County Durham and Darlington Area Prescribing Committee

Thursday 4th January 2018
11.30am – 2.30pm
Board Room, Appleton House

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (Chair)
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Stuart Brown, Acting Deputy Chief Pharmacist, CD&DFT
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Chris Cunnington-Shore, Patient Representative
Dr Shafie Kamaruddin, Consultant, CD&D FT
Rob Pitt, LPC representative
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Neil Middleton, GP Prescribing Lead, DDES CCG
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG
Sarah McGeorge, Non-Medical Prescriber, TEWVFT

In attendance
Nil

The meeting was not quorate and all decisions made would need agreement from members not present via email post-meeting.

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:
Shafie Kamaruddin, Brewis Henderson, Mike Leonard, Beverley Walton, Jamie Harris, Peter Forster

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:
None declared

1c Minutes of the previous APC meeting held 2nd November 2017
The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

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

Action Log
Green+ Information Leaflet: Noqdirna (desmopression oral lypohilisate)
Still to be added to APC website – checking that Sunderland are happy for us to adopt this.

Depression Medication Algorithm
Pathway delayed until May 2018 APC as updated NICE guidance due in March 2018.
It was agreed instead of bringing non-pharmacological option pathways to APC for information and sharing with primary care as resource that non-pharmacological option be emphasised as 1st line in the Depression Medication Algorithm.

Anxiety Medication Algorithm
On today's agenda. ITEM NOW CLOSED.

CD&D Grey List – updated
Completed & on website. ITEM NOW CLOSED.

Shared Care Guidelines For Approval
Completed & on website. ITEM NOW CLOSED.

Antimicrobial Resistance – Key Actions and Impact that can help the system during the winter period – October 2017
On today's agenda. ITEM NOW CLOSED.

Freestyle Libre Glucose Monitoring Device
Actions complete. NTAG endorsed RMOC guidance and this was approved via APC Chair's action within CD&D. For each Trust to agree route of supply from secondary care and method of recharge/reimbursement with their local CCGs to support current RED drug status. It should not be prescribed by primary care clinicians at this stage. ITEM NOW CLOSED.

CD&D Formulary Subgroup Terms of Reference – updated Nov 2017
Completed & on website. ITEM NOW CLOSED.

Bisphosphonates for Breast Cancer
At Nov 17 APC discussed Bisphosphonates for Breast Cancer new treatment recommendations. It was agreed that APC stakeholders would highlight to commissioners and contract teams within their organisations this new treatment recommendation from the Cancer Network with regard to bisphosphonates for the prevention of treatment associated osteoporosis and to reduce the risk of breast cancer recurrence in post-menopausal patients with early breast cancer that will impact on current activity within secondary care, and the ask them to explore/agree the best model for delivering this treatment. It was noted that this was still to be highlighted with commissioning colleagues and KH agreed to take this lead on this.

Historic Actions
Subcutaneous methotrexate
Progress continues to be made around the homecare contract for subcutaneous methotrexate. A suitable template for GP computer systems is currently in development.

CDDFT Representatives to APC
Re-arranged meeting venues for APC from March 2018 to accommodate new meeting time of 9am to 12noon.
No update available on progress seeking further consultant representation from CDDFT.

Osteoporosis Guideline
Draft still in progress and NECS await comments from CDDFT. May be delayed until early 2018.

Ciclosporin Eye Drops
No update required until July 2018.

Accessing Palliative Medicines via the Urgent Care Centre
As of Dec 2017 NECS provider management colleagues now have an up to date list of participating pharmacies for CD&D CCGs so just waiting for a list of drugs from palliative care to be approved before this can be taken forward.

Stopping Over-Medication in People with Learning Disabilities
Update from TEWV not due until March 2018.

TEWV Communications with GPs – update
Update from TEWV not due until March 2018.

Update to CD&D Drug Monitoring Document – Testosterone
Shared care guideline for testosterone still in development.

