

TO BE RATIFIED

ADTC(M) 18/02
Minutes: 14 - 28

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Boardroom, JB Russell House
on Monday, 23rd April 2018 at 2.00 p.m.**

P R E S E N T

Dr S Muir (in the Chair)

Dr A Taylor	Mrs Y Semple
Mrs A Campbell	Mr R Foot
Dr G Forrest	Mrs L Hillan
Dr A MacLaren	Dr R Hardman
Dr J Simpson	Mr A Crichton
Mr G Bryson	Mrs A Muir
Ms B White	Ms F Thomson
Dr B MacKinnon	Dr A Bowman
Mrs A Thompson	Mr D Malcolmson

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

Dr A MacDonald	Chair of SMC (For minute 19)
Ms G McMartin	Secretariat Manager

ACTION BY

15. CHAIR'S STATEMENT

The Chair 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.

He 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.

16. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Dr K McAllister, Prof G McKay, Dr J Burns, Dr C Harrow and Mrs J Watt.

The Chair informed the Committee that Dr R White has recently been appointed as Chair of the ADTC Medicines Utilisation Sub Committee and will therefore join the ADTC.

The Chair welcomed Ms F Thompson, who joined the meeting in person today.

TO BE RATIFIED

17. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 26th February 2018 were approved, subject to the following amendments:

Minute 04, paragraph 3 PMG Update. Removed as duplicated at Minute 05.

18. MATTERS ARISING

Single National Formulary (Chapter Development Groups Terms of Reference)

A GG&C response detailing concerns and questions was drafted and submitted to the SNF Team. Comments from all Board areas will be reviewed and discussed by the SNF internal governance group.

19. SMC UPDATE

Dr Alan MacDonald, Chair of the Scottish Medicines Consortium, was welcomed to the meeting. Dr MacDonald provided an overview of the SMC; process and recent changes; and then there was a discussion with the committee on key areas of interest.

Dr MacDonald highlighted that the Montgomery review acknowledged that process changes at the SMC had increased access to new medicines.

Dr MacDonald advised that a pathway for ultra-orphan medicines was yet to be determined but 'true ultra-orphan' had been defined.

Dr MacDonald stated that the option of 'interim acceptance' will be introduced in Summer 2018 for medicines given conditional marketing authorisation by the EMA and that there is a vision for this to be broadened out in the future.

Dr MacDonald updated the Committee that the SMC can review Advanced Therapy Medicinal Products (ATMPs) where they fit within remit.

The Committee asked a number of questions regarding the SMC and a discussion ensued.

The Chair thanked Dr MacDonald for an informative update.

NOTED

20. PACS TIER 2 LETTER AND GUIDANCE FROM SCOTTISH GOVERNMENT

Mr Foot provided an update on the changes made to the PACS2 guidance, originally issued by the Scottish Government (SG) in 2017 for implementation as of 1st February 2018. Following comments from Health Boards, the SG paused implementation to allow further consideration of the concerns raised. Revised guidance has now been issued for implementation by 1st June 2018.

Mr Foot highlighted the main changes to the guidance, noting that the updated guidance had taken account of many, but not all the concerns previously raised. One of the key changes is that non-submissions or medicines awaiting submission to SMC are excluded.

In light of this revised exclusion criteria, the Committee were asked to consider several options for medicines that fall into this category. It was agreed that the current IPTR process should be followed for these medicines. Incorporation of a threshold for medicines that will not be taken through the full PACS2 process has been discussed previously. A threshold of £3000 per annum or treatment course

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was previously agreed. Mr Foot explained that there are approximately 100 medicines and indications that would fall in to this category. He advised that many of these are old treatments and are not routinely used anymore. It is proposed that this list is discussed with the Medicines Utilisation Sub Committee to explore a reduction to a more manageable number of 15 to 20 medicines based on PRISMS data. The Committee were supportive of this approach.

Mr R Foot

Considering the guidance and the need to have a policy in place to enable the implementation plans to move forward, Mr Foot asked the Committee to approve the main content of the policy. It was noted that there may be minor changes made to this between now and 1st June 2018 and Mr Foot will provide an update at the next Committee meeting.

Mr R Foot

The Chair thanked Mr Foot for the update.

DECIDED:

The Committee agreed that the current IPTR process should be used for medicines awaiting SMC review or for non-submissions.

The Committee agreed that the Medicines Utilisation Sub Committee should consider and agree a targeted list of medicines that will go through a PACS2 lite process.

