County Durham and Darlington Area Prescribing Committee
MINUTES OF MEETING HELD

Thursday 3rd May 2012
12.00 – 14.30
John Snow House, Durham

Present:

Kannan Suresh Babu, Consultant Psychiatrist, Tees Esk & Wear Valleys NHS Foundation Trust
Jessica Beard, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Geoff Crackett, GP Prescribing Lead (DCLS), NHS County Durham & Darlington
Ian Davidson, Deputy Medical Director, NHS County Durham & Darlington (chair)
Paul Fieldhouse, Regional Drug & Therapeutics Centre
Suzy Guirguis, Consultant, CAMHS, Tees Esk & Wear Valleys NHS Foundation Trust
Betty Hoy, Patient Representative
Sue Hunter (SH), Associate Director of Pharmacy, Tees Esk & Wear Valleys NHS Foundation Trust
Patricia King, Local Pharmaceutical Committee Representative
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Ian Morris, Head of Medicines Management, NHS County Durham & Darlington
Andy Reay, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Catherine Harrison, GP Prescribing Lead (Durham Dales), NHS County Durham & Darlington
Sue Shine, Nurse Practitioner, NHS County Durham & Darlington
Joan Sutherland, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Lindy Turnbull, County Durham & Darlington NHS Foundation Trust
Laura Walker, Administrator, NHS County Durham & Darlington (minutes)
Ingrid Whitton, Deputy Medical Director, Tees Esk & Wear Valleys NHS Foundation Trust
Chris Williams, Deputy Chief Pharmacist, County Durham & Darlington NHS Foundation Trust

Apologies for absence:

Peter Cook, Consultant, CDDFT
Sarah Hailwood (SJH), Consultant Rheumatologist, County Durham & Darlington NHS Foundation Trust
Sarah McGeorge, Nurse Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Paul Walker, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust

Due to a number of new attendees a round of introductions was made.

PART 1: MENTAL HEALTH

1. Low dose antipsychotic prescribing data

IM queried why Darlington's figures for Haloperidol were high, it was thought that this was due to the elderly population in Darlington and the high number of nursing homes. JS found this data mirrors that of the antipsychotic audit which was recently carried out, ID felt further work was needed to address this. The need to remind clinicians that these patients need continual reviews was highlighted by JS. JS suggested she give an overview of actions for dementia patients prescribed low dose antipsychotics after she has carried out further work with TEWV. IM highlighted Darlington's high figure for aripiprazole and queried this. JB suggested this is due to the drug being a high cost drug and not necessarily a high volume of prescribing. PF suggested that these figures would need to be investigated at a local level.
ID summarised that the overview of actions following the initial audit should be shared with localities.

ACTION: Darlington to review use of low dose haloperidol and antipsychotics in general when antipsychotics in dementia re-audit is undertaken.
ACTION: JS to work with TEWV to provide practical actions for primary care for dementia patients prescribed antipsychotics.

2. Dementia drug prescribing

PF presented the paper on "Premium price" drugs for dementia where Darlington was highlighted as being a high prescriber of rivastigmine patches. JB felt that this may be due to care home patients and their lack of compliance with oral medication however prescribing rivastigmine patches are avoided where possible. ID highlighted the South of Tyne PCT and how they mainly prescribe plain donepezil tablets. ID wondered whether they used a model which this group could adapt. JS informed the group that this is part of an incentive scheme in the South of the Tyne PCT with the Mental Health Trust. SH informed the group that Tees Esk & Wear Valleys Foundation Trust is currently taking actions to promote donepezil as the first line drug.

ID mentioned that when a patient on a premium preparation of a drug is able to take the regular tablet form again, this is not always changed back to tablet form. JS felt this may be happening but that this isn't being fed back to the GPs. JB suggested the GPs prompt the consultants about medication reviews whenever they have concerns.

AR questioned the criteria to commence a patient on rivastigmine patches. IW agreed to arrange protocol for the use of rivastigmine patches and other premium preparations with the consultants. ID also suggested discussions with South of the Tyne PCT to gauge their approach to this.
PF asked the criteria for stopping these drugs, JB suggested that each case is individual however there are some basic criteria already in practice, such as stopping if the patient commences on the end of life care pathway.
ACTION: IW to agree guideline for prescribing dementia drugs, including most cost effective preparations, appropriate place of premium price dementia preparations and the criteria for stopping medication. For return to the APC in September.
ACTION: AR to discuss with South of Tyne PCT regarding their approach to prescribing "premium price" drugs for dementia and return to APC in September. AR to forward information to IW.

