

## COUNTY DURHAM AND DARLINGTON DRUGS AND THERAPEUTICS COMMITTEE

Tuesday 18<sup>th</sup> May 2010  
Board Room, Merrington House  
12.00 – 2.30 pm

### Present:

Hazel Betteney, Acting Senior Pharmaceutical Adviser  
Dr Geoff Crackett, GP Prescribing Lead, DCLS  
Dr Ian Davidson, GP Prescribing Lead, Derwentside  
Gail Dryden, Community Matron  
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)  
Stephen Purdy, Pharmaceutical Adviser  
Dr David Russell, GP Prescribing Lead, Darlington  
Sue Shine, Nurse Practitioner  
Joan Sutherland, Senior Pharmaceutical Adviser  
Sue White, RDTIC  
Christopher Williams, Head of Medicines Management, NHS Provider

### Guests

Rachael Masters, Dietician  
Catherine McShane, Dietician  
Jean Armstrong, Infection Control Nurse

### **1.0 APOLOGIES**

Linda Neely, Senior Pharmaceutical Adviser  
Ros Prior, TEWV

### **2.0 DECLARATIONS OF INTEREST**

ID introduced this as a new standing item for the agenda and requested that anyone declare any interests in any of the items on the agenda.

No interests were declared this month.

## MINUTES OF PREVIOUS MEETING HELD 20<sup>TH</sup> APRIL 2010

Previous minutes confirmed for accuracy with the following amendments:

Page 1 – in attendance, replace `from` with `for` and `onward` with `only`, on three occasions.

Item 8.3 - delete `and Duloxetine` from second paragraph.

Item 9.1 – second sentence should read `Although there is national work continuing about this, it was felt that this should be raised locally at non medical prescribing meetings. The committee felt the DTB should be available to practice teams.`

The minutes were confirmed as accurate with the above amendments.

### 3.0 MATTERS ARISING

#### Matters arising not on agenda

SK queried whether there had been any action regarding working with community pharmacists on specials. PK advised that she had raised this with the LPC but is happy to take this back again more formally if necessary.

SW advised that Middlesbrough PCT have done some work in this area and suggested that SK may wish to contact them.

**Action: SK to liaise with PK if to be returned to LPC.**

**Action: SK to contact Middlesbrough PCT.**

#### 3.1 Dosette Boxes and Repeat Dispensing

The committee supported the statement presented by SP. It was agreed and is to be disseminated in the MM newsletter.

**Action: IM to ensure inclusion in next MM newsletter.**

### 4.0 ACTION LOG

Reviewed and update, please refer to separate document.

#### 5.1 Focus on Under Nutrition

The Committee welcomed Rachael Masters (RM). Rachael introduced Catherine McShane the Dietician employed to look after the Easington and Sedgfield area. RM mentioned staffing problems but working on this. RM provided an update on a number of streams of work:

1. She advised that around 25% of patients are initiated on supplements in hospital and that she is doing some work to look at new ways of working at discharge.
2. The 'focus' scheme has currently been rolled out to 69 care homes, 489 staff have been trained with 56 catering staff trained.

Care homes have been very receptive to this work and 'focus' has been linked to the social services quality framework but only in Darlington at present. RM to meet with Liz Graham to discuss this further.

RM also providing other training for care home staff and training social care assessors.

3. Currently 'focus' project working in nine surgeries in CD&D although there were some difficulties getting into practices initially and some barriers with IT systems, this work is now underway delivering competency based training. Also reviewing patients as dieticians in care homes now.
4. The policy for treatment of under nutrition has been ratified across the PCT. Training is being developed and delivered to community nurses and other community staff to be launched October 2010. This is being championed via the high impact changes for nursing.
5. RM also working with Liz Graham to develop a local CQUIN for FT, Community Hospitals and Community PCT providers looking at screening and appropriate care planning, this is being looked at regionally. There also may be some work with David Britton to look at a reward scheme for GPs.
6. RM has been working closely with the DOH, NPC and BAPEN on national guidelines aiming towards a 'focus type' scheme nationally. DOH guidelines due at July 2010, BAPEN guidelines due out this month.
7. RM presented some costings if prescribing policy for use of complan shake was followed. Currently we spend £124k on oral nutritional supplements per month with an annual spend of £791k on 1.5 cal/ml milky based oral nutritional supplements; 57% of overall spend is on these.

