

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 June 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
Dr S. Hurding	Medicines Management Advisor
Professor S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Mr G. Shapiro	Patient and Public Representative
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Dr J. Tomlinson	Consultant in Public Health Medicine
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Mrs B. Pillath	Committee Administrator
Ms E. Rankine	Substance Misuse Pharmacist
Ms J. Webster	Medicines Management Pharmacist (observing)

Apologies:

Mrs M. Christie	Head of Health, West Lothian CHCP
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Dr R. McDermott	GP, Area Medical Committee Representative
Ms K. McNicoll	Chair of NHS Borders Area Drug and Therapeutics Committee
Dr W. Riddle	Chair of Hospital and Specialist Services Committee
Professor A. Timoney	Director of Pharmacy

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

1. Minutes and Actions of Previous Meeting (4 April 2014)

- 1.1 The minutes from the meeting held on 4 April 2014 were approved as a correct record. An updated cumulative committee action note had been circulated.

2. Matters Arising

2.1 Medicines Governance Strategy Day Draft Programme

- 2.1.1 The draft programme had been previously circulated. Ms Gilchrist advised that the proposed date of the strategy day had been moved to November 2014, and the exact date would be circulated once agreed. The programme included a review of the medicines governance strategy.

2.1.2 The aim was to have about fifty delegates at the day and a number of speakers. Executive Directors would also be invited to attend.

2.1.3 It was suggested that the Area Drug and Therapeutics Committee constitution would be reviewed over the next few months in line with the New Medicines Reviews issued by the Scottish Government in 2013, and then would be discussed on the Strategy Day to include the involvement of clinicians, and approved formally at the following Area Drug and Therapeutics Committee.

AG

2.2 Prioritisation of Medicines for the Patient and Clinical Engagement (PACE) part of the Scottish Medicines Consortium (SMC) approval of new drugs process

2.2.1 Ms Davidson advised that the new SMC mechanism had been instituted following the new medicines review. PACE requires that the Area Drug and Therapeutics Committees advise the SMC which medicines are of highest priority for review. Two medicines will be reviewed per meeting. The first request for prioritisation was made in May 2014.

2.2.2 Dr Williams noted that the Area Drug and Therapeutics Committees had initially responded to the first request to ask for a longer period in future for identifying the priorities, and asking for some guidance on criteria to use for prioritisation. This resulted in a meeting with Area Drug and Therapeutics Committee Chairs and the SMC where a 1-5 priority system was devised.

2.2.3 It was questioned whether a longer timescale for decision making could be given, and why only two new medicines would be reviewed at each meeting. There was currently a backlog of seven medicines to be reviewed. It was felt that once the backlog had been cleared the system may move to a first come first served basis rather than prioritisation. This was a new process and Dr Williams agreed to keep the Committee updated of any developments.

2.3 Scottish Medicines Consortium Nominations

2.3.1 Dr Williams noted that the SMC had expressed disappointment at the lack of nominations for membership of the SMC. Dr Williams agreed to write to the SMC stating that the ADTC was also concerned about the lack of nominations but felt that this was due to staff workload and the fact that governance work was not included in job plans. He would ask that the SMC write to the medical director asking him to make sure that this was prioritised.

RW

2.3.2 Professor Maxwell noted that NHS Lothian already had a number of representatives on the SMC and on the SMC New Drugs Committee, despite the lack of new nominations.

2.4 Formulary Committee Membership

2.4.1 A letter from the Formulary Committee had been previously circulated. Ms Davidson reported that the Formulary Committee were looking to expand its membership and were particularly looking for clinicians with expertise in biologics and a representative from psychiatry. Ms Shaw noted that there was also no nursing representative or public health representative on the Committee.

2.4.2 Professor Maxwell noted that the workload of the Formulary Committee had continued to grow as review submissions increase. He felt that in future a national formulary managed

by the SMC would reduce duplication of effort in local Boards as long as there was a provision for some local variation.

- 2.4.3 It was agreed that Dr Williams would write to the chairs of the Drug and Therapeutics Committees asking for volunteers for membership. This issue would also be included in the discussion at the strategy day in November 2014 as part of the overall strategy.

RW / AG

2.5 Evaluation of Medical Devices

- 2.5.1 A letter from the Formulary Committee had been previously circulated; it was agreed that this issue would be included in the discussion at the strategy day in November 2014.

AG

2.6 National Prison Expert Advisory Group on Medicines

- 2.6.1 A paper had been previously circulated. Ms Rankine advised that the paper laid out a proposal for a medicines governance process for managing the advisory statements issued by the National Prison Expert Advisory Group on Medicines.

