

## County Durham and Darlington Area Prescribing Committee

Thursday 7<sup>th</sup> March 2019

9am – 12noon

Board Room, West Park Hospital, Darlington

### Present

Dr Ian Davidson, Medical Director, North Durham CCG (Chair)  
Gavin Mankin, RDTA Representative (Professional Secretary)  
Dan Newsome, Medicines Optimisation Pharmacist, NECS  
Joan Sutherland, Medicines Optimisation Lead, North Durham CCG  
Kate Huddart, Senior Pharmaceutical Advisor, DDES CCG  
Suresh Babu, Deputy Medical Director, TEWV FT  
Wolfgang Kuster, Associate Clinical Director, TEWV FT (until item 4a)  
Chris Williams, Chief Pharmacist, TEWV FT  
Jamie Harris, Chief Pharmacist, CDDFT  
Claire Jones, Public Health Pharmacist, Durham County Council  
Beverley Walton, Lead Clinical Pharmacist, CDDFT  
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG  
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG  
Dr Shafie Kamaruddin, Consultant, CDDFT  
Chris Cunnington-Shore, Patient Representative  
Brewis Henderson, Patient Representative

### In attendance

Claire Leroux – representing the LPC  
Judith Durkin – Acting Head of Service, County Durham Integrated Drug and Alcohol Team for item 4d and 4e.

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:

Sarah McGeorge, Neil Middleton, Rob Pitt

#### 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 17<sup>th</sup> January 2019**

The minutes were accepted as a true and accurate record.

The decision summary of the January 2019 meeting was accepted as a true and accurate record.

**1d Matters Arising/Action Log**

**Actions from January 2019 meeting not on the agenda or action log**

Nil

**Action Log**

Hyperprolactinaemia Guideline

Still to arrange for final version control and link to document to be added to CD&D pages of NECS website.

Still to update CD&D Drug Monitoring Guidelines accordingly.

TEWV Depression Handy Hints

Link added to APC website. ITEM NOW CLOSED.

TEWV Dementia Care Pathway ACHEI Decision Aid

Link added to APC website. ITEM NOW CLOSED.

MHRA DSU: Rivaroxaban (Xarelto▼) after transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial

Awaiting feedback from two Chief Pharmacists concerned as what what tertiary centres are doing with regard to Drug Safety Update around Rivaroxaban and TAVR patients.

Melatonin Shared Care

Awaiting sign off at March 2019 Darlington/HAST CCG Exec before publishing on CD&D APC website.

In one practice in North Durham CCG the majority of paediatric patients were under shared care with CAMHS but none of the elderly care patients were under shared care.

Testosterone

A guideline to support the GREEN+ status for testosterone when used for licensed indications is currently in development and the aim is for it to come to the Sept 2019 APC for approval.

Outpatient Prescribing Requests

Updated Outpatient Treatment Recommendation Form on today's agenda.

Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs

Completed and APC response submitted based on comments received mainly from patient reps. ITEM NOW CLOSED.

CD&D APC DNP List – due for review

Awaiting sign off at March 2019 Darlington/HAST CCG Exec before adding to website.

CD&D APC Grey List – due for review

Awaiting sign off at March 2019 Darlington/HAST CCG Exec before adding to website.

Medicinal Cannabis

Final version circulated of PIL and GP info sheet to ND and DDES CCG. Currently being added to APC website.

Prescribing Arrangements for LMWH

The joint QIPP group are now looking at this and will aim to bring some proposals back to the APC in Sept 2019. It was noted that Tees have shared the work they done already on this.

CD&D Patient Decision Aids Resource

Awaiting sign off at March 2019 Darlington/HAST CCG Exec before adding to website.

Diabetes and Treatments with Cardiovascular Outcomes

To bring updated CD&D Type 2 Diabetes Guidelines to future meeting of APC for approval.

Gluten Free Prescribing

Updated CD&D Gluten Free Prescribing Guidance to remove any products that are now Black Listed in the Drug Tariff on today's agenda for approval.

**Historic Actions**

Subcutaneous methotrexate

Work has now moved forward with the CWG group and will be moving to homecare arrangement managed by CDDFT.

Ciclosporin Eye Drops

No update required until July 2019.

IBD Pathway

Agreed to follow up outside of APC meeting. ITEM NOW CLOSED.

Palliative Care Medicines Review

Some outstanding issues with list of participating pharmacies to be resolved by end of this week. List of pharmacies and medicines to be added to APC website next week once have assurance stock is in place at participating pharmacies.

