

LOTHIAN NHS BOARD

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the Meeting of the Area Drug and Therapeutics Committee held at 2:30pm on Friday 7 June 2013, in Room 8, Waverley Gate, Edinburgh.

Present:

Dr R. J. Williams	General Practitioner (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Mrs K. Davidson	Senior Pharmacist (Professional Secretary)
Dr J. Forbes	Senior Lecturer in Health Economics, University of Edinburgh and Co-Chair, Formulary Committee
Dr S. Hurding	Medicines Management Adviser
Prof. S. Maxwell	Senior Lecturer in Clinical Pharmacology, University of Edinburgh
Dr R. McDermott	General Practitioner, Area Medical Committee Representative
Ms S. McNaughton	Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development
Mr E. Morrison	Associate Director of Pharmacy Acute Services
Ms A. Muir	Associate Director of Pharmaceutical Public Health
Dr W. Riddle	Consultant Psychiatrist and Chair of Hospital and Specialist Service Committee
Mr G. Shapiro	Patient and Public Representative
Dr J. Tomlinson	Consultant in Public Health Medicine

In Attendance:

Ms H. Dalrymple	Lead Cancer Care Pharmacist, Edinburgh Cancer Centre (item 3.1)
Mrs B. Pillath	Committee Administrator

Apologies:

Mr C. Briggs	Site Manager, Western General Hospital
Mrs M. Christie	Head of Health, West Lothian CHCP
Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Ms S. Kerr	Lead Pharmacist, Western General Hospital
Mrs A. Ovens	Chief Nurse, Medicine of the Elderly
Dr M. Strachan	Chair of UHD Drug and Therapeutics Committee
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 (5 April 2013)

- 1.1 The minutes from the previous meeting held on 5 April 2013 were approved as an accurate record.

2. Matters Arising

2.1 Representation from the General Practice Prescribing Committee (GPPC)

- 2.1.1 Ms Gilchrist suggested that there should be representation from the GPPC on the Committee. Dr Williams agreed to invite the new Chair to join the membership.

2.2 Patient Access to Drugs Scheme (PAS)

RW

- 2.2.1 Mr Hunter had provided a summary update on PAS which Dr Williams read out to Members. There were currently 30 PAS approved drugs including four new ones approved in 2013-14. One approved drug had been withdrawn as the list price fell below the discounted price. Most PAS drugs were available in secondary care only; fewer than 20% were available in both primary and secondary care. Most drugs were discounted automatically on invoice so that Lothian accessed the agreed benefits. Some early approved drugs had more complicated reclaiming processes. Systems had been developed with the Pharmacy Directorate for monitoring PAS drugs. Mr Hunter would submit a full report to the next meeting in August 2013.

MH

2.3 Disposal of Diabetic Sharps in the Community

- 2.3.1 Dr Tomlinson explained that previously a working group had been set up to help patients using sharps in the community to dispose of them safely. City of Edinburgh and Midlothian local authorities had advised at the time that as waste was not hand sorted there was no risk associated with sharps being disposed of in domestic waste, however it was noted that this may change in the future due to recycling requirements. Community pharmacy had been willing to receive sharps disposal boxes from patients but would need financial reimbursement. The issue had been discussed at the Lothian Infection Control Advisory Committee.
- 2.3.2 It was noted that sharps disposal boxes were collected from some GP practices by Logistics, but that the GP Sub-Committee had not agreed this for all practices due to concerns about the risk for administration staff.
- 2.3.3 Dr Tomlinson reported that NHS Fife had a working system whereby regular uplifts from community pharmacies were funded.
- 2.3.4 Ms Gilchrist noted that the NHS Lothian Facilities Operational Policy for Waste Disposal set out requirements for the disposal of sharps and clinical waste to ensure that they did not enter the household waste stream. It was agreed that it should be recommended to the Board that funding or resources should be provided to allow this policy to be followed.
- 2.3.5 Mr Morrison noted that a sharps committee was being set up which would be chaired by Mr Ian Wilson, Head of Health and Safety Services and organised by Dr Chris Kalman, Director of Occupational Health and Safety. Dr Williams agreed to contact this group and ask if the issue could be discussed, highlighting the recommendation of the Area Drug and Therapeutics Committee.

