

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 6 February 2015, in Meeting Room 8, Waverley Gate.

Present:

Professor S. Maxwell	Consultant Physician, University of Edinburgh (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Dr S. Hurding	Medicines Management Advisor
Dr W. Jamieson	Co-Chair of Formulary Committee
Dr R. McDermott	GP, Chair of the Area Medical Committee
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Professor A. Timoney	Director of Pharmacy, NHS Lothian
Dr G. Venters	Chair of General Practice Prescribing Committee
Dr R. Williams	General Practitioner
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Ms M. Cuthbert	Lead Pharmacist, Medicines Information
Dr N. Maran	Scottish Patient Safety Programme Clinical Lead (item 4.1)
Ms B. Pillath	Committee Administrator (minutes)

Apologies:

Ms K. Davidson	Senior Pharmacist (professional secretary)
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr W. Riddle	Chair of the Hospital and Specialist Services Committee
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee

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

1. Minutes and Actions of Previous Meeting (5 December 2014)

- 1.1. The minutes from the meeting held on 3 December 2014 were approved as a correct record subject to two amendments to the attendance list.
- 1.2. The updated action note had been previously circulated.

2. Matters Arising

2.1 Feedback from ADTC Medicines Governance Event, 27 November 2014

- 2.1.1 A paper had been previously circulated. Ms Gilchrist noted that the day had been a success but that not many medical consultants or service managers had been able to attend. Work needed to be done on how best to engage these staff in understanding the role of the Area Drug and Therapeutics Committee and medicines governance. Professor Maxwell would like to hold a similar event again next year.

2.2 Nomination to the Scottish Medicines Consortium

- 2.2.1 Members approved the nomination of Dr Alison Stillie, Consultant, Clinical Oncology, to the Scottish Medicines Consortium.

3. **Area Drug and Therapeutics Committee Work Programme**

3.1 Review of the ADTC Policy Statement on the Safe Use of Prescribing Information System (PIS)

- 3.1.1 Ms Gilchrist advised that this policy statement was currently being revised and would be circulated at the next meeting. Changes were minimal and were on managing and sharing confidential information. **AG**

3.2 Antimicrobial Prescribing Policy and Practice; Antimicrobial Management Team Update

- 3.2.1 A paper had been previously circulated. Professor Maxwell noted that the revised antimicrobial prescribing guidelines had been made available. Dr Williams noted that the new guidelines and the monitoring of adverse events regarding the effects of increased use of gentamicin and vancomycin, and that a review had been requested that would show these events against any reduction of CDI as a result of the change in policy.

- 3.2.2 Dr Williams noted that the Director of Nursing had undertaken to review the decision not to fund a further pharmacist post in the Antimicrobial Management Team considering NHS Lothian's position against the HEAT targets and the need to reduce CDI in primary and secondary care.

3.3 Area Drug and Therapeutics Committee Draft 2015/16 Work Programme

- 3.3.1 It was agreed that national ADTC collaboration would be added to the work plan and that Janice Watt, National Clinical Lead Pharmacist, ADTCs, Health Improvement Scotland, would be invited to a future meeting to give an update. **BP**

- 3.3.2 There was discussion on whether medical devices should be included in the ADTC assurance remit. There had been some applications for medical devices to the Formulary Committee although their remit did not cover these.

- 3.3.3 There was an overlap between prescribed medical devices and medicines but the statutory regulations for medicines did not apply to medical devices. Professor Timoney felt that this would mean that there may not be enough available data to make decisions about use. It was agreed that Professor Maxwell would ask the Medical Devices Committee what their remit and process was, and whether they examined data about devices. **SM**

- 3.3.4 Professor Maxwell asked that any further suggestions for additions to the ADTC work programme be communicated by email. **ALL**

4. **Patient Safety**

4.1 Scottish Patient Safety Programme Update – Medicines Reconciliation

- 4.1.1 Dr Maran tabled a paper and gave a presentation on medicines reconciliation. Dr Maran chaired a multi-professional group working towards meeting the Scottish Government

target of 95% effective medicines reconciliation. There were now nursing, medical, pharmacy and GP leads for medicines reconciliation and site leads had been identified to work on the differing challenges on different hospital sites. Site medicines reconciliation groups met every second month with an NHS Lothian oversight group meeting quarterly to consider the overall data. It was proposed that this group would report to the ADTC twice per year.