- 2.6.2 Dr Williams commended the report and felt that it offered assurance on the previous concerns about this group. It was noted that any discrepancy between ADTC policy and Expert Advisory Group statements would be considered in the checklist in Appendix 4 of the paper.

- 2.6.3 In response to a question from Dr Williams Ms Rankine advised that the full process outlined in appendix 3 of the report would be expected to take around three months depending on specific circumstances.

- 2.6.4 The policy was approved and the recommendations in the paper were supported. Dr Williams also noted that the national approach for the prison service could encourage the ADTCs to consider a national approach with standard policies across all Board areas.

2.7 DVT Ambulatory Care Plan

- 2.7.1 The DVT Ambulatory Care Plan had been previously circulated for information. Ms Davidson advised that this had now been approved by the Thrombosis Committee and covered all anticoagulant drugs. The policy was ready for implementation.

- 2.7.2 Dr Williams agreed to write to the Thrombosis Committee asking how the policy would be implemented, how it would be disseminated, where it would be available and what the link with the Formulary Committee would be.

RW

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

3.1 Policy for Unlicensed and Off Label Medicines

- 3.1.1 The revised draft policy had been previously circulated. Ms Gilchrist advised that new guidance since 2008 had been taken into consideration in the review of the policy, including the MHRA guidance note issued recently. All relevant guidelines had been referenced. The policy was focussed on use of medicines for treatment of individual

patients, but a section on medicines governance was included for when unlicensed medicines were to be recommended for use in a group of patients.

- 3.1.2 In response to a question from Professor Maxwell, Ms Gilchrist advised that the procedure and process had not changed; only statements had been updated to cover new guidance. The new policy would be available on the intranet and had been submitted to the Area Drug and Therapeutics Committee through Dr Farquharson as Medical Director.
- 3.1.3 Ms Gilchrist advised that there were no concerns over the use of the forms and the following of the process by prescribers and that this had not been raised by the Drug and Therapeutics Committees during the consultation for the revised policy. A significant number of forms were submitted and processed. Ms Muir suggested that the updated policy would also help to improve implementation of the process. Ms Shaw noted that as medicines would not be ordered by pharmacy unless the risk assessment had been completed by the correct consultant, which made the process robust and well used.
- 3.1.4 The Committee felt that this was a good piece of work and approved the policy. Further work would be done to ensure implementation was successful.

4. Patient Safety

4.1 Promotion of Adverse Drug Reaction Recording

- 4.1.1 Professor Maxwell reported that the MHRA had been negotiating with manufacturers to try and establish a national electronic yellow card reporting system in the future for GPs. There was also local work in progress to use iNPS Vision software to allow GPs to report adverse drug reactions.
- 4.1.2 The MHRA reporting criteria had recently widened to include a number of further areas including medication errors. There may be further additions in the future.
- 4.1.3 There had been a lot of support amongst GPs for improvement in reporting systems as this was recognised as an important area.
- 4.1.4 A change was recently made to ensure that adverse drug reporting was included as part of appraisals of all consultants in secondary care. This had not yet been fully implemented but was being monitored. Dr Williams agreed to give Dr Maxwell the contact details of the person who could ensure this was also included in GP appraisals.
- 4.1.5 Recently the majority of yellow cards had been submitted by the pharmaceutical industry; clinician reporting needed to be increased.
- 4.1.6 An annual report with reporting including reporting figures would be available soon and Professor Maxwell would report on it at the next meeting. It was expected that Scotland would be behind England in reporting figures until a comparable electronic reporting system had been embedded in the primary care electronic system in Scotland as was already available in England.

4.2 Coaguchek for Point of Care Testing of Patients on Warfarin

- 4.2.1 A paper discussed at the General Practice Prescribing Committee had been previously circulated. The paper recommended that Coaguchek be included on the Lothian Joint

Formulary recommendations on medical devices. All four Community Health Partnership clinical directors had agreed to support the recommendation to the General Practice Prescribing Committee. The policy which currently did not recommend near patient testing was being revised.

- 4.2.2 The Committee agreed that this device should be approved and added to the formulary as this would ensure a governance policy covering its use. It was already being widely used in East and Midlothian, and had also been used in other areas. Ms Gilchrist noted that it would be included in the spreadsheet of medical devices rather than in the main formulary.

