

LOTHIAN NHS BOARD

AREA DRUG & THERAPEUTICS COMMITTEE

Minutes of the Meeting of the Area Drug & Therapeutics Committee held at 2:30pm on Friday 1 February 2013, in Room 8, Waverley Gate, Edinburgh.

Present:

Dr R J Williams	General Practitioner (Chair)
Ms A Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Dr J Forbes	Reader in Health Economics, University of Edinburgh and Co-Chair, Formulary Committee
Dr S Hurding	Medicines Management Adviser
Ms S Kerr	Lead Pharmacist, Western General Hospital
Ms A Muir	Associate Director of Pharmaceutical Public Health
Dr W Riddle	Consultant Psychiatrist, and Chair, Hospital & Specialist Service Committee
Ms A Wilson	Director of Pharmacy, NHS Borders
Mr John Hammond	Chair, Borders ADTC
Dr H Gillett	Consultant Gastroenterologist, St John's Hospital and Chair, University Hospitals Division Drug and Therapeutics Committee
Mr S McBurney	Primary Care and Community Pharmacy Co-ordinator, Royal Edinburgh Hospital

In Attendance:

Mr Chris Graham	Committee Co-ordinator, NHS Lothian
Ms A Cockburn	Lead Antimicrobial Pharmacist (Item 4.7)
Ms C Phillip	Lead Antimicrobial Pharmacist (Item 4.7)

Apologies:

Mrs M Christie	Head of Health, West Lothian CHCP
Ms A Ovens	Chief Nurse, Royal Infirmary of Edinburgh
Mr C Briggs	General Manager, Edinburgh Community Health Partnership
Mr M Hunter	Head of PCCO Finance
Mr E Morrison	Associate Director of Pharmacy Acute Services, Royal Infirmary of Edinburgh
Mrs K Davidson	Senior Pharmacist, Royal Infirmary of Edinburgh
Ms T Duff	Observer, Pharmacist, Royal Infirmary of Edinburgh
Dr R McDermott	General Practitioner, Area Medical Committee (AMC) Representative
Dr J Tomlinson	Public Health Representative
Ms S McNaughton	Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development
Mr D Wilks	Lead Clinician (Item 4.7)

The Chair welcomed members and visitors to the meeting and asked everyone to introduce themselves. The Chair welcomed Ms Cockburn and Ms Philip to the meeting to speak to agenda item 4.7 which would be taken after the electronic prescribing presentation.

1. Electronic Prescribing Demonstration of eLJF-CLINICAL

- 1.1 Dr Hurding demonstrated this electronic prescribing system to the Committee. This is managed, maintained and developed by the Medicines Management Team. He advised that the next version of eLJF-CLINICAL (Feb 2013 version 2.0) will be installed for Vision practices in March 2013. This is a major upgrade and includes new chapters for children, wound products, palliative care, gluten free and pregnancy. The Committee noted that In Practice Systems (INPS) Vision software has replaced GPass which came to an end in March 2012. Dr Hurding reported that there was an agreement with INPS to help deliver a suitable replacement for eLJF-GPass, also that INPS and GPass have different strengths and weaknesses.
- 1.2 Dr Hurding demonstrated how to prescribe paracetamol using a dummy patient list. It was noted that the system defaults to 120mg and also indicates that the drug is in the formulary. Dr Hurding pointed out that practices can set the default dosing. It had initially been hoped that the default dose file would be transferable to other practices; however this is not the case.
- 1.3 The demonstration went on to show that if an attempt is made to prescribe a non formulary drug a warning message is displayed. There was discussion about drugs on the discontinued list such as rosuvastatin, old generics and unlicensed 'specials'. When selecting from the 'specials' list for example midazolam, a high risk warning is presented along with a long list of drug interactions with red, green and blue warnings. Dr Hurding stated that GPs were of the view that these warnings were confusing and took up a lot of time during a patient consultation. There was discussion around the clinical headings, the use of BNF chapters as headings and the difficulties in authoring guidelines.
- 1.4 The Chair advised that eLJF-CLINICAL is designed to be as user friendly as possible and that prescribers should be encouraged to use it. Dr Forbes commented on the outdated appearance of the software and also whether alert reminders could be set for prescribing antibiotics.
- 1.5 There was discussion about the prescribing of SMC not recommended medicines and whether the prescriber received a warning or notification. Dr Hurding stated that this could be a potential option but that this would have to be done at a national level and that he would feed this back nationally.
- 1.6 The Committee noted that from a secondary care perspective, a similar electronic prescribing system was not currently available although discussions on Trak and other systems are in progress. The Chair suggested that Ewan Morrison be invited to update the Committee from a secondary care point of view at a future meeting.

