

ADTC(M) 18/03
Minutes: 29 - 42

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, 11th June 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	Ms F Thomson (by VC)
Ms B White	Dr A Bowman
Dr B MacKinnon	Mr D Malcolmson
Ms L Watret	Dr K McAllister
Mr A Fitchett	
Mrs J Watt	

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

Mr G Forrester Deputy Head of Board Administration

ACTION BY

29. 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.

30. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Mr G Bryson, Mr A Crichton, Prof G McKay, Dr J Burns, Dr C Harrow, Ms S Lip and Mrs A Thompson.

The Chair welcomed Ms F Thompson, who joined the meeting by video conference, and noted that Ms L Watret attended on behalf of Mr G Bryson.

31. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 23rd April 2018 were approved, subject to the following amendments:

Minute 16, paragraph 2– delete ‘Medicines Utilisation’ and replace with ‘Anti Microbial’; and

Minute 26, paragraph 1 – include ‘agreements,’ in the final sentence immediately after the phrase ‘wish to consider for shared care’.

32. MATTERS ARISING

There were no matters arising.

33. PACS2 UPDATE

Roy Foot spoke to a presentation on the implementation of the PACS2 system, advising that the system went live on 1st June, and that it is designed to replace the IPTR process for medicines not routinely available for use in NHS Scotland, and is applicable to drugs which have been not recommended by the Scottish Medicines Consortium (SMC) or have been submitted to the SMC but advice is awaited. (IPTR will continue meanwhile for non-submissions).

Mr Foot advised that to ensure the process is manageable within the Board, a cost threshold of £3000 per course or per annum has been applied, and that a flowchart is available on the NHSGGC website which will assist in identifying the appropriate process to follow for any particular drug.

Mr Foot described the criteria and considerations as set out in the policy. It was noted that a National Review Panel will consider cases where local resolution has not been achieved.

In response to questions, Mr Foot advised that local panels will usually include Chiefs of Medicine, but some departments may have delegated arrangements. He further advised that NHS GGC had nominated representatives to participate in the National Review Panels.

NOTED

34. 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 6 FND Table)

35. FORMULARY APPEALS

Mr Foot spoke to a formulary appeal regarding Naltrexone which had been received from the NHS GGC Alcohol and Drug Recovery Centre, for use of the medicine in

supporting abstinence from alcohol. This would be for specialist use only in line with a local treatment guideline. He asked the Committee to support the recommendation of the Formulary and New Drugs Sub Committee to add to the total Formulary along with prescribing notes which provided information on when stopping treatment would be appropriate.

In response to questions, Mr Foot advised that LFT monitoring would be carried out on a three-monthly basis, and that specialist use would not be limited to specialists in alcohol and drug recovery services. He further advised that a link to the relevant guidance would be circulated.

APPROVED

36. ADTC COLLABORATIVE UPDATE

Mr Foot provided an update on the work of the ADTC Collaborative, advising of a focus on supporting Boards in implementing the PACS2 arrangements, and assistance with the SLWG and provision of a patient information leaflet.

Mrs Watt sought an update on the Scottish Single National Formulary. Mr Foot advised that there had been no formal update but that the Single National Formulary team had issued links to their website. The Chair advised that he had been invited to a meeting on 4th July and that the team were also looking for members on a governance group. It was agreed that feedback should be sought on the governance arrangements and chapter development process.

Dr S Muir

NOTED

37. UPDATED MHRA ADVICE RE SODIUM VALPROATE

Mrs Semple provided an update to the Committee on Sodium Valproate, noting updated advice from the MHRA regarding use in females of child-bearing age and a pregnancy prevention programme. A stakeholder group has been created with a first meeting held in May, and that this group would report through the Safer Use of Medicines Sub Group. She further advised that numbers of patients on Sodium Valproate but who had not been seen by a specialist had been highlighted, noting that a referral to specialist care must be made and then an annual review carried out. It was noted that this was likely to be challenging for the specialist services.

Mrs Watt suggested that a meeting with GPs and specialists should take place shortly to identify medical need in what is a vulnerable population.

NOTED

38. ANTIMICROBIAL SUB COMMITTEE

Dr White presented the Committee with the Antimicrobial Sub Committee Six Monthly Report. Dr White highlighted a number of issues that were prominent in the work of this subcommittee including; SAB rates were higher than the national average and that the Sub Committee are promoting switching from IV to oral use and supporting 'front door' work to reduce cannula use. She further advised that a 'pharmacy first' approach is being used to discourage antibiotic use in primary care; off-contract purchasing costs are significant; secondary care use of temocillin is increasing significantly; work is being done to reduce total volume of prescribing.

In response to questions, the Committee discussed the importance of building confidence in shorter drug use durations, and that discharge letters need to be clear on the number of days' of treatment provided.

The Chair thanked Dr White for a useful update.

NOTED

39. COMMUNICATIONS SUB COMMITTEE

Mrs Semple provided an update on the work of the Communications Sub Committee, advising that 57 blog posts had been published, that follower numbers on Twitter and Facebook are increasing, and that 'opt-in' responses to GDPR-related emails issued had been positive. She further advised that further representation from primary care and acute medical areas would be welcomed, and that as she is moving to a new post, the position of Chair of the Sub Committee would be taken by Elaine McIver.

The Chair thanked Mrs Semple for an informative update.

NOTED

40. OTHER ADTC SUB COMMITTEES

- a) Formulary and New Drugs Sub Committee – Dr Forrest advised that there was no further update;
- b) Medicines Utilisation Sub Committee – Mr Foot advised that there was no further update; and
- c) Therapeutics Sub Committee – Mrs Watret noted that advice was awaited from Scottish Government regarding future funding arrangements for prescribing training. Also that pilot work was being done on use of pre-printed lists for selecting appropriate products which should assist in managing costs.

NOTED

41. AOB

The Chair asked the Committee to note thanks for the hard work undertaken by Mrs Yvonne Semple in supporting the work of the Committee, noting that she was leaving NHS GGC to take up the post of Chief of Pharmacy at the Golden Jubilee, and passing on his best wishes for her in this new post.

42. DATE OF NEXT MEETING

Monday, 13th August, 2pm – Boardroom, JB Russell House, Gartnavel Royal Hospital