

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 7 December 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Ms J. Browning, Lead Pharmacist, Medicines Management Team;
Dr S. Clive, Chair of Cancer Therapeutics Advisory Committee;
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Dr J. English, GP, Medical Committee Representative;
Dr M. Evans, Antimicrobial Team Clinical Lead;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Ms M. McCulloch, Senior Nurse Practitioner, LANMAC Representative;
Dr I. MacIntyre, Chair of UHD Drug and Therapeutics Committee;
Dr M. Reid, Consultant in Pharmaceutical Public Health;
Ms L. Shaw, Lead Pharmacist, Co-Chair of Formulary Committee;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);
Dr A. Watson, Psychiatrist, Chair of Hospital and Specialist Services Medicines Committee;
Ms A. Wilson, Director of Pharmacy, NHS Borders.

In Attendance:

Mr B. Hannan, Principal Pharmacist, Medicines Homecare
Ms B. Pillath, Committee Administrator (minutes)

Apologies:

Professor M. Eddleston, Consultant in Clinical Toxicology;
Dr F. Elliot, Medical Director, NHS Fife;
Ms S. Kerr, Lead Pharmacist, Western General Hospital;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care.

The Chair welcomed Members to the meeting and Members introduced themselves.

1. Minutes and Actions from Previous Meeting (5 October 2018)

- 1.1 The minutes from the meeting held on 5 October 2018 were approved as a correct record subject to correction of one typographical error.
- 1.2 The updated cumulative Committee action note had been previously circulated.

2. Matters Arising

2.1 Formulary Committee Chair

- 2.1.1 Ms Shaw had advised that she was standing down as co-chair of the Formulary Committee once Dr Morrison returned to work, but would stay on as a member of the committee. The process to identify a new co-chair had been started. Members thanked Ms Shaw for her work as Formulary Committee co-chair and as member of the Area Drug and Therapeutics Committee.

3. Safe Patient Care

3.1 Antimicrobial Prescribing Update, for discussion

- 3.1.1 Dr Evans gave a presentation. In response to a question about awareness among staff of how to get in touch with the antimicrobial team to discuss a prescription, Dr Evans advised that details were on the intranet page but also that staff were not always aware and often contacted microbiologists instead.
- 3.1.2 Dr Watson noted that the guidelines on antimicrobial prescribing were being updated at the Royal Edinburgh Hospital and Dr Evans agreed that the Antimicrobial team could review this.
- 3.1.4 Mr McBurney noted that the Scottish Antimicrobial Prescribing Group (SAPG) report on antimicrobial indicators showed that Lothian was the best performing Scottish health board where against a target of 25% compliance, NHS Lothian had reported 55%. Professor Timoney noted that the hospital electronic prescribing being implemented would help further improvements to be made.

3.2 Medicines Homecare Community Pharmacy Delivery, for discussion

- 3.2.1 The Chair welcomed Mr Hannan to the meeting and he spoke to the previously circulated paper. Currently 193 patients had their homecare medicines delivered to a Lloyds community pharmacy and collected them from there. Some patients preferred this service to delivery of medicines to their home, for instance as deliveries were made during normal working hours which may be inconvenient for some patients.
- 3.2.2 Not all providers could provide this service and therefore this provision would not be sustainable if the contract was not renewed. It was proposed that no new patients would be offered this service. It was suggested that ideally a separate solution to homecare was needed for patients who required this service. The committee supported this position.

3.3 Hospital Based Prescribing Procedure revisions, for discussion

- 3.3.1 Ms Davidson presented the previously circulated paper which highlighted minor changes to the procedure. It was noted that the procedure required a copy of the prescription to be filed in the patient's notes, and agreed that a sentence would be added to state that this still applied for services which were paper free. Services would decide how to file or record the prescription electronically in the patient's notes. **KD**
- 3.3.2 It was agreed that the sentence in 1.1 of the procedure would be clarified as to the criteria for use of Hospital Based Prescribing. **KD**

3.4 Formulary Committee Revised Constitution, for approval

3.4.1 Ms Browning presented the previously circulated paper which proposed that the quorum for Formulary Committee meetings be reduced to reduce the risk of cancellation of meetings which had caused delay and increased workload at the following meeting. Previously 50% of the membership were required as a quorum, with the proposed constitution the requirement would be three fewer members. If there was any decision where the relevant clinical expertise was not available at the meeting this would be deferred.

3.4.2 Members approved the revised constitution.

3.5 Valproate Pregnancy Prevention Plan, for discussion

3.5.1 Professor Timoney presented the previously circulated paper. Valproate could not be used for women with potential to bear children unless a pregnancy prevention plan was in place, but there had been indications that this was not always adhered to. Work was ongoing to ensure compliance including getting an alert on TRAK on the prescribing page. An alert was already in place on Script Switch with a link to guidance.