RW

2.4 National Scottish Inpatient Kardex

- 2.4.1 Prof. Maxwell was part of a group set up to develop a national standardised prescription kardex as different kardexes were currently being used throughout Scotland. Lack of a standardised format caused problems when doctors and nurses moved between areas making training difficult. A standardised chart would improve familiarity and training and reduce errors and omissions. Version 3 of draft chart had been circulated to Members. Version 4 was now ready to go to consultation. Prof. Maxwell explained that this had been developed after reviewing all the charts currently used in Scotland. It was noted that both Wales and Australia were now using a standardised national drugs chart.

- 2.4.2 Prof. Maxwell advised that work was being done to raise awareness about the new chart and its benefits, including an internet page and use of a symposium on prescription errors.
- 2.4.3 It had been agreed that the chart would be used by pilot groups in the autumn and monitored by Health Improvement Scotland. If successful it would then be rolled out further during 2014.
- 2.4.4 Dr Riddle noted that the draft kardex was not relevant to psychiatric patients. Prof. Maxwell advised that the group was currently focusing on adult in-patient areas and that it may in future consider variations for specialist areas including long stay areas and critical care areas, but using the same format. Prof. Maxwell invited Dr Riddle to write to him outlining what would not work in psychiatric care. Dr Riddle noted that the need for a note of whether the patient was cared for under the Adults with Incapacity Act could apply to acute hospital settings as well as psychiatric care.
- 2.4.5 Dr Williams noted there was no space on the form to note whether prescriptions complied with the local formulary.
- 2.4.6 There was some discussion about whether work on a standardised form should anticipate a future electronic prescribing system. Prof. Maxwell noted that this had been considered but that it was not anticipated that electronic prescribing would be available in the near future. Prof. Maxwell noted that the majority of areas in Europe and North America were still doing paper prescribing due to the need for funding, expertise and mitigation of risk to build and run an electronic system. A bespoke electronic system was in place in Birmingham.
- 2.4.7 Dr Williams noted that as a single chart was currently being used in Lothian, the rollout of the national chart would mean that more than one chart would be in use for a short time. Prof. Maxwell advised that it was necessary to pilot in small areas first but hoped that it could be rolled out to all other areas rapidly. It was noted that the format of the chart was similar to the one currently used in Lothian.
- 2.4.8 Members agreed to support the initiative for a unified national chart and recognised that the next step was to find areas to carry out the pilot. Prof. Maxwell expressed the hope that an area in Lothian could be used along with areas already identified in the west of Scotland and in Fife. Prof. Maxwell agreed to give an update of progress at the next meeting.

SM

3. Individual Patient Treatment Requests (IPTR) and Cancer Medicines Management Committee (CMMC) Appeals

3.1 CMMC Appeals

- 3.1.1 Dr Williams welcomed Ms Dalrymple to the meeting and asked for some background information about the CMMC, formerly the Oncology Medicines Management Committee (OMMC), and its requirements from the Area Drug and Therapeutics Committee.
- 3.1.2 Ms Dalrymple explained that appeals against the process of decisions made on Scottish Medicines Consortium (SMC) not recommended treatment would be dealt with by the IPTR appeals panel, but that there was currently no route of appeal for decisions made on

non-formulary requests. Dr Farquharson was asked to address this problem and had suggested that the Area Drug and Therapeutics Committee could consider appeals.

