ADTC(M) 18/04
Minutes: 43 - 55

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, 13th August 2018

P R E S E N T

Dr S Muir (in the Chair)

Dr A Taylor	Mr R Foot
Mrs A Campbell	Dr R Hardman
Dr G Forrest	Dr A Bowman
Dr A MacLaren	Mr D Malcolmson
Dr B White	Mrs A Thompson
Dr B MacKinnon	Dr A Fitchett
Ms L Watret	Mr G Bryson
Mr A Fitchett	Dr R White
Mrs J Watt	Ms C Coelho
Mrs A Muir	

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

Mrs G Mathew Secretariat Manager

ACTION BY

43. 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.

44. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Dr K McAllister, Ms L Hillan, Dr J Simpson, Ms F Thompson and Dr C Harrow.

45. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 11th June 2018 were approved as an accurate record

46. MATTERS ARISING

a) Single National Formulary

The Chair provided an update on topics discussed at the recent ADTC Chairs Meeting which took place on 6th July 2018. A presentation was given at the meeting on the progress to date of the Single National Formulary, including the development of the Terms of Reference and the establishment of the Governance Group. It was expected that the first chapter to be considered would be Gastrointestinal, led by Dr Robert Boulton-Jones, and that this would be complete by April 2019. Terms of reference and remit for the Single Formulary Working Group were awaited. Once these were available and had been reviewed and commented on, nominations for membership of the group would then be considered. Dr Muir advised that he would circulate the presentation slides from the meeting to ADTC Members for information. **Dr S Muir**

In response to questions from the Committee, Dr Muir advised that there were currently 4 chapter review groups in existence.

NOTED

b) Brodalumab and Guselkumab for severe psoriasis

Dr Forrest updated the Committee on the above preparations recently accepted by the SMC. Dr Forrest advised that a treatment pathway had been shared from the severe psoriasis clinic: a request has been made that the new products are added to clarify their place in therapy. It was noted this was also on the agenda of the Acute Services Prescribing Management Group. The medicines would remain non-Formulary at present.

NOTED

47. PACS2 UPDATE

Mr Foot provided a verbal report to the Committee on the progress of PACS2. A training session with cancer clinicians which was arranged for July, was cancelled and rescheduled to August. A short life working group has been established to consider the appropriate process for access to medicines not recommended by SMC following a non-submission. The ADTC Collaborative were arranging a session to review the PACS2 experience to date and Mr Foot advised that an issues log has been developed and would be raised.

NOTED

48. 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)

49. FORMULARY APPEALS

a) Paravit CF

Mr Foot spoke to an abbreviated assessment by the Medicines Policy and Guidance Team on behalf of the Formulary and New Drug Sub Committee, of the above product. The assessment recommends that Paravit CF capsules be added to the Total Formulary, restricted to specialist initiation for patients who are unable to tolerate the standard vitamin supplement regimen. Mr Foot noted that the medicine was already included on the Paediatric Formulary.

In response to questions from Members, Mr Foot noted that there would be an expectation that vitamin levels would continue to be monitored given that patients may have differing requirements. Mr Foot would however raise this at the next Paediatric D&T Meeting to check if there were any restrictions on the Paediatric Formulary. **Mr R Foot**

The Committee supported the above recommendations and would await clarity from Mr Foot regarding the Paediatric Formulary restrictions.

APPROVED

50. LIDOCAINE PLASTERS

Mrs Watt spoke to a paper detailing the proposal to reduce the inappropriate use of Lidocaine plasters outwith their marketing authorisation, in conjunction with Primary Care, as part of the Board's overall Financial Improvement Programme. Mrs Watt noted that a variety of audits had been carried out on this topic. The proposal includes the removal of lidocaine plasters from ward stock lists and is supported by the Pain MCN. Mrs Thompson went on to advise the Committee on a parallel initiative underway in Primary Care. The Committee noted the importance of review. Clinicians were asked to complete a form prior to supply.

The Committee supported the recommendations made within the proposal.

