

AREA DRUG AND THERPEUTICS COMMITTEE

Note of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 1 April 2016 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Ms A. Gilchrist, Lead Pharmacist, Medicines Management Team (Vice Chair);
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Ms S. Kerr, Lead Pharmacist, Western General Hospital;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Ms L. Shaw, Co-Chair of the Formulary Committee;
Ms H. Singh, Lothian Area Nursing and Midwifery Committee Representative;
Dr A. Watson, Chair of the Hospital and Specialist Services Advisory Committee;
Ms A. Wilson, Director of Pharmacy, NHS Borders;
Mr P. Wynne, Lothian Area Nursing and Midwifery Advisory Committee Representative.

In Attendance:

Mr C. Miller, Lead Pharmacist for Substance Misuse and Prison Services (item 4.1);
Mrs B. Pillath, Committee Administrator.

Apologies:

Ms M. Barton, Head of Health, West Lothian Health and Social Care Partnership;
Ms M. Cuthbert, Acting Associate Director of Pharmacy, Acute Services;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Dr W. Jamieson, Co-Chair of the Formulary Committee;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms K. McNicoll, Chair of ADTC, NHS Borders;
Professor M. Strachan, Chair of UHD Drug and Therapeutics Committee;
Professor A. Timoney, Director of Pharmacy, NHS Lothian;
Dr R. Williams, General Practitioner, Lothian Medical Committee.

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

1. Minutes and Actions from Previous Meeting (5 February 2016)

- 1.1 The minutes from the meeting held on 5 February 2016 were approved as a correct record subject to one amendment.
- 1.2 The updated cumulative Committee action note had been previously circulated.

2. Matters Arising

2.1 Meeting Quorum

- 2.1.1 As there was no GP Member present, the Committee was not quorate. It was agreed that the meeting would go ahead but approval of any decisions taken would be deferred to the next meeting.

2.2 Medicines Utilisation and Review Group

- 2.1.1 Professor Maxwell noted that following discussion about the current chair and professional secretary vacancies in MURG at the Prescribing Resource Group it had been suggested that MURG be dissolved as an official committee but that the group would still meet to review data trends and produce reports.
- 2.1.2 Members felt that as MURG was sub-committee of the ADTC, the decision as to whether it should continue as a committee should be made by the ADTC. There were concerns that there would be a gap in assurance provided to the ADTC on work currently carried out by this group if MURG was discontinued.
- 2.1.3 It was agreed that the MURG constitution would be considered in detail at the next meeting and there would be a full discussion on the implications and benefits of continuing or discontinuing the group as a formal committee. **BP**

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

- 3.1 The Work Programme had been previously circulated and was noted.

4. **Safe Patient Care**

4.1 Community Pharmacy Guidance: Substance Misuse, for action

- 4.1.1 Mr Miller spoke to the previously circulated paper. This was revised guidance which was due for review and was similar to guidance used in other Health Boards.
- 4.1.2 It was suggested that under item 6 some common drug interactions could be included either in the text or as an appendix.
- 4.1.3 Members present were happy with the report; Members not present would be asked for comment and a decision on approval of the guidance would be made at the next meeting. **BP**

4.2 Valproate Communication Materials, for information

- 4.2.1 The previously circulated paper was noted. This had been discussed at the Paediatrics and Neonatal Drug and Therapeutics Committee where it was noted that hard copies of patient information had not been sent out as suggested; this was being raised with the MHRA.

4.3 Example of LJF Adherence Report, for information

- 4.3.1 The previously circulated paper was noted. It was noted that the adherence measures were developed in discussion with MURG.

