

County Durham and Darlington Area Prescribing Committee

Thursday 4th September 2014
11.30 am – 2.30 pm
Board Room, Appleton

MINUTES

Present

Lisa Brown, MHSOP ANP, TEWV
Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG
Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Paul Davies, Medicines Optimisation Pharmacist, NECS
Sue Dickinson, Director of Pharmacy, RDTC
Alwyn Foden, Associate Medical Director, CD&D FT
Sarah Hailwood (SHa), Consultant, CD&D FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Betty Hoy, Patient representative
Sue Hunter (SH), Associate Director of Pharmacy, TEWV
Patricia King, LPC representative
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Gavin Mankin, Pharmacist, RDTC
Robin Mitchell, Deputy Medical Director, CD&D FT
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Alastair Monk, Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Laura Walker, Administrator, NECS (minutes)
Chris Williams, Deputy Chief Pharmacist, CD&D FT

In attendance

Laura Smith, Clinical Pharmacist, CD&D FT (Observer)

Part 1 – Mental Health (11.30)

1a

Clozapine guidance for GP's

SH brought the Clozapine aide memoire back to the group with the amendments made which were raised at the previous APC meeting. The group approved this document.

SH informed the group that the NICE guideline on psychosis and schizophrenia is currently an issue at TEWV around the monitoring prior to treatment. This is being discussed at an upcoming meeting at TEWV and SH will inform the group

of the outcome of these discussions.

Part 2 – General (12.30)

2a Apologies for absence:

Paul Walker, TEWV
Ingrid Whitton, TEWV
Peter Cook, CD&D FT
Graeme Kirkpatrick, CD&D FT
Suzy Guirguis, TEWV

A round of introductions took place for the benefit of Laura Smith.

2b Declarations of Interest

None. The group was reminded that the annual declaration of interests are to be submitted.

2c Minutes of the previous APC meeting held July 3rd 2014

Page 2 – amend the following sentence to read, “...there is still a template that can be used for **amber** drugs”.

2d Matters arising/ action log

Item

1.1 – Diazepam prescribing in crisis team – No feedback came from the LPG's, SH confirmed that monitoring of this will continue and feedback will be shared with the group. CLOSED.

1.2 Safe Transfer of Prescribing document – document amended to state monotherapy only, document will be uploaded to the website. CLOSED.

1.3 Lithium shared care guidelines – Guidance from nephrology is needed, RM agreed to take this forward.

1.3 Clozapine guidance – on today's agenda. CLOSED.

1.4 Declaration of interests form – Awaiting all completed forms to be returned..

1.5 Cinacalcet shared care – this has been amended to ensure 3 month tests and minimum of 3 months in secondary care, endocrinologists have agreed. CLOSED.

1.6 Oxycodone –statement added to formulary recommending prescribing of brand. CLOSED.

- 1.7 Inclusion of indications to accepted drugs – Appendices have been drafted and are being reviewed before submission to the November APC.
- 1.8 Grey list – on today's agenda.
- 1.9 Voractiv and the TB scheme – IM confirmed that the scheme doesn't specify drug names. IM has contacted the LPC to issue a reminder of the scheme to pharmacies.
- 1.10 Lubiprostone – this has now been added to the formulary. CLOSED.
- 1.11 COPD Update – AF has been moving this forward. NICE have been contacted and they feel their guidance should be used. AF, Anne Henry and IM are planning on meeting with local groups to take this forward. It was agreed to close this action but to keep this on the agenda.
- 1.12 Prescribing protocol for Oral Analgesia in Adults with Non-cancer Pain – This will be on the agenda at the November meeting.

Historic Actions

Adult ADHD prescribing – Paul Walker no longer wants to progress this. CLOSED.

Lithium – All items are complete, future incidents will be flagged. Process was reviewed at the July meeting. CLOSED.

Diazepam prescribing in crisis – Reviewed at July APC, on today's agenda.

