

**NHS SOUTH EAST ESSEX  
Drugs and Therapeutics Committee**

Minutes of the meeting held on 10<sup>th</sup> April 2013  
@ 12.30pm, Framlingham Room, Suffolk House

**Attendees:**

Dr Brian Houston (BH – Chair)	Kemi Banjo (KB)
Dr. Kelvin Ng (KN)	Jo Robinson (JR)
Esther Trillo-Gallo (ETG)	Linda Smart (LS)
Wanda Wilson (WW)	Tricia Dorsi (TD)
Dr. Marcus Lester (ML)	Bridgett Dowdy (BD)
Simon Worrall (SWo)	Zelda Aston (ZA)

**1. Welcome and Apologies for Absence**

Apologies were noted from Dr Jose Garcia, Jane Allan and Simon Williams.

**2. Minutes of the last meeting and matters arising**

***Heart Failure - Metolazone***

Nurses from Heart Failure clinic reported that they issue approximately 9 prescriptions of Metolazone over 2 week period. This is a manageable amount.

**Action: Simon Williams to liaise with community pharmacies to find out if they can supply the drug within a 24 hour period.**

***Dabigatran/Rivaroxaban/Apixaban***

Previous minutes, on page 1, change from Haematology consultants to Anticoagulant clinic.

It was mentioned that GPs still have not received the information required. SWo stated that seven hundred letters have been sent out advising GPs to start dabigatran from the anticoagulation clinic. BH would like for new ones to be sent with the guidelines. It was agreed at hospital joint meeting to be done on 18<sup>th</sup> March.

***From A.O.B.***

SW was to liaise with James Kent to set up a baseline on the rationale in the discharged letters when a medicine has been changed or new medicines started and for this to be part of Hospital contract.

**Action: SW to bring to next meeting**

WW sent on the 2<sup>nd</sup> of April the transitional arrangements signed by the PCT to extend the expiry date of the current Immunisation PGDs that the surgery nurses work with. This enables the nurses to continue to work with the PGDs until the CCGs are authorised to sign them themselves. TD attended a nurses' forum where she was told that some nurses have not seen this.

**Action: WW to send a remainder to Practice Managers to pass information to practice nurses, if they need to sign this paperwork.**

### **3. Standing Items**

#### ***SEPT feed-back***

ETG presented the SEPT MH and CHS feed-back document. Children and Adolescents Mental Health Consultant highlighted the wrong use of amitriptyline, sometimes even dothiepin, in this group of patients when receiving referrals from GPs. The advice is to start with fluoxetine, sertraline or nothing. They are willing to provide training to GPs in any form; also telephone clinics, 9am to 5pm, available (CAMH services).

**Action: WW to put in newsletter – child & adolescent helpline for GP**

#### ***Finance***

Nothing to report.

BH stated that there should be some information on finance as none for 2 months.

#### ***Controlled Drugs***

Nothing to report

#### ***Nutrition***

Jo presented three updated nutrition guidelines: Oral Nutrition Support (ONS) Infant Formula Guideline and 6 steps to prescribing ONS.

BH thought the guidelines could be more user friendly and realistically were too long for GPs to read in practice. JR thought that the guidelines needed to be comprehensive and the 6 steps were there for use in adults, and the infant formula guidelines were effectively one page per condition. BH and ML felt that more input was needed for the care homes and for the GPs via TTL. Furthermore, to ensure a cultural change in prescribing nutritional products is effected, work on disseminating the message needs to continue across primary and secondary care.

The committee decided that the 6 steps should be simplified and circulated to all care homes. KB suggested a scoring system. JR will work on this process and report back to the committee.

**Action: JR**

The Infant Formula Guidelines will be a joint guideline with the hospital. JR and SWo to liaise and arrange.

**Action: JR/SWo**

The committee approved the new guidelines and BH requested that the publication of the new guidelines is advertised in the newsletter.

**Action: JR/WW**

**SHA**

Nothing to report.

**NICE**

Nothing to report

**Scriptswitch**

ETG informed the group on financial savings for the last 6 months for the whole South East Essex:

**2012-2013 Total Actual Cost Benefit**

Oct-12	£34,490.87
Nov-12	£36,259.71
Dec-12	£28,349.34
Jan-13	£33,502.03
Feb-13	£32,745.8
Mar-13	£33,162.78

Filnarine SR (Morphine modimied release), Gatalin XL (Galantamine modified release) and Neditol XL (Tolterodine modified release) brand names will be put on ScriptSwitch as a suggestion / recommendation.

