

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 14 August 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)
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 R. McDermott	General Practitioner
Dr T. Moffoot	Consultant Psychiatrist, Co-Chair of HSSMC
Professor A. Timoney	Director of Pharmacy, NHS Lothian
Dr R. Williams	General Practitioner

In Attendance:

Ms B. Pillath	Committee Administrator (minutes)
Ms J. Scott	Pharmacist (observing)

Apologies:

Dr W. Jamieson	Co-Chair of Formulary Committee
Ms S. McNaughton	Associate Director of Pharmacy, Primary Care Services
Ms A. Muir	Associate Director of Pharmacy, Acute Services
Ms L. Shaw	Lead Pharmacist, Co-Chair of Formulary Committee
Professor M. Strachan	Chair of UHD Drug and Therapeutics Committee
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 (12 June 2015)

- 1.1 The minutes of the previous meeting were approved as a correct record, subject to one amendment to item 4.1.3.
- 1.2 The updated cumulative action note had been previously circulated.

2. Matters Arising

2.1 Medical Devices Policy

- 2.1.1 The draft policy for approval by the Medical Devices Committee had been previously circulated. This was following discussion about the possibility of some of the devices investigated by this group being of relevance to the ADTC. The Chair noted that the policy covered re-usable devices generally which would not be relevant to the ADTC, but that there was no mention in the policy about review of cost effectiveness of devices or clarification of approval process including information, or of links to other stakeholders

including the ADTC. The policy covered governance for the use of the device rather than decisions on which devices to use.

2.1.2 Professor Timoney noted that regulations around procurement of devices were not as robust as those governing pharmacy medicines, but suggested that the medical devices committee consider cost effectiveness and efficiency before procurement.

2.1.2 Professor Maxwell agreed to write to Dr Julie Freeman with the ADTC's response to this policy. **SM**

2.2 Disposal of Sharps

2.2.1 Email correspondence had been previously circulated. It was noted that Mr Dave Proudfoot was now in charge of Waste Management. Professor Maxwell had also written to the Medical Director who had not known about this issue. It was felt that this needed an executive lead to resolve.

2.3 General Practice Prescribing Committee chair

2.1.1 Ms Gilchrist advised that following Dr Venters' retirement six new GP members had been recruited. Dr Hurding had taken on the role of interim chair, with an expected term of 6-9 months.

3. **Work Programme**

3.1 Electronic Prescribing

3.1.1 Dr Hurding advised that the new eLJF software was being piloted currently in primary care. There had been a review of the paediatrics chapter to add age categories related to dosage. EMIS Vision was coming to the end of its contract in two years' time and could be replaced.

3.1.2 A pilot project using ScriptSwitch was ongoing in Edinburgh and those practices involved would continue using it; further roll out was planned. ScriptSwitch was a prescribing decision aid which alerts prescribers who try to prescribe medicines not on the formulary, or not available. In order to prescribe out with the formulary prescribers would have to select an option which showed non-formulary medicines in search results.

3.1.3 In response to a question from Dr McDermott, Dr Hurding agreed that paracetamol for meningitis immunisation could be added at this stage.

3.1.4 Professor Timoney gave an update on progress with information gathering for secondary care electronic prescribing. She noted that currently NHS Ayrshire and Arran had HEPMA in all their hospitals, and that NHS Forth Valley was likely to have it implemented in the next few years. Other Boards in Scotland had systems in place in one directorate or hospital. None of the large teaching Boards were yet using HEPMA. Work was being carried out on preparedness, including research on culture and behaviours in other Boards where systems had been implemented, to ensure that NHS Lothian was in a good position when the decision was made to go ahead with a Business Case. It was currently on the NHS Lothian eHealth strategy.

3.1.5 The Chair noted that ADTC would be keen to be involved in any processes regarding implementation of electronic prescribing and Professor Timoney noted that the role of ADTC would be providing advice at the different stages.

3.2 Review of the NHS Lothian Medicines Governance Strategy

- 3.2.1 A report from the meeting of the Medicines Governance Strategy Short Life Working Group had been previously circulated. The draft strategy was discussed at the SLWG and a final draft would be available for submission at the meeting in October 2015. The group would focus on structure of governance, raising concerns and safety. The Chair noted that considerations would include whether a large structure with a number of committees and groups was the most efficient method of governance, and if meetings could be concentrated to reduce duplication to save time; for example fewer longer meetings.
- 3.2.2 Dr Williams noted that the committee structure had been revised, reduced and streamlined in 2012, but agreed that ongoing review was useful.
- 3.2.3 Any comments and suggestions were to be communicated to Ms Gilchrist by email.

4. **Medicines Governance**

4.1 Area Drug and Therapeutics Committee Membership

- 4.1.1 Ms Davidson suggested that a review of Committee Membership would be useful to ensure the appropriate representation. Some Members on the list did not regularly attend and there were some discrepancies between the stated Membership in the Terms of Reference, and actual invited representatives. It was agreed that the Membership would be revised.
- 4.1.2 Professor Maxwell noted that according to the Terms of Reference, Ms Gilchrist's term as Vice Chair of the Committee was coming to an end in February 2016. It was stipulated that the Chair and Vice Chair should be of different professions. Professor Maxwell noted that Ms Gilchrist would continue as a key Member of the Committee after her term as Vice Chair was completed, due to her involvement in policies and workstreams.

4.2 Area Drug and Therapeutics Committee Collaborative

- 4.2.1 A paper had been previously circulated. A national ADTC event would be held in November 2015 to update on work ongoing, which would be attended by Ms Gilchrist and Professor Maxwell from Lothian.
- 4.2.2 The Collaborative was looking for feedback on experience with patient involvement and had asked for a telephone interview. The report was expected in October 2015.
- 4.2.3 Jill Booth and Andrea Ma from the Collaborative would be attending the next ADTC meeting in October 2015 to give a presentation and to observe the meeting.

