the document.

ID informed the Committee, that following the input from the MM team, this was just one document which highlights the depths and breadths of the MM team and demonstrates the strengths of the MM team. ID thanked the MM team for their input on this document.

Action: Once complete IM to cascade to Quality Groups and CCGs.

Action: IM to upload the document to the MM website and to cascade the web link to the D&T Committee.

6.4 Hypertension Guideline

ST presented a Hypertension guideline for use in County Durham and Darlington which was based on the NICE Hypertension Guideline. The first draft had been previously circulated in September and following various recommendations, changes were subsequently made. ST welcomed any further comments on the paper from the Committee.

PJ questioned the new position for Beta blocker and Spironolactone and suggested the removal of Captopril from the guidelines. The committee agreed with PJ for the removal of Captopril.

Action: ST to remove Captopril from the guidelines.

PF asked if Candesartan should now be considered first line A2RA given its recent price fall. The committee agreed that Candesartan should be a joint first choice along with Losartan.

ID thanked ST for producing this very useful and succinct document, which will prove to be a valuable resource.

With the aforementioned changes, the Committee accepted and approved the guideline.

Action: AR to present to APC Committee for their agreement.

Action: ST to make changes and to disseminate as appropriate and subsequently to be uploaded to website.

CW requested that the document be brought to the APC Committee and requested it to be circulated for information. AR recommended that it go direct to the Trust Clinical Effectiveness Team.

Action: AR to include this as an item on the November APC agenda.

6.5 Drug Monitoring Guideline

ST presented this guideline which had initially expired March 2012 and had been further extended until 30th June 2012. The guideline was then subsequently extended by six months to tie in with the review of the DMARD share care guidelines which are due to expire in January 2013. Despite this the DMARD work was still on going so this section of the guidance had not been updated.

ST had circulated the first draft in September and subsequently a further draft has been recirculated. ST has a summary of the changes which have been made and ID requested comments from Committee and in particular if the GPs would find this a useful guideline in practice?

GC felt that this was a useful document which would be used in practices by Health Care Assistants.

ID stated that he had raised some issues directly with ST in particular why different monitoring was needed for some drugs dependant on the condition they were being used to treat ie antiepileptic's. ST said that some of the monitoring was based on NICE guidance which often differed between different pieces of guidance.

PF suggested other tests which would be useful to add including Monitoring for gliptins, digoxin in the elderly, baseline measurements for ACE, tests during minocycline use.

CW felt that it should be approved and that the paper should be taken to APC for further consideration.

ID was appreciative of the work that ST had undertaken in producing the document however the paper could not be signed off until it had been shared with APC in November, particularly for the information of the Biochemists and Consultants.

Following presentation at APC the paper to be returned to D&T in December for further discussion.

Action: AR to include as an item on the agenda at November 2012 APC.

Action: ST to return document for sign off to December D&T.

6.6 Diabetes Guidelines from DECENT Network

IM informed the Committee that only the `therapeutic' section of these guidelines had been cascaded to the Committee for comments, particularly in relation to the treatment algorithm.

With regard to the treatment algorithm there was a number of questions regarding second step where two drugs are used at once. A number of committee members asked if it could be made clearer if only one two drug regimen should be tried before moving further down the pathway or if all of the stated pairings of drugs should be tried before moving on.

PF asked if clarification should also be given about when to stop a gliptin if it failed to have the necessary effect.

KH requested for clarification on glucose testing from the DVLA in patients who are taking sulphonylureas, and also said she would looking into the antibiotic advice and how this relates to the County Durham Antibiotic Formulary.

The Committee approved this document and asked for their comments to be fed back to the Diabetes Clinical Advisory Group.

Action: IM to feedback comments to Diabetes Clinical Advisory Group.

6.7 Compliance Aids Dosette Box prescribing from FT & Pathway

CW informed the Committee that he had met with a group of representatives from community pharmacies; councils; community nurses; carers; and social services, who subsequently considered and reviewed the patient pathway for compliance aids. Issues had been raised from various representatives and CW is currently looking at redrafting the pathway.

ID thanked CW for this excellent piece of work and welcomed comments from the Committee.

PK felt that it was a very useful document but would like to see a section on `high risk patients' to be included which should also consider Warfarin patients.

GC would like to see a section on 'how the patients get onto these pathways'. ID stated that this document was a good formal process which would be of benefit to both GPs and Pharmacists.

ID would like to see within the document a specific section on the in the document on recommendations should be given to the practice and what they should do with them.

The committee also liked the assessment form and thought this was really useful.

The committee were happy with the document and asked for the suggested amendments to be made.

Action: Amended document to APC for consideration.

6.8 Incentive Scheme Data Graphs

IM thanked DG and VV for pulling the data which for the purposes of this demonstration focused on Darlington as a single locality.

VV briefly discussed the graphs and the formats, and asked the Committee, prior to a cascade, if there were any more clinical areas or any additional graphs required within this data?

GC indicated that in order to provide consistency, all the graphs should have a consistent colour coding colour coded and the committee suggested that graphs on Respiratory and Diabetes were included. PF indicated that the RDTC may have some useful data for the diabetes and respiratory graphs.

ID felt that the data that supplied was adequate for the scheme.

Action: The Committee agreed that these graphs (including Respiratory and Diabetes) were to be provided at CCG and locality level for discussion with practices and for all other data graphs to cease.

