

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 3 February 2017 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;
Professor M. Eddleston, Professor of Clinical Toxicology / Consultant Physician;
Ms A. Gilchrist, Lead Pharmacist, Medicines Management Team;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurdling, GP Advisor, Medicines Management Team, interim Chair GPPC;
Dr W. Jamieson, Co-Chair of the Formulary Committee;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Dr Maureen Reid, Consultant in Pharmaceutical Public Health;
Dr A. Watson, Psychiatrist, Chair of Hospital Specialist Services Medicines Committee;
Dr R. Williams, General Practitioner, Lothian Medical Committee.

In Attendance:

Mr R. Cottrell, Electronic Prescribing Pharmacist, NHS Ayrshire and Arran;
Ms B. Pillath, Committee Administrator;
Dr L. Willocks, Consultant in Public Health Medicine.

Apologies:

Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Ms S. Kerr, Lead Pharmacist, Western General Hospital, Chair Medicines Policy Committee;
Ms L. Shaw, Co-Chair of the Formulary Committee;
Professor M. Strachan, Chair of UHD Drug and Therapeutics Committee;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);
Ms A. Wilson, Director of Pharmacy, NHS Borders;
Mr P. Wynne, Lothian Area Nursing and Midwifery Advisory Committee Representative.

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

1. Minutes and Actions from Previous Meeting (2 December 2016)

- 1.1 The minutes from the meeting held on 2 December 2016 were approved as a correct record.
- 1.2 The updated cumulative Committee action note had been previously circulated.

2. Area Drug and Therapeutics Committee Work Programme

2.1 Area Drug and Therapeutics Committee Draft Work Programme 2017-18

- 2.1.1 The draft work programme had been previously circulated. Members accepted the programme with no changes.

3. Safe Patient Care

3.1 Antimicrobial Management Team Update

- 3.1.1 A paper had been previously circulated. Ms Gilchrist noted that funding had been agreed for a band 6 nursing post in the team. It was hoped that this would allow the team to cover some of the workstreams which would otherwise have been discontinued due to lack of resources.

3.2 Medication Incidents

- 3.2.1 A paper including data on medication incidents had been previously circulated. The Committee welcomed the paper as it laid out incident trends and actions being taken to mitigate these.
- 3.2.2 In response to a question about the quality of data in Datix which the report was drawn from, it was noted that nurses and pharmacists reported incidents on Datix regularly, but that medical staff were less good at recording these.
- 3.2.3 It was noted that the UHD Drug and Therapeutics Committee received a report on medication incidents at each meeting. Professor Maxwell agreed to check with the Chair of this Committee whether it had oversight on whether actions to mitigate medication incidents were undertaken and whether they were successful. **SM**
- 3.2.4 It was agreed that a medication incidents report in this format would be submitted to the Committee every six months. **SMcN**

3.3 Clinical Medicines Management Group Terms of Reference

- 3.3.1 The Terms of Reference for the Clinical Medicines Management Group had been previously circulated for information.

3.4 Revised Depot Antipsychotic Guidelines

- 3.4.1 The revised guidelines had been previously circulated. Dr Watson advised that the aim of the revision was to ensure that the size of patients was taken into account when deciding on the dose of intramuscular injection.
- 3.4.2 It was noted that transfer of these patients to primary care was a matter of negotiation with individual GP practices on a case by case basis.
- 3.4.3 Dr Watson advised that a package of training was available for nurses and pharmacists.
- 3.4.4 Members approved the revised guidelines.

3.5 Yellow Card Centre Scotland Quarterly Data

3.5.1 Members noted the previously circulated report for information.

3.6 Shared Care Agreements

3.6.1 Professor Maxwell noted that the General Practice Prescribing Committee minutes had highlighted an issue with a number of Rheumatology-related shared care agreements which had been approved but which could not be supported by the secondary care specialists. The representatives from Rheumatology had not been able to be present at the meeting where these were approved.

3.6.2 Dr Hurding advised that there was a new arrangement whereby shared care agreements were managed outwith the General Practice Prescribing Committee in a way which allowed input from clinicians in secondary care; in general this was working well but in this case no Rheumatologists were able to attend the meeting.

3.6.3 Professor Maxwell agreed to propose a meeting between the secondary care rheumatology team and representatives of GPPC to resolve this particular situation.

SM

3.6.3 The principle of shared care agreements was that the patient would be transferred to the care of the GP once they were stable. Dr Jamieson noted that monitoring was a problem for GPs; there was an agreement to monitor some drugs, but new drugs were being added causing resource problems and different practices were doing different things. This had on occasion resulted in harm when the patient had not got the medicine as a result of a lack of agreement between secondary care consultants and the GP.

4. **Effective Use of Resources**

4.1 Vaccine Storage

4.1.1 A paper proposing investigation of a contingency plan for storage of vaccines which were currently distributed to all schools in Lothian from a single base at St John's Hospital. The service worked well and no school sessions have had to be cancelled.

