

NHS Lothian

Area Drug and Therapeutics Committee

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 2 February 2024 by videoconference.

Present:

Dr E. Morrison, Consultant Acute Medicine and Clinical Pharmacology (chair);
Ms L. Macher, Acting Lead Pharmacist Medicines Governance and Guidance (professional secretary);
Ms D. Alexander, Lead Pharmacist, Controlled Drug Governance Team and professional secretary for Medicines Safety and Risk Group;
Ms D. Bray, Lead Vaccines Pharmacist and chair of Medicines Utilisation Review Group;
Dr A. Christie, Consultant Oncologist, Chair of Cancer Therapeutics Advisory Committee;
Mr D. Clifford, Lead Pharmacist, HEPMA;
Ms K. Davidson, Consultant in Pharmaceutical Public Health;
Professor M. Eddleston, Clinical Toxicologist and Consultant Physician;
Mr S. Garden, Director of Pharmacy, NHS Lothian;
Ms C. Holmes, Lead Pharmacist West Lothian HSCP;
Mr M. Hunter, Head of PCCO Finance;
Mr S. McBurney, Associate Director of Pharmacy, Primary Care, Community, Mental Health and Associated Services;
Professor S. Maxwell, Clinical Pharmacologist and Consultant Physician;
Ms M. McCulloch, Lead Nurse for Advancing Roles and Non-Medical Prescribing;
Dr L. Montgomery, GP, Chair of the General Practice Prescribing Committee;
Dr S. Muir, Chair of the Scottish Medicines Consortium;
Ms Y. Semple, Chief Pharmaceutical Advisor, NHS Scotland;
Dr S. Smith, Consultant Psychiatrist, Co-chair of the REAS Drug and Therapeutics Committee;
Dr A. Watson, Associate Medical Director, Psychiatry, chair of REAS Drug and Therapeutics Committee and co-chair of East Region Formulary Committee;
Ms J. Webster, Lead Pharmacist, Chair of Medicines Homecare Governance Group;
Ms A. Wood, Nurse Consultant for Non Medical Prescribing.

In Attendance:

Ms B. Pillath, Committee Administrator (minutes).

Apologies:

Mr M. Clubb, Director of Pharmacy, NHS Borders;
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services.

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

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

1. Minutes from previous meeting (1 December 2023)

- 1.1 The minutes from the meeting held on 1 December 2023 were approved as a correct record.
- 1.2 The action note was discussed and updates would be added for circulation before the next meeting.

2. Matters arising

2.1 Draft Committee Work Programme 2024

- 2.1.1 Members noted the previously circulated draft work programme.

2.2 Committee Membership

- 2.2.1 The chair welcomed Ms Webster to the meeting as a new member of the Committee in her role of chair of the Medicines Homecare Governance Group. Dr Caparrotta had also been invited to be a member of the Committee to replace Professor Eddleston as Clinical Pharmacology representative.
- 2.2.2 Mr McBurney was in contact with community pharmacy contractors about recruiting a community pharmacy representative.
- 2.2.3 Ms Macher was in contact with Simon Malzer, the Board's Patient Involvement Manager about what could be in place to prepare a patient representative for each meeting and then to recruit a representative.

3. Safe and Effective Patient Care

3.1 Scottish Medicines Consortium (SMC) presentation

- 3.1.1 The chair welcomed Dr Muir, Scottish Medicines Consortium chair and Dr Semple, Chief Pharmaceutical Advisor to the meeting and they gave a presentation. Professor Maxwell asked a question about what follow up there was when drugs were accepted by the SMC on an interim basis pending further evidence. Dr Muir advised that this type of decision only accounted for 3-4% of all SMC decisions made. These had been reviewed as results became available and had been accepted, though it was found that manufacturers were not forthcoming in providing further evidence. Dr Semple advised that this process needed more work and that three years real world evidence should be submitted. The interim acceptance would only be used if further evidence was in progress and there was an infrastructure to review this.
- 3.1.2 There was no national process for affordability analysis. This could be done at Board level using local data, except that the costs data was heavily redacted. Dr Semple agreed that this should be supported and that although data could not be

released widely due to commercial confidentiality agreements, it may be possible to summarise it more clearly.

- 3.1.3 The Scottish Government budget letter referred to a 15 box grid with suggestions for efficiency savings for the Board, one of which was efficiency of medicines with the suggestion that there would be an interim step between SMC approval of medicines and Board approval. Dr Muir advised that work on devising this process was still at early stages.
- 3.1.4 Dr Muir advised that an annual report was available which compared HTAs around the world. The SMC compared well with NICE and was slightly quicker at publishing decisions. Decision making on specific drugs was very similar between the SMC and NICE.

3.2 Medication Incidents

- 3.2.1 Professor Maxwell presented the previously circulated paper. Mr Garden advised that the Quality Management System and Patients Safety Reports that were submitted annually to the Healthcare Governance Committee did not cover medicines safety. He had met with Jill Gillies, the Associate Director of Quality about this. With the medicines safety group in place there would be better oversight and means to make improvements.
- 3.2.2 It was noted that the data for the incidents report was put together by Amanda Maclean and that it involved manual data collection. Mr Garden advised that processes to make this easier were being worked on.
- 3.2.3 Most of the incidents reported were in the 'record keeping' category. There was no process for data analysis currently which would identify more detailed themes. It would be useful if a sample of incidents was regularly investigated and for data to be available to the services so that they could make improvements where required.
- 3.2.4 Mr McBurney noted that improvement work in prisons had meant historical stock incidents had been reported on Datix, which accounted for the increase in reported incidents.

