

**NHS Castle Point CCG and NHS Southend CCG  
Drugs and Therapeutics Committee**

Minutes of the meeting held on 7<sup>th</sup> August 2013  
@ 12.30pm, the Hollies Surgery

**Attendees:**

Dr Brian Houston (BH – Chair)  
Jo Robinson (JR)  
Linda Smart (LS)  
Simon Williams (SW)  
Zelda Aston (ZA)  
Kemi Banjo (KB)

Bridgett Dowdy (BD)  
Esther Trillo-Gallo (ETG)  
Wanda Wilson (WW)  
Dr Jose Garcia (JG)  
Dr M Lester (ML)

**1. Welcome and Apologies for Absence**

Apologies were noted from, Jane Allan, Dr Ng and Dr Garcia.  
Dr Lester welcomed the group for the first meeting held at the Hollies surgery.

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

***Discharge letters.***

Minutes of the Drug and Therapeutics Committee was sent to the CCG Quality meeting.

***Formulary***

Issues regarding Magnesium Oxide to be carried forward by SWo. KB suggested that conversations with prescribers have indicated that some are initiating this medicine for patients taking Proton Pump Inhibitors but are not monitoring magnesium levels.

**Action: KB to contact individual practices to inform of monitoring requirements or stopping Magnesium prescribing.**

***OOH***

SW will finalise formulary and will bring back at October D&T. Careful monitoring is needed with respect of antibiotics, analgesia and Controlled Drugs. It should be a way of highlighting patients abusing the system, over ordering CDs.

**Action: SW to finalise formulary and will bring back at October D&T**

**3. Standing Items**

***SEPT***

ETG gave feedback from both SEPT MMCs, MH and CHS. Matters arising:

- Pregabalin. GPs asked for the reasons to be TDS to be written in SEPT information letters.
- Quetiapine XL switch to instant release information to be sent to all GPs in one common email with number of patients per practice.

- Naloxone. Members of the D&T wanted to know how many patients in this scheme were going to be involved and who is funding the cost of the medicine.
- Discharged letters from SEPT to be reviewed as they are too long at the moment
- Orphenadrine. If this drug is changed by MH consultants, the GPs would like to know the reasons why in the information letter.
- Dementia Nurses. How is it going to be fed-back to GPs when new dementia patients are diagnosed by these nurses? What is the process from then?

**Action: ETG & Dr Jose Garcia.**

***Finance***

SW presented the monthly graphs reported by CSU Information Analyst, cost per ASTRO-PUs and Growth in cost. Dr P. A. Patel appears as an outlier, probably due to the community pharmacy close to this practice which has some issues the CCG is dealing with. Practice support pharmacists and technician are working with the other practices.

***Nutrition***

JR reported good progress with secondary care to improve the information from hospital to GPs including letters and discharge summaries. JR emphasised the need for any inappropriate ICE discharges or prescription requests to be sent to her. This will help give evidenced feedback to the department. ML queried why the hospital did not stock AYMES so that a switch would not be necessary. JR highlighted at the moment the hospital has a contract (penny) pricing on their ONS which makes it difficult to justify the inclusion of a more expensive product. ML felt this should be something included contractually. SW will consider for next year's contract, but we need to be mindful that the HEF contract, if procured, will likely affect ONS prices in the hospital and subsequently the ONS would be reviewed naturally. BH (???) suggested sending a letter out with the TTOs informing patient of potential switch to first line product. This had worked with other medicines (clopidogrel) previously. SWo thought this could be possible. JR will draft letter.

JR is developing a care home guide with the council contract teams and CQC which she hopes to be able to present at the next D&T. JR facilitated a cross public sector group to review and disseminate this and will be working to train CQC inspectors/contract inspectors and also a broad reaching training session, hosted and arranged by Southend Borough Council for all care homes in both CCGs.

In practice, audit work continues with the high spending practices in line with QIPP.

***NHS England***

Nothing to report

***NICE***

ETG presented the last 2 evidence summaries: new medicines, Lisdexamfetamine for ADHD and linaclotide for IBS-Constipation. Lisdexamfetamine was not agreed in the last SEPT Mental Health MMC, neither was in Southend Hospital. Linaclotide was agreed to be used within Southend hospital only for the first year and then review results before was prescribed in primary care. It was agreed to include Linaclotide in the RED Traffic Light List.

