County Durham and Darlington Area Prescribing Committee

Thursday 6th July 2017
11.30am – 2.30pm
Board Room, Appleton House

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Peter Forster, GP Prescribing Lead, DDES CCG
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG
Monica Mason, RDTC Representative (Professional Secretary)
Dominic McDermott, Medicines Optimisation Pharmacist, NECS (representing Dan Newsome)
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Stuart Brown, Acting Deputy Chief Pharmacist, CD&DFT (representing Jamie Harris)
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Dr Allan Anthony, Consultant, CD&D FT
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Lisa Howarth, TEWV (representing Sarah McGeorge)
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Mike Leonard , Directorate Pharmacist, TEWVFT

In attendance

Nil

The meeting was quorate.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

Part 1 (11.30)

1a Apologies for absence:
Gavin Mankin, James Carlton, Dan Newsome, Jamie Harris, Shafie Kamaruddin, Martin Jones, Brewis Henderson, Chris Cunnington-Shore, Claire Jones

1b Declarations of Interest

Declarations of interest:
The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.
Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at
http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/

Declarations of interest from sub committees:
None declared

Declarations of interest from today's meeting:
No declarations of interest relating to the agenda were raised.

1c Minutes of the previous APC meeting held 4th May 2017
The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from May 2017 meeting not on the agenda or action log
Nil

Action Log
TEWV Formulary & Prescribing Transfer – A Quick Reference Guide – Primary Care Version
Final version has now been published on website. ITEM NOW CLOSED.

SBARD – Max Doses of ADHD Drugs
Final version has now been published on website. ITEM NOW CLOSED.

Lithium Safe Prescribing Guidelines – update
Updated draft was circulated via email to D&T CAG members for comment in June 2017 and is on today's agenda for discussion..

GP Information Leaflet for Colomycin Nebules for Non-CF Patients
Draft produced by RDTC and sent to Ian Grimes at CDDFT for comment. On today's agenda for discussion/approval.

GP Information Leaflet for Desmopressin Lyophilisate from Sunderland JFC
Still to be produced by Sunderland JFC.
ACTION:
- **JS to follow-up with Sunderland CCG**

Accessing Palliative Medicines via the Urgent Care Centre
NECS are updating of the list of pharmacies which stock palliative care meds and their opening hours and this is still in progress. Information checked for Darlington and still awaiting information from County Durham.

Letter for Clinicians across County Durham re Prescribing Savings
This is still to be progressed.
ACTION:
- **KH to follow-up with James Carlton**

Type 1 Blood Glucose Testing – choice of meters, strips and needles
Update to CD&D Blood Glucose Monitoring document has now been added to website and circulated to primary care.

Durham Guidelines for Transanal Irrigation
Suggested changes have been made and final version is on today's agenda for approval.

NHS England Consultation on the Availability of Gluten Free Foods on Prescription in Primary care
Response has been submitted to NHS England based on the discussion that took place at May 2017 APC.

Historic Actions
Subcutaneous methotrexate
An audit of current patient numbers in both primary and secondary care is still underway to inform the commissioning process for the new contract. There remain concerns around the

safety of the current system, capacity, and cost to the commissioners. All agreed this needs resolving as a matter of urgency and if not resolved then the LMC may advise GPs to stop prescribing subcutaneous methotrexate.

CDDFT Representatives to APC
The identification of new consultant representatives to APC has still not progressed. It was agreed to write to the CDDFT Medical Director to try and progress.
ACTION:

- **GM/ID to write to the CDDFT Medical Director to seek new consultant representatives to APC from CDDFT.**

Osteoporosis Guideline
Draft still in progress and NECS await comments from CDDFT.

Guanfacine
Shared care guideline is still in development. It was agreed to remove this from the action log for now as classed as a RED drug until shared care guideline is available.