- 3.1.3 Ms Dalrymple emphasised that the IPTR appeals panel was clear that appeals could only be made on process and not the decision made. It would be proposed that this would also apply to appeals to the ADTC for non-formulary requests, and that this would be made clear to patients and clinicians.
- 3.1.4 Mr Morrison expressed concerns that the Area Drug and Therapeutics Committee did not meet often enough for appeals to be considered in a timely manner and suggested that the body considering appeals would need to be reactive. Ms Dalrymple noted that as appeals would only be against decisions not to approve medicines there would be no delay in the use of medicines which were approved.
- 3.1.5 Ms Gilchrist asked where non-formulary requests for specialities within NHS Lothian other than Cancer were reviewed in the event of an appeal and suggested that the body considering appeals should be able to take on non-formulary appeals for all areas in Lothian.
- 3.1.6 Dr Forbes noted that if taking on appeals the membership of the Committee might have to be reviewed. Dr Hurding noted that as the ADTC was a strategic body it may not have the appropriate expertise to make decisions on individual processes and suggested that a body such as the IPTR would already have this expertise.
- 3.1.7 Ms Dalrymple noted that there had been liaison with other Scottish Health Boards to find out what their processes were. All other areas had an appeals process in place for non-formulary requests, with most areas using the IPTR panel. Ms McNaughton suggested that this would be the most logical way to do this in Lothian. Lothian had historically kept SMC not-recommended requests and non-formulary requests separate. Ms Gilchrist and Mr Morrison agreed that it would make more sense for appeals to be taken on by the IPTR panel which already had the appropriate expertise and reactive process in place. Dr Williams agreed to write to Dr Farquharson who as chair of the IPTR panel had suggested that ADTC take on the role.

RW

3.2 Patients Admitted to Hospital from Primary Care Initiated on Scottish Medicines Consortium (SMC) 'Not-Recommended Medicines with no IPTR Approvals in Place

- 3.2.1 Ms Gilchrist advised that the decision made at the previous meeting on the procedure for the above situation was now reflected in the IPTR policy discussed at item 3.3.1 below.

3.3 Revised Draft IPTR Policy

- 3.3.1 Ms Gilchrist advised that the draft policy previously circulated had been approved by the IPTR panel and highlighted the changes from the previous policy: addition of text referring to CEL (2010)17 and CMO (2009)3 which gave guidance on Arrangements for NHS Patients Receiving Healthcare Services Through Private Healthcare Arrangements and highlighting the responsibility of clinicians to explain to the patient what options were available; addition of recommendation to review prescription or ask for a supply to be brought in when a patient was admitted to hospital on SMC not-recommended medication; addition of guidance for when an IPTR request was for a patient not resident in NHS Lothian; explanation of the role of the CMMC and its position in the medicines governance committee structure.

- 3.3.2 Ms Gilchrist noted that there would be an addition in the policy to describe the appeals process for non-formulary appeals if approved by ADTC as discussed at item 3 above. It was agreed that the revised policy could be approved with the exception of this addition on page 15, which would be resolved after further actions had been completed.

4. Branded Generics and Oral Contraceptives

- 4.1 A report had previously been circulated, including the position statement submitted to the Executive Management Team in February 2007.
- 4.2 Members confirmed ADTC's position that branded generics should not be recommended in NHS Lothian. After some discussion Members confirmed that it continued to recommend that branded oral contraceptive products could be prescribed. This was due to the potential risks associated with prescribing oral contraceptives generically due to the variation in description of content on packaging of these preparations. Dr Williams agreed to write a statement outlining this.

RW

- 4.3 It was noted that a branded generic medicine was considered to be within the remit of the Scottish Medicines Consortium (SMC) if an equivalent generic product or combination product was not listed, or anticipated not to be listed, in part 7 of the Scottish Drug Tariff. In order to be included it must be possible to prescribe and dispense the product with a non-proprietary title with no clinical issues. None of the currently available oral contraceptives were listed in the most recent part 7 of the Scottish Drug Tariff.

