

LOTHIAN NHS BOARD

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the Meeting of the Area Drug and Therapeutics Committee held at 2:30pm on Friday 2 August 2013, in Room 4, Waverley Gate, Edinburgh.

Present:

Dr R. J. Williams	General Practitioner (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Mrs K. Davidson	Senior Pharmacist (Professional Secretary)
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr R. McDermott	General Practitioner, Area Medical Committee Representative
Ms S. McNaughton	Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development
Mr E. Morrison	Associate Director of Pharmacy Acute Services
Mr G. Shapiro	Patient and Public Representative
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Prof A. Timoney	Director of Pharmacy
Dr J. Tomlinson	Consultant in Public Health Medicine
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Miss T. Gillies	Divisional Medical Director (item 7.4)
Ms M. van-de-l'Isle	Principal Pharmacist, Mental Health (item 8.1)
Ms P. McIntosh	Clinical Nurse Manager, Practice Nursing (item 5)
Mrs B. Pillath	Committee Administrator

Apologies:

Mrs M. Christie	Head of Health, West Lothian CHCP
Prof. S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Mrs A. Ovens	Chief Nurse, Medicine of the Elderly
Dr W. Riddle	Consultant Psychiatrist and Chair of Hospital and Specialist Service Committee
Dr G. Venters	Chair of General Practice Prescribing Committee

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

1. Minutes of Previous Meeting (7 June 2013)

- 1.1 The minutes from the meeting held on 7 June 2013 were approved as an accurate record subject to one clarification that 'Drug 'Kardex' was a trade name and that the national chart discussed at item 2.4 should be referred to as a 'Prescription Administration Chart'.

2. Matters Arising

2.1 Scottish Prison Service Recommendations from Expert Advisory Group

- 2.1.1 Ms McNaughton explained that the Prisons Expert Advisory Group (EAG), which performed a similar remit for prison healthcare as the drug and therapeutics committees

for health boards, had made three recommendations which should be considered for adoption in Lothian. These recommendations had been previously circulated to the Committee.

2.1.2 Ms McNaughton suggested that the Committee consider a method of communication with the Prisons EAG, noting that Dr Ian McKay represented Lothian on the group as part of his remit as Community Health Partnership Clinical Lead for prisons. Ms McNaughton suggested that recommendations from the EAG be viewed by the Area Drug and Therapeutics Committee and managed by the Clinical Management Group lead by Dr McKay. Any recommendations coming from this group could then be formally submitted to the ADTC for approval. It was also suggested that ADTC could view minutes from the EAG, and that the EAG should consider ADTC policies when making recommendations.

2.1.3 Dr Williams agreed to write to Dr Philip McMenemy, Chair of the Prison EAG, to discuss how the two groups could work together. **RW**

2.1.4 Ms McNaughton agreed to submit a covering paper to the next ADTC meeting with the specific issues surrounding the three recommendations already made by the EAG, for consideration. **SMcN**

2.2 Chair of the Formulary Committee

2.2.1 Ms Gilchrist advised that both Prof Stephen Lawrie and Dr John Forbes had completed their three year term and were standing down as Co-Chairs of the Formulary Committee. Nominations and voting for a new Chair would be carried out by the Formulary Committee but would be overseen by the Area Drug and Therapeutics Committee. It was noted that the election of two Co-Chairs was an option as before.

3. **Cancer Medicines Management Committee (CMMC) Appeals**

3.1 Ms Gilchrist reported that the views of ADTC on appeals for decisions made on the use of non-formulary medicines had been discussed at the Individual Patient Treatment Request (IPTR) panel on 18 July 2013. The IPTR Panel agreed that where the use of a non-formulary medicine had not been approved for use by the CMMC and the consultant or patient wished to appeal the decision, the decision would be reviewed by the IPTR Panel to confirm whether due process had been followed. The IPTR Panel would draw in additional expertise where necessary.

3.2 Ms Gilchrist agreed to update the IPTR panel that the Committee felt that this issue was now resolved. **AG**

4. **Patient Access Scheme (PAS) Update**

4.1 Mr Hunter reminded the Committee that a Patient Access Scheme (PAS) would be proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines by allowing Boards to claim discounts back after spending money on certain treatments. These were mostly used in primary care and there were a number of approved schemes working in varying ways. Savings made by the Board would be dependant on the number of drugs used. A report showing national use of the PAS in primary care had been recently released.

