

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 5 February 2021 via MS TEAMS.

Present: Dr E. Morrison, Consultant Physician(Chair); Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair); Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist; Ms L. Macher, Senior Pharmacist – Medicine (Professional Secretary); Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services; Ms M. Reid, Consultant in Pharmaceutical Public Health; Ms A. Gilchrist, Lead Pharmacist, Medicines Management Team; Dr S. Clive, Chair of Cancer Therapeutics Advisory Committee; Ms D. Bray, Primary Care Pharmacist/Chair of Medicines Utilisation Review Group; Mr M. Evans, Consultant Physician, Infectious Diseases Unit, NHS Lothian; Mr A. Cameron, Community Pharmacist, Lothian Area Pharmaceutical Committee; Mr D. Clifford, Advanced Pharmacist; Ms J. Scott, Pharmacist, St John's Hospital and Dr Kathryn Wild, GP, GPPC representative.

In attendance: Ms A Irshad, pharmacist on rotational training and Mr C. Graham, Corporate Governance Team, NHS Lothian (minutes).

Apologies: Dr P. Bailey, Lothian Medical Committee Representative; Dr A. Macrae, GP, Chair of GPPC; Mr M. Hunter, Head of PCCO Finance, NHS Lothian; Mr S. McBurney, Associate Director of Pharmacy, Primary and Community Care, Mental Health & Associated Services; Dr A. Watson, Consultant Psychiatrist/Co-Chair Hospital and Specialist Services Committee and Co-Chair Formulary Committee; Ms M. McCulloch, Lead Nurse for Advancing Roles, LANMAC Representative and Ms A. Wilson, Director of Pharmacy, NHS Borders.

The Chair welcomed members to the meeting.

1. Declaration of Interest

1.1 No declarations were made.

2. Minutes from Previous Meetings

2.1 Minutes of ADTC 04/12/20 – The minutes were agreed, the following amendments were noted:

- Paragraph 4.1.2 to note that the tool and template were not in routine use and there were no plans to make this a core tool.
- Paragraph 5.1.1 to be reworded to remove specific details relating to mexiletine patient numbers and costs.

3. Matters Arising

3.1 Chair – Proposed Plan for Interim Period - The Chair thanked Professor Maxwell for his commitment to the Committee over recent years and for this mentorship. The Committee noted that Professor Maxwell would remain on the Committee as a Clinical Pharmacology Member.

3.1.1 The Committee noted that as per item 3 on the Action Note, Dr Morrison would soon be going on maternity leave and there would need to be a plan in place to cover the chairing

of ADTC during this time. It was noted that Professor Timoney would cover as chair in the interim and that a clinical appointment would be required to cover the vice-chair position.

- 3.2 New Ultra-Orphan Pathway - Noted that this would be addressed later in 2021 and come back to ADTC at the appropriate time.
- 3.3 ADTC Work Programme 2021 - The circulated Work Programme was noted. The following suggestions were made:
- To add an update on Medicines Strategies as part of horizon scanning over the coming year.
 - Regional Formulary to remain at one update per year but to add an update on the Regional Work before the December meeting in agreement with Jane Browning around when this would be appropriate.
 - Under MURG quarterly reports move the April update to June meeting.
- 3.4 ADTC Constitution HSCP representative – Following discussion with primary care pharmacy leads it was noted that three of the four local authorities now had senior pharmacist representation and it was now appropriate to have the conversation around representation on ADTC in order to meet the Committee's constitution.

4. Safe and Effective Patient Care

- 4.1 Medication Incidents - The report of medication related adverse events from DATIX from 1/1/19 to 31/12/19 was noted. The Committee recognised that the top 10 medicines named in adverse events remained familiar and included Oxycodone, Insulin, Morphine and Fentanyl. The Committee also noted that most of the incidents had taken place within Acute.
- 4.1.1 Professor Maxwell reported that the subcategories for the adverse events remained stable around missed and wrong doses and that under severity of events reported death and major harm had totalled 6 occasions in the calendar year.
- 4.1.2 Professor Maxwell also highlighted a mix up with gentamicin calculation and an event where a wasp flying into a treatment room had resulted in oxycodone tablets being dropped out of a window.
- 4.1.3 There was discussion on whether the move to branded oxycodone had changed the approach to its prescribing; the ongoing debate around clozapine and the focused study around this and its ordering and monitoring in mental health areas; error reporting around vancomycin and changes and trends around insulin prescribing and patients' self-administration of insulin policies in hospital.
- 4.1.4 Ms Cuthbert suggested that it would also be helpful if SAEs once complete could come to ADTC anonymised for learning on the national template. It was agreed that Professor Timoney would look at the appropriate way to move this forward.
- 4.1.5 The Committee welcomed the medication incidents update which appeared to evidence that DATIX adverse events had gone down and there was no evidence that new branded medication had increased errors.

5. Effective Use of Resources

- 5.1 Medicines Utilisation Review Group (MURG) Update - The Committee noted that that MURG had met yesterday and there had been good discussion around the continuing work with mexiletine; sodium valproate new starts data; tracking around evolocumab and criteria and assurance data around the FreeStyle Libre, blood glucose monitoring system, which would come back to ADTC when available.

