

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 12 June 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
Dr R. McDermott	GP, Area Medical Committee Representative
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Professor M. Strachan	Chair of UHD Drug and Therapeutics Committee
Ms A. Wilson	Director of Pharmacy, NHS Borders

In Attendance:

Ms B. Pillath	Committee Administrator (Minutes)
Ms Z. Trendell	Prescribing Accountant Analyst

Apologies:

Ms Marion Christie	Head of Health, West Lothian CHCP
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 T. Moffott	GP, Co-Chair of HSSMC
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary 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
Dr R. Williams	General Practitioner

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

1. Minutes and Actions of Previous Meeting (10 April 2015)

- 1.1. The minutes from the meeting held on 10 April 2015 were approved as a correct record subject to one correction in the attendance list.
- 1.2. The updated action note had been previously circulated.

2. Matters Arising

2.1 Disposal of Sharps in the Community

- 2.1.1 The Chair had written to Jane Campbell, Waste Management Lead, who responded to advise that no policy was in place and that this would be discussed at their meeting on 15 June 2015.

2.1.2 Professor Strachan noted that the diabetes service did not give out sharps bins to patients for use at home because arranging collection was difficult. This had been agreed by the Local Authorities some years ago, but as waste disposal methods had changed since then the agreement needed to be revisited.

2.1.3 The Chair agreed to write to the Medical Director, as this was a risk to patient safety.
SM

3. Area Drug and Therapeutics Committee Work Programme

3.1 Policy for Prescribing Non Formulary Medicines

3.1.1 Ms Gilchrist advised that this policy would be reviewed once guidance on the new Peer Approved Clinical System (PACS) process that was to replace the IPTR process has been received from the Scottish Government. The revision would be carried out in consultation with the Medical Director as Chair of the NHS Lothian Individual Patient Treatment Request Panel.

3.2 Antimicrobial Management Team Update

3.2.1 A paper had been previously circulated, and Ms Gilchrist also tabled a covering paper. It was noted that the funding for a further antimicrobial pharmacist had not been approved, but that the Nurse Director was supportive of the need for this and was pursuing further.

3.2.2 The Chair suggested that there might be other ways to highlight Antimicrobial guidance, for example appointing someone on each ward round to ensure that the continuation or step down of all IV antibiotics was reviewed on each ward round. Professor Strachan suggested that a consultant would have more authority in making these decisions than a pharmacist amongst medical staff.

3.3 Review of the NHS Lothian Medicines Governance Strategy

3.3.1 A paper had been previously circulated. Ms Gilchrist noted that progress had been made following the Medicines Governance Strategy Day in November 2014, and that the next step was to establish a core short life working group and consultation groups. The aim was to present the final draft to ADTC in November 2015. The proposed members of the group were listed in the paper and included Director of Pharmacy and Medical Director, ADTC Chair, and hospital and GP senior medical directors.

3.3.2 The strategy would propose strategic goals for the long term, for example 2016-2020, looking at structure and efficiency. The Chair suggested that this should include safety, cost effectiveness, integration with national goals, health and social care integration and internal structure.

3.4 Safe Use of Medicines Policy and Procedure

3.4.1 The revised policy had been previously circulated, with new sections highlighted for ease of identification. Ms Kerr clarified that the policy did not apply to nursing homes except for NHS nursing homes such as Ferryfield House. The draft was out for wide consultation and it was hoped that as many comments as possible would be received to ensure that the policy was as practical and easy to use as possible.

3.4.2 Ms Davidson asked for feedback on whether the policy should be available electronically only or also in print. The Chair was of the view that it must be provided electronically as it

was a lengthy document which would be difficult to search in hard copy. Paper copies could be provided where staff did not have access to computers; Ms Davidson suggested that in wards there was limited access to computers and alternative access would be important.

3.4.3 Ms Davidson noted that the discussion at a previous ADTC meeting about telephone prescriptions being given in psychiatry at different times was now covered in this policy as it may also be of use to other areas.

3.4.4 The final document following consultation would be submitted at the next meeting. **KD**

4. Medicines Governance

4.1 Formulary Committee Annual Report

4.1.1 The report had been previously circulated. The Chair noted the hard work of the extremely busy Committee in ensuring that all decisions were made within 90 days. Ms Gilchrist noted that coming to a consensus and agreement could be challenging, as could receiving submissions from clinical teams. There had also been increasing scrutiny of decisions made by the Committee.

4.1.2 Ms Gilchrist noted that all decisions were published on the Lothian Joint Formulary website within fourteen days of the decision being made in line with Scottish Government guidance for both internal and external reference; this was resource intensive but a very helpful reference tool.

4.1.3 The Chair noted that the Scottish Medicines Consortium reviewed many medicines which increased the work of the Formulary Committee.

4.2 Early Access to Medicines Scheme – pembrolizumab for advanced melanoma

4.2.1 A paper had been previously circulated about this scheme. The paper concluded that the process in place in NHS Lothian for review of this drug was appropriate for early access schemes.

