

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 5 December 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)
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
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
Dr R. McDermott	GP, Area Medical Committee Representative
Dr W. Riddle	Chair of the Hospital and Specialist Services Committee
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Professor A. Timoney	Director of Pharmacy, NHS Lothian
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Mr I. Mohammed	NHS Fife Clinical Effectiveness Pharmacist (observing)
Ms B. Pillath	Committee Administrator (minutes)

Apologies:

Ms M. Christie	Head of Health, West Lothian CHCP
Ms A. Henderson	Scottish Patient Safety Programme Facilitator
Dr W. Jamieson	Co-Chair of Formulary Committee
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Ms K. McNicoll	Chair of ADTC, NHS Borders
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Mr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Dr J. Tomlinson	Consultant in Public Health Medicine

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

1. Minutes and Actions of Previous Meeting (3 October 2014)

- 1.1. The minutes from the meeting held on 3 October 2014 were approved as a correct record subject to an amendment to item 4.1.11.
- 1.2 The updated action note had been previously circulated.

2. Matters Arising

2.1 Revised Area Drug and Therapeutics Committee Constitution

- 2.1.1 It was noted that the revised constitution had been submitted to the Healthcare Governance Committee where there had been no objections, and was now approved.

2.2 Medicines Governance Event, 27 November 2014

2.2.1 Dr Williams felt that the strategy day had been a successful event and thanked those who had organised it. Professor Timoney noted that many consultants and service managers invited had been unable to attend, and suggested that in addition to such events, further methods of engagement with these people needed to be explored.

2.2.2 Ms Gilchrist noted that there had been positive feedback from those attending and that the event had been a good opportunity to look back and to plan for the future. The Medicines Governance Strategy now needed to be revised in line with the Swainson Review and the revised Area Drug and Therapeutics Committee constitution. Ms Gilchrist agreed to have the draft revised strategy ready to present at the Committee by the February or April 2015 meeting. The strategy would reflect how governance would move forward. **AG**

2.2.3 Ms Gilchrist also noted that it would be useful if there could be more collaboration between Area Drug and Therapeutics Committees in Scotland including sharing policies to save duplication of work and also to standardise procedure between Boards to improve equality of patient care. Professor Maxwell agreed with this.

2.3 Disposal of Sharps in the Community

2.3.1 A paper had been previously circulated. Professor Maxwell noted that this subject had been previously discussed at ADTC and that issues had been raised to the relevant people, but outcomes were not known. Dr Williams agreed to contact those originally contacted and ask for an update. **RW**

2.4 DVT Ambulatory Care Plan

2.4.1 The protocol had been included in the papers of the previous meeting but had not been approved as there was concern that GPs had not been included in the consultation and had not been aware of the new protocol which would have implications for GP workload and risks. Dr Williams had written to Dr Julia Anderson to raise these concerns and to ask for the implementation of the policy to be delayed until consultation had taken place, but there were concerns that the policy had been implemented at the Royal Infirmary prior to consultation.

2.4.2 Professor Maxwell noted that this was a problem with pieces of work being done to resolve a problem but without going through the necessary steps for consultation and approval, and asked whether there was a clear process for showing how new guidelines should be implemented. This had been previously discussed. There was clear guidance for consulting and implementing prescribing policies through the prescribing sub-committees, but the process for clinical policies was different. The ADTC had previously highlighted this issue to the Healthcare Governance Committee who received assurance from Neil Muir, Clinical Policy Advisor, on the improvement plan for consultation and implementation of policies. It was agreed that Neil Muir would be invited to explain the process for approval of policies to the Committee. **BP**

2.4.3 Dr Williams and Professor Maxwell agreed to write a letter to Dr Anderson asking for confirmation that this algorithm had only been implemented following full consultation by medicines committees and relevant parties. **RW / SM**

2.5 Healthcare Improvement Scotland National Collaborative Meeting

2.5.1 Professor Timoney and Professor Maxwell had attended the national meeting on 20 November 2014 arranged by Healthcare Improvement Scotland to discuss better collaboration with members of the public. Professor Maxwell noted that those at the meeting had recognised the problem with training people to be able to properly participate in ADTC meetings. The use of a Citizen's Panel was suggested for consultation with the public on important issues. More use could also be made of the Scottish Health Council which was set up for interaction between health Boards and patients.

