

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

**Minutes of Meeting held
Tuesday 15th June 2010
Board Room, Merrington House
12.00 – 2.30 pm**

Present:

Hazel Bettaney, Acting Senior Pharmaceutical Adviser
Dr Geoff Crackett, GP Prescribing Lead, DCLS
Dr Ian Davidson, GP Prescribing Lead, Derwentside
Gail Dryden, Community Matron
Anne Henry, Pharmacist, CHS
Dr Peter Jones, GP Lead (Sedgefield)
Sharron Kebell, Senior Pharmaceutical Adviser
Patricia King, LPC Chair, Community Pharmacist
Ian Morris, Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Linda Neely, Senior Pharmaceutical Adviser
Ros Prior, TEWV
Dr David Russell, GP Prescribing Lead, Darlington
Sue Shine, Nurse Practitioner
Joan Sutherland, Senior Pharmaceutical Adviser
Lindy Turnbull, Senior Nurse for Medicines Management (CHS)

1.0 APOLOGIES

Sue White, RDTC
Stephen Purdy, Pharmaceutical Adviser
Christopher Williams, Head of Medicines Management, NHS Provider

2.0 DECLARATIONS OF INTEREST

No interests were declared.

3.0 MINUTES OF LAST MEETING 18TH MAY 2010

The minutes were accepted as a true and accurate record.

With the following amendments:

Item 5.1, point 7, paragraph 3, last sentence should read 'ID suggests linking with continuing health care clinical champion'.

Item 8.2 NICE guidance 'for neuropathic pain' to be added to title

Item 15.1 – Second sentence to be replaced to read 'The Committee has accepted that if NETAG or NICE rules on a particular product they will adhere to guidance and decision making.'

4.0 MATTERS ARISING

4.1 Intradermal flu vaccine

HB advised that she had brought this back to the Committee as the CMO letter had been issued. A discussion ensued around the old memo that had been previously circulated which advised not to prescribe intradermal vaccines. It was felt that this advice should be reiterated to PBC Chairs as we know of at least one practice who has purchased this vaccine and are concerned that there may be more.

The CMO letter now includes Intanza, so the Committee were asked whether they wanted to change their advice and also whether they felt that this vaccine should be included within the flu LES.

There was a unanimous decision that we should stick to regional advice, we cannot justify promoting a drug which is more expensive. Decisions have to be justified, there was some discussion around whether some of the other more expensive brands of IM flu vaccine should also be removed but it was felt that the Committee should focus on Intanza.

It was felt that as prescribing budgets were now transferred to PBC Clusters, this issue should be discussed further with PBC, it was also noted that there was no representation from Dales Cluster due to their lack of funding for a prescribing lead, although one of the practices purchasing this vaccine was in this cluster.

It was agreed that a further memo would be issued advising that Intanza should not be prescribe and also that the D&T recommends that Intanza should not be included in the LES for flu vaccine.

DR raised concerns about whether practices who had already purchased a supply of Intanza could negotiate a refund.

Action (HB):

- 1. Re-issue memo advising not to prescribe Intanza and also that D&T recommends it is removed from the LES.**
- 2. Contact David Britton's team to request amendment of LES.**

4.2 Incentive Scheme Update on ECJ ruling

IM advised that there were no further updates available. The incentive scheme is currently on hold due to the current financial climate and capacity issues. IM advised that at the present time, MMC potentially have nine members of staff due to leave the department.

5.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM

Please refer to amended action log.

The updated actions were accepted and noted by the Committee.

Gardasil update - PJ has recently had a meeting with Adan House and as yet there has been no decision made. If this is not supported by PBC we will not be able to progress further. PJ will raise again in July but at present pending hearing from Alan Sensier. No specialist county wide service has been commissioned from this practice.

Special order products – SK adapting a letter from elsewhere.

Dosette boxes – meeting within next ten days and in newsletter – feedback from GP's is that the newsletter produced by PCT is appreciated.