5. Area Drug and Therapeutics Committee Work Programme

- 5.1 Dr Williams noted that the work programme had been updated and asked if any additions were required. Mr Morrison suggested that his name be added to the 'Electronic Prescribing' item for secondary care.
- 5.2 Review of the ADTC Code of Practice relating to Interests in the Pharmaceutical Industry
- 5.2.1 The draft Area Drug and Therapeutics Committee Policy Statement on Declarations of Interest: Applying the Principles of Good Business Contact had been previously circulated. Ms Gilchrist advised that the document referred to the NHS Lothian Board code of conduct which gave comprehensive guidance. The form for declaring interests had also been amended to match the Lothian form.
- 5.2.2 Prof. Maxwell suggested that completed declaration of interest forms could be published on the Internet as a public record. Ms Gilchrist noted that currently Board Members' forms were published on the Internet but that none of the sub-committees had published theirs.
- 5.2.3 Dr Forbes noted that there had been discussion at the Scottish Medicines Consortium meeting about whether there should be any recourse or challenge if a declaration of interest had been made. Dr Williams felt that actions required by the Committee were covered in item 2.2 of the circulated draft. Ms Gilchrist noted that Mr Alan Payne, Corporate Governance Manager, had advised that those with interests declared need not be excluded from discussion, only from making decisions.
- 5.2.4 Mr Morrison suggested that a time period for interests to be declared be advised on the declaration form. It was noted that as the form would be resubmitted annually, historical

interests would be covered by previous forms. Ms Gilchrist agreed to clarify the time period used by the Board.

AG

5.2.5 The policy statement was approved subject to the addition of the time period.

5.3 Policy for Shared Care of Medicines

5.3.1 The draft policy had been previously circulated. Ms Gilchrist advised that this new policy was based on current evidence and guidance and noted that comments from other committees including the ADTC, noted in appendix 1 of the covering paper, had been incorporated into the draft.

5.3.2 Ms Gilchrist highlighted the additions since the previous draft: a description of eligibility criteria; a reminder to involve relevant people in the development of shared care agreements; and further detail about the role of medicines governance committees.

5.3.3 In response to a query from Mr Morrison, Ms Gilchrist advised that information on financial incentives was deliberately not included in the policy as its focus is to provide clinical guidance. Dr Williams noted that as the prescribing budgets were held by the CH(C)Ps rather than by individual practices there was no financial incentive for practices to prescribe or not to prescribe.

5.3.4 In response to a query from Mr Morrison, Ms Gilchrist advised that a process was in place to enable shared care protocols to be removed if they are considered to be no longer required. Ms McNaughton clarified that the removal of a drug from a shared care protocol would not cease investment in the drug as the budget would still be available for its use.

5.3.5 In response to a query from Dr Forbes, Dr Williams advised that the timescale given to complete the process of adding a drug onto the shared care protocol was 90 days, but that specialists could be prescribing the drug during this time. Ms McNaughton noted that the shared care protocol should speed up this process as it allowed a shared source of reference.

5.3.6 Dr McDermott noted that shared care agreements were specific to speciality, drugs and condition and could not be used in another speciality unless a further agreement was written.

5.3.7 Dr Williams emphasised the importance of effective shared care agreements to mitigate risk. Members approved the policy.

5.4 Electronic Prescribing: Primary Care; Secondary Care

5.4.1 Mr Morrison had previously agreed to update the Committee on secondary care electronic prescribing at the next meeting in August 2013.

EM

5.4.2 Dr Hurding advised that the new version of the electronic formulary would be installed in GP practices by July 2013.

5.5 Policy for Hospital Based Prescriptions

5.5.1 Melinda Cuthbert had submitted an SBAR (Situation, Background, Assessment, Recommendation) report with an update, which was read out by Dr Williams. The policy

for hospital based prescriptions was in draft and would be submitted at the next meeting in August 2013.

