

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 10 April 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 S. Kerr	Lead Pharmacist, Western General Hospital
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Professor M. Strachan	Chair of UHD Drug and Therapeutics Committee
Professor A. Timoney	Director of Pharmacy, NHS Lothian
Dr J. Tomlinson	Consultant in Public Health Medicine
Dr G. Venters	Chair of General Practice Prescribing Committee

In Attendance:

Mr S. McBurney	Primary Care Pharmacy Co-ordinator (item 2.2)
Mr N. Muir	Clinical Policies Advisor (item 2.1)
Ms B. Pillath	Committee Administrator (Minutes)
Ms E. Rankine	Homecare Medicines Pharmacist (item 4.4)

Apologies:

Mr M. Hunter	Head of Primary Care Contracting Organisation, Finance
Dr S. Hurding	Medicines Management Advisor
Dr W. Jamieson	Co-Chair of Formulary Committee
Dr R. McDermott	GP, Area Medical Committee Representative
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Dr R. Williams	General Practitioner
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 and Actions of Previous Meeting (6 February 2015)

- 1.1. The minutes from the meeting held on 6 February 2015 were approved as a correct record.
- 1.2 The updated action note had been previously circulated.

2. Matters Arising

2.1 Approval Process for Policies and Guidelines

- 2.1.1 Mr Muir advised that a policy giving guidance on developing policies was available. Clinical policies should all be approved by the Clinical Policy Group, but there was a difficulty in how this linked in with other groups such as the Area Drug and Therapeutics

Committee which has a role in the development and approval of relevant policies. Ideally, all policies, procedures and protocols would be received by the Clinical Policy Group which would then policies on to the relevant group for approval.

- 2.1.2 One member of the committee commented that there was a general lack of consultation on policies, especially those affecting primary care, which resulted in the implementation of policies which were not appropriate in particular areas. Mr Muir advised that the Clinical Policy Group was looking to recruit a GP member, and would write to the GP Sub-Committee. He also advised that the 'Consultation Zone' existed on the website where each draft policy should be displayed for four weeks to allow comments to be received. Relevant Clinical Management Teams and Chief Nurses would be informed by email of any new policy uploaded onto the 'Zone' for escalation so that relevant staff should be aware.
- 2.1.3 Further work was required on how policies were made available on the intranet for staff, as policies were kept in individual department web pages rather than in a central place, and were not kept up to date.
- 2.1.4 A checklist was included on the front of each policy giving information as to who had been consulted in the development of the policy and which group had approved the policy, but this could be improved.
- 2.1.5 Professor Strachan suggested that the numbers of clinical policies produced in NHS Lothian were such that if each policy went through the Clinical Policy Group, this group would be overwhelmed, and this would add to the time taken to get policies approved. Mr Muir suggested that the aim would not be for the Clinical Policy Group to approve policies, but to be a central repository where policies were held in an up to date form which showed who had approved them, and were available for staff to use.

2.2 Primary Care Efficiency Projects

- 2.2.1 Mr Stephen McBurney gave a presentation on the Primary Care Prescribing Action Plan, highlighting the aims of the plan, how it was monitored, and how it linked in with other local and national work. A paper had also been circulated.
- 2.2.2 In response to a question from the Chair, Mr McBurney advised that if the resources were available, the first priority for primary care would be to focus on implementing electronic prescribing as a long term investment to make efficiency savings. A number of short term projects had already been implemented and had made savings, but longer term strategies were now required.
- 2.2.3 One comment from a GP member was that in order for GPs to make changes in prescribing, more pharmacy advisers were required. There were fewer primary care pharmacists in NHS Lothian by proportion than anywhere else in Scotland. Mr McBurney felt that good results had already been achieved in GP prescribing with the resource available, but that more resources were needed for the next stage which would involve more complex projects. Clear plans showed how extra resources here could make savings, but currently the resource was not available to do this.

2.3 DVT Ambulatory Care Policy

- 2.3.1 Professor Maxwell advised that this policy, which had been circulated at a previous meeting, had now been approved electronically, on the basis of the absence of any objections from members following his written request for concerns to be raised.

