AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 9 February 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:
Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Dr F. Elliot, Medical Director NHS Fife;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurding, GP Advisor, Medicines Management Team;
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;
Dr E. Morrison, Co-Chair of Formulary Committee;
Dr P. Shishoda, GP, Area Medical Committee Representative;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);
Dr A. Watson, Psychiatrist, Chair of Hospital and Specialist Services Medicines Committee;
Ms A. Wilson, Director of Pharmacy, NHS Borders.

In Attendance:
Ms B. Pillath, Committee Administrator (minutes).

Apologies:
Ms S. Arnison, Community Pharmacist;
Dr S. Clive, Chair of Cancer Therapeutics Advisory Committee;
Professor M. Eddleston, Consultant in Clinical Toxicology;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Ms M. Reid, Consultant in Pharmaceutical Public Health;
Ms L. Shaw, Lead Pharmacist, Co-Chair of Formulary Committee.

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

1. Minutes and Actions from Previous Meeting (1 December 2017)

1.1 The minutes from the meeting held on 1 December 2017 were approved as a correct record subject to one amendment to item 2.1 so that ‘Scottish National Formulary’ read as ‘Single National Formulary’.

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

2. Safe Patient Care

2.1 Intra-venous Paracetamol Update

2.1.1 UHD Drug and Therapeutics Committee had received a request from the Head and Neck Service, St John’s Hospital, to stock IV paracetamol for use in patients with low
body weight; this had been agreed and they had been asked to write a protocol for use. The UHD Drug and Therapeutics Committee had written to other departments using IV paracetamol to ask for a justification and process for use.

2.2 National Services Scotland Antibiotic Report, for information

2.2.1 Members noted the previously circulated paper for information.

2.3 Medication Incidents

2.3.1 A paper had been previously circulated. Members noted that it was helpful to see overall trends. There needed to be clarification on the process by which Datix incidents were escalated to a governance committee for consideration of trends and learning points.

2.3.2 The adverse events policy for NHS Lothian applied to incidents resulting in major harm; other incidents were dealt with within the service. A process was in place for this but it was not clear that the learning was taking place. For incidents with minor and moderate harm the charge nurse would be the main investigator and would receive a Datix report with details of the incidents. Clinicians were not normally involved in investigations unless they were involved. In REAS all incidents were investigated and reported to the Hospital and Specialist Management Medicines Committee. All medication incidents on Datix with major harm would be sent to the Pharmacy Director and the Nurse Director for Acute Services for oversight of trends, but there was concern that these may not be being escalated to the clinical teams involved.

2.3.3 Dr Elliot advised that in NHS Fife a short learning summary was produced for incidents where major harm resulted. This worked well, but the process for learning locally from incidents with mild or moderate harm needed more work.

2.3.4 A national learning summary template was available which was designed to not include confidential information so that learning points could be shared more widely, but these were not yet being used routinely. Ms Cuthbert agreed to send the template to Professor Maxwell for information.

2.4 Policy Approval Process

2.4.1 A paper had been previously circulated. An NHS Lothian policy approval group would review all new policies in the organisation along with implementation plans. Policies would still be approved by the relevant expert groups first, so medicines governance policies would continue to be approved by the Area Drug and Therapeutics Committee and its sub committees. There would also be a single place on the intranet for all policies to be hosted.

2.4.2 Procedures and Guidelines would not be approved through the Policy Approval Process, so relevant areas would continue to be required to approve and implement these.

2.4.3 The definitions of policies, procedures and guidelines was laid out in the NHS Lothian Procedure for the development of NHS Lothian Policies and Procedures.
2.4.4 When producing policies an implementation plan would also be included. This had not previously been done formally for medicines governance policies.

2.4.5 It was agreed that a procedure should be written for approval by ADTC and sub committees of procedures and guidelines that were not required by the Policy Approval Group. Ms Davidson agreed to set up a short life working group with a representative from each sub committee to produce this.

2.5 Warfarin Guideline

2.5.1 The guideline had been previously circulated. Previously reviewed in 2005, the guideline had been updated in response to SIGN 129. The two page summary had been sent out to GP practices.

2.5.2 It was noted that the 2 weeks for checking INR after warfarin given was a maximum time in line with the SIGN guideline; in practice review may be earlier.

3. Effective Use of Resources

3.1 PACS Tier Two Policy

3.1.1 A paper had been previously circulated. Professor Timoney advised that due to concerns raised about the policy a paper was presented at the Corporate Management Team requesting a delay in implementation of the policy. Other Boards had also raised concerns and the Scottish Government had delayed the implementation date which was originally 1 February 2018. A short life working group with all medical and pharmacy directors would be organised and the revised policy was expected from the Scottish Government by 24 March 2018 for implementation by June 2018.

3.1.2 The concerns about PACS Tier Two were in the context of an overall access to medicines policy from the Scottish Government to make all medicines available for patients.