3.5.2 The MHRA had previously asked that GPs and hospital specialists identify all women on valproate and review cases annually. Mr McBurney reported the previous year these patients were identified and GPs were given a list of their patients so that they could be reviewed. The numbers were small and it was agreed that this would be repeated each year. Dr Watson noted that consultants were seeing that this guidance was being followed by GPs.

3.5.3 A submission was going to the Formulary Committee to ask for valproate to be removed from the formulary for treatment of bipolar disorder.

3.5.4 Professor Maxwell agreed to write to eHealth regarding adding an alert on TRAK for prescribing, and there would be an update on progress at the next meeting. **SM**

3.6 Cannabis Based Products for Medicinal Use, for discussion

3.6.1 Ms Browning presented the previously circulated paper. There were currently no licensed cannabis based medicines but unlicensed products were available. The Scottish Government had asked that each individual patient had their prescription approved by the Chair of the Area Drug and Therapeutics Committee or the Medical Director. More information about this had been requested from the Scottish Government. An approval process would need to be developed including consultation with the pharmacy team and the main areas for prescribing.

3.6.2 Currently there had been a number of requests for cannabis treatment from patients but none from clinicians. One patient at the Royal Hospital for Sick Children was being treated with cannabis oil through the Patient Treatment Request process as treatment was for an indication not included in the trial. For unlicensed medicines a non-formulary request form would be required.

3.6.3 It was agreed that information should be made available to the public about what medicines were available and what conditions they could be used to treat, as there was some confusion in the public domain. It was agreed that a patient leaflet based on the NHS England already developed would be reviewed at the next meeting. **JB**

3.6.4 There would be a further update at the next meeting. **JB**

3.7 Framework for Healthcare Support Workers supporting people with medication, for information

3.7.1 Ms McCulloch presented the previously circulated paper which had been submitted to the Healthcare Governance Committee to give assurance that the new framework was effective and safe.

3.7.2 It was the responsibility of each service to define the competencies for each drug and ensure the healthcare support workers were complying with the process using work place based assessment.

3.7.3 Currently there were band 3 healthcare support workers but it had been suggested that community nursing teams could have band 4 healthcare support workers using this framework for instance for administering insulin to stable diabetics, and also in the Renal service for dialysis. The Framework did not currently cover third sector healthcare support workers but this could be discussed further at the providers group.

3.7.4 The governance of this process was with the Area Drug and Therapeutics Committee with the clinical management group responsible for the clinical process. Any further requests for the use of the framework would be brought to this Committee.

4. Effective Use of Resources

4.1 Medicines Utilisation Resource Group Update, for discussion

4.1.1 Mr McBurney presented the previously circulated paper. The high expenditure on trazodone was noted. Dr Watson advised that this was mostly for non specific sedation in care homes in low doses and noted that there was little comparative data on safety in using these instead of off licence use of antipsychotics but there was some endorsement in some guidance. Use could be reduced by investment in nursing and behavioural support. There was very little use for inpatients in the Royal Edinburgh Hospital although it was noted that it was commonly prescribed in the community.

4.1.2 This could be discussed as part of a review of care home prescribing due to take place.

4.1.3 Mr McBurney noted that that MURG had previously identified trazodone as a high expenditure area and numbers had reduced, but there was scope for further reduction.

4.2 Patient Access Scheme and Primary Care Rebate Scheme Annual Report, for discussion

- 4.2.1 Mr Hunter presented the previously circulated paper. It was noted that it was not yet clear how the increase in ultra orphan drugs would affect marketing and whether these would enter patient access schemes.
- 4.2.2 Ms Browning noted that the intention as part of the PPRS (Pharmaceutical Pricing Regulation Scheme) review was for matching of pricing schemes between the different UK nations. On some occasions different nations were paying different prices. Where a difference was suspected, NHS Services Scotland were working with manufacturers to achieve similar pricing for Scotland.
- 4.3 Processes for short supply of medicines, for discussion
- 4.3.1 Ms Cuthbert advised that a workshop had been held and a second one was planned for January 2019 for further discussion about establishing a single communication or portal for supply chain to ensure an efficient response and to reduce duplication of work in circumstances of short supply of medicines.

5. Strategic Planning

- 5.1 Secondary Care Electronic Prescribing Update, for information
- 5.1.1 Professor Timoney advised that the business case for HEPMA had been approved at the Finance and Resources Committee in November 2018 where it had been agreed that submission to the full Board was not required. The contract with the company was in the process of being negotiated for signing.
- 5.1.2 The plan was for a nine month design and build period followed by roll out to sites in the following order: Royal Edinburgh Hospital, St John's Hospital, Western General Hospital, Royal Infirmary of Edinburgh and Royal Hospital for Sick Children.
- 5.1.3 Pharmacy and eHealth staff were being recruited for the design and roll out period. There would be discussion about business as usual costs after implementation was complete to continue training, reporting and maintenance of the system.

