

AREA DRUG AND THERPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 5 August 2016 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Ms A. Gilchrist, Lead Pharmacist, Medicines Management Team (Chair);
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Dr W. Jamieson, Co-Chair of the Formulary Committee;
Ms S. Kerr, Lead Pharmacist, Western General Hospital, Chair Medicines Policy Committee
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Dr E. Morrison, Specialty Registrar;
Ms L. Shaw, Co-Chair of the Formulary Committee;
Ms A. Wilson, Director of Pharmacy, NHS Borders.

In Attendance:

Ms B. Pillath, Committee Administrator (Minutes);

Apologies:

Ms M. Barton, Head of Health, West Lothian Health and Social Care Partnership;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms H. Singh, Lothian Area Nursing and Midwifery Committee Representative;
Professor M. Strachan, Chair of UHD Drug and Therapeutics Committee;
Professor A. Timoney, Director of Pharmacy, NHS Lothian;
Dr A. Watson, Chair of the Hospital and Specialist Services Advisory Committee;
Dr R. Williams, General Practitioner, Lothian Medical Committee;
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 (3 June 2016)

- 1.1 The minutes from the meeting held on 3 June 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 Ms Gilchrist noted that it had been proposed that the 2017/18 Work Programme would be based on the Medicines Governance Strategy and that there would be a focus on one item from each of the four strands of the Strategy.

3. Safe Patient Care

3.1 Shared Care of Medicines Policy, for approval

- 3.1.1 The revised policy had been previously circulated. The policy had been updated with no major changes. There had been a change to the process to ensure review and approval of shared care agreements were carried out more efficiently; this process would be coordinated by the Medicines Management Team.
- 3.1.2 Authors of shared care agreements may be required to attend the review meeting, but this would be decided on a case by case basis. The process proposed allowed the preparatory work including discussion to be carried out prior to the meeting so that approval could take place without delay at the review meeting. This process had already been circulated to clinical pharmacists. It was suggested that having video or telephone conference options available for attendance at review meetings would improve attendance of clinicians and clinical pharmacists as required.
- 3.1.3 The expectation of GPs was discussed and it was noted that the principles laid out in the policy were that there should be a dialogue between the GP and the specialist about the arrangements for prescribing and monitoring complex medications, and GPs should not be asked to do this without agreement.
- 3.1.4 Members approved the policy.

3.2 Formulary Committee Report, for information

- 3.2.1 The report giving an update on performance had been previously circulated. Dr Jamieson noted that the slight reduction in performance levels in the first period was due to the decision being made to cancel the Formulary Committee meeting in January 2016 because of a smaller than usual case load, and in the second timescale due to the election period during which there could be no reporting of decisions made.

4.3 Prison Expert Advisory Group Statements, for approval

- 4.3.1 The paper with two policy statements and one patient information notice had been previously circulated. It was suggested that the wording for item 2 of the Prescribing of Pregabalin and Gabapentin in Prisons policy statement be changed to make the meaning clearer, and Members agreed that the proposed policy would improve the checks in the system.
- 4.3.2 Ms McNaughton advised that some prisoners who were stable had responsibility for their own prescriptions including ordering repeat prescriptions, on the model of the service provided by GPs to patients in primary care. Some patients had supervised medication, including all controlled drugs. Supervision was carried out by nursing staff.
- 4.3.3 It was agreed that a statement should be added into the Prescribing of Tramadol in Prisons policy statement to ensure that it is made clear to the GP whether patients on release from prison required a 12-hour or 24-hour preparation.

4.4 Crushing Buprenorphine in Prisons, for approval

- 4.4.1 The paper had been previously circulated. Members were being asked whether they supported in principle a proposal for on the development of a protocol for crushing buprenorphine tablets for administration to prisoners. This was being done in other Scottish Boards. This would also be discussed at the Prisons Clinical Management Team before any decision would be made.
- 4.4.2 As the tablets took approximately 15 minutes to dissolve there was a risk that prisoners could hide the tablet during supervision. Crushing the tablets would increase the speed of dissolving and reduce this risk.
- 4.4.3 If the decision was made to crush the tablets this would be for all prisoners, not decided on a case by case basis, as this would be in the interest of this group of patients and otherwise there would be a risk of different standards of access.
- 4.4.4 When crushed, the tablets would be outwith their licence, but this would be covered by existing policies for prescribing off label medicines.
- 4.4.5 Members supported the approach laid out in the paper.

5. Effective Use of Resources

5.1 Scottish Medicines Consortium Forward Look Report, for discussion

- 5.1.1 Ms Pillath would email Members who were on the list to receive the Forward Look Report to check whether they still need to receive the report, to sign the declaration and note what the report had been used for. **BP**

5.2 Practice Formulary Adherence Report, for information

- 5.2.1 The paper had been previously circulated for information. Dr Jamieson noted that individual practices did not normally have the resources to do quality assurance work or act on any poor performance noted in the report. Ms Gilchrist advised that there would be work on reviewing how these measurements were used to make improvements.

