

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 4 April 2014, in Meeting Room 8, Waverley Gate.

Present:

Dr R. Williams	General Practitioner (chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (vice chair)
Ms K. Davidson	Senior Pharmacist (professional secretary)
Dr S. Hurding	Medicines Management Advisor
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Professor S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Ms S. McNaughton	Associate Director of Community Pharmacy
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Dr W. Riddle	GP, Chair of Hospital and Specialist Services Committee
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Professor A. Timoney	Director of Pharmacy
Dr J. Tomlinson	Consultant in Public Health Medicine
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Mrs B. Pillath	Committee Administrator
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Apologies:

Mrs M. Christie	Head of Health, West Lothian CHCP
Mr M. Hunter	Head of Primary Care Contracting Organisation
Dr R. McDermott	GP, Area Medical Committee Representative
Ms K. McNicoll	Chair of NHS Borders Area Drug and Therapeutics Committee
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

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

1. Minutes of Previous Meeting (7 February 2014)

- 1.1 Subject to clarification of section 5.2.3 with Professor Timoney, the minutes from the meeting on 7 February 2014 were approved as a correct record.

2. Matters Arising

2.1 Patient Involvement

- 2.1.1 Dr Williams reported that Lesley Baxter, Public Involvement Officer in the Communications Team, had advised of a member of the public who was keen to be involved in medicines governance as a public representative. The Committee welcomed the suggestion that this individual would be invited to be a second patient and public representative on the ADTC, and it was noted that the Swainson report in the New

Medicines Review had recommended that ADTCs include two lay members. Dr Williams agreed to clarify that the individual was retired from working with a pharmaceutical company, and if so to invite her to join the Committee. **RW**

2.2 New Formulary Committee Members

- 2.2.1 Invitations to Dr Mira Farquharson and Dr Emma Morrison to become members of the Formulary Committee were approved.

3. Area Drug and Therapeutics Committee Work Programme

3.1 2013-14 Work Programme

- 3.1.1 Ms Gilchrist reported that she and Professor Timoney had met to draft a programme for the proposed Medicines Governance Strategy Event. This would be a morning in September involving stakeholders and ADTC members with presentations from key people such as the Chair of ADTC and the Director of Pharmacy. The final draft of the programme would be submitted at the next meeting. **AG**

- 3.1.2 It was agreed that the work programme would be amended as the 'Strategy for Improvement of Yellow Card Reporting' would be covered under 'Promotion of ADR Recording', and 'Medicines Reconciliation' would be covered under the 'Scottish Patient Safety Programme Annual Update'.

3.2 Electronic Prescribing

- 3.2.1 Professor Timoney advised that interviews were being held in April 2014 for the post of Acute Services Associate Director of Pharmacy as Mr Morrison had moved on to a new post. The person recruited to this post would have responsibility for reporting to the ADTC on the implementation of secondary care electronic prescribing. Professor Timoney reported that other Boards had submitted business cases looking at the use of HEPMA, and Lothian was planning to do the same. She also advised that the paper from the Scottish Government outlining the implementation of electronic prescribing expected in March 2014 was now expected in June 2014 and would be brought to the Committee then.
- 3.2.2 Dr Hurding gave a demonstration of the eLJF-Clinical prescribing tool using the 'Vision' software for use in primary care, based on the Lothian Joint Formulary. He noted that this new system allowed searches by drug group, brand name and indication, and linked to the Formulary guidance at appropriate points. When searching, only drugs on the Formulary are listed unless the 'Formulary' box was unticked, and when browsing Formulary drugs were shown first. This aimed to maximise compliance with the Lothian Joint Formulary.
- 3.2.3 Professor Maxwell noted that the drug names were given in capitals and wondered if this would be a problem for users with dyslexia. Dr Hurding advised that this was the only style that the software allowed.
- 3.2.4 Dr Hurding advised that training was being undertaken at GP practices and that feedback from users was being collected. This would also be followed up by a questionnaire. More work was needed in training users, and any changes made to the system would be user directed.

