

AREA DRUG AND THERAPEUTICS COMMITTEE

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 13 April 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Professor S. Maxwell, Consultant Physician / Clinical Pharmacologist (Chair);
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Professor M. Eddleston, Consultant in Clinical Toxicology;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr S. Hurding, GP Advisor, Medicines Management Team;
Ms S. Kerr, Lead Pharmacist, Western General Hospital;
Mr S. McBurney, Primary Care Pharmacy Co-ordinator, Chair of MURG;
Ms S. McNaughton, Associate Director of Pharmacy, Primary Care;
Ms E. McPhail, Director of Pharmacy, NHS Fife;
Dr E. Morrison, Co-Chair, Formulary Committee;
Ms M. Reid, Consultant in Pharmaceutical Public Health;
Dr P. Shishoda, GP, Area Medical Committee Representative;
Professor A. Timoney, Director of Pharmacy, NHS Lothian (Vice Chair);
Dr A. Watson, Psychiatrist, Chair of Hospital and Specialist Services Medicines Committee.

In Attendance:

Ms A. Brown, Scottish Medicines Consortium Lead Health Economist (item 7.1);
Dr A. MacDonald, Scottish Medicines Consortium Chair (item 7.1);
Ms B. Pillath, Committee Administrator (minutes);
Mr G. Radford, Community Pharmacist;
Ms A. Wall, Associate Director of Pharmacy.

Apologies:

Ms S. Arnison, Community Pharmacist;
Dr S. Clive, Chair of Cancer Therapeutics Advisory Committee;
Ms K. Davidson, Senior Pharmacist (Professional Secretary);
Ms M. McCulloch, Senior Nurse Practitioner, LANMAC Representative;
Dr R. McDermott, GP, Area Medical Committee Representative;
Ms J. Pearson, Lead Pharmacist, Medicines Management Team;
Ms L. Shaw, Lead Pharmacist, Co-Chair of Formulary Committee;
Professor M. Strachan, UHD Drug and Therapeutics Committee Chair;
Ms A. Wilson, Director of Pharmacy, NHS Borders.

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

1. Minutes and Actions from Previous Meeting (9 February 2018)

- 1.1 The minutes from the meeting held on 9 February 2018 were approved as a correct record subject to one amendment to item 2.3.2.
- 1.2 The updated cumulative Committee action note had been previously circulated.

2. Safe Patient Care

2.1 Antimicrobial Team update

2.1.1 Members noted the previously circulated paper.

4.2 Promotion of Adverse Drug Reaction reporting

4.2.1 Professor Maxwell presented the previously circulated paper. Some work had been done to improve electronic reporting and 350 GP practices in Scotland now had systems in place to do this; there had already been an increase in GP reporting. The reporting system did not allow for breakdown by grade of doctor making reports in the hospital setting.

4.3 Controlled Drug Governance Team Annual Report, for information

4.3.1 A paper had been previously circulated. Hospital visits had identified some areas of non compliance but there had been good engagement and it was positive that these areas could now be worked on.

4.4 Formulary Committee Report, for information

4.4.1 Dr Morrison presented the previously circulated paper. It was noted that a large proportion of accepted SMC medicines did not receive a response from local clinical teams with regard to position on Lothian Formulary within the required 90 day target. . It was suggested that clinicians may not have time to gather all information needed for a formulary submission in the required 90 day period.

5. Effective Use of Resources

5.1 Medicines Utilisation Review Group update

5.1.1 Mr McBurney gave a presentation. It was noted that horizon scanning projections for the numbers of patients expected to be prescribed a particular drug were tracked against actual performance to check predictions made. The projections were made based on a number of sources including the pharmaceutical industry and clinical teams but it was difficult to make them accurate due to the level of assumptions required. If numbers did not match expected expenditure then there was a risk that budgeting was also inaccurate. MURG had been considering where projections have been inaccurate and trying to identify reasons for this.

5.1.2 The main purpose of MURG was to improve formulary adherence, but also with a focus on high spend areas. Formulary adherence reports are sent to pharmacists for each area and GPs at annual meetings and through senior management teams for hospital areas.

5.1.3 Mr McBurney noted that MURG had done a lot of good work already but would like to look in more depth at each area; the amount of work that could be done was limited by the amount of administrative support available.

5.1.4 Members recognised the good work carried out by MURG.

6. Strategic Planning

6.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) update

6.1.1 The chair welcomed Ms Wall to the meeting and she gave a presentation. In terms of the timeline for making a decision on the system to be used, Ms Wall advised that evaluations would take place in May 2018 and a decision would be made after this date. Only a small number of suppliers had applied for accreditation which was a requirement for the contract.

6.1.2 There had been a series of informal meetings to set up the Programme Board which would be supported by the Project Board.

6.1.3 Ms Wall advised that prescribers would be key to decision making as they would be using the system, but that it was also important that the system was compatible with existing clinical systems and the pharmacy stock system. All the Boards which had so far selected a HEPMA system had chosen one compatible with their pharmacy stock system as interfacing between different systems was complicated. This would be considered as part of the procurement process.

