

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 19th April 2016
12.00 – 2.30 pm
Meeting Room 1, Lanchester Road Hospital, DH1 5RD

Draft Minutes

In Attendance:

Stuart Brown	Antibiotic Pharmacist at CDDFT	SB
Dr Ian Davidson	Director of Quality & Safety North Durham CCG	ID
Dr Peter Foster	GP Prescribing Lead DDES CCG (Easington)	PF
Dr Catherine Harrison	GP Prescribing Lead DDES CCG (Durham Dales)	CH
Kate Huddart	Head of Medicines Optimisation DDES CCG	KH
Dr Martin Jones	GP Prescribing Lead DDES CCG (Sedgfield)	MJ
Dan Newsome	Medicines Optimisation Pharmacist	DN
Dr David Russell	GP Prescribing Lead Darlington CCG (Acting Chair)	DR
Dr Esther Sheard	GP Prescribing lead at ND CCG	ES
Joan Sutherland	Head of Medicines Optimisation North Durham CCG	JS
Monica Mason	Principal Pharmacist, RDTG	MM

Meeting Quorate (four members, including 2 GPs, with two CCGs represented)

Item Description	
1.	Apologies Jo Linton, Rob Pitt, James Carlton, Chris Brown, Shelley Calkin, Claire Jones Standing apologies: Philip Dean (NTH), Graeme Kirkpatrick (CD&DFT), David Miller (CHS), Chris Williams (TEWV)
2.	Declarations of interest Nothing declared

3.	<p>Minutes of last meeting held Tuesday 16th February 2016</p> <p>The draft minutes were agreed as accurate ACTION: MM to upload minutes to the website</p>
4.	<p>Matters arising:</p> <p>All matters arising covered on agenda or on Action Log.</p>
5.	<p>Actions taken following meeting</p> <p><u>February actions:</u></p> <p>6.1 Drugs of abuse briefing – CJ was unable to attend the meeting but is understood to be cascading this document for comment</p> <p>9.0 Prescribing support software – JS explained that Ryan is working with Mike Spencer on possible templates</p> <p><u>Historical action:</u></p> <p>NECS MO: Off formulary/off guideline prescribing. AR was not present at the meeting for an update</p>
6.	<p>Agenda</p>
6.1	<p>Prescribing engagement scheme</p> <p>It was noted that this document had been signed off in principle by both ND and DDES CCG and had been brought to this meeting for final comment. The group asked that the compulsory indicators be amended to reflect the national indicators, but otherwise were happy with the document.</p> <p>ID asked DR why Darlington were not participating in the scheme, DR responded that in the main this was due to financial pressures that Darlington currently faced, but also that there was a desire from Darlington CCG to have a more localised scheme rather than a CD&D wide one. Comment was also made that historically Darlington had good prescribing data and hence there was less desire to use such a scheme.</p> <p>ACTION: SC to amend document as noted</p>
6.2	<p>Stoma care prescribing</p> <p>The group noted that this report was with NECS, unfortunately AR was not at the meeting and DN was unaware of the progress of this document.</p> <p>ACTION: DN to communicate with AR regarding the progress of this document</p>
6.3	<p>NE&C Antibiotic Guideline</p> <p>The group commented this was an excellent document, DN explained that it would be published as an app and a pdf version would also be placed on the NECS website, DR also requested that a link to be added to it from GP Teamnet.</p> <p>DN confirmed that it will be updated with the NICE Sepsis Guideline when this is published, the whole document will be reviewed two years following publication. The group noted that this guidance required approval by the regional APCs and that it would be considered at the May CD&D APC.</p>

	<p>A separate point was raised concerning microbiology lab results and that the provision of interim reports could be misleading. DR agreed to email the FT regarding this, SB agreed to follow this up also.</p> <p>ACTION: No further action regarding AB guideline. DR and SB to raise issue regarding microbiology lab results as discussed</p>
6.4	<p>Antibiotic prescribing quality premium</p> <p>The group discussed the quality premium document prepared by NECS and requested clarification of the target reduction wording on page 3 of the document.</p> <p>ACTION: DN to communicate to AR or document author</p>
6.5	<p>CCG response to LPC</p> <p>The group discussed the proposed cuts to pharmacy funding and a letter received by the CCGs from the CD&D LPC. The group were particularly concerned as to which pharmacies would face closure, of particular concern were those pharmacies serving the more rural parts of the area, which may leave some patients without reasonable access to a pharmacy, particularly when there had been such a drive recently to promote self-care to patients.</p> <p>The group also commented that much work had been done by the CCGs in recent time to reduce medication waste and that the proposed change to medication supply via the “hub and spoke” process might undo this.</p> <p>It was agreed that CD&D D&T CAG would submit a response to the ongoing consultation via the PSNC website and that this response would also be provided to the LPC.</p> <p>ACTION: MM to draft a response and submit following approval by DR</p>
6.6	<p>Sunshine Rule</p> <p>The group were updated on the development of the Sunshine Rule and the publication of the Disclosure UK which will be available via the ABPI. The transparency “Sunshine Rule” will be written into the 16/17 NHS Standard Contract, and will require NHS providers and commissioners to keep a mandatory log of all payments. Gifts and hospitality offered to NHS staff from Pharma. Any staff not complying with these rules will be subject to sanctions decided by their employer at this stage.</p> <p>Separate to this the ABPI will host a central platform which will publish details of payments made by Pharm to individual HCPs during 2015. This will be published on the 1st July 2016; Pharma is currently contacting individuals to inform them of the information to be published.</p> <p>ACTION: No action</p>
6.7	<p>UCC Audit</p> <p>SB presented the background to this audit to the group. He explained that the audit had identified a need to establish if the increase in items of antibiotics relates to an increase in people attending the centre or another reason. Antibiotic prescribing is not monitored on a regular basis in out of hours UCC but the FT is trying to improve this. The group suggested that as System 1 is used in all UCC and could be a means to provide this data,</p>

