

LOTHIAN NHS BOARD

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the Meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 1 August 2014, in Meeting Room 8, Waverley Gate.

Present:

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
Dr S. Hurding	Medicines Management Advisor
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr R. McDermott	GP, Area Medical Committee Chair
Ms S. McNaughton	Associate Director of Community Pharmacy
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Dr W. Riddle	Chair of the Hospital and Specialist Services Committee
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Professor A. Timoney	Director of Pharmacy, NHS Lothian

In Attendance:

Mrs B. Pillath	Committee Administrator (minutes)
Ms G. Wilson	Head of Service, Delivering Better Care Hub (item 4.1)

Apologies:

Dr R. Williams	General Practitioner
Mrs M. Christie	Head of Health, West Lothian CHCP
Dr W. Jamieson	Co-Chair of the Formulary Committee
Professor S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Ms L. Shaw	Co-Chair of the Formulary Committee
Dr J. Tomlinson	Consultant in Public Health Medicine
Ms A. Wilson	Director of Pharmacy, NHS Borders

The Vice Chair welcomed Members and visitors to the meeting and asked everyone to introduce themselves.

1. Minutes and Actions of Previous Meeting (6 June 2014)

- 1.1 The minutes from the meeting held on 6 June 2014 were approved as a correct record.
- 1.2 The updated action note had been previously circulated. Ms Gilchrist noted that Thursday 27 November 2014 had been decided as the date for the Medicines Governance Strategy Half Day.

2. Matters Arising

2.1 Chair of the Area Drug and Therapeutics Committee

- 2.1.1 Ms Gilchrist advised that as Dr Williams was nearing the end of his term as Chair of the Area Drug and Therapeutics Committee, he was planning to stand down from this role. Ms

Gilchrist had agreed as vice chair to remain in her role until a new chair had been established, as her term was also nearing its end.

- 2.1.2 Nominations would be invited from Members before the next meeting on 3 October 2014 when the new chair would be agreed before being ratified by the Board. **ALL**

2.2 Draft Revised Area Drug and Therapeutics Committee Constitution

- 2.2.1 Professor Timoney noted that the Area Drug and Therapeutics Committee Constitution had been revised in line with the New Medicines Review recently published by the Scottish Government. Professor Timoney asked for any comments on the revised documents to be returned by Friday 15 August 2014 so that it could be ratified at the next meeting. **ALL**

- 2.2.2 Dr Hurding suggested that a sentence could be added under item 2.2 of the document to reflect the ADTC's duty in providing expertise to support the work of the Scottish Medicines Consortium and the New Drugs Committee. This was agreed by the Committee. **AG**

2.3 Prescribing Strategies

- 2.3.1 Dr Hurding introduced the diabetes and respiratory prescribing strategies 2014-16 developed by the Scottish Government in conjunction with the relevant Managed Clinical Networks had been previously circulated. Dr Hurding noted that these areas had been highlighted for further development in prescribing strategy as they were areas of a large numbers of new medicines and of high spend.

- 2.3.2 It was recommended that the strategies be considered by Boards for their prescribing action plans for 2014-17, and that ADTCs review their current comparative prescribing position in relation to the new strategies and consider increased resource allocation in priority areas. Dr Hurding advised that there would be no formal monitoring from the Scottish Government on how Boards were meeting the recommendations.

- 2.3.5 Dr Strachan suggested that compliance with the guidelines should be led by the Managed Clinical Networks for diabetes and respiratory, and noted that representatives from the MCNs sat on the working groups which developed the strategies. Ms Gilchrist agreed to bring the guidance to the attention of the Executive Nurse Director and ask for assurance that the MCNs were ensuring that their action plans took this guidance into consideration. **AG**

- 2.3.5 In response to a question from Professor Timoney, Dr Hurding noted that the instruction 'for management purposes only' was meant to appropriately limit the document to use by prescribing clinicians, and not suggest use by pharmaceutical companies.