- 4.2 Mr Hunter advised that more efficient ways of making savings were being considered, and would be included in a report outlining the benefits of the scheme, which Mr Hunter would submit to the next ADTC meeting.
- 4.3 It was noted that this item had originally been put on the agenda due to concern that discounts were not always applied and savings were not being made. Mr Hunter advised that systems were less complicated now and this was less of a problem. Mr Morrison noted that very little work was now required from the pharmacy directorate for the administration of the scheme as the discount was made at the invoice stage. Mr Hunter noted that primary care teams signed off invoices locally. He also noted that PRISMS could now be used to monitor use of the scheme.
- 4.4 Prof Timoney noted that the national Patient Access Scheme Assessment Group (PASAG) supported the use of simple discount schemes among relevant companies but that some companies still used more complicated systems.
- 4.5 Mr Morrison suggested that this item should continue to be updated at ADTC as it was a governance issue which could affect pharmacy processes; the Committee agreed.

5. Non-Medical (NMAHP) Prescribing Internal Audit

- 5.1 Dr Williams welcomed Ms McIntosh to the meeting. A report to the Committee on the NMAHP prescribing internal audit had been previously circulated. Ms McIntosh asked that the Committee support the recommendation that personal core formularies would continue to be used by nursing and allied health professional prescribers in NHS Lothian, and that the current register of non-medical prescribers was fit for purpose.
- 5.2 Ms McIntosh explained that personal core formularies were recommended to students undertaking prescribing courses to ensure that prescribing was done within the competencies of each individual prescriber. The personal core formulary consisted of a list of medication that the individual prescriber was trained to prescribe, which depended on the training, speciality and competency of the prescriber. The internal audit had recommended that as auditing use of personal core formularies was problematic, service formularies should be considered as an alternative. The Nurse Director was keen to continue with personal core formularies for nurse and allied health professional prescribers, as prescribers may not all have been competent in prescribing all medicines on a service formulary. Literature supporting core personal formularies for all medical and non-medical prescribers was also available.
- 5.3 In response to a question from Dr Williams, Ms McIntosh advised that other Boards in Scotland were also using core personal formularies as a way to support the principle that drugs should not be prescribed outwith the competencies of the prescriber.
- 5.4 Mr Morrison noted that the core personal formularies were managed by the prescriber's line manager, and not at service level. Dr Williams suggested that it could be recommended that the personal formularies should be agreed by the clinical team.
- 5.5 The Committee agreed to recommend that core personal formularies continued to be used by all nursing and allied health professional prescribers in NHS Lothian and that these be agreed by the clinical team according to the specialty and competency of the prescriber.

- 5.6 Mr Morrison noted that pharmacist prescribers did not currently use personal core formularies.
- 5.7 Ms McIntosh advised that information about non-medical prescribers and their qualification was currently held in two databases: a primary care database containing details on primary care nursing and allied health professional prescribers, administered by Ms McIntosh's office; and an acute services database containing all acute nursing, allied health professional and pharmacy prescribers, administered by the deputy nursing director's office. The internal auditors had recommended that a single database should be held by the pharmacy directorate with information about all non-medical prescribers. Ms McIntosh felt that this would not be practical and proposed to keep the two separate databases administered by primary care and acute services.
- 5.8 Ms McNaughton advised that a third database containing details of primary care pharmacy prescribers was held by primary care pharmacy. Ms McIntosh noted that as all three databases held large amounts of data and were in daily use, it could be more practical for administrative purposes to keep three databases.
- 5.9 Ms Wilson advised that as a smaller Board, NHS Borders were able to hold details of all non-medical prescribers in one database. If more than one database were to be held, it should be clear to all areas which database administrator to contact for their area. Prof Timoney agreed that clarity on where information was held was the most important factor.
- 5.10 Members agreed that three databases recording all non-medical prescribers was acceptable on the understanding that it was clear where details of each group were held and who to contact for information.

6. Scottish Medicines Consortium Forward Look Report – Annual Review of NHS Lothian Recipient

- 6.1 Ms Gilchrist advised that once the Forward Look 9 Report had been agreed, report recipients would be asked to confirm their names on the list and to describe what they used the report for in their work capacity.

7. Area Drug and Therapeutics Committee Work Programme

7.1 2013-14 Work Programme

- 7.1.1 It was agreed that the NHS Lothian Policy for Shared Care could be removed from the workplan as the policy was now complete and signed off, and had been published on the intranet.

7.2 NHS Lothian Policy for the Use of Licensed and Off-Label Medicines

- 7.2.1 Ms Gilchrist advised that a revised version of this policy would be brought to the next meeting for approval.

7.3 Area Drug and Therapeutics Committee Website Development

- 7.3.1 Ms Gilchrist advised that the ADTC intranet site now included a good range of up to date documents. The internet site included minutes and lists of members. It was suggested that policies could also be published on the internet page.

- 7.3.2 Mrs Pillath agreed to check with the Communications Team what the protocols were for editing content on the internet and intranet.

