

Drug and Therapeutics Clinical Advisory Group  
October 2014  
Agenda Item 3.0

## County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 19<sup>th</sup> August 2014  
12.00 – 2.30 pm  
Boardroom, John Snow House

### Minutes

#### **In Attendance:**

Dr Ian Davidson	Director of Quality and Safety, ND CCG, (Usual D&T CAG Chair)
Paul Davies	Medicines Optimisation Pharmacist, NECS
Dr Catherine Harrison	DDES GP Prescribing Lead (Dales)
Dr Martin Jones	DDES GP Prescribing Lead (Sedgefield)
Patricia King	County Durham and Darlington LPC Representative
Gavin Mankin	Principal Pharmacist, RDTC
Alastair Monk	Medicines Optimisation Pharmacist, NECS
Ian Morris	Senior Medicines Optimisation Pharmacist, NECS
Joan Sutherland	Medicines Optimisation Pharmacist, ND CCG
Laura Walker	Minute Taker, NECS
Chris Williams	Deputy Chief Pharmacist, CDDFT

#### **Item Description**

##### **1. Apologies**

Dominic McDermott	Pharmacist, RDTC
Sue Hunter	Chief Pharmacist, TEWV Mental Health Trust
Dr David Russell	GP Prescribing Lead (Darlington)

##### **2. Declarations of interest**

None declared.

##### **3. Minutes of last meeting held Tuesday 17<sup>th</sup> June 2014**

- 6.5 Change the final sentence to read, "ID agreed that the group are happy for secondary care to take over this as long as they take on both the monitoring and prescribing of methotrexate however discussions would be needed to ascertain what was possible."

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- 6.6 Change the final sentence to read, "It was however, felt that this should be further looked into and NECS will work with EK to gain further information."

#### 4. Matters arising

No matters arising.

#### 5. Actions taken by Medicines Management Team following meeting 17<sup>th</sup> June 2104

June actions:

##### Closed items:

##### 6.3 Revised Osteoporosis guidelines (Closed)

Website has been amended, review of calcium and vitamin D use in patients has been added to practice work plans. And the Gateshead guidance on reviewing bisphosphonates has been added to the August 2014 agenda.

##### 6.4 D&T CAG Annual report (Closed)

Requested amendments have been made, the report has been circulated to practices.

##### 16 Venlafaxine shortage (Closed)

Memo was circulated on 27<sup>th</sup> June 2014.

CH suggested a memo should be circulated when a drug comes back in stock. The group agreed this would be a good idea but felt it would be difficult as stock levels vary greatly. It was agreed that a list should be compiled of out of stock drugs which can be updated periodically and cascaded.

**ACTION: NECS to create and maintain a list of out of stock drugs and cascade to practices quarterly.**

##### Open items:

##### 6.5 Subcutaneous Methotrexate

IM to discuss with Darren Archer and gain feedback on the progress of this.

##### 6.1 COPD network update

ID had written twice to the COPD network on behalf of the D&T and APC but had not yet received a reply. It was agreed to keep this open, however at the APC meeting further discussions took place with Alwyn Foden stating his agreement with the document.

##### 6.2 Steroid cards

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PK will discuss this at the LPC meeting which takes place 20<sup>th</sup> August 2014.

AH has contacted the London Respiratory Group asking to use the prescriber's information sheet. They have informed AH that they are currently updating this information however once this has been updated they are happy for AH to use it. The group agreed that following these actions the documentation should be sent out and this item can be closed.

6.6 Genetic testing prior to warfarin testing

On today's agenda for discussion.

6.7 Primary Care Rebate Schemes

David Cook and IM will draft a paper to go to CCG executives in order to formally discuss and agree their processes for reviewing and approving rebate schemes.

10.1 MHRA Drug safety update May 2014

Adrenaline memo has been circulated, domperidone memo to be circulated still. The group discussed the UKMI guidance and Pan Mersey guidance on domperidone, it was agreed that this should be put on the APC agenda for September.