2.4 Recommendations from National Prison Healthcare Network Expert Advisory Group for Medicines in Prisons

- 2.4.1 The recommendations had been previously circulated. Ms McNaughton advised that the expectation had been that any recommendations from the National Prison Healthcare Network Expert Advisory Group would come to ADTC for information after consideration by local prisons' Healthcare Managers and clinical teams so that any comments could be considered at ADTC. This process had not been followed in this case; Elaine Rankine had

asked the Expert Advisory Group to reflect on their process and let the ADTC know if any changes were required. The Committee agreed that the papers would be considered by the ADTC once the process had been followed or a reply received from the Expert Advisory Group indicating a change in process.

3. Area Drug and Therapeutics Committee Work Programme

3.1 2013-14 Work Programme

3.1.1 The updated Area Drug and Therapeutics Committee Work Programme had been previously circulated for information.

3.2 Review of Off-Label Medicines listed as First Choice on the Lothian Joint Formulary

3.2.1 Ms Davidson advised that Ms Jane Pearson had now returned as Formulary pharmacist, and that she would prepare a paper on this review for the Formulary Committee, which would then be submitted to the Area Drug and Therapeutics Committee at the next meeting in October 2014.

3.3 Area Drug and Therapeutics Committee Internet / Intranet Demonstration

3.3.1 Mrs Pillath gave a short demonstration of the updated Area Drug and Therapeutics Committee's Internet and Intranet sites which allow internal and external access to information about the ADTC, policies and policy statements, list of members, declarations of interest from ADTC and sub-committee members, minutes from previous meetings, a link to the Lothian Joint Formulary website, and contact details for further information.

3.3.2 Professor Timoney suggested that a link to the ADTC site could be added to the Lothian Joint Formulary website.

3.3.3 Ms Gilchrist noted that information about new drugs decisions were also available on the NHS Lothian website under the 'Health Information' tab.

3.4 Electronic Prescribing; Primary and Secondary care

3.4.1 A paper on electronic prescribing in primary care based on the recently published NHS Healthcare Improvement Scotland paper on the implementation of electronic prescribing had been previously circulated and was presented by Dr Hurding.

3.4.2 Ms Muir noted that the recommendations laid out in the primary care paper were also relevant to secondary care. Incremental progress was being made on developing an electronic prescribing system for secondary care. A paper had been produced for the Corporate Management Team covering the next steps.

3.4.3 A conclusion had not yet been reached nationally on which software package could be used; currently three separate providers were being considered. All Health Boards in Scotland needed to consider the next steps and there was no Board in the UK that had a full system in place, which meant that background work needed to be carried out.

3.4.4 In response to a question from Dr Strachan, Professor Timoney suggested that it would not be unrealistic to expect electronic prescribing to be in place in five years' time as there was now more national interest in the project.

3.4.5 Ms McNaughton noted that a lot of background work was also required, including training, and processes needed to be put in place to allow the software to be used appropriately once it was established.

3.4.6 The Committee supported the recommendations proposed in Dr Hurding's paper.

3.5 NHS Lothian Policy for Hospital Based Prescriptions

3.5.1 Ms Gilchrist advised that the policy would be completed in the next few months, and would be considered by the Medicines Policies Committee before coming to ADTC. The new policy would be based on one already in place in the Royal Edinburgh Hospital.

4. **Patient Safety**

4.1 Nursing Administration Errors

4.1.1 Ms Gilchrist welcomed Ms Gillian Wilson, Developing Better Care Project Lead to the meeting. Ms Wilson gave a presentation on the project to reduce nursing administration errors.

4.1.2 Dr Hurding asked whether any work had been done on identifying themes of most commonly occurring medication errors. Dr Riddle noted that there were some errors in his area which regularly re-occurred, particularly errors caused by misidentification of patients where there were large numbers of banks staff working. It had been suggested that a photograph of the patient could be included on the prescription and administration record for better identification, and that this had been agreed at a senior level with funding identified, but had not been taken forward. Ms Wilson agreed to take this suggestion back to the Medication Matters project group. Ms Gilchrist agreed to write to senior management to ask what the plan was for taking this suggestion forward. **AG**

4.1.3 In response to a question from Professor Timoney, Ms Wilson advised that medication error data was collected from Datix, and therefore covered all areas.