Erectile Dysfunction guideline
Still awaiting final version & summary of changes to policy from Nicole Theobald at NECS for adding to APC website.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – November 2017
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

2b Final anxiety medication pathway
A final version of the Anxiety Medication Algorithm for primary and secondary care approved by the TEWV Drug & Therapeutics Committee was presented to the group for information.
The APC noted that the document was aimed at working age adults.
A query was raised around the inclusion of trazodone for GPs to prescribe in Adjunct Medicines box alongside Step 1, as this would involve the combination of two antidepressants and Step 1 is defined as a trial of a single antidepressant drug therapy.

ACTION:
- **CW to review place of trazodone for GPs to prescribe in Adjunct Medicines box.**

2c Promazine De-Prescribing Guideline
A draft of a Promazine De-Prescribing Guideline for primary and secondary care was presented to and approved by the group for use if appropriate when reviewing patients. Noted this was not an active switch.

ACTION:
- **DN to identify patients in primary care on promazine for review and consideration of switch to alternative if appropriate.**
- **To arrange for link to final approved version to be added to CD&D pages of NECS**

website.

Part 3 – General (12.30)

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for January 2018 APC
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since November 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 Dec 2017 FSG meeting
TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee	4.10.2017	Not listed	Suggest no action required as these types of products are not normally listed in a drug formulary.
TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	4.10.2017	Listed as RED drug in chapter 8.1.5.	Suggest no action required except to add link to formulary.
TA479 Reslizumab for treating severe eosinophilic asthma	4.10.2017	Not listed in chapter 3.4.2	Suggest add to formulary as RED drug and include link. NHSE Funded.
TA480 Tofacitinib for moderate to severe rheumatoid arthritis	11.10.2017	Not listed in chapter 10.1.3	Suggest add to formulary as a RED drug and include link.
TA481 Immunosuppressive therapy for kidney transplant in adults	11.10.2017	Listed as RED drugs in chapter 8.2	Suggest no action required except to add link to formulary.
TA482 Immunosuppressive therapy for kidney transplant in children and young people	11.10.2017	Listed as RED drugs in chapter 8.2	Suggest no action required except to add link to formulary.
TA483 Nivolumab for previously treated squamous non-small-cell lung cancer	1.11.2017	Listed as RED drug in chapter 8.2.4	Suggest no action required except to add link to formulary.
TA484 Nivolumab for previously treated non-squamous non-small-cell lung cancer	1.11.2017	Listed as RED drug in chapter 8.2.4	Suggest no action required except to add link to formulary.
TA485 Sarilumab for moderate to severe rheumatoid arthritis	1.11.2107	Not listed in chapter 10.1.3	Suggest add to formulary as a RED drug and include link.
TA486 Aflibercept for treating choroidal neovascularisation	1.11.2017	Listed as RED drug in 8.1.5	Suggest no action required except to add link to formulary.
TA487 Venetoclax for treating chronic lymphocytic leukaemia	8.11.2017	Not listed in chapter 8.1.5	Suggest add to formulary as a RED drug and include link.
TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours	15.11.2017	Not listed in chapter 8.1.5	Suggest add to formulary as a RED drug and include link.
TA489 Vismodegib for treating basal cell carcinoma	22.11.2017	Not listed in chapter 8.1.5	Suggest no action required
TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy	22.11.2017	Listed as RED drug in chapter 8.2.4	Suggest no action required except to add link to formulary.
TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia	22.11.2107	Listed as RED drug in 8.1.5	Suggest no action required except to add link to formulary.
CG71 Familial hypercholesterolaemia: identification and management (updated) In November 2017, we reviewed the evidence for case	30.11.2017	All relevant drugs already on the	Suggest no action required with regard to the formulary as no specific drug

