ADTC(M) 13/05
Minutes: 62 - 74

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, 21 October 2013 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Prof S Bryson	Dr G J A Macphee
Dr J Burns	Prof G McKay
Mrs A Campbell	Prof C E McKean
Mr R Foot	Dr A Petrie
Dr G Forrest	Dr A Seaton
Dr R Hardman	Dr G Simpson
Dr C Harrow	Mrs M Ryan
Dr J Larkin	Dr A Taylor
Dr J MacKenzie	Mrs A Thompson

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

Dr Michael Alcorn .. ST5 - General Medicine *[[Observer]*
Mr Nick O'Donnell .. Community Pharmacist *[Observer]*
Mrs E Watt .. Secretariat

ACTION BY

62. 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.

63. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr A Bowman, Mrs L Hillan, Dr S Hood and Mrs J Watt.

The Chair welcomed Mr Nick O'Donnell, Community Pharmacist (carrying out an independent prescribers course) and Dr M Alcorn, ST5 – General Medicine, who were in attendance to observe proceedings.

ACTION BY

64. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 12 August 2013 [ADTC(M) 13/04] were approved as a correct record.

NOTED

65. MATTERS ARISING

Scottish Government Response to Health & Sport Committee Enquiry into Access to New Medicines

Professor Bryson tabled a paper on the above. The paper included information on the situation, background, assessment *[value based assessment, different SMC outcomes through a broader assessment of value, transparency and patient/public involvement engagement, engagement with Pharmaceutical Industry, implementation of SMC "accepted" advice by Board ADTCs, local NHS Board consideration of SMC "not recommended advice" for individual patients]* and recommendations.

Professor Bryson felt that this was a good opportunity to flag to the Committee the main issues which would have significant implications for SMC and ADTCs. The future of ADTCs had been debated and the following had been agreed:

- Individual ADTCs would be retained for the next three years. The review was ongoing and would be audited by Health Improvement Scotland.

- Creation of a new Peer Approved Clinical System (PACS) to replace the current IPTR process – this was envisaged to expand access to medicines that are not accepted for routine use by the SMC. *[The Committee noted that the present system for IPTRs would remain until PACS had been implemented – in line with other Scottish NHS Boards. Dr Simpson advised that a report on IPTRs had been discussed at the Medicines Utilisation Sub-Committee at its last meeting. Professor Bryson outlined that NHSGGC had 60% acceptance of Level 3 IPTRs which was in line with the Scottish average]*.

- The Rare Conditions Medicines Fund had been extended for two years to the end of 2016 with the same level of funding.

- ADTC and Patient / Public involvement *[It was felt that the Sub-Committees may be most suitable for involving patient/public engagement. The Polypharmacy Sub-Committee had recently gone through the process of appointing three lay members (two to attend each meeting) through the Involving People Network. A lay person information sheet had been produced for potential candidates. Other Sub-Committees should give consideration to patient/public involvement and follow the Polypharmacy Sub-Committee's process. In terms of lay representative participation at ADTC the Chair outlined that this had been discussed previously and two lay members had attended a meeting in 2012. At that time they had concluded regular attendance may not be required and perhaps they could attend for specific agenda items, as appropriate. It was agreed that, in the first instance, Sub-Committees would consider the potential role of public partners]*.

  NOTED

66. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) SMC Evaluations / NICE/QIS Guidance

Dr Forrest 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.

ACTION BY

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.

Four interests had been declared. Two of the interests were Personal, Specific and the Member left the room for the specific item.

The following was highlighted:-

Bimatoprost 0.3mg/mL plus timolol 5mg/mL, preservative-free, single-dose eye-drops (Ganfort® Unit dose Preservative Free) [906/13] ***[Indication: For the reduction of intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues]***

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

Local adviser was supportive of adding to the Formulary but wished the positioning to be widened to include "intolerance" but the Sub-Committee did not support this extension.

The Sub-Committee's recommendation was that this medicine should be included in the GGC Total Formulary for the indication in question restricted to specialist initiation in patients who have proven sensitivity to preservatives.

Members discussed intolerance immediately on administration versus persistent irritation and the intention was to exclude use in the former situation. Patient counselling would be helpful. It was agreed that the decision should be consistent with SMC advice and with other preservative free eye drops in the Formulary.

The ADTC concurred with the Sub-Committee's recommendation.

The question of wider use of preservative free preparation where there is "intolerance" could be considered as part of a Formulary Section Review when the full implications could be considered.

