County Durham and Darlington Area Prescribing Committee

Thursday 5th July 2018
9am – 12noon
Board Room, West Park Hospital, Darlington

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (Chair)
Sue Dickinson, RDTC Representative (Professional Secretary to this meeting)
Deborah Giles, Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicines Optimisation Lead, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Chris Cunnington-Shore, Patient Representative
Dr Veena Raviprakash, Consultant Microbiologist, CDDFT
Dr Wolfgang Kuster, Associate Clinical Director, TEWV FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Peter Forster, GP Prescribing Lead, DDES CCG
Jamie Harris, Chief Pharmacist, CDDFT
Sarah McGeorge, Nurse Consultant, TEWV FT
Brewis Henderson, Patient Representative
Claire Jones, Public Health Pharmacist, Durham County Council
Beverley Walton, Lead Clinical Pharmacist, CD&DFT

In attendance

Hannah Beba – Pharmacist, CDDFT – for item 3e

Noted that 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

1a Apologies for absence:

Gavin Mankin, Shafie Kamaruddin, Dan Newsome, Rob Pitt, Neil Middleton, Esther Sheard, Rosie England

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 3rd May 2018
The minutes were accepted as a true and accurate record.

The decision summary of the May 2018 meeting was accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from May 2018 meeting not on the agenda or action log
Nil

Action Log
Palliative Care Medicines Review
Paper containing up to date list of drugs required to be stocked by participating pharmacies in CD&D was approved by the APC.
ACTION:

- **CD&D LPC to be asked to recommend list of participating pharmacies taking into account opening hours and location in order to provide optimum coverage. To ensure this is a focussed piece of work with pharmacies understanding key issues.**
- **List of medicines to be considered ensuring adequate stocks of more unusual items.**
- **NECS to update list of medicines and participating pharmacies on C&D APC website.**

Algorithm for the Pharmacological Management of Depression in Children and Young People
Algorithm on website. Link through to Transfer of Prescribing document to add.
ACTION:

- **CW to add link to Transfer of Prescribing document.**

Benzodiazepines and Suicide
Circulated for information. ITEM COMPLETE

Lithium Audit in County Durham
On today's agenda.

Adalimumab – RMOC Briefing
On agenda under RMOC update

Changes to Formulation of Nutilis Clear Thickening Agent
The letters and information patiens re the change in formulation of Nutilis Clear Thickening Agent has been shared with GP practices. ITEM NOW CLOSED.

Durham Tees Valley Collaborative Working and Future of APC
Members of CD&D APC to attend the September 2018 meeting of TMGG as observers. Noted July meeting cancelled.

NHSE Primary Care Responsibilities in Regard to Request by On-line Medical Service Providers to Prescribe Hormone Treatments for Transgender People
Not yet actioned

NE&C Antimicrobial Prescribing Guideline
Completed and approved as Chairs Action with Alistair Monk to add local issues section as agreed.

CD&D Type 2 Diabetes Guideline – updated
Updated guideline has been added to APC website.

CD&D Drug Monitoring Guideline – updated
MHRA have responded indicating guidance relating to LFT monitoring for Statins will remain unchanged. FATS group will discuss issue at their next meeting.

CD&D APC COPD Guideline
Updated guideline has been added to APC website.

CD&D APC Atrial Fibrillation Guideline
Still under review and currently under VTE group not AF. To bring to September APC.

Updates to Azathioprine and 6-Mercaptopurine Shared Care Guidelines
Updated guidelines have been added to APC website.

Historic Actions
Subcutaneous methotrexate
Noted progress is slow. A template for GP computer systems is currently being tested. To be included as part of High Cost Drugs Subgroup work due to similar issues for consideration.

CDDFT Representatives to APC
No update available on progress seeking further consultant representation from CDDFT.

Osteoporosis Guideline
Update noted.

