

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 August 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, Primary Care Pharmacist;
Dr T. Caparrotta, Clinical Pharmacologist;
Dr A. Christie, Consultant Oncologist, Chair of Cancer Therapeutics Advisory Committee
Ms K. Davidson, Consultant in Pharmaceutical Public Health;
Mr S. Garden, Director of Pharmacy, NHS Lothian;
Ms S. Harwell, GP;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Mr S. McBurney, Associate Director of Pharmacy, Primary Care, Community, Mental Health and Associated Services;
Ms M. McCulloch, Lead Nurse for Non Medical Prescribing;
Dr I. Macintyre, Consultant Nephrologist and Chair of the Acute Drug and Therapeutics Committee;
Dr L. Montgomery, GP, Chair of the General Practice Prescribing Committee;
Ms J. Scott, Lead Pharmacist, Chair of the Medicines Policies Sub Committee;
Dr A. Watson, Consultant Psychiatrist, Co-chair of the REAS Drug and Therapeutics Committee, Chair of the East Region Formulary Committee;
Ms J. Webster, Lead Pharmacist, Chair of Medicines Homecare Governance Group.

In attendance:

Dr S. Dewar, Consultant Microbiologist, Antimicrobial Management Team (item 3.1);
Mr R. Foot, Principal Pharmacist, Scottish Medicines Consortium (item 4.1);
Mr S. Hill, Lead Pharmacist, Area Drug and Therapeutics Committee Collaborative (item 4.1);
Ms B. Pillath, Committee Administrator (minutes).

Apologies:

Mr M. Clubb, Director of Pharmacy, NHS Borders;
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Mr B. Hannan, Director of Pharmacy, NHS Fife;
Ms C. Holmes, Lead Pharmacist, West Lothian Health and Social Care Partnership.

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 (7 June 2024)

- 1.1 The minutes from the meeting held on 7 June 2024 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 ADTC Sub Groups – terms of reference, declarations of interest and chair terms

- 2.1.1 There was a need to review the chair terms for all the ADTC sub groups, as a restriction in the length of the term and the lack of deputy chairs for all groups meant that it could be difficult to recruit new chairs.
- 2.1.2 Ms Bray had now completed two terms as chair of MURG, which was the maximum period according to the terms of reference. It was noted that Ms Bray was invested in driving forward a few areas of inquiry currently, was willing to continue as chair, and there was a lack of other staff with the expertise to carry out this role. This would be discussed further at MURG. **DB / SMcB**

3. Safe and Effective Patient Care

3.1 Antimicrobial Team Update

- 3.1.1 The chair welcomed Dr Dewar to the meeting and he presented the previously circulated paper. NHS Lothian was in a good position in reducing antimicrobial use. Some work had been done on the IV to oral switch through the 'green theatres' initiative led by the sustainability team as oral administration also reduced the use of single use plastics. Staff were engaged with this.
- 3.1.2 Dr Dewar advised that data was being collected on antimicrobial use via the Pharmacy First and Pharmacy First Plus systems that are used in community pharmacy. This move from GP prescribing had not resulted in any negative change in prescribing patterns and the lead AMT nurse was working with these groups. Ms Macher advised that data was collected on non-medical prescribing in community pharmacies by the non-medical prescribing lead pharmacist.
- 3.1.3 There were updates to the dental prescribing guidelines and the team engaged with dental practices in some forums. Ms Alexander advised that the Controlled Drugs Team had received antimicrobial prescribing data for dentists and passed this on to the Antimicrobial Team.

3.2 Medicines Incidents Reporting

- 3.2.1 Mr Garden gave a verbal update. The Medicines Safety and Risk Group was now reviewing medicines incidents data and had oversight on quality improvement projects. The group was discussing how this data should be reported to the ADTC and the Healthcare Governance Committee to provide assurance on risk mitigation.
- 3.2.2 The Group was also reviewing patient safety alerts and was looking at the process for dealing with medicines safety alerts. The Medicines Safety and Risk Group would have oversight of the process and would provide assurance to the ADTC.
- 3.2.3 It was agreed that minutes from the Medicines Safety and Risk Group and an annual update would be added to the ADTC workplan. **SG / DA / LM**

3.3 Treatment of non-hospitalised patients for Covid

- 3.3.1 The SBAR and policy covering the assessment and treatment of patients in the Covid 19 non-hospitalised treatment pathway had been previously circulated. The policy had been reviewed at the UHD Drug and Therapeutics Committee.
- 3.3.2 Members approved the policy. The guidance for hospital patients would be available at the next meeting. **LM**

4. **Effective Use of Resources**

4.1 Scottish Medicines Consortium guidance on medicines outwith remit

- 4.1.1 The chair welcomed Mr Scott Hill, ADTC Collaborative and Mr Roy Foot, Scottish Medicines Consortium to the meeting. Mr Foot advised that the new guidance made all hybrid drugs outwith the remit of the SMC. This guidance had been developed following a consultation with industry. It was aimed at giving health boards more flexibility with medicines policies in lieu of an update of the CEL 17 Scottish Government guidance for the use of medicines. Mr Foot acknowledged that concerns had been raised by health boards about the risk of this approach leading to variation of practice between health boards.
- 4.1.2 Dr Morrison noted that the need for an update of the CEL 17 guidance had meant variation in practice in different health boards, but that the medicines outwith remit guidance had added more concern. She noted that as there was no health economist expertise in individual health boards it would be difficult to properly assess drugs outwith SMC's remit locally, and that any use of resources would be duplicated for each board.
- 4.1.3 Mr Garden also noted that a position statement put forward by territorial health board Directors of Pharmacy in Scotland had laid out concerns about the National Cancer Medicines Advisory Group (NCMAG), not about the process, but about the

fact that it was not supported by current access to medicines policy in Scotland and could therefore lead to more variation between health boards.