Nalmefene 18mg film-coated tablets (Selincro®) [917/13] ***[Indication: The reduction of alcohol consumption in adult patients with alcohol dependence who have a high drinking risk level (DRL), without physical withdrawal symptoms and who do not require immediate detoxification. Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. Nalmefene should be initiated only in patients who continue to have a high DRL two weeks after initial assessment]***

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

The Sub-Committee noted the requirement for psychosocial support as part of treatment delivery. It was unclear where the prescribing of this medicine would sit most appropriately. Specialist alcohol services promote a strategy of detoxification and abstinence and they considered this medicine did not fit well within such a strategy. This medicine was for patients who wish to cut down on their drinking but not necessarily stop.

The Sub-Committee's recommendation was that this medicine should not be included in the in the GGC Total Formulary for the indication in question pending discussion with relevant specialists.

However, further discussions and advice was now available (Specialist alcohol services, community addiction teams, Public Health). It was recognised that GPs have limited time

ACTION BY

to effectively deliver the psychosocial support element of the package that is part of the regulatory requirements.

The general opinion expressed by those consulted was that this may be a useful medicine in certain patients but the treatment effect was modest and did not justify establishment of a specific new service.

A detailed discussion ensued with different views on where the prescribing of this medicine should sit.

The Committee's decision was that this should be included in the GGC Formulary for the indication in question without restriction on prescriber. It would be emphasised that nalmafene should only be prescribed as part of a full package of care including the provision of continuous psychosocial support by appropriate NHS personnel and should be reviewed regularly.

The Chair write to the Director of Public Health highlighting this new development that may impact on future alcohol support services. An alcohol LES was also in operation and there may be interest in this medicine from GPs participating in this service. **Chair**

Clear guidance should be highlighted in PostScript.

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 4 October 2013 be ratified by the Committee with the amendments mentioned above.

67. APPEAL – ROPIVACAINE HYDROCHLORIDE (NAROPIN®)

Mr Foot advised that an appeal for Ropivacaine (Hydrochloride (Naropin®) had been received from Mr R Abu-Rajab, Consultant Orthopaedic Surgeon, Royal Alexandra Hospital Paisley. Mr Abu-Rajab had no interests to declare.

This appeal had previously been considered in 2009 but had not been approved due to insufficient evidence at that time.

Mr Foot gave a summary of the appeal. Nine supporting evidence papers were provided by the appellant.

The important points highlighted by the appellants and the Formulary Team were highlighted in the agenda papers.

The Sub-Committee were of the view that this appeal had wider implications than the addition of a medicine to the local Formulary and that the first step should be a formal evaluation of the Enhanced Recovery Programme (ERP) by the Surgery & Anaesthetic Directorate; should that be approved and for wider implementation then the associated medicine implications could be progressed, including preferred anaesthetic choice(s).

It was noted that the post-operative use of oxycodone included in the ERP is not recommended by SMC and remains non-Formulary.

The Sub-Committee's recommendation was that this appeal should not be upheld at the present time.

A detailed discussion ensued and it was

DECIDED:

1. That the Committee ratify the Formulary and New Drugs recommendation not to uphold the appeal at the present time.

ACTION BY

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

68. SAFER USE OF MEDICINES (SUM) 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 since the last meeting. A paper had been presented which outlined information on medicines reconciliation, drug administration and prescription audits and the SUM risk register.

The Sub-Committee had agreed the risk register and were looking for approval by the ADTC. Once received this would be made available through directorate structures and would be used to ensure the work of the SUM Sub-Committee was structured and prioritised.

Dr McKay focussed on the SUM register which outlined the type of risk, owner, controls in place, action to manage risk and relevant follow-up. The priority areas of risk on the register were prescription, administration, safety culture of medicines and high risk medicines.

Medicines reconciliation was a priority topic nationally. Work was ongoing linking with the immediate discharge letter A detailed discussion ensued on issues across the primary/secondary interface. While there were disadvantages in two letters at discharge the use of a follow up letter allowed sharing of more complete information than the immediate discharge letter alone. Increasing efficiency by utilising TrakCare were being explored.

Dr McKay took on Board Members' comments and outlined that this was work in progress.

DECIDED:

That the Committee give its approval to the SUM register.

69. PRESCRIBING MANAGEMENT GROUP (PMG) – ACTION POINTS OF A MEETING HELD ON 10 SEPTEMBER 2013

One item from this agenda was highlighted to ADTC: novel oral anticoagulants. The Heart MCN had proposed an expansion of access to these medicines to includes patients newly diagnosed with AF. The PMG had asked for further information on how this would impact on (1) the medicines budget and (2) the activity levels for the Anticoagulant Service. Until this had been fully considered the Formulary position for these medicines remains unaltered.

A GP outlined that this had been discussed at the LMC GP Group and they wished some direction on which new oral anticoagulant to use. The Heart MCN are aware of this request but they have stated that they are not in a position to have a first choice anticoagulant at the present time.