3. Depression guideline

SH returned this paper with amendments. IM highlighted that the HADS score from page one was not on page 3, SH to amend this. IM also mentioned that citalopram and escitalopram are mentioned on the "handy hints" sheet but not on the guidelines. All agreed that SH to make amendment relating to HADS score.
ACTION: Guideline approved for use when SH makes amendment to the guideline relating to the HADS score.

PART 2: GENERAL

4. Declaration of interests

Declaration of interest forms provided to all for completion and return to LW.

5. Minutes from last meeting held 1st March 2012

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

6. Matters arising/action log

6.1. Action log

IM took the group through the action log. The updated actions were accepted.

7. Formulary update

7.1. Update from North of Tyne Formulary Subcommittee

A six month pilot of sharing the formulary subcommittee with the North of Tyne has been completed. Options paper for future of formulary work discussed in 7.3.

7.2. Update from County Durham & Darlington Formulary Development Group

The formulary development group update was discussed under 7.3.

7.3. Options for future formulary development process

IM presented this paper and asked the group for their feedback on the recommendations. CW stated where the paper mentioned drugs already "approved" this should read drugs already "appraised". IM asked whether the RDTC would have capacity to be involved in this process. PF felt that they would on a trial basis. CW queried whether the APC meeting had capacity to review all applications, and suggested having a group who gather all necessary information which is then presented to the APC.

BH asked what the cost implications of having another group would be. IM concluded that the costs would be similar to the APC reviewing new drugs.

There was concern regarding whether clinicians had time to attend a formulary meeting, ID suggested a virtual meeting with appropriate clinicians. The group decided that the new group should ensure all information is sourced before the application is brought to the APC. This will ensure the APC can make an informed decision about the application. PF stated that the new group must have a robust decision making process which is clear and transparent and available for public scrutiny. A decision making pro forma would help with this.
ACTION: The APC supported the recommendations of the paper and CW to bring terms of reference for the new formulary group to July's APC for approval.

8. New drug applications

8.1. Golimumab

Golimumab was clinically approved for the NICE recommended technology appraisals for the treatment of rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs, ankylosing spondylitis and psoriatic arthritis.

Due to the additional cost estimate of £150K per year, the finance department will have to be informed to finally approve this decision.
Action: AR and ID will contact Mark Pickering in finance to get financial sign off, informing CW once finally approved.

8.2. Boceprevir

See 8.3 for joint discussion.

8.3. Telaprevir

Boceprevir and Telaprevir were clinically approved for the NICE recommended technology appraisals for the treatment of genotype 1 chronic hepatitis C.

Due to the additional cost estimate of around £200K - £300K per year, the finance department will have to be informed to finally approve this decision.
ACTION: AR and ID will contact Mark Pickering in finance to get financial sign off, informing CW once finally approved.

It was raised as to whether David Cook regional procurement pharmacist could be involved in the procurement of the drugs, together with whether home care delivery had the potential to reduce costs.
ACTION: AR to contact David Cook.
ACTION: AR to discuss the financial approval of new drugs with Mark Pickering.

At this point in the meeting Sue Hunter, TEWV left the meeting, and following this departure it was noted by the Committee that the meeting was no longer quorate, as there was insufficient representation from TEWV.

8.4. Tapentadol

The APC were minded not to approve tapentadol, though will reconsider this at the next meeting. The following will be raised with Dr Jambulingam so that he can consider further evidence to support the application:

- There was concern around introducing another opioid analgesic into the local health economy (from a safety perspective)
- Lack of comparison with other opioids
- The committee wondered how tapentadol MR could be used without the immediate release preparation
- Long term safety concerns
- With the oxycodone patent due to expire this year, oxycodone is likely to be more cost effective in the future so cost comparisons may not be valid in the longer term.
- Concern that once approved, even in a restricted way, the use outside of guidance would increase rapidly

The committee raised some questions around the shared care and some of the responsibilities (including community pharmacy responsibilities).
It was noted that there have been requests for primary care to prescribe tapentadol on treatment recommendation forms. As the product is not on the formulary, Dr Jambulingam and his colleagues will be asked to stop making these recommendations.
ACTION: CW to discuss with Dr Jambulingam.
ACTION: AR Non-formulary status to be highlighted in newsletter.
ACTION: Tapentadol to be considered at July's APC.

9. IFR decisions

From January to April 2012 there have been 13 IFR drug related requests. There is no particular pattern that indicates NETAG should be asked to review any of the drugs concerned.

10. NETAG update

10.1 NETAG work plan

The NETAG work plan was presented. IM asked whether issues around ophthalmology could be addressed within the work plans. ID concluded that that the issue could be taken up with NETAG outside of this group.

10.2 NETAG decisions summary

No action required however decisions noted by the group.

