

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 December 2013, in Meeting Room 8, Waverley Gate.

Present:

Dr R. J. 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
Mr W. Jamieson	Co-Chair of Formulary Committee
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Prof. S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Dr R. McDermott	GP, Area Medical Committee Representative
Ms S. McNaughton	Associate Director of Community Pharmacy
Mr E. Morrison	Associate Director of Pharmacy Acute Services
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Mr G. Shapiro	Patient and Public Representative
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
Prof. A. Timoney	Director of Pharmacy

In Attendance:

Dr G. Black	GP Clinical Lead, Scottish Patient Safety Programme (item 5.1)
Ms N. Kirkland	Service Manager for Endoscopy Services (item 2.1)
Dr N. Maran	Acute Clinical Lead, Scottish Patient Safety Programme (item 5.1)
Mrs B. Pillath	Committee Administrator

Apologies:

Mrs M. Christie	Head of Health, West Lothian CHCP
Mrs A. Ovens	Chief Nurse, Medicine of the Elderly
Dr W. Riddle	Chair of Hospital and Specialist Services Committee
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

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

1. Minutes of Previous Meeting (4 October 2013)

- 1.1 The minutes from the meeting held on 4 October 2013 were approved as an accurate record.
- 1.2 Mr Hunter updated the Committee from his action from the previous meeting under item 4 (Patient Access Scheme) and stated that the numbers included in the table were all costs and savings, including patients referred from other Boards and treated in Lothian, although these savings would have been made by the patient's home Board.

- 1.3 Dr Williams updated the Committee from his action from the previous meeting under item 7 (Antimicrobial Team Update) that the Antimicrobial Team had been invited to produce a business case for additional funding and that this would be considered at the Healthcare Governance Committee and would be likely to be supported.

2. Matters Arising

2.1 Prescribing Practices and Costs – Internal Audit

- 2.1.1 The Chair welcomed Nancy Kirkland to the meeting. A paper had been previously circulated which outlined solutions to a problem highlighted by internal audit about the prescribing of bowel cleansing agent Moviprep. Work was in progress and training on the new protocol had been carried out. This new protocol would still not comply with NHS Lothian's policy of never sending out medication in the post, but internal audit was satisfied that work was on-going to find a solution. The Committee was advised that bowel cleansing preparation medication was sent through the post throughout Scotland due to the lack of a viable alternative.

- 2.1.2 It was suggested that an addition could be made in the medicines policy to note that the recommendation not to send medication in the post currently excluded bowel preparation to support the service. Ms Kerr agreed to make this change. **SK**

- 2.1.3 Dr Williams noted that the proposal laid out in the paper had been approved by internal audit. Mr Morrison agreed that the use of hospital based prescriptions could be considered in the long term but that the proposal seemed sensible in the meantime.

2.2 Unlicensed and Off Label Medicines listed as first choice on Lothian Joint Formulary

- 2.2.1 Ms Gilchrist reported that the Medicines Management Team (MMT) was carrying out a review of unlicensed medicines on the formulary in line with recent correspondence from the General Medical Council (GMC).

- 2.2.2 Dr Williams asked if unlicensed medicines marked as first choice on the formulary could be reviewed urgently and that Ms Gilchrist could report back on this at the next meeting. The off-label medicines marked as first choice on the formulary could be reviewed less urgently. Ms Gilchrist agreed. **AG**

- 2.2.3 Dr Williams noted that the review should allow recommendations to use unlicensed medicines to be made on an individual basis, rather than unlicensed medicines being recommended as first choice.

- 2.2.4 Ms Gilchrist noted that the MMT review of unlicensed medicines in the formulary would take into account the GMC guidance that unlicensed medicines were commonly used in some areas of medicine such as paediatrics, psychiatry and palliative care..

3. National Prescription Administration Chart

- 3.1 Professor Maxwell updated the committee that two or three Health Boards would be using the new prescription administration chart as part of a pilot. The group was now seeking support for the chart from Healthcare Improvement Scotland as an NHS project.

