County Durham and Darlington Area Prescribing Committee

Thursday 7th July 2016
11.30am – 2.30pm
Board Room, Appleton House

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG
Dr Peter Forster, GP Prescribing Lead, DDES CCG (from item 3c)
Mike Leonard , Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council (for item 3a only)
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&DFT
Chris Williams, Chief Pharmacist, TEWV FT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Melanie Robinson, Non-medical Prescriber, DDES CCG
Brewis Henderson, Patient Representative
Chris Cunnington-Shore, Patient Representative
Paul Walker, Consultant, TEWV FT (until item 2c)

In attendance
Callum White, Work Experience, DDES CCG
Eve Wouldhave, Specialist Level 3 Stop Smoking Adviser, CDDFT - for item 3a

The meeting was quorate.

Part 1 (11.30)

The Chair welcomed to the group Brewis Henderson and Chris Cunnington-Shore in their role as two new patient representatives to the APC.

1a Apologies for absence:
James Carlton

1b Declarations of Interest
No declarations of interest relating to the agenda were raised.

1c Minutes of the previous APC meeting held 5th May 2016
The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from May 2016 meeting not on the agenda or action log
Food Supplement Contracting Issues
It has been decided that the current food supplement contract will be extended until next year when the contract will be re-procured. As a result the group agreed that the primary care

pathway for food supplements will be needed to updated in the interim

ACTION:

- **Primary care pathway to be updated in interim by NECS prior to re-procurement next year.**

Action Log

Challenging Behaviour in People with Cognitive Impairment
Document has now been added to CD&D pages of NECS website. CSTC has also reviewed the document and are updating their policies in line with it. ITEM NOW CLOSED.

Guanfacine
Shared care guideline will be coming to September 2016 APC for approval.

Nutilis Clear Thickener
Work to produce a guide for GPs to support switch to Nutilis Clear as thickening agent of choice is in progress and currently awaiting a response from the SALT team.

Riluzole Shared Care Guideline
Has now been added to website. ITEM NOW CLOSED.

CD&D APC Guideline Template
On today's agenda for discussion.

APC Annual Report 2015/16
Has now been added to website. ITEM NOW CLOSED.

Annual Review of Terms of Reference.
Has now been approved via Chair's Action and added to website. ITEM NOW CLOSED.

Patient Representatives to APC
Two new patient representatives have now been appointed to APC. ITEM NOW CLOSED

CD&D Diabetes Integrated Model – Prescribing Guidelines
Has now been approved via Chair's Action and added to website. ITEM NOW CLOSED.

Erectile Dysfunction Guideline
Has now been added to website. ITEM NOW CLOSED.

Regional Antibiotic Guideline.
Has now been added to website. ITEM NOW CLOSED.

Analgesia Formulary Choices
Examples of Strong Opioid Guidelines in other areas have been circulated to APC members following the last APC.
Subsequently in light of correspondence received from pain consultants it has been agreed to work with them to produce some local guidance on use of strong opioids and lidocaine patches.

ACTION:

- **Task & finish group to be formed to work with pain consultants to produce some local guidance on use of strong opioids and lidocaine patches.**

DVT Pathway – minor change
NECS still to action change to pathway and update on website.

Historic Actions

Subcutaneous methotrexate
This issue has now been passed to the commissioners to make a decision and take forward. It was agreed to keep on the APC Action Log so that it does not get lost.

Neuropathic pain audit
CDDFT have met with their clinicians and are still finalising a guideline for rib fracture to define appropriate course length. This will come to next APC for approval.

Letrozole and DEXA scans
GK presented a draft pathway to the group and it was agreed that this item will be closed at the next APC meeting.

Camcolit 250® brand name change
Work is ongoing in Primary care to scope how many patients are currently receiving lithium outside of current shared care guidelines.

Declarations of Interest
CDDFT membership vacancies on APC to be followed up with Medical Directors Office over the summer of 2016 now that a new chair of CDDFT CSTC is in place.

CD&D Drug Monitoring Document
This has now been approved via Chair's Action and added to the website. ITEM NOW CLOSED.

NICE NG5 – Medicines Optimisation – key priorities for implementation
A subgroup has now been formed and briefing has been prepared for discussion at today's meeting.