Ciclosporin Eye Drops
A full year of prescribing data was presented verbally to the APC. Most use appears to be in North Durham CCG. It was agreed to review the data again in 12 month's time

Analgesia Formulary Choices
Guidelines for use of lidocaine patches, strong opioids and neuropathic pain still in progress, and it is hoped they will be ready for the September 2017 APC.

Stopping Over-Medication in People with Learning Disabilities
Data on potential number of patients is still being verified before a Task and Finish group meets to take this issue forward. The group noted that there are some Caldicott approval issues that still need be addressed and that practice pharmacist may be best placed to do this work because of this.
TEWV are looking for funding to employ a pharmacist to progress this work in addition to looking at how this has been progressed nationally.

TEWV Communications with GPs
Next update due September 2017.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – May 2017
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:

- Valproate Patient Safety Alert – discussion took place around raising awareness and actions taken to date in both primary & secondary care

ACTION:

- **KH to find out if any work being done by regional forum with regard to valproate patient safety alert.**

Part 3 – General (12.30)

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for July 2017 APC

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

Formulary Updates since May 2017 APC for approval including RAG changes
Approved with suggested changes to RAG recommendation as follows:

NICE Topic Decision	Date Issued	Formulary status	Action taken following June 2017 FSG meeting
TA440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine Pegylated liposomal irinotecan, in combination with 5−fluorouracil and leucovorin, is not recommended, within its marketing authorisation, for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy.	26.4.2017	Not listed in Chapter 8	Suggest no action required.
TA441 Daclizumab for treating relapsing–remitting multiple sclerosis Daclizumab is recommended as an option for treating multiple sclerosis in adults, only if: • the person has active relapsing–remitting multiple sclerosis previously treated with disease-modifying therapy, or rapidly evolving severe relapsing–remitting multiple sclerosis (that is, at least 2 relapses in the previous year and at least 1 gadolinium-enhancing lesion at baseline MRI) and • alemtuzumab is contraindicated or otherwise unsuitable and • the company provides the drug with the discount agreed in the patient access scheme.	26.4.2017	Not listed in Chapter 8.2.4	Suggest add to formulary as a RED drug and included link.
TA442 Ixekizumab for treating moderate to severe plaque psoriasis Ixekizumab is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 • the disease has not responded to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them, and • the company provides the drug with the discount agreed in the patient access scheme. Stop ixekizumab treatment at 12 weeks if the psoriasis has not responded adequately. An adequate response is defined as: • a 75% reduction in the PASI score (PASI 75) from when treatment started or • a 50% reduction in the PASI score (PASI 50) and a 5−point reduction in DLQI from when treatment started.	26.4.2017	Not listed in Chapter 13.5.3	Suggest add to formulary as a RED drug and included link as PBR excluded hospital only drug.

TA443 Obeticholic acid for treating primary biliary cholangitis Obeticholic acid is recommended, within its marketing authorisation, as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. Obeticholic acid is recommended only if the company provides it with the discount agreed in the patient access scheme. Assess the response to obeticholic acid after 12 months. Only continue if there is evidence of clinical benefit.	26.4.2017	Not listed in Chapter 1.9.1	Suggest add to formulary as a RED drug and included link as PBR excluded hospital only drug.
TA444 Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal) NICE is unable to make a recommendation about the use in the NHS of afatinib for treating locally advanced or metastatic squamous non-small-cell lung cancer after platinum-based chemotherapy because no evidence submission was received from Boehringer Ingelheim.	24.5.2017	Listed as RED drug in Chapter 8.1.5	Suggest no action required.
TA445 Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs Certolizumab pegol alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if: • it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has stopped responding after the first 12 weeks. • Certolizumab pegol is only recommended if the company provides it as agreed in the patient access scheme. Secukinumab alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if: • it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a TNF−alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or • TNF−alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). • Secukinumab is only recommended if the company provides it as agreed in the patient access scheme.	24.5.2017	Listed as RED drugs in Chapter 10.1.3	Suggest no action required except to add link to formulary.