**Action: ETG to update Red Traffic Light List and send it to both CCGs Communication Teams to upload it onto websites.**

### ***Scriptswitch***

ETG presented the ScriptSwitch Jan-13 to June-13 report with information on:

- Investment cost per CCG and saving per CCG. It was noticed that even the running cost of the system is very similar in both areas, the actual savings are higher in Southend CCG; this demonstrate the lower use in CP&R area.
- National and SSE offer and acceptance rates.
- Information messages which finish in a change of prescription are only 5% of the total. Pharmacist from ScriptSwitch suggested reviewing them and deleting the ones not relevant anymore. The committee agreed not to do this for now waiting to see how the new contract with S.S will be finalised.
- Top 10 Cost saving switches and top 10 missed opportunities per CCG.
- Forecast annual savings from accepted switches in acute medicines for long term conditions.

BD updated the group on the open cases in the area and that an engineer will be going out to surgeries that need to install scriptswitch again. There has been an increase of **£3,561.53** in overall actual savings compare to last month May 13.

### ***Practice Visits***

Nothing to report.

**Action: SW to bring to the next meeting summary on what work has been done.**

### ***TTA***

There were some discussions around patients waiting times for dispensing of drugs at the hospital when they are ready to be discharged. SWo is looking at this and stated that the process is under review, the TTAs dispensing times should be 20 minutes which is a reasonable time.

SWo also stated that the baseline audit for discharged letters is completed and he will present it in September's meeting.

**Action: SWo to bring update to the next meeting**

### ***Specials***

KB presented the Specials graph with an update on May figures. It has been £3590 savings compares to April-13.

It was agreed to include in Specials formulary

- Valupak Vitamin D3 1000 IU for Colecalciferol 1000 IU.
- PRO D3 10,000IU/5ml for Colecalciferol 10,000units/5ml oral solution.
- PRO D3 30,00IU/ml for Colecalciferol 15,000units/5ml oral solution.
- BABY-D 10,00IU/ml for Colecalciferol 5,000units/5ml oral solution.

**Action: KM to update formulary and send to Communications team to update websites. ETG to update ScriptSwitch messages.**

### ***Colostomy / Incontinence appliances***

KB presented a template letter to be sent to patients to find out the products used and the daily quantity needed. It was agreed that this letter will be sent to practice managers to be given to prescribing clerks, WW to put something in the newsletter. BH suggested a standard referral letter to Ostomy nurses asking for review could be developed and sent to the GPs.

KB informed the group that it has been a reduced in expenditure in April-13 compares to March-13. SW will like to see monthly comparisons year on year in ostomy and incontinence appliances expenditure.

Dr Ghauri advised some district nurses still contact the third party companies without using the request form.

**Action: KB to send patient template letter to practice managers and develop Ostomy nurses referral letter.**

**WW to include info in GP's newsletter.**

**KM to present monthly year on year expenditure.**

**ETG to raise issues with district nurses at next SEPT CHS MMC**

## **4. Matters for Decision**

### ***Propantheline***

KB presented information about Propantheline licensed medicine to be used in dermatology for hyperhidrosis instead of Glycopyrronium bromide. It was agreed to use this drug in primary care before referring the patient.

**Action: KB to find out dermatology services formulary.**

**WW to raise Propantheline use in newsletter**

### ***Prescribing Clerk Training***

SW informed the group that Sunil Gupta sent a document on "How to be a good prescribing clerk" and wants to know if this will be useful information. BH suggested it should be sent to all practice managers.

**Action: SW to send document to surgeries**

## **5. Matters for Information**

WW presented the MHRA Drug and Safety Update highlighting the use of Codeine and its risk in children.

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

## **6. Any other business**

- ML advised the group that he has seen Apixaban being prescribed by the hospital which is not in guidelines. SWo informed Dabigatran is 1<sup>st</sup> choice but

low dose Apixaban is used for high risk bleeding patients. ML will give information to SW to review cases.

**Action: SWo to put together information on prescribing different NOACs and send it to members of committee to agree way forward.**

- KB also stated that the GPs are prescribing a lot of Melatonin. Work needs to be done to agree a protocol on the use of melatonin with SEPT and SUH. KB would like to introduce the use of Biomelatonin® 3mg, licensed in Europe but not in the UK, the cost of 60 capsules is £40.

**Action: ETG to work with SEPT and Southend Hospital to agree protocol.**

- ETG presented the new category M prices for Temazepam, Sertraline and Senna. All of them have increased more than 100% compared with previous month. It was agreed to take temazepam out of CNS formulary (second choice at the moment). Sertraline will remain in formulary despite the high cost as it could be comparable only to Escitalopram for its licensed indications, being this drug still more expensive.

**Action: ETG to review CNS formulary.**

**KB to find out cost effective alternative for senna and inform the group.**

**Date of next meeting**

**4<sup>th</sup> September @ 12.30pm Southwold, Suffolk House**