Use of patient decision aids to discuss anticoagulant choice
Following creation of NICE NG5 – Medicines Optimisation subgroup the Formulary Subgroup has been asked to look at the issue of patient decision aids as part of its formulary work.

Osteoporosis Guideline
Work still in progress.

Ciclosporin Eye Drops
On today's agenda for discussion.

Erectile Dysfunction Guidelines
Urologists have been sent the Guidelines for Erectile Dysfunction for their comments but none have been received. ITEM NOW CLOSED.

FATS7- A strategy for the use of cholesterol lowering drugs across the NE & Cumbria
On today's agenda for discussion. ITEM NOW CLOSED.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – May 2016

CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

The following issues were highlighted to the group:

- Memantine & Warfarin – guidance on potential for interaction has been issued to TEWV clinicians.
- Onsite Consumption of Methadone/Buprenorphine in Durham Drug Services – now that

a Home Office license has now been granted a pilot will commence in Peterlee, Seaham, Consett and Newton Aycliffe followed by Bishop Auckland. This will allow patients to consume their methadone/buprenorphine onsite when receiving behavioural support rather than having to attend a community pharmacy separately. It will be targeted at the most difficult to manage patients.

2b TEWV Transfer of Prescribing Guideline

The updated TEWV Transfer of Prescribing Guideline was presented to and approved by the APC.

The group also discussed the issue of patients discharged to primary care from mental health with an unclear/incomplete prescribing management plan. It was agreed to add to the TEWV Transfer of Prescribing Guideline a sentence to say that if there is no prescribing plan in place for a particular patient then the GP should contact the clinician responsible for discharging the patient for one.

ACTION:

- **CW to arrange for document to be added to CD&D pages of NECS website once final version available.**
- **CW to invite TEWV GP advisor to Sept 2016 APC to discuss communication in general with GPs across the interface.**

2c Stopping Over-Medication of People with Learning Disabilities

The group discussed the latest materials to be issued nationally to support the initiative to stop the over-medication of people with learning disabilities.

The group agreed the work needs to be done in primary care with the support of Learning Disability Consultants, and it was noted that TEWV were willing to support CCGs with this work.

It was agreed that the numbers of patients involved still need to be accurately scoped locally so that a plan for how all these patients will be reviewed can be agreed.

ACTION:

- **KH/JS/NECS to bring baseline data on potential number of patients that will need to be reviewed in primary care to Sept 2016 APC**

Part 3 – General (12.30)

3a e-Voke Electronic Cigarette Briefing Paper from Public Health

A briefing paper on the e-Voke electronic cigarette was presented to and approved by the group.

ACTION:

- **CJ to update briefing paper with suggested changes and circulate to primary care.**

3b Appeals against previous APC decisions

None received.

3c Update from Formulary Subgroup for July 2016 APC

This was presented to the group and the following actions were taken by the APC:

<u>Formulary Updates since May 2016 APC for approval including RAG changes</u>

Approved with suggested changes to RAG recommendation as follows:

NICE Topic Decision	Date Issued	Formulary status	Action taken following June 2016 FSG meeting
NG46 Controlled drugs: safe use and management	27.4.2016	n/a	No action required as no implications for formulary drug choice

NG45 Routine preoperative tests for elective surgery	27.4.2016	n/a	No action required as contains no drugs.
NG47 Haematological cancers: improving outcomes	25.5.2016	n/a	No action required as contains no drugs.
TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated Abiraterone in combination with prednisone or prednisolone is recommended, within its marketing authorisation, as an option for treating metastatic hormone-relapsed prostate cancer: • in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated • only when the company rebates the drug cost of abiraterone from the 11th month until the end of treatment for people who remain on treatment for more than 10 months.	27.4.2016	Listed in section 8.3.4.2 as a RED drug	No action required except to add link to formulary
TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people: • with New York Heart Association (NYHA) class II to IV symptoms and • with a left ventricular ejection fraction of 35% or less and • who are already taking a stable dose of angiotensin‑converting enzyme (ACE) inhibitors or angiotensin II receptor‑blockers (ARBs). Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's	27.4.2016	Not listed in Chapter 2	Add to formulary as a GREEN+ drug and include link. (N.B first non-cancer drug with a 30 day NICE TA)