7.4 Secondary Care Electronic Prescribing Governance

- 7.4.1 The Chair welcomed Miss Gillies to the meeting. Mr Morrison gave a presentation on secondary care electronic prescribing in which he outlined: the reasons why electronic prescribing should be developed and its benefits; what models were available from England and elsewhere; the challenges of implementing and maintaining an electronic prescribing system including training and measuring benefits; and NHS Lothian's current position and individual challenges and constraints.
- 7.4.2 Miss Gillies noted that electronic prescribing should allow administration of medicine in a patient centred context. The system could also be used to encourage certain interventions and ensure use of the formulary.
- 7.4.3 Mr Morrison noted that currently the only Board in NHS Scotland with a working system for electronic prescribing in secondary care was NHS Ayrshire and Arran, but that there was much more electronic prescribing in primary care and in NHS England.
- 7.4.4 Dr Williams emphasised that the Committee in its medicines governance role would be keen to be involved from the start in working towards electronic prescribing, to ensure all aspects were covered. Mr Morrison advised that he would be part of the group beginning this work and agreed to report back on progress to the Committee.
- 7.4.5 Miss Gillies advised that the next step would be to have a meeting incorporating the appropriate expertise to set out a specification of what would be needed in a Lothian system.
- 7.4.6 Miss Gillies clarified that once the system had been implemented electronic prescribing would be mandatory for all areas. A business continuity plan for the event of system failure would be in place to allow paper prescribing to continue if the electronic system was not available.
- 7.4.7 Miss Gillies noted that the system could also be used to gather information on prescribing which could be used for reviews and improvements and help to target the workforce to ensure that interventions were of the most value to patients.
- 7.4.8 Dr Strachan noted that he welcomed the implementation of electronic prescribing as soon as was practicable as the current system was in need of review. He suggested that to start this as soon as possible it would be sensible to implement a smaller system which could then be built on. Miss Gillies agreed that this would fit in with the modular structure being considered to allow use of existing electronic systems such as TRAK to be incorporated.
- 7.4.9 The Committee agreed to support the project and its prompt implementation, and would welcome feedback on progress to the Committee by Mr Morrison.

7.5 Policy for Hospital Based Prescriptions

- 7.5.1 Mrs Davidson requested that this item be discussed further at the next meeting.

7.6 Review of NHS Lothian Medicines Governance Strategy and Area Drug and Therapeutics Committee Constitution

7.6.1 Ms Gilchrist advised that this document needed to be updated to reflect the recent new medicines reviews and anticipated Scottish Government recommendations, and to provide the opportunity to ensure that it was in line with current clinical structures and the medicines governance reporting framework. The revision would take into account the proposed ADTC terms of reference outlined in the report produced by Prof Charles Swainson. Ms Gilchrist advised that a revised document would be submitted to ADTC in December 2013.

7.7 Review of the Area Drug and Therapeutics Committee Code of Practice, Relating to Declaration of Interests

7.7.1 Ms Gilchrist noted that the revised code of practice had been submitted to the Committee at the previous meeting, but that clarifications had now been made following discussion with Alan Payne. The changes were regarding: the differences between the verbal and written register of interests; and clarification that the written register should be updated annually and when a change needed to be notified; and clarification that a person who had declared an interest would be involved in discussion but not in decision making for items relevant to the interest.

7.7.2 The Committee approved the code of practice. Ms Gilchrist agreed to find out if the document also needed approval from the Policy Committee and if so to submit it there. **AG**

7.7.3 It was proposed and agreed that the ADTC and its subcommittees would publish their registers of interests on the Area Drug and Therapeutics Committee membership page of the NHS Lothian internet site.7.7.4. Dr Williams agreed to write to the ADTC subcommittees and ask their members to fill in the declaration forms. **RW**

8. Patient Safety

8.1 Guideline for the Management of Patients on Lithium

8.1.1 Dr Williams welcomed Ms van-de-l'Isle to the meeting. Ms van-de-l'Isle presented the previously circulated report and Lithium guideline and explained that the 2001 version of the guideline had been reviewed and updated according to recent guidance.

8.1.2 The main changes were in the recommended frequency of monitoring thyroid and renal function of those on lithium therapy, which was now every 6 months as opposed to yearly, and the addition of a redeveloped treatment plan form which could be used either electronically or in hard copy.

8.1.3 Ms van-de-l'Isle advised that the policy had already been approved by the Hospital and Specialist Services Medicine Committee and the General Practice Prescribing Committee. The Committee approved the revised guideline and noted the need for it to be implemented as soon as possible.

8.1.4 Ms van-de-l'Isle noted that a patient information leaflet produced by the National Patient Safety Agency on lithium treatment was currently being distributed in England, and that funding had been received from Healthcare Improvement Scotland for distribution of an

initial batch of the leaflet, which would coincide with the implementation of the new policy. These leaflets would be distributed to patients on lithium treatment and would be available in GP practices and relevant clinics. The policy recommended providing information leaflets as good practice.

