ADTC(M) 13/02
Minutes: 19 - 33

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, 8 April 2013 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Mrs A Campbell	Dr J MacKenzie
Mr R Foot	Dr G McKay
Dr R J Hardman	Dr P Moultrie
Ms L Hillan	Dr G Simpson
Dr S Hood	Mrs A Thompson

Mrs J Watt

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

Mrs E Watt .. Secretariat

ACTION BY

19. 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 as agenda items arose.

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.

20. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr A Bowman, Professor S Bryson, Dr J Burns, Mrs J Camp, Dr G Forrest, Dr J Larkin, Dr G J A Macphee, Dr C E McKean, Mrs M Ryan, Dr A Seaton and Dr A Taylor.

The Chair welcomed Dr Stuart Hood, Joint Chair of the Formulary and New Drugs Sub-Committee, to his first meeting of the Committee.

ACTION BY

21. MEMBERSHIP

The Chair gave an update on the membership of the Committee. A number of Acute Care and GP representatives term of office expired on 31 March 2013. These members were all eligible for re-election.

The Secretary wrote to the LMC with regard to GP representation and to individual Acute members to see if they wished to be re-elected.

Dr Hopkinson and Dr Smart (Acute Care) and Dr Moultrie (GP) had indicated that they did not wish to be re-elected for a further term. This was due to other work commitments.

The undernoted would be re-elected for a further term from 1 April 2013 – 31 March 2016.

LMC	Acute
Dr Gordon Forrest	Dr Adam Bowman
Dr Alastair Taylor	Dr Jennifer Burns
Dr J MacKenzie	Dr John Larkin
Dr Alan Petrie **(New Member)**	

The Chair advised that replacements for the Acute Care members would be sought. **Chair**

NOTED

22. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 18 February 2013 [ADTC(M) 13/01] were approved as a correct record.

NOTED

23. MATTERS ARISING

(a) Annual Declaration of Interest

The Chair advised that there had been a good response to the returns of the Annual Declaration of Interest form. Any Member still to return their form should send this to the Secretary. Members who require the form re-sent should contact the Secretary directly. **Members**

NOTED

(b) Souvenaid®

At the last meeting of the Committee Dr Taylor had raised the issue of a drug company promoting the use of Souvenaid® which was non-Formulary. The NHS Board Code of Conduct for Staff outlined that there should be no promotion of medicines or other clinical products not on the Formulary. It had been noted that this was a nutritional supplement and not a medicine.

The Chair advised that enquiries had been made and as this was an evening meeting outwith NHS premises the Board had little influence over these activities.

The ADTC are now aware of this and the non-Formulary status will be highlighted in PostScript. No further action was required.

NOTED

ACTION BY

24. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) SMC Evaluations / NICE/QIS Guidance

Dr Hood 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.

Six interests were declared, all of which were personal, non-specific.

The following was highlighted:-

- Rivaroxaban 15mg and 20mg film-coated tablets (Xarelto®) [852/13] ***[Treatment of pulmonary embolism (PE) and prevention of recurrent deep vein thrombosis (DVT) and PE in adults]***

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

  This had previously been added to the Formulary for the treatment of DVT and all the paperwork used for that, in terms of communication to GPs has been amended to include this additional indication. It was noted that the DVT protocol was on the guideline repository on StaffNet and the amended guideline to also cover PE would be available soon.

- Ulipristal acetate, 5mg, tablet (Esmya®) [834/13] ***[Indication: Pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to three months]***

  The SMC decision was "Accepted for use in NHS Scotland".

  A decision on this medicine had been deferred at the last meeting as feedback indicated a lack of support from clinicians but further responses were anticipated.

  An update had been received from the Clinical Director that does not support addition of this product to the Formulary.

  The Formulary and New Drugs recommendation was therefore not to include this medicine for the indication in question to the GGC Total Formulary.

- Infliximab 100mg powder for concentrate for solution for infusion (Remicade®) [854/13] ***[Treatment of severely active ulcerative colitis in children and adolescents aged 6 to 17 years who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies]***

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

  It was highlighted that specialists have noted the need to discuss the definition of "rescue" and determine exit strategies and the ADTC endorsed the need for these clarifications.

ACTION BY

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 25 March 2013 be ratified by the Committee.

(2) Appeals

Liquid paraffin 11% cream (Zerobase®)
Light liquid paraffin 12.6% cream (Zerocream®)
Liquid paraffin 40% ointment (Zeroderm®)

Mr Foot advised that the above appeals for emollient preparations had been received from Ms M-A McLean, Prescribing Adviser, PPSU. Ms McLean had no interests to declare.

The important points highlighted by the appellant and the Formulary Team for each appeal were highlighted in the agenda papers.