**ACTION: PD to add domperidone guidance on APC agenda for September.**

Historic items:

Feb 2014 6.2 Glucose test strip implementation poster (Closed)

Already discussed at June 14 D&T and agreed to close

Oct 13 The development of an Antibiotic app (Closed) – it was already agreed at June D&T that this was more aspirational than an actual action so it was agreed to close

Feb 14 6.10 Vitamin D Guideline (Closed)

AM had already updated the group about this at the June D&T and it was closed

Dec 2013 6.9 Sub-cutaneous methotrexate pathway (Closed)

Already Discussed at June D&T and agreed to close but similar action "June 6.5" remains open as this related to keeping up to date with progress by contracting of moving this service over to FT

Dec 2013 10.1 MHRA Drug Safety Oct and Nov 2013 (Closed)

It was agreed that due to the time since this action was added the key issues are likely to be embedded in practice so the item was closed.

Dec 2013 9.0 Scriptswitch review (Closed)

AM's paper on scriptswitch/optimize/"protocol" function is on today's agenda for discussion.

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Oct 2013 Review dressing order form (OPEN)

Richard Buckland is currently reviewing this and is in contact with AM regarding this. An update will be given on completion of review.

Feb 2014 6.6 Dosulepin prescribing (Closed)

On today's agenda for discussion so agreed to close

April 2014 10.2a, 10.2b, 10.2c, 10.2d Patient safety alerts (OPEN)

ID felt it inappropriate to hand this over to the patient safety team without medicines input. IM assured the group that the medicines optimisation team will continue to give support to the alerts. The group discussed the CCG's appointing medication safety officers in the near future, IM felt once these roles are filled they could link in with patient safety alerts. It was agreed to keep this action open until a defined process is in place.

April 2014 10.1 MHRA Drug Safety Updates (Open)

IM to see what has been included in newsletter regarding:

- Combined Oral Contraceptives and venous Thromboembolism
- St John's Wort and Contraception
- Strontium and cardiovascular risk

Feb 2014 6.8 UCC antibiotic prescribing audit (OPEN)

Due October 2014

Dec 2013 6.5 Antibiotic campaign update (OPEN)

AM has received feedback from the campaign which showed positive feedback and impact. AM will cascade the feedback to the group.

Dec 2013 16.0 CAS alert process (Open)

ID hasn't contacted the Area Team about this, it was noted that Janette Stephenson was meant to action this. It was agreed that IM and Janette Stephenson would meet to discuss this further and feedback to the group.

## **6.1 C. Diff case reviews 13-14**

AM presented this paper to the group which outlines the C.Diff cases reviewed by the NECS Medicines Optimisation team in 2013/2014. The group agreed that this report shows that the process used to look at C.Diff cases is a robust system. The group felt that North Durham, DDES and Darlington have clearly shown improvements in C.Diff rates however the pressure needs to remain on this area.

ID asked whether antibiotics should be included in this report which were used to treat C.Diff when the report is to look at antibiotics which could have contributed to causing

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C.Diff, AM agreed.

ID questioned the role of the quality lead in this process as he has never been made aware of any cases. AM confirmed that in North Durham this role had been passed on to another member of North Durham CCG.

The report was accepted by the group.

## 6.2 NICE CG 180 – Atrial Fibrillation

IM presented this paper on NICE CG 180 Atrial Fibrillation which shows some significant cost implications, and would also need the County Durham and Darlington stroke guidance to be updated. IM explained he is currently arranging a meeting between himself, patient safety and contracting at NECS to discuss the impact of this paper. PD felt it would be hard to control the prescribing costs however the patient should be well educated to ensure an informed choice is made. PK declared an interest in this item. ID felt that this work needs to be carried out urgently, to be completed within 3 months. It was therefore agreed that IM would take a paper to the APC for discussion, and will update the CD&D stroke guidance. The group felt it would be important that a member of the contracting team and a member of the NECS finance team should attend the APC to discuss this, IM to invite.