CD&D Drug Monitoring Guideline – Statins

Still awaiting response from FATS group.

CD&D APC Atrial Fibrillation Guideline

Now agreed with CDDFT cardiology to re-draft to produce a document that is more fit for purpose. CDDFT cardiology to lead on this.

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

Regional work to come to APC once available. This work is believed to awaiting NE&C Prescribing Forum Chair's Action.

Shared Care Guidelines

Shared care letters have been updated with current dose and current monitoring. ITEM NOW CLOSED.

Chapter 11 (Eye) of Formulary

Work ongoing. Have asked CDDFT Ophthalmologists to review Sunderland Guidance on dry eyes to consider adopting within CD&D & to review place in therapy of Hylo eye drops with view to further product rationalisation.

Lithium Audit

Audit to be repeated in April time with a report coming to July 2019 meeting of APC.

Denosumab Primary Care Prescribing Guideline

Has been agreed not to progress change in RAG status to GREEN+ at this time as associated funding for GPs not taken forward by CCGs. ITEM NOW CLOSED.

## Part 2 – Mental Health

### 2a TEWV Drug & Therapeutics Committee Feedback – January 2019

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

## Part 3 – General

### 3a Appeals against previous APC decisions

None received.

### 3b Update from Formulary Subgroup for March January 2019 APC

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

Formulary Updates since January 2019 APC for approval including RAG changes

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
<p><a href="#">TA548: Decitabine for untreated acute myeloid leukaemia (terminated appraisal)</a>  <b>Commissioning: NHSE</b>                      NICE is unable to make a recommendation about the use in the NHS of decitabine for untreated acute myeloid leukaemia because no evidence submission was received from Janssen. The company has confirmed that it does not intend to make a submission because there is unlikely to be sufficient evidence that decitabine is cost-effective use of NHS resources in this population.</p>	05/12/18	Not on formulary	No further action as not recommended by NICE.
<p><a href="#">TA549: Denosumab for preventing skeletal-related events in multiple myeloma (terminated appraisal)</a>  <b>Commissioning: NHSE</b>                      NICE is unable to make a recommendation about the use in the NHS of denosumab for preventing skeletal-related events in multiple myeloma because no evidence submission was received from Amgen. The company has confirmed that it does not intend to make a submission because there is unlikely to be sufficient evidence that denosumab is cost-effective use of NHS resources in this population.</p>	05/12/18	On formulary in chapter 6.6 as a GREEN+ drug.	No further action for this indication as not recommended by NICE.

<p><b><a href="#">TA550: Vandetanib for treating medullary thyroid cancer</a></b>  <b>Commissioning: NHSE</b>                  Vandetanib is not recommended, within its marketing authorisation, for treating aggressive and symptomatic medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease.</p>	12/12/18	Not on formulary	No further action as not recommended by NICE.
<p><b><a href="#">TA551: Lenvatinib for untreated advanced hepatocellular carcinoma</a></b>  <b>Commissioning: NHSE</b>                  Lenvatinib is recommended as an option for untreated, advanced, unresectable hepatocellular carcinoma in adults, only if:</p> <ul style="list-style-type: none"> <li>• they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and</li> <li>• the company provides it according to the commercial arrangement.</li> </ul>	19/12/18	On formulary in chapter 8.1.5, as a RED drug	Add link to TA551 to chapter 8.1.5.
<p><b><a href="#">TA552: Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia</a></b>  <b>Commissioning: NHSE</b>                  Liposomal cytarabine–daunorubicin is recommended, within its marketing authorisation, as an option for untreated therapy-related acute myeloid leukaemia or acute myeloid leukaemia with myelodysplasia-related changes in adults. It is recommended only if the company provides it according to the <a href="#">commercial arrangement</a>.</p>	19/12/18	Not on formulary.	Add to formulary as RED drug in chapter 8.1.3, with link to TA552
<p><b><a href="#">TA553: Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence</a></b>  <b>Commissioning: NHSE</b>                  Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for the adjuvant treatment of stage III melanoma with lymph node involvement in adults who have had complete resection. It is recommended only if the conditions in the managed access agreement for pembrolizumab are followed.</p>	19/12/18	On formulary in chapter 8.1.5 as a RED drug	Add link to TA553 to chapter 8.1.5.
<p><b><a href="#">TA554: Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years</a></b>  <b>Commissioning: NHSE</b>                  Tisagenlecleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years, only if the conditions in the managed access agreement are followed.</p>	21/12/18	Not on formulary.	Add to formulary as RED drug in chapter 8.1.5, with link to TA554.

