

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 October 2013, in Meeting Room 8, Waverley Gate.

Present:

Dr R. J. Williams	General Practitioner (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Ms K. Davidson	Senior Pharmacist (Professional Secretary)
Prof. S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr W. Riddle	Consultant Psychiatrist and Chair of Hospital and Specialist Services Committee
Mr G. Shapiro	Patient and Public Representative
Ms L. Shaw	Lead Pharmacist and Co-Chair of Formulary 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:

Ms A. Cockburn	Lead Pharmacist, Antimicrobial Team (item 7.1)
Mrs B. Pillath	Committee Administrator (minutes)
Ms C. Philip	Antimicrobial Pharmacist (item 7.1)

Apologies:

Mrs M. Christie	Head of Health, West Lothian CHCP
Dr S. Hurding	Medicines Management Advisor
Dr R. McDermott	GP, Area Medical Committee Representative
Mr E. Morrison	Associate Director of Pharmacy Acute Services
Ms A. Muir	Associate Director of Pharmaceutical Public Health
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 (8 August 2013)

- 1.1 The minutes from the meeting held on 8 August 2013 were approved as an accurate record.

2. Matters Arising

2.1 Removal of clinical guidance from the Intranet

- 2.1.1 Ms Gilchrist notified members that the clinical guidance page on the NHS Lothian Intranet was being reviewed by the policy group with the view that documents where the review date and responsibility were not clear would be removed. Ms Gilchrist suggested that any ADTC policies from this page could be hosted on the ADTC Intranet page instead. It was agreed that out of date policies should be removed but should be replaced with a statement giving information on where and when the most up to date version could be

found. Dr Williams agreed to write to Mr Neil Muir, Clinical Policy Advisor to say that the ADTC were happy for out of date ADTC documents to be removed from the clinical guidance page.

RW

- 2.1.2 It was noted that difficulties arose in ensuring all versions of policies were up to date when ADTC policies were copied onto other parts of the NHS Lothian Intranet site. Dr Williams mentioned that the concern as to how the Intranet was managed to ensure all information was up to date had previously been raised at the Healthcare Governance Committee, and agreed to raise this again.

RW

- 2.1.3 Dr Tomlinson noted that the SIGN Guidelines website was a good model as it had a central search facility for all guidelines with clear markings as to the date of the guidance and the date for review. This would be managed by a single person who ensured items were uploaded appropriately and that due process was followed.

2.2 Prisons Expert Advisory Group Recommendations Summary Report

- 2.2.1 As Ms McNaughton was not available, this item was deferred to the next meeting.

2.3 Response from General Medical Council on Unlicensed Medicines

- 2.3.1 Dr Williams explained that a concern about the use of the Lothian Joint Formulary (LJF) in conjunction with new General Medical Council (GMC) guidance on use of unlicensed medicines was raised by a GP, in response to which Dr Williams wrote to the GMC. The reply from the GMC had been previously circulated. The GMC advised that formularies such as the LJF should not include unlicensed medicines as a first choice of treatment, except in cases where there is no licensed medicine available. This might arise, for example, in relation to medicines for children, where appropriate medicines have licences only for use by adults. It may also apply in other areas of practice, for example in psychiatry and in palliative care.

- 2.3.2 Ms Gilchrist advised that there were a small number of unlicensed and off label medicines listed as first choice on the LJF. These medicines were only added to the LJF after appropriate review and if there was no licensed alternative. Ms Gilchrist agreed that the Medicines Management Team would review these medicines and their position on the Lothian Joint Formulary and report the outcome back to ADTC. They would consider unlicensed and off-label medicines listed as first choice above a licensed medicine.

AG

- 2.3.3 Professor Timoney noted that off-label medicines had been licensed and reviewed and their use was therefore of much less risk than use of unlicensed medicines. Professor Timoney also noted that evidence base and custom and practice were relevant when choosing to prescribe medicines.

- 2.3.4 Ms Shaw suggested that the 'additional list' should not be affected by this guidance as these medicines were approved by each group according to their speciality.

- 2.3.5 Dr Williams advised that the GMC letter had also been forwarded to the Formulary Committee for discussion at their next meeting.

3. **National Prescription Administration Chart**

- 3.1 Professor Maxwell reported that the first version of the national prescription administration chart was now ready for trial and would be piloted in three areas in Scotland over the next few months. More pilots would hopefully follow in early 2014. If the pilots were successful then the next step would be for each Board to agree to use the chart for all adult acute inpatient areas.
- 3.2 Professor Timoney agreed to discuss with Professor Maxwell the possibility of an area of Lothian entering into the pilot.
- 3.3 In response to a question from Dr Riddle as to whether the specific needs for a psychiatric unit prescription chart had been taken into account, Professor Maxwell noted that there were also specific requirements for intensive care units and long stay facilities and that once the standard adult inpatient form had been piloted and accepted for use then further work could be done in developing a consulted chart for each of these specialist areas which would be based on the same principles and format as the standard chart.