11. Medication Safety

11.1. Palliative and end of life care guidelines

This paper was presented for information. It was highlighted that on page 8 of the document Transmucosal Fentanyl is listed, however this has been rejected by NETAG. ID suggested he write to the North of England Cancer Network to draw attention to this and request that we have sight of this document before it is approved next time.
ACTION: ID to inform the North of England Cancer Network regarding Transmucosal Fentanyl.

11.2. MHRA drug safety updates – March and April 2012

The March Drug Safety Update highlighted the suspension of marketing authorisation for Teva levothyroxine 100mcg tablets, IM informed the group that the LPC will disseminate this.
April safety update: a discussion took place regarding magnesium monitoring for patients prescribed PPIs. This has huge implications, therefore it was agreed this would be discussed at the next D&T meeting to consider a response.
IM also highlighted the MHRA learning modules on opioids and SSRIs. It was decided that the Medicines Management Commissioning team will promote these modules.
ACTION: To discuss magnesium monitoring for PPIs at next D&T.
ACTION: MMC team, via IM to promote the MHRA learning modules on opioids and SSRIs.

12. Prescribing of adult oral nutritional supplements (ONS)

JS presented this paper to the group which highlights ten guiding principles for improving the systems and processes for ONS use. JS asked how the group felt this paper can be taken forward. JS informed the group of the work she has carried out with Tees Esk and Wear Valleys Foundation Trust and with Derwentside Clinical Commissioning Group. IM suggested speaking to Rachael Masters to work on a cross economy approach.
ACTION: JS to take this forward with Rachael Masters and to report back to the APC.

PART 3: PHYSICAL HEALTH

13. Dabigatran

The D&T have worked with the Foundation Trust to draft a memo and CW reported that consultants are now prescribing Dabigatran. ID stated that it would be useful to have further guidance on this important area. It was agreed that a clinical advisory group be set up to come up with a consensus statement, which will come back to the APC in September.
ACTION: CW/AR to form a Clinical Advisory Group.
ACTION: Recommendation to return to APC in September.

14. Antiplatelet guideline

It was found that the Foundation Trust Stroke Service do not use these guidelines, they recommend clopidogrel, rather than a combination of aspirin and dipyridamole. It was decided that a review of this guideline be part of the dabigatran clinical advisory group. AR to feedback to David Russell who raised this issue.
ACTION: To be included in the work of the dabigatran clinical advisory group.
ACTION: Recommendation to return to APC in September.
ACTION: AR to feedback to David Russell.

15. Urology

It was noted that these guidelines were produced in 2007. GK highlighted the difference in Sunderland and County Durham data however they both have the same consultants. AR has contacted South of Tyne to find out whether they have updated their guidelines and is awaiting their response.
ACTION: AR to review South of Tyne and Tees guidance and bring back a recommendation to the APC in July.

16. Antioxidant vitamin and mineral supplements for age related macular degeneration

PF explained that with severe age related macular degeneration, there may be some evidence for the use of antioxidants. However the studies are not well designed and if patients have a balanced diet this may counteract the benefits of the supplements. It was felt that more detail was needed to revise the memo as soon as possible. GC asked whether ophthalmologists should be involved, IM suggested raising this issue with the LOC and ophthalmologists once PF has reviewed the evidence and the memo has been updated.
ACTION: PF to provide further detail to create a revised memo. Memo will be revised by DG.
ACTION: IM to contact the LOC.

17. Medication to be prescribed in bariatric procedures

This paper was presented to the group and ID raised the issue of GP's continuing Fastab medications which should be stopped after 3 months. ID suggested changing the guidance to include a note which informs the GP to stop the Fastab medications after 3 months. It was also suggested that a concise version of this document should be produced and taken to D&T.
ACTION: CW to ask Lyndsey Stephenson to produce a concise document and to take to D&T in September.

18. Apomorphine share care

After a brief discussion and with the group not being quorate ID took chairman's action and approved this paper.
ACTION: Ratification of approval will take place at July's meeting.

PART 4: STANDING ITEMS

These items were not included in the papers; however they will be circulated after the meeting.
ACTION: LM to circulate papers for information.

19. Minutes

19.1. CDPCT D&T
19.2. TEWV D&T
19.3. CDDFT DTC

20. Drug & Therapeutics Bulletin summaries

21. RDTC horizon scanning

22. Any other business

The Committee were informed that Andy Reay will be the new Professional Secretary for the APC.

Date and time of next meeting:

Thursday 5th July 2012
12.00 – 14.30
Boardroom, John Snow House, Durham

Confirmed as an accurate record:

Dr Ian Davidson – Chair