<p><a href="#"><u>TA555: Regorafenib for previously treated advanced hepatocellular carcinoma</u></a>  <b>Commissioning: NHSE</b>                  Regorafenib is recommended as an option for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib, only if:</p> <ul style="list-style-type: none"> <li>• they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and</li> <li>• the company provides it according to the commercial arrangement.</li> </ul>	<p>09/01/19</p>	<p>On formulary in chapter 8.1.5 as a RED drug</p>	<p>Add link to TA555 to chapter 8.1.5.</p>
<p><a href="#"><u>TA556: Darvadstrocel for treating complex perianal fistulas in Crohn's disease</u></a>  <b>Commissioning: CCG</b>                  Darvadstrocel is not recommended, within its marketing authorisation, for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.</p>	<p>09/01/19</p>	<p>Not on formulary</p>	<p>No further action as not recommended by NICE.</p>
<p><a href="#"><u>TA557: Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer</u></a>  <b>Commissioning: NHSE</b>                  Pembrolizumab, with pemetrexed and platinum chemotherapy is recommended for use within the Cancer Drugs Fund, as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)- or anaplastic lymphoma kinase (ALK)-positive mutations. It is only recommended if:</p> <ul style="list-style-type: none"> <li>• pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if disease progresses and</li> <li>• the company provides pembrolizumab according to the managed access agreement.</li> </ul>	<p>10/01/19</p>	<p>On formulary in chapter 8.1.5 as a RED drug</p>	<p>Add link to TA557 to chapter 8.1.5.</p>
<p><a href="#"><u>TA558: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease</u></a>  <b>Commissioning: NHSE</b>                  Nivolumab is recommended for use within the Cancer Drugs Fund as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the conditions in the managed access agreement are followed.</p>	<p>23/01/19</p>	<p>On formulary in chapter 8.1.5 as a RED drug</p>	<p>Add link to TA558 to chapter 8.1.5.</p>

<p><a href="#"><u>TA559: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies</u></a>  <b>Commissioning: NHSE</b>                  Axicabtagene ciloleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed.</p>	23/01/19	Not on formulary	Add to formulary as RED drug in chapter 8.1.5 with link to TA559
<p><a href="#"><u>NG114: Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing</u></a>  <b>Commissioning: CCGs &amp; NHS England</b>                  This guideline sets out an antimicrobial prescribing strategy for acute exacerbations of chronic obstructive pulmonary disease (COPD). It aims to optimise antibiotic use and reduce antibiotic resistance.</p>	05/12/18	First line choices are in line with <a href="#"><u>North East &amp; Cumbria Antibiotic Prescribing Guideline for Primary Care</u></a> . NICE guidance provides additional guidance on alternatives and intravenous antibiotics.	No further action.
<p><a href="#"><u>NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management</u></a>  <b>Commissioning: CCGs</b>                  This guideline covers diagnosing and managing chronic obstructive pulmonary disease (COPD) in people aged 16 and older, which includes emphysema and chronic bronchitis. It aims to help people with COPD to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, improve quality of life and keep them healthy for longer.</p>	05/12/18	This guidance updates and replaced CG101 (June 2010). Broadly in line with <a href="#"><u>local COPD guidance</u></a> . The evidence on triple therapy (LAMA+LABA+ICS) is being reviewed as part of the <a href="#"><u>2019 update</u></a> to this guideline. This update is expected to publish in September 2019.	Add link to guidance to chapter 3.
<p><a href="#"><u>NG116: Post-traumatic stress disorder</u></a>  <b>Commissioning: CCGs, local authorities &amp; NHS England</b>                  This guideline covers recognising, assessing and treating post-traumatic stress disorder (PTSD) in children, young people and adults. It aims to improve quality of life by reducing symptoms of PTSD such as anxiety, sleep problems and difficulties with concentration. Recommendations also aim to raise awareness of the condition and improve coordination of care.</p>	05/12/18	Contains recommendations on use of venlafaxine, SSRIs and antipsychotics (e.g. risperidone).	Add link to guidance to chapter 4.
<p><a href="#"><u>NG117: Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing</u></a>  <b>Commissioning: CCGs</b>                  This guideline sets out an antimicrobial prescribing strategy for managing and preventing acute exacerbations of bronchiectasis (non-cystic fibrosis). It aims to optimise antibiotic use and reduce antibiotic resistance.</p>	19/12/18	<a href="#"><u>North East &amp; Cumbria Antibiotic Prescribing Guideline for Primary Care</u></a> has no specific recommendations for non-CF bronchiectasis.	No further action