finding and diagnosis, identification using cascade testing, and management using statins. We added, updated and deleted some recommendations in sections 1.1, 1.2 and 1.3. We also removed nicotinic acid from section 1.3.		formulary	recommendations. But agreed need to check local guidelines match these updated recommendations.
CG89 Child maltreatment: when to suspect maltreatment in under 18s (updated) In October 2017, NICE published a guideline on child abuse and neglect. Recommendations relevant to both health and social care practitioners appear in this guideline and the child abuse and neglect guideline. Clinical features (including physical injuries) are covered in this guideline. We made minor edits to recommendations 1.3.2, 1.3.3, 1.3.4, 1.3.10, 1.3.12, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.12, 1.4.13, 1.5.1, 1.5.2, 1.5.3, 1.5.4 and 1.5.5 in line with NICE's child abuse and neglect guideline. We also added a link to recommendation 1.3.6 to the NICE guideline on faltering growth. Recommendation 1.4.8 was also updated with information on Prader–Willi syndrome.	31.10.2017	n/a	Suggest no action required as changes to drug recommendations.
CG165 Hepatitis B (chronic): diagnosis and management (updated) In October 2017, we changed a footnote to update the information on UK marketing authorisations for entecavir.	31.10.2017	All relevant drugs already on the formulary	Suggest no action required as all relevant drugs already on the formulary
NG76 Child abuse and neglect	31.10.2107	n/a	Suggest no action required as no specific drug recommendations.
NG77 Cataracts in adults: management	31.10.2017	All relevant drugs already on the formulary	Suggest no action required as all relevant drugs already on the formulary
NG78 Cystic fibrosis: diagnosis and management	31.10.2017	All relevant drugs already on the formulary or available locally from Tertiary centre	Suggest no action required
NG79 Sinusitis (acute): antimicrobial prescribing	31.10.2017	All relevant drugs already on the formulary	Suggest ask for regional primary care antimicrobial guidelines to be updated.
NG81 Glaucoma: diagnosis and management	31.10.2017	All relevant drugs already on the formulary	Suggest no action required
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following Dec 2017 FSG meeting**
Methylprednisolone injectable medicine containing lactose (Solu-Medrone 40 mg): do not use in patients with cows' milk allergy Solu-Medrone 40 mg may contain trace amounts of milk proteins.	Oct 2017	Listed as GREEN drug in 6.3.2	Suggest no action required except to add link to formulary.
Gabapentin (Neurontin): risk of severe respiratory depression Gabapentin has been associated with a rare risk of severe respiratory depression even without	Oct 2017	Listed as GREEN drug in 4.7.3, 4.8.1, and 6.1.5	Suggest no action required except to add link to formulary.

concomitant opioid medicines.			
Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido Cases of sexual dysfunction, predominantly involving erectile dysfunction and decreased libido, have been reported rarely in patients taking oral isotretinoin for severe acne.	Oct 2017	Listed as RED drug in 13.6.2	Suggest no action required except to add link to formulary.
Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus If constipation occurs during treatment with clozapine (Clozaril, Denzapine, Zaponex), it is vital that it is recognised and actively treated.	Oct 2017	Listed as RED drug in 4.2.1.2	Suggest no action required except to add link to formulary.
Letters sent to healthcare professionals in September 2017 A summary of letters sent to healthcare professionals in September 2017 to inform of safety for: • Dacogen (decitabine) 50 mg, powder for concentrate for solution for infusion – change in the recommendations for diluting reconstituted Dacogen solution • Eperzan▼(albiglutide): global discontinuation of medicine — do not initiate new patients; transition all current patients to an alternative therapy by July 2018 • ERWINASE from BATCH 184G* should be used with a 5-micron filter needle • ReoPro (abciximab) 2 mg/mL solution for injection or infusion: supply shortage • Recombinant human erythropoietins: risk of severe cutaneous adverse reactions	Oct 2017	Not listed Not Listed Not Listed Not Listed RED drugs in 9.1.3	Suggest no action required. Suggest no action required. Suggest no action required. Suggest no action required. Suggest add link.
Gentamicin: potential for histamine-related adverse drug reactions with some batches Some batches of gentamicin sulphate active pharmaceutical ingredient (API) used to manufacture gentamicin may contain higher than expected levels of histamine, which is a residual from the manufacturing process.	Nov 2017	Listed as RED drug in 5.1.4	Suggest no action required except to add link to formulary.
Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine interactions Quinine has dose-dependent QT-interval-prolonging effects and should be used with caution in patients with risk factors for QT prolongation or in those with atrioventricular block.	Nov 2017	Listed as GREEN drug in 5.4.1 and 10.2.2	Suggest no action required except to add link to formulary.
Oral tacrolimus products: reminder to prescribe and dispense by brand name only Inadvertent switching between tacrolimus products has been associated with reports of toxicity and graft rejection.	Nov 2017	Listed as AMBER/RED drug in 8.2.2	Suggest no action required except to add link to formulary.
Antiepileptic drugs: updated advice on switching between different manufacturers' products In addition to the 3 risk-based categories of antiepileptic drugs, patient-related factors should be considered when deciding whether it is necessary to maintain continuity of supply for a specific product.	Nov 2017	Listed as GREEN/GREEN+ in 4.8	Suggest to add link to formulary and specify in individual drug monographs which ones should be prescribed by brand.
Updates to Public Health England's Green Book	Nov 2017	Listed as Green	No action required