STANDING ITEMS

7.0 FINANCIAL/BUDGET UPDATE

7.1 Budget Memos

VV provided a verbal update of the prescribing position for each locality and their collective CCGs based on (June/July) prescribing data which had recently been released.

All localities had improved on their spending in June/July, which could possibly be due to Category M scheme.

CH felt that any over/under spends should be reported.

7.2 Epanutin memo/Pharmacy memo/Patient leaflet info

Following the recent price increase of phenytoin a memo had been circulated by the Medicines Management Team regarding the actions practices may wish to follow including a patient information letter. This was circulated to the group for information.

8.0 **Patient Safety**

8.1 Simvastatin memo

Following the MHRA Drug safety Update from August 2012 information regarding next steps had been circulated to prescribers with regard to the updated advice on drug interactions and contraindications to Simvastatin. This memo was circulated to the committee for information.

8.2 Community Acquired C. Diff report and appendix

KH presented this six monthly report showing community acquired C.Diff cases and associated antibiotic prescribing. The report showed a significant improvement in adherence to formulary prescribing despite there being some increase in Co-amoxiclav prescribing but a decrease in Cephalosporin prescribing.

KH explained that she currently shares this report with the Antibiotic Management Team and that the Microbiologists have requested that GPs contact them via telephone if they have a patient requiring repeat courses of antibiotics. The committee asked if KH could summarise the key messages into a single page information sheet for LPGs.

Action: KH to pull together the key messages at locality level for circulation to LPGs.

9.0 **SCRIPTSWITCH UPDATE**

DG informed the Committee that the new contracts have been aligned for Darlington so this will now expire at the same time as the County Durham contract. The contracts include a break clause at annual intervals and this must be exercised in January with a 3 month notice period beforehand.

ID requested if a monthly/quarterly report could be produced solely for the information of the D&T Committee and it was agreed that these would be included as a standing item.

There was also discussion about the ongoing management and maintainance of the local profile and it was agreed that NECS would be contacted to ascertain whether this was something that would be continued in the future.

Action: IM to email out to Chairs and GP Prescribing Leads and Locality Leads to establish whether or not they wish to continue with the current contract

Action: IM to draft a letter to ScriptSwitch informing them that the contract will be continued, however due to the reconfiguration of the NHS, that in the future the contract may then have to be withdrawn.

Action: IM to write to NECs Chief Officers with the D&Ts recommendations to confirm that on-going management of the profile will be continued

10.0 MEDICATION SAFETY & NPSA

10.1 MHRA Drug Safety Update Vol6 Iss1 August 2012

This document was circulated to the committee for information with the most significant article relating to updated advice regarding drug interactions and contraindications with Simvastatin. In response to this a memo was produced and circulated to prescribers as explained in item 8.1.

10.2 MHRA Drug Safety Update Vol6 Iss2 September 2012

This document was circulated to the committee. It was agreed that the advice relating the risk of acute pancreatitis with Gliptins was relevant enough to primary care to be included in the next newsletter.

Action: DG to include summary of Gliptin advice in next newsletter.

10.3 DTB Summary

Due to time constraints, ID requested that a member of MM team be identified to review this paper and feedback any concerns outside today's meeting.

Action: IM to identify nominated member of MM, who will review and feedback to the Committee.

11.0 AREA PRESCRIBING COMMITTEE UPDATE

AR provided a brief verbal update from the APC meeting held September 2012.

APC Annual Report 2012-2012

AR thanked DG for her input on producing this report, which had been circulated to the Committee for their information.

12.0 RDTC UPDATE

12.1 Horizon Scanning Documents and NICE Guidance Update September 2012

The document was accepted for the Committee's information.

12.2 NE CCG Monthly performance Summary Report

Presentation deferred to "Any Other Business" today.

13.0 NON MEDICAL PRESCRIBING

There was no report available at the meeting.

Action: IM to obtain an update from Shelley Calkin, Prescribing Adviser and feedback to the Committee.

14.0 PATIENT GROUP DIRECTIONS

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

KH informed Committee private companies will be told in the future that they will need to develop their own PGDs and these may be approved for use in the PCT area. This is in response to a number of companies being commissioned to provide services but who do not have the understanding or capability to develop PGDs for their own service to use..

JS highlighted to the Committee that following the cascade of the Repevax PGD, practices were appreciative of the quick turnaround and cascade time.

15.0 CCG PRESCRIBING LOCALITY UPDATES

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

15.1 Darlington Prescribing sub-group – draft minutes 25th September 2012.

15.2 Dales LPG – draft minutes 18th July 2012.

15.3 Derwentside PSG – final minutes 13th September 2012.

15.4 Durham & Chester-Le-Street LPG – final minutes 11th September 2012.

15.5 Easington LPG – draft minutes 19th July 2012

15.6 Sedgefield PTG – draft minutes 20th June 2012.

16.0 PROVIDER DRUG & THERAPEUTIC COMMITTEES

16.1 County Durham & Darlington NHS FT D&T

No summary had been received.

16.2 Tees, Esk & Wear Valley D&T

No summary had been received.

16.3 North Tees & Hartlepool NHS FT D&T

No summary had been received.

16.4 Sunderland CHFT D&T

No summary had been received.

17.0 ANY OTHER BUSINESS

PF gave a presentation on most recent RDTC reports.

22.0 DATE AND TIME OF NEXT MEETING

Tuesday 18th December 2012
Board Room, John Snow House
12.00 pm – 14.30 pm

Confirmed as an accurate record:



Dr Ian Davidson - Chair
18th December 2012