2.4 Committee Effectiveness Survey

2.4.1 The Committee Effectiveness Survey had been circulated amongst Members for completion.

2.5 Requests from Pharmaceutical Companies

2.5.1 There had been a number of email requests from pharmaceutical companies regarding engagement with delivering cost effective medicines. A media statement had been prepared by the Communications team stating that internal advertising campaigns such as those proposed would not be supported unless they clearly helped encourage use of a drug recommended on the Lothian Joint Formulary.

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

3.1 Draft Area Drug and Therapeutics Committee Work Programme 2015-16

3.1.1 The Draft 2015-16 Work Programme had been previously circulated. Ms Gilchrist proposed that review of policies and policy statements remained a standing item on the agenda, with those coming up for review to be discussed at each meeting, but that these would not be part of the work programme. This was agreed.

3.1.2 The item 'Role of ADTC in Health and Social Care Partnerships' was proposed as an item on the work plan. This would be around understanding the relationships between Health and Social Care Partnerships and the Board in terms of governance. Ms McNaughton noted that this was now becoming clearer, and that governance structures would sit with the Health Board and the Councils, and would link with the Integrated Joint Boards. Assurance was needed that the ADTC would be recognised and included in the governance structures.

3.2 Electronic Prescribing: Primary Care and Secondary Care

3.2.1 Professor Maxwell noted concerns in secondary care regarding TRAK. Currently the admissions document did not have a list showing the medication a patient was on, or the list was too far down the page and was missed. Also, on the immediate discharge letter it was possible to put any medicine or dosage, with no selection criteria or link to the Lothian Joint Formulary, and there was a risk that this could lead to significant medication errors. Professor Maxwell felt that if a HEPMA (Hospital Electronic Prescribing and Medicines Administration) system was not going to be available imminently then work should be done to improve our current system. He provided two examples in the last two weeks where inappropriate discharge dosage of medicines could have had serious consequences.

3.2.2 Professor Strachan agreed with these concerns, and noted that these had been raised with Dr Brian Cook, Acute Services Medical Director and Dr Dave Caesar, Clinical Director of Accident and Emergency. Professor Maxwell had also written to the Chair of the TRAK Board, who had replied to say that a change in the order of items in the admissions form was planned, but did not suggest anything to address the discharge letter issue.

3.2.3 Professor Timoney reported that she had met with Professor McMahon as Executive Lead for eHealth, Martin Egan, Head of eHealth, and Finance representatives to discuss HEPMA, which was in the national eHealth strategy and would be in the revised version of the Lothian eHealth strategy. It was noted that there would be limited additional funding

for this from the Scottish Government, and resources would have to be identified by the Board.

- 3.2.4 In addition to the resources required to develop and implement a HEPMA system, resources would also be required for education of staff in usage of the system. Review of systems implemented by other Boards was ongoing to identify any difficulties they had with training. The procurement and capital cost of developing the system was estimated to cost about £72 million, not including staff training.

3.3 Policy Statement on the Safe Use of Prescribing Information System

- 3.3.1 The draft revised policy statement had been previously circulated. Ms Gilchrist noted that the revisions were minimal and clarified the process following a change in software of the PIS.

- 3.3.2 Ms McNaughton noted that any member of staff who could demonstrate that their role required access to the patient level information available on PIS could apply for access to this data but that this would only be approved once the responsibility of their role and awareness of governance protocols had been reviewed. The PRISMS database shows trends without giving access to patient level data, but the policy being considered only covered PIS.

3.4 National Biosimilars Prescribing Framework Consultation (Healthcare Improvement Scotland, ADTC Collaboration)

- 3.4.1 The Framework was currently out for consultation and had been previously circulated. Comments already received would be collated and forwarded to Healthcare Improvement Scotland. Professor Timoney felt that this was a good piece of work which allowed further progression.

- 3.4.2 Professor Maxwell felt that concerns received from oncology regarding use of biosimilars for long term treatment should be noted but that the MHRA as the regulatory body had approved the use of these drugs. Ms Shaw also noted that there was a paragraph in the Framework which allowed that biosimilars need not necessarily be used for long term treatment.