guideline on chronic heart failure in adults: management.			
TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer 1.1 Paclitaxel in combination with platinum or as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer. 1.2 Pegylated liposomal doxorubicin hydrochloride (PLDH) as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer. 1.3 PLDH in combination with platinum is recommended as an option for treating recurrent ovarian cancer.[1][2] 1.4 The following are not recommended within their marketing authorisations for treating the first recurrence of platinum‑sensitive ovarian cancer: • gemcitabine in combination with carboplatin • trabectedin in combination with PLDH • topotecan. The appraisal committee was unable to make recommendations on the use of these technologies for treating platinum‑sensitive ovarian cancer beyond the first recurrence. 1.5 Topotecan is not recommended within its marketing authorisation for treating recurrent platinum‑resistant or platinum‑refractory ovarian cancer. 1.6 People whose treatment with gemcitabine in combination with carboplatin, trabectedin in combination with PLDH, or topotecan is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.	27.4.2016	Chemo drugs all listed as RED drugs in chapter 8	No action required except to add link to formulary

TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if: • a dipeptidyl peptidase‑4 (DPP‑4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate.	25.5.2016	SGLTs all listed in section 6.1.2.3 as Green alt drugs	No action required except to add link to formulary Matches NG28
TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel Cabazitaxel in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone‑relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy, only if: • the person has an eastern cooperative oncology group (ECOG) performance status of 0 or 1 • the person has had 225 mg/m2 or more of docetaxel • treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first) • NHS trusts purchase cabazitaxel in pre‑prepared intravenous‑infusion bags, not in vials, and • the company provides cabazitaxel with the discount agreed in the patient access scheme.	25.5.2016	Listed in Chapter 8 as a RED drug	No action required except to add link to formulary
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following June 2016 FSG meeting**
SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis Test for raised ketones in patients with ketoacidosis symptoms, even if plasma glucose levels are near-normal.	Apr 2016	Listed in section 6.1.2.3 as Green drugs	No action required except to add link to formulary

Natalizumab (Tysabri▼): progressive multifocal leukoencephalopathy—updated advice to support early detection Perform a quantitative serum anti-JCV antibody test—including index value—to support risk stratification for progressive multifocal leukoencephalopathy.	Apr 2016	Listed in section 8.2.4 as a RED drug	No action required except to add link to formulary
Dimethyl fumarate (Tecfidera): updated advice on risk of progressive multifocal leukoencephalopathy Cases of progressive multifocal leukoencephalopathy have been reported in patients taking dimethyl fumarate for multiple sclerosis, who all had prolonged lymphopenia.	Apr 2016	Listed in section 8.2.4 as a RED drug	No action required except to add link to formulary
Fingolimod (Gilenya▼): risks of progressive multifocal leukoencephalopathy, basal-cell carcinoma, and opportunistic infections The immunomodulatory effects of fingolimod increase the risk of progressive multifocal leukoencephalopathy and opportunistic infections.	Apr 2016	Listed in section 8.2.4 as a RED drug	No action required except to add link to formulary
Apomorphine with domperidone: minimising risk of cardiac side effects Patients receiving apomorphine and domperidone require an assessment of cardiac risk factors and ECG monitoring to reduce the risk of serious arrhythmia related to QT-prolongation.	Apr 2016	Listed in section 4.9.1 as an AMBER drug	No action required except to add link to formulary
Aflibercept (Zaltrap▼): minimising the risk of osteonecrosis of the jaw Dental examination and appropriate preventive dentistry should be considered before treatment, especially for patients also treated with an intravenous bisphosphonate.	Apr 2016	Listed in chapter 8 and section 11.8.2.3 as a RED drug	No action required except to add link to formulary
Live attenuated vaccines: avoid use in those who are clinically immunosuppressed Healthcare professionals working in primary and secondary care should ensure that clinically significant immunosuppression in a patient is identified before administration of a live attenuated vaccine.	Apr 2016	No chapter 14 currently that includes vaccines	No action required
Meprobamate: licence to be cancelled Following an EU wide review of meprobamate, the remaining licence holder in the UK has ceased manufacturing and the licence will be cancelled by the end of 2016.	Apr 2016	Not listed	No action required
Paraffin-based skin emollients on dressings or clothing: fire risk	Apr 2016	All listed in section 12.3 as Green drugs	No action required except to add link to formulary