Focus on Undernutrition – in newsletter – IM in discussion with Rachael Masters – already in action log.

MMC Website will be going live imminently.

TOR – Agenda'd for July 2010 D&T.

Memo for simvastatin to be produced – remove.

C.diff – evidence in place ready to roll – remove. LN writing to practices.

Neuropathic pain – memo to be sent, add in D&T comments
Grazax – one practice prescribing and practice pharmacist raising with practice concerned – remove.

9.4 – NETAG – remove.

10 – NMP - Agenda'd for July 2010 meeting.

Quinolones – in newsletter – remove.

6.0 AGENDA

6.1 DAAT Methadone/Physeptone Prescribing

The DAAT had been advised by a drug company that there are significant savings to be made if they switch from Methadone (generic) to Physeptone brand. HD does not support their request as Accountable Officer. The Committee agreed that it does not support the switch from generic to branded Methadone prescribing and requested that the DAAT are informed of this decision.

Action (HB): Advise DAAT of D&T's decision.

6.2 Glucosamine Prescribing

As the letter making recommendations about Glucosamine prescribing was not sent out until February and prescribing data is only available up to March 2010, this item was postponed until September D&T.

6.3 Antibiotic Prescribing Guidelines

LN updated the group.

Our existing guidelines have been extended to end June 2010, however HPA guidelines are only in draft at present. Should our guidelines be ratified prior to release of HPA guidelines, as the previous HPA guidelines ran out in October 2009. LN has been requested to bring guidelines to D&T prior to any release of HPA guidelines and any comments on MMC draft guidelines to be forwarded direct to LN. LN and DR to meet as DR has comments to feedback to LN and as yet the Microbiologists are still to agree to this version.

D&T to accept MMC guidelines following any individual comments from D&T Committee. LN to return an updated document to July 2010 following any comments received from the Committee members.

Action: Committee to feedback comments to LN.

Action: LN and DR to meet prior to July 2010 D&T meeting.

Action: LN to update the guidelines and return to July 2010 D&T meeting.

6.4 Antidepressant Guidelines

JS presented three documents from TEWV, JS felt the need to emphasise that this guidance forms a small part of the whole pathway. ID asked if the Committee should consider as three separate documents. It was felt that the 'strategies in the event of partial response to antidepressant treatments: other therapies' has only limited use in primary care.

It was felt that the 'handy hints when prescribing anti-depressants' was a useful document for primary care.

The 'Depression pathway medication guidelines primary and secondary care monotherapies in Adult Mental Health' document was

also felt to be useful. DR requested that 'HAD' scores were included as well as PHQ-9.

The Committee agreed to accept handy hints and the depression pathway medication guidelines with minor amendments.

Action: JS to meet with ID to discuss minor amendments and with these amendments then the documents can be disseminated.

6.5 Antipsychotic Prescribing in Dementia

JS tabled a paper outlining a proposed audit tool for use in general practice based on the recommendations of the Banerjee report. At present the DOH do not have an audit tool but have expressed interest in the tool developed in County Durham and Darlington.

The tool has been piloted by the Medicines Management team out in practice and takes around ten minutes per patient to complete. The audit team have this audit scheduled into their annual plan. JS felt it was important to capture those over 65 who are not diagnosed with dementia.

Approval was requested from the Committee to cascade and determine the most appropriate way to proceed.

It was agreed that JS and ID would meet outside of the D&T meeting to discuss further and that ID would take Chair's action on this item. Other members of the committee were asked to feedback any comments to JS by 25th June 2010.

GC agreed to see what patient numbers would be involved in his practice.

IM reiterated that this was a well written document and thanked JS for her work.

Action: JS and ID to meet and agree a way forward.

Action: GC to feedback patient numbers to JS.

Action: Committee members to feedback to JS by 25th June 2010.

6.6 Controlled Drug Prescribing

HB presented this report on behalf of KH. The Committee were asked to comment on the practice level data provided, which was a result of a review of regional RDTC data in areas where County Durham and Darlington were outliers. HB advised that an appropriate course of action around this prescribing data needed to be discussed and agreed.