<p><b><a href="#">NG118: Renal and ureteric stones: assessment and management</a></b>  <b>Commissioning: CCGs</b>                  This guideline covers assessing and managing renal and ureteric stones. It aims to improve the detection, clearance and prevention of stones, so reducing pain and anxiety, and improving quality of life.</p>	08/01/19	Includes recommendations on alpha blockers for medical expulsive therapy.	Add link to chapter 7.4.1
<p><b><a href="#">NG119: Cerebral palsy in adults</a></b>  <b>Commissioning: CCGs and NHS England</b>                  This guideline covers care and support for adults with cerebral palsy. It aims to improve health and wellbeing, promote access to services and support participation and independent living.</p>	15/01/19	For info	No further action
<b>Drug Safety Advice</b>	<b>Date issued</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<p><a href="#">Valproate medicines: are you in acting in compliance with the pregnancy prevention measures?</a></p>	18/12/18	On formulary in chapters 4.2, 4.7 & 4.8 as a GREEN and GREEN+ drug.	Add link to chapter 4 and add an additional RAG status of AMBER for use in females of child bearing potential.
<p><a href="#">Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients</a></p>	18/12/18	On formulary in chapter 13.2 as GREEN and GREEN alternatives.	Add link to chapter 13.2
<p><a href="#">Direct-acting antivirals for chronic hepatitis C: risk of hypoglycaemia in patients with diabetes</a></p>	18/12/18	On formulary in chapter 5.3.3.2 as RED drugs	Add link to chapter 5.3.3.2
<p><a href="#">Hydrocortisone muco-adhesive buccal tablets: should not be used off-label for adrenal insufficiency in children due to serious risks</a></p>	18/12/18	On formulary in chapter 12.3.1 as a GREEN drug	Add link to chapter 12.3.1.
<p><a href="#">Letters and drug alerts sent to healthcare professionals in November 2018</a></p> <ul style="list-style-type: none"> <li>• Supply of Standard Export pack of Quadrivalent Influenza Vaccine (split virion, inactivated) suspension for injection in a prefilled syringe PL 46602/0017 - Lot R3K781V, Expiry 31/08/2019</li> <li>• Systemic and inhaled fluoroquinolones: risk of aortic aneurysm and dissection</li> <li>• Mitomycin-C Kyowa: Company-led Drug Alert</li> <li>• Class 2 Medicines Recall: Teva UK Limited and Mylan - recall of some Valsartan containing products.</li> </ul>	18/12/18	For info	No further action.
<p><a href="#">Oral lidocaine-containing products for infant teething: only to be available under the supervision of a pharmacist</a></p>	18/12/18	For info	No further action as products not listed in formulary.
<p><a href="#">Tapentadol (Palexia): risk of seizures and reports of serotonin syndrome when co-administered with other medicines</a></p>	09/01/19	On formulary in chapter 4.7.2 as a Green+ drug	Add link to chapter 4.7.2



<p><a href="#">Ipilimumab (Yervoy): reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation</a>                  Patients on ipilimumab who present with diarrhoea or other symptoms of colitis, and those who do not respond to steroid treatment for immune-related colitis, should be investigated to exclude other causes, including infections such as CMV. There have been post-marketing cases of gastrointestinal CMV infection or reactivation in ipilimumab-treated patients reported to have corticosteroid-refractory immune-related colitis, including fatal cases.</p>	09/01/19	On formulary in chapter 8.1.5 as a RED drug.	Add link to chapter 8.1.5
<p><a href="#">Letters and drug alerts sent to healthcare professionals in December 2018</a></p> <ul style="list-style-type: none"> <li>• Discontinuation of Zovirax (acyclovir) eye ointment</li> <li>• Recall of irbesartan/hydrochlorothiazide products</li> </ul>	09/01/19	For info	Consider removing Zovirax (acyclovir) eye ointment from formulary as no direct acyclovir eye oint alternative available. Formulary already includes Ganciclovir gel as GREEN ALT so propose changing this to GREEN
<p><b>NHS <a href="#">Patient Safety Alerts</a></b></p>	<p><b>Date issued</b></p>	<p><b>Current formulary status</b></p>	<p><b>Recommended action for APC</b></p>
<p><a href="#">Safer temporary identification criteria for unknown or unidentified patients</a>                  A resource Patient Safety Alert has been issued to help organisations ensure a safer system for the temporary identification of unidentified or unknown patients.</p>	06/12/18	For info	No further action
<p><a href="#">Risk of harm from inappropriate placement of pulse oximeter probes</a>                  A warning alert has been issued on the risk of harm from inappropriate placement of pulse oximeter probes.</p>	18/12/18	For info	No further action
<p><b>Requested formulary amendments</b></p>	<p><b>Reasoning</b></p>		<p><b>Recommended action for APC</b></p>
<p>Dipipanone (Diconal®) – add to formulary as NOT APPROVED</p>	<p>Currently Diconal is not listed on the formulary but following a request from ND+DDES CCG was agreed to add as NOT APPROVED as per memo Darlington PCT + Durham PCT from May 2007 which did not recommend use in new patients and that existing patients should be reviewed.</p>		<p>Add to formulary as NOT APPROVED</p>