3.2 National Palliative Care Guidelines Review, for information

3.2.1 An update from Healthcare Improvement Scotland had been previously circulated. Representatives from NHS Lothian were on the group for producing the guidelines and a draft guideline was expected in the summer.

4. Strategic Planning

4.1 Single National Formulary Development Process

4.1.1 An update paper had been previously circulated which stated that the Single National Formulary would be developed by September 2019. There had been a concern about the lack of consultation with Boards, but more information was now being communicated.
4.1.2 A steering board had been set up along with a number of groups for developing each section of the formulary and representatives from clinical teams were being requested. Professor Maxwell agreed to send the request to clinical directors for dissemination and Ms Pearson would send out to ADTC sub committees. Representatives from the pharmaceutical industry would also be included in steering groups but this would be reviewed.

SM / JP

4.1.3 As the Lothian Joint Formulary worked well and was robust there was concern about changing to a national formulary developed outwith Lothian which could include more permissive groups, and the ADTC wished to be involved in the development.

4.1.4 Dr Elliot advised that the NHS Fife ADTC had agreed to add a risk to the risk register to monitor the risk of increased prescribing costs following significant work on creating a cost effective formulary over time, and also the risk of clinical disengagement which could affect compliance with the formulary. There was also a risk of clinicians being unfamiliar with drugs on the formulary if a wide choice was available. Dr Hurding advised that the models being considered were for first and second choice in most areas.

4.2 Hospital Electronic Prescribing (HEPMA) Update

4.2.1 The strategic assessment and initial agreement for the proposed HEPMA system which had been discussed at the Finance and Resources Committee on 23 January 2018 had been previously circulated. This first stage of the plan had been approved by the Board and would now go to the Scottish Government to access funding.

4.2.2 Funding would be provided regionally. As each Board had different systems in place it was expected that each Board would develop their own HEPMA system which would link together at a later date. The plan was for systems to be in place by the year 2019/20.

4.2.3 It was noted that electronic prescribing systems in primary care had been effective in driving improvements over the last few years and it was hoped that HEPMA would help similar improvements to be made in acute care.

4.2.4 The need for improved IT infrastructure on wards including access to computers and wifi had been raised as an issue to be aware of as the new system was implemented.

4.2.5 Professor Timoney agreed that there should be significant input from pharmacists and medical and other prescribers at the planning stage and agreed to feed back to the project team that the ADTC were positive about developments but sought assurance that there would be appropriate input from prescribers and clinicians at the planning and implementation stages.

AT / SM

5. Working in Partnership

5.1 Area Drug and Therapeutics Committee Collaboration Update

5.1.1 Ms Pearson advised that the last ADTC Collaborative meeting had been cancelled. It was noted that previous collaborative projects on the biosimilar framework, declaration
of interests and Early Access to Medicines Scheme had been successful but that there had been no recent projects. It was suggested that ADTCs could bring ideas to the Collaborative of what national work would be useful.

6. Minutes from Committees and Division, Exception Reporting

6.1 Formulary Committee, 13 December 2017

6.1.1 Members noted the previously circulated minutes from the meeting. Dr Morrison advised that the decision made on Freestyle Libre had been discussed again at the most recent meeting. There had been different decisions on this in each region.

6.1.2 Professor Timoney advised that the Scottish Government had been asked for a position on this and had agreed to provide this by June 2018. Regulatory requirements for devices were less than for drugs, so more evidence was not available.

6.2 UHD Drug and Therapeutics Committee, 23 August 2017

6.2.1 Members noted the previously circulated minutes from the meeting. Dr Hurding advised that concerns had been raised in primary care about the analgesia guideline for frail elderly patients recommending lidocaine patches and oxycodone, as the first choice analgesia in primary care was morphine. A meeting had been held with secondary care clinicians who felt that oxycodone was appropriate for palliative care and frail elderly patients. Some studies had been considered but the evidence was poor. An agreement was still to be reached.

6.3 Members noted the previously circulated minutes from the following meetings:

6.3.1 Hospital and Specialist Services Medicines Committee, 1 November 2017, 13 December 2017;
6.3.2 Medicines Policies Sub Committee, 21 September 2017, 16 November 2017;
6.3.3 Medicines Homecare Governance Group, 6 September 2017;
6.3.4 Medicines Utilisation and Review Group, 31 October 2017.

7. Any Other Business

7.1 New Year Honours

7.1.1 Congratulations to Ms Arnison for receiving an MBE in the 2018 New Year Honours.

7.2 Meeting Attendance

7.2.1 Professor Maxwell reminded members that if they were unable to attend an ADTC meeting, deputies could attend to represent the sub committees and to ensure a quorum.

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 13 April 2018 in Meeting Room 8, Fifth Floor, Waverley Gate.
8.2 Further meetings in 2018 would take place on the following dates:

- Friday 1 June 2018;
- Friday 10 August 2018;
- Friday 5 October 2018;
- Friday 7 December 2018.