

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 5 April 2013, in Room 8, Waverley Gate, Edinburgh.

Present:

Dr R. J. Williams	General Practitioner (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Ms K. Davidson	Senior Pharmacist, Royal Infirmary of Edinburgh
Prof. S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh Pharmacology Unit
Dr S. Hurding	Medicines Management Adviser
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr J. Tomlinson	Public Health Representative
Ms S. McNaughton	Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development
Mr G. Shapiro	Patient and Public Representative

In Attendance:

Ms S. Ballard-Smith	Deputy Nurse Director (item 10)
Mrs B. Pillath	Committee Administrator

Apologies:

Ms A. Wilson	Director of Pharmacy, NHS Borders
Mr C. Briggs	General Manager, Edinburgh Community Health Partnership
Dr R. McDermott	General Practitioner, Area Medical Committee Representative
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Mr E. Morrison	Associate Director of Pharmacy Acute Services
Mrs M. Christie	Head of Health, West Lothian CHCP
Dr W. Riddle	Consultant Psychiatrist, and Chair, Hospital and Specialist Service Committee
Dr J. Forbes	Reader in Health Economics, University of Edinburgh and Co-Chair, Formulary Committee
Mr S. Garden	Acting Director of Pharmacy

The Chair welcomed members and visitors to the meeting and asked everyone to introduce themselves. The Chair welcomed Mr Shapiro to his first meeting as Patient and Public Representative.

1. Minutes of Previous Meeting

- 1.1 The minutes from the meeting held on 1 February 2013 were approved.

2. Matters Arising

- 2.1 Lothian Hypertension Guidelines

- 2.1.1 Dr Williams confirmed that this guideline has been formally approved by the Committee. It was included as a supplement to Issue 60 (March 2013) of the Lothian Prescribing Bulletin, available on the Lothian Joint Formulary website at www.ljf.scot.nhs.uk.
- 2.1.2 Prof. Maxwell advised that the new guideline was a brief summary of the British hypertension guideline in the form of a poster, with updated references, criteria for diagnosis, categories of hypertension, actions to be taken, and drugs recommended for hypertension management.

3. Oncology Medicines Management Committee (OMMC) Appeals

- 3.1 Dr Williams reminded the Committee that the OMMC had requested that this Committee consider appeals on decisions made on applications for use of non-formulary drugs, ensuring that the correct process had been adhered to. It was emphasised that this would not involve review of the clinical decision.
- 3.2 Dr Hurding raised the concern that review of cases would take extra time, and that due to the frequency of ADTC meetings, the timescale may be too long to be practical to the OMMC. Ms McNaughton expressed the opinion that in order to take on this role, the Committee would require a better understanding of the OMMC and where it fitted with the NHS Lothian medicines governance structure, and with the processes for the use of non-formulary drugs. The Committee supported the principle, but Dr Williams agreed to write to ask that a representative of the OMMC attend or report to the next ADTC meeting so that the members may gain a further understanding of the role required and make a decision accordingly.

RW

4. Patients Admitted to Hospital from Primary Care Initiated on Scottish Medicines Consortium (SMC) 'Not Recommended' Medicines with no Individual Patient Treatment Request (IPTR) Approvals in Place

- 4.1 Dr Williams advised that Dr Farquharson had requested solutions to this problem be considered.
- 4.2 It was agreed that the Committee would support the recommendation that if a patient on an SMC 'not recommended' drug was admitted into hospital and there was no IPTR approval in place, the consultant should review the prescription. If the admission was too short for the prescription to be reviewed the Committee would support the recommendation that the patient or relative should be asked to bring in a supply of the drug for the patient's use. Dr Williams agreed to write to Dr Farquharson to explain this view.

RW

- 4.3 Ms McNaughton suggested that it would be useful to know if any SMC 'not recommended' drugs had been prescribed since the protocol was put in place in October 2011, so that action could be taken to reduce these numbers. Ms Gilchrist advised that this data was available, as collected by the Medicines Utilisation Review Group (MURG) on a quarterly basis, and was discussed at the IPTR Panel. Dr Williams suggested themes, processes of monitoring and numbers of cases should also be considered and agreed to ask Melinda Cuthbert for some examples of cases to be discussed at the next meeting.

RW

- 4.4 It was noted that the numbers of SMC 'not recommended' drugs prescribed in Lothian were very small (paper from item 7).
- 4.5 Ms Gilchrist advised that guidance on prescribing medicines that were 'not recommended' by SMC was being produced for GPs, to raise awareness of the IPTR process.