6. Strategic Planning

- 6.1 Electronic Prescribing Primary Care - Ms Macher reported that an NHS Lothian GP IT Cohort Decision Group had now been established by Dr Peter Cairns, Clinical Advisor eHealth. An introductory meeting had been held on 27/01/21. This had covered the background of the Lothian GP IT recent consultation and the expected timeline. The purpose was to start thinking about wider GP IT needs, and to understand the timeline and process of the formal GP IT assessment process. There had been a presentation on the GP IT Re-provisioning Process by Robert Hutton, Implementation Manager NHS NSS followed by a question and answer session.
- 6.1.1 A workshop was scheduled for 25/02/21, and further link up with Cegedim (Vision) and EMIS (+/- EVA) in March 2021 after which a formal decision would be taken regarding next steps. The purpose of the workshop was two-fold:
- to inform future Primary Care Data Work and Development, and
 - give those tasked with choosing a new GP IT system a better understanding of the primary care data landscape and its opportunities
- 6.2 Electronic Prescribing Secondary Care – HEPMA Update - Mr Clifford and Mr Evans gave an update on progress with HEPMA implementation. The presentation covered completion of implementation at Royal Edinburgh Hospital, ongoing site surveillance and disaster recovery arrangements; implementation plan for Western General Hospital site which would start on 22/02/21 and have a three phased approach with medicine, Haem/Onc and surgery and theatres. The State Hospital planned roll out would be after a further upgrade in May 2021.
- 6.2.1 Mr Evans covered issues around the number of people on sites using PGDs and how the HEPMA system could be used for these; remote prescribing; medicines reconciliation and how HEPMA can assist in improving documentation; consistency of approach across sites and documenting of equipment.
- 6.2.3 There was discussion on the scope of the Western General Hospital site project and the fact that Cardiothoracic Critical Care were out of scope which seemed surprising. Mr Clifford stated that this decision was being followed up and if this could be elaborated on would come back to ADTC.
- 6.2.4 There was further discussion on remote prescribing and the procedure for Inpatient remote prescribing. It was noted that the procedure could not be approved by ADTC as it had not yet been through the HEPMA group.
- 6.2.5 Currently prescribing procedures for NHS Lothian covered having teleconferences for areas with no prescribers on site. This was a rigorous procedure where authorisation from two appropriate people was required before the drug could be prescribed.

- 6.2.6 The HEPMA approach would mean remote prescribing in the absence of physical review which would make it easier but does provide temptation for people to adjust things remotely. Appropriate measures would have to also be taken around prescribing of 'high street value' drugs. It would be important to have the policy and procedure in place before the Western General Hospital site roll out along with the plans on how this would be audited.
- 6.2.7 The Committee noted that the plan for appropriate governance would be for the HEPMA Clinical Realisation and Benefits Group to agree the policy before then coming to the NHS Lothian Policy Group and to ADTC for sign off at the end of March 2021.

7. Working in Partnership

- 7.1 ADTC Collaborative (HIS) update - Ms Macher reported from the recent collaborative meeting which had discussed the North of Scotland joining as a region to pull together 61 PGDs. This work had taken two years and the learning would be shared with other PGD leads to consider a similar approach for the East region. In relation to the SMC update it was noted that SMC had now caught up with all backlog medicines that had come through during the Covid pandemic.
- 7.1.1 At the collaborative meeting there had also been the prison services presentation which ADTC had received in December; a Scottish Government update on EU Exit; an update on Covid mass vaccination programme roll outs and steroid emergency cards once for Scotland approach.
- 7.1.2 Ms Macher asked Members around English Safety Officer meetings and if they knew anyone from Scottish health boards who may attend these. Ms Macher would follow this up with Dr Arvind Veiraiah to see if there was something similar in place in Scotland.
- 7.2 ADTC Policies and Procedures
- 7.2.1 NHS Lothian PACS2 Procedure v2.1 Feb 2021 – patient information letter update – The circulated procedure and patient information leaflet were supported with the following amendments:
- **What does the NHS board consider?**
“Your doctor will explain to the panel why they believe you should get the medicine.” This should be changed to ‘Your doctor will explain to the panel....’ So that people are not under the impression that their doctor physically attends the panel meeting.
 - **How often does the National Review Panel meet?**
“The National Review Panel meets every month. If the request is urgent then the panel can meet earlier to ensure you receive an early response.” This statement is not correct and should be amended to ‘The National Review Panel has the ability to meet monthly.’
- 7.2.1.1 The Committee noted that Ms Gilchrist would make these amendments and the procedure would now be put through to policy online for publication as an NHS Lothian document.

7.2.2 Single Nurse Administration SBAR – Controlled Drug Governance Team - The circulated SBAR was noted. It was recognised that this document would also go through the medicines policy subcommittee.

8. Minutes from Committees and Division

8.1 The Committee noted the following minutes from Committees and Division:

- Formulary Committee, 16 December 2020
- General Practice Prescribing Committee, 08 December 2020
- UHD Drug and Therapeutics Committee, 14 October 2020
- Paediatric and Neonatal Drug and Therapeutics Committee, 21 August 2020
- Cancer Therapeutics Advisory Committee, 21 September 2020
- Royal Edinburgh Hospital and Associated Services Drug and Therapeutics Committee, 28 October and 09 December 2020
- Medicines Policies Sub Committee, last minutes received 16 July 2020
- Medicines Homecare Governance Group, 17 September 2020
- Antimicrobial Management Committee, 16 September 2020
- Medicines Utilisation Review Group, 05 November 2020

9. Any Other Competent Business

9.1 Procedure for Inpatient remote prescribing version 1.0 - Covered under Item 6.2 above.

10. Date of Next Meeting

10.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 26 March 2021.**

12. Future Meeting Dates

- 26 March 2021
- 04 June 2021
- 06 August 2021
- 01 October 2021
- 03 December 2021