AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 1 June 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:
Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Dr S. Clive, Chair of Cancer Therapeutics Advisory Committee;
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;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Ms S. Kerr, Lead Pharmacist, Western General Hospital;
Ms M. McCulloch, Senior Nurse Practitioner, LANMAC Representative;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Ms M. Reid, Consultant in Pharmaceutical Public Health;
Ms L. Shaw, Lead Pharmacist, Co-Chair of Formulary Committee;
Dr P. Shishoda, GP, Medical Committee Representative;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);
Ms A. Wilson, Director of Pharmacy, NHS Borders.

In Attendance:
Mr S. Fenton, Project Manager, Single National Formulary (item 6.1);
Ms A. Mair, Effective Prescribing and Therapeutics, Single National Formulary (item 6.1);
Ms B. Pillath, Committee Administrator (minutes).

Apologies:
Ms S. Arnison, Community Pharmacist;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Ms J. Pearson, Lead Pharmacist, Medicines Management Team;
Professor M. Strachan, UHD Drug and Therapeutics Committee Chair;
Dr A. Watson, Psychiatrist, Chair of Hospital and Specialist Services Medicines Committee.

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

1. Minutes and Actions from Previous Meeting (13 April 2018)

1.1 The minutes from the meeting held on 13 April 2018 were approved as a correct record subject to a number of amendments.

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

2. Matters Arising

2.1 Chair of UHD Drug and Therapeutics Committee
2.1.1 Dr Iain Macintyre had been appointed chair of the UHD Drug and Therapeutics Committee and would also become a member of the Area Drug and Therapeutics Committee.

3. **Safe Patient Care**

3.1 **Scottish Medicines Consortium Recommended Medicines, for discussion**

3.1.1 A letter from the co-chair of the Formulary Committee had been previously circulated. Ms Shaw summarised the Formulary Committee’s concerns that drugs were being approved by the Scottish Medicines Consortium on very little evidence. The Formulary Committee suggested that monitoring could be done in practice to ensure benefit.

3.1.2 Dr Clive advised that local clinical teams would not have the resources to carry out auditing or monitoring of these drugs, any data produced would not be as good as a clinical trial data and there would be no resource to collect and interpret data. Patients would be unhappy if they could not be treated with drugs that had been approved by the SMC. It was agreed that clinicians should not be asked to do this work.

3.1.3 It was noted that the Scottish Government policy was to make more drugs available. Professor Maxwell agreed to write to the Scottish Medicines Consortium highlighting concerns about drugs being approved only on phase II clinical trials. It was noted that the SMC did not expect local formularies to consider the evidence again following SMC approval.

4. **Effective Use of Resources**

4.1 **Formulary Adherence Reports, for information**

4.1.1 The sample reports had been previously circulated for information. It was advised that the new reports should clusters of practices with similar locations and demographics so that compliance could be compared.

4.1.2 Dr McDermott noted that the pharmacist came annually to each GP practice, talked through comparative data and agreed actions to improve compliance. This standard practice worked well.

4.1.3 Ms Cuthbert advised that inpatient formulary adherence reports were produced for acute areas which were sent to Senior Management Teams for consideration. Members who were hospital clinicians noted that this was not necessarily passed down to clinicians to give awareness of cost effective practice.

5. **Strategic Planning**

5.1 **Secondary Care Electronic Prescribing, for discussion**

5.1.1 An update paper had been previously circulated as the Committee had asked for regular updates. The systems assessment by the Scottish Government had not taken place in May as planned. When the Programme Board next met an update would be published on the Intranet and distributed to ADTC Members.
6. **Working in Partnership**

6.1 **Single National Formulary, for discussion**

6.1.1 The chair welcomed Ms Mair and Mr Fenton to the meeting and Mr Fenton gave a presentation. Mr Fenton advised that there had been over 500 responses to a survey for clinicians and workshops had been held in different areas to get feedback on the type of system required. A diagnosis and treatment based approach with links to recommendations for each treatment was preferred with also a facility to look up drugs. This would not duplicate the sources of information already available such as the British National Formulary, SIGN, and the Scottish Medicines Consortium, but would refer to them.

6.1.2 Ms Mair advised that the criteria for deciding on inclusion of medicines were listed in the terms of reference for the chapter development groups. Cost effectiveness was included. The Health Technology Assessment would not be considered as this would be duplication of the SMCs work. Only drugs approved by the SMC would be considered. It was noted that the team at the Scottish Government were aware that cost was a concern for Health Boards. The decisions would be made by the clinician groups, supported by the team at the Scottish Government.