NG68 Sexually transmitted infections: condom distribution schemes	26.4.2017	n/a	Suggest no action required
CG61 Irritable bowel syndrome in adults: diagnosis and management (updated) Recommendation 1.1.1.2 was updated in line with more recent guidance on recognition and referral for suspected cancer. This recommendation is dated [2017]. Recommendation 1.1.1.3 was removed as it was no longer needed after the changes to recommendation 1.1.1.2.	26.4.2017	n/a	Suggest no action required except to add link to start of Chapter 1 of formulary.
CG100 Alcohol-use disorders: diagnosis and management of physical complications (updated) In April 2017, we reviewed the evidence for corticosteroid treatment for people with severe alcohol-related hepatitis and changed recommendation 1.3.3.1.	26.4.2017	n/a	Suggest no action required except to add link to start of Chapter 4 of formulary.
CG124 Hip fracture: management (updated) In April 2017, we reviewed the evidence for the management of intracapsular hip fracture and changed recommendations 1.6.2 and 1.6.3 to emphasise the role of total hip replacement.	24.5.2017	n/a	Suggest no action required
CG 163 Idiopathic pulmonary fibrosis in adults: diagnosis and management (updated) In May 2017, recommendation 1.5.11 was amended to add a link to the NICE technology appraisal on nintedanib for the treatment of idiopathic pulmonary fibrosis, and two outdated research recommendations were removed.	24.5.2017	All relevant drugs included in formulary	Suggest no action required
CG174 Intravenous fluid therapy in adults in hospital (updated) In May 2017, some research recommendations that had become outdated since original publication were stood down and deleted.	24.5.2017	n/a	Suggest no action required
NG28 Type 2 diabetes in adults: management (updated) In May 2017 we added text on sodium–glucose cotransporter 2 (SGLT-2) inhibitors to the section on initial drug treatment. We also updated the algorithm for blood glucose lowering therapy in adults with type 2 diabetes to revise footnote b with links to relevant NICE guidance on SGLT-2 inhibitors, and added new information on SGLT-2 inhibitors to the box on action to take if metformin is contraindicated or not tolerated.	24.5.2017	All relevant drugs included in formulary with link at start of chapter 6.	Suggest no action required
NG69 Eating disorders: recognition and treatment This guideline covers assessment, treatment, monitoring and inpatient care for children, young people and adults with eating disorders. It aims to improve the care people receive by detailing the most effective treatments for anorexia nervosa, binge eating disorder and bulimia nervosa.	24.5.2017	n/a	Suggest no action required as no specific drug recommendations.
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following June 2017 FSG meeting**
Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures Babies born to mothers who take valproate medicines (Epilim▼, Depakote▼) during pregnancy have a 30–40% risk of developmental disability and a 10% risk of birth defects.	April 2017	Valproic acid listed as Green+ drug in chapter 4.2.3 Sodium valproate listed as	Suggest no action required except to add link to formulary.