3.5 ADTC Collaborative Newsletter and National ADTC Committee Chairs Meeting

- 3.5.1 The national ADTC Collaborative Newsletter and the papers from the Committee Chairs Meeting had been previously circulated. These gave an outline of how a national collaborative would work. Ms Gilchrist noted that there was now a forum for discussion of topics relevant to all areas and this had been found to be useful.

4. **Medicines Governance**

4.1 Approval of Medical Devices

- 4.1.1 A paper outlining the issues surrounding governance of medical devices had been previously circulated. The paper recommended that the arrangement for approval of medical devices were reviewed. Devices were currently considered at the local Drug and Therapeutics Committee rather than at the Formulary Committee, and were subsequently published on the Formulary Committee website.

- 4.1.2 The MHRA definition of a medical device was complicated and it was felt that it would be helpful for there to be clarification about items which were 'devices' rather than 'medical devices' as it would not be within the remit of the ADTC to consider 'devices'.
- 4.1.3 Professor Strachan noted that very few medical devices were submitted to the UHD Drug and Therapeutics Committee, and felt that some were being missed. Some were considered by the Procurement Medical Devices Committee. Professor Maxwell agreed to write to the chair of this group to find out which devices it covered and what their process for approval was. Professor Strachan suggested that the Committee mainly considered 'devices' rather than 'medical devices' which must involve a medicine. **SM**
- 4.1.4 Professor Timoney suggested that the ADTC and the Medical Devices Committee should work together to improve this process.
- 4.1.5 One example highlighted in the paper was ocular lubricants (eye drops). New products were being licensed as medical devices and cost significantly less than Lothian Joint Formulary choices which were licensed as medicines. It was agreed that the approval process would be amended to allow the inclusion of ocular lubricants licensed as medical devices in the LJF as an alternative to licensed medicine through application to the Formulary Committee.

4.2 Formulary Committee Submissions

- 4.2.1 A paper highlighting the need to clarify the criteria for which a Formulary Amendment Request Form should be used had been previously circulated. Ms Shaw noted that currently amendment request forms were being to request changes to medicines which would have cost implications; full information would be required to consider such changes, so a FAF should be used.
- 4.2.2 Members approved the proposal laid out in the paper.

4.3 SMC Advice on Conditional Approval Notices

- 4.3.1 A letter from the Scottish Medicines Consortium in response to a query from the Formulary Committee had been previously circulated. Professor Timoney noted that there was a changing regulatory framework in this area and others and that the SMC were working on development to respond to these changes. She also noted that it was clear that the regulatory push was towards access to these medicines.

4.4 Homecare Medicines Services

- 4.4.1 Ms Rankine spoke to the previously circulated paper which proposed the development of a homecare medicines governance structure in the form of a Medicines Homecare Governance Group reporting to the UHD Drug and Therapeutics Committee and through it to the Area Drug and Therapeutics Committee, and the Healthcare Governance Committee. The main work of the proposed Group would be focused on using the input of clinical experts to ensure that medicines standards were met.
- 4.1.2 Professor Timoney advised that there had been a number of challenges around Homecare Medicines and that the proposed governance system should improve standards and service delivery. The hospital clinician would still be responsible for the care of the patient's receiving medicines at home, and the new framework would clarify these responsibilities.

- 4.1.3 Ms Rankine advised that cost savings associated with the proposed structure including VAT savings on Homecare Medicines, and savings made by having more patients treated at home instead of coming to outpatients; this was also better and more convenient for the patients.
- 4.1.4 Patients being treated out of area, i.e. living out with Lothian but receiving treatment within Lothian, received their homecare medicines from Lothian, but the cost was cross-charged to their home Board.
- 4.1.5 One example highlighted in the paper was regarding ocular lubricants; new products were being licensed as medical devices which cost significantly less than the products currently recommended on the Lothian Joint Formulary which were licensed as medicines. The Committee agreed that the approval process should be amended to allow the inclusion of ocular lubricants in the LJF as first and second choice included in a prescribing note or on the additional list, as an alternative to a licensed medicine. Approval should be through a FAF2 application to the Formulary Committee. The application would include information on why the proposed products would be appropriate, and the Committee may accept the lower level of clinical evidence associated with licensing as medical devices.
- 4.1.6 Professor Strachan agreed that the new group could report to the UHD Drug and Therapeutics Committee, as Chair of this group. ADTC Members supported the proposal in the paper.

