**AREA PRESCRIBING COMMITTEE**
**Thursday 1st November 2012**
**11.30 – 2.30 pm**
**Board Room, John Snow House**

**PRESENT:**

Geoff Crackett, Chair, GP Prescribing Lead (DCLS), NHS County Durham & Darlington
Alwyn Foden, AMD Clinical Governance, County Durham & Darlington Foundation Trust
Sarah Hailwood (SJH), Consultant Rheumatologist, County Durham & Darlington NHS Foundation Trust
Catherine Harrison, GP Prescribing Lead (Durham Dales), NHS County Durham & Darlington
Betty Hoy, Patient Representative
Sue Hunter (SH), Associate Director of Pharmacy, Tees Esk & Wear Valleys NHS Foundation Trust
Peter Jones, GP Prescribing Lead (Sedgefield), NHS County Durham & Darlington
Patricia King, Local Pharmaceutical Committee Representative
Ian Morris, Head of Medicines Management, NHS County Durham & Darlington
Andy Reay, Senior Pharmaceutical Adviser, NHS County Durham & Darlington
Laura Walker, Minute taker, NHS County Durham & Darlington
Sue White, Regional Drug & Therapeutics Centre
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:**

Jean Bertram, Patient Representative
Peter Cook, Consultant, County Durham & Darlington Foundation Trust
Ian Davidson, Deputy Medical Director, NHS County Durham & Darlington
Suzy Guirguis, Consultant, CAMHS, Tees Esk & Wear Valleys NHS Foundation Trust
Graeme Kirkpatrick, Chief Pharmacist, County Durham & Darlington NHS Foundation Trust
Sarah McGeorge, Consultant, Tees Esk & Wear Valleys NHS Foundation Trust
Patrick Pearce, County Durham & Darlington Foundation Trust
Joan Sutherland, Senior Pharmaceutical Adviser, NHS County Durham & Darlington

**PART 1 - Mental Health**

**1. New Drug Applications (relevant to TEWV)**

No new drug applications relevant to TEWV, SH agreed that the new drug applications could be considered on behalf of TEWV.

**2. Antipsychotic in Dementia Audit Tool**

AR presented this paper explaining that this audit was initially carried out by the Medicines Management Team and is now being re-audited. SH explained TEWV are aware of this and they are working with Joan Sutherland to develop training and support for primary care around this area.

**IM joined the meeting.**

GC asked if the report from the Kings Fund in this area will be linked in with this piece of work, AF suggested working with the Acute Trust with their dementia work. IW believes a consultant from the Acute Trust attends the meetings at TEWV.

**CW joined the meeting.**

SW explained in the October MHRA Drug Safety Update there is a learning module available on antipsychotics; AR stated the Medicines Management Team also have an e-learning module on antipsychotics which has been circulated in primary care. AR summarised that it would be useful to have general guidance on this area when the work from TEWV was complete.

**ACTION: Sue Hunter to circulate guidance on antipsychotics in dementia to primary care and to include CDDFT in this work March13**

**PJ joined the meeting.**

**3. County Durham & Darlington Prescribing Incentive Scheme**

IM explained that this scheme has been agreed and sent out to North Durham CCG, DDES are awaiting to officially confirm that they are taking part in this scheme, and Darlington are not taking part in the scheme. This scheme has elements of mental health in it with one of the indicators is aiming to get venlafaxine prescribed as standard release, with a target of 40%. There is also an audit which covers lithium and lithium monitoring. BH asked whether there is a financial incentive for this, IM explained that there is and this money would be used for the benefit of patients to develop the practice. BH asked whether patients are consulted and their opinions taken into consideration when their medications are changed. PJ explained that patients are involved in the decision making and the money involved in the scheme is an incentive for GP's to undertake these reviews on patients.

AR asked the Mental Health representatives whether quetiapine XL is initiated by TEWV as this has been raised by Darlington CCG. SH told the group that it is but they are working on reducing the amount that is being initiated.