4.3 Scottish Medicines Consortium Forward Look Reports and Confidentiality

- 4.3.1 The SMC had written to all recipients of the Forward Look report to ensure the list was up to date. The ADTC write to the recipients as usual to ask how they used the report and to ensure recipients were aware of the policy on the confidentiality of the reports. **BP**
- 4.3.2 The report was confidential due to commercially sensitive cost information pre-licensing, and was only sent to a restricted list of members who signed a statement confirming confidentiality, and sign into a secure website to access the report. Professor Timoney noted that pharmaceutical companies had been forthcoming in providing this information

to the SMC and it would be useful if this relationship could continue. It was noted that the necessity of receiving this report could be reviewed as part of the review of the medicines governance strategy.

4.4 Healthcare Improvement Scotland Palliative Care Guidelines Consultation

- 4.4.1 The consultation document which set out what ADTCs were required to do regarding the published palliative care guidelines had been previously circulated. Professor Maxwell would respond on behalf of the ADTC to the effect that the proposed approach was supported. **SM**

4.5 Healthcare Improvement Scotland Hepatitis C Treatment Guidelines

- 4.5.1 The guidelines had been previously circulated. The ADTC supported the national approach to development of guidance on using these highly effective but very expensive drugs, and this guidance was the outcome of this work. All the medications recommended had been reviewed by both the Scottish Medicines Consortium and the Formulary Committee and were included on the Lothian Joint Formulary.
- 4.5.2 Professor Timoney noted that the national consensus also reduced the cost of the medicines through national procurement as bulk buying was possible. She also noted that the group producing the guidance worked well and this approach could also be useful in other areas.

5. **Patient Safety**

5.1 Policy and Procedure for Point of Care Testing with CoaguChek®

- 5.1.1 The draft policy had been previously circulated. Professor Maxwell noted that the required training outlined in the policy was substantial, and queried how many staff had already been trained and whether the resources existed to deliver this level of training.
- 5.1.2 Dr McDermott felt that the laboratories were concerned that point of care testing was not externally assessed and therefore not as reliable as laboratory testing. The Primary Care Laboratory Interface Group (PLIG) had seen the policy but Dr McDermott reported that they had concerns that gold standard testing could not be carried as point of care tests could not be monitored. It was also noted that these devices were already being used, so that a policy regulating their use had become necessary.
- 5.1.3 Dr Williams noted that evidence had been gathered and a policy had been written to ensure safe use of near patient testing devices, but the Committee needed to be assured that the policy was being followed. To this end the views of East Lothian and Midlothian Integrated Joint Boards and the Laboratories should be sought to ensure that stakeholders agreed with the policy and would use it.
- 5.1.4 An assumed typographical error was noted on page 8 where the size of the blood sample was stipulated at 8ml.
- 5.1.5 Professor Maxwell agreed to write back to advise that the policy was supported in principle but that assurance was needed that the policy would achieve safe use of near patient testing and that training could be delivered, and ask whether stakeholders had been included in consultation. **SM**

5.2 Letter from Formulary Committee re: Biosimilar Medicines

- 5.2.1 The letter from the Formulary Committee had been previously circulated. It asked the ADTC to consider developing guidance on choice of biosimilar product when more than one product was available.
- 5.2.2 Ms Gilchrist noted that currently different services were using different biosimilar drugs, and that guidance would help advise clinicians making Formulary applications. She noted that this would also encourage clinicians to work together to choose the most cost effective drug and to make savings. This had already been done with some drugs.
- 5.2.3 It was agreed that Professor Maxwell would write to the Chair of the Formulary Committee to say that the ADTC supported the approach of advising applicants on choosing the same biosimilar drug across Lothian, and suggesting that a policy statement setting out guidance for choosing a biosimilar product could be developed to advise Formulary applicants. **SM**

5.3 Medicines Sick Day Rules Card Implementation in NHS Lothian

- 5.3.1 A web link to information about this project had been previously circulated. Ms Gilchrist advised that cards giving guidance on sick day rules would be available from NHS Scotland from September 2015. The aim was to reduce acute kidney injury by stopping medicine when appropriate and restarting when better, and the cards would be given to patients by their doctors, who would explain the rules. These were available to GPs, nurses and community pharmacists and covered a range of medicines.
- 5.3.2 Ms Gilchrist advised that the cards had been tested in NHS Highland and in other areas in the UK, although a full evaluation on outcomes had not been done. The scheme was supported by the Scottish Patient Safety Programme.

6. **Items for Information Only**

Members noted the following items for information:

- 6.1 Medicines Homecare Governance Group Terms of Reference;
- 6.2 Formulary Committee Report on CMO (2012)1;
- 6.3 Healthcare Improvement Scotland Pembrolizumab update;
- 6.4 Area Drug and Therapeutics Committee Collaborative Flash Report.

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

Members noted the minutes from the following meetings:

- 7.1 Formulary Committee, 8 July 2015;
- 7.2 General Practice Prescribing Committee, 21 April 2015;
- 7.3 Cancer Medicines Management Team, 3, 10, 17 June 2015;
- 7.4 Hospital and Specialist Services Medicines Committee, 29 April 2015;
- 7.5 Cancer Therapeutics Advisory Committee, 25 May 2015;
- 7.6 Medicines Policies Sub-Committee, 21 May 2015;
- 7.7 Paediatric and Neonatal Drug and Therapeutics Committee, 27 March 2015;
- 7.8 Medicines Homecare Governance Group, 25 May, 18 June 2015.

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 9 October 2015 in Room 8, Second Floor, Waverley Gate.**
- 8.2 A further meeting in 2015 would take place on the following date:
- Friday 11 December 2015.