SH

Dr Riddle joins the meeting at 3pm.

- 1.7 The Chair asked colleagues from NHS Borders for their views. Ms Wilson stated that NHS Borders uses EMIS. It was noted that in Lothian the LJF does not sit on EMIS. It was noted that there are seventeen EMIS practices in Lothian. The Chair stated that he would raise this as a risk with the Healthcare Governance Committee.

RW

The Chair thanked Dr Hurding for the demonstration and update.

2. Minutes of Previous Meeting

2.1 The Minutes from the meeting held on 7 December 2012 were approved as a correct record subject to the following amendment:

- Under paragraph 3.6 in the last sentence insert the word 'appropriate' between "the" and "use".

3. Matters Arising

3.1 Membership – The Chair reported that a potential patient representative was being interviewed on 12 February, however following discussion at a recent national ADTC Chairs meeting feeling had been that this may not be the best way to get public/patient engagement. The Chair stated that he may be minded not to appoint a patient representative but to look at a fair and equitable engagement process perhaps involving the Public Partnership Forums (PPFs) on an annual or as required basis. The Committee agreed with the Chairs proposal for the way forward.

4. ADTC Work Programme

4.1 2013/14 ADTC Work Programme Discussion - The Committee noted that the Work Programme would be discussed fully at the next meeting and members were asked to provide work programme items and list leads ahead of the deadline for the next meeting (22 March 2013). Mrs Gilchrist stated that there were still some 2012/13 work programme items in progress and that the ADTC Code of Practice still needed to be revised in line with more current national guidance along with the conflict of interests work. The Chair stated that clear deadlines for the next work programme were required to avoid slippage. The 2013/14 Work Programme would be added to the agenda for the next meeting.

CG

4.2 eLJF-CLINICAL - Dr Hurding reported that the next version was due for release in a number weeks. More potential to develop the software was anticipated but currently this system was the one staff had to work with.

4.3 Development of an NHS Lothian Policy and Procedures for Hospital Based Prescriptions, based on current Lothian HBP policies - The Chair reported that Helen Gillet had written to the Medical Director about being in a position to move ahead with this, asking Dr Farquharson to sign off the funding.

4.4 Review of the ADTC Code of Practice relating to Interests in the Pharmaceutical Industry - The Committee noted that the Chair, Mrs Gilchrist and Ms Kerr were working on updating the ADTC Code of Practice. The Chair informed the Committee that there had also been discussions at the Board where a member has a financial interest the individual is responsible for their own actions so should remove themselves from the room, as it would not be acceptable for them to contribute. Mr Hammond agreed to forward the NHS Borders Review for circulate to Committee members.

JH/CG

- 4.5 Medicines Governance Strategy – Short life Working Group for NHS Boards Area Drug and Therapeutics Committees - The Chair reported on recent meetings of ADTC Chairs. The meetings were to review roles and remits for ADTCs and also to discuss the new medicines and IPTR processes. The Chair stated that a consensus had been reached and the final meeting held with the outcomes awaited. It was noted that the guidance would not be too far away from where the Lothian ADTC remit currently sat. Currently there was an outstanding issue around new medicines that were cost effective but unaffordable. The Chair agreed to bring the guidance back to the next meeting for discussion.

RW

- 4.6 Reviewing and Learning from Medication Incidents in Lothian – This item was deferred until Professor Maxwell was present to talk to it.
- 4.7 Antimicrobial Prescribing Policy and Practice – Antimicrobial Management Team (AMT) Update - Ms Cockburn and Ms Phillip gave a presentation covering issues raised from the AMT quarterly reports and a summary of what has been achieved and problems encountered over the last two years.
- 4.7.1 The presentation included intravenous to oral switching, better engagement with CMTs, audits, C. difficile and Staph Aureus Bacteraemias rates, links with primary care including LUCS and other ongoing improvements.
- 4.7.2 There was discussion on achieving better engagement and appropriate financial support for prescribing work.. Ms Cockburn stated that resource had been identified to allow GPs to take part in the AMT work if there are problems such as backfill. The Chair asked that if lack of GP involvement was an issue that this is highlighted in future reports.
- 4.7.3 One main area raised during the presentation was what authority did the AMT have and the requirement for better guidance on this.
- 4.7.4 The Chair stated that all clinicians are fully entitled to prescribe licensed drugs for the correct indications. The AMT can continue to inform and educate if prescribing manner is unsafe or dangerous. If a doctor is prescribing in an unsafe manner then there are procedures to deal with this the AMT can explore, inform and education and if prescribing is inappropriate then this should be communicated to the Associate Medical Directors. There was discussion about risk registers and better use of Datix.
- 4.7.5 The Chair thanked Ms Cockburn and Ms Phillip and stated that he would highlight AMT issues to the Healthcare Governance Committee and looked forward to receiving the next figures in around six months time.

