

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 9 October 2015, in Meeting Room 8, Waverley Gate.

Present:

Professor S. Maxwell	Consultant Physician, University of Edinburgh (Chair)
Ms A. Gilchrist	Lead Pharmacist, Medicines Management Team (Vice Chair)
Ms K. Davidson	Senior Pharmacist (Professional Secretary)
Ms M. Cuthbert	Interim Associate Director of Pharmacy, Acute Services
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 T. Moffoot	Consultant Psychiatrist, Co-Chair of HSSMC
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Professor A. Timoney	Director of Pharmacy, NHS Lothian
Dr R. Williams	General Practitioner
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Ms J. Booth	Clinical Advisor, ADTC Collaborative, Healthcare Improvement Scotland
Ms C. Holmes	Pharmacy Care, Edinburgh Health and Social Care Partnership (obs)
Ms A. Ma	Project Officer, ADTC Collaborative, Healthcare Improvement Scotland
Ms B. Pillath	Committee Administrator (minutes)

Apologies:

Ms A. Boags	Community Pharmacist
Ms M. Christie	Head of Health, West Lothian Community Health Care Partnership
Dr W. Jamieson	Co-Chair of Formulary Committee
Dr R. McDermott	General Practitioner
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Professor M. Strachan	Chair of UHD Drug and Therapeutics Committee

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

1. Minutes and Actions of Previous Meeting (14 August 2015)

- 1.1 The minutes of the previous meeting were approved as a correct record.
- 1.2 The updated cumulative action note had been previously circulated.

2. Area Drug and Therapeutics Committee Work Programme

2.1 Safe Use of Medicines Policy and Procedure

- 2.1.1 The revised policy had been previously circulated and was for approval. Ms Kerr advised that the policy would be used electronically so that updates could be made more quickly in the future and would be immediately accessed. The policy was approved.
- 2.1.2 It was agreed to send the policy to Scottish ADTC chairs so that they were aware of this resource and to reduce unnecessary duplication of effort. **BP / SM**
- 2.1.3 The two year review process was discussed and it was agreed that updates could be made in responses to changes as they happen but that a full review may not be necessary every two years. It was agreed that any expected changes would be brought before the Committee before the next review so that a decision could be made.
- 2.2 NHS Lothian Medicines Governance Strategy
- 2.2.1 Ms Gilchrist advised that there was no update at this time on the strategy. Professor Timoney confirmed that this work was being led by ADTC to ensure the most efficient medicines governance structure and reduce duplication of effort. Dr Williams felt that the current strategy provided good assurance to the Healthcare Governance Committee, although changes may need to be made to incorporate the new Integrated Joint Boards.
- 2.2.2 It was agreed that at first draft of the strategy would be submitted to the next meeting to allow more detailed discussion. **AG**
- 3. Medicines Governance**
- 3.1 National Area Drug and Therapeutics Committee Collaborative
- 3.1.1 Ms Booth gave a presentation giving an outline of the work and aims of the Collaborative and asked for any thoughts and suggestions on future work.
- 3.1.2 Professor Maxwell noted the strong focus on new medicines and noted that ADTCs had always covered a broader range of work than this and that the Collaborative should be an opportunity for a formal sharing of documents with the possibility of standardisation of documents across Scotland in some areas. It would also be useful to see the governance structures of other ADTCs, what documents they have and what achievements they have made that could help in Lothian.
- 3.1.3 It was suggested that the training of public members could be carried out collaboratively to reduce work for individual ADTCs.
- 3.1.4 It was suggested that the Collaborative could have a role in giving national guidance on implementation of legislation and guidance from the Scottish Government and the Collaborative.
- 3.1.5 Professor Maxwell felt that the Lothian Joint Formulary was the most comprehensive formulary in Scotland but noted that a lot of resources went into keeping it up to date, and this work was repeated separately in every Scottish Board; resources could be saved by more collaboration in areas such as these.
- 3.1.6 Ms Muir noted that different ADTCs were often very different, both in scale and structure. For instance smaller Boards had fewer personnel and therefore structures worked differently. For this reason unification between Boards would not work, but collaboration would be beneficial.

3.2 Healthcare Improvement Scotland Formulary Decision Review Consultation

- 3.2.1 A paper had been previously circulated. Ms Shaw noted that this draft guidance had been produced by Healthcare Improvement Scotland as part of their review of guidance for publication of new drug decisions by Health Boards. Some concerns were that it suggested a monthly decision table, which did not fit in with the current format of the Lothian Joint Formulary new drug decisions rolling update which was thought to be more up to date and more easily searched, and that more guidance regarding the therapeutic indications would be helpful.
- 3.2.2 There was discussion about who the decisions were published for, the Lothian Formulary published enough information to be useful for clinicians as well as being available for the public. It was felt that the terms used in the table recommended would require knowledge of the system and would not be useful either for non-prescribing clinical staff or for the public. Ms Gilchrist noted that feedback had already been given to HIS about this.
- 3.2.3 It was suggested that there was an aversion to using the term 'not available' in the guidance, but that the system currently being used by Lothian worked well from a clinical perspective and that there was no reason to change it. It was felt that the category 'routinely available' suggested in the guidance was not appropriate for a prescription as no medicine was 'routinely' prescribed, but would be prescribed according to individual clinical need. The terms 'included' and 'not-included' on the formulary were currently used, as recommended in the Scottish Government CMO(2012)1

3.3 Antimicrobial Management Team Update

- 3.3.1 A paper had been previously circulated. It was noted Lothian was not meeting targets on reduction of *Clostridium difficile* Infection and was an outlier in Scotland. It was noted that there were a number of factors related to this of which reducing use of broad spectrum antibiotics was one, and that the Infection Control Team were working on an improvement action plan.