- 4.1.4 Mr Hill recognised health board concerns about local resource and expertise to assess drugs outwith remit and advised that the need for an update of the CEL 17 guidance had been raised with the Scottish Government at all opportunities including through the SMC and the Directors of Pharmacy group. He suggested that the Healthcare Improvement Scotland health economics team could provide some support.
- 4.1.5 Dr Morrison asked for further information about the SMC interim acceptance guidance and whether trial data was available at the end of the interim period to assess whether the drug should be fully accepted. Mr Foot advised that the interim acceptance category was only used when there was confidence that there were ongoing trials which would provide the relevant data at the end of the period. The category would not be used if further evidence was not expected. Mr Foot was not aware of any drugs that had been removed from the SMC list following the 3 years of interim SMC acceptance. These drugs were often new cancer drugs which were not used long term by individual patients.
- 4.1.6 The new Scottish Government Horizon Scanning Advisory Board, a forum for new technologies and medicines, and the 'disruptive medicines' guidance were discussed. Mr Foot advised that the SMC was supporting the horizon scanning for Scotland. The forum had met once to discuss remit. The focus was on service implementation, planning and delivery of new drugs.
- 4.2 Scottish Government guidance on value based health care and prescribing
 - 4.2.1 The Scottish Government had put out a consultation which was to be responded to by each health board. There had been discussion with clinicians and between boards on a coordinated response. NHS Lothian already adhered to the majority of the recommendations.
 - 4.2.2 Another letter from the Scottish Government dated 21 June set out a range of actions for boards including review of prescribing of medicines of low clinical value. The teams were working on this. NHS Lothian had already done work to reduce prescribing of number of the medicines on the list, and some had near zero prescribing and therefore this work would not generate much financial saving at this stage.
 - 4.2.3 The final guidance from the Scottish Government would be welcomed by primary care prescribers as it would help with conversations with patients about the use of medicines of low clinical value.
 - 4.2.4 There would be a further update once the review had been completed. **LM**

5. Strategic Planning

5.1 Strengthening primary care engagement in the Formulary application process

- 5.1.1 Ms Macher presented the previously circulated paper. Mr Garden noted the challenges of finding representatives to speak on behalf of all GPs in NHS Lothian, and how they could be equipped to speak on cost and clinical value. He suggested that advice from the Medical Director was needed to develop a suitable process which would avoid variation on how different Formulary medicines were managed across the interface.
- 5.1.2 Ms Macher advised that the purpose of the process circulated was to address drug and safety issues and to ensure that a clinical lead was involved in the decision as to whether the drug should be classed as a 'specialist initiation' medicine, and to assess the outline of the shared care between primary and secondary care which would be laid out in the Formulary application.
- 5.1.3 Dr Watson noted that there was already discussion on each application at the Formulary Committee, which included GP representatives from each board. The primary care clinical directors were able to agree clinical processes but did not have financial responsibility as this would be with the general manager. If the application required sign off by all these groups and by the GPPC this would extend the process too much.
- 5.1.4 It was agreed that these concerns should be taken back to Dr Chowings for further discussion and to find out what the process was in other boards.

6. Working in Partnership

6.1 Forward Look Report and Confidentiality

- 6.1.1 Members noted the previously circulated paper.

6.2 Area Drug and Therapeutics Committee Collaborative update

- 6.2.1 Members noted the previously circulated update.

7. Minutes from Committees and Division, Exception Reporting

Members noted the previously circulated minutes from the following meetings:

- 7.1 HEPMA Clinical Governance Group, 14 November 2023, 9 January 2024, 12 March 2024.

8. Any Other Competent Business

8.1 Creon drug shortage

- 8.1.1 There was a global supply shortage of Creon and Pancrex v which were important for treatment of patients with pancreatic insufficiency.
- 8.1.2 Ms Webster advised that this was discussed at a regular shortage huddle with primary and secondary care. Unlicensed alternative medication was now available and was being used in primary care, but there were cost and access problems. A hotline had been set up so that patients could find out which pharmacies had stock of the drug. It had not been determined how much stock each pharmacy had but the Department of Health had issued a limit for pharmacies purchasing to prevent stockpiling. Hospital stock was known across Scotland.
- 8.1.3 Ms Macher advised that there were good governance processes in place for medicines shortages, but this shortage had been challenging. It was not clear who could authorise use of unlicensed medicines costs or carry out a review of all patients. This had been discussed at the Primary Care Prescribing Forum and would also go to the Acute Prescribing Forum. The mitigations required significant work in all sectors.
- 8.1.4 In order to provide assurance to the Committee, an SBAR was requested outlining the situation and plans to identify high risk patients, review patients and any other actions, along with the resource required and cost implications. **JW**

9. **Date of next meeting**

- 9.1 The next meeting would take place at **14.30** on **Friday 4 October 2024** by videoconference.

10. **Further meetings in 2024:**

- Friday 6 December 2024.