5. Area Drug and Therapeutics Committee (ADTC) Work Programme

5.1 2013-14 Work Programme

- 5.1.1 Dr Williams reported that most of the items on the 2012-13 ADTC work programme had been completed. A new work programme for 2013-14 was agreed:

- Review of the NHS Lothian Medicines Governance Strategy
- Review of the ADTC Code of Practice relating to Interests in the Pharmaceutical Industry
- Review of the NHS Lothian Policy for the use of Unlicensed and Off-label Medicines, June 2008
- Development of an NHS Lothian Policy and Procedures for Shared Care Protocols
- ADTC website development
- Promotion of ADR recording, monitoring and review
- Electronic prescribing in primary care
- Electronic prescribing in secondary care
- Development of an NHS Lothian Policy and Procedures for Hospital Based Prescriptions

5.2 eLJF-CLINICAL / eHealth and Secondary Care Prescribing

- 5.2.1 It was agreed that this item would remain on the work programme with an update at every second meeting.

5.3 Policy for Hospital Based Prescriptions

- 5.3.1 Ms Gilchrist advised that a meeting had taken place. Dr Williams agreed to ask Dr Strachan if an update would be available for the meeting on 7 June 2013.

RW

5.4 Review of the ADTC Code of Practice

- 5.4.1 Ms Kerr reported that code of practice review was due to be completed by June 2013.

5.5 Review of the Medicines Governance Strategy

- 5.5.1 Ms Gilchrist advised that the strategy required further review.

5.6 Policy for Shared Care of Medicines

- 5.6.1 Ms Gilchrist reported that the draft policy had been completed and was in the process of being approved by the sub-committees. It would be discussed at the General Practice Prescribing Committee (GPPC) on 9 April 2013 and would be ready for the ADTC meeting on 7 June 2013.

5.7 Policy for the use of Unlicensed and Off-Label Medicines

5.7.1 Ms Gilchrist advised that the policy had been reviewed but changes were still needed. An update would be given at the meeting in August 2013.

5.8 Policy for Approval of Prescription of Non-Approved Medicine

5.8.1 Ms Gilchrist noted that the policy review was complete and that this would be known as a 'Non-Formulary Request'.

5.9 ADTC website

5.9.1 Ms Gilchrist advised that the Intranet page was up to date, but that the Internet page required further update and improvement. It was agreed that this would be reviewed again at the meeting in August 2013.

5.10 Promotion of Adverse Drug Reaction (ADR) Recording

5.10.1 Prof. Maxwell advised that this item was ongoing and should remain as part of the work programme.

6. Patient Safety

6.1 Reviewing and Learning from Medication Incidents in Lothian

6.1.1 It was noted that medicines governance was discussed at the Healthcare Governance Committee as part of the agenda, but expected that any themes, specifics and actions taken should be discussed at ADTC.

6.1.2 Some concerns were raised that the Datix system could be difficult to use and did not appear to adequately show any trends of incidents, and reports produced did not seem to be passed on to those who had reported the incident. It was noted however, that the Clinical Effectiveness team had made it clear at a previous meeting that reports were regularly sent to all departments via Quality Improvement Team meetings.

6.1.3 Ms McNaughton noted that some individual departments or areas had groups which received reports on medical incidents and discussed and reviewed these regularly but that this was not done consistently across all areas.

6.1.4 Dr Williams agreed to raise concerns to the Clinical Governance Manager about feedback of data on medication incidents both to ADTC and to departments reporting incidents and invite her to the next meeting in June 2013.

RW

6.1.5 It was reported that new European guidelines had changed the definition of 'adverse drug reaction' so that it included medication errors which was likely to result in a requirement to report these errors using a yellow card report. This would mean local processes would need to be changed as medication errors were not previously always reported on Datix.

6.2 Promotion of Adverse Drug Reaction Recording, Monitoring and Review

6.2.1 The 2011-12 annual report of the Yellow Card Centre Scotland had been circulated with the papers. Prof. Maxwell noted that the report showed fewer adverse drug reaction

reports had been received from GPs and hospital doctors in Scotland compared to the previous year and compared to in the rest of the UK, but that there had been an increase in reports from patients and carers. Work was ongoing to raise awareness among patients and carers that they could now use the system to report incidents. Work was also needed to encourage GPs and hospital doctors to use the reporting system to support this key source of public health information.

- 6.2.2 Dr Hurding reported that discussions were ongoing with 'Vision' to support an easier way of reporting as the majority of GP practices in Scotland used this system. It had also been suggested that reporting of incidents became part of staff appraisals; this was already the case for GPs in Wales for instance.

7. Medicines Utilisation and Review Group (MURG) Reports

7.1 Primary Care Prescribing Report, April 2012 - March 2013

- 7.1.1 The Committee noted that this report showed that SMC 'not recommended' drugs constituted only 0.2% of expenditure and 0.1% of items used during the period. This suggested high adherence to the formulary.