Promotion of the formulary – The group feel the formulary has been promoted well and agreed to close the item and continue promoting the formulary as appropriate. CLOSED.

Award entry for formulary – no relevant categories found, agreed to close the item. CLOSED.

Lixisenatide – There were no declarations of interest in the application, a note should be added to state there are no declarations of interest. A letter has been sent to the diabetes CAG explaining the formulary procedure. CLOSED.

Review of chapter 10.1.1 NSAIDS – on today's agenda.

Review of blood glucose meters, strips and needles – this was discussed in the July meeting. CLOSED.

Update of glucose monitoring guidelines – this has been completed. CLOSED.

Diabetes CAG opinion on liraglutide – on today's agenda.

2e APC Formulary steering committee

**2f NICE technology appraisals: 14th July – 4th August 2014
N-TAG recommendations: July 2014**

This paper was presented to the group for information.

2g MHRA drug safety update June and July 2014

The alerts were shared with the group for information, GM gave the group a brief update on the content.

2h Formulary steering group minutes June 2014

The minutes were shared with the group for information, no issues raised.

2i Formulary steering group minutes July 2014

See 2h.

2j Formulary update and online formulary changes

CW is constantly maintaining the formulary, all changes he makes have been recorded and shared with the group. Many of the changes are minor, such as grammatical errors. Other changes are adding links, and adding notes. The group agreed with all changes.

2k Pathway for managing compliance aids

CW presented the group with a pathway for managing compliance aids. He explained that there are ongoing issues across England relating to compliance aid and the need for an assessment of the patient before aids can be given. Progress on this has currently come to a halt, but there is a need for this to be taken forward. SD informed the group that Northumbria have set up and implemented a pathway for this and suggested further discussions with them. The group felt a dedicated project manager is needed to take this forward, ID suggested taking this paper to the health and wellbeing board, JS agreed to try to secure a place for this on the October agenda. ID will take this paper to North Durham CCG, and will try to take it to DDES and Darlington CCG's to ensure this moves forward.

ACTION: JS to get this paper on the Health and Wellbeing board in October.

ACTION: ID to take this paper to North Durham CCG, and try to take to Darlington and DDES CCG's to move this forward.

2l Grey list

CW presented a paper to the group which shows how the grey list items can be included/excluded on to the formulary. The majority of the changes were accepted by the group, the following points were discussed more in depth;

13.9 Eflornithine (Vaniqa®) cream for hirsutism – the group agreed to change the status from green alternative to green plus to match the description.

6.1.2 Modified release gliclazide – the group agreed to leave this off the formulary as there is a guideline in place recommending IR.

7.4.1 Tamsulosin MR tablets – the group agreed to add, “prescribe capsules in preference to tablets”.

7.4.5 Cialis® one-a-day – Tadalafil on formulary – the group agreed to add comment stating, “Cialis one-a-day not recommended”.

10.2.2 Sativex® - the group agreed to add the following statement, “not approved until reviewed by NTAG”.

13.8.1 Sunscreens – the group agreed to add the following, “For patients that are having treatment that may render them susceptible to sunlight”.

2.12 Omega-3-acid ethyl esters (Omacr®) – the group agreed to add the specification listed in CG87.

The group agreed to the document with the above actions completed. The group discussed whether a separate grey list should continue to be maintained. The group felt that there is still a place for a grey list as it is a useful document. The Formulary Sub Group felt there was no need for the grey list to be kept as it contains ad-hoc information. It was agreed that the prescribing dilemmas document will be used to incorporate the grey list so the information is still available.

Action – Prescribing Dilemmas document to be updated with the inclusion of outstanding issues from the grey list

Part 3 – Physical Health (1.30)

3a North East and Cumbria antibiotics prescribing guideline for primary care

AM presented this draft guideline to the group, he informed the group that a further draft is now available following a meeting with Professor Kate Gould. This paper is being presented to many other groups over the coming weeks in hope that the guideline can be approved and implemented at the earliest opportunity. AM asked the group for their comments on the paper.