BP

- 4.1.2 In order to meet the target for medicines reconciliation: an accurate list of prescribed medicines must exist; this must be checked with another source of information, for instance the patient, the GP, or a prescription; information must be available on whether each drug should be continued, stopped or withheld during admission; and allergies and patient details should be accurately recorded.
- 4.1.3 Ms McNaughton noted that it would not be possible to achieve this for all patients until a system had been put in place and as there was not a place on TRAK to record drug history. Sites such as the Western General Hospital which use only electronic patient notes were not recording this information. Dr Maran noted that the groups set up would be identifying these barriers and how to overcome them. They were working with improvement plans to embed the relevant steps into the electronic systems.
- 4.1.4 One of the main challenges currently was data collection to show compliance with medicines reconciliation.
- 4.1.5 Professor Maxwell noted that there was a place on the Scottish Patient Administration Record chart for recording drug history which would address a number of documentation issues. It was expected that the chart would be trialed at ARU at St John's Hospital.
- 4.1.6 Dr Williams noted that the concern that electronic prescribing was not on the eHealth strategy had been raised and there would be a meeting with Tim Davison and Martin Egan to discuss this. Electronic prescribing would be the driver for ensuring good medicines reconciliation, but Ms Muir noted that there was potential for improvement before this could be implemented.
- 4.1.7 Dr Jamieson noted that there was a problem with primary care recording of medicines issued in secondary care so that they would appear on the Emergency Care Summary. This was good practice but not routinely done.
- 4.1.8 Dr Maran noted that an important consideration was how to involve patients in helping to support patients in understanding what information was required and what role they could play in medicines reconciliation.

5. Medicines Utilisation and Review Group (MURG) Reports

- 5.1 Professor Maxwell noted that despite the slight overspend indicated in the reports, NHS Lothian still had the most efficient primary care spending on medicines per head of population in Scotland, but that without continued support to prescribers this may not continue.
- 5.2 Ms Gilchrist noted that Lothian Joint Formulary adherence is monitored by the MURG, and the MURG was currently reviewing and considering widening the range of therapeutic areas that were monitored. Adherence to the formulary was generally good, but some specific areas of non-adherence could relate to increased spend. Adherence to the whole formulary was not currently monitored, but there was a focus on particular drug areas to

encourage and promote cost effective prescribing. Dr Hurding advised that some areas of high spend were also areas of non-adherence to the formulary.

- 5.3 Professor Maxwell wanted to see more information on how the individual prescribing clinician was engaged with the financial and safety consequences of prescribing, and how the data collected by MURG was used to make savings and efficiencies.
- 5.4 Professor Maxwell noted that primary care prescribing indicators allowed monitoring of prescribing, and wondered whether enough data had now been gathered to allow indicators to also be applied in secondary care. It was noted that due to the nature of the organisational structure, secondary care clinicians were not as engaged in financial implications as GPs in primary care were. Dr Hurding noted that the Scottish Antimicrobial Prescribing Group (SAPG) was considering a national indicator of total antibiotic use in acute hospitals.
- 5.5 Ms McNaughton offered to give a presentation to the Committee on some of the money saving projects ongoing in primary care and in the primary care action plan. It was agreed that this presentation would take place at the meeting in April 2015. **SMcN**
- 5.6 Dr Jamieson felt that increased pharmacy support in primary care would be self-funding because of the change in practice it would bring about.

6. Items for Information

6.1 Promotion of Adverse Drug Reaction Recording; Lothian Yellow Card Report

- 6.1.1 Dr McDermott noted that the steps required to report an adverse drug reaction were still not as simple as they could be, and that they did not make use of electronic systems already in place as they did in some English areas. Ms Cuthbert noted that there would be a review of Vision this year and they had been asked to consider including this function.

