

ADTC(M) 14/01
Minutes: 01 - 14

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Board Room
J B Russell House
Gartnavel Royal Hospital
on Monday 10 February 2014 at 2.00 p.m.**

P R E S E N T

Dr J Gravil (in the Chair)

Prof S Bryson	Dr J Simpson
Mrs A Thompson	Dr R Hardman
Mrs L Hillan	Mrs J Watt
Mrs A Campbell	Prof C E McKean
Mrs K Greschner	Dr G McKay
Dr G Simpson	Dr J Burns
Mrs M Ryan	Dr J Larkin (Items 1 – 7)
Mr G Gorman	

I N A T T E N D A N C E

Mrs K Carberry: Secretariat

ACTION BY

01. CHAIR'S STATEMENT

Dr Gravil reminded Members that papers and proceedings relating to SMC advice were, in some cases, confidential and should not be disclosed before the relevant embargo dates stated in the agenda.

She also reminded Members that they should make relevant declarations of interest in line with Board policy.

Members were advised not to speak with members of the press on ADTC business but to refer such enquiries to the Board press liaison office.

02. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of, Dr G J A Macphee, Dr A Bowman, Mr R Foot, Dr C Harrow, Dr A Petrie, and Dr A Seaton.

The Chair welcomed Dr Judith Simpson to her first meeting of the Committee. Dr Simpson is new member from Women and Children's Directorate who will share this role with Dr Phil Bolton, Consultant Anaesthetist.

03. MEMBERSHIP

Dr Gravil has accepted Chair of ADTC for a further 3 years

NOTED

04. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 9 December 2013 [ADTC(M) 13/06] were approved as a correct record subject to a couple of minor amendments which the secretary will update on the file copy.

NOTED

05. FORMULARY AND NEW DRUGS SUB-COMMITTEE

SMC Evaluations / NICE/QIS Guidance

Alison Campbell gave a brief resume of the SMC reviews, and the Formulary and New Drugs Sub-Committee's recommendations. These had been divided into sections for ease of understanding as outlined in the Appendix to this Minute.

Members were asked to consider and, if appropriate, ratify decisions by the Sub-Committee. Recommendations made by the Committee are summarised in an Appendix to these Minutes and would be further publicised in PostScript and in the Formulary update available on the GGC Prescribing website and StaffNet.

Members were asked to declare any interests specific or non-specific, personal or non-personal, on any of the drugs being discussed on an individual basis.

One interest was declared.

The following was highlighted:-

Fluocinolone acetonide 190 micrograms intravitreal implant (Iluvien[®]) [864/13] [Indication: Treatment of vision impairment associated with chronic diabetic macular oedema (DMO), considered insufficiently responsive to available therapies]

The SMC decision was "Accepted for restricted use within NHS Scotland".

The Clinicians welcome this as another option in the group of patients identified in the restriction: local clinicians advise that there will be a small number of patients who would benefit from this treatment.

Trastuzumab, 600mg/5mL solution for subcutaneous injection (Herceptin[®]) [928/13] [Indication: Treatment of adult patients with HER2 positive metastatic breast cancer (MBC) and early breast cancer (EBC) in a range of settings]

The SMC decision was "Accepted for restricted use within NHS Scotland".

The restriction makes this formulation available to the same population where IV infusion is accepted.

There are potential service implications arising from a change in formulation which require to be considered alongside the likely availability of a biosimilar trastuzumab infusion within the next year. The regional prescribing advisory group have asked the WoS units to consider the totality of service implications and the Formulary & New Drugs Subcommittee felt it was reasonable to allow further time for this exercise to be completed.

After detailed discussion and a vote, the majority decision was to defer the decision on Formulary status until the next ADTC (April). Alison Campbell to advise Cancer Services of this timescale.

Mrs A Campbell

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 27 January 2014 be ratified by the Committee with the amendments mentioned above.

06. FORMULARY AND NEW DRUGS SUB-COMMITTEE: SIX MONTH UPDATE

- Dr Stuart Hood has resigned as Co-Chair to fulfil role as Programme Director for cardiology.
- Web access has increased during 2013 with more visits from mobile devices.
- There was 100% compliance with (i) formulary decisions within the 90 day period and (ii) publishing decisions on the GGC Prescribing website within 14 days.
- There are two medicines “pending protocol” where the protocol has still to be added to the website: being followed up (linaclotide in IBS and pirfenidone in IPF).
- Prescribing notes are being increasingly used to more clearly define place in therapy.
- All Patient access schemes in 2013 were simple discounts.
- FND monitor NICE Single Technology Appraisals although they have no standing in Scotland: the advice is generally consistent with SMC advice.
- The annual review indicated that on two occasions SMC accepted a medicine but NHS GGC did not add to Formulary: this is fewer than in previous years. Additional restrictions were conferred on seven occasions, largely to define most appropriate prescribers or to define a slightly tighter place in therapy.