6.1.3 Ms Mair advised that the eHealth team were leading on GP provision to ensure that the system implemented would work with the different versions of GP prescribing software systems in use.

6.1.4 Currently local formularies would not consider appeals from pharmaceutical companies following a decision. Ms Mair advised that this had been considered and it was noted that local formularies currently only receive appeals from clinicians; this was for further discussion.

6.1.5 Ms Mair advised that the clinical groups consisting of specialist GPs, consultants and pharmacists would be the decision makers. The industry and patient representatives on the development groups would join discussion but not be involved in decision making.

6.1.6 Members noted that information about the process or aims of the Single National Formulary was not available online and there was no information as to how it was thought that the new formulary would interact with local groups. Ms Mair agreed to send round the list of members of the Governance Board and the terms of reference and put this online, and noted that the overall aim was to reduce duplication and ensure equality across Scotland, and the Board representatives were on all the development groups. The overall aim was that the national formulary would replace the local formularies but discussion was still ongoing as to the means for decision making at Boards. Patients moving from different Board areas would receive the same treatment; resources would be pooled for decision making to be done once for Scotland. This was similar to the process of creating the Scottish Medicines Consortium as their work was previously done separately by each Board.

6.1.7 More information was requested on financial implications to inform Board planning. Ms Mair advised that this information would be made public.
6.1.8 Ms Mair advised that discussion was still in progress as to whether all Scottish Medicines Consortium approved drugs would go on to the National Formulary. Currently each drug was considered again separately by each local Board formulary.

6.1.9 Ms Mair advised that discussion was ongoing as to whether there would be first and second choice drugs on the formulary or more choices. Each Board currently did this differently. Ms Cuthbert noted that in specialist areas the Lothian Joint Formulary had fourth or fifth line choices and noted that there would need to be specialists involved in decision making in these areas. Professor Maxwell noted that it would be difficult for development groups to make decisions before this had been agreed. Mr Fenton noted that the Single Formulary would be an adult formulary focussed on core prescribing.

6.1.10 Ms Mair advised that the questions raised were similar to those raised by the other Board Area Drug and Therapeutics Committees. A Frequently Asked Questions would be online as soon as possible.

6.1.11 Ms McNaughton noted that planning for the transition stage would be crucial; where the new formulary did not align with the local formulary communications and patient switching would need to be considered.

6.1.12 Dr Elliot noted that in Fife a lot of work had been done to improve formulary compliance in secondary care and more improvement was needed in primary care. The further changes brought by the transition would be challenging and it was not clear that the Single National Formulary development team was aware of the implications for Boards.

6.2 Peer Approved Clinical System (PACS) Tier Two update, for discussion

6.2.1 An update on Lothian’s progress with implementation of the PACS Tier Two had been previously circulated. PACS Tier One had already been implemented for orphan and ultra-orphan medicines. PACS Tier Two was to be implemented from 1 June 2018 and would use the previous IPTR process. Previously the Cancer Medicines Management Committee made decisions on cancer medicines applications which were ratified by the IPTR panel, but PACS Tier Two would now make these decisions. This had been agreed by cancer clinicians. Non-submissions to SMC would not fall under the PACS Tier One or Two process and would therefore still be IPTR.

6.2.2 Exceptionality was not part of the criteria for consideration under PACS. This was consistent with the Harry Burns review. The cost of treating patients with these medicines was still a concern.

6.2.3 A national review panel was in place for appeals against PACS decisions. This would only consider the initial paperwork submitted by clinicians.

6.2.4 Information for staff on the new process was available on the intranet. Healthcare Improvement Scotland had produced an information leaflet for patients.

6.3 HIS Update on Medicines, for information

6.3.1 Members noted the previously circulated update for information.
7. **Minutes from Committees and Division, Exception Reporting**

Members noted the previously circulated minutes from the following meetings:

7.1 Formulary Committee, 18 March 2018;  
7.2 General Practice Prescribing Committee, 5 September 2017, 5 December 2017;  
7.3 UHD Drug and Therapeutics Committee, 7 February 2018;  
7.4 Paediatric and Neonatal Drug and Therapeutics Committee, 26 January 2018;  
7.5 Cancer Therapeutics Advisory Committee, 22 January 2018, 26 March 2018;  
7.6 Hospital and Specialist Services Medicines Committee, 14 March 2018;  
7.7 Medicines Policies Sub Committee, 18 January 2018.

8. **Date of Next Meeting**

8.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 10 August 2018** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

8.2 Further meetings in 2018 would take place on the following dates:

- Friday 5 October 2018;  
- Friday 7 December 2018.