AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 11 August 2017 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:
Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Ms S. Arnison, Community Pharmacist;
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Professor M. Eddleston, Consultant in Clinical Toxicology;
Dr F. Elliot, Medical Director NHS Fife;
Ms A. Gilchrist, Lead Pharmacist, Medicines Management Team;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Ms S. Kerr, Lead Pharmacist, Western General Hospital, Chair Medicines Policy Committee;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Dr E. Morrison, STR, Clinical Pharmacology;
Ms M. Reid, Consultant in Pharmaceutical Public Health;
Ms A. Wilson, Director of Pharmacy, NHS Borders.

In Attendance:
Ms B. Pillath, Committee Administrator.

Apologies:
Dr W. Jamieson, Co-Chair of the Formulary Committee;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Ms L. Shaw, Co-Chair of the Formulary Committee;
Professor M. Strachan, Metabolic Consultant, chair of UHD Drug and Therapeutics Committee;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);

The Chair welcomed Members to the meeting and Members introduced themselves.

1. Minutes and Actions from Previous Meeting (2 June 2017)

1.1 The minutes from the meeting held on 2 June 2017 were approved as a correct record subject to correction of two typographical errors.

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

2. Matters Arising

2.1 Committee Membership
2.1.1 A nursing representative had been nominated to become a member of the committee; awaiting confirmation. Lothian Medical Committee had been unable to identify a nominee but this would be followed up.

2. Area Drug and Therapeutics Committee Work Programme

3. Safe Patient Care

3.1 Sodium Valproate Patient Safety Alert actions update, for discussion

3.1.1 Ms Cuthbert gave a verbal update. Work was ongoing to identify patients at risk. An alert could be put on TRAK, but this would not allow discussion at the point of prescribing. There was also discussion with neurologists, and the epilepsy team was looking at this.

3.1.2 The long term solution was integrating alerts into TRAK and HEPMA, but in the meantime training of relevant clinicians in neurology, paediatrics and mental health for checking making the first prescription.

3.1.3 Alerts were already in place in GP systems and practices had done a search to identify relevant patients. There was already a system of alerts in place on TRAK in Mental Health.

3.1.4 There would be a further update at the next meeting.

3.2 Lipid, Triglyceride and Hypertension Guidelines, for approval

3.2.1 A paper had been previously circulated. The guidelines had been updated to ensure they were in line with other guidance. The main changes were the diagnosis recommendations. The guidelines had been discussed and approved at the General Practice Prescribing Committee and the UHD Drug and Therapeutics Committee subject to a change to reflect the different practice in primary and secondary care.

3.2.2 It was noted that aspirin would not be recommended if no other vascular disease was present.

3.2.3 Members approved the guidance subject to the change noted.

3.3 Vaccination by Clinical Support Workers in Sexual Health Service Settings

3.3.1 Ms Davidson declared a non-specific personal interest in this item. The paper had been previously circulated. It was noted that the approval stated in 3.2 of the paper was from the Medicines Policies Sub Committee, and that it was now common practice for clinical support workers in sexual health services to administer Hepatitis vaccination by means of a Patient Specific Direction.

3.3.2 Under the Patient Specific Direction, clinical support workers were able to administer the vaccination. The prescription for a specific patient would be made by a medically trained person who would remain responsible and would be confident that the person delegated was trained, capable and confident. A Patient Group Direction could be used
by a healthcare professional, but not a clinical support worker. Clinical support workers were also able to administer influenza vaccinations in GP practices as agreed at the Area Drug and Therapeutics Committee in 2016. Other Boards were also expanding the duties of clinical support workers.

3.3.3 The paper asked for the Committee to approve the administration of HPV vaccine by clinical support workers in the sexual and reproductive health services. Ms Kerr noted that the Medicines Policies Sub Committee had received assurances at the time of the Hepatitis vaccination approval that there was a clear process in place.

3.3.4 Ms Davidson noted that it would be advantageous for the clinical support worker to offer. HPV vaccination opportunistically while the patient was in the clinic as they often may not return when offered another appointment.

3.3.5 It was stated in the policy that clinical support workers carrying out vaccinations would have or would be working towards SVQ3 in Healthcare.

3.3.6 It was noted that there was no nurse representative present at the meeting to join the discussion.

3.3.7 Members approved the policy and Professor Maxwell agreed to write to Alison Craig to advise her of the outcome.

3.4 NSS Briefing on Free of Charge Medicine Schemes, for information

3.4.1 The paper had been previously circulated. Use of free of charge medicines would follow the same governance processes as medicines that were paid for.

3.4.2

4. Effective Use of Resources

4.1 Medicines Utilisation and Review Group Update, for discussion

4.1.1 Ms Gilchrist spoke to the previously circulated paper. There was discussion about the high use of diazepam in primary care and whether there was a clinic or service area which was driving this. It was noted that NHS Lothian’s rate of prescribing of 5mg and 10mg strength of diazepam was out of line with the rest of Scotland and would be reviewed in 12 months time. There had been a national move to reduce the use of the diazepam tablets 10mg strength due to its higher street value and these had been removed from local formulary. The Substance Misuse Service Management Team requested that 5mg and 2mg tablets remain on the formulary to allow flexibility in dosing regimens and the ability to reduce doses gradually.