AR has been informed that some patients are being discharged on orodispersible antipsychotics from TEWV. It was acknowledged that they have a role in preventing patients secreting tablets and in those with swallowing difficulties, though were sometimes used where this wasn't the case. SH explained that this is being monitored at TEWV and if GP's wish to switch patients still under the care of TEWV please could they could contact TEWV to inform them.

**ACTION: AR and SH to add information on orodispersible antipsychotics to newsletter**. **Nov 12**

**PART 2 - General**

**4. Apologies for Absence (verbal)**

See front page.

**5. Declaration of Interests (verbal)**

None declared.

**6. Minutes of Previous APC Meeting Held 6th September 2012**

The minutes were accepted as a true reflection of the meeting with the following amendments to be made;

- Patricia King was present at the meeting and should not be in the apologies.
- Item 13 RDTC Prescribing Data PPI's and Laxatives – CW would part of this to be re-worded.

**ACTION LM to amend minutes to reflect that PK was in fact present**
**CW to email his recommendation on the wording for item 13**

**7. Matters Arising/Action Log from APC Meeting Held 6th September 2012**

AR explained that the action log needs to be updated and will return to January's meeting.

**8. APC FORMULARY SUB GROUP UPDATE**

**8.1 Formulary Update**

AR gave the group an update on the formulary group and the good progress that has been made. The group continues to work well with the contracting team to ensure the rapid and effective approval of new drugs. In terms of developing the formulary AR explained that most of the formulary chapters are now complete. AR will forward chapter 4 to SH

**ACTION AR to forward chapter 4 to SH Nov 12**

**8.2 NICE Work Plan for Evidence Summaries of New Medicines**

AR explained that the formulary group are going to look at these as they may further streamline the formulary process. SW informed the group that the RDTC have already done some work on aclidinium and insulin degludec and this is available on the internet. SW explained that glycopyrronium has been looked at but this is a draft report.

There are several respiratory drugs coming on the market and AR suggested looking at this topic in APC early next year. AF suggested having a sub-group meeting on respiratory and bringing the findings back to the APC.

**ACTION: AF to arrange a respiratory sub-group meeting**

**8.3 NICE Good Practice Guide, Development and Updating of Local Formularies**

The final version of this document is due in December and this will be brought to the APC along with a gap analysis, members of the formulary group have seen a draft version and feel comfortable our systems and processes are on track with the NICE proposals. PK raised concerns about whether prescribers should be prescribing outside of formularies. PJ agrees and feels drug company representatives are heavily involved in influencing prescribers to prescribe off formulary. It was suggested that in future prescribing incentive schemes an indicator on adherence to the formulary could be included.

**ACTION: Final NICE Good Practice Guide and Gap Analysis paper to return to March's APC**
**ACTION: adherence to formulary to be considered for future prescribing indicator**

**NEW DRUG APPLICATIONS**

**9. Targinact Appeal**

To be rescheduled to January's APC.

**10. Ticagrelor**

The APC approved ticagrelor as a green plus drug, in line with the NICE technology appraisal 236 and algorithms from the North of England Cardiovascular Network.

As Newcastle hospitals use prasugrel, rather than ticagrelor and therefore some of our patients will be prescribed prasugrel, it was agreed that prasugrel would also be added to the formulary as a green plus drug.

As part of the debate around ticagrelor, dealing with shortness of breath, a recognised side effect of ticagrelor, but also a potential sign of cardiac problems was discussed. It was agreed that GPs will initially deal with any breathlessness that patient's experience, rather than automatically referring all patients back to the cardiologists.

Monitoring of creatinine levels one month after staring ticagrelor was also discussed. GPs were happy to undertake this monitoring, provided the tertiary centres made it clear who would be expected to do the monitoring in the discharge letter.

**ACTION CW to contact James Cook to inform them that they should make it clear in the discharge letter as to who will be monitoring the creatinine levels.**

**ACTION AR to contact the Freeman to do the same, plus request that they develop a prasugrel letter, in line with the ticagrelor letter provided by the cardiac network.**

**11. Linagliptin**

There was lengthy debate as to which gliptins should have a place on the formulary. The APC felt that we should have two gliptins on the formulary, but that the diabetes clinical advisory group should advise the APC as to which would be the two formulary choices. Linagliptin was accepted on the formulary as a green drug. The committee agreed that linagliptin has an important place in renal impairment and it's specific role will need to be defined in the forthcoming treatment algorithm.