5.3 Homecare Medicines Progress Report, for information

- 5.3.1 The report had been previously circulated for information. Members noted the good progress made.

5.4 Formulary Committee and Budgetary Sign Off of Applications

- 5.4.1 A letter from the Formulary Committee to the Area Drug and Therapeutics Committee had been previously circulated. It was noted that there was at least one application per Formulary Committee meeting in recent months where the decision could not be made on a drug because of a delay in agreeing the financial sign off. The issue was particularly apparent when the application was made by a secondary care team but when there would also be significant use of the drug in primary care and primary care clinical directors felt unable to give financial authorisation.
- 5.4.2 It was noted that the requirement for budgetary authorisation had been added to formulary application forms following an internal audit of medicines approval processes

in 2012. Budgetary authorisation by the Health and Social Care Partnerships for the use of some new medicines in primary care had not been supported.

5.4.3 There was a suggestion that the budget decision could be separated from the governance decision as previously, but it was noted that although this would stop delays in decision making in the Formulary Committee it would still not allow clinicians to prescribe the drug if the budget had not been agreed.

5.4.4 The letter had been copied to the Medical Director who had advised that he would discuss this with the executive team at the Patient Safety Experience Action Group. It was agreed that the letter would also be forwarded to the Healthcare Governance Committee, the Chair of the Health and Social Care Partnerships Prescribing Resource Groups, Marion Barton, the Joint Officers of the Health and Social Care Partnerships, and the Chief Officer for Acute Services.

AG

6. Strategic Planning

6.1 Role of the ADTC in the Integration Joint Boards, for discussion

6.1.1 Ms McNaughton gave an overview of the governance processes for the Health and Social Care Partnerships and the Integration Joint Boards. The Health and Social Care Partnerships were required to delegate certain functions to the Integration Joint Boards. The Integration Joint Boards were separate bodies with their own accountability, and were not sub committees of either the Health Board or the Councils; they would only be responsible for the integrated functions, and would have full responsibility for those functions.

6.1.2 Each Health and Social Care Partnership had a strategic plan and an annual financial statement and performance report. The Integration Joint Boards were initially to be reliant on existing assurance committees of the Health Board and the Councils to meet their own assurance needs. This included the Healthcare Governance Committee which the ADTC reported to. The Healthcare Governance Committee had as part of its membership a representative from each of the Integration Joint Boards as well as currently two representatives from the ADTC, the chair Dr Williams and the Pharmacy Director Professor Timoney. Prescribing was a delegated function and therefore assurance was through the ADTC to the Healthcare Governance Committee to the Integration Joint Boards.

6.1.3 A development session on Medicines Governance would be provided to Integration Joint Board Members to improve their understanding of the medicines governance system and give insight into the robust governance processes in place as the Council members of the Integration Joint Boards would have no medical background or experience in medicines governance processes.

6.1.4 Further processes of communication between the ADTC and the Integration Joint Boards were being developed as part of the ongoing work. It was agreed that the Medicines Governance Strategy and ADTC website link could be circulated to the Integration Joint Boards and that this topic would remain on the ADTC work programme so that any updates in development of assurance processes could be taken account of.

6.2 NHS Lothian Primary Care Prescribing Action Plan, for information

- 6.2.1 Members noted the previously circulated paper for information. Ms Gilchrist agreed to write to the authors of the report on behalf of the ADTC to thank them for the very detailed report and for their good work on strategic planning and delivering efficiencies.

AG

7. Working in Partnership

7.1 ADTC Policy for Transparent Decision Making, for approval

- 7.1.1 The policy had been previously circulated. Ms Gilchrist noted that this replaced the previous 'Policy Statement for Good Business Conduct' and the policy and template had been shared by the Area Drug and Therapeutics Committee Collaborative for all Boards to use. The new version clarified the timescales for which disclosures should be made.

- 7.1.2 Members approved the revised policy which would be placed on the Internet and Intranet sites and promoted through the Prescribing Bulletin. The new template would also be added to the formulary application forms.

BP / AG

8. Minutes from Committees and Division, Exception Reporting

Members noted the minutes from the following meetings for information:

- 8.1 Formulary Committee, 25 May 2016, 6 July 2016;
- 8.2 General Practice Prescribing Committee, 19 April 2016;
- 8.3 UHD Drug and Therapeutics Committee, 27 April 2016;
- 8.4 Paediatric and Neonatal Drug and Therapeutics Committee, 31 March 2016;
- 8.5 Cancer Therapeutics Advisory Committee, 23 May 2016;
- 8.6 Hospital and Specialist Services Medicines Committee, 9 March 2016, 27 April 2016;
- 8.7 Medicines Homecare Governance Group, 10 March 2016;
- 8.8 Prescribing Resource Group, 26 May 2016.

9. Date of Next Meeting

- 9.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 7 October 2016 in Meeting Room 8**, Second Floor, Waverley Gate.
- 9.2 A further meetings in 2016 would be held on the following date:
- Friday 2 December 2016.