Mr Foot advised that these emollient preparations were similar to others which were already on the Formulary but lower cost. The Sub-Committee had recommended to retain the existing similar preparations on the Formulary but use the primary care ScriptSwitch system to identify the preferred product to support potential savings.

The Sub-Committee's recommendation was that these appeals should be upheld as follows:-

- Liquid paraffin 11% cream (Zerobase®) *[Include in the Preferred List for the indication in question]*.
- Light liquid paraffin 12.6% cream (Zerocream®) *[Include in the Total Formulary for the indication in question]*.
- Liquid paraffin 40% ointment (Zeroderm®) *[Include in the Preferred List for the indication in question]*.

The Sub-Committee asked whether this type of appeal could be dealt with more efficiently through general housekeeping. The Committee agreed to this but outlined that the process should be made clear.

Mr Foot agreed to bring a paper on an amendment to the Formulary process to the next meeting of the Committee. **Mr R Foot**

DECIDED:

1. That the Committee ratify the Formulary and New Drugs recommendation to uphold the above three appeals. Mr Foot would update the Dermatology Service of this decision. **Mr R Foot**

2. That a response be sent to the appellant outlining the Committee's decision. **Chair**

(3) Housekeeping

(a) Psoriderm® Cream (Dermal)

Mr Foot advised Alphosyl HC® (allantoin/coal tar/hydrocortisone) had been withdrawn from the market which removed the only Preferred List tar treatment for psoriasis from the GGC Formulary. A Consultant Dermatologist had suggested Psoriderm® cream as an alternative.

The Formulary and New Drugs recommendation was that Psoriderm® be included in the Preferred List.

ACTION BY

DECIDED:

That the Committee ratify the Sub-Committee's recommendation above.

(b) Imiquimod cream (Aldara®) *[The treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratosis on the face or scalp in immunocompetent adult patients]*

Mr Foot advised that the above preparation was currently specialist use only for this indication whereas other indications for the same preparation are specialist initiation.

The Sub-Committee recommended that Imiquimod cream (Aldara®) be changed to specialist initiation to allow a more suitable Formulary position considering the other therapeutic options available.

DECIDED:

That the Committee ratified the Sub-Committee's recommendation above.

25. SAFER USE OF MEDICINES SUB-COMMITTEE

Six Monthly Report

Dr McKay gave an overview of the work which had been carried out by the Safer Use of Medicines (SUM) Sub-Committee. A paper had been presented which outlined information on the electronic Medicines Reconciliation Form (eMR), SUM risk register and priorities for 2013/14, national review of ADTC structures, functions and reporting arrangements and prescription chart use.

The following was highlighted:-

- The Sub-Committee had discussed the challenges associated with the roll out of various e-systems: Trakcare and electronic medicines reconciliation form.
- The risk register is being used to record priorities and actions, with a focus on the following topics: medicines reconciliation on admission and discharge; accuracy of the prescription chart; missed doses as part of work to improve the quality of medicines administration; and high risk medicines.
- The risk register will be shared with Directorates/Partnerships/CHPs and updates outlining progress will form the basis of regular reports to the Board's Clinical Governance Committees.

The Chair advised that a national group were looking at prescription charts. An audit tool had been developed.

A discussion ensued regarding the prescription chart, the importance of accuracy and the respective responsibilities on the wards. It was noted that there were opportunities to raise issues (eg identify patterns of errors) through the Clinical Governance structure. A prescription chart audit had been undertaken on two separate sites and the results will be discussed at the next Sub-Committee meeting. Dr McKay advised that a pilot of national prescribing exam for trainees was welcomed - this gave an understanding on the detail and content of the prescription chart to junior doctors.

The Chair outlined that a lot of good work was ongoing by the Sub-Committee.

NOTED

ACTION BY

26. THERAPEUTICS SUB-COMMITTEE

Six Monthly Report

The Committee was asked to review the work of the Sub-Committee during the last six months. A paper had been attached with the agenda papers which outlined information on the process, wound dressings, urinary catheter Formulary, non-medical prescribers, non-medical lead groups and PGD group.

Also attached with the agenda papers were guidelines on oral nutritional supplements, nutritional assessment re feeding and prescribing guideline for enteral feeding in the community. These guidelines were approved by the Oral Nutritional Sub-Committee, the Therapeutics Sub-Committee, and the Primary Care PMG.

The following was of note/interest:-

- The workplan for various Formularies have been developed; this was useful where variation in practice and cost effectiveness can be addressed with Formulary guidance.
- Two non-medical prescriber conferences had been held in the last six months including one covering "mindful prescribing".
- A PGD audit tool was now in place to support and streamline the review process.

NOTED

27. PRESCRIBING INTERFACE SUB-COMMITTEE

Dr Hardman advised that the above was a new Sub-Committee of the ADTC which had been established to manage processes to ensure that interface prescribing agreements are standardised and to review, approve and collate Shared Care Protocols. The membership had representation from GPs, the LMC, Lead Interface Pharmacist, CHPs, Formulary and Acute Specialist Pharmacists and a Clinical Director.