chapter on live attenuated vaccines Further to our previous advice in 2016, Public Health England have updated their guidance about live vaccination of infants born to a mother who received immunosuppressive biological therapy during pregnancy.		in Chapter 14	
Letters sent to healthcare professionals in October 2017 A summary of letters sent to healthcare professionals in October 2017 to inform of safety for: • Solu-Medrone 40 mg. Injectable methylprednisolone products containing lactose: new contraindication in patients allergic to cow's milk proteins treated for allergic conditions	Nov 2017		No action required full DSU issued.
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following Dec 2017 FSG meeting**
Freestyle Libre - NTAG endorses the Regional Medicines Optimisation Committee (RMOC) position statement on the NHS prescribing of Freestyle Libre® Flash Glucose Monitoring System of the 1st November 2017. NTAG recommends Freestyle Libre® as an option for glucose monitoring in Type 1 diabetic patients only in the North East and Cumbria for patients who fulfil the RMOC criteria for the. This device should not be prescribed in primary care and should only be initiated and prescribed by diabetic specialists.	**21.11.2017**	**Not currently listed**	**Suggest add to formulary as RED drug in Chapter 6.1.6 with link to NTAG statement and RMOC guidance.**
Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following Dec 2017 FSG meeting**
Enoxaparin – list all brands available an state that should be prescribed by brand	Generic biosimilars now available which have different design of syringe so advice is prescribe by brand to avoid prescribing/dispensing errors	2.8.1	Suggest list both Clexane® and Inhixa® brands on the formulary with a statement to prescribe by brand.
Minoxidil Foam – add as NOT APPROVED	Agreed to add to DNP list as a cosmetic product and not a good all use of NHS resources. All other topical forms of minoxidil are blacklisted in the Drug Tariff.	13.9	Suggest add to formulary as NOT APPROVED and add to DNP list. Patients can buy OTC or be prescribed privately.
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following Dec 2017 FSG meeting**
Metformin sachets	Product discontinued.	6.1.2.2	Suggest remove from formulary
Colifoam® - Hydrocortisone 10% rectal foam	To be replaced by Budenofalk® rectal foam	1.5.2	Suggest remove from formulary

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**
- **GM to check if update to CG71 has any implications for local lipid guidelines e.g. FATS.**
- **ID to write to Alistair Monk (NECS) to confirm and ask for regional primary care antimicrobial guidelines to be update to reflect new NICE guidance for sinusitis.**

3c New Drug Applications

The following new formulary drug applications were discussed and approved by the APC:

New Drug Applications for Formulary	Reasoning	BNF Chapter	Action taken
Invicorp® - Aviptadil with phentolamine injection	Alternative to alprostadil injection in those with side-effects e.g. pain on injection	7.5.4	Suggest add to formulary as GREEN+ 3rd line drug after alprostadil injection, and audit use over next 6 months to demonstrate benefit/reduction in side-effects
Epiduo® - Adapalene with benzyl peroxide gel	For acne vulgaris	13.6.1	Suggest add to formulary as GREEN drug.
Budenofalk® - Budesonide rectal foam	To replace Colifoam® as 1st line rectal foam as easier to use and cheaper than Predfoam	1.5.2	Suggest add to formulary as GREEN drug as 1st line rectal foam. The APC noted that CDDFT are producing a leaflet to support this.

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**

3d Shared Care Guidelines for Approval

Nil this month.

