1. Minutes and Actions from Previous Meeting (11 August 2017)

1.1 The minutes from the meeting held on 11 August 2017 were approved as a correct record.

1.2 The updated cumulative Committee action note had been previously circulated.

2. Matters Arising

2.1 Valproate Safety Alert
2.1.1 Ms Cuthbert advised that feedback had been received from the teams. TRAK could be used to identify any patients that had been missed. Some patients could be prescribed valproate in Critical Care immediately after leaving theatre following an emergency admission and would not be conscious. The Neurology teams were aware of the alert and would discuss with patients.

2.1.2 A search had been carried out which identified all female patients up to the age of 45 who were prescribed valproate; information would be sent to their GPs and it had been agreed at the General Practice Prescribing Committee that GPs would discuss the safety alert with these patients. This applied to a total of approximately 400 patients or 3-4 patients per GP practice. It was noted that some GP Practices had carried out their own audits of patients but that the difficulty is highlighting this to patients. A toolkit to help with this would be sent out to all GPs.

3. **Area Drug and Therapeutics Committee Work Programme**

3.1 The work programme had been circulated for information. The draft work programme for 2018/19 would be submitted to the next meeting.

4. **Safe Patient Care**

4.1 **Antimicrobial Team Update, for discussion**

4.1.1 A paper had been previously circulated. It was noted that a high level of errors in gentamicin prescribing had been reported and that it would be useful to have more detail about the types of errors and actions making taken to mitigate the risk, including training. No increase in renal toxicity had been noted.

4.2 **Controlled Drug Governance Team, for discussion**

4.2.1 Ms Gajree gave a presentation. There was discussion about training for undergraduate doctors about use of oxycodone and morphine as there had recently been increased use of oxycodone. Different brands were used in different health Boards. Ms Gajree noted that in areas where oxycodone was used by specialist prescribers, for instance in the hospices there were fewer errors as prescribers were familiar with the drug.

4.2.2 Professor Timoney noted that Healthcare Improvement Scotland was looking at how to use data sources to obtain more information about prescribing errors and adverse effects. It was recognised that datix reports were followed up with full investigations to understand the specific circumstances of each case.

4.3 **Medication Incidents**

4.3.1 A paper had been previously circulated. It was noted that oxycodone and other opioid analgesics were top of the list for medication incidents. To understand the reasons for the errors there would need to be an understanding of details such as pressures, training and experience of the members of staff involved.

4.3.2 These reports would be submitted to the Committee regularly. The UHD Drug and Therapeutics Committee also received data on all incidents within the acute sector. All
Clinical Management Teams received information on incidents and these were considered by the team involved. Dr Clive advised that in Oncology a group reviewed all cancer therapeutics incidents monthly, reported near misses and implemented changes. The same level of review was not happening in all departments currently.

4.4 Promotion of Adverse Drug Reaction (ADR) Reporting, for discussion

4.4.1 The annual report for Scotland and Lothian had been previously circulated. There had been an increase in numbers of incidents recorded in most reporting areas but a decrease in GP reporting. In Scotland GPs did not have ADR reporting as part of the electronic prescribing system and this had not been made a requirement for the development of HEPMA. It had not been confirmed whether this would be part of the updated version of the Vision software used by GPs. Professor Timoney noted that the Scottish Government were supportive of this to make it easy for GPs to report adverse drug reactions but there had been no commitment yet.

4.5 Analgesic Strategy for Elderly Patients

4.5.1 A paper had been previously circulated. The strategy had been approved by the Drug and Therapeutics Committee in February 2017. Some concerns were raised by GPs at the medical directors group and these were still to be discussed by the General Practice Prescribing Committee (GPPC).

4.5.2 Professor Maxwell was concerned that the layout of the flowchart may lead to first choice agents being misinterpreted. Ms Cuthbert noted that there had been increasing use of lidocaine patches and this strategy was aimed at improving governance of its use. The use of lidocaine patches had been approved by the Formulary Committee. The strategy had been approved by the UHD Drug and Therapeutics Committee.

4.5.3 The strategy had been brought to the medical directors group as there was concern about the requirement that patients on lidocaine needed to be reviewed after two weeks and thereafter every 4 weeks to check efficacy; if the patient had been discharged from hospital in this time the review would have to be carried out by the GP. Ms McNaughton also noted that use of lidocaine patches as detailed in the flowchart in the community setting could affect compliance with the national indicators for use of pain relief in primary care.