Smoking or a naked flame could cause patients' dressings or clothing to catch fire when being treated with paraffin-based emollient that is in contact with the dressing or clothing.			
BCR-ABL tyrosine kinase inhibitors: risk of hepatitis B reactivation (imatinib, dasatinib, nilotinib, bosutinib, and ponatinib) Patients should be tested for hepatitis B virus before starting treatment with BCR-ABL tyrosine kinase inhibitors.	May 2016	Listed in section 8.1.5 as RED drugs	No action required except to add link to formulary
Pomalidomide (Imnovid▼): risk of hepatitis B reactivation Before starting treatment with pomalidomide, establish hepatitis B virus status in all patients	May 2016	Not listed	No action required
Idelalisib (Zydelig▼): interim measures following signal of serious infection and deaths related to infection found in clinical trials There are new interim treatment recommendations for idelalisib for chronic lymphocytic leukaemia and follicular lymphoma in light of new findings from clinical trials outside its currently authorised drug combinations or indicated populations.	May 2016	Listed in section 8.1.5 as a RED drug	No action required except to add link to formulary
Letters sent to healthcare professionals in March 2016 A summary of letters sent to healthcare professionals in March 2016 to inform of safety for: • SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis during treatment (see also the article in this issue) • insulin lispro (Humalog 200 units/mL KwikPen): correct use to minimise medication errors • natalizumab (Tysabri▼): updates to PML risk minimisation measures (see also the article in this issue) • noradrenaline (norepinephrine) 0.08 mg/mL (4 mg in 50 mL) solution for infusion in a vial: potential risk of medication errors • radium-223 dichloride (Xofigo▼): change in NIST standard reference material – information on	Apr 2016	Noradrenaline listed in section 2.7.2 as a RED drug	lnclude link in formulary to Noradrenaline letter

implementation • aflibercept (Zaltrap▼): information on the risk of osteonecrosis of the jaw (see also the article in this issue) • idelalisib (Zydelig▼): restrictions in use for the treatment of chronic lymphocytic leukaemia and relapsed follicular lymphoma following new clinical trial results			
Letters sent to healthcare professionals in April 2016 A summary of letters sent to healthcare professionals in April 2016 to inform of safety for: In April 2016, letters were sent to healthcare professionals regarding: • canagliflozin-containing medicines (Invokana▼, Vokanamet▼): risk of lower limb amputation (primarily of the toe) • BCR-ABL tyrosine kinase inhibitors (imatinib▼, dasatinib, nilotinib, bosutinib▼, ponatinib▼) and risk of hepatitis B reactivation: screen patients for hepatitis B virus before treatment - see also article in this issue • pomalidomide (Imnovid▼): hepatitis B virus status to be established before initiating treatment - see also article in this issue • retigabine (Trobalt): risk acquired vitelliform maculopathy	May 2016	Canagliflozin listed in section 6.1.2.3 as Green alt drug. Retigabine listed in section 4.8 as a Green+ drug.	Include link in formulary to Canagliflozin and Retigabine letters.
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following June 2016 FSG meeting**
Those issued in April 2016 have already been to APC.			
Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following June 2016 FSG meeting**
Prednisolone – add a sentence that only 1mg and 5mg tablets should be prescribed.	New 30mg formulation available so need to reduce risk of	1.5.2 and 6.3.2	Add a sentence that only 1mg and 5mg tablets should be prescribed.

	dispensing/ prescribing errors		
Vitamins	To ensure that all prescribing of vitamins is appropriate.	9.6	Add sentence to introduction to this section to: • Ensure that all prescribing is in-line with an ACBS approved indication. • If patients still want to take a vitamin and mineral preparation for dietary supplementation or as a "pickme-up" they should be advised that they can be purchased as self-care over-the-counter with the support of the community pharmacist. • Do not initiate new prescriptions for vitamin and mineral preparations unless they are in-line with an ACBS approved indication. • Some patients may be eligible for NHS Healthy Start vitamins rather than receiving a prescription. They are specifically designed for pregnancy, breastfeeding and growing children and available free of charge from local distribution points.
Calcium and Vitamin D Preparations	See separate paper	9.6.4	See separate paper
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following June 2016 FSG meeting**
None			

The APC has agreed that in future any non-cancer drugs subject to a NICE TA 30 day implementation period would be automatically added to the formulary by the Formulary subgroup following email discussion. This decision would then be ratified at the next available APC meeting.

