

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

Minutes of Meeting held
Spennymoor Town Hall
Tuesday 16th March 2010
12.00 – 2.30 pm

Present:

Hazel Bettaney, Acting Senior Pharmaceutical Adviser
Dr Ian Davidson, GP Prescribing Lead, Derwentside
Gail Dryden, Community Matron
Deborah Giles, Pharmacist Flu Support
Anne Henry, Pharmaceutical Adviser
Sharron Kebell, Senior Pharmaceutical Adviser
Patricia King, LPC Chair, Community Pharmacist
Ian Morris, Acting Head of Medicines Management
Dr David Napier, GP Prescribing Lead (Easington)
Ros Prior, TEWV
Dr David Russell, GP Prescribing Lead, Darlington
Satinder Sanghera, GP Prescribing Lead, Dales (SSa)
Sue Shine, Nurse Practitioner (SSh)
Joan Sutherland, Senior Pharmaceutical Adviser
Jamie Todd, Prescribing Support Technician
Sue White, RDTC

1.0 APOLOGIES

Dr Geoff Crackett, GP Prescribing Lead, DCLS
Dr Peter Jones, GP Prescribing Lead (Sedgefield)
Linda Neely, Senior Pharmaceutical Adviser
Stephen Purdy, Pharmaceutical Adviser

2.0 MINUTES OF LAST MEETING HELD 23RD FEBRUARY 2010

The minutes of the previous meeting were agreed with the following amendments.

Item 5.3 - 'In addition to the new SHA wide new medicines group' is to be removed

Item 21 - Contraception guidance out of date - committee agreed to extend for six months to allow for it to be updated.

At this juncture PK raised the issues of repeat dispensing and was advised that a paper would be brought to April D&T.

3.0 MATTERS ARISING

ID introduced Ian Morris as the permanent HOMM as of 1st March 2010.

BMJ awards

The Medicines Management QOF process had been submitted for the BMJ Quality in Practice Award. The PCT MM Team was shortlisted to the final three and delegation headed the awards in London on 10th March 201. Unfortunately the PCT did not win the award.

3.1 CKD Guidelines

Unfortunately Tim Butler was not available to attend; therefore this item has been rescheduled to April 2010.

3.2 HPV Update

The Committee welcomed Ken Ross for this item and for item 5.1.

HB presented a review of HPV prescribing following D&T November 2009. As a result of this investigation it was found that two practices had accidentally submitted scripts for patients vaccinated via the national programme and had agreed that funding was in error and needed to be reclaimed. There were two practices whose prescribing was actual prescribing. Auckland Medical Group had provided a catch-up programme for their patients but prescribing had ceased after September 2009. Adan House was the concern because of their use of gardasil rather than cervarix via the national programme. Their explanation for this is that they have decided to use gardasil preferentially as they run a teen clinic not only for their patients but for others in the area and felt that the protection that gardasil offers against genital warts made it a preferable choice to cervarix. The commissioning of this service was discussed and it was agreed that further information needed to be sought from the practice and the commissioners, as a similar service in Darlington does not use gardasil. HB also advised that from 1st October practices prescribing cervarix are unable to use this via a personally administered claim or a dispensing doctor's claim. It must be prescribed on FP10 which must be dispensed at a community pharmacy. We are unable to change this system as it is a DOH directive. D&T agreed that this needs to be highlighted to practices.

Action: HB to update guidance to prescribers for exceptional use outside of the national programme to include this information.

Action: HB to review data in six months and for return to D&T in September.

Regarding Adan House specifically, it was agreed that their choice of vaccine was purely related to the protection against genital warts. They haven't signed an SLA for the catch up programme and as far as we are aware are not using cervarix for any of their patients, either within or outside of the national programme. D&T agreed that we needed to determine why they are doing it and what the basis for providing this service is. The clinical and financial grounds for this decision needs to be established and concern was raised that girls vaccinated in this practice with gardasil may be missed off the data for the national programme and may get recalled as having missed their vaccination.

The committee agreed that it needed to be highlighted to the practice that this prescribing is costing both the practice and the PBC cluster a large proportion of their budget. There were also concerns rose that if this prescribing outside of the national programme is rolled out across the county there were significant the cost implications? Who is responsible for the cost? Where has the advice on prescribing been issued from?