APPROVED

51. ADTC COLLABORATIVE UPDATE

The ADTC Collaborative July 2018 Newsletter was reviewed by the Committee. The newsletter covered a number of areas including Biological Medicines – A Framework for Safety and Consistency; Hospital Electronic Prescribing and Medicines Administration (HEPMA) in NHS Forth Valley; PACS Tier 2; PGD's Short Life Working Group; Palliative Care Guidelines Survey; GDPR and Medicines in Scotland publication.

NOTED

52. PRESCRIBING MANAGEMENT GROUP UPDATE

Mrs Muir advised the Committee of items discussed at the last meeting on 19th June 2018, including an update on Financial Improvement Programmes, shortages in Primary Care and savings targets in Acute. Mrs Muir also noted a paper which was presented to the CMT meeting on the treatment of patients with Hepatitis C, which noted a change in the contract which could support an increase in activity.

NOTED

53 MEDICINES UTILISATION SUB COMMITTEE – SIX MONTHLY REPORT

Dr White presented the Medicines Utilisation Sub Committee Six Monthly Report to the Committee. The report highlighted the key areas of work undertaken by the Sub Committee in the last six months including the review of 12 guidelines and protocols, Clinical Effectiveness Projects, updates to the Therapeutics Handbook and the completion of Medicines Update Extra bulletins. The committee also noted the report on the specific piece of work targeting reduction of wastage via home delivery services.

The Chair thanked Dr White for the update and noted thanks to the Members of the Sub Committee for all of their hard work over the past six months.

NOTED

54. OTHER ADTC SUB COMMITTEES

a) Antimicrobial Sub Committee

There was no update noted by the Sub Committee.

NOTED

b) Communications Sub Committee

There was no update noted by the Sub Committee.

NOTED

c) Prescribing Interface Sub Committee

Dr Hardman noted that the new agreements had been published on the site.

NOTED

d) Safer Use of Medicines

Dr MacLaren updated the committee on the work to implement the change in licence for sodium valproate. Dr MacLaren noted that use of the medicine was contraindicated in women of child bearing age unless there was a robust pregnancy prevention programme in place or if the patient had signed a risk acknowledgement statement to verify that the risk of pregnancy was very low. Clinicians were being asked to complete a form which raises this issue, however clarity was sought on where clinicians would record information regarding patients who were considered not at risk of pregnancy. Discussion took place about the potential to amend the form used and Dr MacLaren advised that he would feedback the points raised in discussion.

There was also discussion about whether patients requiring highly effective 'user – independent' contraception e.g. IUD, implant should be referred directly to Sandyford or back to the GP for onward referral where required. There were mixed views and it was agreed that the GP sub could offer opinion on the referral pathway.

NOTED

e) Therapeutics Sub Committee

Mr Bryson noted a change in membership of the Therapeutics Sub Committee, Dr Sharif had joined the Sub Committee. Mr Bryson also provided an overview of the recent work of the Sub Committee including antimicrobial bundle and stoma quality improvement group.

NOTED

55. AOCB

a) High Cost Liquid Medicines

Mrs Thompson presented a paper to the Committee which proposed that an update of the memo developed for Acute Services regarding alternatives to certain high cost liquid preparations be considered. The Committee sought clarification about the intended recipients of the memo and Mrs Thompson clarified that the memo was intended for Primary Care and in particular to provide comfort to Pharmacy and Care Home staff regarding crushing tablets or opening capsules.

The Committee supported the recommendation to update the memo to include Primary Care, subject to the minor amendments discussed.

APPROVED

b) Inhalers

Mrs Watt provided an update on the recent work being done in Acute Services where inhalers would no longer be dispensed routinely on discharge, but would be supplied if specifically requested. . The aim was to reduce duplication and wastage. Mrs Watt asked the Committee to feedback any issues with regards to this initiative. Dr Taylor noted some concerns however Mrs Watt assured the Committee that patients who have an insufficient supply would be issued with the relevant inhaler. Formal feedback on the initiative was expected in 3 to 6 months time.

NOTED

Monday, 8th October, 2pm – Boardroom, JB Russell House, Gartnavel Royal Hospital