

## 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 7 February 2014, 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                            |
| Ms S. Kerr           | Lead Pharmacist, Western General Hospital               |
| Dr R. McDermott      | GP, Area Medical Committee Representative               |
| Ms S. McNaughton     | Associate Director of Community Pharmacy                |
| Mr G. Shapiro        | Patient and Public Representative                       |
| Dr M. Strachan       | Chair of UHD Drug and Therapeutics Committee            |
| Professor A. Timoney | Director of Pharmacy                                    |

#### In Attendance:

|                |                         |
|----------------|-------------------------|
| Mrs B. Pillath | Committee Administrator |
|----------------|-------------------------|

#### Apologies:

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Mrs M. Christie | Head of Health, West Lothian CHCP                   |
| Mr E. Morrison  | Associate Director of Pharmacy Acute Services       |
| 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 (6 December 2013)

- 1.1 The minutes from the meeting held on 6 December 2013 were approved as an accurate record.
- 1.2 Professor Timoney noted that recent CMO letter required that NHS Boards establish local mechanisms to co-ordinate quality improvement work on medicines reconciliation and that this work should report to the local ADTC. Dr Williams agreed that the Scottish Patient Safety Programme Leads would be invited to give a regular update to the ADTC on this work, at least annually.

**BP**

#### 2. Matters Arising

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

- 2.1.1 A report had been previously circulated. Ms Davidson noted that unlicensed medicines were only recommended on the Lothian Joint Formulary when there was no available

licensed alternative. The report recommended that any unlicensed medicines should be highlighted on the formulary in the same way as in the British National Formulary.

- 2.1.2 Dr Strachan and Dr Williams suggested that the Formulary Committee should be asked to review the unlicensed medicines on the formulary to determine whether a licensed alternative was now available.
- 2.1.3 Ms Davidson agreed to carry out a review of off label medicines recommended as first or second choices on the Lothian Joint Formulary and bring a report to the meeting in June 2014. Professor Timoney noted that the off label medicines had been through the appropriate regulations and were licensed.
- 2.1.4 Professor Timoney suggested that work done on reviewing unlicensed medicines on the Lothian Joint Formulary should be shared with other Boards. Dr Williams agreed to write to the Chairs of the Area Drug and Therapeutics Committees to advise that Lothian had done this work, reference the letter from the General Medical Council which prompted it, and offer this report if requested. **RW**

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

- 3.1 Dr Williams noted that update and completion dates needed to be added for the 2014-5 work programme.
- 3.2 Ms Gilchrist noted that the updating of the website was in progress and that there was a plan to develop the ADTC internet page as a point of reference and also to reorganise the ADTC intranet site. Mrs Pillath would liaise with the Communications Team and an update would be given once some progress had been made. **BP**
- 3.3 Ms Gilchrist suggested that a half day workshop session could be held with members of the ADTC sub committees as part of the review of the Medicines Governance strategy. This would focus on basing the medicines strategy on the themes of the Board strategy, such as patient safety and cost effectiveness. Dr Williams added that the Board was keen that its committees referenced the Board Strategy in their Terms of Reference.

### **4. Medicines Utilisation and Review Group (MURG) reports**

- 4.1 Ms Gilchrist tabled a paper giving a summary of areas of concern highlighted in the previously circulated Medicines Utilisation and Review Group reports. Dr Williams welcomed this summary and hoped that it would be provided again in the future.
- 4.2 The tabled paper recommended the development of a pain strategy for NHS Lothian to cover all areas of pain management. Ms McNaughton noted that this issue had also been raised elsewhere and that Miss Tracey Gillies had agreed to set up a working group to carry out this work. Dr McDermott noted the need for involvement from the pain clinic in this review. It was expected that the resulting strategy would be generic with sub sections for specialist areas.
- 4.3 Ms Gilchrist suggested that the MURG minutes and report summary be sent to Miss Tracey Gillies with an invitation for an update from the pain strategy working group at a future ADTC meeting. **AG**

4.4 The paper also recommended monitoring of prescribing rates of wound dressings following the recommendation of use of an alternative to silver antimicrobial wound dressings. Dr Williams noted that a Lothian wound management policy covering primary and secondary care was available.