Action: MG to investigate the commissioning aspect of the Teen Clinic. Also to investigated National Advice on HPV vaccination for sexual health promotions by June 2010

4.0 ACTIONS TAKEN BY MEDICINES MANAGEMENT TEAM_

Please refer to amended action log.

The updated actions were accepted and noted by the Committee.

3.1 – ScriptSwitch – IM updated the group on the data issues in particular installation of COIN and download to practice servers. DG is investigating the data to determine where theses IT issues lie between the PCT and ScriptSwitch.

Action: IM to arrange a meeting with ScriptSwitch and the PCT IT team to address the issues raised.

5.2 – QOF – SK had forwarded a final version of this document for final sign off by the committee, the committee agreed to sign the document off.

7.1 – Lithium – Lithium shared care guidance issued by TEWW was felt to be too wordy for GP's, therefore SSa prepared a summary document and advised the committee that this was an abridged version of the shared care document. The committee felt that this was a good reference document and accepted the document to be read in conjunction with shared care document, with the following amendments:

- Logo needs changing

- To be referenced
- To amend footer
- To amend dispensing and prescribing information as per NPSA
- To upload onto the website
- Lithium cards available from Tracey Newton, Shared Services
- Cascade out to community pharmacists

Action: JS to amend and cascade accordingly.

5.0 AGENDA

5.1 Intradermal Flu Vaccine

This was raised as an item of any other business at the previous meeting due to potential cost implications. HB discussed the limited evidence highlighting that there is no clear evidence that this vaccination route is any better than other vaccination routes and these vaccines cost 50% more than the standard flu vaccines. HB also highlighted that it is not licensed in children and there are two strengths available for use in adults. KR handed around to the committee a placebo syringe for their information. Discussions ensued around the fact that there is no evidence that cost increase is beneficial although there is some evidence that the intradermal route improves response.

The committee agreed that as there is currently no national guidance surrounding the use of these intradermal vaccines, they would not support their use in practice.

Action: HB to prepare a memo to be forwarded to practices to advise not to order or use intradermal vaccines, as there are no clear benefits against the additional costs to budgets.

5.2 Drug Monitoring Guidance

The drug monitoring guidelines were presented on behalf of SP and the following comments and amendments have been suggested:

- Statin guidance has changed from old version 'secondary prevention' has been removed and needs to be reinserted
- U&E's – it was felt that because creatinine and eGFR is measured routinely as part of this test, that rather than mentioning these specifically within the body of the guidance they should just form part of the abbreviation list
- Previous version of the guidance suggested regarding epilepsy that monitoring of levels should be as per BNF, this is no longer in the guidance and needs to be reviewed

- Valproate has an * next to it but no corresponding reference, which needs to be reviewed
- Azathioprine states heterozygote but should read heterozygous.
- Sulfasalazine it was felt that the monitoring guidance as it stands was too confusing and needed to be standardised to a minimum period, three months was suggested
- Exenatide it was suggested that it should be added to the guidance that the drug should be discontinued if the HbA1c and weight has not reduced by the recommendations in the NICE guidance
- Vildagliptin it was suggested that it should be added to the guidance that if an HbA1c reduction of 0.5% is not achieved in six months, that the drug should be discontinued, as per NICE guidance

The role of prolactin monitoring in patients prescribed antipsychotics was also discussed and the committee requested that the hyperprolactinaemia guidance was brought back to the April D&T meeting and referenced within this guidance.

Action: RP to return hyperprolactinaemia guidance to April 2010 D&T meeting.

Action: SP to update monitoring guidelines and return to April 2010 D&T meeting.

5.3 Melatonin audit

SK thanked the audit team and prescribing support team for data collection and results. SK then presented the results of the audit which demonstrated that 35% of melatonin prescriptions were initiated by the FT; 31% by TEWV. 89% of these prescriptions were repeats and 82% of children had been reviewed in secondary care with 22% receiving behavioural support for sleep disturbance and 17% of cases where this was not known. 8% of patients' GPs had expressed concern regarding prescribing unlicensed preparations and the lack of shared care arrangements. It was felt that melatonin should not be initiated in new patients but that guidance was required for those currently prescribed. RP advised that she was doing some work that could link into this and also felt that we needed to provide guidance on prescribing by brand.

Action: Guideline paper to be prepared by SK/RP and returned to July 2010 D&T.