4.1.4 In response to a question from Ms McNaughton, Ms Wilson noted that a review of progress was ongoing, with the aim of widening the scope of the project, for instance to cover staff areas other than nursing, and to cover nursing homes. The aids had already been introduced into some nursing homes.

4.2 Antimicrobial Prescribing

4.2.1 Dr Hurding outlined the main issues in the previously circulated paper. Professor Timoney noted that there was concern at the Board about the lack of sustained reduction in *Clostridium difficile* cases in NHS Lothian and the relationship with the use of broad spectrum antibiotics. Dr Hurding noted that prior to the national programme to reduce the use of broad spectrum antibiotics, NHS Lothian had been the lowest user, but use had not reduced further since, though other Boards had made reductions. Various means were being employed to try and address this but although use was reducing slowly, it was not reducing fast enough to be comparable with other Boards.

4.2.2 Ms McNaughton noted that there was a recognised resource problem in primary care prescribing teams which meant those trying to deliver the message to reduce use of broad

spectrum antibiotics were struggling to cover all areas; savings targets meant that the size of the team could not be increased.

4.2.3 Dr McDermott noted that private doctors also initiated long term antibiotic prescriptions which could affect NHS Lothian's *Clostridium difficile* figures. He also felt that the primary and secondary care division in prescribing strategies was not always helpful as many patients were regularly treated in both primary and secondary care.

4.2.4 Ms Gilchrist noted that this guidance was continuously highlighted in the Prescribing Bulletin.

4.3 Symptomatic Relief Policy

4.3.1 Ms Gilchrist advised that this item would be deferred to the next meeting as there was a requirement for the policy to be approved first by the Medicines Policies Sub-Committee.

5. **Medicines Utilisation and Review Group**

5.1 The medicines report for Community Health Partnerships, Royal Edinburgh Hospital and Associated Services, and University Hospitals Division for April 2013-March 2014 had been previously circulated. The further reports and the Lothian summary report would be available at the next meeting. Mr Hunter advised that there were no specific areas of concern.

6. **Items for Information**

Members noted the following previously circulated items for information:

- 6.1 Independent Schools Vaccination Programme;
- 6.2 Letter from Medical Director on the Anticoagulant Policy;
- 6.3 Letter from the Director of Finance on Branded Generics;
- 6.4 Letter from the Director of Finance on Primary Care Prescribing Budget;
- 6.5 NHS Presentation: Strengthening Collaborative Working between Area Drug and Therapeutics Committees across Scotland and update on Peer Approved Clinical System (PACS);
- 6.6 Formulary Committee Report on CMO(2012)1 New Medicines;
- 6.7 Scottish Medicines Consortium New Drugs Committee New Member.

7. **Minutes from Committees and Division, Exception Reporting**

Members noted the previously circulated minutes from the following meetings:

- 7.1 Formulary Committee, 28 May, 2 July 2014;
- 7.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 27 March 2014;
- 7.3 General Practice Prescribing Committee, 22 April 2014;
- 7.4 Hospital and Specialist Services Medical Committee, 30 April 2014;
- 7.5 Medicines Policies Sub-Committee, 15 May 2014;
- 7.6 Medicines Utilisation and Review Group, 4 February 2014;
- 7.7 UHD Drug and Therapeutics Committee, 23 April 2014;
- 7.8 Cancer Medicines Management Team, 8, 22 January, 5, 12, 26 February, 5, 12 March, 2, 9, 23, 30 April, 7, 14, 21, 28 May, 4, 11, 18 June, 9 July 2014.

8. Any Other Competent Business

- 8.1 Ms Gilchrist noted that Ms Jane Pearson had asked to be re-nominated to the New Drugs Committee. This would be done, and ratified at the next meeting. **BP**

9. Date of Next Meeting

- 9.1 The next meeting of the Area Drug and Therapeutics Committee would be held at **14.30** on **Friday 3 October 2014** in **Meeting Room 8, Second Floor, Waverley Gate**.
- 9.2 A further meeting in 2014 would take place on the following date:
- 14.30, Friday 5 December 2014.