		Green+ in chapter 4.2.3 and Green in chapter 4.8.1 and 4.7.4.2	
Ponatinib (Iclusig▼): risk of vascular occlusive events—updated advice on possible dose reduction Prescribers should consider reducing the dose of ponatinib to 15 mg a day for patients with chronic phase chronic myeloid leukaemia (CP-CML) who have achieved a major cytogenetic response.	April 2017	n/a	Suggest no action required as not listed in formulary.
Multiple sclerosis therapies: signal of rebound effect after stopping or switching therapy Healthcare professionals should report any suspected adverse effects relating to fingolimod (Gilenya▼) or other treatments for multiple sclerosis, including suspected adverse effects occurring after discontinuation, via the Yellow Card Scheme.	April 2017	Listed as RED drug in chapter 8.2.4	Suggest no action required except to add link to formulary.
Letters sent to healthcare professionals in March 2017 A summary of letters sent to healthcare professionals in March 2017 to inform of safety for: • Nulojix (belatacept) 250 mg: supply shortage—restricted to existing patients • Mucodyne Paediatric Syrup 250 mg/5 mL (carbocisteine oral liquid): new double-strength presentation—check dose volume to ensure appropriate dose is given	April 2017	Belatacept listed as RED drug in chapter 8.2.2 Carbocisteine listed as Green+ drug in chapter 3.7	Suggest no action required.
Finasteride: rare reports of depression and suicidal thoughts Since finasteride has been marketed there have been a number of spontaneous adverse drug reaction reports suggesting a possible link to depression, and in rare cases, suicidal thoughts. Advise patients to stop finasteride 1 mg (Propecia) immediately if they develop depression and inform a healthcare professional. Be aware that the product information for finasteride 5 mg (Proscar) already lists depression as a possible adverse reaction	May 2017	Finasteride 1mg not listed in formulary. (licensed for androgentic alopecia in men)	Suggest no action required. (N.B. no prescribable on NHS for alopecia)
New CPD e-learning module on reporting suspected adverse drug reactions You can use MHRA free e-learning modules to find out more about how and when to report suspected adverse drug reactions and earn CPD credits at the same time.	May 2017	n/a	Suggest no action required.
Letters sent to healthcare professionals in April 2017 A summary of letters sent to healthcare professionals in March 2017 to inform of safety for: • A letter was sent reminding relevant healthcare professionals that all patients must be withdrawn from retigabine (Trobalt) by the end of June 2017. • Orgalutran (ganirelix) 0.25 mg/0.5 mL: temporary shortage • Cotellic▼ (cobimetinib): important additional warnings for haemorrhage and rhabdomyolysis, including dose modification recommendations • Floran (epoprostenol): reminder of replacement	May 2017	Retigabine = Green+ in 4.8.1 Ganirelix = not listed Cobimetinib = not listed Epoprostenol = RED in 2.8.1 Erinwase = not listed	Suggest delete retigabine from formulary. (No issues in April-Dec 2016) Suggest no action required. Suggest no action required. Suggest add link to letter

of Flolan (with Solvent pH 10.5) with Flolan (with Solvent pH 12) • ERWINASE 181G: notice of special handling instructions—vials of ERWINASE from batch 181G should be used with a 5-micron filter needle • Levetiracetam-containing products 100 mg/mL oral solution presentations: risk of medication errors associated with overdose • Amoxil (amoxicillin trihydrate): updated dosing recommendations for patients undergoing haemodialysis		Levetiracetam = Green+ in 4.8.1 Amoxicillin =Green/Red in 5.11.13	AND add separate entries to formulary for Folan and generic for clarity. Suggest no action required. Suggest no action required. Suggest no action required.
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following June 2017 FSG meeting**
None since Feb 2017			

Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following June 2017 FSG meeting**
Selinium – add to formulary and make RED drug	To make clear that for use on ITU only and should not be prescribed in primary care.	9.5.5	Suggest add to formulary and make RED drug.
Liraglutide 18 mg/3ml soln for inj in prefilled pen (Saxenda® - add to formulary as NOT REVIEWED drug	To make clear that Saxenda® for use in obesity has not yet been reviewed by APC and as such should not be prescribed	4.5.1	Suggest add to formulary and make NOT REVIEWED drug.
New Drug Applications for Formulary	**Reasoning**	**BNF Chapter**	**Action taken following June 2017 FSG meeting**
None			
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following June 2017 FSG meeting**
Strontium	Product to be discontinued worldwide from Aug 2017.	6.7	Suggest remove from formulary.

ACTION:

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

3c New Drug Applications

None received for this meeting.

3d Contraceptives Section of Formulary

Following work undertaken by the Formulary Subgroup an updated contraceptives section of the formulary presented to and approved by the group.

The group agreed to list product choices generically with the recommendation that current most cost-effective brand should be prescribed within the health sector (e.g. primary or secondary care) where the patient is presenting.