2.5.2 Professor Timoney noted that there was no consensus between Boards in how to solve the problem of difficulties in involving the public in medicines governance, or in the use of patient representatives in practice, either to represent the patient's view or to ensure effective governance.

2.6 Licensed, Unlicensed and Off Label Medicines in Recommended in the LJF

2.6.1 It had been agreed at the previous meeting that a letter would be sent to the General Medical Council explaining NHS Lothian's position as regards annotating unlicensed and off label medicines in the Joint Formulary, but there needed to be a discussion with the Central Legal Office to ensure they understood and were comfortable with this position. Dr Williams agreed to write and ask for their position. **RW**

2.6.2 Dr Williams reminded the Committee that the reason for informing the GMC of the position was because a concern had been raised by a GP regarding use of unlicensed medicines in line with GMC guidance. Ms Gilchrist noted that since the time this concern had been raised the NHS Lothian policy on the use of unlicensed medicines had undergone significant review and was now much clearer.

2.7 Antimicrobial Management Team

2.7.1 Dr Williams noted that as Chair of the ADTC he approved PGDs, and had noted that some were recommending the use of broad spectrum antibiotics such as co-amoxiclav, for example for podiatrists treating diabetic foot infection. In light of the recent publication of the Vale of Leven Inquiry report, and NHS Lothian's poor position as regards to *Clostridium difficile* infection, these seemed inappropriate. Ms Kerr advised that all PGDs for antimicrobial medicines were also signed off by microbiologists and the antimicrobial prescribing team. Dr Williams felt that if these antibiotics being prescribed were in line with the antimicrobial prescribing policy, then this policy needed to be reviewed, and he had fed this back to the authors.

2.7.2 Professor Timoney noted that there was work ongoing to review the antimicrobial prescribing policy in secondary care, which was likely to lead to a revision of the primary care policy also in the future. There was also new guidance coming out which included antibiotic stewardship, and one of the workstreams resulting from the Vale of Leven Inquiry was on antimicrobial prescribing. This work would result in some important improvements, but would be challenging to implement.

2.7.3 Dr Williams also noted that individual clinicians sometimes appeared to have their own antimicrobial prescribing practices, which they used when making recommendations in outpatient letters, which would not be picked up by for example the hospital pharmacists. These individual policies also needed to be reviewed. Ms Shaw noted that some issues regarding individual clinics had been raised and were being investigated..

- 2.7.4 It was noted that any new antimicrobial prescribing guidance needed to be highlighted to GPs even if not directly for use in primary care.

3. Area Drug and Therapeutics Committee Workplan

3.1 Electronic Prescribing; Primary and Secondary Care

- 3.1.1 A paper on primary care electronic prescribing had been previously circulated. Dr Hurding highlighted the recommendation in the paper, which asked that the Committee support the need to fund the eLJF and to assign more resources to its development and implementation, specifically the employment of a pharmacy support technician for implementation of electronic prescribing.
- 3.1.2 Mr Hunter noted that this suggestion had previously been discussed at the primary care Prescribing Forum group; this would only be possible by diverting budget from other areas, and therefore the project would have to make a saving in the long term to be viable. The Committee supported the recommendations but could not ensure that the funding would be available. Professor Maxwell suggested that it should be made clear in the business case that there was no resource in the prescribing team currently available to do this work. Dr Williams noted that funding had also been requested for a further antimicrobial pharmacist post; this had been supported by all the relevant Committees and by the Director of Nursing and the Medical Director, but had ultimately been turned down due to lack of funding.
- 3.1.3 Professor Maxwell noted that a number of issues were identified in the paper and suggested that a more comprehensive action plan covering these areas which included the input of the suggested new member of staff would be helpful to support a business case. He also emphasised that improved resource allocation to implementation of the electronic Lothian Joint Formularies had profound potential to improve prescribing quality, safety and cost effectiveness.
- 3.1.4 Dr Williams agreed to highlight this item in the summary that would be submitted to the Healthcare Governance Committee along with the minutes from the meeting.