The Committee agreed that the report should be split into the six localities and individual data for practices within each locality only be

shared within that locality. MMC team to agree with PBC/GP Prescribing Lead the appropriate way to address concerns within each locality. It was agreed that the report should be reviewed in six months time and returned to the Committee January 2011.

Action: HB to separate into six separate locality reports.

Action: HB, JS and SK to cascade reports to localities via the most appropriate route for locality.

Action: To agenda for January 2011 D&T.

STANDING ITEMS

7.0 FINANCIAL UPDATE

HB presented the end of year finance update advising on the year end position of County Durham PCT (1.017% overspent) and Darlington PCT (0.93% overspent). HB advised the Committee that all localities apart from Easington were overspent for the 09/10 financial year, Easington were congratulated on achieving an underspend.

HB and IM advised that the team were still awaiting final budgets for the 10/11 financial year; these figures need to be with the PPA by the end of June 2010. The final amount is still in discussion with finance but a figure of 3.% uplift on out turn has been discussed. It is hoped that final budget figures will be returned to July D&T. HB also advised that a list of expensive drugs have been cascaded to all practices via PBC. HB advised that this was not an exhaustive list but a list of drugs that had been approved in the past two years.

8.0 MEDICATION SAFETY & NPSA

8.1 NPSA safety in doses

LN provided an update on this. She advised that dentists and GP practices are being encouraged to report incidents and LN requested that Committee members report any incidents via Safeguard. LN also reported that one in four NHS incidents involve medicines.

LN highlighted the following outstanding issues:

- Regular reports via sub-group
- New reporting system via Safeguard means data can now be presented, as we now have enough
- Use of medicines in care homes, working with hospitals, care homes, GP's pharmacies. LN currently investigating incidents in 13-14 care homes.

ID asked 'how do we take forward safe medicines group? Do we need one and do we have the manpower?' LN advised that she would like

there to be an e-forum to pick out the key issues from incidents to determine the learning we need to share.

ID asked if we need amended terms of reference for the safe medicines group and it was agreed that this should be done to reflect the new function of the safe medicines group.

The use of medicines in care homes was also discussed with a number of key stakeholders involved, including GP's, Nurses, Pharmacists. ID recommended that members of the D&T should be involved in this group.

Action: LN to update TOR for safe medicines e-group and return to D&T in July 2010.

8.1 Medicines Incident Categorisation

LN advised the group that the clinical governance policy is now being reviewed and updated and requested ratification from the Committee of the proposed flow chart.

Following the restructuring within the medicine management team, it was agreed that IM and LN would work together to update this document. Once this has been actioned, the committee will accept this document.

Action: LN and IM to work together to update document.

8.2 Drug Safety Update – MHRA

HB gave a brief update on this document, it was agreed that the risk of medication errors with rivastigmine (Exelon) transdermal patch and the advice that quinine should not be used routinely for leg cramps be highlighted in the next medicines management newsletter.

Action: SP to include in next months medicines management newsletter.

9.0 RDTG UPDATE

9.1 Horizon Scanning Document

HB gave a brief update on the June horizon scanning document which was tabled, highlighting the launch of a new produce for osteoporosis Denosumab (Prolia). The Committee requested in future if this document is received after papers have been disseminated, the document is deferred until the next meeting.

10.0 PRESCRIBING UPDATES

10.1 Drug and Therapeutics Bulletin

HB gave a brief update on this month's bulletin. It was agreed to include the information on pregabalin in the memo on neuropathic pain that is due to be prepared by the medicine management team.

Action: JL to include information within memo.

10.2 New Drugs & Products and NETAG recommendations

None this month.

10.3 NICE Guidance including update on Strontium

JS gave a brief update on NICE guidance issued recently. JS also presented a paper discussing the court of appeal judgement on Strontium Ranelate. As NICE is currently reviewing its guidance on Strontium Ranelate, the Committee felt that the PCT osteoporosis guidelines (based on NICE guidance) should be left as they stand and be updated once NICE guidance has been updated.