5. Patient Safety

5.1 Guidance on drug-induced prolongation of the QT interval

- 5.1.1 The guidance, produced by the respiratory team at the Western General Hospital, and approved in November 2014 by the UHD Drug and Therapeutics Committee and the Cancer Therapeutics Advisory Committee, had been previously circulated. ADTC considered it to be a good piece of work. It was noted that the policy was currently accessible on the Western General Hospital Respiratory Team part of the NHS Lothian Intranet pages, but felt that it would also be useful in other areas.
- 5.1.2 It was agreed that similar documents could be hosted or signposted on the ADTC intranet website in a section for Medicines Guidance Documents separate to the Medicines Governance documents already kept on the site. If there were conflicting documents from different departments this would also be identified and work could be done to get them combined. It was agreed that only guidance that would be generally applicable would be kept here. **BP**

5.2 Acute Prescribing

- 5.2.1 A paper had been previously circulated describing the proposal for improvement in acute prescribing governance. Professor Timoney advised that the aim was to set up a system for more efficient prescribing in acute services. Currently this was more difficult than in primary care, as there the data to feedback to prescribers was not collected.
- 5.2.2 The priorities were Homecare Medicines and HEPMA and prescribers' views and priorities would be taken into account when developing processes as well as horizon scanning to determine what the pressures will be. The ADTC would also be fully involved and regularly updated.

6. Medicines Utilisation and Review Group (MURG) Reports

- 6.1 Mr Hunter was not available to speak to the previously circulated reports and no issues were raised by Members of the Committee.

7. Items for Information Only

7.1 NHS England Pregabalin Guidance

- 7.1.1 The guidance had been previously circulated. Ms McNaughton advised that some work on developing plans to look at improving the efficiency of pain management prescribing was in progress, and this was also in the Prescribing Action Plan.

- 7.1.2 Ms Gilchrist noted that the Lothian Joint Formulary recommendations on chronic pain had recently been reviewed and a series of articles to raise awareness were being run in the Lothian Prescribing Bulletin.

7.2 Correspondence from Head of Health and Safety re: Sharps Disposal

- 7.2.1 The email from Ian Wilson regarding improving the process for disposal of sharps in the community had been previously circulated. Members were disappointed by the response which did not give assurance that this important patient safety issue was being resolved. Professor Maxwell agreed to write to the Waste Management Lead to ask if she was aware of any work in this area, and it was agreed that this item would remain on the ADTC agenda. **SM**

7.3 Members noted the following previously circulated items for information:

- 7.3.1 Correspondence regarding Off Label Use of Apixaban;
7.3.2 NHS England Prescribing Consultations
7.3.3 Controlled Drug Governance Team Annual Report 2013-14

8. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes:

- 8.1 Formulary Committee, 4 March 2015;
8.2 General Practice Prescribing Committee, 9 December 2014;
8.3 UHD Drug and Therapeutics Committee, 10 December 2014;
8.4 Cancer Medicines Management Team, 7, 14, 21, 28 January, 4, 11, 25 February, 11 March 2015;
8.5 Prescribing Resource Group, 15 January 2015;
8.6 Hospital and Specialist Services Medicines Committee, 12 December 2014, 21 January 2015;
8.7 Cancer Therapeutics Advisory Committee, 24 November 2014, 26 January 2015;
8.8 Medicines Policies Sub-Committee, 15 January 2015;
8.9 Medicines Utilisation and Review Group, 11 November 2014.

9. Date of Next Meeting

- 9.1 The next meeting of the Area Drug and Therapeutics Committee would take place at **14.30 on Friday 12 June 2015 in Meeting Room 8, Waverley Gate.**
- 9.2 Further meetings in 2015 would take place on the following dates:

- Friday 14 August 2015;
- Friday 9 October 2015;
- Friday 11 December 2015.