The Committee agreed the content of the policy, noting that there may be minor amendments to the policy between now and 1st June 2018.

21. FORMULARY AND NEW DRUGS SUB COMMITTEE

1) Report on SMC Product Assessments

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.

No declarations were made.

See Appendix 1 for summarised decisions (Item 7 FND Table)

22. FREE OF CHARGE MEDICINES SCHEME

Mr Foot updated the Committee on the above issue. Following a noted increase in schemes where licensed medicines are being offered free of charge in advance of SMC advice, a national piece of work led by National Procurement and the ADTC Collaborative has been undertaken to agree a Scotland wide approach. NHSGGC representation has been heavily involved in the SLWG that has been considering this issue. Mr Foot clarified that this is not related to Compassionate Access Schemes or EAMS, this is specifically for medicines that are licensed. Mr Foot drew the Committee's attention to the SBAR entitled NHS Scotland Approach to Pre-HTA Free of Charge (FOC) Pricing Schemes, which suggests a national approach whereby these schemes will only be accepted on a once-for-Scotland basis if they meet specific requirements. National Procurement have asked ADTC's to consider the endorsement of this proposed national approach, feeding back any specific comments to the ADTC Collaborative by the end of May.

The Committee were comfortable with the suggested approach.

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The Chair thanked Mr Foot for an informative update. Mr Foot agreed to feedback to the Collaborative that the ADTC supported this approach.

Mr Foot

APPROVED

23. ADTC Collaborative UPDATE

Dr MacLaren provided the Committee with an overview of the main topics discussed at the ADTC Collaborative WebEx Meeting of 14th March 2018, including a presentation provided on HEPMA , Single National Formulary, Early Access to Medicines Scheme and the DOAC Booklet.

Dr Muir asked if there had been any unexpected issues relating to HEPMA in any of the boards that have implemented it. Dr MacLaren advised that there are practical considerations including the impact on nursing and the importance of ensuring that nurses and clinicians are well engaged with the process as early as possible. The Committee agreed to keep this item on the agenda for future updates.

**Dr
MacLaren**

The Chair thanked Dr MacLaren for the update.

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24. SAFER USE OF MEDICINES

The Safer Use of Medicines Six Monthly Report was presented to the Committee. The key areas highlighted include the roll out of Orion system at IRH and the improvements this has made to integrating medicines reconciliation and admissions. Discussion took place regarding valproate and establishing a systematic process for dealing with safety alerts. An update on this issue will be brought to a future meeting later in the year.

The Chair noted thanks for the informative report.

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25. THERAPEUTIC SUB COMMITTEE

Mr Bryson presented the Committee with the Therapeutic Sub Committee Six Monthly Report. Mr Bryson updated the Committee on the main areas of progress including update of the Wound Care Formulary/Guidance; progress on implementation of the Chronic Venous Insufficiency Formulary; development of a newly established National Stoma Quality Improvement Group; Urology Products Formulary and the development of dashboard reports produced for HSCPs; and the completion of the Paediatric ONS, Metabolic and Low Protein formularies review. Mr Bryson advised the Committee that no further developments have been made with regards to Non Medical Prescriber Training, however measures are in place to address this. Mr Bryson highlighted the efforts of Gavin Gorman, who recently left the organisation in January 2018. Ms Lynne Watret has taken up the post of Interim Non-Medical Prescribing Lead until December 2018.

The Chair thanked Mr Bryson for a useful update.

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26. PRESCRIBING INTERFACE SUB COMMITTEE

Dr Hardman provided the Committee with an overview of the work of the Prescribing Interface Sub Committee. The Sub Committee have considered a small number of Shared Care Protocols including Hepatitis B, Melatonin, Denosumab, growth hormone in children and Apomorphine. Dr Hardman advised that there are a number of medicines which secondary care wish to consider for shared care however these are currently on hold due to primary care monitoring required.

The Chair thanked Dr Hardman for an informative update.

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27. AOCB

Mrs Campbell advised the Committee that following the last ADTC meeting, criteria has been agreed for the high cost liquid initiative. This has been circulated to colleagues across Acute Services by the Acute Service PMG. Some comments and concerns have been received from lead nurses, however Mrs Campbell assured the Committee of the intention to address these and move forward with this initiative.

NOTED

28. DATE OF NEXT MEETING

Monday, 11th June, 2pm – Boardroom, JB Russell House, Gartnavel Royal Hospital