The first meeting of the Sub-Committee was held on 22 January 2013 whereby the Terms of Reference were approved – a copy of these was attached with the agenda papers. The Sub-Committee had the authority from ADTC to approve SCPs, and they would report to ADTC on a six monthly basis as agreed for all Sub-Committees.

The SCPs considered at that meeting were melatonin (sleep aid for children) and several medicines for the treatment of hepatitis B (adefovir, tenofovir, entecavir and lamivudine). The Sub-Committee had also recently considered a SCP for ticagrelor.

Dr Moultrie advised that the GP Sub-Committee of the LMC had recently set up a group to look at primary /secondary care interface workload issues. There had been some discussion at LMC around this group and the remit of the Prescribing Interface group. There would be further discussions at the next GP Sub-Committee meeting on 15 April when the SCPs for hepatitis B medicines and ticagrelor would also be discussed. Dr Hardman advised that the LMC will be consulted on the shared care protocols considered by the ADTC Sub-Committee once they have successfully completed the initial Prescribing Interface group processes.

NOTED

28. PRESCRIBING MANAGEMENT GROUP - KEY POINTS OF THE MEETING HELD ON 19 FEBRUARY 2013

Mrs Campbell gave an update of the key points for the above meeting. This included information on the following:-

- Ticagrelor for ACS
- Proposed revisions to risk threshold for primary prevention of CVD
- PMG Finance Report

ACTION BY

- Horizon Scanning 2013/14
- Prescribing in General Practice in Scotland: Audit Scot Report (January 13)
- NHSGGC / Pharmaceutical Industry Partnership Group *[This would be on the agenda for the next meeting]*.

NOTED

29. POLYPHARMACY SUB-COMMITTEE

A paper was presented which gave an update on the work and ongoing actions undertaken by the Polypharmacy Sub-Committee.

Approximately 350 polypharmacy medication reviews were undertaken by GPs and pharmacists for the SGHD priority cohort during the LES pilot activity. Initial examination demonstrated that on average 1.7 drugs were stopped/decreased in every patient reviewed (2.1 stopped/decreased and 0.4 started/increased) and that 31% of drugs stopped were in high risk BNF sections.

The Polypharmacy LES aims to promote safe, effective, evidence based use of medicines in patients considered most at risk of adverse effect. The objectives of this were highlighted in the paper.

Dr Hardman advised that 95% of practices have signed up for the LES. He outlined that the LES template was coded for stopping and starting medication and also allowed free text. It was pointed out that the Acute service who use the ECS system would only be able to see the last entry which had been made to a patient's record.

Dr MacKenzie advised that GPs would be moving to a new system entitled "Key Information Summary" which would allow the acute sector to see the whole patient record. He advised that there was a summary sheet for this and it was agreed that this would be included with the agenda papers for the next meeting of the Committee. **Dr J MacKenzie/ Secretary**

NOTED

30. ANTIMICROBIAL UTILISATION SUB-COMMITTEE

Attached for information was the Minutes of the meeting of the Antimicrobial Utilisation Sub-Committee minutes of 6 February 2013.

NOTED

31. COMMUNICATIONS SUB-COMMITTEE

PostScript 74

Issue 74 (March 2013) was attached with the agenda papers for information. This edition included articles on Abiraterone: new treatment for advance prostate cancer, safety: use of LHRH analolgues in prostate cancer; kid's corner: codeine based analgesia, ADTC decisions, new drugs: apixaban, dapagliflozin, ivacaftor, temocillin;, new clinical guidelines and PostScript Extra: oral NSAIDs.

Mrs Thompson advised that she was linking with paediatrics directorate for articles which would highlight issues re Paediatrics Formulary.

Suggestions for future articles for PostScript would be welcomed.

It was noted that Mrs Thompson and Mrs Watt scan the MHRA website for any medicines safety signals that should be communicated to prescribers in the next edition of PostScript.

ACTION BY

A Member asked if a reminder could be put in PostScript re the dosage change for children for paracetamol. This was agreed. **Mrs A Thompson**

NOTED

32. ANY OTHER BUSINESS

Clinical Trials on Medicines

A GP asked the Committee for clarification on whether a patient who had agreed to take part in a clinical trial for a medicine would be entitled to receive the medicine (which was not on the Formulary or had been reviewed by SMC) after the trial had been completed.

Mrs Watt advised that the there are patient information leaflets for all approved clinical trials which outline that the patient should not expect to continue to receive the medicine after the trial is over.

It was pointed out that companies carrying out clinical trials would have to apply to the Local Ethics Committee for approval before the trial started.

NOTED

33. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 10 June 2013 at 2.00 p.m. in Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12.