6.2 NHS Lothian Primary Care Prescribing Action Plan

- 6.2.1 Dr Williams noted that the new Health and Social Care Boards could not have approved this plan yet as they did not yet exist. Ms McNaughton stated that the current Health and Social Care managers had seen the report, and that it would be ratified once the new Boards had been set up.
- 6.2.2 Professor Maxwell agreed to write to the managers of each of the Health and Social Care Integrated Joint Boards highlighting the remit of the Area Drug and Therapeutics Committee for consideration of how the Committee would fit in with the new governance structures. **SM**

6.3 Members noted the following items for information:

- 6.3.1 Patient and Public Involvement Networking Event 2014;
6.3.2 Formulary Committee Report on CMO (2012)1: Safe and Effective Use of New Medicines.

7. Minutes from Committees and Division, Exception Report

7.1 UHD Drug and Therapeutics Committee, 29 October 2014

- 7.1.1 Dr Strachan noted that the Respiratory Team had produced a protocol on drugs that prolong the QT interval which had been approved by the UHD Drug and Therapeutics

Committee. Ms Cuthbert noted that there had also been input from Cardiology and Poisons. As this protocol had wider implications than Respiratory, it was agreed that it would be reviewed by the ADTC at the next meeting. **MS**

7.2 Members noted the minutes from the following meetings:

- 7.2.1 Formulary Committee, 17 December 2014;
- 7.2.2 General Practice Prescribing Committee, 7 October 2014;
- 7.2.3 Cancer Medicines Management Team, 12, 19, 26 Nov, 3, 10, 17, 24 Dec 2014;
- 7.2.4 Prescribing Resource Group, 10 December 2014;
- 7.2.5 Hospital and Specialist Services Medicines Committee, 22 October 2014;
- 7.2.6 Cancer Therapeutics Advisory Committee, 22 September 2014;
- 7.2.7 Medicines Policies Sub-Committee, 3 July, 18 September, 20 November 2014;
- 7.2.8 Medicines Utilisation and Review Group, 5 August, 26 September 2014;
- 7.2.9 Paediatric and Neonatal Drug and Therapeutics Committee, 31 July, 26 September 2014;

8. Any Other Competent Business

8.1 Acute Prescribing Forum

8.1.1 Professor Timoney noted that there was a lot of assurance around medicines use in primary care, but that the same assurance was needed for secondary care. The Acute Prescribing Forum chaired jointly by Professor Timoney and Dr Brian Cook was set up as a step towards achieving better assurance, to look at areas affecting prescribing and to connect with front line prescribers. The group decided to look at each area individually and invite clinical leads to attend meetings relevant to their area. Three meetings had taken place so far and there had been good engagement.

8.1.2 One of the projects of the group was to try and gain better control over prescribing budgets as currently although use of new drugs were being signed off by the budget holder within the clinical directorate, there was an offset from not using other drugs which was not taken into account. The rules of access to the contingency fund would be clarified. This aim of this work was to allow good quality appropriate prescribing but with adequate governance. Following a meeting with the Chief Executive, a paper outlining this piece of work would be submitted to the ADTC. **AT**

8.1.3 Professor Timoney also noted that lack of data on prescribing was a challenge that needed to be overcome before improvements could be properly directed.

8.2 DVT Ambulatory Care Protocol

8.2.1 Dr Hurding noted that this protocol had been approved by the Formulary Committee. Dr Williams explained that the protocol was in use in acute areas but had not been approved by ADTC due to an apparent lack of consultation. Now that assurance had been received that the protocol had been appropriately consulted, it could be approved by ADTC.

8.2.2 Dr Strachan noted that the approval process for protocols was not clear to clinicians. Dr Williams advised that the Committee had previously raised this at Healthcare Governance Committee and had agreed to ask Neil Muir, Clinical Policy Advisor to speak at a future ADTC on the approval process for clinical policies and guidelines. **BP**

9. Next meeting

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