4.1.2 Previously there had been a proposal to have a contingency store at the Royal Infirmary of Edinburgh but this had not been taken forward due to transport implications which could result in delay and wastage.

4.1.3 It was noted that the last few winters had been mild and that it would be sensible to consider a contingency which could reduce the risk of delay and waste in case of more severe winter weather in future.

4.1.4 Members agreed in principle to support the development of a contingency plan that had a cost benefit, but asked that the specific proposal be brought to the Committee in more detail for approval.

4.2 Formulary Committee Revised Constitution

4.2.1 Revised Formulary Committee Constitution had been previously circulated. The amendments were minor and were to reflect current working patterns. Members approved the revised version.

4.3 Invitation to new Member of the Formulary Committee

4.3.1 The Committee was notified of the new Member for information.

4.4 Example Practice Formulary Adherence Report

4.4.1 The example report had been previously circulated for information. Dr Hurding noted that there was gradual improvement overall in compliance. It was noted that some areas of non compliance were due to implementation of a change in product.

4.4.2 Dr Hurding noted that the Health Board was now very interested in improving quality in primary care, and this could include prescribing.

5. **Strategic Planning**

5.1 HEPMA in Ayrshire and Arran

5.1.1 The Chair welcomed Mr Cottrell to the meeting and he gave a presentation on the uses of electronic prescribing in NHS Ayrshire and Arran, which was one of the first areas in the UK to implement electronic prescribing, in 1997.

5.1.2 In response to a question about staff training, Mr Cottrell advised that training was given using an eLearning package and then a one hour session using the training module of the system.

5.1.3 Mr Cottrell advised that it would be possible to visit Ayrshire and Arran to see the live system in use before committing to a particular system. This could not be done remotely.

5.1.4 In response to question about contingency for system failure, Mr Cottrell advised that there was a back up and recovery plan, including systems in place to revert to paper if necessary. This had not been required. Updates to the system could be done in small periods of down time during the night.

5.1.5 The prescribing system used was not embedded into the patient record; this would be ideal but the software was not yet at this stage and the benefits of having even a stand alone electronic prescribing system meant it would be a disadvantage to wait for this.

5.1.6 The software provider held regular user group meetings and would make developments to the system in response to requests made by users.

5.1.7 Mr Cottrell advised that it was a great advantage if the stock control system was the same as the electronic prescribing system. Ayrshire and Arran were using the JAC stock control and electronic prescribing system.

5.2 NHS Lothian Initial Response to Scottish Government HEPMA Proposal

5.2.1 The submission had been previously circulated for information. A national business case for HEMPA had now been approved and there was a wish for implementation to be done collaboratively between regions. All the initial funding would be allocated by the Scottish Government, but subsequent funding would come from the Board's existing budget.

5.3 Homecare Medicines Progress Report

5.3.1 The report had previously been circulated for information.

6. **Working in Partnership**

6.1 ADTC Collaborative Updates

6.1.1 The update report had been previously circulated for information.

6.2 National Formulary

6.2.1 Ms Gilchrist advised that there had been a proposal that the Committee be actively engaged in the development of a national formulary. It was suggested that the Chair write to the lead on the national formulary asking for involvement and clarification of the process. This was agreed. **SM**

6.2.2 Professor Maxwell noted that there would be differing opinions in whether a national formulary should be supported due to the time and effort that went into making the local formulary, but it was recognised that a national formulary was likely to happen and made sense for Lothian to be involved so that its formulary process and expertise could shape the national formulary.

6.2.3 The purpose of a national formulary would be to reduce workload and duplication by sharing the process between Health Boards. NHS Tayside and NHS Fife were already aligning their formularies with NHS Lothian's as part of the move to work regionally.

6.3 Formulary Decision Template

6.3.1 The template had been previously circulated. This template had been provided by the Scottish Government for the Health Board's use if wished. The Formulary Committee agreed to use the new template which would replace the previous template devised by the Scottish Government.

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

Members noted the previously circulated minutes from the following meetings for information:

7.1 Formulary Committee, 14 December 2016;

7.2 General Practice Prescribing Committee, 21 June 2016, 11 October 2016;

7.3 UHD Drug and Therapeutics Committee, 12 October 2016;

7.4 Paediatric and Neonatal Drug and Therapeutics Committee, 7 October 2016;

- 7.5 Cancer Therapeutics Advisory Committee, 26 September 2016;
- 7.6 Hospital and Specialist Services Medicines Committee, 2 November 2016, 14 December 2016;
- 7.7 Medicines Homecare Governance Group, 21 September 2016, 8 December 2016;
- 7.8 Clinical Medicines Management Group, 28 December 2016;
- 7.9 Prescribing Resource Group, 3 October, 24 November 2016.

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 31 March 2017 in Meeting Room 8**, Second Floor, Waverley Gate.
- 8.2 Further meetings would take place on the following dates in 2017:
 - Friday 2 June 2017;
 - Friday 11 August 2017;
 - Friday 6 October 2017;
 - Friday 1 December 2017