5.4 Antipsychotic Policy

TEWV policy for use of antipsychotics was discussed and it was agreed that it would be useful to have a primary care version. SSa sent email to Dales GP's advising them that if they continue patients on these drugs they need to have discussed the risks with them and their families and review this every three months. JS raised concerns that this guidance should be shared across the County and not just within the Dales practices, as guidance needs to be consistently cascaded across the County and not specific to one locality. The Committee

agreed that it would be useful to send out guidance/recommendations to GP's based upon the TEWV recommendations, which were actually not the final version. It was also felt important that the NICE definition of 'absolutely essential' should be included within these recommendations. It was also felt that these drugs should not be initiated in primary care unless there is a crisis situation. There were further discussions around whose responsibility the three monthly monitoring is and what the target symptoms for dementia are.

Action: JS to lead on the production of this document which will be prioritised within the 2010/2011 work schedule for MM, to include guidance for annual monitoring.

5.5 Generic Substitution

The committee supported the recommendations of the paper to reject the proposed generic substitution. The paper will be forwarded to Jeff Pearson for inclusion in the PCT response to this consultation.

Action: HB to forward document to Jeff Pearson.

STANDING ITEMS

6.0 FINANCIAL UPDATE

HB gave update on the financial status. Overspend has reduced in January compared with December. HB suggested possible reasons for this blip in December including a price increase of omeprazole capsules by the DOH. The committee requested that in future the graphs within this report should be presented per ASTRO-PU, rather than total expenditure. Prescribing budgets had been discussed within the PCT the previous week and as yet there is not indication of uplift or whether this will be based on outturn or budget.

7.0 MEDICATION SAFETY & NPSA

LN submitted her apologies and was not in attendance at the meeting and had not submitted any paper for presentation at D&T.

Action: LN to provide a monthly update to D&T.

7.1 Drug Safety Update (MHRA)

HB gave quick update on the drug safety update for March 2010.

Action: KH to ensure potential risks associated with fluoxetine in pregnancy are included in the next MM prescribing matters newsletter.

8.0 RDTG UPDATE

SW requested if she could be allocated a longer time slot on a quarterly basis to summarise specific RDTC reports as felt appropriate by the committee.

Action: ID & HB to liaise with SW for future papers and timescale.

SW advised that the RDTC are currently updating their work plan and are now doing new drug evaluations prior to their launch. These documents will be available on their website and fully published once the drug is launched. This allows for horizon scanning and pre-approval of drugs should the committee wish to consider drugs prior to their launch date. Enthral nutrition reports are in the process of being updated as spend in this area has not improved. They are also looking at antipsychotic prescribing.

8.1 Horizon Scanning Document

It was agreed that we will monitor prescribing of ulipristal and include NETAG guidance on prescribing this in PCT contraception guidance.

8.2 RDTC QOF report

Following the previous D&T meeting, it was agreed that SW would look at practice level data around QOF for specific graphs within the RDTC QOF report.

Action: HB to provide SW with practice and locality information as requested

9.0 **PRESCRIBING UPDATES**

The cost effective prescribing report was discussed and it was felt that the committee needed to highlight the excellent position of both PCT's compared to the rest of the country to the management group.

9.1 Drug and Therapeutics Bulletin

SW summarised the March DTB. This bulletin covered the use of Qrisk rather than Framingham as Qrisk uses UK data, however at present NICE guidance has not changed. SSh advised that there had been an update to the primary prevention screening service and practices are paid for using either tool. Other items covered by the bulletin included NSAIDs in cardio vascular disease, GI disease and provided national prescribing advice. It also covered the management of primary, hyperparathyroidism and the use of body surface area for adjustment of drug doses.

Action: SW advised that she had this document available as a PDF and offered to forward to SB for onward distribution to the committee on this occasion.

9.2 New Drugs & Products

No new products.

9.3 NICE Guidance

Along with NICE guidance two clinical effectiveness updates were submitted by WS. These documents provided a quarterly overview of guidance and research currently undertaken. The committee felt that these documents were too detailed for discussion at D&T but agreed that they may provide some useful links to NICE guidance and could be circulated to the group via email for information only.

Action: HB to liaise with Wendy Stephens regarding the purpose of these documents.

JS provided an overview of the NICE guidance issued in the last month and it was felt that none of these guidelines were relevant to primary care prescribing.