Ciclosporin Eye Drops
12 month prescribing data following the addition of ciclosporin eye drops to the formulary was presented to the APC for information. Some concern expressed over numbers and lack of clear rationale for use. Noted that prescribing is outpatient based and audit of primary care pre-treatment through to recommendation is more complex. Agreed to review use prescribing data in 12 months to identify trend.
ACTION:
- **GM to keep on MA and review in July 2019.**

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

Update from FSG for January 2018 APC – NG79 – Sinusitis (Acute)
NECS to ensure regional primary care antimicrobial guidelines are updated to reflect new NICE guidance for sinusitis.
ACTION:
- **Guidelines to be amended by NECS.**

Outpatient Prescribing Requests
The current CDDFT Outpatient Treatment Recommendation form is to be reviewed by the Trust in June 2018.
The APC noted the comments and concerns from the LMC.
Issue will be picked up with Medical Director for CDDFT on behalf of the APC with intention of ensuring consultants aware of issue. Box referring to patient counselling to be added to Outpatient Treatment recommendation form.

NE&C Guidance for Management of Cow's Milk Allergy – draft for comment
Comments feedback to Dr Shah and final draft for approval awaited.
ACTION:
- **Final guidance document to come to September APC for approval.**

IBD Pathway
Has now been discussed and approved by High Cost Drugs Subgroup. The current "pass through approval" paperwork is being reviewed and updated before it comes to APC for final approval.

Antimicrobial Resistance and Performance Locally Against National Targets
Report will be presented to APC in Dec 2018.

Part 2 – Mental Health

2a TEWV Drug & Therapeutics Committee Feedback – May 2018
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T. Links through to relevant guidance to be minimised to ensure ease of use on APC website.

Key Points:

- Hyperprolactinaemia Guidelines: To be circulated for comments then brought to September APC for approval
- Pharmacy & Medicines Optimisation Annual report 2017/18 to come to September APC

ACTION:

- **GM to check links on APC website to ensure ease of use.**
- **GM to add Hyperprolactinaemia Guidelines and Annual Report to September APC agenda**

2b Trimipramine De-Prescribing Guideline
Circulated for information. This has now been approved by the TEWV D&T and is available on the website. APPROVED

2c Dosulepin De-Prescribing Guideline
Circulated for information. This has now been approved by the TEWV D&T and is available on the website. APPROVED

2d Fluphenazine Decanoate Discontinuation
This guidance produced by TEWV for primary care on what do with any outstanding patients who have not yet been switched from Fluphenazine (Modecate®) in light of its imminent discontinuation was shared with the group for information. Noted limited use in primary care however CCGs will check prescribing in order to identify existing patients. APPROVED

2e Psychotropics in women of child bearing potential
This guidance produced by TEWV was shared with the group for information. An updated version has been produced to enhance information relating to valproate. To remain on TEWV website. APPROVED

2f ADHD Prescribing Algorithms
The Children & Young People ADHD prescribing algorithm has been updated to reflect the new NICE NG87. This document has been approved by the TEWV D&T and was shared with the group for information. APPROVED
A new ADHD Prescribing algorithm for adults has been produced to reflect the recommendations in NG87. This document has been approved by the TEWV D&T and was shared with the group for information. NO APPROVED TED

2g Lisdexamfetamine, Atomoxetine and Methylphenidate Shared Care Guidelines – updated
The current shared care guidelines from TEWV for methylphenidate, atomoxetine and lisdexamfetamine have been updated in line with the revised monitoring recommendations

from NG87. These updated shared care guidelines were approved by the APC. APPROVED

2h Guanfacine Shared Care Guideline - new

A draft of new shared care guideline for guanfacine was shared with the APC for comment. Noted that newly started adults would be RED and not subject to shared care arrangements. The need to clearly explain to patients actions to take in the event of missed doses was highlighted. This should involve contacting the specialist service provider in the first instance to ensure appropriate re-titration. GPs should be aware of this and also encouraged to seek advice if presented with this situation. Sections relating to Patient and GP advice in relation to missed doses to be highlighted. Subject to these amendments the guideline was APPROVED.

2i Paliperidone LAI and Aripiprazole LAI Shared Care Guidelines - new

The drafts of new shared care guideline for paliperidone LAI & aripiprazole LAI were shared with the APC for comment. Patients will have been stabilized on monthly injections before transfer to three-monthly depots. Both guidelines were APPROVED

2j TEWV Safe transfer of prescribing guidance

This was not due for review but was brought forward following concerns raised over the transfer mechanism and wording. The revision falls in line with new national guidance and with the amendments provides an overview of accepted arrangement. The APC accepted that whilst a request had been made that they should go into greater detail this wasn't easily achievable due to the often individual circumstances at a patient level. Given the complex nature it was felt the guideline provided clarity and structure noting that the document was intended to help TEWV clinicians in the first instance. The Drugs for Dementia section requires revision to fall into line with revised NICE guidance. To be brought back to September APC for approval.