ACTION:

- **GM to update the online formulary with the approved changes.**
- **DN to add Sacubitril/Valsartan to CD&D Drug Monitoring Guideline.**

3d **New Drug Applications**

Spiolto Respimat®

A new drug application for Spiolto Respimat® presented the APC.

The group noted that the application has yet to have the support of the Respiratory Consultants

and the Respiratory CAG.

It was agreed that it should be classed as NOT APPROVED as this stage. This was because in July 2015 the CD&D APC agreed there was no place on formulary for Respimat® device as no appetite from respiratory consultants to use drugs in this device. As result Tiotropium Respimat and Olodaterol Respimat are not in local COPD guidelines or on the CD&D formulary. It was agreed to ask the Respiratory CAG to review the local COPD guideline as it is now due for review, and as part of this to review all the currently formulary LABA/LAMA combination inhaler choices. A recommendation on which LABA/LAMA combination inhalers should be included in the formulary should then be made to the APC for consideration taking into account differences in inhaler design and the ability of patients to use/patient preference for each device.

ACTION:

- **GM to update the online formulary to show it is a "not approved drug"**

Pivmecillinam

A new drug application for Pivmecillinam was presented to and approved by the APC.

It was agreed that it should be classed as a GREEN PLUS drug to be used for the treatment of uncomplicated UTI secondary to ESBL pathogen, and as an alternative to oral fosfomycin and IV meropenem based on sensitivities.

ACTION:

- **GM to update the online formulary with the approved change.**

3e Shared Care Guidelines for Approval

A draft of a shared care guideline for ciclosporin eye drops to support implementation of NICE TA369 for treating dry eye disease that has not improved despite treatment with artificial tears was presented to the group.

After further discussion it was agreed that ciclosporin eye drops for dry eye disease should be classified as GREEN+ on the formulary not AMBER. This was because there is no specific monitoring required other than a review every 6 months to check treatment is still working, and it was agreed that share care was not the appropriate mechanism to control inappropriate use.

Shared care would be appropriate if patient safety was the overriding factor. They should only be initiated be an ophthalmology consultant and an information leaflet on their use for GPs would be written to support the GREEN+ RAG status.

ACTION:

- **GM to update the online formulary with the approved change.**
- **GM to produce an information leaflet for GPs to support Green+ status.**
- **GM to bring prescribing data on use following addition to formulary back to APC in 6 months and 12 months' time.**

3f Calcium and Vitamin D Preparations

The APC approved the suggestion from the Formulary Subgroup that each sector use the Calcium and Vitamin D preparations that are most cost-effective for them, and that the formulary reflects this

i.e. primary care would use Accrete D3 and Evacal; secondary care would use Adcal D3 products (chewable, caplets and dispersible) as first line and Calcichew D3 forte or Calceos as alternatives.

This is because of the potential cost savings to primary care in using Accrete D3 and Evacal over the existing formulary choices of Adcal D3 and Calcichew D3 Forte, but that a switch in secondary care away from the existing formulary choices would have a cost impact because Accrete D3 and Evacal are not currently on the secondary care drugs contract.

The group felt that any risk to patient in switching between different preparations of Calcium and Vitamin D was minimal.

ACTION:

- **GM to update the online formulary with the approved change.**

3g NTAG Update

No update as June 2016 meeting was cancelled.

3h CDDFT Update July 2016

A verbal update on hospital only (RED) drugs and clinical guidelines recently approved by CDDFT CSTC was presented to the group.

The APC noted the following:

- Nefopam – CDDFT continue to work to reduce their use of nefopam and will audit use again in 6 months' time to see what effect the changes they have made have had. Pain team are on board with changes and are working to ensure that all use of nefopam is appropriate.
- Hypoglycaemia policy – has recently been updated.