	DR suggested that Andy Francis at NECS may be able to help with this if necessary. ACTION: No action
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Subgroup Updates	
7.0	IT Development Group Update RS was unavailable for the meeting
8.0	Non-medical Prescribing Update NMPs were identifying gaps in their education and feeding this back to their employers. The NMP data produced by the RDTC had been welcomed by NMPs.
9	ND & DDES Joint Working with Community Pharmacy Steering Group JS explained that the minutes summarise recent work undertaken by ND and DDES e.g. Gluten Free de-prescribing, Third party ordering and Vanguard Scheme
Sharing Best Practice	
10.1 – 10.5	<p>CCG prescribing locality updates and minutes Darlington prescribing sub committee North Durham prescribing and medication safety group Durham Dales LPG Easington LPG Sedgefield LPG</p> <p>There was some discussion around the difficulties in restricting paracetamol supply on prescription; opinions differed as to whether it was more appropriate to reduce the quantity prescribed or to restrict prescribing on acute prescription but not for those on long-term supply.</p> <p>DN explained the third party ordering process that is being developed by NECS. It is anticipated that repeat prescriptions will be ordered via a “hub”, with an aim that ordering will be better managed to reduce waste and also identify opportunities for medicines optimisation. This process is in the early stages of development.</p>
11	QIPP and cost effective prescribing
12 Medication Safety and NPSA	
12.1	MHRA Drug Safety Updates The group discussed the MHRA DSUs from February and March, links to these safety alerts would be added into the formulary by the FSG. NECS had also issued a memo alert regarding Valproate, which was available from the NECS website.
12.2	Central Alerting System – patient safety alerts An issue was raised that not all CAS alerts are reaching all practices and questioned whether the system used by NECS was robust. This had been raised at the last D&T CAG

	meeting in February and AR was to follow this up, DN agreed to speak to AR about this. ACTION: DN to ask AR about this matter
12.3	Significant medication incidents CH raised a concern regarding low stock levels in some community pharmacies and the risk this caused in patients being unable to access medicines appropriately and in a timely manner. DN preparing a Q4 incident report at the moment and asked CH if he could discuss this issue in more detail following the meeting. ACTION: DN to discuss this issue further with CH Query was raised as to when EPS can be used for tramadol prescriptions. The group also noted plans for pregabalin to move to CD status
12.4	Primary care medication incident trends Nothing to report
12.5	Secondary care medication incident report The group discussed this report and commented that they felt it would be more useful if it included the outcomes of incidents i.e. the report needs to capture the incident , what has been learnt from it and what actions have been taken to prevent it happening again. DN agreed to feed these comments back to the author of the report. ACTION: DN to feedback to the report author
Standing items	
13	Budget Update AR was not present at the meeting and DN was unaware of the details of this report, therefore was unable to update the group. KH and JS updated the group regarding high costs growth, in particular costs relating to diabetes agents. It was also noted that “hub” opening on weekends was impacting practice budgets, due in the main to antibiotic prescribing.
14	Patient group directions Nothing reported
15	Area prescribing committee minutes ID updated the group on recent APC recommendations, it was noted that the diabetes guideline will return to the May APC meeting.
16.1 - 16.4	Provider drug and therapeutics committees The group noted (draft) minutes from CD&D FT CSTC, UHNT D&T, Sunderland JFC,TEWV D&T The group noted that TEWV is updating guidance on monitoring of magnesium levels in patients on citalopram or escitalopram, and that an alert will be sent out when this was completed.
17	AOB DN explained to the group that he had received information from the SALT team that they

	<p>were intending to change the thickening agent used. DN had responded asking why they were intending to change so that the cost implication could be considered. The group expressed surprise at this change as they were aware that the Nutricia contract had been discussed recently and this change was unexpected at this time. DN will take this issue forward to APC via formulary.</p> <p>ACTION: DN to communicate issue to APC via formulary</p> <p>ID explained to the group that he would be attending a meeting to discuss the Regional Medicines Optimisation Group and would update D&T CAG in due course.</p>
<p>18</p>	<p>Date and time of next meeting 21st June 2016 12.00 – 14.30 Board Room, Appleton House, Lanchester Road</p>