ACTION:

- **GM to add to September APC agenda.**

2k Lithium Audit in County Durham

TEWV have carried out work to identify patients on internal lists with those identified in Primary care. Numbers previously estimated at between 87-89 not currently managed by TEWV appear to be correct. These patients to be referred back where appropriate. Clarity required regarding timing of blood tests for Lithium patients in primary care. More information to be brought back in September as way forward for managing these patients is developed.

ACTION:

- **GM to add to September APC agenda.**

Part 3 – General

3a Appeals against previous APC decisions

None received.

3b Update from Formulary Subgroup for July 2018 APC

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

<u>Formulary Updates since May 2018 APC for approval including RAG changes</u>

Approved with suggested changes to RAG recommendation as follows:

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
TA517: Avelumab for treating metastatic Merkel cell carcinoma Avelumab is recommended as an option for treating metastatic Merkel cell carcinoma in adults, only if they have had 1 or more lines of chemotherapy for metastatic disease. Avelumab is recommended for use within the Cancer Drugs Fund as an option for treating metastatic Merkel cell carcinoma in adults, only if: • they have not had chemotherapy for metastatic disease and • the conditions in the managed access agreement for avelumab are followed	11/04/18	Not on formulary	Add to formulary in chapter 8 as a RED drug
TA518: Tocilizumab for treating giant cell arteritis Tocilizumab, when used with a tapering course of glucocorticoids (and when used alone after glucocorticoids), is recommended as an option for treating giant cell arteritis in adults, only if: • they have relapsing or refractory disease • they have not already had tocilizumab • tocilizumab is stopped after 1 year of uninterrupted treatment at most and • the company provides it with the discount agreed in the patient access scheme	18/04/18	On formulary in chapter 10 as a RED drug	Add link to TA518 to chapter 10
TA519: Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy, only if: • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier in the event of disease progression and • the conditions in the managed access agreement for pembrolizumab are followed.	25/04/18	On formulary in chapter 8.1.5 as a RED drug	Add link to TA519 to chapter 8.1.5

TA520: Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy Atezolizumab is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults who have had chemotherapy (and targeted treatment if they have an EGFR- or ALK-positive tumour), only if: • atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the company provides atezolizumab with the discount agreed in the patient access scheme.	16/05/18	On formulary as RED drug in chapter 8	Add link to TA520 to chapter 8
NG95: Lyme disease This guideline covers diagnosing and managing Lyme disease. It aims to raise awareness of when Lyme disease should be suspected and ensure that people have prompt and consistent diagnosis and treatment. It does not cover preventing Lyme disease.	11/04/18	Contains recommendations on oral doxycycline, amoxicillin & azithromycin, IV ceftriaxone.	Add link to NG95 to chapter 5.
NG96: Care and support of people growing older with learning disabilities This guideline covers care and support for adults with learning disabilities as they grow older. It covers identifying changing needs, planning for the future, and delivering services including health, social care and housing. It aims to support people to access the services they need as they get older.	11/04/18	For info.	No further action.
CG90, CG137, CG173, CG185, CG192: Depression, epilepsies, neuropathic pain, bipolar disorder, antenatal & postnatal mental health Guidelines updated to reflect new guidance on use of valproate in women.	April 2019	For info.	No further action.
NTAG Recommendations	**Date issued**	**Current formulary status**	**Recommended action for APC**
No new recommendations since last meeting			
RMOC Recommendations	**Date issued**	**Current formulary status**	**Recommended action for APC**
Standardising strengths of high risk, unlicensed oral liquids formulations for anti-TB medicines Standardised specifications of ethambutol 400mg/5mL, pyrazinamide 500mg/5mL and isoniazid 50mg/5mL have been proposed and will be submitted for addition to the British Pharmacopoeia and BNF-C. Prescribers are encouraged to restrict prescribing to these three products	09/04/18	For info	Add the standardise strengths as recommended by RMOC to the formulary as GREEN drugs