4.1.2 The committee noted the progress with developing and circulating formulary adherence BNF chapter reports, the most recent being cardiovascular medicines. MURG reported that the new oral anticoagulants were now having a significant impact on primary care prescribing costs, and their use continued to increase, although predicted to stabilise through 2017-18. A summary of direct acting anticoagulant (DOAC) prescribing in NHS Lothian was highlighted to the Committee, and it was noted that the Effective Prescribing Programme was also currently undertaking work in this area. The Lothian
Joint Formulary recommended apixaban as the DOAC of choice and the recommendations were supported by guidelines developed by local haematologists. Members accepted the recommendations laid out in the paper.

4.2 Homecare Medicines Progress Report, for information

4.2.1 Ms Cuthbert spoke to the previously circulated paper which was accepted for information.

4.3 Scottish Medicines Consortium Forward Look Report and Policy Statement, for approval

4.3.1 The policy statement had been previously circulated. This was a routine update. Minor technical changes had been made. The statement reflected the fact that there were no longer paper copies of the Forward Look report.

4.3.2 Members approved the revised statement.

4.4 Lothian Formulary Adherence in General Practice, for information

4.4.1 The example report had been previously circulated. Each practice received their own report with the expectation that they would discuss the data given. The new format had been informed by other Board’s practice and was at the testing stage. The reports would eventually cover the six main chapters of the Lothian Joint Formulary.

4.4.2 Dr Elliot noted that a dashboard with similar key information was being used in Fife for primary care, and a similar report for secondary care was being considered for introduction.

4.4.3 Dr McDermott noted that most of the medicines were initiated in secondary care, limiting the improvement GP practices could make. Therefore a similar approach to improvement also needed to be made in secondary care. Dr Elliot noted that an arbitration process between primary and secondary care was being introduced in Fife for controversial prescribing issues. It was noted that some non-formulary prescribing would be appropriate; the reports were designed to monitor what was happening so that improvements could be focussed.

5. Strategic Planning

5.1 Primary Care Electronic Prescribing, for discussion

5.1.1 Dr Hurding spoke to the previously circulated paper and gave a short presentation on whether the electronic prescribing system used affected the level of spend. It was found that differences in spending patterns between GP practices pre dated the introduction of the eLJF Clinical. There was some evidence that LJF training reduced spend. Although all GP practices with the Vision system had eLJF Clinical installed, it was not known how many practices were using it.

5.1.2 Mr Hunter noted that the Chief Executive had asked for an introduction to the financial benefits of using the eLJF Clinical system, but an evaluation on impact had not yet been done.
5.2 Formulary Committee Report on SGHD/CMO(2012), for discussion

5.2.1 The report had been previously circulated. NHS Lothian’s compliance with the 90 day time limit for making decisions was 93%.

5.3 Formulary Committee Annual Report, for information

5.3.1 Members noted the previously circulated annual report for information and thanked the Formulary Committee for its hard work over the year.

5.4 Formulary Co-Chair Appointment Letter and Invitation to the Formulary Committee, for information

5.4.1 Members noted these appointment letters for information. Dr Morrison would take up Co-Chair of the Formulary Committee in October 2017.

6. Working in Partnership

6.1 Open and Transparent Decision Making

6.1.1 Requests for annual declarations of interest to be made would be sent out following the meeting.

6.2 Single National Formulary Summary of Feedback, for information

6.2.1 Members noted the previously circulated summary for information. The appointment to lead pharmacist for the Scottish National Formulary was pending.

6.3 National Appeals Panel, for information

6.3.1 Members noted the Healthcare Improvement Scotland briefing for information. The appeals panel would support the new PACS system for treatment requests. The national group would meet monthly and would therefore be a significant amount of work for those involved.

6.3.2 Professor Timoney would sit on the steering group and Ms Wilson had agreed to be part of the appeals panel. A chair had not yet been identified for the meeting from the Medical Directors and it was not yet clear who would be leading on it.

6.3.3 Individual Patient Treatment Request panels would continue until the new system had been established.

6.4 Scottish Medicines Consortium Membership, for information

6.4.1 Members noted the request for members for the Scottish Medicines Consortium for information. There had been one nomination from Lothian so far, but spaces were available for more.

7. Minutes from Committees and Division, Exception Reporting
Members noted the previously circulated minutes from the following meetings:

7.1 Formulary Committee, 31 May 2017, 5 July 2017;
7.2 UHD Drug and Therapeutics Committee, 16 April 2017;
7.3 Hospital and Specialist Services Medicines Committee, 26 April 2017;
7.4 Medicines Policies Sub Committee, 16 March 2017;
7.5 Medicines Utilisation and Review Group, 19 April 2017.

8. Date of Next Meeting

9.1 The next meeting of the Area Drug and Therapeutics Committee would take place at 14.30 on **Friday 6 October 2017** in **Meeting Room 8**, Second Floor, Waverley Gate.

9.2 Further meetings would take place on the following dates in 2017:
- Friday 1 December 2017