ACTION:

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

3e Shared Care Guidelines for Approval

Lithium (TEWV)

A draft of the updated lithium shared care guideline was presented to the group for comment. The following points were raised during the discussion:

- How many patients are being managed outside of shared care currently? And how can such patients be referred back in to be managed under shared care? The group noted that the guideline does not preclude anyone being referred back in and this will be made clearer in the document. It was also agreed that primary care should be encouraged to search GP systems for any patients not currently under shared care arrangements and refer them back to TEWV for review.
- The Action Table for Lithium Levels was discussed at length including what to do if the range is 0.8 to 1. It was also discussed how to communicate individualised target ranges to primary care with patient specific levels for action.
- Purple books – use of the books was discussed and need to ensure books are held by patients.

The comments will be taken back to the TEWV D&T and the final version of the lithium shared care guideline will be presented to the September 2017 APC for approval.

ACTION:

- **CW to check the floodgate potential of patients being referred back into TEWV for shared care.**
- **CW to updated lithium shared care guideline based on comments received and re-circulated to APC members for comment prior to September 2017 APC.**
- **CW to present the final version of the lithium shared care guideline to the September 2017 APC for approval.**

Methylphenidate (TEWV)

The updated combined adult and paediatric shared care guideline for methylphenidate was presented to and approved by the group.

ACTION:

- **CW to arrange for final approved version to be added to CD&D pages of NECS website.**

Atomoxetine (TEWV)

The updated combined adult and paediatric shared care guideline for atomoxetine was presented to and approved by the group with the inclusion of LFT monitoring and clarification of dual diagnosis.

ACTION:

- **CW to arrange for final approved version to be added to CD&D pages of NECS website.**

DMARDs (CDDFT)

An updated draft is still to be finalised for approval at APC. A draft has been CDDFT CSTC but further comments have since been received. The group also asked if the recent updates to the BSR DMARD monitoring guidelines had been taken into account. The DMARD SCPs also still need to be approved by all the individual specialities.

3f NTAG Update

A verbal update on the NTAG recommendations following their June 2017 meeting was given.

3g CDDFT Update June 2017

A verbal update on the recent CTSC was presented to the group.

The group noted that CDDFT are developing a list of original packs that they dispense which are issued just with an over-label bearing the patient's name. This will help address some of administration/prescribing issues that have arisen in care homes following the discharge of patients from CDDFT with such medicines.

ACTION:

- **BW to bring list of a list of original packs that CDDFT dispense which are issued just with an over-label bearing the patients name to September 2017 APC for information.**

3h Regional Medicines Optimisation Committees – verbal update

A verbal update on the on the first meeting of the North Regional Medicines Optimisation Committees in June 2017 was presented to the group.
The APC noted that it well represented on the North RMOC.

Post-meeting the following RMOC discussion summaries were shared with the group following their first meeting:

- Antimicrobial Resistance
- Biosimilars
- Poly Pharmacy

3i Darlington/HAST CCG Exec Approval of APC Decisions

At the June 2017 meeting of the Darlington/HAST CCG exec it was decided that all decisions made by the County Durham and Darlington APC will need to be approved by the Darlington/HAST CCG exec before being communicated to practices. This is how the exec for HAST has always operated following recommendations made by Tees Medicines Governance Group (TMGG), though it was noted that there is no joint formulary between primary/secondary care in Teesside unlike in CD&D. It was also noted that the Tees Medicines Governance Group does not have delegated decision making authority from its stakeholders unlike the CD&D APC.

It is hoped this will not cause any problems for the APC in its current format, but it does have implications for formulary processes. It is not envisaged that it will hold up formulary decisions for the Durham CCGs but there is the possibility that a different decision has been made in Tees to APC which may prevent a product being used in Darlington.
A practical point for consideration is that how will this affect RDTC updating the CD&D formulary website as usually done straight after APC meeting? Should RDTC in future wait until the decision taken at APC has been approved by Darlington/HAST CCG exec? How will decisions from Darlington/HAST CCG Exec and TMGG be communicated as minutes or decision summary on formulary changes not available on a publically accessible website?