6.1.4 A further update would be given to the Committee later in the year. **AWall**

6.2 Proposed NHS Scotland Approach to Pre-HTA Free of Charge Pricing Schemes, for information

6.2.1 Ms Cuthbert presented the previously circulated consultation draft from National Procurement. The proposal was to devise a national system for addressing the Free of Charge pricing schemes for medicines prior to Health Technology Assessment (HTA) using set criteria to decide on use.

6.2.2 The proposed national group would liaise with pharmaceutical companies to negotiate exit strategies pending the SMC decision before considering whether to recommend the scheme to Boards, which would then make a decision.

6.2.3 Members were supportive of a national group to try to address concerns about the risks of using free of charge medicines. Ms Davidson and Professor Maxwell would respond to the consultation by the date requested. **KD/SM**

7. Working in Partnership

7.1 Scottish Medicines Consortium

7.1.1 The chair welcomed Dr MacDonald and Ms Brown to the meeting and Dr MacDonald gave a presentation.

7.1.2 There was discussion about the relationship between the Scottish Medicines Consortium and the proposed Single National Formulary which would have separate governance arrangements but would both be engaged in deciding which medicines should be used in Scotland. Dr MacDonald agreed that the SNF should not duplicate

the work of the SMC, or add an extra barrier to access to newly approved drugs. National consensus guidelines could help to ensure efficient flow once an SMC decision was made as currently newly approved drugs were discussed separately in each Health Board. National consensus guidelines had worked well in other areas and would be useful here. It was noted that the SNF governance board had not yet decided on the details of how this would work.

7.1.3 Professor Timoney noted that there was a difference in approach to the SMC and Health Boards by the Scottish Government and suggested a combined approach where the SMC could be involved in a group of Board ADTC representatives making recommendations to the Scottish Government about policy direction. Dr MacDonald agreed that a joint approach could be helpful.

7.1.4 Professor Timoney noted that SMC decisions seemed less transparent due to Patient Access Schemes where the price could not be published. Ms Brown advised that negotiations with the ABPI (Association of the British Pharmaceutical Industry) were ongoing to get a policy decision that price ranges could be published. This would not cover those drugs where the company was not willing to allow publication of prices. Dr MacDonald advised that the SMC would like to be as transparent as possible and noted that it was often also difficult to present meaningful information to members at public meetings.

7.1.5 Dr MacDonald advised that SMC discussions had to focus on the benefits of the drug cost effectiveness. Some drugs had a high acquisition cost but high benefit, and the Committee had to weigh up uncertainty in lack of evidence where there had been short studies with few patients and a short follow up.

7.2 Single National Formulary

7.2.1 A Single National Formulary update, Chapter Development Groups Terms of Reference, Policy, and a letter from the Director of Pharmacy in NHS Grampian had been previously circulated. Some of the concerns raised by NHS Grampian regarding lack of communication with Boards had also been raised in NHS Lothian. It was noted that other Health Boards had also written a letter of concern, and was agreed that Professor Timoney and Professor Maxwell would consider doing the same. **AT/SM**

7.2.2 Professor Eddleston noted that no clinical pharmacologists had been listed in the membership in the circulated terms of reference. Dr Morrison had written to the Scottish National Formulary to raise this.

7.3 Open and Transparent Decision Making 2018 Submission

7.3.1 The declaration of interests form would be circulated to ADTC and Sub Committee members for completion. This was to be updated annually and when there was any change.

7.4 Peer Approved Clinical System (PACS) Tier Two Update, for information

7.4.1 Members noted the CMO letter giving guidance on implementation of the PACS Tier Two. Professor Timoney advised that this was the revised guidance following meetings

between Boards and the Scottish Government. Further concerns raised by NHS Lanarkshire about the criteria were taken to the Board Chief Executives meeting and the outcome was awaited.

7.5 Members noted the following previously circulated items for information:

- 7.5.1 Operation of EAMS Schemes in NHS Scotland;
- 7.5.2 Area Drug and Therapeutics Committee Collaborative Update;
- 7.5.3 Formulary Committee invitation to new member;
- 7.5.4 Launch of Effective Prescribing and Therapeutics Branch Quality Prescribing Strategies;
- 7.5.5 Biosimilar Medicines: A national prescribing framework.

8. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes from the following meetings:

- 8.1 Formulary Committee, 24 January 2018;
- 8.2 UHD Drug and Therapeutics Committee, 13 December 2018;
- 8.3 Paediatric and Neonatal Drug and Therapeutics Committee, 28 July 2017, 5 October 2017, 1 December 2017.
- 8.4 Cancer Therapeutics Advisory Committee, 27 November 2017;
- 8.5 Hospital and Specialist Services Medicines Committee, 17 January 2018;
- 8.6 Medicines Policies Sub Committee, 6 November 2017;
- 8.7 Medicines Utilisation and Review Group, 17 January 2018;
- 8.8 Medicines Homecare Governance Group, 6 December 2018.

8. 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 June 2018 in Meeting Room 8**, Fifth Floor, Waverley Gate.
- 8.2 Further meetings in 2018 would take place on the following dates:
 - Friday 10 August 2018;
 - Friday 5 October 2018;
 - Friday 7 December 2018.