4.5.4 It was noted that any policy decision made by an Area Drug and Therapeutics Committee sub committee which had implications wider than their own remit should also come to Area Drug and Therapeutics Committee for discussion.

4.5.5 Members agreed to await the outcome of the discussion by the General Practice Prescribing Committee on this strategy.

4.6 Draft Framework for Healthcare Support Workers supporting people with medication

4.6.1 Ms McCulloch presented the previously circulated paper. Professor Maxwell noted that the paper was thorough and demonstrated a need for a framework in this area and a robust governance pathway suggested.
4.6.2 In response to a question about how many protocols would be required and if this would be manageable Ms McCulloch advised that each service would decide which drugs would be included but that it was anticipated that this would be useful for example in community hospitals and in dermatology for creams and dressings.

4.6.3 The training development team had advised that they had capacity to run the required training.

4.6.4 Members approved the framework subject to one change in the process; all protocols would not be approved by the Healthcare Governance Committee as stated but another approving body would be agreed.

5. **Effective Use of Resources**

5.1 **Patient Access Scheme Annual Report, for discussion**

5.1.1 Mr Hunter spoke to the previously circulated paper. It was noted that the complex schemes took a lot of work to administer. There were more simple than complex schemes.

5.1.2 It was noted that the Patient Access Scheme Advisory Group reviewed each scheme as submitted from the manufacturer and had rejected some complex schemes in the past or negotiated for simple schemes, but more complex schemes were now being offered. Professor Maxwell agreed to write to the Patient Access Scheme Advisory Group to thank them for negotiating simple schemes as these were of benefit for Boards. SM

5.2 **Medicines Utilisation and Review Group**

5.2.1 Mr McBurney advised that there had not been a meeting of the MURG since the last update.

5.3 **Homecare Medicines Summary Report, for information**

5.3.1 Members noted the previously circulated paper for information.

6. **Strategic Planning**

6.1 **Safer Prescribing of Opioids Tool, for discussion**

6.1.1 There would be a presentation at the next meeting.

7. **Working in Partnership**

7.1 **Off label use of Cancer Medicines Consultation**

7.1.1 The proposal from the Area Drug and Therapeutics Committee Collaborative had been previously circulated.

7.1.2 Dr Clive noted that the concept of streamlining work and minimising duplication across Boards was welcomed, but that the timescales and the amount of work required
seemed ambitious. This had not yet been discussed at the Cancer Therapeutics Advisory Committee.

7.1.3 Ms Cuthbert advised that a prioritisation tool was being developed which could ensure only those drugs which would give clarity as to which medicines would be assessed by the process.

7.1.4 It was noted that the process laid out could potentially apply to a variety of decisions and that it was not clear how this would fit in with local and national formularies or the Scottish Medicines Consortium.

7.1.5 It was noted that the work required to carry out the proposed process would fall on Boards and that therefore a sense of the expected scale would be useful in order to give feedback.

7.1.6 The proposal would be discussed at the Area Drug and Therapeutics Committee Collaborative and any discussion would be fed back. SM

7.2 Achieving Excellence in Pharmaceutical Care; A Strategy for Scotland, for information

7.3 Professor Timoney updated Members on the background to this paper. The strategy had been well received in the pharmacy profession and fitted in with Lothian’s own strategic plans. There was no separate funding associated with the strategy. One aim was for more pharmacy input into general practice. The GP transformation fund would help to achieve this.

8. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes from the following meetings:

8.1 Formulary Committee, 30 August 2017;
8.2 General Practice Prescribing Committee, 7 March 2017, 6 June 2017;
8.3 UHD Drug and Therapeutics Committee, 21 June 2017;
8.5 Cancer Therapeutics Advisory Group, 22 May 2017;
8.6 Hospital and Specialist Services Medicines Committee, 14 June 2017;
8.7 Medicines Policies Sub Committee, 18 May 2017;
8.8 Medicines Homecare Governance Group, 7 June 2017.

9. Date of Next Meeting

9.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 1 December 2017** in **Meeting Room 8** Fifth Floor, Waverley Gate.

9.2 Meetings would take place on the following dates in 2018:

- Friday 9 February 2018;
- Friday 6 April 2018;
- Friday 1 June 2018;
- Friday 3 August 2018;
- Friday 5 October 2018;
- Friday 7 December 2018.