**ACTION: IM to update CD&D stroke guidance**

**ACTION: IM to take paper to APC and invite finance and contractor rep from NECS**

**ACTION: IM to attend a meeting within NECS with the contractors and patient safety.**

## 6.3 NICE CG 181 - Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

This paper was discussed, it was noted that the changes will lead to an increase in GP workload due to additional patients requiring treatment. The group agreed that the current County Durham and Darlington guideline should be updated. ID asked whether all patients need to be switched or whether this is just for new patients, IM will check this and update guidance accordingly. It was also agreed that IM should highlight the budget pressures this may cause to the commissioners.

**ACTION: IM to update current guideline and discuss financial impact with commissioners.**

## 6.4 D&T CAG Terms of Reference Review

The group discussed the D&T terms of reference. The group felt the DDES CCG pharmaceutical advisor should not specify a CCG name and just say CCG pharmaceutical advisors. It was also agreed that all mention of the Drug and

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Therapeutics Meeting will be changed to the Drug and Therapeutics Clinical Advisory Group.

IM raised concerns over where the D&T CAG sits in line with other CAG's. CH suggested mapping the CAGs but this would be a time consuming task. Medicines Optimisation attend some of the other CAG's and so they could actively promote and be the voice of the D&T CAG.

ID noted that there is no representation from an NMP, it was agreed that an invitation should be sent out to recruit an NMP for the group.

The group agreed to update the review date for the TOR to Aug 2015

**ACTION: IM make agreed changes to the document and try to gain an NMP to attend the meeting.**

#### 6.5 **Dosulepin Prescribing**

The group was given the TEWV dosulepin information leaflet, the group felt this did not contain the information they wanted. They felt this leaflet promoted the use of dosulepin however they wanted to get across the concerns of taking the drug. CH agreed that she would draft a patient information leaflet.

**ACTION: CH to draft patient information leaflet.**

#### 6.6 **Bisphosphonate Review after 3-5 years**

IM presented covering guidelines for what review is needed for patients taking long term Bisphosphonates. This paper which includes the Gateshead guideline which is a much more detailed piece of work. CH has used the Gateshead guidance and found it useful and easy to follow. PD confirmed he has disseminated this to some GP's and he has received positive feedback. IM has discussed this with Dr Andrea Jones (chair of the fragility fracture group) and Dr Bridges (CDDFT consultant rheumatologist) and is awaiting their further comments before this can be moved forward.

#### 6.7 **Adrenaline Guidance Memo**

IM brought a paper to the meeting to show the memo has been cascaded about Adrenaline Auto-Injectors. The group received the paper for information.

#### 6.8 **Genetic Testing in warfarin patients**

At the June 2014 D&T CAG Dr Kendrick presented to the group an offer of genetic genotyping of patients requiring warfarin. Following the meeting emails have been exchanged on this matter debating this topic. ID asked the group how they feel this should be taken forward. The group continued to have concerns over the evidence base. The group felt that the presentation by Dr Kendrick, and also the flyer for the

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testing is misleading as it was felt that this very much feels like a trial. The group summarised that at present they are not keen on taking this any further but would look at it in the future.

**ACTION: ID to contact Dr Kendrick to inform her that the group are not in favour of the trial.**

## 7.0 Financial/ budget update

### 7.1a North Durham CCG PMD

### 7.1b DDES CCG PMD

7.1

### 7.1c Darlington CCG PMD

The PMDs covering prescribing upto and including May 2014 were shared but these did not yet show any forecast spend figures.

## 7.2 Budget Update Setting

At present only North Durham CCG had had their budget notified to the PPD with Darlington and DDES to follow soon once the CCGs had agreed the figures.

## 8 QIPP

Nothing of note to discuss.