Ms Cockburn and Ms Phillip leave the meeting.

- 4.8 Policy and Procedures for the Shared Care of Medicines - Mrs Gilchrist reported that this item was on the ADTC work programme for 2012/13 and that a Short-Life Working Group was set up as part of the work programme to develop the new policy and procedures which the Committee were now being asked to approve bearing in mind it has still not been to the prescribing subcommittees yet. The Committee noted that the current process for the production and review of Shared Care Protocols (SCPs) has been reviewed following concerns around the difficulties maintaining the documents. Approximately half of the SCPs on the LJF website were identified as having passed their review dates.

- 4.8.1 The working group had examined current practice and shared care arrangements around the UK. An important aspect of the new policy and procedures was the clarification of roles and responsibilities relating to development and maintenance of good documentation and the approval process.
- 4.8.2 The Chair stated that this item had been on the work programme for some time and it was excellent to see it here for comment..
- 4.8.3 There was discussion on the process for taking the new policy and procedures to other committees and timescale involved. It was suggested that it should go to D&T Committees for comment and then go to GPPC for final approval. There was also discussion on the length of the proposed template for the Shared Care Agreements (SCAs), whether there could be a link to SCAs through Ref Help, and potential changes to the process flow charts.
- 4.8.4 The Chair reminded members that if a GP declines to share the care, the onus falls back on the consultant to care for the patient and that there should be a separate box for this on the right hand side of the relevant flow chart. The Chair would supply appropriate wording to Mrs Gilchrist.

RW

- 4.8.5 The issue of funding was also mentioned as this is not included in the paper. Mrs Gilchrist stated that this was deliberate and considered outwith the terms of the policy and procedures. Ms Muir added that the concept related to the clinical agreement of sharing the care of the patient.
- 4.8.6 The Chair stated that he felt the Committee were comfortable with the new policy but would wish D&T Committees and GPPC to comment first. However if there were no major changes then this would not need to come back to ADTC. .
- 4.8.7 Ms Wilson asked if she could receive a copy of the new policy for the Borders ADTC when available.

CG

5. Polypharmacy Project 2012-13 Update

- 5.1 Mr McBurney introduced the paper asking the Committee to note the content of *CEL 36 (2012) – Appropriate prescribing for patients and polypharmacy guidance for review of quality, safe and effective use of long term medication*; the contribution of NHS Lothian towards the development of the polypharmacy guidance document and the pilot work which has been conducted within NHS Lothian throughout 2012, noting the patient safety and efficiency data which has been collated from the analysed reviews.
- 5.2 There was discussion on the national approach towards targeting polypharmacy for the frail and elderly population and the Polypharmacy Review Pilot Service Level Agreement.
- 5.3 Dr Forbes stated that this was an impressive piece of work within a year and asked how it could be made more routine. As this is not core general practice it does need resourced as it is time consuming, hence the reason it is an enhanced service. The Chair asked about the evidence of benefit of the project. Mr McBurney stated that it was a requirement in the CEL that the CHI level data of completed patients reviews is looked at in terms of the admissions impact the reviews have had before and after the pilot. The detail of the pilot would also be shared through the Lothian Prescribing Bulletin. Ms Wilson asked if this could also be shared with the Borders ADTC.

- 5.4 The Committee noted the paper and commended the work carried out by the team and recommended that ongoing resource be provided as part of the quality outcome framework.

Ms Wilson and Mr Hammond leave the meeting.

6. Formulary Committee

- 6.1 Formulary Committee Quorum – The Committee noted the new quorum of a minimum of fifty percent of the committee with at least one of the co-chairs; one pharmacist; a hospital based physician and a GP present.
- 6.2 Formulary Committee Submissions – The Committee noted the letter regarding SMC 'Not Recommended' Medicines nearing patent expiry date which the Chair had sent to Professor Timoney, Chairman of the Scottish Medicines Consortium. A reply was awaited.