3e CD&D APC Emollient Prescribing Guideline for Dry Skin Conditions – updated Nov 2017

An updated version of the CD&D APC Emollient Prescribing Guideline for Dry Skin Conditions – updated Nov 2017 was presented to and approved by the APC.

The APC noted that work is being undertaken to review the prescribing and ordering of emollients by care homes.

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**
- **GM to arrange for final approved version to be added to CD&D APC pages of NECS website.**

3f CD&D Formulary Process – updated

An updated version of the CD&D Formulary process to incorporate RMOC guidance/recommendations and some minor changes to TEWV internal procedures was approved by the APC.

ACTION:

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

3g NTAG Update

A verbal update on the NTAG recommendations following their November 2017 meeting was given:

- Freestyle Libre - NTAG endorses the Regional Medicines Optimisation Committee (RMOC) position statement on the NHS prescribing of Freestyle Libre® Flash Glucose Monitoring System of the 1st November 2017. NTAG recommends Freestyle Libre® as an option for glucose monitoring in Type 1 diabetic patients only in the North East and Cumbria for patients who fulfil the RMOC criteria for the device. This device should not be prescribed in primary care and should only be initiated and prescribed by diabetic specialists.

The APC noted that chair's action had already been taken to approve RED RAG status in line with NTAG advice to restrict to specialist only prescribing at this stage. The formulary website will be updated accordingly.

ACTION:

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

3h CDDFT Update December 2017 – verbal update

No update was available.

3i RMOC Update Oct 2017 - January 2018 Meetings

No outputs currently available on RMOC website.

3j Update to CD&D Drug Monitoring Document - Theophylline

Currently the document reads:

Drug	Baseline	Routine	Comments
Theophylline		Drug level	6 –12 monthly once maintenance dose reached or if signs of toxicity. Range 10-20mg/l. Measure pre-dose trough (immediately before next dose).

And the suggested change which was approved by the APC following email correspondence with the respiratory consultants is:

Drug	Baseline	Routine	Comments
Theophylline		Drug level	Check 2- 6 weeks following dose changes to assess response and 12 monthly once maintenance dose reached, or if toxicity suspected Range 10-20mg/l. Sample 4-6 hours after last dose.

ACTION:

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

3k A consultation on proposals to schedule pregabalin and gabapentin under the Misuse of Drugs Regulations 2001

The group discussed the consultation from the Home Office on the proposals to schedule pregabalin and gabapentin under the Misuse of Drugs Regulations 2001. The APC agreed that its preferred option was Option 2 - Control pregabalin and gabapentin as Class C Drugs under the 1971 Act and place both in Schedule 3 to the 2001 Regulations (but exclude the application of safe custody requirements). This was because it felt that safe storage requirements were too onerous and impractical for pharmacies, clinical areas and care homes in the case of pregabalin and gabapentin.

ACTION:

- **GM to submit a response on behalf of the APC based on the discussion that had taken place.**

3l Outpatient Prescribing Requests

Correspondence has been received from a number of GPs requesting confirmation that CCGs have in place a written understanding that when medication recommendation is made by outpatient clinics, consultants provide patients appropriate advice about the drug specifically risks and monitoring. Or is this solely the prescribers responsibility in which case every outpatient prescription request may require a GP contact to advise on prescription and ensure patient counselling.

The concerns relate specifically to the CDDFT Outpatient Treatment Recommendation form.

The APC agreed after discussion that there was need for both secondary care and primary care clinicians to be clear as to their responsibilities to counselling patients in changes to medication particular from the medico-legal perspective. It was also suggest that patients have a responsibility to acknowledge that they understand the counselling they have received and why a particular treatment recommendation has been made.

ACTION:

- **SB to seek views from CDDFT Clinicians on the issue of responsibility for counselling patients with regard to new medicines following an outpatient consultation.**
- **SB to review CDDFT Outpatient Treatment Recommendation form with a view to adding a statement/tick box that the secondary care clinician has counselled the patient.**
- **ES to audit number of Outpatient Treatment Recommendation forms received with their GP practice and from which specialities.**
- **RP and LPC to look at how New Medicines Scheme in community pharmacy is promoted and how community pharmacies pick up patients requiring a New Medicines review.**

3m Items Which Should Not Be Routinely Prescribed in Primary Care CCG Guidance

The APC noted the publication of the final guidance from NHSE on Items which should not routinely be prescribed in primary care: Guidance for CCGs.