4. Patient Access Scheme

- 4.1 A report had been previously circulated. Mr Hunter advised that there were thirty Patient Access Schemes (PAS) and that Lothian was involved in most of these as outlined in the report. The report showed that based on a £5.5 million spend in 2012-13, Lothian had received a £1.3 million in discounts through the PAS. This clearly showed that the scheme was a cost effective way of buying drugs. Some new drugs were due to become part of the scheme in 2014.
- 4.2 Ms Wilson asked whether the figures given included costs and discounts from when a patient from another Health Board had been treated in Lothian. Mr Hunter confirmed that any discounts made in this situation would be passed on to the patient's home Board, and that he would clarify whether or not these were included in the figures in the report. **MH**
- 4.3 Mr Hunter agreed that patient numbers and dates that each drug joined the scheme could be added to the report. The Committee agreed that an annual report on the PAS would be submitted to the ADTC. **MH**
- 4.4 Professor Timoney advised that a new Pharmaceutical Price Regulation Scheme (PPRS) was due out in January 2014 and that it was not yet available to view. It was expected that the PAS would continue to be part of this.

5. Refresh of Scottish Medicines Consortium Clinical Expert Database

- 5.1 It was agreed that the clinical expert list would be emailed out to each person listed asking whether they would like to remain on the list and to check that their details were correct. Clinical Directors and Drug and Therapeutics Committee Chairs would also be contacted to ask if they would like to nominate anyone to join the list. **BP**

6. ADTC Work Programme

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

- 6.1.1 Ms Gilchrist advised that a short life working group was reviewing this policy and that a draft was currently out for comment. More changes to the policy had been required than anticipated including a new section on the responsibilities of the medicines governance

teams as part of the process for approving drugs. The policy would be submitted for approval at the meeting in December 2013.

6.2 NHS Lothian Policy for Hospital Based Prescriptions

6.2.1 Ms Gilchrist advised that the draft policy was currently out for consultation and would be submitted for approval at the meeting in December 2013 if completed.

6.3 Review of NHS Lothian Medicines Governance Strategy and ADTC Constitution

6.3.1 Ms Gilchrist advised that the outcome of the new medicines reviews was awaited before a review of this document in early 2014. This review was likely to include some wider consultation and would include a review of the ADTC constitution to ensure consistency between the two documents although but major changes to the constitution were not anticipated.

6.4 Policy and Procedure for Prescribing Non-Formulary Medicines

6.4.1 Ms Gilchrist explained that the policy previously circulated was an interim version which would be reviewed again in the next six months as application forms and paperwork was reviewed. The changes in the policy represented a change in terminology but no real change in process.

6.4.2 Ms Gilchrist advised that the fully revised policy would be circulated to the Drug and Therapeutics Committees for comment before being approved. Dr Williams recommended that a rapid impact assessment should also be carried out and suggested that Mr Neil Muir be contacted regarding this.

6.4.3 The interim policy was approved subject to correction of a typographical error in section 7.

6.5 ADTC Internet and Intranet Pages

6.5.1 Mrs Pillath reported that she had asked a member of the Communications Team for clarification on the process for approval and management of documents uploaded on the ADTC Intranet and Internet Pages and that he had responded to say that the ADTC would be responsible for ensuring that documents uploaded were up to date and had been appropriately approved. Any changes made to the public website would automatically be electronically approved by the web team.

6.6 NHS Lothian Individual Patient Treatment Request Policy v.2.1

6.6.1 The draft policy had been previously circulated. Ms Gilchrist reported that the Individual Patient Treatment Request (IPTR) Panel had accepted the change suggested to the policy regarding the process for appeals where a non-formulary medicine had not been approved for use, and that this change had now been made to the policy and had been approved by the IPTR Panel.

6.6.2. The ADTC approved the policy. Dr Williams commended the hard work of colleagues in producing robust, evidence based and widely consulted policies and processes.

7. **Patient Safety**

7.1 Antimicrobial Team Update

- 7.1.1 Dr Williams welcomed Ms Cockburn and Ms Philip to the meeting and they gave a presentation. The update report had also been circulated.
- 7.1.2 The Committee supported the recommendations outlined in the paper and agreed to raise at the Healthcare Governance the need for more adequate resourcing of the antimicrobial team in Lothian to meet standards of other Health Boards. **RW**
- 7.1.3 Ms Philip explained that although Lothian's primary care prescribing was good, prescribing of broad spectrum antibiotics did not decrease in line with other Boards. Four Protected Learning Time (PLT) GP education sessions were held in 2012 and 2013 on antimicrobial prescribing, and a large number of GPs attended. It was hoped that a change in prescribing would be noted in the next couple of years as a result of increased awareness.
- 7.1.4 Dr Tomlinson emphasised that safe antimicrobial prescribing was the responsibility of all prescribers, not just of the antimicrobial team.
- 7.1.5 Ms Philip noted that there was also a role for public education as to explain why an antibiotic was not being given when expected was challenging and time consuming for GPs.