3i Regional Medicines Optimisation Committee – update

ID presented to the group the outputs of a national workshop on the formation of the four Regional Medicines Optimisation Committees for England which will be established by the end of summer 2016. As yet there is no further information available. The APC will be kept informed of future developments/progress.

3j Checklist for Development of APC Guidelines

A suggested template for the minimum content of guidelines being presented to the APC for approval was approved by the group subject to the following changes:

- Guidelines should be succinct as possible.
- Background & Aim of guideline could be included in the Cover Sheet to the APC rather than the guideline itself.
- Author – should be the name of the author but not their contact details. This is because contact details may change over time and author should not be expected to answer individual queries from GPs.
- Contact details for the appropriate clinical team should be included in case clinicians have a query about a particular patient.

This was accompanied by a suggested checklist for the APC to use when approving guidelines.

ACTION:

GM to update document with suggest changes and arrange for document to be added to CD&D pages of NECS website.

3k Policy for Gainshare of Biosimilar Medicines at CDDFT

This was presented to and approved by the group

3l NHSE Specialised Commissioning Drugs Briefing: Spring 2016

The Spring 2016 Specialised Commissioning Drugs Briefing was presented to the group for information. This Briefing brings together in one place updates on medicines commissioned by NHS England and is produced on a quarterly basis by NHS England.

3m High Cost Drugs Report

The High Cost Drugs Report for quarter 4 2015/16 produced by NECS was presented to the group for information.

3n NG5 Medicines Optimisation Guidance Group – briefing for APC

A report on the progress of the NG5 Medicines Optimisation Guidance Group was presented to the group. The suggest workplan and four initial areas of focus were approved by the APC. The group will begin be looking at medication incidents and how learning is shared between the various stakeholders.

Part 4 – Physical Health (13.30)

4a Network Guidance on Lipid Management
Following the March 2016 APC the NESCN Lipid Specialists' Advisory Group have produced a generic regional version of the FATS7 guideline which the APC approved subject to the contact details for CDDFT clinicians being corrected.

ACTION:
- **GM to update document with suggest changes and arrange for document to be added to CD&D pages of NECS website.**

4b Glucose Monitoring Guideline
The group noted that the CD&D Glucose Monitoring Guideline was now past its review date and required updating.

ACTION:
- **DN to update Glucose Monitoring Guideline and bring to September 2016 APC for approval.**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes April 2016
For information.

5b Formulary Amendments Post-June 2016 FSG Meeting
For information.

5c TEWV D&T Minutes March 2016
For information.

5d CD&D FT Clinical Standards and Therapeutics Committee June 2016 Minutes
Not yet available.

5e CD&D D&T CAG April 2016 Minutes
For information.

5f Diabetes Prescribing Group Minutes February, March & May 2016
For information.

5g High Cost Drugs Group Minutes March & April 2016
For information.

5h NTAG Minutes April 2016
Not yet available.

5i RDTC Horizon scanning – May & June 2016
For information.

5j MHRA Drug Safety Update – May & June 2016
For information.

5k NICE NG5 Medicines Optimisation Subgroup Minutes – May 2016
For information.

Chairman's Action

County Durham & Darlington Diabetes Integrated Model – Prescribing Guidelines
Approved

Annual Review of Terms of Reference
Updated Terms of Reference approved.

Any Other Business

AHSN Medicines Optimisation Steering Group
It was agreed that in future that the North East & Cumbria AHSN Medicines Optimisation Steering Group should come to the APC for information.

SystemOne
It was confirmed that patient's do need to give consent for their information to be shared with secondary care, in this particular case the Urgent Care Centre.

Transanal Irrigation
The Chair reported that he had been asked to prescribe transanal irrigation for one of his patient's in primary care as part of a clinical trial. The group agreed that it was not appropriate for primary care to be asked to prescribe as part of the clinical trial.

ACTION:

- **ID to send copy of request to GK to investigate.**

Date and time of next meeting:

Thursday 8th September 2016 11.30am – 2.30pm
Board Room, North Durham CCG, Rivergreen, Akley Heads, Durham