The APC noted that its current DNP/Grey Lists already covered the majority of the drugs included in the NHS guidance.

The APC agreed to make the following changes to its DNP/Grey Lists to match the recommendations from NHSE:

- Liothyronine – to move from DNP list to Grey list with initiation by specialist only as per NHSE guidance.
- Lidocaine patches – to remain on Grey list with additional wording on use as per NHSE guidance.
- Omega 3 fatty acids – to move from Grey list to DNP list as per NHSE guidance as no longer recommended for any indication.
- Fentanyl Immediate Release – to remain on Grey list for palliative care use only and on advice of palliative care specialist only.
- Tadalafil Once Daily – to remain on DNP list including use for benign prostatic hyperplasia.

ACTION:

- **GM to make agreed changes to DNP/Grey list regarding liothyronine, lidocaine patches, omega 3, fentanyl IR and tadalafil once daily. To also reference DNP/Grey lists with this new national guidance.**
- **ID to write to urologists highlighting national guidance not to prescribe tadalafil once daily for benign prostatic hyperplasia, and that CD&D DNP list has been updated to reflect this.**

Part 4 – Physical Health (13.30)

4a NE&C Guidance for Management of Cow's Milk Allergy – draft for comment

A draft of a standard regional guideline for the management of Non-IgE mediated Cow's Milk Allergy produced by the Northern Paediatric Allergy Group (NPAG) was presented to the APC for comment.

The proposed guideline is based on the current Durham and Darlington APC document which has been in use since May 2015 and is now due for review. The proposed guideline has been updated with the recent publication of the iMAP document which is NICE accredited.

The APC agreed that it would support a standard regional guideline for the management of Non-IgE mediated Cow's Milk Allergy.

APC members had the following comments to make on the draft guideline:

- GPs would prefer a limited list of milks to prescribed from maybe as a local appendix if regional consensus on which products to include is not possible.
- Community pharmacies prefer a limited list of milks to prescribed so they know what to stock and can manage their stock levels better to meet patient's needs.
- The list of milk options should be presented with their price to aid prescribers in deciding which product to choose.
- The APC would wish to see the rationale behind which products have been chosen for the limited list as the limited list does not contain the cheapest products that are available.
- The APC would also want to know if there are any contractual considerations to be taken into account around which products are included, and if any of the companies support the service in any way leading to potential conflict of interest.

ACTION:

- **GM to feedback comments of CD&D APC to Dr Shah.**

4b Care Pathway for the Prescribing of Nutritional Supplements for Adults in CD&D – updated

An updated pathway for the prescribing of oral nutritional supplements in adults in County Durham & Darlington was presented for approval.

The changes to this pathway are:

- Changes in pricing, which is a constantly changing agenda, and this affects the listings of the various products
- Links to free sample packs, in which a professional can order for a patient prior to prescribing to determine if they are compliant. These are all electronic links.

After discussion the APC agreed that the references to free sample packs should be removed due to concerns around patients giving consent to be contacted by suppliers, and what suppliers did with patient details, plus using samples may direct patients/prescribers to only particular product. The APC also felt there was no need currently to issue patients with free samples because the guideline already allows patients to receive a 7 day trial on prescription, and it was felt the cost to be saved from using free samples instead was not enough to justify the concerns raised around protecting patients' contact details.

ACTION:

- **GM to ask Dieticians to make changes required by APC before adding new updated version to CD&D APC pages of NECS website.**

4c IBD Pathway

These guidelines have been produced by the gastroenterology team of CDDFT to guide the management of patients with inflammatory bowel disease who require treatment with biologic therapy and have been approved by the CDDFT CTSC.

The inclusion of using higher doses of some biologics (e.g. infliximab 10mg/kg) which are unlicensed and currently outside of NICE guidance as an option was highlighted to the group.