4.5 Dr McDermott noted that prescribing education could be effective in changing prescribing trends and that education was happening both in GP practices and nursing homes.

#### 4.6 Lothian Joint Formulary Adherence Report

4.6.1 The report for a Lothian General Practice had been previously circulated. Dr Williams noted that it showed excellent compliance in two of the three prescribing areas covered in this practice report, but that there was room for improvement on use of antimicrobial wound dressings. The guidance on anti-microbial wound dressings on the Lothian Joint Formulary had been relatively recently changed and improvements continued to be made in compliance both in primary and secondary care.

### 5. **Items for Information**

#### 5.1 NHS Lothian Primary Care Prescribing Action Plan

5.1.1 The paper had been previously circulated. Ms McNaughton welcomed the fact that a Lothian wide action plan had once again been produced. Prior to the previous year each Community Health Partnership had produced individual action plans.

#### 5.2 Transitional Period Individual Patient Treatment Request to PACS (Peer Approved Clinical System): Scottish Government Letter

5.2.1 The letter had been previously circulated. Ms Timoney noted that the Scottish Government had now announced that the new PACS system would be implemented in May 2014. Dr Strachan noted that the new guidance may result in many medications being approved which would not be approved under the current legislation.

5.2.2 It was noted that the Scottish Government had put aside a budget for the expected increase in applications, but it was not yet clear what the increased costs would be. There may also be savings from a lower cost on generic medicines to part fund this.

5.2.3 Professor Timoney advised that the Cabinet Secretary had asked the Scottish Medicines Consortium to look at an improved system for approving medicines for end of life care and rare conditions. The SMC suggested that PACE (Patient and Clinical Engagement) be set up as a way of engaging patients and clinicians in review of a particular medication, with the result of the engagement being taken into account in the SMC's subsequent decision as to whether to approve this medicine. The PACE mechanism would only be used if requested by the pharmaceutical industry and would not be used for all requests. If the PACE process was used this would extend the full process by one to three months. This was an improvement on the current alternative which was a re-submission by the company which could delay the process by up to five months. The Scottish Government had accepted the output from the Scottish Medicines Consortium's review and had asked for the PACE mechanism to be implemented.

5.2.4 Mr Hunter advised that the Scottish Government had set up a short life working group to look at the financial implications of the change in process with regard to medications for

rare diseases. The group would include representatives from all Boards, finance, clinicians, SMC, and Scottish Government.

- 5.2.5 It was agreed that this would be included in the Medicines Governance Strategy and discussed at the proposed half day workshop. Ms Gilchrist and Professor Timoney agreed to discuss the organisation of this workshop. **AG / AT**

5.3 NHS Lothian Annual Report: Yellow Card Reporting 2012/13

- 5.3.1 The letter had been previously circulated. Dr Williams suggested that he write to Dr Maxwell asking for an update on the strategy on improving Yellow Card reporting in Lothian, as part of the work of the ADTC. **RW**

5.4 Audit Scotland Prescribing in General Practice Self-Assessment

- 5.4.1 The action plan had been previously circulated. It was agreed that an update on progress on these actions would be provided to the Committee through its workplan.

- 5.1.2 Ms Gilchrist noted that Lothian was noted in the report as having good practice and cost effective prescribing. This trend had continued for a number of years and was despite Lothian having the smallest resource for managing prescribing.

5.5 Accountable Officer Controlled Drug Governance Team Annual Report

- 5.5.1 The report had been previously circulated. Dr Williams noted that the report was reassuring and Ms McNaughton noted that it showed the benefits of the link with the prison service in terms of improving processes.

The following items previously circulated for information were noted:

- 5.6 Scottish Antimicrobial Prescribing Group (SAPG): Impact of a change in antibiotic policy for surgical prophylaxis on acute kidney injury rates in NHS Tayside;  
5.7 Healthcare Improvement Scotland Event – Flash Report;  
5.8 Letter from Healthcare Governance Committee on Issues Raised by the ADTC.