6. Working in Partnership

- 6.1 Procedure for approval of policies and guidelines, for approval
- 6.1.1 Ms Davidson presented the previously circulated paper with the proposed policy approval procedure.
- 6.1.2 Dr MacIntyre expressed concern at the potential volume of work in secondary care as there were numerous policies in each department which included use of drugs. It was noted that the role of the ADTC sub committees was to ensure governance processes had taken place rather than to consider the evidence for each specific policy. Previously only area wide procedures would have been considered at the UHD Drug and Therapeutics Committee while department policies were signed off at local QIT meetings. This had been discussed at the group drafting the policy approval procedure where it had been agreed that there should be overall governance of locally signed off

policies. These could reduce the number of policies in the future as there were likely to be common areas between specialties.

6.1.3 It was proposed that professional secretaries of the sub committees would discuss whether a policy was relevant to the area of remit of more than one sub committee and should therefore be submitted to more than one.

6.1.4 It was agreed that the proposed procedure was an improvement on the current status where departments had different approval and review procedures for policies.

6.2 ADTC Collaborative Update, for information

6.2.1 Members noted the previously circulated update for information.

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

Members noted the previously circulated minutes from the following meetings:

- 7.1 Formulary Committee, 3 October 2018, 14 November 2018;
- 7.2 General Practice Prescribing Committee, 12 June 2018;
- 7.3 UHD Drug and Therapeutics Committee, 29 August 2018;
- 7.4 Paediatric and Neonatal Drug and Therapeutics Committee, 27 September 2018;
- 7.5 Hospital and Specialist Services Medicines Committee, 19 September 2018;
- 7.6 Medicines Policies Sub Committee, 19 July 2018;
- 7.7 Medicines Utilisation and Review Group, 30 August 2018;
- 7.8 Medicines Homecare Governance Group, 27 June 2018, 3 October 2018;
- 7.9 Antimicrobial Management Committee, 22 August 2018.

8. **Any Other Competent Business**

8.1 Blood products

8.1.1 Dr MacIntyre noted that the UHD Drug and Therapeutics Committee had been asked to review a guideline for use of Beriplex blood product off label. Blood products were not reviewed by the Formulary Committee, as they were not part of their remit, although they were prescribed to patients and some were stored by pharmacy.

8.1.2 It was suggested that prescribing of blood products should be reviewed by the Formulary Committee although the Scottish Medicines Consortium did not review these. Another suggestion was that they should come under the remit of another committee, for instance in Haematology.

8.1.3 Ms Browning noted that the licensed use of Beriplex had not been approved at the Formulary Committee. Before Formulary Committee could consider reviewing off label use a process would need to be agreed for the review of licensed use.

8.1.4 It was agreed that Ms Cuthbert would set up a meeting in the new year with Dr MacIntyre, Ms Browning and relevant haematology consultants to write a short protocol on how to process these requests and which drugs would be included. **MC**

8.2 Evolocumab

- 8.2.1 Ms Browning had written to the Scottish Medicines Consortium to ask for clarity on specialist use of evolocumab. The SMC had replied to clarify that the guidance should indicate specialist initiation of the drug but that there could be ongoing prescribing in primary care. The Formulary Committee had approved this and it would also be discussed at the Primary Care Prescribing Forum and the General Practice Prescribing Committee.

8.3 Medicines Supply and Exit from the European Union

- 8.3.1 Professor Timoney advised that medicines manufacturers and suppliers had been asked by the Government to increase their current stock holding to six weeks' supply. The company would pay for the stock but the Government would pay for storage and possibly transport.
- 8.3.2 Further information had been requested from the Government for planning purposes.

8.4 Scottish Medicines Consortium Nominations

- 8.4.1 It was noted that Tracey Duff had been nominated and accepted as a member of the New Drugs Committee and Dr Emma Morrison had been nominated and accepted as a member of the Scottish Medicines Consortium.

8.5 Membership

- 8.5.1 It was noted that Ms Arnison had left the Committee. Members noted their thanks for her contributions to the Committee. A replacement community pharmacist member would be nominated by the Lothian Area Pharmaceutical Committee.

9. **Date of Next Meeting**

- 8.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 1 February 2019 in Meeting Room 8**, Fifth Floor, Waverley Gate.
- 8.2 Further meetings in 2019 would take place on the following dates:
- Friday 5 April 2019;
 - Friday 7 June 2019;
 - Friday 2 August 2019;
 - Friday 4 October 2019;
 - Friday 6 December 2019.