Antidotes and rarely used medicines statement Following discussion at RMOC meetings, liaison with the Royal College of Emergency Medicine, the National Poisons Information Service, the national Emergency Planning Response and Resilience team, the four Regional Medical Directors, and the procurement pharmacist community, the final RMOC position statement on this issue is now available	22/05/18	For info	CDDFT to review their stockholding against RECM recommendations .
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Obeticholic acid (Ocaliva▼): risk of serious liver injury in patients with pre-existing moderate or severe hepatic impairment; reminder to adjust dosing according to liver function monitoring	24/04/18	On formulary as RED in chapter 1.9.1.	Add link to MHRA advice to chapter 1.9.1
Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met	24/04/18	Sodium valproate on formulary as a GREEN drug in chapter 4.8.1 for control of the epilepsies, 4.7.4.2 for migraine prophylaxis and 4.2.3 for prevention & treatment of manic episodes associated with bipolar disorder. See also May DSU, below.	See below
Letters sent to healthcare professionals in March 2018 • Zinbryta▼ (daclizumab beta): Marketing authorisation suspended in the European Union – for more information see Drug Safety Update, March 2018 • Recall of specific batches of Lynparza 50 mg capsules • Radium-223-dichloride (Xofigo▼) contraindicated in combination with abiraterone acetate (Zytiga) and prednisolone/prednisone – for more information see Drug Safety Update, December 2017	24/04/18	For info	Remove daclizumab from the formulary

Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online	24/05/18	Sodium valproate on formulary as a GREEN drug in chapter 4.8.1 for control of the epilepsies, 4.7.4.2 for migraine prophylaxis and 4.2.3 for prevention & treatment of manic episodes associated with bipolar disorder.	Add links to all relevant MHRA advice to chapter 4.
Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler	24/05/18	On formulary in chapter 3.1.2 as a GREEN drug for management of COPD.	Add link to MHRA advice to chapter 3.1.2
Letters sent to healthcare professionals in April 2018 • Risk of mix-ups between insulin Fiasp (fast-acting insulin aspart) and Tresiba (basal insulin degludec) • Inhixa (enoxaparin sodium) solution for injection: rare cases of self-activation of safety device in unopened, unused pre-filled syringes	24/05/18	For info	Add link about insulin fiasp and insulin degludec to formulary

Requested formulary amendments	Reasoning	BNF Chapter	Recommended action for APC
Sildenafil for Raynaud's disease – add with a RED RAG status to 25mg, 50mg & 100mg tablets	Currently has no RAG status on the formulary for this indication. RED status for this indication in keeping with its status in NoT and Tees. This is unlicensed indication.	2.5.1	Add to formulary with a provisional RED RAG status to 25mg, 50mg & 100mg tablets Information to be brought back as to rationale for RED status in NoT and Tees before long term RAG status agreed.

Tolvaptan	Clarity RAG status and formulary position of Tolvaptan	6.5.2	Entry on the formulary should be updated as follows as per the NoT/Tees formulary: RED - 15mg, 30mg, 45mg, 60mg and 90mg tablets (Jinarc®) - approved for the treatment of autosomal dominant polycystic kidney disease in line with NICE. RED - 15mg and 30mg tablets (Samsca®) - approved for the treatment of hyponatraemia secondary to the Syndrome of Inappropriate Antidiuretic Hormone (SIADH) in patients requiring cancer chemotherapy in accordance with NHS England Policy. NOT APPROVED -15mg and 30mg tablets (Samsca®) - treatment of hyponatraemia secondary to SIADH. Tolvaptan was rejected by NTAG for and therefore not available in CDD. NHS England – Not routinely commissioned.
Levosert 20 micrograms/24 hours Intrauterine Delivery System The intrauterine delivery system contains 52 mg levonorgestrel.	Updated product license	7.3.2c	Update formulary entry to say now licensed for 4 years instead of 3 years.

ACTION:

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

3c Chapter 15 (Anaesthetics) of Formulary

Content with amendments noted and agreed

ACTION:

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

3d CD&D APC Catheter and Continence Care Formulary

Discussion took place regarding involvement of nurse and patients in development of formulary. Nurses had been involved across all CCGs. Patient acceptability had been derived from other work but noted that not all first line recommendations are the cheapest and other factors have been taken into consideration which are likely to include patient preference / acceptability. The current situation is not perfect and the expectation is this will provide increase clarity and reduce errors. A query was raised regarding the name given the inclusion of a constipation

management device – to be considered.
The formulary has not gone to the CDDFT CSG due to revised ways of working however the APC was happy to accept the care group governance process in its place.