Discussions also took place on the most appropriate mechanism for feeding CD&D APC decisions into the Darlington/HAST CCG exec and who should be responsible for this.

ACTION:

- **GM to discuss with NECS the most appropriate mechanism for feeding CD&D APC decisions into the Darlington/HAST CCG exec and who should be responsible for this.**
- **GM to discuss with NECS how subsequent approval of APC decisions by Darlington/HAST CCG exec will be communicated back so that RDTC can proceed to update CD&D Formulary website.**
- **GM to amend CD&D APC Terms of Reference as necessary and send to ID for consideration.**

3j Update to CD&D Drug Monitoring Document

Item deferred until September 2017 APC meeting.
The group noted that the monitoring requirements for testosterone and theophylline are

currently under review but that further work is required before these can be finalised, in particular for testosterone.

Part 4 – Physical Health (13.30)

4a Durham Guidelines for Transanal Irrigation

The final draft of a local guideline for transanal irrigation was presented to the group for approval. This has been updated with the comments received at the May 2017 APC meeting. It was confirmed that the guideline was for use only in adults.

The guideline was approved.

ACTION:

- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

4b Neuropathic Pain Guideline

The group noted that the neuropathic pain guidelines will be presented for approval at the September 2017 APC meeting.

4c Nebulised Colomycin in Non-CF Patients – GP Information Leaflet

The group discussed and approved the draft Nebulised Colomycin in Non-CF Patients – GP Information Leaflet that was presented to it subject to confirmation that the Trust is responsible for the maintenance of the nebuliser and supply associated masks/tubing.

ACTION:

- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

4d Vitamin D Guidance

The group noted that one of the practice pharmacists is a piece of work at moment on practical guidance for GP practices on Vitamin D. It was agreed that this would be brought to September 2017 APC for approval for use across CD&D.

4e Letter Regarding Warfarin Prescribing

The group discussed recent correspondence between a CDDFT consultant and a CD&D GP regarding using NOACs compared to warfarin suggesting that NOACs are now the preferred treatment option over warfarin. The group noted that CDDFT have made no decision to use NOACs over warfarin, and there is still definitely a place for warfarin.

Concerns have been expressed from primary care regarding the increasing use of NOACs per se and the associated cost implications.

The group also noted that the local atrial fibrillation guidance is due for review and that NECS are leading on this. The review would be the best place to review all the treatment options for atrial fibrillation and review all patient decision aids to ensure that health professionals help patients to make an informed treatment choice.

ACTION:

- **SK to speak to consultant concerned re contents of letter.**
- **NECS to review and update local atrial fibrillation guidelines.**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes April 2017

For information.

5b TEWV D&T Minutes March 2017
For information.

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes April 2017
For information.

5d CD&D D&T CAG April 2017 & June 2017 Minutes
None available – meetings cancelled.

5e High Cost Drugs Group Minutes
For information.

5f NTAG Minutes February 2017
For information.

5g RDTC Horizon scanning – May & June 2017
For information.

5h MHRA Drug Safety Update – May & June 2017
For information.

5i NICE NG5 Medicines Optimisation Subgroup Minutes
No further meetings of the subgroup been held since June 2016.

5j AHSN Medicines Optimisation Steering Group Minutes – April 2017
For information.

Chairman's Action
Nil

Any Other Business
TEWV D&T Annual Report 2016/17
To be circulated with September 2017 APC papers for information.

NICE NG5 Medicines Optimisation Subgroup
There is still an expectation of a written report of this work, and it will be discussed at CD&D Formulary Subgroup.

VSL#3
Concerns were raised around increasing prescribing of VSL#3 in primary care for non-pouchitis patients.
ACTION:

- **BW to audit and review use of VSL#3 within CDDFT and why it is being recommended by CDDFT in some patients.**

Date and time of next meeting:
Thursday 7th September 2017 11.30am – 2.30pm
Board Room, North Durham CCG, Rivergreen, Akley Heads, Durham