If the guideline was followed and 25% of these patients were switched to complan shake, this would release an £88k saving annually.

DR raised the issue of assorted flavours on system one, RM to look into this, the issue of patients not always getting assorted flavours when requested will be raised by PK with the LPC. DR raised concerns re impact of social services quality standards on prescribing in Darlington. ID suggested linking with continuing health care clinical champion.

ID asked what contributions we feel we can make to broader issues around the prescribing costs associated with nutritional supplements. IM offered the support of the prescribing support team. RM has offered to provide additional training so that the team can support the scheme. IM suggested using ScriptSwitch to hyperlink the document but CW raised concerns as it is a CHS document.

It was requested that the figures presented to the Committee and the guidance on complain shake (extracted from protocol) should be in next MM newsletter.

**Action: IM to ensure inclusion in next MM newsletter.**

ID asked if RM had any outcome data. RM has a GP database with nearly all data on but is awaiting a care home database to be built. It was felt this would be useful to see in the future.

Discussions then ensued around the possibility of including this work as part of a prescribing incentive scheme, it was felt that this would be worth some consideration. At present it is unclear whether the management executive would support this but we could utilise this project to generate a prescribing underspend. Agreed paper to go to ME in June. IM to meet with RM to agree content. PJ praised the 'focus' initiative.

**Action: IM to prepare a paper to present at ME in June 2010.**

**Action: IM to meet with RM to agree the content of the paper.**

## 5.2 Hyperprolactinaemia

This item had been deferred from April's meeting and it had been requested in order to link in with our drug monitoring guidance. It was recognised that there were two separate flow charts which differed slightly. It was agreed that the separate flow chart should be approved and posted on our website with a review date of May 2011. It was also agreed that the flow chart in the full document should be replaced with the separate flow chart in order to avoid confusion.

**Action: JS to make required amendments and add to website.**

## 5.3 D&T TOR

HB brought back the amended TOR for agreement by the committee. However it was unclear whether this document had been signed off by management group. Therefore, it was agreed that HB would produce a two page abridged version to return to next months D&T and then be returned to Management Group once agreed at D&T.

**Action: HB to abridge the TOR and the amended document to be returned to June 2010 D&T.**

## 6.0 Financial Budget Update

HB gave an update on February's data as March's data had only just arrived. There had been an increase in forecast outturn however HB advised that there was a pot of money to be returned to the prescribing budget as the enteral nutrition scheme had not been commissioned for Easington.

HB highlighted that spend on clopidogrel has reduced following the introduction of the generic preparation. SW highlighted that clopidogrel is now in category M and the price has been further reduced from April 2010. It was agreed that this information needs to be shared with practices via the MM newsletter.

HB also highlighted the reduction in spend on exenatide but HB was concerned that this may have been replaced by liraglutide. SW produced graphs which demonstrate that in fact this is the case. The Committee felt that it should be highlighted to prescribers that prescribing of liraglutide should remain with the initiating specialist for the first six months of prescribing.

**Action: IM to include in MM newsletter clopidogrel price change and liraglutide guidance.**

## 7.0 **MEDICATION SAFETY**

### 7.1 DSU

The increased risk of myopathy with simvastatin 80mg was highlighted in this month's bulletin. HB advised that the PCT lipid guidelines are due to be updated in September 2010, however the Committee felt that this safety information should be highlighted to prescribers in a memo prior to the guidelines being reviewed.

**Action: IM to prepare a prescribing memo for practices advising of these risks.**

SSRI and SNRI's were discussed with respect to their use in pregnancy and their impact on the newborn. It was felt that this had already been covered in a previous newsletter.

It was felt that the information regarding the risk of fractures regarding anti-depressants was not significant enough to justify a separate newsletter item, as the DSU is cascaded along with the MM newsletter.

It was also felt that the measures to reduce risk of medication errors with oral tacrolimus had previously been covered, however SW highlighted that there is a new generic preparation of tacrolimus due out soon.