ACTION:

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

3e 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
Insulin Fiasp	Appears to offer some advantage over Novorapid to pregnant patients in terms of tighter blood glucose control		Following a vote it was agreed to add as a RED drug for use in pregnant patients only for an initial period of 6 months. An audit of hypoglycaemic events, overall glycaemic control and pregnancy outcomes to be brought back to APC at this point. Decisions regarding switching back to Novorapid post-partum will be taken in partnership with patients however this possibility must be clearly explained at the point of switch to Insulin Fiasp.

ACTION:

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

3f Shared Care Guidelines for Approval

Hydroxycarbamide

Issues regarding appropriate blood monitoring and indications (CML and sickle cell) to be amended and brought back to September APC.

ACTION:

- **Revised SCG to be brought back to September APC.**

3g NTAG Update

Nothing to report as NTAG not met since February 2018.

3h CDDFT CSTC Update May 2018 – verbal update

A verbal update was given.

3i RMOC Update

The following updates from RMOC were circulated to the group for information:

- Standardisation of unlicensed oral liquids for TB.
- Midlands & East RMOC Update – April 2018
- Access to pan-regional antidotes and other rarely use medicines
- Adalimumab – RMOC Briefing May 2018

Noted that all RMOCs will produce a newsletter shortly after meeting in order to improve communication prior to minutes being agreed. APC members encouraged to register with the SPS website if they haven't already done so and submit suitable MO topics for consideration.

3j NHSE Guidance – Responsibility for Prescribing Between Primary, Secondary and Tertiary Care

A useful resource which can be used for example in the ongoing joint Southern Collaborative work. The possibility of developing a cohort of medicines allowing easy access back in to specialist services with primary care review at e.g. 5 – 10 year intervals was discussed. Opportunities for de-prescribing on review were also identified however guidance on when to reduce doses / stop prescribing would be needed recognising the breadth of specialisms within this group. No further action at this point.

3k NHSE Guidance – Conditions for Which Over the Counter Items Should Not Routinely Be Prescribed in Primary Care

CDDFT PGDs have been changed to prompt consideration of OTC purchase by Urgent Care centres. Ian Morris leading a regional piece of work to identify exceptions for consistency reasons. All NHS staff need to buy into this culture shift

ACTION:

- **OTC annotation to be added to identified products on the formulary.**
- **Regional work to come to APC once available**

3l CD&D APC Annual Report 2017/18

This was presented to and approved by the group.

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS website**

3m CD&D APC Terms of Reference – updated

The APC Terms of Reference were reviewed and approved by the group for a further 12 months with the addition of approval of changes to the Out of Hours Services Formulary for the North East Ambulance Service to the group's responsibilities, and receipt of minutes of the High Cost Drugs Subgroup and the ND & DDES CCG Joint Medicines Optimisation Committee and subcommittees. Durham and Darlington locality Prescribing groups to be added back into 10.4. Membership also to be updated to reflect wider area (5 CCG Prescribing Leads and change of medical adviser (s).

ACTION:

- **GM to arrange for document to be added to CD&D pages of NECS website**

Part 4 – Physical Health

4a CD&D APC Asthma Guideline - updated

The updated CD&D APC COPD Guidelines produced by the Respiratory CAG were discussed and approved by the group with the requirement that 'LINK TO PLAN' on p4 is updated. These have been updated to mirror the GOLD treatment guidelines with the emphasis on symptom control rather than high dose inhaled corticosteroid. It was also agreed to add inhalers to the formulary. Noted that the Respiratory CAG require all inhalers to be prescribed as branded items. A steroid inhaler dose equivalence chart previously made available to GPs to be recirculated

ACTION:

- **GM to arrange for NECS to add updated guideline with identified changes to APC website.**
- **KH to circulate steroid inhaler dose equivalence chart**

4b CD&D APC Emollient Prescribing for Dry Skin Conditions – updated

The updated CD&D APC Emollient Prescribing Guidelines were discussed by the group. Concern was expressed over the inclusion of bath additives. A particular issue will be use in care homes with potential to exacerbate falls. BW will check with Dermatology any rationale for inclusion and suggest possible ways of managing.