NOTED

70. MEDICINES UTILISATION SUB-COMMITTEE

(a) Update on Generic Statements on Guidelines

At the last meeting of the Committee it had been suggested that a standard sentence be included in every guideline which outlined that this is for guidance only. Mrs Watt had advised that the generic statement for guidelines relating to frailty and older people (produced by the Polypharmacy Sub-Committee) might be adapted.

This had been further discussed at the Sub-Committee meeting on 2 October 2013 and they recommended a general statement on the clinical repository webpage rather than including in all guidelines.

ACTION BY

A discussion ensued and members felt strongly that a statement modelled on SIGN guidance should be included prospectively on each new guideline in addition to the webpage statement. A copy of the statement should be brought to the next meeting. It was acknowledged that existing guidelines would be exempt but this could be added at review.

Medicines Utilisation Sub-Committee

NOTED

(b) Vitamin D Prescribing

Dr Simpson presented a paper which described the change over time in prescribing of Vitamin D.

There had been rapid growth in the prescribing of Vitamin D preparations over the last 12 months in primary care. The total spend on Vitamin D prescribing in this time period was in excess of £118,000. (It was noted that some of this prescribing may have replaced calcium and Vitamin D) .

There were currently two local clinical guidelines advising on vitamin D supplementation *Vitamin D: Measuring and Prescribing* and *the Management of Vitamin D Insufficiency*.

Mrs Ryan suggested that this would be useful to include in PostScript Primary Care.

NOTED

(c) European Review of Metoclopramide

Mr Foot advised that the MHRA had published advice on the long term use of metoclopramide. This had widespread implications for palliative care.

Attached with the agenda papers was correspondence between Dr P Keely, Consultant in Palliative Medicine & NHSGGC Lead Clinician and the MHRA.

This review concluded that the risk of adverse effects with metoclopramide was increased with high dose or long term treatment, and that the risks are greater in children than in adults. As such in adults and children the recommended indications and posology (dose and duration of treatment) have been revised to minimise these risks and ensure a positive benefit-risk balance for the use of metoclopramide. The benefit-risk balance of each of the authorised indications was considered as part of this procedure with a view to harmonisation across all available products. Whilst it was acknowledged that there was some off-label use of metoclopramide, including some use in palliative care, this was outside the scope of the procedure and therefore was not specifically addressed.

The Palliative Care Group were reviewing their protocols in light of the advice and the information above. Also, the advice pertaining to metoclopramide had been the subject of a PostScript article.

NOTED

71. POLYPHARMACY PRESCRIBING SUB-COMMITTEE

Dr Macphee advised that he had nothing to report this time but he would give his six monthly report at the next meeting in December.

NOTED

ACTION BY

72. ANTIMICROBIAL SUB-COMMITTEE

(a) Minutes of Meeting held on 13 August 2013

The above minutes were attached for information.

NOTED

(b) MHRA Drug Safety Update – Nitrofurantoin

Dr Seaton advised that the MHRA published a drug safety update on nitrofurantoin cautioning against use when eGFR<60mls/min. The Antimicrobial Team sought advice from SAPG who upheld this warning. Alternatives are trimethoprim (as long as eGFR>30), co-amoxiclav and ciprofloxacin. The latter two agents potentially risk *C-difficile* and this is of concern given the at risk population. The electronic THB is being updated.

Mrs Ryan outlined that warnings have been added to the GP system ScriptSwitch .

NOTED

(c) Antibiotic Prescribing in Primary Care

Dr Seaton advised that the Scottish Government, in consultation with the Scottish Antimicrobial Prescribing Group, had agreed a national quality indicator for primary care to reduce total antibiotic use. This replaces the quinolone target.

The quality indicator being introduced in 2013-14 is that antibiotic use, expressed in items/1000/day in at least 50% of practices in each NHS board will be at or below the 25th percentile of Scottish practices or will have made an acceptable move toward that level.

Baseline data indicate that 52 GP practices are within the target lower 25th centile in GGC with approximately another 79 practices in GGC required to meet the target

A question was asked whether this would be carried out in the Acute sector. Dr Seaton advised this was not proposed at the present time but a revised indicator looking at antibiotic review (down stream of the acute / empirical prescription) was being considered.

NOTED

73. COMMUNICATIONS SUB-COMMITTEE

PostScript 77

Issue 77 (September 2013) was attached with the agenda papers for information. This edition included articles on safety updates (including diclofenac, metoclopramide, codeine in children), kid's corner: melatonin, osteoporosis update, ADTC decisions, reviewing tiotropium and new guidelines and primary care app.

Mrs Thompson gave an update of some of the items in the next edition of PostScript.

NOTED

74. MEETING DATES FOR 2013

The Chair advised that the meeting dates for 2014 had been agreed. These would all be held in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12. A schedule of the meeting dates was attached with the agenda papers.

NOTED

ACTION BY

75. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 9 December 2013 at 2.00 p.m. in Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12.