5. Patient Safety

5.1 Medicines Management: Safe Handling and Security of Medicines

5.1.1 A paper had been previously circulated. This paper was in response to the action from the internal audit; many of the actions in this report had since been completed. Members noted the progress made.

5.2 Medicines Management on Wards Internal Audit Report March

5.2.1 The internal audit report had been previously circulated. There were some recommendations to be considered. Ms Kerr noted that the Safe Handling and Security of Medicines paper received was in response to some of these actions from March 2014.

5.3 Promotion of ADR Recording and Improvement of Yellow Card Reporting

5.3.1 The Chair noted that a national system was being developed which was hoped would improve yellow card reporting. It was also hoped that software for reporting would be embedded in primary care systems to improve ease of reporting and increase the number

of reports made. Such as system was in place in England and this had resulted in a corresponding increase in reporting.

6. Medicines Utilisation and Review Group (MURG) Reports

6.1 Scottish Medicines Consortium (SMC) and Patient Access Scheme (PAS) Medicines

6.1.1 The previously circulated paper had been prepared in response to a question from the Chair about some of the data in the MURG Lothian summary received at the previous meeting.

6.1.2 Ms Trendell noted that there were now 67 patient access schemes in place, and monitoring all of these was a lot of work involving a number of pharmacists across Lothian; overall the older schemes were more complex, but the newer schemes required less work to ensure discounts were applied. The JAC system being implemented was expected to make monitoring of schemes much more efficient.

7. Items for Information and Exception Reporting Only

7.1 NHS Scotland Polypharmacy Guidance

7.1.1 The national guidance had been previously circulated. The Chair noted that the Board action plan should reflect this guidance. Ms McNaughton advised that a template had been completed and sent back to the Scottish Government, but that some of the data they had asked for had not been collected as this had not initially been requested. All Health Boards were in the same position and this had been fed back through the Director of Pharmacy with the suggestion that data be requested earlier so that systems could be put in place for its collection.

7.1.2 A scheme had been set up to deliver polypharmacy in 2015/16 and was being taken forward. Progress on this would be reported back to the ADTC at a future meeting.

7.1.3 Although the initial focus was in primary care, this was being implemented alongside acute services where possible as it was recognised that a joint approach would be helpful.

7.2 Members noted the following previously circulated papers for information:

- 7.2.1 NHS Scotland 2015-18 Strategic Delivery Plan for Medicines;
- 7.2.2 Correspondence from Dr Farquharson re: SMC on Workplans;
- 7.2.3 Biosimilar Medicines: A National Prescribing Framework;
- 7.2.4 MHRA Guidance on use of Sodium Valproate;
- 7.2.5 Letter on Sodium Valproate from Scottish Epilepsy Network.

8. Minutes from Committee and Division, Exception Reporting

8.1 General Practice Prescribing Committee, 10 February 2015

8.1.1 Ms Gilchrist noted that Dr Venters had stepped down as chair of this Committee and nominations had been requested for this post. It was likely that more Members would also be invited to this Committee. The Chair noted that this was an important position for reporting to the ADTC and requested a verbal update at the next meeting on the progress with finding a new chair.

AG

8.2 University Hospitals Division Drug and Therapeutics Committee, 25 February 2015

8.2.1 Professor Strachan noted that there had been an increasing number of errors in prescription of oxycodone with patients being given the wrong preparation; the issue was with the equivalence dosing of other preparations, solutions were being considered. Oxycodone was being used increasingly as first line, which was not as advised by the pain team.

8.3 Prescribing Resource Group, 31 March 2015

8.3.1 In response to a question from the Chair, Ms McNaughton explained that the Prescribing Resource Group focused on the efficiency programme for acute and primary care. Although most issues discussed by the PRG were also covered by the ADTC, the PRG was an operational group with management leads for implementation of policy, whereas the ADTC and associated Committees were advisory to the Board.

8.3.2 The Chair suggested that the PRG should consider the ADTC minutes to ensure that advice, decisions and views were taken into account. He agreed to discuss this with the chair of the PRG. **SM**

8.4 Members noted the previously circulated minutes from the following meetings:

8.4.1 Formulary Committee, 22 April 2015, 27 May 2015;

8.4.2 Cancer Medicines Management Team, 18, 25 March, 8, 22, 29 April, 6, 13, 20, 27 May 2015;

8.4.3 Hospital and Specialist Services Medicines Committee, 11 March 2015;

8.4.4 Cancer Therapeutics Advisory Committee, 23 March 2015;

8.4.5 Medicines Policies Sub-Committee, 19 March 2015;

8.4.6 Medicines Utilisation and Review Group, 6 February 2015;

8.4.7 Paediatric and Neonatal Drug and Therapeutics Committee, 28 November 2014, 29 January 2015.

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 14 August 2015 in Room 8, Second Floor, Waverley Gate.**

9.2 Further meetings in 2015 would take place on the following dates:

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