3.3 Electronic Prescribing – Secondary Care

- 3.3.1 Mr Clifford gave a presentation. Regarding information governance arrangements when patient details were being shared, Ms Macher asked whether requests for patient data were reviewed by information governance, for instance if data was transferred between primary and secondary care pharmacy. This process needed to be worked on and was part of the questions being considered by the HEPMA group.

3.4 Advanced Therapy and Gene Modification (ATGM) Safety Committee Terms of Reference

- 3.4.1 Dr Morrison presented the previously circulated terms of reference. The group reported direct to the Board, but the ADTC was named as providing additional guidance. If these drugs were being discussed at the Formulary Committee, then a member of the ATGM Safety Committee would attend to provide expert advice and answer any questions.
- 3.4.2 The process for drug types which come up infrequently at the Formulary Committee but require expert input would be discussed at the Formulary Committee. For most drugs the representatives on the Committee would have sufficient expertise to make the decision.

4. **Effective Use of Resources**

4.1 Patient Access Scheme

- 4.1.1 Mr Hunter presented the previously circulated paper. It was noted that most of the drugs on the Patient Access Scheme which had exclusions for homecare or primary care use were not applicable for these areas. For the majority of drugs the scheme was applicable in all areas.
- 4.1.2 Ms Webster noted that in the homecare team regular work was required to ensure the benefits were realised for the drugs on the scheme, as they were often wrongly invoiced. The complex schemes, often for cancer drugs, were based on indication and so returns needed to be sent using Chemocare to access the data.
- 4.1.3 It was noted that due to commercial confidentiality agreements when considering drugs for the Formulary the prescriber would not be able to take into account whether there was a rebate in place for an alternative drug. Ms Macher advised that although exact figures could not be disclosed, applicants would be informed when another option might result in more cost savings. They may still wish to apply based on clinical efficacy.

4.2 Valproate Update

- 4.2.1 Ms Macher advised that following the patient safety alert issued in November 2023 guidelines were being reviewed and actions were in progress to ensure that all areas prescribing valproate were aware of the requirements. Ms Alexander was leading on this.

5. **Strategic Planning**

5.1 Financial Position – recovery planning and medicines

- 5.1.1 Mr Garden gave a presentation. Professor Eddleston noted that when medicines used off label became licensed this added a large price increase. Mr Garden advised that this was been investigated, particularly in mental health where significant savings could be made. The regulator made it clear that if a licensed drug was available for an indication then there would have to be good evidence if an alternative drug was being used. There was also a risk to the prescriber when medicines were used off label.
- 5.1.2 Mr Garden advised that the step between SMC and Board approval of drugs was being worked on nationally, but that in the meantime work was being done on a local process, probably at regional rather than health board level.
- 5.1.3 It was suggested that in order to achieve the savings required then flexibility regarding off label use and less effective medicines would be required, but agreed that this must be done safely and that any risks were laid out. Dr Morrison noted that the role of the ADTC was to maintain quality of decision making and ensure equality of access alongside any change that was happening.

6. Working in Partnership

6.1 ADTC Collaborative (HIS) update

- 6.1.1 The update had been previously circulated. Ms Macher asked that anyone involved in any of these workstreams could get in touch with her so that she was aware of what was happening locally.

7. Minutes from Committees and Division, Exception Reporting

7.1 General Practice Prescribing Committee, 5 December 2023

- 7.1.1 Dr Montgomery noted that when shared care agreements were brought to the Committee for review they had no consideration of whether resources were in place in GP practices to carry out the requirements of the agreements. Mr Macher noted that eligibility should be the focus of the discussion at GPPC as resourcing was not part of its remit. Some work on how resourcing could be quantified would be useful.

7.2 Members noted the following previously circulated minutes for information:

- 7.2.1 East Region Formulary Committee, 13 December 2023;
- 7.2.2 UHD Drug and Therapeutics Committee, 11 October 2023;
- 7.2.3 Paediatric and Neonatal Drug and Therapeutics Committee, 25 August 2023;
- 7.2.4 Medicines Homecare Governance Group, 14 November 2023;
- 7.2.5 Antimicrobial Management Committee, 13 September 2023.

8. Any Other Business

8.1 Vaccine eligibility criteria PGD and Green Book SBAR, for ratification

8.1.1 Dr Morrison, Mr Garden and Ms Macher had signed off the previously circulated SBAR as chair's action prior to the meeting. As the PGD was the legislative framework for administering prescription only medicines to a patient group without a prescription, there had been a question as to the status of the shingles vaccination as it was no longer included in the Green Book. This statement was to cover this.

8.1.2 Mr Garden suggested that rather than issuing a statement from the Area Drug and Therapeutics Committee, that the PGD committee be asked to consider wording in the PGD inclusion criteria to cover this case. Ms Bray agreed and noted that thinking had moved towards this solution since the circulated SBAR had been written.

9. Date of next meeting

9.1 The next meeting would take place at **14.30** on **Friday 5 April 2024** by videoconference.

10. Meetings in 2024:

- Friday 7 June 2024;
- Friday 2 August 2024;
- Friday 4 October 2024;
- Friday 6 December 2024.