NOTED**07. MEDICINES UTILISATION SUB COMMITTEE**(a) Six Monthly Report

Dr Graeme Simpson gave an update of the work of the Medicines Utilisation Sub-Committee during the last six months. A paper was presented which focused on:

- Vitamin D Prescribing
- IPTR Report
- Iron Preparations
- Clinical Effectiveness Projects
- NHS GGC Therapeutic Handbook
- Medicines Education

(b) Clinical Guideline Generic Statement

The Clinical Guideline generic statement had been developed along with the Polypharmacy Group, in response to the principles discussed at previous ADTC meetings. The aim of the statement was to highlight that guidelines were not a set of rules to be followed rigidly but, as the name suggests, guidance for appropriate treatment. The statement also included good practice advice with respect to multi-morbidities and the documentation and communication of decisions. Dr Simpson advised that the draft presented to ADTC was the consensus view from the Subcommittee.

There was considerable discussion around the implications and potential interpretation of each sentence within the statement. There was consensus on the first two sentences but opposing views were expressed on the remainder of the statement. One member thought this additional wording was unnecessary. The primary concern was that reference to documentation of rationale for deviation from guidelines may infer inappropriate or inadequate practice whereas the intention, and majority interpretation, was promotion of good practice in respect of communication. The Chair concluded that there was sufficient support from ADTC to endorse the recommended statement from the subcommittee. This will be included in a standard cover page for guidelines which would also support document control.

Dr Gravid thanked the Medicine Utilisation Committee for its attention to these challenging issues and will look forward to the next report.

NOTED

08. PRESCRIBING MANAGEMENT GROUP: 27 NOVEMBER 2013

- The finance report for April – September 2013 was considered. Implications of the Scottish Government New Medicines Review both nationally (change to SMC processes) and locally (change from IPTR to PACS for individual case consideration).
- Horizon Scanning forecast for prescribing will be presented to the NHS Board for 2014/15.
- A budget analysis of expansion in access to novel oral anticoagulant (for stroke prevention in new diagnoses of AF), projects an additional cost of £1.5 - £2.0m pa for the next 4 / 5 years. Use in these patients remains non-formulary at present with a decision on expanding access expected as part of the Board's financial plan for 2014/15.
- Prof Bryson agreed to provide, for the next meeting, a concise paper on the Scottish Government New Medicines Review and the repercussions of the Pharmaceutical Pricing Regulation Scheme.

Prof Bryson

09. POLYPHARMACY SUB COMMITTEE

No update.

10. COMMUNICATIONS SUB COMMITTEE

Postscript 79 had been published and circulated with meeting papers

- Assistance had been sought from the Associate Medical Directors to improve cascade of PostScript to acute staff. Clinical Directors and Clinical Leads are now added to the mailing list which should help.
- There will be improvements made to alert messages with the email linking to the alert.
- Dr Simpson highlighted the information on oxycodone but advised that the communication had been incomplete. Mrs Hillan advised of further work on implementation of the preferred brand. Clinical pharmacists were aware of the change.

11. THERAPEUTICS SUB COMMITTEE

- The subcommittee continues to drive forward formulary developments for dressings and sundries, wound formulary and stoma in Acute and Primary Care
- The Oral Nutrition Subgroup are involved in implementation of the MUST Tool and investigating a single supplier for thickeners to improve patient safety
- The Gluten Free prescribing list has been updated to support a change in prescribing arrangements from GPs to Community Pharmacy. ADTC endorsed this specialist Formulary

NOTED

12. SAFER USE OF MEDICINES

Professor McKay will present the 6 monthly report at the next meeting of the ADTC.

Prof G MacKay

NOTED

13. ANY OTHER BUSINESS

None.

14. DATE OF NEXT MEETING

It is proposed that the next meeting of the Area Drugs and Therapeutics Committee would be held on Monday 28 April 2014 at 2.00 p.m. rather than Monday 14 April due to the Easter Holidays. The meeting will be held in **Lecture Theatre, Ground Floor, Neurosurgery Building, Southern General Hospital, 1345 Govan Road, Glasgow, G51. [If entering from Govan Road it is at the top of the road on the left hand side. It is a cream six-storey building].**