7.2 Secondary Care Prescribing Report, April 2012 - December 2012

- 7.2.1 The Committee noted that there had been an increase in the prescribing of biologics, which was being monitored. It was noted that prescribing in the gastro-intestinal category had increased by 22% and in the respiratory category by 28%.

7.3 REAS Prescribing Report, April 2012 – December 2012

- 7.3.1 The report was noted.

7.4 Community Health Partnerships Prescribing Report, April 2012 – December 2012

- 7.4.1 The report was noted.

- 7.5 The Committee commended the work done in producing the information in these important papers.

- 7.6 The Committee noted that themes shown in the reports were discussed at MURG meetings but felt that it would be useful if reports included a summary for ADTC of any exceptions, key themes and recommendations, and show how any problems were being addressed. Dr Williams agreed to write to Zena Trendell, chair of MURG with this recommendation.

RW

- 7.7 It was noted that the Committee's role was to be assured that any problems were being investigated and improvements made, rather than to consider the reports in detail.

8. Formulary Committee

8.1 Ranibizumab (Lucentis)

8.1.1 The Committee noted that communication circulated by the Formulary Committee noting the agreement that ranibizumab could be added to the formulary. It was noted that costs estimated did not include potential site and staff resources required for service provision.

8.2 NHS Lothian Internal Audit on Medicines Approval

8.2.1 The Committee noted that all management issues which had been identified had been recorded as complete. These mostly related to new medicines and access to funding.

8.3 Nurse member of Formulary Committee

8.3.1 The Committee approved the nomination of Janet Barclay as new nurse representative on the Formulary Committee.

9. **Nursing Medication Incidents**

9.1 Ms Ballard-Smith gave a presentation on Nursing Medication Administration Errors which described the work being done to reduce the number of errors taking place.

9.2 Ms Ballard-Smith agreed to send to Dr Tomlinson the figure represented by the 14% reduction in administration errors achieved.

SB-S

9.3 Prof. Maxwell asked if there was any previous evidence to suggest that the measures taken during this project had worked previously in other areas, and if this informed the decision to make several changes simultaneously. Ms Ballard-Smith replied that there was very little existing literature on reducing administration errors and that several measures had been introduced together in order to have the biggest early impact.

9.4 Prof. Maxwell emphasised that any education should be in line with prescribing standards, and noted that NHS Education Scotland (NES) is supporting a national eLearning module on safe and effective prescribing.

9.5 Dr Williams emphasised the importance of ensuring that lessons learned in individual areas could be turned into actions for improvement across NHS Lothian.

9.6 Ms McNaughton commended the encouraging progress made by the project group and the Committee offered its support. Ms Ballard-Smith agreed to update further later in the year.

10. **Minutes from Committees and Division**

The Committee noted the minutes from the following meetings:

- 10.1 Formulary Committee, 6 March 2013;
- 10.2 Hospital & Specialist Services Medicine Committee, 5 December 2012, 23 January 2013;
- 10.3 University Hospitals Division Drug and Therapeutics Committee, 5 December 2012;
- 10.4 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 30 November 2012;
- 10.5 General Practice Prescribing Committee, 11 December 2012;
- 10.6 Medicines Utilisation and Review Group (MURG), 6 November 2012;
- 10.7 Medicines Policies Sub-Committee, 17 January 2013;
- 10.8 University Hospitals Division Cancer Therapeutics Advisory Committee, 28 January 2013.

11. Items for Information

The Committee noted the following papers and reports:

- 11.1 Patient Access Scheme Assessment Group;
- 11.2 Response Letter from Professor Angela Timoney, Chair of SMC: 'Not-Recommended' medicines nearing the patent expiry date;
- 11.3 Minutes from Prescribing Information System (PIS) Multidisciplinary Group, 20 February 2013;
- 11.4 Professor Charles Swainson's Review of ADTC Public Consultation Event 'Lessons Learned Lessons Shared' 25 March 2013.

12. Any Other Competent Business

12.1 Scottish Medicines Consortium Nominations

- 12.1.1 Dr Williams reported that nominations had been accepted for Dr David Cameron to the Scottish Medicines Consortium (SMC) and Dr Jane Goddard to the New Drugs Committee (NDC). The SMC advised that there was Finance representation on the SMC, but that nominations were not currently required and invited Mr Mark Hunter's nomination to be put forward again in the future.

13. Date of Next Meeting

- 13.1 The next meeting of the Area Drug and Therapeutics Committee would be held from **2.30pm-16.30pm on Friday 7th June 2013 in Meeting Room 8, Waverley Gate.**
- 13.2 Further meetings in 2013 would take place on the following dates:
 - 2 August 2013
 - 4 October 2013
 - 6 December 2013