## 7.2 Clostridium difficile

Committee welcomed Jean Armstrong who had been asked to attend on behalf of LN. JA has been working jointly with LN to look at cases of C.diff sharing data on a monthly basis.

There was some discussion around the role of Co-amoxiclav and C.diff and also around prescribing from UCC's. In addition to this SW suggested that Janette Stephenson (HOMM – SOTW) had done some work in this area which may be of assistance to LN. The Committee supported this work and noted the reduction in C.diff cases. The Committee were mindful of the potential impact on workload of this work and suggested LN may wish to liaise with practices, who could pick this up on her behalf.

**Action: LN to liaise with HOMM, SOTW.**

**Action: LN to liaise with practices to support this work.**

## 8.0 **RDTG UPDATE**

### 8.1 Horizon scanning document – May 2010

SW highlighted a number of areas within this document where the RDTG are working with NETAG on new drugs, eg roflumilast.

### 8.2 Hot topics

#### NICE Guidance for Neuropathic Pain

SW highlighted that this document had been prepared following a request by a PCT with high prescribing of this drug. It was produced not as guidance but to be used as a basis for discussion with arguments to inform recommendations. It is not to be shared in its current form with practices but useful information can be extracted to support CPT decisions. SW also advised that North of Tyne had considered the prescribing of pregabalin in line with the new NICE guidance and have decided to stick to their existing formulary where pregabalin is used third line.

ID felt it was a well written document and particularly liked the points for consideration box. The Committee felt that the PCT should issue a statement of its position regarding this NICE guidance. It was felt that this decision should support our existing guideline and give reasons as to why we are making that decision, including that other areas have made a similar decision. It was felt that this could form part of an ad-

hoc prescribing memo, in addition to simvastatin 80. The Committee recommended that the cost comparison and the points for consideration should be incorporated into this memo.

**Action: IM to prepare memo which should also cover that opiates should not be used in a non specialist setting for neuropathic pain.**

DR offered to support/review this memo. SW also advised that an update regarding the use of duloxetine for diabetic neuropathy should be produced shortly.

### 8.3 Newsletter

SW highlighted courses and the therapeutics diploma within this newsletter. It was felt that such training should be planned into the yearly plan to provide focus.

### 8.4 Workplan

Was presented for information. SW added that there will be a cost saving update on citalopram published shortly.

## 9.0 **PRESCRIBING UPDATES**

### 9.1 Drugs & Therapeutics Bulletin

Grazax – it was agreed that an EPACT search would be run to see if there is any prescribing of grazax before highlighting this prescribing information to practices.

**Action: HB to do EPACT search.**

Liraglutide – information to be incorporated in newsletter item as discussed earlier in the agenda.

### 9.2 New Drugs and Products

None this month.

### 9.3 NICE Guidance

No guidance issued since March 2010.

### 9.4 NETAG

For information - NETAG decisions noted by the Committee agreed action is to add NETAG decisions to ScriptSwitch.

**Action: Deborah Giles, MM to add NETAG decisions to ScriptSwitch.**

### 10.0 Non Medical Prescribing

ID queried what is being done with regard to non provider NMP. JS advised that prescribing is currently being followed up. There was a discussion around the responsibility of NMP's, ie if they sign the prescription it is their responsibility for that prescribing. JS advised that she is currently requesting that NMP's declare their competencies. A discussion around how NMP's are supported across the CPT ensued and the NMP's on the Committee felt that they were well supported at present, therefore the Committee felt that we need to look at how we can best support provider and commissioner NMP's.

CW advised that there is an NMP conference in June 2010 to which all NMP's are invited. It was felt that the amount of agenda time given to NMP needs to be relevant to the amount of prescribing being done.

SS requested that NMP should be represented on all locality prescribing groups, it was felt that they are on all but Sedgefield at present.

It was agreed that we need regular NMP prescribing information and a report back to D&T which should be incorporated into the MM workplan. It was requested that this MM workplan is brought back to July's D&T.