8.2 Lothian Prescribing Bulletin Survey

8.2.1 Ms Gilchrist noted that the survey was carried out as part of an effort to increase the readership of the Lothian Prescribing Bulletin. Results in the previously circulated paper showed that particularly junior doctors lacked awareness of the bulletin.

8.2.2 Ms Gilchrist advised that funding had been allocated to provide a -Lothian Joint Formulary App which was now available and could be accessed using personal devices. The App could cache information so that after initial download it could still be accessed where a WiFi network was not available.

8.2.3 The Committee agreed to support the Lothian Prescribing Bulletin and any steps taken to raise awareness.

8.4 NHS Lothian Adult Vitamin D Guidelines

8.4.1 The guideline and report had been previously circulated to the Committee. Mrs Davidson advised that the Scottish Government had issued a CMO in February 2012 highlighting groups at high risk of vitamin D deficiency and the need for supplementation for this group. Further to this, work had been carried out with the Edinburgh Centre for Endocrinology to write a Lothian guideline to support prescribers in monitoring and prescribing vitamin D deficiency.

8.4.2 Mrs Davidson advised that the guideline had been approved already at the University Hospitals Division Drug and Therapeutics Committee, the Neonatal Drug and Therapeutics Committee, the General Practice Prescribing Committee and the Formulary Committee.

8.4.3 Mrs Davidson noted that an executive director had not been allocated for the paper. Dr Williams agreed to speak to Dr Farquharson to arrange this so that the guideline could be noted at the Healthcare Governance Committee.

RW

8.4.4 Dr Williams welcomed the paper and its clarification of the issues surrounding vitamin D deficiency and supplements.

8.4.5 Ms Kerr noted an error in the flow diagram on page 2 of the appendix where 'sunlight exposure' should be replaced with 'lack of sunlight exposure'. The Committee approved the document subject to this amendment.

9. **Medicines Utilisation and Review Group (MURG) Reports**

9.1 The reports for Community Health Partnership, Royal Edinburgh Hospital and Associated Services, and Secondary Care had been previously circulated. Dr Williams noted that he welcomed these reports at the Committee to give an idea of whether actual usage and spend matched expected usage and spend.

- 9.2 Ms Gilchrist advised that the next reports would include the new Lothian Joint Formulary measures on gliptins, statins and silver dressings.
- 9.3 Dr Strachan noted that the unusually high number of patients on lidocaine noted on the non-formulary requests table in the Secondary Care report had been considered at the University Hospitals Division Drug and Therapeutics Committee and that a FAF 3 would be completed. Ms Gilchrist noted that this had also been highlighted at the Lothian Prescribing Bulletin.
- 9.4 Mr Morrison advised that a new system for the acute service was being implemented which would allow better and more robust system reporting with automatically generated reports.

10. Minutes from Committees and Division, Exception Reporting

Members noted the following minutes which had been previously circulated:

- 10.1 Formulary Committee, 5 June 2013, 3 July 2013;
- 10.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 31 May 2013;
- 10.3 General Practice Prescribing Committee, 9 April 2013;
- 10.4 Medicines Policies Sub-Committee, 16 May 2013
- 10.4.1 Ms Kerr noted that a policy for single nurse administration of morphine sulphate oral solution 10mg/5mL had been approved. Judie Gillies and the Controlled Drugs Team would be notified when areas were doing this and would check audit results and evaluations.
- 10.5 Hospital and Specialist Services Medicines Committee, 1 May 2013;
- 10.6 University Hospitals Division Cancer Therapeutics Advisory Committee, 27 May 2013.

11. Items for Information

11.1 Access to New Medicines

- 11.1.1 Prof Timoney advised that the new governance strategy with changes in guidance on Scottish Medicines Consortium not recommended medicines was out for consultation. Dr Williams noted that ADTC had not been asked to contribute to this consultation. Prof Timoney agreed to feed back that the ADTC was not clear of the process for consultation and would have welcomed the opportunity to respond directly, and that the ADTC felt due to its role in ensuring that Lothian patients receive safe, cost efficient and effective medicines it would have been appropriate for them to have been included in the consultation.
- 11.1.2 Ms Gilchrist suggested that the response should include a comment about the proposed timescales as these could be challenging to meet.

The following items previously circulated for information were noted:

- 11.2 Hospital Based Prescriptions Stationery;
- 11.3 Information on Healthcare Improvement Scotland Event on ADTC Topics.

12. Any Other Competent Business

12.1 No other competent business was raised.

13. Date of Next Meeting

13.1 The next meeting of the Area Drug and Therapeutics Committee would be held from **2.30 pm – 4.30 pm** on **Friday 4 October 2013** in **Room 8, Waverley Gate**.

13.2 Further meetings in 2013 would take place on the following date:
- 6 December 2013