4. ADTC Work Programme

4.1 NHS Lothian Policy for the Use of Licensed and Off-Label Medicines

- 4.1.1 Ms Gilchrist advised that this policy was currently in the process of being reviewed to make it more relevant to both primary and secondary care. Views from primary care prescribers would also be sought as part of the review. It was agreed that a draft reviewed policy would be sent to the prescribing committees for comments from across primary and secondary care, and following this a final draft would be submitted to ADTC. **AG**

4.2 Electronic Prescribing: Primary Care, Secondary Care

- 4.2.1 Dr Hurding reported that progress was being made on primary care electronic prescribing but that the group currently felt that it did not have the resources required to maximise work. A paper was tabled.
- 4.2.2 Mr Morrison reported that there had been little progress on secondary care electronic prescribing since the last update. No product had yet been decided on and the group was considering options that would use information on the current patient management system TRAK. This solution would have to be separate for each Board due to the different patient management systems used. Relevant information needed to submit a business case was not yet available and a group had not yet been put together but the Joint Management Team had approved the project with Tracey Gillies as Medical Lead.
- 4.2.3 An electronic stock control system from the national contract would be working from March 2014. This would tie into any subsequent Lothian prescribing system.
- 4.2.4 Dr Strachan expressed disappointment that progress had not been quicker and that no project group was yet in place. He suggested that the problems outlined in the medicines reconciliation report showed how important it was to get a resource to develop electronic prescribing as the most effective way of making improvements in this area.
- 4.2.5 Dr Williams agreed that the development of an electronic prescribing system was extremely important for patient safety and that the project should be given as much support as possible to ensure it progressed quickly. He suggested that Mr Morrison write a paper outlining the importance of the project, the background, and options currently being considered, and ask for better resources to write the business case. The paper should include the likely cost saving benefits and the improvements needed for medicine reconciliation.
- 4.2.6 Dr Williams and Professor Maxwell agreed to write a letter to the Medical Director outlining this need. **RW/SM**
- 4.2.7 Mr Morrison suggested that a national interest in electronic prescribing may lead to funding in the future.

4.3 Review of NHS Lothian Medicines Governance Strategy and ADTC Constitution

- 4.3.1 Ms Gilchrist reported that this policy was in need of review in the near future as some areas required an update. The current policy was fit for purpose in the meantime.

5. Patient Safety

5.1 Scottish Patient Safety Programme

- 5.1.1 The Chair welcomed Dr Black to the meeting and he gave a presentation with an update on the Scottish Patient Safety Programme in the community.
- 5.1.2 There was discussion about the quality assurance surrounding near patient testing of insulin resistant patients and whether guidance was available to GPs carrying out these tests. It was noted that the current NHS Lothian position was that the Formulary Committee had not approved the use of near patient testing for insulin resistance.
- 5.1.3 Ms Gilchrist asked how the Scottish Patient Safety Programme worked within the governance structure of NHS Lothian and whether available guidance was taken into account when coming up with new projects. Dr Black advised that GPs were responsible for their own quality assurance but were aware of the governance support available in NHS Lothian. Ms Gilchrist suggested that the Board and the Scottish Patient Safety Programme should support one another.
- 5.1.4 Dr Williams felt that practitioners should base decisions on Lothian policy. Dr Black felt that not all GP practices may be aware of the relevant Lothian policies but for example, as a result of asking patients how the warfarin monitoring services could be improved, they had introduced near patient testing for insulin resistance so that results would be available much more quickly than by previous methods. Dr Williams suggested that if there was new evidence then the recommendation made by the Formulary Committee should be reviewed.
- 5.1.5 Dr Williams agreed to send a letter to the East and Midlothian representative and ask that the evidence behind the recommended use of the coagulation check near patient testing be brought to ADTC so that a review of the Lothian policy could be considered. If there were still concerns following this, then the issue would be raised at the Healthcare Governance Committee. **RW**
- 5.1.6 The Chair welcomed Dr Maran to the meeting and she gave a presentation on Scottish Patient Safety Programme work Medicines Management in acute services in NHS Lothian.
- 5.1.7 Dr Williams welcomed the update and was reassured by the progress that had been made. Dr Maran noted the CMO (2013)¹⁸ recommended that a multi-disciplinary group be set up to lead on medicines reconciliation and that this group should report to the local Area Drug and Therapeutics Committee.
- 5.1.8 Dr Black noted that work had been in progress on discharge letters from hospital consultants to GPs as several letters were often received for each patient. Dr Strachan noted that discharge letters were both to give information to the GP and to provide information for hospital staff if the patient was readmitted.
- 5.1.9 Professor Maxwell noted that medicines safety covered more than just medicines reconciliation. Dr Maran noted that a major problem was lack of documentation of why

decisions had been made. Professor Maxwell suggested that the new national prescription administration chart could help with this.