5. Medicines Utilisation and Review Group (MURG) Reports

- 5.1 The MURG reports had been previously circulated. Mr Hunter noted that primary care was the biggest part of the budget for the year 2014/15. There had been an overall overspend in the year 2013/14 because of high prices or medicines not being available at the expected prices. Primary care had provided a significant level of efficiencies by changing choices of medicines. This past success leads to an expectation of further efficiencies in the current year, which would be more challenging to achieve.

- 5.2 Expensive new drugs in acute services particularly for cancer care and hepatitis C would achieve better outcomes for patients but had to be factored into financial costs.

5.2 Medicines Utilisation and Review Group 2014/15 Draft Workplan

- 5.2.1 The draft workplan had been previously circulated. Mr Hunter noted that MURG would be considering expenditure on pain management, cancer drugs and new drugs, looking at volume used as well as price. Mr Hunter also agreed to raise at MURG the possibility of looking at expenditure on unlicensed medicines. **MH**

- 5.2.2 In response to a question from Professor Maxwell, Dr Williams advised that MURG's role was to examine trends and investigate any changes in expenditure or use of medicines with the budget holders and describe the reasons for this, as outlined in the workplan. This information would then be included in the MURG reports received by the ADTC. Mr Hunter noted that MURG would also be able to investigate any trends or exceptions pointed out by the ADTC.

- 5.2.3 Ms Shaw suggested that use of silver dressings needed to be monitored as although they had been removed from the Lothian Joint Formulary they were still being used and recommended by some prescribers.

- 5.2.4 The Committee approved the draft workplan.

6. Items for information

6.1 Healthcare Improvement Scotland Guidance: Implementing an Electronic Prescribing and Medicines Administration System

- 6.1.1 The guidance had been previously circulated for information. As previously agreed, Dr Williams and Professor Maxwell would now write to the Medical Director again about the proposals in the report. **RW / SM**

6.1.2 Professor Maxwell felt that the guidance was a good piece of work but that there was a lack of representation from the clinician or end user of the electronic prescribing systems.

6.2 Homecare Medicines Supply

6.2.1 A report had been previously circulated for information. Ms Muir noted that funding had been granted to look at homecare medicines there was not currently a robust system of governance for this supply. A pharmacist and team were being recruited which would implement a governance process and may also be able to increase use of homecare in the future to make significant savings.

6.3 Formulary Committee Annual Report

6.3.1 The report had been previously circulated for information. Ms Shaw noted that 70% of submissions to the Formulary Committee had been approved in the year 2013/14, and that the Formulary Committee was meeting targets for making Scottish Medicines Consortium decisions public within the allocated time on the Lothian Joint Formulary website.

6.4 The following items were noted for information:

- 6.4.1 Letter from NHS Tayside in response to Unlicensed Medicines communication;
- 6.4.2 Scottish Medicines Consortium Look Back Exercise;
- 6.4.3 Scottish Medicines Consortium Report on Proton Pump Inhibitors (PPIs) and *Clostridium difficile* Infection;
- 6.4.4 Membership Invitation to the Formulary Committee.

7. **Minutes from Committees and Division**

7.1 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 30 January 2014

7.1.1 In response to a question from Professor Maxwell, Ms Gilchrist advised that the new drugs chart would be implemented in paediatrics at the Royal Hospital for Sick Children and at St John's Hospital in August 2014.

7.2 Minutes from the following meetings were noted for information:

- 7.2.1 Formulary Committee, 9 April 2014;
- 7.2.2 General Practice Prescribing Committee, 11 February 2014;
- 7.2.3 Hospital and Specialist Services Medical Committee, 12 March 2014;
- 7.2.4 Cancer Therapeutics Advisory Committee, 27 January 2014, 24 March 2014;
- 7.2.5 Medicines Policies Sub Committee, 20 March 2014;
- 7.2.6 Medicines Utilisation and Review Group, 4 February 2014.

8. **Any Other Competent Business**

8.1 New Patient Representative

8.1.1 Following on from the discussion at the previous meeting regarding a member of the public who was interested in being involved in medicines governance as a patient representative, Dr Williams advised that he had met with the lady and found that she was interested in leading work in Lothian on formulary compliance and did not wish to join the

membership of the ADTC. Dr Williams had arranged a meeting with Professor Angela Timoney and Professor Alison McCallum to discuss how her skills could be utilised.

9. Date of Next Meeting

- 9.1 The next meeting of the Area Drug and Therapeutics Committee would be held at **14.30** on **Friday 1 August 2014** in **Meeting Room 8, Second Floor, Waverley Gate**.
- 9.2 Further meetings in 2014 would take place on the following dates:
- 14.30, Friday 3 October 2014;
 - 14.30, Friday 5 December 2014.