- 3.2.5 Professor Maxwell suggested that it would be advantageous if a mock interface were made available for training prior to use with patient details; Dr Hurding noted that the software needed to be connected to both a server and an active patient database to work, and had been complicated to set up.
- 3.2.6 All but seventeen GP practices in Lothian had the Vision software installed. The remaining seventeen practices used the EMIS software. An electronic prescribing system was also being developed that would work with EMIS.
- 3.2.7 Dr Hurding noted that the new system would be more complicated than G-PASS to keep up to date due to the links with guidelines. Updates could only be installed in GP practices every six months as it was a complicated process.
- 3.2.8 The Committee requested an evaluation later on in the process as to how many practices were using the new system, what the benefits were and whether it was cost effective.
- 3.3 Policy and Procedure for Prescribing Non-Formulary Medicines
- 3.3.1 Ms Gilchrist advised that this policy had been recently reviewed but that a further review was required in response to an action from an internal audit. The updated version was expected to be completed by October 2014.

4. Patient Safety

4.1 National Palliative Care Guidelines

- 4.1.1 A paper with the draft national palliative care guidelines due to be published in June 2014 had been previously circulated. Professor Timoney explained that the national guidelines for palliative care required an update according to the usual process. The review group were looking for support for the draft revised guidelines from the Area Drug and Therapeutics Committees prior to publication. Ms Muir noted that some changes to the guideline had already been requested from the NHS Fife ADTC.
- 4.1.2 Dr Williams noted that a number of medicines recommended for palliative and included in the guideline were off label or unlicensed drugs. The Committee were comfortable with this in light of the General Medical Council guidance which noted that for specialist areas including palliative care unlicensed medicines may be appropriate.
- 4.1.3 The Committee supported the draft guidelines in principal but would await the final document before committing to formal approval.

4.2 Area Drug and Therapeutics Policy Statement on Branded Generics

- 4.2.1 The policy statement had been previously circulated. Ms Davidson noted that the purpose of the document was to note that although prescribing of branded generics was not generally recommended due to associated financial and clinical risks, prescribing of branded generic combined oral contraceptives was considered to be an exception as they could not be prescribed generically.
- 4.2.2 The Committee approved the statement. Dr Williams agreed to send the document to the GPs and Community Health Partnerships for information. Ms McNaughton also requested

that Finance be alerted to the statement as it could result in a change in productivity savings. Dr Williams and Ms McNaughton would liaise to draft a letter to the Director of Finance explaining this.

RW / SMcN

4.3 Medicines Reconciliation

- 4.3.1 Dr Williams advised that the Healthcare Governance Committee had given the Area Drug and Therapeutics Committee the responsibility for monitoring improvement in medicines reconciliation. This would be reported as part of the Scottish Patient Safety Programme update.

4.4 Clinical Guidance on the Intranet

- 4.4.1 Dr Williams advised that a business case had been submitted to the Healthcare Governance Committee for resources for improvement of the quality, accessibility and management of clinical guidance on the NHS Lothian Intranet site. This was an area that the Area Drug and Therapeutics Committee had recently raised concerns about to the Healthcare Governance Committee.

4.5 Patient Specific Directions

- 4.5.1 A paper with the proposed policy for patient specific directions had been previously circulated. Ms Kerr noted that there was currently no policy in NHS Lothian governing the use of patient specific directions as previously they had been infrequently used. The proposal was to use the same review and approval process as for patient group directions.
- 4.5.2 Ms McNaughton noted that it stated in the paper that no resources would be required to implement this policy, but felt that depending on the number of patient specific directions used this could result in additional work for the patient group directions group.
- 4.5.3 Ms Kerr explained that patient specific directions had to be used when the member of staff administering the drug was not a member of a registered body, for example perfusionists, radiologists, medical photographers and healthcare support workers. Healthcare support workers regularly administered influenza vaccinations in GP practices. Currently patient specific directions were being used in these areas with no policy governing them.
- 4.5.4 It was noted that it was appropriate for trained staff who were not members of a registered body to carry out administration in some situations. The clinician who signed off the patient specific direction would still maintain accountability and would be responsible for ensuring that patient specific directions were only used when appropriate.
- 4.5.5 Ms Kerr explained that the risk of not being able to use patient specific directions would be that the patient would not have the medicine or diagnosis at the time required, and that the policy was required so that it could be ensured that each use of a patient specific direction was the safest way to meet the clinical need; there was currently no process for ensuring this.
- 4.5.6 The Committee approved the policy and Dr Williams noted that it would give extra accountability and assurance in the use of patient specific directions.