ACTION:

- **GM to add to agenda for September APC.**

4c Homely Remedies Policy

The APC acknowledge this has potential to help manage GP workload and should be approached with a view to gaining confidence for use from care homes by starting with a limited list of medicines and indications in stable residents. Comments are still awaited from the Durham Care Homes Association and a need to include comments from APC GP representatives was also recognised.

ACTION:

- **CJ to incorporate comments and bring back to APC**

4d Regional Insulin and Anticoagulation Incidents

Insulin report originates from Regional MSO group. Whilst variance between trusts is apparent, caution is necessary in interpreting high reporting vs actual numbers of incidents occurring. High reporting is evidence of good practice where learning can take place. CDDFT data includes community based patients visited by practice nurses. The anticoagulation group is also examining incidents and a report will come to the next APC. Where joint learning is apparent from reported incidents such reports should also come to the APC for discussion.

ACTION:

- **Insulin and anticoagulant reports to come back to September APC for further consideration**

4e Valproate Pregnancy Risk Prevention Programme

TEWV: a risk acknowledgement register is being set up from information provided on the risk acknowledgement form. Some concern over attaching patients to existing workloads but intention to spread patient load across the year. Medication review is most important issue this time. Noted that the consent form expires in under 12 months requiring review at less than 12 monthly intervals

CDDFT: neurologists come from S Tees and Newcastle which increases complexity in arranging review.

Estimated that one third of valproate patients related to Mental Health trust and two thirds to acute trust. Discussion regarding RAG status – currently Green + but should all prescribing for women of child bearing age be amber? Is shared care appropriate? To come back to September APC with suggested process and documentation

ACTION:

- **CW to lead on preparing process for managing valproate patients**

4f NENC AHSN Atrial Fibrillation Card Deck - updated

A first version of AF cards was circulated to GP practices well over a year ago. The cards have been radically reviewed based on feedback obtained since then and the updated version was circulated to the APC for information.

4g Implementing Patient Safety Alert 18 – Anticoagulant Therapy Resource – May 2018

Updated resource circulated to APC members for information. It has been revised to include the DOACs.

4h CDDFT palliative care prescription ("Red Kardex") vs. regional palliative care prescription

A request from GPs for a drop down menu on template to mirror existing form was agreed for inclusion.

ACTION:

- **JH to bring to September APC for approval**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes April 2018
For information.

5b TEWV D&T Minutes March 2018
For information.

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes February 2018 & April 2018
For information.

5d High Cost Drugs Group Minutes October 2017 & November 2017
For information.

5e NTAG Minutes February 2018
Not yet available.

5f RDTC Horizon scanning – May & June 2018
For information.

5g MHRA Drug Safety Update – April & May 2018
For information.

5h AHSN Medicines Optimisation Steering Group Minutes – December 2017
Meeting was cancelled.

5i Tees Medicines Governance Group Minutes March 2018
Not yet available.

5j NE&C CCG Prescribing Forum Minutes – January 2018
For information.

5k RMOC Minutes – February 2018
Not yet available.

5l ND & DDES Joint Medicines Optimisation Subcommittee
Not yet available.

5m NEAS Medicines Group Minutes
For Information

Chairman's Action

The following documents have been approved since the last meeting via Chair's Action:

- NE&C Antimicrobial Prescribing Guideline

Any Other Business

- **Southern Collaborative working**

Including next step in harmonisation of formularies. Meetings to be mirrored and work plans shared with a Steering group already established. This next meets on 2nd October. Noted

some variation in enthusiasm to engage

- **Guselkumab - NICE TA with 30 day implementation requirement**.

B Walton to prepare briefing and ID to take Chairs action to approve. GM to include in formulary by 11th July.

- **Erectile dysfunction prescribing**

The late documents circulated were discussed. As tadalafil is still listed in the July Drug Tariff as requiring SLS status it needs to be still included in the guidance as SLS. A statement that sildenafil is available OTC should also be added. Contract changes should be checked to ensure vacuum devices are included. **With these changes the commissioning policy was approved**.

Date and time of next meeting:
Thursday 6th September 2018, 9am – 12noon
Meeting Room 2, Education & Training Centre, Lanchester Road Hospital, Durham