6. Patient Safety

6.1 Reviewing and Learning from Medication Incidents in Lothian

- 6.1.1 Prof. Maxwell advised that there had been no new actions since the previous meeting. Dr Williams noted that the Healthcare Governance Committee was looking for assurance from ADTC that actions required following incidents were carried out. It had been suggested that Dr Nikki Maran and Dr Gordon Black, Patient Safety leads in secondary and primary care, could be invited to a future meeting to speak on medication incidents.

RW

6.2 Medical Student Prescribing

- 6.2.1 A report had been previously circulated. Prof. Maxwell reported that the need to improve prescribing training for medical students had been recognised. A trial had been based on 'pre-prescribing' whereby medical students assessed the patient and filled in the prescription form, which was then checked and signed by a junior doctor before the prescription was administered to the patient. The trial was currently taking place in Fife, St John's Hospital and the Western General Hospital. Audit had shown that this method had increased familiarity and confidence and reduced the prescription error rate. It was hoped that by using this process as part of training house officers would be better prepared in the future for prescribing.
- 6.2.2 In response to a query from Dr Williams, Prof. Maxwell explained that funding this year for registering new doctors so that they could be tracked throughout their progress would allow the error rate to be monitored from foundation year one to three to ensure the low error rate continued.
- 6.2.3 Dr Williams noted the importance of improvement in training and asked why rollout of this method could not be faster. Prof. Maxwell explained that continual re-evaluation throughout the role out would ensure that this opportunity for improving medicine safety was used to full advantage. The Committee gave support to the project and for its rollout to all areas to be as quick as was safe.

7. Medicines Utilisation and Review Group (MURG) Reports

- 7.1 The previously circulated MURG reports were noted. Dr Williams reported that he had spoken to the Chair of MURG and thanked her for the work done. Report summaries were planned to go with future reports. In addition to the reports received at the previous meeting, a combined Lothian report was included this time which showed more succinctly the key prescribing issues across Lothian, with the other reports detailing individual areas.

7.2 Scottish Medicines Consortium Guidance for GPs

- 7.2.1 A guidance sheet on SMC not recommended medicines which required IPTR had been previously circulated. Ms Gilchrist reported that this was now available on the Lothian Joint Formulary website and had been sent to all GPs individually.

8. Formulary Committee

8.1 Formulary Committee Annual Report

8.1.2 Members noted the previously circulated annual report for the year 2013/13.

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

Members noted the following sets of minutes:

9.1 Formulary Committee, 17 April 2013;

9.2 University Hospitals Division Paediatric and Neonatal Drug and Therapeutics Committee, 30 November 2012;

9.3 General Practice Prescribing Committee, 11 December 2012;

9.4 Medicines Utilisation and Review Group (MURG), 30 January 2013;

9.5 Medicines Policies Sub-Committee, 21 March 2013

10. **Items for information**

10.1 NHS Lothian Recommendations on Medical Devices

10.1.1 Members noted this guidance which had been previously circulated.

10.2 Scottish Government New Medicines Reviews 2013: The Role of SMC, ADTCs and IPTRs

10.2.1 Ms McNaughton noted that this document would be discussed at the Scottish Medicines Consortium on 2 July 2013 and that any feedback would be discussed there.

10.2.2 Ms Gilchrist noted that the Lothian medicines governance policy would be reviewed to ensure any new guidance was included.

11. **Any Other Competent Business**

11.1 Scottish Prison Service Recommendations

11.1.2 Ms McNaughton noted that the National Expert Advisory group on prisons had made a number of recommendations, three of which would be referred to ADTC. She agreed to write a report to update Members at the next meeting in August 2013.

12. **Date of Next Meeting**

12.1 The next meeting of the Area Drug and Therapeutics Committee would be held from **2.30pm-4.30pm on Friday 2 August 2013 in Meeting Room 8, Waverley Gate.**

12.2 Further meetings in 2013 would take place on the following dates:

- 4 October 2013

- 6 December 2013