9.4 NETAG

No recent meeting held.

10.0 NON MEDICAL PRESCRIBING

None this month.

11.0 PATIENT GROUP DIRECTIONS

Two PGD's were signed off this month, naloxone for use in opiate overdose and for use in palliative care. At this point SSh raised an issue regarding the use of PGDs for contraception in practices. She felt that the PGDs do not express forcefully enough that they are for family planning trained nurses. It was felt that a reminder should be issued within the newsletter that practitioners should read PGDs prior to signing them and ensure that the PGDs are appropriate and within their competence.

Action: KH to ensure item is published in MM prescribing matters newsletter to remind practitioners and provider services of their responsibility around reading PGDs and ensuring they are competent prior to signing any PGDs.

Action: JS to pick up a specific issue rose regarding levonelle prescribing within Darlington Walk In Centre with John Moran.

12.0 QOF QUARTERLY UPDATE

No update this month.

13.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS

IM gave an update on MM teams new portfolios following the recent reorganisation. He also discussed the risks around an overspend on the prescribing budget. He advised that members of the MMT had attended the BMJ awards in recent weeks and also thanked the team for their support following the Adan House fire.

13.1 Prescribing Support Update

SK gave an update on her objectives within her new portfolio for SLA pharmacists, PCT employed pharmacists and technicians and practice alignments. SK is currently developing a spreadsheet in order to feed back data to individual practices on the work undertaken. SK will update committee on reports in practices on a bimonthly basis.

IM informed the committee that a one year extension of contract had been agreed for SLA pharmacists. ID raised concerns that this new SLA required only a one month notice period for the termination of the contract. It was felt that this may be difficult for contractors to sign up to.

14.0 **PBC PRESCRIBING LOCALITY UPDATES**

The committee was advised that this item has been added to the agenda to allow feedback to and from the prescribing locality groups.

Action: HB to prepare and disseminate a summary sheet to be completed and submitted to future D&Ts following a meeting of these groups.

15.0 **PROVIDER DRUG & THERAPEUTICS COMMITTEE**

Feedback was received from the following committees.

15.1 Update from Sunderland CHFT D&T – 2nd March 2010

HB provided the committee with an update on behalf of SP who attended this meeting. Optive eye drops are still under discussion and will be considered at the next meeting of Sunderland D&T. Prasugrel was added to the formulary for use within NICE guidance. Eslicarbazepine was rejected, other products will be considered at the next meeting.

15.2 Update from North Tees and Hartlepool FT D&T – 12th March 2010

HB provided the committee with an update on behalf of SP who attended this meeting. Ezetimibe was accepted for use within NICE guidance for named patients. There was some discussion around the hospitals use of actimel to prevent C.difficile. A paper is to be produced and considered at the next D&T meeting with the impact on primary care given consideration. SP had confirmed that actimel is

prescribable on the NHS. SW advised that some work had been done on this in North of Tyne and it may be worth SP contacting North of Tyne for their information.

Action: SP to contact North of Tyne prior to the next FT D&T.

15.3 Update from County Durham and Darlington FT D&T

No meeting held this month.

15.4 Update from TEWV Mental Health Trust D&T

No meeting held this month.

15.5 Durham Cluster Prison Drugs and Therapeutics

No meeting held this month.

15.6 Community Health Services Medicines Management Committee

No meeting held this month.

16.0 ANY OTHER BUSINESS

SSa raised her concerns that the PCT felt that the Dales locality did not need a GP Prescribing Lead and therefore she feels she is unable to continue attending D&T, as there is no funding available for her to fulfil this role. ID felt that this was inequitable across the county. IM stated that prescribing leads had a very key role to play within this committee.

Action: ID to write to Yasmin Chaudry and Hilton Dixon expressing his concerns.

RP thanked SSa for her contribution to the TEWV D&T committee.

The PCT has recently introduced corporate guidance for terms of reference, therefore these TOR need to be updated in accordance with this and other organisational changes.

Action: HB to make these changes and any further changes to be forwarded to HB.

17.0 DATE AND TIME OF NEXT MEETING

Tuesday 20th April 2010
 12.00 – 2.30 pm
 Board Room, Appleton House

Confirmed as an accurate record:



Name:

Dr. Ian Davidson - Chair