**6. Minutes from Committees and Division, Exception Reporting**

Members noted the previously circulated minutes from the following meetings:

- 6.1 Formulary Committee, 18 December 2013, 22 January 2014;  
6.2 UHD Paediatric and Neonatal Drug and Therapeutics Committee, 27 September 2013;  
6.3 General Practice Prescribing Committee, 15 October 2013;  
6.4 Hospital and Specialist Services Medical Committee, 23 October 2013, 4 December 2013;  
6.5 UHD Drug and Therapeutics Committee, 30 October 2013.

**7. Any Other Competent Business**

7.1 Medicines Safety Notices

- 7.1.1 Dr Strachan noted that the MHRA had issued guidance in 2013 recommending that certain anti-epileptic medicines should be prescribed by brand and not generically. He noted that to implement this guidance each department would need all brands to be

available, and there would need to be a contingency plan for if a branded item was not present when required.

- 7.1.2 Ms McNaughton advised that ways of implementing this guidance had been discussed, including use of the 'green bag' approach and encouraging patients to bring medication with them for admissions. There would also be cost implications as under the new guidance a patient could be on a branded medication for many years when under the previous system they would be on generic medication. Ms Davidson noted that the Lothian Joint Formulary would take the MHRA guidance into consideration as part of its review process.
- 7.1.3 Dr McDermott noted that when safety bulletins and guidance were received areas were required to implement them and there was not always Lothian guidance available. Dr Strachan agreed and felt that it would be beneficial if each practice were able to implement guidance in the same way to avoid contradictions in practice.
- 7.1.4 Ms Timoney noted that guidance from the MHRA was not statutory and was for individual prescribers, but that Lothian policies needed to be up to date in the context of any new guidance.

## 7.2 Electronic Prescribing

- 7.2.1 A letter had been received from Dr Farquharson, Medical Director, in response to the letter sent from the ADTC regarding the timescale of the implementation of electronic prescribing in Lothian. This had been circulated separately to the papers for this meeting. The Committee expressed disappointment at the timescale proposed in the letter for the implementation of electronic prescribing in secondary care.
- 7.2.2 Professor Timoney advised that a Healthcare Improvement Scotland report on electronic prescribing would be published in March 2014 which would include change in practice required and what teams would be needed to set this up. Professor Timoney agreed to circulate this once received.

**AT**

## 7.3 Prescribing Pressures

- 7.3.1 Dr Hurding noted that the Medicines Management Team Prescribing Pressures report for 2014-15 would be submitted to the next ADTC meeting in April 2014. The recommended that further funding was required for primary care. There were concerns about the proposed LRP savings and it was felt that this reduction could have a negative impact on work done in previous years.
- 7.3.2 Mr Hunter noted that some overspend would disappear over the course of a year due to the lowering prices of some drugs but that benefits in reduction in spend over the last few years were not expected in future years.

**SH**

- 7.3.3 Professor Timoney advised that a meeting between Dr Farquharson, Medical Director, Jim Crombie, Director of Scheduled Care, Melanie Johnson, Director of Unscheduled Care, and herself had taken place to discuss how pharmacy could support the required savings that scheduled care and unscheduled care have to make in the next financial year.

## 7.4 Prescribing Resource Group

- 7.4.1 Ms McNaughton noted that the Prescribing Resource Group had updated their Terms of Reference and proposed to include links of effective communication with the ADTC, including that minutes from meetings be submitted to the ADTC. The draft Terms of Reference would be sent out by email for comment before the next meeting of the Prescribing Resource Group in March 2014.

**SMcN / BP**

## **8. Date of Next Meeting**

- 8.1 The next meeting of the Area Drug and Therapeutics Committee would be held at **14.30** on **Friday 4 April 2014** in **Meeting Room 8, Second Floor, Waverley Gate**.
- 8.2 Further meetings in 2014 would take place on the following dates:
- 14.30, Friday 6 June 2014;
  - 14.30, Friday 1 August 2014;
  - 14.30, Friday 3 October 2014;
  - 14.30, Friday 5 December 2014.