Linezolid (oral) – change in RAG status to RED if course >14 days	Currently listed as GREEN+ but courses greater than 14 days require but BNF/SPC states pPatients must have weekly bloods taken to monitor for haematological side effects if receiving treatment for more than 10 to 14 days. In those receiving treatment for more than 4 weeks a pre-treatment eye assessment is recommended followed by monthly assessments.states WBC.	Approve change. Oral linezolid should be RED for courses >14 days and remain GREEN+ for courses <14 days.
Ranolazine – remove need for specialist to do all titration before transferring to GP.	Currently listed as GREEN+ for the treatment of angina which cannot be treated satisfactorily using standard antianginal drugs and / or revascularisation with the restriction: To be initiated and titrated by consultant cardiologists and only suitable for primary care prescribing once treatment is stabilised and a benefit is seen. Cardiology feels this restriction no longer appropriate as GPs to titration for other cardiac drugs, and BNF/SPC gives advice on titration – no special monitoring and adjust according to response (similar to lvarbradine and Nicorandil.	Approve change
Vitamin B Co Strong – change from GREEN to RED.	Confirmed with dieticians should only be used on an inpatient basis for refeeding syndrome and not to be used for alcohol related disorders	Approve change

**ACTION:**

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

**3c New Drug Applications**

Ovitrelle® injection

Item deferred as application does not yet have CDDFT CSTC approval.

Budesonide Orthodispersible tablets (Jorveza®)

Item deferred as application does not yet have CDDFT CSTC approval. Indication is for eosinophilic oesophagitis in adults.

**3d Shared Care Guidelines for Approval**

None received.

**3e NTAG Update**

The current NTAG workplan was circulated for information.

**3f CDDFT CSTC Update**

The next meeting of CSTC is next week.

**3g RMO Update**

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

- Midlands & East RMO Update December 2018
- North RMO Shared Care Survey – the APC discussed the survey that had been received and the response that had submitted on its behalf by the professional secretary following email consultation with members given the short timescale required for a response.
- RMO Position Statement – Heparinised Saline for central venous catheter lock in adults – noted may be applicable to local secondary care Trusts.

### **3h Outpatient Prescribing Requests Form**

The APC discussed the updated draft of CDDFT Outpatient Treatment Recommendation Form (v4). It was noted there would be two versions of the form, an electronic one and a paper one, but where possible the use of electronically completed forms would be encouraged.

It was discussed and agreed that forms should only be signed by a prescriber and the governance around this was also discussed.

It was agreed to approve the form via Chair's Action subject to the following amendments:

- To look into pre-populating patient demographics/identification on form and including space for addressograph labels.
- Form to state medication will not be issued by GP unless box to confirm patient has been counselled has been completed.
- To move tick box re patient counselling on medication changes just above signature.
- Form to state only to be completed and signed by a prescriber with their job role stated.

#### **ACTION:**

- **JH to make suggested amendments to CDDFT Outpatient Treatment Recommendation Form and submit for approval via Chair's Action.**

### **3i Proposal for New County Durham & Tees Valley APC plus Formulary Subgroup**

A verbal update on collaborative working with Tees was given to the group. There is a further meeting of the steering group next week after which it should be clearer as to if and when the new group will start to meet replacing the current APC.

## **Part 4 – Physical Health**

### **4a Prescribing & Blood Monitoring by GPs Post-Bariatric Surgery**

The APC discussed the need for local guidance or GPs on prescribing and monitoring vitamin and mineral supplements post-bariatric surgery

Local guidance has been obtained from Sunderland where patients would receive their bariatric surgery regionally and was circulated to the group. It was noted that CDDFT and Tees also have guidance.