4. Patient Safety

4.1 Promotion of Adverse Drug Reaction Recording

- 4.1.1 Professor Maxwell advised that there had been an increase in the number of reports from Scotland, from a low base. This was encouraging, showing that more prescribers were using the system to report adverse reactions. The new Yellow Card now included products other than drugs, such as blood products and devices. The Lothian report had been recently completed, and would be included on the agenda for the next meeting. **SM**
- 4.1.2 Professor Maxwell noted that the 50th Anniversary of the inception of the Yellow Card Scheme would be celebrated at the Royal College of Physicians in March 2015.

4.2 Symptomatic Relief Policy

- 4.2.1 The policy had been previously circulated. Ms Kerr advised that consultation had now taken place with the relevant Committees and that the changes suggested had been included in the final document. The Medicines Policies Subcommittee would update the Medicines Policy accordingly.

- 4.2.2 The Committee approved the policy, with one suggestion from Ms Wilson, that the sub title be changed to 'adults only' to 'adults symptomatic relief policy'.
- 4.2.3 Dr McDermott suggested that this policy could also be useful to Care Homes, as they often had their own individual policies. Dr Williams agreed to speak to Dr Jim Cowan to suggest this. **RW**

5. Items for Information Only

5.1 Letters from the Scottish Medicine Consortium on Membership

- 5.1.1 The letters had previously been circulated. These were regarding the Scottish Medicines Consortium writing to the Medical Director of each Board to ask that membership of the SMC could be made part of staff workplans. Dr Williams agreed to write to Dr Farquharson to ask if this was being done. **RW**

5.2 Coaguchek Protocol and Service Level Agreement

- 5.2.1 The protocol and agreement used in East and Midlothian CHPs had been previously circulated. Ms Kerr noted a couple of typographical errors in item 6.1 of the protocol. Ms Davidson noted that the protocol and service level agreement included the requirement for compliance audits to be carried out.
- 5.2.2 Ms Gilchrist advised that a policy for point of care testing using the Coaguchek® device for INR monitoring was being prepared by one of the primary care pharmacists with the aim of supporting best practice for the use of this device.

5.3 Letter to Formulary Committee from GlaxoSmithKline on fluticasone furoate / vilanterol (Relvar Ellipta®) for the treatment of asthma

- 5.3.1 The letter asking for a decision to be reviewed had been previously circulated. Ms Shaw advised that although the decision was reviewed, this was due to an appeal from clinicians. It was noted that decisions would not be reviewed on request of a pharmaceutical company; if such a letter was sent again in the future it would be forwarded to the clinicians to help them if they wanted to ask for a review.

5.4 Members noted the following items for information:

- 5.4.1 Scottish Palliative Care Guidelines;
- 5.4.2 Letter from Nurse Director on Diabetes and Respiratory Prescribing;
- 5.4.3 Strategic Engagement Group for Medicines – Diabetes;
- 5.4.4 Ketamine Consultation Response;
- 5.4.5 Invitation to new member of the Formulary Committee;
- 5.4.6 Audit Scotland NHS in Scotland Report 2013/14;
- 5.4.7 Scottish Medicines Consortium: Non-Submissions.

6. Minutes from Committees and Division, Exception Reporting

Members noted the minutes from the following meetings for information:

- 6.1 Formulary Committee, 1 October 2014, 5 November 2014;
- 6.2 General Practice Prescribing Committee, 26 August 2014;
- 6.3 UHD Drug and Therapeutics Committee, 11 June, 3 September 2014;

- 6.4 Cancer Medicines Management Team, 17 September, 1, 8, 22, 29 October, 5 November 2014;
- 6.5 Prescribing Resource Group, 24 September 2014.

7. Any Other Competent Business

7.1 Chair of the Area Drug and Therapeutics Committee

- 7.1.1 This would be Dr Williams' last meeting as Chair of the Committee. Members thanked him for his work as Chair and Dr Williams thanked members for their support. Professor Maxwell would take over as Chair from 1 January 2015; Dr Williams would remain a Member of the Committee.

8. Date of Next Meeting

- 8.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 6 February 2015 in Seminar Room 8**, Second Floor, Waverley Gate.
- 8.2 Meetings in 2015 would take place on the following dates:
- Friday 10 April 2015;
 - Friday 12 June 2015;
 - Friday 14 August 2015;
 - Friday 9 October 2015;
 - Friday 11 December 2015.