

County Durham and Darlington Drug and Therapeutics Clinical Advisory Group

Tuesday 15th August 2017
12.30pm – 2.00pm
Board Room, Appleton House, Durham

Minutes

In Attendance:

Dr James Carlton (Chair)	Medical advisor DDES CCG	JC
Dr Martin Jones	GP Prescribing Lead DDES CCG, Sedgefield	MJ
Dr David Russell	GP Prescribing Lead Darlington CCG	DR
Dr Catherine Harrison	GP Prescribing Lead DDES CCG, Durham Dales	CH
Claire Jones	Public Health Pharmacist, Durham County Council	CJ
Kate Huddart	Head of Medicines Optimisation DDES CCG	KH
Rob Pitt	County Durham and Darlington LPC Representative	RP
Dominic McDermott	Senior Medicines Optimisation Pharmacist NECS	DM
Gavin Mankin (Professional Secretary)	Principal Pharmacist, RDTG	GM

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

Item Description	
1.	Apologies Joan Sutherland, Ian Davidson
2.	Declarations of interest Nothing declared. Members were reminded that completion of an Annual Declaration Interest form covering the period 2016-17 was now due and completed forms should be returned to the professional secretary as soon as possible.
3.	Minutes of last meeting held Tuesday 7th February 2017 The draft minutes were agreed as accurate. The group noted that the April 2017 and June 2017 D&T CAG meetings had been cancelled. ACTION: GM to upload minutes to the website

4.	<p>Matters arising: All matters arising covered on agenda or on Action Log.</p>
5.	<p>Actions taken following February 2017 meeting <u>Prescribing Engagement Scheme 2017/18</u> Was approved by CCG exec. ITEM NOW CLOSED.</p> <p><u>Magnesium Supplements – draft guideline</u> Requested changes were made to draft guideline and it was approved at the March 2017 APC. ITEM NOW CLOSED.</p> <p><u>Nausea and Vomiting in Pregnancy Guideline</u> Emailed Bev Walton at CDDFT but response as yet.</p> <p><u>Tadalafil Once Daily</u> Action has been superseded by NHSE consultation on items of low clinical value, and new service spec/guideline for ED in North Durham & DDES CCGs. ITEM NOW CLOSED.</p> <p><u>Nicotine Replacement Therapy</u> Pathway for NRT provision on discharge from CDDFT has been communicated to primary care. ITEM NOW CLOSED.</p> <p><u>Review D&T CAG Terms of Reference</u> D&T CAG Terms of Reference on today’s agenda for review. ITEM NOW CLOSED.</p> <p><u>Stopping Overmedicating in LD</u> Gareth Forbes is producing an audit template for SystemOne and EMIS but no timescale as yet.</p> <p><u>GP Letter template for Over ordering</u> The letter used by GPs in Darlington CCG has now been shared with North Durham & DDES CCGs. ITEM NOW CLOSED.</p>
6.	<p>Agenda</p>
6.1	<p>Annual Review of Terms of Reference The D&T CAG Terms of Reference were reviewed by the group as they are now due for review.</p> <p>During this review and the subsequent discussion the continuing need and role for the group was questioned. This is because many of the functions of the D&T CAG are now picked by the APC, formulary subgroup, locality prescribing groups within the individual CCGs, or the NE Prescribing Forum. It was also identified that all the D&T CAG members are also members of the APC. The group noted that the previous two meetings of the D&T CAG had been cancelled due to lack of agenda items and/or the number of apologies.</p> <p>Following a unanimous vote the group agreed that the D&T CAG should cease to meet and this would be its last meeting because its core functions are now addressed in other local groups.</p>

	<p>Discussion then move on to ensuring good representation from Darlington at the APC particularly from a GP. It was suggested that APC consider changing its meeting day and time to try and get full GP representation from all stakeholder CCGs together with alternating the venue between the Durham area and the Darlington/Bishop Auckland/Sedgefield area. This will be explored with the current Chair and membership of APC.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • GM to explore with the current Chair and membership of APC changing the APC meeting day and time to try and get full GP representation from all stakeholder CCGs, together with alternating the venue between the Durham area and the Darlington/Bishop Auckland/Sedgefield area.
6.2	<p>D&T CAG Annual Report 2016/17 This was presented to and approved by the group.</p> <p>ACTION: GM to arrange for document to be added to CD&D pages of NECS website.</p>
6.3	<p>Change to Frequency of D&T CAG Meetings Following the discussion under agenda item 6.1 there will be no further meetings of the D&T CAG.</p>
6.4	<p>Testosterone Monitoring A query has arisen around the monitoring requirements for testosterone in primary. It has been suggested that testosterone be included in the CD&D Drug Monitoring document as GPs are largely unknown of the associated monitoring requirements.</p> <p>The recommendations are per the SPC were felt to be too onerous so a pragmatic decision is required.</p> <p>During discussions the question was raised if testosterone should be initiated by GPs or should it just be for specialist initiation or be treated as shared care drug. Some felt that if treated as Green+ drug (as it is currently) then monitoring should follow that in the SPC.</p> <p>It was agreed further work was required and that the views of endocrinologists would be sought together with those of GPs who are specialists in the field. Any changes in formulary status or the Drug Monitoring document will be brought to a future APC meeting for approval.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • GM to seek views of all CDDFT endocrinologists on monitoring of testosterone in primary care and if GPs should be initiating therapy. • GM to seek consensus views from GPs on who should initiate testosterone therapy.
6.5	<p>NHS England Gender Identity Consultation The D&T CAG was asked for its comments on the four options for the future prescribing arrangements for hormone treatment which form part of the current NHS Specialised Gender Identity Services for Adults Consultation.</p>