It was agreed that one set of guidance for the region was required and that this would be a suitable piece of work for the new collaborative model of working across the southern part of the region.

#### **ACTION:**

- **CH to send RDTC what guidance is available in her GP practice.**
- **BW to send RDTC current CDDFT guidance.**

### **4b CD&D Guidelines for Gluten Free Prescribing (updated)**

The APC approved the updated CD&D Gluten Free Guidelines with the updated list of products that are permitted on prescription. Summary Table 2: List of products available at NHS expense has been updated to reflect those products that are now listed in the Drug Tariff and permitted on prescription. This is following the national changes to the list of permitted products in late 2018.

#### **ACTION:**

- **DN to arrange for final version control and for document to be added to CD&D pages of NECS website.**

### **4c CD&D Paediatric Asthma Guidelines**

A draft CD&D Paediatric Asthma Guideline prepared by the CD&D Respiratory CAG was presented to the APC for approval.

It was agreed to approve the guideline via Chair's Action subject to the following amendments:

- Add LABA and ICS to list of abbreviations.

- Change developed by from NECS MO to CD&D Respiratory CAG.
- Add a clearer version of Childhood Asthma Control Test page.
- Add in CD&D Paed Asthma page.
- Include a picture of a generic white tablet next to the montelukast entry as do not want to promote any particular brand/generic. This is for completeness as all other drugs include a picture of the inhaler device.

**ACTION:**

- **DN to make suggested amendment to CD&D Paediatric Asthma Guidelines and submit for approval via Chair's Action.**

**4d Naloxone Provision in County Durham**

An update on naloxone provision in County Durham was presented to the group. Any future changes to the formulary will come to the APC for approval.

**4e Alcohol Pathway (updated) in County Durham**

An update on the alcohol pathway in County Durham was presented to the group. It was agreed to circulate Alcohol Pathway Book that has been developed, and that a summary of the alcohol pathway document should be developed to go on APC website. It was noted there was no GP prescribing requirement in the current model.

**ACTION:**

- **CJ/Judith Durkin to circulate Alcohol Pathway Book that has been developed.**
- **CJ/Judith Durkin to develop a summary of the alcohol pathway document to go on APC website for APC approval.**

**4f VTE Guidance**

It was noted this had been approved by CDDFT but further work was required around aspirin use in orthopaedics. It will therefore be resubmitted for approval once any subsequently identified changes have been made.

**4g County Durham Homely Remedies Policy for Care Homes**

The APC noted the comments received from some GPS since the policy was approved at the November 2018 APC.

It was noted that CJ feels she can respond to the comments received in reasonable way, and was agreed that is policy is a guidance/template option for the management of homely remedies within County Durham Care Homes. It was agreed that there may need to be an element of individual prescriber discretion.

**Part 5 – Standing items (for information only)**

**5a Formulary Steering Group Minutes December 2018**

For information.

**5b TEWV D&T Minutes November 2018**

Not yet available.

**5c CD&D FT Clinical Standards and Therapeutics Committee Minutes - since June 2018**

Not yet available.

**5d High Cost Drugs Group Minutes December 2018**

For information.

**5e NTAG Minutes November 2018**

For information.

**5f RDTC Horizon scanning – January & February 2019**

For information.

**5g MHRA Drug Safety Update – December 2018 & January 2019**

For information.

**5h AHSN Medicines Optimisation Steering Group Minutes – October 2018**

Not yet available.

**5i Tees Medicines Governance Group Recommendation Summary October & November 2018**

For information.

**5j NE&C CCG Prescribing Forum Minutes – January 2019**

For information.

**5k ND & DDES Joint Medicines Optimisation Subcommittee Minutes –**

Not yet available.

**5l NEAS Medicines Group Minutes – since September 2018**

Not yet available.

**Chairman's Action**

Nil

**Any Other Business**

HRT Choices in local formulary

It was agreed to ask Formulary Subgroup to review the current HRT choices in the local formulary as the choice is quite narrow.

Flash Glucose Monitoring

The APC noted the recent alert with regard to the adhesive on the current Freestyle Libre device causing skin reactions.

The APC was also informed that NHSE guidance on the use of Flash Glucose Monitoring from the 1<sup>st</sup> April 2019 was due to be released imminently.

**Date and time of next meeting:**

Thursday 2<sup>nd</sup> May 2019, 9am – 12noon Board Room, Board Room, Appleton House, Durham (To be confirmed depending on developments with creation of new County Durham & Tees Valley APC).