7.2 ADTC Policy Statement for the Safe Use of Prescribing Information System (PIS)

- 7.2.1 The draft document had been previously circulated. Ms Gilchrist explained that the statement had been written in conjunction with the Information Governance Assurance Group and under the guidance of Professor Alison McCallum as Caldicott Guardian for NHS Lothian.
- 7.2.2 The aim of the policy was to ensure that information was used safely and in line with information governance principles, and that access to information was appropriate. It outlined the responsibilities of different groups including the Information Services Division (ISD), NHS Lothian Health Board, and individual users of the database.
- 7.2.3 PRISMS (Prescribing Information System for Scotland) and not PIS would be continued to be used for responding to Freedom of Information requests as this database did not contain detailed patient identifiable information. PIS would be used for prescribing analysis.
- 7.2.4 Dr Williams noted that each GP practice had responsibility for its own data and had its own Caldicott Guardian, and raised concerns that the policy did not seem to be in line with existing policies which stipulated that eHealth would ask GPs individually if identifiable data could be used for analysis. He felt that GP data would be used in a manner that GPs would have no knowledge of and suggested that there should be more discussion with GPs before this policy was finalised.
- 7.2.5 Dr Tomlinson noted that ISD already used this and similar data for analysis and that it had very clear policies on confidentiality and use of data which would be in use here.
- 7.2.6 It was agreed that further clarity on this area would be required before the policy could be approved. Ms Gilchrist would raise this at the Information Governance Assurance Board and Dr Williams would write to Professor McCallum. **AG/RW**

8. Medicines Utilisation and Review Group (MURG) Reports

8.1 Lothian Medicines Report, April 2012 – March 2013

8.1.1 The report had been previously circulated. An overall underspend was noted. Mr Hunter explained that this may partly have been due to the fact that take-up of some new Scottish Medicines Consortium (SMC) drugs had not been as quick as anticipated, and that use might increase in the next year.

8.1.2 Ms Kerr also noted that some drugs which money had been put aside for were not approved as expected, so this money was not spent.

8.2 Community Health Partnership Report, April 2012 – March 2013

8.2.1 Members noted this previously circulated report.

8.3 REAS Report, April 2012- March 2013

8.3.1 The report had been previously circulated. Dr Williams noted that the report indicated a thirteen-fold increase in use of the anti-psychotic drug paliperidone since the previous year. Dr Riddle explained that this drug had been approved the previous year and an increase in use had been expected.

8.4 Secondary Care Medicines Report, April 2012 – March 2013

8.4.1 Members noted this previously circulated report.

8.5 GP Prescribing Report, April 2012 – March 2013

8.5.1 Members noted this previously circulated report.

9. Items for Information Only

The following items previously circulated for information were noted:

- 9.1 Healthcare Improvement Scotland Event on ADTC Topics, 12 November 2013;
- 9.2 Home Office Open Consultation for Scheduling of Tramadol and Exemptions for Temazepam Prescriptions;
- 9.3 RCP National Clinical Audit Report of Biological Therapies for Inflammatory Bowel Disease.

10. Minutes from Committees and Division

Members noted the minutes from the following meetings, which had been previously circulated:

- 10.1 Formulary Committee, 28 August 2013;
- 10.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 5 April 2013;
- 10.3 General Practice Prescribing Committee, 4 June 2013;
- 10.4 Medicines Policies Sub-Committee, 11 July 2013;
- 10.5 Hospital and Specialist Services Medical Committee, 12 June 2013;

- 10.6 Medicines Utilisation and Review Group (MURG), 14 May 2013;
- 10.7 UHD Drug and Therapeutics Committee, 6 February 2013, 24 April 2013;
- 10.8 Cancer Medicines Management Team, 10 July 2013, 7, 14 and 28 August 2013.

11. Any Other Competent Business

11.1 National Palliative Care Guidelines

- 11.1.1 Professor Timoney noted that the National Palliative Care Guidelines needed to be signed off by each Health Board and advised that this would be brought to the next meeting.

11.2 Formulary Management Tool

- 11.2.1 Mrs Davidson noted that an online formulary management tool was being developed by NHS Education Scotland (NES) and that a questionnaire would be sent out to all ADTCs asking for a response about current Formulary tools.

12. Date of Next Meeting

- 12.1 The next meeting of the Area Drug and Therapeutics Committee would be held from **14:30 to 16:30 on Friday 6 December 2013 in Meeting Room 8, Second Floor, Waverley Gate.**
- 12.2 Meeting dates for 2014 would take place on the following dates:
 - 14:30, Friday 7 February 2014;
 - 14:30, Friday 4 April 2014;
 - 14:30, Friday 6 June 2014;
 - 14:30, Friday 1 August 2014;
 - 14:30, Friday 3 October 2014;
 - 14:30, Friday 5 December 2014.