**Action: SWo will look at changing MST at the hospital.  
ETG to put on ScriptSwitch**

**Practice Visits**

Nothing to report

**TTA**

Nothing to report

**Colostomy**

KB had another meeting with the ostomy nurses at the hospital to work on the formulary without very good outcomes. Dr Gauhri & Dr Lester would like to set up a meeting with the ostomy services' nurses to agree way forward as unhappy with results of meeting.

### ***Incontinence appliances***

KB presented the Incontinence formulary agreed with SEPT specialist nurses and explained the project to the group. She presented the Order Form to be filled in by nurses and to be faxed to the GPs & copy to Pharmacy of patient's choice involved. KB is meeting with nurses to discuss implementation of the formulary and potential switches where applicable.

The form needs to be amended to include Southend CCG and pharmacies taking part on this project.

BH stated that this should involve prescribing clerks and it is important to liaise with GPs. He suggested putting this in the newsletter.

**Action: KB to finalise the form.**

**WW to include it in the newsletter.**

## **4. Matters for Decision**

### ***Formulary – Gastro-Intestinal***

GI formulary was presented and discussed. It needs some alterations,

- Octasa 400mg; specify that 2x400mg is more economical than 1x800mg. Message already on ScriptSwitch.
- Add hyperlink to the different relevant NICE Guidelines.

**Action: ETG to amend and email it to all members for last review before uploaded into CCGs' websites.**

### ***New Medication – Glycopyrronium dry powder for COPD***

KB presented the paper to include Glycopyrronium (Seebri®) on the Respiratory chapter of the Formulary. It was agreed to start using it only on new patients and not switch the ones already stable on Tiotropium.

### ***Traffic Lights – Shared Care Protocols***

ETG presented the Red Traffic Light lists reviewed with Southend Hospital. It was agreed to have the cytotoxic drugs separately, as the content of this section is very big and complicated to understand as presented.

**Action: ETG to review template and disseminate to members for approval.**

Shared Care Protocol template agreed with minor amendment, change Secondary Care contact details, instead of "Dr", just write "Name" in case the best person to contact is a specialist nurse.

Methotrexate Shared Care Protocol agreed; this time methotrexate parenteral injection is included.

**Action: ETG to send it to GP practices.**

### ***Incentive Scheme/QOF proposal***

Discussion took place around proposals for 2013-14. WW informed the group that this year there is not QOF Medicines Management 6 & 10. As part of the incentive scheme, training should be given to

prescription clerks on repeat prescribing procedure and an audit to be submitted identifying waste.

ML proposed for future years, the Prescribing Incentive Scheme ideas and way forward should be discussed in January to start working on targets at the beginning of financial year. When audits are required, we need to have clear outcomes and actions from them to ensure there is a patient and/or cost-effective benefit and not just a collection of data exercise.

BH would like to see comparative practice prescribing data with other practices in the area.

## **5. Matters for Information**

### ***Octasa***

ETG informed the group that despite the information sent to practices back in November by Tillotts Pharma about the change of name from Mesren to Octasa and through ScriptSwitch and the newsletter, prescriptions written as Mesren are still being prescribed. Figures in Mar-13 on System One central reporting show 34% Mesren and only 20% as Octasa; Mesalazine generic represents an 11% and Asacol a 35%.

Asacol's pharmaceutical company is advertising the discontinuation of Mesren and not a name substitution to increase Asacol prescriptions.

Tillotts Pharma is offering support though this change and one of the things that they can do is ringing every practice to give a statement agreed with us. GPs did not support this approach and thought a reminder in the newsletter would be enough. BH stated an information letter to send to patient would help.

**Action: WW to include in newsletter.**

**ETG to ask Tillotts Pharma to send more patients information letters to practices.**

## **6. Any other business**

### ***New Oral Anticoagulants***

ML highlighted that the new oral anticoagulants to prevent DVTs in the frail and elderly would be a cost-effective option. It was agreed that this treatment should be started at the hospital and then continued in practices.

**Action: SW to take it forward.**

**Date of next meeting**

**1<sup>st</sup> May 2013 @ 12.30 Southwold Room, Suffolk house**