4.4 Pathway for Management of DVT and PE, for approval

- 4.4.1 This guidance had been reviewed and approved by the UHD Drug and Therapeutics Committee and the General Practice Sub Committee and ADTC was being asked for approval before the guidance could be used in clinical practice.
- 4.4.2 A question was raised about the clarity of some of the flow charts which did not make it clear when a decision to switch from low molecular weight heparin to oral anticoagulation before discharge of the patient would be made. There were also a number of items which stated 'to be added' on the flow chart.
- 4.4.3 Ms Singh noted that the lack of reversal option for this treatment was a risk as a significant group of patients in critical care could need reversal, but it was noted that the risk was reduced as high risk patients would not be given this treatment when following the flow chart.
- 4.4.4 Members present were happy with the protocol subject to the clarification required noted under 4.4.2; Members not present would be asked for comment and clarifications would be sought from Dr Anderson so that a decision on approval could be made at the next meeting. **SM / BP**

4.5 Coaguchek® Policy and Procedures, for approval

- 4.5.1 The paper had been previously circulated. Professor Maxwell noted that Coaguchek® near patient testing was already widely used, and this new policy provided a governance structure for this use.
- 4.5.2 Professor Maxwell suggested that if there was an algorithm for the calculation required in item 7.3 of the policy then this should be included here. Ms Kerr noted that at item 8.1 the cleaning solution noted was incorrect; this was copied from the national guidance which was also incorrect.
- 4.5.3 It had been requested that this policy would be available on the ADTC intranet page; this was agreed by Members present, and the policy would also be added to the ADTC policies list with revision date to ensure it remained up to date. **BP**
- 4.5.4 Members present were happy with the protocol subject to the clarification required noted under 4.5.2; Members not present would be asked for comment and clarifications would be sought from Maureen Reid so that a decision on approval could be made at the next meeting.

4.6 Desmopressin Safety Alert, for information

- 4.6.1 A safety alert had been issued by NHS England on 8 February 2016 regarding the risk of harm or death when desmopressin was omitted on transfer of patients with cranial diabetes to hospital. This had been circulated and senior clinicians in adult and paediatric medicine had reassured the Chair that adequate steps were being taken to highlight the risk amongst relevant staff.

5. **Effective Use of Resources**

5.1 Medicines Utilisation and Review Group update, for discussion

- 5.1.1 The paper had been previously circulated. Mr Hunter noted that the report was a summary of the position across NHS Lothian at the end of quarter 3, April 2015 – December 2016. There was a total medicines expenditure of £203 million. This was an overspend against budget of £7.5 million.
- 5.1.2 The new medicines fund noted in table 5 of the report was included in the figures for the overspend. The new medicines fund was added to the budget, mainly secondary care, throughout the year according to the amount of new medicines used. At the end of the year if there was any money remaining in the new medicines fund it would be used against overspend.
- 5.1.3 Mr Hunter noted that more investigation was required to establish the reason for the inconsistency in the CHP annual budget and year to date budget in table 1 and the CHP annual budget and projected expenditure in table 2 of the report.

5.2 Early Access to Medicines Scheme

- 5.2.1 The ADTC Collaborative had circulated guidance on drugs now included on the Early Access to Medicines Scheme; these were nivolumab, pembrolizumab for NSCLC and osimertinib for NSCLC.

6. **Strategic Planning**

6.1 Revised Hospital Based Prescriptions Policy, for approval

- 6.1.1 The revised policy had been previously circulated. It suggested that the reference to faxing in item 4.2 needed updating.
- 6.1.2 It was noted that on the form it was not clear whether the cost identified needed to include pharmacy dispensing costs, and if so, where the standard dispensing costs could be found. This form had been in use already for some time and no problem with identifying costs had been noted. It was suggested that an example of a completed prescription form with guidance on how it should be filled in would be useful.
- 6.1.3 Dr Watson noted that some prescriptions agreed using this policy could be missed out in the electronic record which would result in patients admitted to hospital missing out on prescriptions. This would also not be included in the emergency care summary. It was agreed that this was a separate issue and that if the Hospital and Specialist Services Medicines Committee wished this to be taken up by the ADTC it could ask this.
- 6.1.4 The policy referred to 'nurse prescribers' rather than 'non-medical prescribers'; this was because nurse prescribers would obtain their ISD code from a different source than other types of prescribers.. It was suggested that this be made clear in the policy.
- 6.1.5 Members present were happy with the protocol subject to the clarification required noted under 6.1.4; Members not present would be asked for comment and clarifications would be sought from Joan Kelly so that a decision on approval could be made at the next meeting.