CH noted that Clarithromycin is not highlighted in red throughout the document as it should be. The group discussed the use of Erythromycin and Clarithromycin and were unsure as to the reason behind Clarithromycin being a drug of choice however it is also highlighted as being associated with an increased risk of CDI. AM agreed that this needs to be clarified, and will take this back to Professor Gould.

CW felt that this was a challenging piece of work and it is a success to have got it this far. CW suggested any minor changes to the document could be addressed when the guideline is reviewed to ensure the guideline can be approved and implemented as soon as possible.

It was felt that this document would be useful in a searchable electronic version for ease of use, and a summary of the document would be useful. AM thanked

the group for their suggestions.

The group approved this document with the assurance that the Clarithromycin issue is acted upon. It was also agreed that a review of the guidance should be done early to tackle any minor issues which may be highlighted.

ACTION: AM to take suggestions made back to Professor Gould for discussion and amendments where appropriate.

3b Update on review of chapter 10.1.1 NSAIDS in January 2014

This paper was presented to the group which shows prescribing has shifted from diclofenac to naproxen. A report from the RDTC showed that North Durham, DDES and Darlington CCG's are all following national and regional prescribing trends in relation to NSAIDS. ID confirmed this has been a successful switch following changes made to the formulary.

**3c Insulin analogues review August 2014
GLP-1 prescribing with insulin – letter from the Diabetes CAG**

Anne Henry has produced this document, the group agreed it is a good summary of evidence. The group felt both primary and secondary care prescribers need to be aware of this and need to work in partnership with this. The group agreed and felt the document should be regularly reviewed.

The group went on to discuss a letter drafted by the diabetes CAG which is to be sent to GP's regarding the use of Glucagon Like Peptide (GLP-1) with insulin in patients with type 2 diabetes. The group felt the letter was unclear, and felt that there has potentially been a mix in communications. The group had asked the Diabetes CAG to prepare some wording on this to be on the formulary, this appears to be their response.

The group discussed the recent change in licence with this product which will impact on the information in this letter. It was therefore agreed that ID will write to the Diabetes CAG in light of the change in licence to ensure this is captured, and to ask for some wording for the formulary. The group also felt any documentation which the Diabetes CAG are disseminating should be seen by the APC beforehand.

ACTION: ID to write to the Diabetes CAG for clarity in light of the licence change of the drug.

3d CF drug repatriation

This paper outlines the plans for CF drugs to be prescribed via specialised commissioning to help improve patient outcomes. The group agreed this would benefit patients, would improve patient safety and also have a positive cost impact.

Action – PD to inform practices of proposed repatriation

3e NICE CG 180 – Atrial Fibrillation

IM presented this paper which outlines issues around the clinical guidance produced by NICE in June. IM confirmed NECS will be re-writing the CD&D stroke risk stratification guidelines. ID felt a working group needs to be set up

for this, CW felt a regional approach would be useful and would be able to arrange attendance from the FT. ID asked for a stepped programme to be presented at the November APC.

ACTION: IM to set up a regional working group.

3f Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

IM presented this paper which looks at new NICE guidance for lipid modification. ID suggested a NECS regional, stepped programme to be implemented which incorporates finance and commissioning teams.

ACTION: IM to work with NECS finance and commissioning teams to arrange a stepped programme for the implementation of this guidance.

Part 4 – Standing items (for information only)

**4a Minutes of previous meetings held:
TEWV D&T**

For information.

**4b CD&D FT Clinical Standards and Therapeutics
Committee**

For information.

4c RDTTC Horizon scanning – July 2014

For information.

4d CD&D D&T CAG

For information.

4e Any Other Business

ID informed the group for information that NTAG are reviewing NETAG guidelines. At present some are out of date, some have/are being reviewed. For the remainder a statement has been published stating that the decision made by NETAG remains unless NTAG are asked to review it.

Date and time of next meeting:

Thursday 6th November 11.30 – 2.30 Boardroom, Jon Snow House