	<p>The following comments were made in discussions:</p> <ul style="list-style-type: none"> • No hospital only prescribing option is presented as part of the consultation • The Northern Gender Dysphoria Service in Newcastle was highlighted as having good quality accessible written information on prescribing available for GPs unlike the majority of NHS providers in England. Other providers should be asked to follow the example of Newcastle in the information they provide to GPs. • Need to take into account how far some patients may need to travel to access specialist clinics and hence this may impact on the practicalities of prescribing for patients who have long distances to travel to clinics. • Due to GPs lack of experience in this area Option C whereby the specialist team is responsible for issuing prescriptions for around one year (or until the patient's endocrine treatment is stabilised) before transferring prescribing to GP was the favoured option of those present. <p>ACTION:</p> <ul style="list-style-type: none"> • GM to seek views of APC before submitting final response to NHSE.
6.6	<p>Lithium Shared Care Guidelines</p> <p>The group noted that the comments from the July 2017 APC have now been incorporated by TEWV into the final version of the lithium shared care guideline which is going to the September 2017 APC for approval within CD&D</p> <p>ACTION: No action from D&T</p>
6.7	<p>Managing Prescribable Items of Low Priority for NHS Funding – NHS England Consultation</p> <p>The group discussed the current NHSE consultation on Items Which Should Not Routinely be Prescribed in Primary Care which runs until the 21st October 2017.</p> <p>The following comments were made in the discussions:</p> <ul style="list-style-type: none"> • Agree with drugs that have so far been included. • Suggest that consideration be given to the future inclusion of nefopam, methocarbamol, and everything on the PrescQIPP DROP list. • Would be easier to implement in if many of these drugs were added to the Drug Tariff Black List • Work should be done nationally by NHSE to target those CCGs specifically which have the highest spend on each of these drugs. This is because many CCGs have already done a lot of good work to reduce their prescribing of these drugs. • With regard to OTC medicines their future inclusion should follow on from work that has been and is being done by the NE Prescribing Forum so there are no areas of grey. It was also suggested the Drug Tariff Black List needs to be revamped to ensure all brands of the relevant OTC medicines are included e.g. cough medicines. • The discussion amongst the public that promotion of this workstream in the media has generated has been useful in patients appreciating the need to manage NHS resources. <p>ACTION:</p>

	<ul style="list-style-type: none"> • GM to seek views of APC before submitting final response to NHSE.
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Subgroup Updates	
7.0	<p>IT Development Group Update North Durham & DDES CCGs have identified that Optimise is being as used as formulary checker for RED drugs so work is underway to address this.</p> <p>ACTION: No action from D&T</p>
8.0	<p>ND & DDES Joint Working with Community Pharmacy Steering Group The group is currently looking at some ongoing issues with some contractors around the e-repeat system which may result in some formal complaints about specific contractors to NHS England.</p> <p>ACTION: No action from D&T</p>
Sharing Best Practice	
9.1 – 9.5	<p>CCG prescribing locality updates and minutes Provided for information.</p> <ul style="list-style-type: none"> • Darlington prescribing sub-committee – nothing specific to highlight. • North Durham prescribing and medication safety group Jan, Feb, March, April, May & June 2017 – nothing specific to highlight. • Durham Dales LPG Jan, March & May 2017 – nothing specific to highlight. • Easington LPG Jan, March & May 2017 – nothing specific to highlight. • Sedgefield LPG Jan, March & May 2017 – nothing specific to highlight.
10	<p>QIPP and cost effective prescribing No specific update available.</p> <p>The group noted the current price changes with pregabalin and North Durham + DDES CCGs have decided to stick with the Alzain® brand until the situation stabilises.</p> <p>Some work around stoma products has recently been completed. Work to look at dressings and continence products is about to begin.</p> <p>ACTION: No action from D&T</p>
11	Medication Safety and NPSA
11.1	<p>MHRA Drug Safety Updates Feb, March, April, May, June & July 2017 GM updated the group on the February, March, April, May, June & July 2017 MHRA Drug Safety Updates and that these had already been actioned within the formulary where appropriate.</p>
11.2	<p>Central Alerting System – patient safety alerts The following alerts issued since the last meeting were brought to the attention of the group:</p>

	<ul style="list-style-type: none"> • Risk of death and severe harm from ingestion of superabsorbent polymer gel granules – issued 5.7.2017 • Resources to support the safety of girls and women who are being treated with valproate – issued 6.4.2017 • Resources to support safer care for full-term babies – issued 23.2.2017 <p>ACTION: No action from D&T</p>
11.3	<p>Significant medication incidents Nothing to report.</p>
11.4	<p>Primary care medication incident trends Nothing to report.</p>
11.5	<p>Secondary care medication incident report Nothing to report.</p>
Standing items	
12	<p>Budget Update DM provided a verbal update to the group.</p>
13	<p>Patient group directions None for group to note at this meeting.</p>
14	<p>Area prescribing committee minutes March 2017, May 2017 & July 2017 Provided for information.</p>
15.1 - 15.4	<p>Provider drug and therapeutics committees The group noted the minutes from Nov 2016, Jan 2017 and March 2017 TEWV D&T. The group noted the minutes from April 2017 CDDFT CSTC. Minutes from UHNT D&T and Sunderland JFC were not available.</p>
16	<p>AOB Nil</p>
17	<p>Date and time of next meeting All future meetings cancelled as per decision to disband D&T CAG under agenda item 6.1</p>