BP

7. Working in Partnership

7.1 Area Drug and Therapeutics Committee Collaborative, for action

7.1.1 Ms Gilchrist noted that a large number of emails with information about Healthcare Improvement Scotland ADTC Collaborative projects were being received and asked how Committee Members would like to be kept informed of this work. She gave a summary of the emails received since the last meeting.

7.1.2 It was agreed that the emails would not be individually circulated to members of the Committee as they were received, due to the large volume, but that a summary of all information received would be included in the papers at each ADTC meeting. If any emails required a sooner response they would be dealt with separately. **BP**

7.1.3 It was suggested that in order to ensure that Lothian ADTC was engaging with the Collaborative at the expected level, feedback should be sought from the Collaborative suggesting that each email should have a clear note of actions required and a measure for whether this had been undertaken. It was noted that consultation responses were documented and these were evidence of engagement.

7.2 2016 Webex Schedule; Scottish Patient Safety Programme Medicines, for information

7.2.1 The previously circulated schedule was noted. Any relevant member of staff was able to join the webex meetings which would also be recorded and available on the Healthcare Improvement Scotland website after the events.

7.3 HIS Categorisation and Communication of NHS Board Decisions on New Medicines

7.3.1 The new decision form was being piloted currently and would be discussed at the Formulary Committee which would provide feedback.

8. Any Other Competent Business

8.1 Peer Approved Clinical System (PACS)

8.1.1 It was noted that the Peer Approved Clinical System had been piloted in NHS Greater Glasgow for ultra-orphan medicines not approved by the Scottish Medicines Consortium. The system was now to be implemented in Lothian for this small group of medicines. These would be considered under the new system by the existing Individual Patient Treatment Request (IPTR) panel and recorded separately to other IPTR requests.

8.2 Sharps Disposal in the Community

8.2.1 Concerns had been previously raised about the guidance given to patients about disposing sharps in the community, and concern had now been raised by a patient via a letter. Work on this was ongoing.

9. Minutes from Committees and Division, Exception Reporting

9.1 Formulary Committee, 2 March 2016

- 9.1.1 Item 7.14 in the Formulary Committee minutes was noted. This was concerning applications for approval of drugs which could not be taken forward because the budget and funding parts of the form had not been completed. This was a common problem and could cause delays in the patient receiving treatment, although access would still be available using the non-formulary process.
- 9.1.2 The possibility of having budgets signed off after the decision had been made by the Formulary Committee to include the drug, as this gave the Finance team confidence in providing funding. This could speed up the process of making the decision, which should be made within 90 days currently.
- 9.1.3 This issue was being considered at the executive level.

9.2 Members noted the minutes from the following meetings for information:

- 9.2.1 General Practice Prescribing Committee, 8 December 2015;
- 9.2.2 UHD Drug and Therapeutics Committee, 16 December 2015;
- 9.2.3 Paediatric and Neonatal Drug and Therapeutics Committee, 26 November 2015;
- 9.2.4 Cancer Therapeutics Advisory Committee, 23 November 2016;
- 9.2.5 Hospital and Specialist Services Medicines Committee, 2 Dec 2015, 20 January 2016;
- 9.2.6 Medicines Policies Sub Committee, 19 November 2016;
- 9.2.7 Medicines Homecare Governance Group, 10 December 2015;
- 9.2.8 Prescribing Resource Group, 27 January 2016.

10. **Date of Next Meeting**

- 10.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 3 April 2016 in Meeting Room 8**, Second Floor, Waverley Gate.
- 10.2 Further meetings in 2016 would take place on the following dates:
 - Friday 5 August 2016;
 - Friday 7 October 2016;
 - Friday 2 December 2016.