## 9 Scriptswitch

### 9.1 Scriptswitch Review

AM presented this paper to the group which looked at the three prescribing support tools used in County Durham and Darlington. Darlington currently use the locally developed protocols on SystemOne whereas Scriptswitch and Optimise are used across DDES, and North Durham currently only use Scriptswitch. It was noted that the Scriptswitch contract expires in January 2015. AM informed the group that Optimise can currently only be used in SystemOne practices, but there has been a trial on EMIS Web and the D&T CAG would like to know the outcome of this. There has been positive feedback on Optimise, with many preferring it to Scriptswitch. MJ felt it would be useful to discuss this at the locality prescribing groups to get the practices views on this.

It was noted that Optimise is a smaller company than Scriptswitch, ID asked whether this would pose any risks. AM has found that with it being smaller a more personal service is given, and they are able to manage some switches centrally.

The group were in favour of Optimise and felt this would be the recommended tool to use if possible. AM will work with Optimise to see if this could be rolled out to EMIS Web users. IM advised the group that depending on contract values any future procurement would need to follow the appropriate procurement/tendering route.

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**ACTION: AM to discuss with Optimise the potential use of Optimise for EMIS Web.**

## 10 MHRA Drug Safety & NPSA

### MHRA Drug Safety Updates:

- 10.1
- June 2014 (issue 11)
  - July 2014 (issue 12)

GM gave the group a brief update of the two safety updates, NECS will include any key issues in their newsletter including Drugs and Driving, Transdermal Fentanyl risks, Medicines E-learning modules, Combination use of Renin System drugs, Cardiovascular risk in Ivabradine

A discussion took place about the e-learning modules mentioned in the June Update, some of the group have undertaken the e-learning modules and gave positive feedback.

**ACTION: NECS to include key items in Newsletter including Drugs and Driving, Transdermal Fentanyl risks, Medicines E-learning modules, Combination use of Renin System drugs, Cardiovascular risk in Ivabradine**

## 11 Area Prescribing Committee

No update available at the meeting, APC minutes to be shared outside the meeting for information.

## 12.1 RDTC Monthly Horizon Scanning Document

- July 2014

GM gave the group an outline of the document, it was noted that who the commissioner is now stated on the review summary of the new products.

## 13 Patient Group Directions

- NECSAT 2014/009 for Boostrix
- NECST 2014/010 for DTaP/IPV/Hib-Pediacel and Infanrix IPV + Hib

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The above PGD's are now complete and have been circulated on behalf of the Area Team

**14 CCG prescribing locality updates**

**14.1 Darlington Prescribing Sub Committee**

Minutes 15<sup>th</sup> July 2014

This was shared for information purposes only.

**14.2 North Durham LPG**

Minutes 10<sup>th</sup> June 2014

This was shared for information purposes only.

**14.3 Durham Dales LPG**

Draft minutes 29<sup>th</sup> May 2014

This was shared for information purposes only.

**14.4 Easington LPG**

Draft minutes 22<sup>nd</sup> May 2014

This was shared for information purposes only.

**14.5 Sedgefield Prescribing Group**

Draft minutes 14<sup>th</sup> May 2014

This was shared for information purposes only.

**15 Provider Drug & Therapeutics Committees**

**15.1 County Durham & Darlington FT CSTC**

Last approved minutes from 9<sup>th</sup> April already shared at June 14 meeting

**15.2 North Tees & Hartlepool NHS FT D&T**

No meeting in July.

**15.3 Sunderland CHFT D&T**

No minutes available as previous meetings was cancelled.

**15.4 Tees Esk & Wear Valley D&T**

Minutes 22<sup>nd</sup> May 2014

This was shared for information purposes only.

**16 Any Other Business**

None.

**17 Date and time of next meeting**

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21<sup>st</sup> October 2014

12.00 – 14.30 Board Room, Appleton House

DRAFT