The APC agreed that this required the approval of commissioners and High Cost Drugs Subgroup before it could finally approve the pathway.

ACTION:

- **BW to take to High Cost Drugs Subgroup to review and approve costings plus evidence base with commissioners for inclusion of higher than licensed doses of biologics (e.g. infliximab 10mg/kg) as a treatment option prior to re-submission to APC for final approval.**

4d Atrial Fibrillation Guideline

A draft of the updated County Durham & Darlington APC Anticoagulation for stroke prevention in Atrial Fibrillation in primary care - Practical Guide was presented to the APC for comment.
It was noted that that it had been circulated to specialists and GPs for comment prior to the meeting but that only one response had been received.
During discussion the following points were raised:

- Where does this fit in with the AHSH AF Cards?
- In its current form is not something that would used during a patient consultation to decide which treatment option to use.
- Needs the addition of which treatment options should be used and when i.e. should a NOAC or warfarin be prescribed 1st line, which NOAC is the preferred 1st choice
- Needs the addition of local safety data to guide clinicians on treatment choice
- Needs the addition of long term safety data of NOACs vs warfarin
- Needs the addition of information on patient safety on initiation – anecdotal evidence that NOACs are preferred to warfarin locally because warfarin is more complicated to initiate therefore increasing the risk to the patient.

The APC noted as yet there was no feedback from CDDFT Stroke and Cardiology clinicians on the document.
It was agreed that a second draft should come back to March 2018 APC with the addition of local safety data around the use of oral anticoagulants and clear treatment choices for Durham i.e. NOACS first line on grounds of evidence? Apixaban first line?

ACTION:

- **SB to seek comments on draft AF guideline from CDDFT Stroke and Cardiology comments.**
- **GM to feedback comments from APC on draft to Dominic McDermott (NECS).**
- **GM to send to JS/KH/DM latest reviews of evidence comparing NOACs with warfarin.**

4e Antimicrobial resistance and performance locally against national targets

In October 2017 the North Regional Medicines Optimisation Committee (RMOC) sent a letter to all key stakeholders to ask that a number of important interventions with regards to Antimicrobial Stewardship are considered locally, and where these were not being maximised that action is taken to improve their uptake or implementation. The paper being presented to the APC was written jointly by Darlington CCG, Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG, and the County Durham and Darlington Foundation Trust (CDDFT) to discuss our joint position with regards to these interventions, and highlights any areas which could be further optimised.
The APC agreed that a local overarching group is needed within CD&D comprising of representation from microbiology, infection control, public health, prescribers, and pharmacists from both primary plus secondary care. The purpose of this overarching group would be to received reports from all the local groups doing working on this and maintain an overall picture of what is being done locally to tackle this and their progress to date.

ACTION:

- **KH/SB to submit annual paper to APC each December for information giving summary of work done within CD&D in both primary and secondary care with**

regard to Antimicrobial Resistance and Performance Locally Against National Targets.

- **SB to review list of suggest attendees for a new local CD&D overarching antimicrobial group and respond to KH by end of January 2018.**
- **KH arrange first meeting of a new CD&D overarching antimicrobial group within the next 2 months.**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes October 2017
For information.

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

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes October 2017
Not yet available.

5d High Cost Drugs Group Minutes July 2017
For information.

5e NTAG September 2017
For information.

5f RDTC Horizon scanning – November & December 2017
For information.

5g MHRA Drug Safety Update – S November & December 2017
For information.

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

5i AHSN Medicines Optimisation Steering Group Minutes – September 2017
For information.

5j Tees Medicines Governance Group Minutes
Not yet available.

5k NE&C CCG Prescribing Forum Minutes
Not yet available.

5l APC Meeting Dates and Venues 2018 - revised
For information.

Chairman's Action
Nil

Any Other Business
STOMP Audit
A recently completed primary care STOMP audit was circulated to the APC for information. The group noted that work is moving forward in this area with TEWV and that there may be an STP wide approach to this.

Date and time of next meeting:
Thursday 1st March 2018, 9am – 12noon **NOTE CHANGE OF TIME**
Board Room, West Park Hospital, Edward Pease Way, Darlington DL2 2TS