4.6 New Oral Anticoagulants – apixaban and rivaroxaban

- 4.6.1 It had been agreed at the Formulary Committee that protocols would be written by the Thrombosis Committee for the new oral anticoagulants apixabab and rivaroxaban, but this had proved complicated with many opinions from different areas making a consensus difficult. The Lothian Prescribing Bulletin editorial team wanted to raise the fact that there was no guidance in place currently.
- 4.6.2 Dr Williams agreed to write to Professor Timoney and Dr Farquharson to ask if this could be resolved. **RW**

5. Medicines Utilisation and Review Group (MURG) Reports

- 5.1 The Committee noted the Community Health Partnership and REAS reports for the period April – December 2013.
- 5.2 Prescribing Pressures in Primary Care Look Forward Report 2014-2015
- 5.2.1 The report which set out the funding predictions for primary care prescribing in the next year had been previously circulated. Dr Hurding noted that Lothian was the most cost effective prescriber of the Boards in Scotland.
- 5.2.2 The allocation received would be the uplift from the previous year with deductions for LRP. Dr Williams agreed to write to the Director of Finance to ask for clarification regarding the allocation for primary prescribing budget in relation to the predicted expenditure for the year 2014/15. **RW**

6. Items for Information Only

- 6.1 Single Patient Administration Record for Scotland
- 6.1.1 A paper with the draft administration chart had been previously circulated for information. Professor Maxwell reported that NHS Tayside, NHS Highland and NHS Western Isles were piloting the new charts and that feedback from this would be available in the summer 2014. Once the pilots had been completed the chart would be reviewed and then the group would liaise with Area Drug and Therapeutics Committees and Directors of Pharmacy to have the chart implemented in all areas.
- 6.1.2 Professor Maxwell noted that other charts being developed both locally and nationally such as a national insulin gentamicin and vancomycin chart and an ICU chart in Lothian could challenge the implementation of the new single administration chart. It was emphasised that the use of the same chart across specialties over Scotland would be much safer and more efficient for training purposes and for staff working between Boards.
- 6.1.3 Dr Riddle noted again that due to the legal requirement for reference to the Mental Health Act when administering medication in psychiatry, the single patient administration chart could not be used in psychiatry areas. Professor Maxwell advised that once the standard form was in place for the majority of areas, then the group would look at forms for areas such as psychiatry which had specific requirements.
- 6.1.4 There was also a Lothian and wider initiative working on a fluid chart as those currently used in secondary care could be improved.

6.2 Update on Individual Patient Treatment Request to Peer Approved Clinical System Transition

- 6.2.1 A paper had been previously circulated for information. Ms Gilchrist advised that guidance was expected from the Scottish Government in May 2014 and that a Lothian policy would be produced following this. In the meantime the IPTR process was continuing as before. Ms Wilson advised that this was also the case in NHS Borders.

6.3 Scottish Medicines Consortium and New Drugs Committee Lothian Membership

- 6.3.1 The Scottish Medicines Consortium and New Drugs Committee Lothian membership lists had been previously circulated for information.

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

Members noted the previously circulated minutes from the following meetings:

- 7.1 Formulary Committee, 26 February 2014;
- 7.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 6 December 2013;
- 7.3 General Practice Prescribing Committee, 10 December 2013;
- 7.4 Hospital and Specialist Services Medical Committee, 22 January 2014;
- 7.5 Cancer Therapeutics Advisory Committee, 25 November 2013;
- 7.6 Medicines Policies Sub Committee, 16 January 2014;
- 7.7 Medicines Utilisation and Review Group, 26 November 2013;
- 7.8 Cancer Medicines Management Team, 6, 20 November 2013, 4, 11 December 2013.

8. **Date of Next Meeting**

- 8.1 The next meeting of the Area Drug and Therapeutics Committee would be held at **14.30 on Friday 6 June 2014 in Meeting Room 8, Second Floor, Waverley Gate.**
- 8.2 Further meetings in 2014 would take place on the following dates:
- 14.30, Friday 1 August 2014;
 - 14.30, Friday 3 October 2014;
 - 14.30, Friday 5 December 2014.