- 5.1.10 Professor Timoney noted that medicines reconciliation was a problem nationally and that a centralised improvement process was required for stability rather than different person dependent solutions being devised in each unit. Mr Morrison noted that the increasing turnover rate of patients made this work more intensive and more difficult than historically.

5.2 Amended ADTC Policy Statement for the Safe Use of Prescribing Information System (PIS)

- 5.2.1 The policy statement had been previously circulated. Ms Gilchrist noted that changes had been made following concerns raised about confidentiality and discussion with the Caldicott Guardian. Members approved the amended policy.

5.3 CMO Letter: Medicines Reconciliation

- 5.3.1 Dr Williams noted that Dr Maran's presentation heard at item 5.1 on the agenda had given assurance that work was being done to meet the requirements of the CMO letter and that one of the requirements was that there would be reports back to the ADTC on this work.

- 5.3.2 Ms McNaughton suggested that on this issue the ADTC should have sought reassurance earlier instead of waiting for governance issues to be highlighted elsewhere. She also felt that communication with the SPSP teams should be improved as the entrepreneurial nature of SPSP projects meant that if communication was not maintained they would progress separately to governance arrangements. Dr Williams agreed and felt that work needed to be done to change the fact that policies based on evidence of quality assurance and cost effectiveness were being contradicted by SPSP projects as if anything went wrong while going against policy NHS Lothian would be exposed to harm.

- 5.3.3 Ms McNaughton suggested that it be raised at Healthcare Governance Committee that there was a need for streams of work endorsed by the Healthcare Governance Committee to have an obligation to work with and not contradict the work of medicines governance. This would mean SPSP work could influence Lothian wide policies and change practice over a wider area rather than being focussed only in a single area. Dr Williams noted that if the evidence found by SPSP projects contradicted existing policies then policies should be reviewed and updated.

6. Medicines Utilisation and Review Group (MURG) Reports

- 6.1 The five reports had been previously circulated. Mr Hunter noted that in future the reports would include drivers of rising costs and highlight any exceptions.

- 6.2 Mr Morrison noted that a proposed change to the Individual Patient Treatment Request Process could mean an increase in expenditure but that it was unknown at this point to what extent. An update on the Government position was awaited.

- 6.3 It was noted that a Prescribing Resource Group had been set up to consider prescribing budget, spend and policy implementation in secondary care. There was already a similar group in primary care called the Prescribing Forum, of which Ms McNaughton was a

member. The new group would not be in the medicines governance structure but along with the Prescribing Forum would report to the Director of Finance.

7. Items for Information Only

7.1 Yellow Card Centre Annual Report

- 7.1.1 The report had been previously circulated. Dr Williams noted that the figures showed a disappointing fall in reporting, mainly from GPs. Professor Maxwell advised that he had reported to the General Practice Prescribing Committee on this and found that difficulties including lack of time to fill in paperwork and the lack of an electronic system that links information already inputted electronically to the Yellow Card have meant fewer reports were submitted. He noted that an electronic system was in place in England where GPs submitted more reports. Work was in progress to set up such a system in Scotland.

The following items previously circulated for information were noted:

- 7.2 Invitations to new Members of the Formulary Committee;
7.3 Access to Newly Licensed Medicines.

8. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes from the following meetings:

- 8.1 Formulary Committee, 13 November 2013;
8.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 31 May 2013, 2 August 2013;
8.3 General Practice Prescribing Committee, 13 August 2013;
8.4 Medicines Policies Sub-Committee, 19 September 2013;
8.5 Hospital and Specialist Services Medical Committee, 4 September 2013;
8.6 Medicines Utilisation and Review Group (MURG), 27 August 2013;
8.7 UHD Drug and Therapeutics Committee, 4 September 2013;
8.8 Cancer Medicines Management Team, 11, 29 September, 23 October 2013;
8.9 Cancer Therapeutics Advisory Committee, 22 July, 23 September 2013.

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 7 February 2014 in Meeting Room 8, Second Floor, Waverley Gate.**
- 9.2 Meeting dates for 2014 would take place on the following dates:
- 14.30, Friday 4 April 2014;
- 14.30, Friday 6 June 2014;
- 14.30, Friday 1 August 2014;
- 14.30, Friday 3 October 2014;
- 14.30, Friday 5 December 2014.