7. Safe Use of Medicines Policy and Procedures: Cytotoxic Chemotherapy

- 7.1 Ms Kerr reported that this policy was for the now wider use of Cytotoxic Chemotherapy outwith oncology, in order to ensure safety. New nurse practitioners have been involved with the development of this policy. The training of nurses involved in administration of Cytotoxic Chemotherapy has been tidied up and the safe use of medicines policy has been amended appropriately.
- 7.2 The Chair asked if the policy would be part of all staff ward induction and also if community staff were aware. It was noted that appropriate education and training would be given as detailed in section 9 of the policy and that this section could be extended slightly to cover all appropriate community staff that may be prescribing and administering Cytotoxic Chemotherapy.
- 7.3 The Chair thanked Ms Kerr for a good piece of work and the Committee approved the policy subject to the slight amendment to section 9 relating to community staff.

SK

8. Updated Framework for Non-Medical Prescribing

- 8.1 Ms Kerr informed the Committee that this was a review of the previous document. The framework was now shorter with five appendices being removed. This was a framework that all non medical prescribers could now work with within their own prescribing abilities. Ms Kerr added that it was intended that the framework would sit as a separate document on the ADTC website and there would be reference into it through the safe use of medicines policy. Mrs Gilchrist suggested that section 4.8 'Adherence to Lothian Joint Formulary' could be tightened up by using the wording from the safe use of medicines policy. The Committee were content to agree what was felt to be a comprehensive policy subject to the wording in section 4.8 being revisited.

SK

9. Minutes from Committees and Division

9.1 The Committee noted the following sets of minutes:

- Formulary Committee: 19/12/12
- Hospital and Specialist Services Medicine Committee: 24/10/12
- University Hospitals Division Drug & Therapeutics Committee: 10/10/12
- University Hospitals Division Paediatric & Neonatal Drug & Therapeutics Committee: Nil
- General Practice Prescribing Committee Minutes: 30/10/2012
- Medicines Utilisation and Review Group (MURG): Nil
- Medicines Policies Sub-Committee: 11/10/12 & 13/12/12
- UHD Cancer Therapeutics Advisory Committee: 24/09/12 & 26/11/12

10. Items for Information Only

10.1 The Committee noted the following items for information:

- NHS Board Management of Individual Patient Treatment Requests (IPTRs)
- Governance structures medicines policies across health and social care
- Hospital and Specialist Services Medicines Committee Constitution, November 2012
- Working Together to Improve the Use of Medicines
- Scottish Medicines Consortium 10-Year Anniversary Conference
- **Medicines Utilisation and Review Group: NHS Lothian Primary & Secondary Care Medicines Reports Quarter 2 - 01 April 2012 to 30 September 2012** - The Chair reported that this was the information which the Committee had been requesting for a long time and perhaps should not just be for information as it was up to the Committee to ensure this information was looked at and that any areas that appear out of kilter picked up on. This information also goes to the primary care Prescribing Forum; the secondary care prescribing forum and now CMTs. The Chair raised the question of what is done about anticipated spend being well over expected. This is the question that needs to be asked of those doing the prescribing. Mrs Gilchrist suggested that these reports could now be part of the ADTC work programme and that with the report coming through ADTC and the Director of Finance this would allow the Committee to highlight areas that are off track and tease out key details for the Healthcare Governance Committee. It was noted that there was still a bit of work to be done to close the assurance loop and this concern should be raised to the Healthcare Governance Committee. Mrs Gilchrist added that whilst reporting was finally at a place where ADTC were receiving information the Medicines Utilisation and Review Group still needed to work on producing trend information.

The Chair stated that it was fantastic to see at long last detailed information and would like the Committee to keep receiving it. However there was a need for the reports to have better narrative and analysis or perhaps a summary paper. It was suggested that the top three to five risks could be highlighted.

11. Any Other Competent Business

- 11.1 Scottish Medicines Consortium (SMC) Review of Membership 2013 - The Committee agreed to carry forward the previous SMC nominations of Dr Simon B Hurding, Medicines Management Adviser and Dr Jane Goddard, Renal Consultant. The Committee noted Ms Sandra McNaughton's intention to step down from SMC in March 2013. For the New Drugs Committee representation it was agreed that this should be cascaded to D&T Committee Chairs to forward to members, with nominations requested by the end of February.

12. **Date, Time and Venue of Next Meeting** Friday 5 April 2013, to be held in Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG from **2:30pm – 4:30pm**

2013 Meeting Dates

- 7 June 2013
- 2 August 2013
- 4 October 2013
- 6 December 2013