**ACTION: AR to ask the Diabetes Clinical Advisory Group to recommend which two gliptins should be included on the formulary.**

**12. Sugammadex**

The APC approved sugammadex as a red or hospital only drug for the requested indications:

Immediate reversal of neuromuscular blockade induced by Rocuronium and Vecuronium (emergency situation when patient cannot be ventilated.)
In Bariatric group of patients when there is concern of prolonged residual neuromuscular blockade.
Where there is residual blockade despite standard doses of neostigmine/glycopyrolate.

**13. Anidulafungin**

The APC approved anidulafungin as a red or hospital only drug suitable for prescribing in secondary care for the treatment of invasive candidiasis in adult non-neutropenic patients only on the recommendation of a microbiologist. A separate discussion will take place with contracting around potential gain share arrangements.

**14. APC Quarterly Newsletter**

AR presented this draft newsletter which will be circulated for information. CH asked whether the drug price could be included, AR agreed and will update the paper. PK asked if pharmacies could be included in the circulation of this document, AR agreed.

**ACTION: AR to include drug costs and to include pharmacies in distribution.**

**15. IFR Update**

AR has spoken to the IFR team and the future plan is to have a central process which will be done electronically. SW asked whether this will be national, AR explained it will be for the North of England.

**16. NETAG Update**

As discussed in the previous APC meeting NETAG will not be approving any specialised commissioning drugs until March 2013

**17. Medication Safety**

**17.1 MHRA Drug Safety Update Vo6 Iss2 September 2012**

Brought to the group for information.

**PART 3 – Physical Health**

**18. NHS CDD Hypertension Guidelines**

AR explained that this document has been produced for primary care and has been approved by the Drug and Therapeutics Committee. The guidelines have been brought to the APC so that they can be circulated within CDDFT

**ACTION: CW to cascade to CDDFT.**

**19. Drug Monitoring Guidelines**

CW forwarded this document to the biochemistry consultants, feedback will be sent to Sarah Tulip.

**ACTION: CW to forward feedback to ST.**

**20. Magnesium**

**PPI's and the Risk of Hypomagnesaemia Summary**

The group discussed this paper and felt that the third bullet point on the summary could be altered. It suggests taking a baseline serum magnesium level and re-checking this periodically. The group felt no baseline was needed, but that after 3 months the patient could be reviewed and if the patient appears unwell to then check the serum magnesium level. CW will forward this paper on to the biochemists.

**ACTION CW to forward paper to biochemists for comment**

**PART 4 – Standing Items (for information only)**

**21. Minutes of Drug & Therapeutics Committees**

**21.1 CD&D PCT D&T**

Not available.

**21.2 TEWV D&T**

Not available.

**21.3 CD&D Clinical Standards and Therapeutics Committee**

Not available.

**22. RDTC Horizon Scanning**

SW presented the September document, there was nothing for the APC to act on.

SW briefly discussed the October document which has yet to be circulated to the group. SW informed the group that Apixaban is almost ready to be launched.

**23. Any Other Business**

AR informed the group that he has been contacted by the E45 representative regarding the APC meeting in September 2011. The representative has been in contact with the APC previously where he requested the minutes were amended where discussions took place around E45 and lanolin. The contentious phrase was "E45 has a tendency to cause a reaction in patients who have sensitivity to lanolin despite the lanolin content being hypoallergenic" As no published literature could be found to support this statement, the group agreed AR should withdraw the statement in question from the APC website, make a correction note in the minutes and contact the representative to let him know of the actions taken.
**ACTION: AR to write to the E45 representative, also to make a correction note in previous APC minutes.**

**Date and time of next meeting:**

**Thursday 10th January 2013**
**11.30 - 14.30pm**
**Boardroom, John Snow House, Durham**

**Confirmed as an accurate record:**

**Dr Ian Davidson - Chair**