**Action: IM to bring MM workplan to July 2010 D&T.**

## **11.0 PATIENT GROUP DIRECTIONS**

### 11.1 PGDs in Police Custody Suites

The Committee approved the request for these PGD's in police custody suites.

## **12.0 QOF (QUARTERLY UPDATE)**

None this month.

## **13.0 MEDICINES MANAGEMENT TEAM UPDATE & PUBLICATIONS**

### 13.1 Prescribing Report

None this month.

### 13.2 Quinolone Prescribing Report

SK gave an update on the report on behalf of Barbara Nimmo. This report was in addition to the report on cephalosporins which was presented to the Committee in the previous month. SK highlighted that she was aware of the timeliness of the report was not ideal and explained that the same criteria as the cephalosporins had been used. The results of the audit highlighted non formulary use, non uniform



read coding and odd course lengths. SK felt it would be useful to repeat this audit. IM felt that the audit was good but the re-audit would need to be planned into the MM annual work plan. ID felt that the key reason for doing the audit was to highlight a prescribing issue, ie we are prescribing too many broad spectrum antibiotics. Prescribing has reduced and therefore ID felt that this was a low priority for re-audit.

The Committee members commented on some of the inappropriate indications as they felt they may have been appropriate and also raised the fact that gynaecology and urology request that ofloxacin be used in preference to ciprofloxacin.

ID felt that as the antibiotic guidelines are due out next month, these should promote the messages we are trying to highlight. SK requested that the audit outcomes be shared with prescribers. CW advised that CHS are going to be highlighting indications for antibiotics to their non medical prescribers.

**Action: SK and Barbara Nimmo to prepare a brief summary of both the cephalosporin and quinolone audits to be included into the next MM newsletter.**

#### **14.0 PBC PRESCRIBING LOCALITY UPDATES**

DR highlighted concerns around antipsychotic prescribing and how to highlight the risks to both elderly patients and/or their carers. DR advised that the issues raised in Darlington have been picked up with TEWV independently. JS advised that there is some work ongoing with TEWV around this prescribing but felt that it should be done on a County wide basis.

DR also advised that he is checking his schedule to see if he can attend the next TEWV D&T.

#### **15.0 PROVIDER DRUG & THERAPEUTIC COMMITTEES**

##### **15.1 Update from Sunderland CHFT D&T – 6<sup>th</sup> May 2010**

DN gave an update from the meeting. The Committee has accepted that if NETAG or NICE rules on a particular product they will adhere to guidance and decision making. They have also agreed that if the SMC rules against a drug, it will not be accepted.

##### **15.2 Update from North Tees and Hartlepool FT D&T – 14<sup>th</sup> May 2010**

SP gave an update from the meeting and advised that they are currently reviewing their oral iron formulations but have agreed to factor in the costings of these drugs in the community and will therefore bring this back to the next meeting for final decision.

##### **15.3 Update from County Durham & Darlington FT D&T – 21<sup>st</sup> April 2010**

HB gave an update from the meeting, the main issue raised was regarding secondary care issuing full courses of VTE prophylaxis on discharge to prevent confusion if only a week is supplied. The FT are reviewing this at a higher level and will bring it back to the next meeting.

15.4 Update from TEWV Mental Health Trust D&T

Next meeting 27<sup>th</sup> May 2010.

15.5 Durham Cluster Prison Drugs and Therapeutics

Included in item 15.6.

15.6 Community Health Services Medicines Management Committee

CW provided a very brief update and also advised that his team are delivering an NMP conference on 16<sup>th</sup> June 2010 for all non medical prescribers. ID asked if CHS would be happy to share TOR for their new MM Committee with the D&T Committee. CW agreed to this.

**Action: CW to disseminate when ratified.**

**16.0 ANY OTHER BUSINESS**

SW highlighted that the ECJ decision on incentive schemes has been challenged and is going back to the High Court.

**17.0 DATE AND TIME OF NEXT MEETING**

Tuesday 15<sup>th</sup> June 2010  
Board Room, Merrington House  
12.00 – 2.30 pm

**Confirmed as an accurate record:**



**Name:**

**Dr. Ian Davidson - Chair**  
**6<sup>th</sup> July 2010**