3.4 Patient Access Scheme NHS Lothian Annual Report

- 3.4.1 Mr Hunter presented the previously circulated paper. It was noted that the administration work required to gain the discounts was now much less as the majority of schemes were straightforward because the discount was applied at the point of sale.
- 3.4.2 Mr Hunter agreed to ask MURG to consider whether they should review utilisation of medicines with a Patient Access Scheme within the clinical indications. **MH**

3.5 Role of Area Drug and Therapeutics Committee in Health and Social Care Partnerships

- 3.5.1 Professor Timoney noted that the Edinburgh Integrated Joint Board structure showed that the governance route for medicines would continue to be through the Area Drug and Therapeutics Committee and the Healthcare Governance Committee, and this was likely to be replicated across the other Integrated Joint Boards. There would also be a reporting link through the Integrated Joint Boards to the Councils.

3.6 Lothian Lipid Guidelines

- 3.6.1 The Lipid Guidelines had been previously circulated. It had also been discussed at the General Practice Prescribing Committee and the Formulary Committee.

3.6.2 It was agreed that a process was required for review of new or revised guidelines which ensured the opportunity for input by those who would be affected but did not require duplication of discussion at every meeting. A standard cover sheet for all policies going to ADTC, noting those involved and groups involved in the consultation was also suggested.

3.6.3 The Guideline was approved by the Committee but it would also be sent to the UHD Drug and Therapeutics Committee as a key stakeholder. **SM**

3.7 Scottish Medicines Consortium Nominations

3.7.1 It was proposed that Fiona McIntyre, Site Lead Pharmacist at the Royal Infirmary of Edinburgh, would be nominated for membership of the SMC New Drugs Committee (NDC) and Dr Chris Brown, GP in the Substance Misuse Service, would be nominated for membership of the Scottish Medicines Consortium. Both proposals were approved and the nominations would be made to the SMC. **KD**

4. **Patient Safety**

4.1 Single Prescribing and Administration Record for Scotland

4.1.1 Professor Maxwell presented the previously circulated paper. The Single Prescribing and Administration Record for Scotland (SPARS) had been agreed by the SPARS group but had not been implemented by Healthcare Improvement Scotland. It had been piloted in 3 Health Boards and comments had been sought from ADTCs.

4.1.2 The Committee agreed with the principle of a standardised chart but noted that it needed to be suitable for use in all areas and the chart developed was not suitable for use in psychiatry; this point had been made in the previous consultation. It was suggested that this could be an area where the ADTC Collaborative could play a role.

4.2 Yellow Card Reporting in Lothian 2014/15

4.2.1 Professor Maxwell presented the previously circulated paper. He noted that reporting of incidents in Scotland had increased for the second year running, but that reports per head of population were not yet as high as in the rest of the UK. The percentage of reports submitted by GPs and nurses was less, with patients now being the main reporting group. Patient interest was welcomed but more contribution from professional groups would be an advantage. Promotion of ADR reporting using the Yellow Card Scheme would continue.

4.2.2 Ms Cuthbert noted that the Yellow Card App was now available and could be used for submitting reports as well as for viewing live updates.

4.3 Emergency Salbutamol Inhalers for Schools

4.3.1 A paper had been previously circulated regarding regulations for administering salbutamol inhalers to children at school who had been previously diagnosed with asthma.

5. **Medicines Utilisation and Review Group (MURG) Reports**

5.1 Lothian Summary Report, April-June 2015

- 5.1.1 Mr Hunter presented the previously circulated paper. The MURG had considered where changes in cost were; Hepatitis C drugs in acute services and new diabetes drugs in primary care were some that were increasing spend.
- 5.1.2 Mr Hunter advised that the financial projections assume the LRP targets will still be met. He noted that some benefits such as off-patent benefits would appear later in the year, but also that price changes to keep costs the same could no longer be relied on as activities had increased, especially in homecare and community work.

6. Items for Information Only

Members noted the following previously circulated items for information:

- 6.1 MHRA: Early Access to Medicines Scheme (EAMS) HIS - Sacubitril / Valsartan;
- 6.2 Scottish Patient Safety Programme Medicines Infographic;
- 6.3 Example Practice Formulary Adherence Reports;
- 6.4 Invitations to Membership of the Formulary Committee;
- 6.5 National Guidance on Hepatitis C

7. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes from the following meetings:

- 7.1 Formulary Committee, 2 September 2015;
- 7.2 General Practice Prescribing Committee, 16 June 2015;
- 7.3 UHD Drug and Therapeutics Committee, 29 April 2015;
- 7.4 Paediatrics and Neonatal Drug and Therapeutics Committee, 29 May 2015;
- 7.5 Hospital and Specialist Services Medicines Committee, 10 May 2015;
- 7.6 Medicines Policies Sub Committee, 9 July 2015;
- 7.7 Medicines Utilisation and Review Group (MURG), 12 May 2015;
- 7.8 Medicines Homecare Governance Group, 9 July 2015;
- 7.9 Prescribing Resource Group, 20 May 2015.

8. Any Other Competent Business

8.1 Safer Use of Medicines Network

- 8.1.1 A request had been made from the ADTC Collaborative for members to join a 'safer use of medicines network' hosted by them to share learning from adverse events. Ms Booth noted that there would be meetings every two months by Webex and there would be a core membership and an open membership. ADTC representatives were invited to be part of the open membership, as well as anyone involved in any local projects related to safer use of medicines. There was no limit to numbers.

8.2 Consultation on the Publication of Prescribing Data

- 8.2.1 National Services Scotland was consulting on their new guidance for publication of prescribing data and it was proposed that NHS Lothian sent back collated comments. Any comments from Members would be sent to Ms Gilchrist by 23 October 2015 for collation. Ms Gilchrist would also circulate the link to the sub-committees.

ALL / AG