11.0 NON MEDICAL PRESCRIBING

JS advised that non-medical prescribers have been receiving data on their prescribing and that she has met with Barbara Hudson to discuss this. A report on non-medical prescribing is being prepared for discussion at the D&T meeting in July 2010.

Action: JS to prepare a report on NMP for July 2010 D&T.

12.0 PATIENT GROUP DIRECTIONS

No new PGDs were brought to the attention of the Committee but it was agreed that CHS would be provided with copies of PGDs for ease of dissemination.

The PGD's for police custody suites have been signed off.

13.0 QOF QUARTERLY UPDATE

All QOF visits have been completed for 10/11 and dates for the education sessions have been disseminated to practices. The final sign off of 09/10 data is complete.

14.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

14.1 Prescribing Support Update (bi-monthly)

The Committee noted the paper presented by SK.

15.0 PBC PRESCRIBING LOCALITY UPDATES

None this month.

16.0 PROVIDER DRUG & THERAPEUTICS COMMITTEE

PJ advised that due to capacity issues within the MMC team, he would be happy to attend his allocated secondary care D&T without a representative from the MM team.

16.1 Update from Sunderland CHFT D&T

Next meeting scheduled 6th July 2010.

16.2 Update from North Tees and Hartlepool FT D&T

Next meeting scheduled 9th July 2010.

16.3 Update from County Durham and Darlington FT D&T – 2nd June 2010

HB gave an update on the draft minutes from the CDDFT D&T meeting as unfortunately a member of the team was unable to attend.

Vitamin D guidelines were ratified to be brought back to CD PCT D&T.

The Committee acknowledged the decision to recommend full courses of VTE prophylaxis are supplied by CDDFT in line with NICE guidance and requested that this information be shared with practices via the newsletter.

The Committee were concerned regarding the recommendation made on liraglutide/exenatide where the Trust agreed to supply three months only. The Committee felt that in order to align with the review recommendations made in NICE guidance a course of six months should be supplied by the FT in order to facilitate safe and effective continued prescribing transfer to primary care. The Committee agreed that ID would write to CDDFT D&T to query the decision made and utilise the letter drafted by GC as the basis for this emphasising particularly the fourth paragraph of this letter.

Action: ID to write to CDDFT regarding Liraglutide and Exenatide.

Action: Information on VTE prophylaxis to be cascaded in newsletter by SP.

16.4 Update from Tees Esk and Wear Valley Mental Health Trust D&T – 27th May 2010

RP gave an updated the TEWV D&T. She updated the Committee on the outcome of the lithium RPIW, advising that it was agreed that prescribing and monitoring should be done in primary care with updated shared care guidelines to be circulated by 12th July.

TEWV are also developing a lithium database to record lithium levels, and GFR, creatinine and thyroid function results.

RP advised that olanzapine depot is to be discussed at the July TEWV D&T and gave a brief update on a medicines reconciliation audit conducted within the Trust.

16.5 Durham Cluster Prison Drugs and Therapeutics

None this month.

16.6 Community Health Services Medicines Management Committee – TB drugs

Supply of free tuberculosis (TB) drugs to patients.

AH gave a brief overview of a report prepared by CW around the supply of medicines to patients with TB. The paper presented a number of options to facilitate the supply of TB medication free of charge to patients who would normally pay for their prescriptions.

Following a review of the options, the Committee supported option three, which recommends setting up a system for local/dedicated pharmacies to dispense items free of charge to the patient and to claim the prescription charge back from the PCT.

17.0 ANY OTHER BUSINESS

There was nothing raised by the Committee.

18.0 DATE AND TIME OF NEXT MEETING

Tuesday 20th July 2010
Appleton House
12.00 – 2.30 pm

Confirmed as an accurate record:



Name:

Dr. Ian Davidson - Chair