

NHSGG&C(M) 20/05
Minutes: 59 - 71

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held via Microsoft Teams
on Monday 14th December 2020**

PRESENT

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Elaine McIvor
Mrs Aileen Muir	Mr Alister Maclaren
Ms Yvonne Clark	Dr Gordon Forrest
Dr Judith Simpson	Dr Raymund White
Dr Kay McAllister	Dr Roger Hardman
Mrs Audrey Thompson	Dr Mohammed Khan
Mrs Mairi-Anne McLean	

IN ATTENDANCE

Mrs Louise Russell	Secretariat
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		ACTION BY
59.	CHAIRMAN'S STATEMENT	
	<p>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.</p> <p>He also reminded members that they should make relevant declarations of interest in line with Board policy.</p> <p>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.</p>	
60.	WELCOME AND APOLOGIES	
	<p>Apologies for absence were intimated on behalf of Mrs Janice Watt, Dr Beth White, Mrs Gail Caldwell, Dr Fergus MacLean, Prof Gerry McKay, Mr Alex Crighton and Mrs Alison Campbell.</p> <p><u>NOTED</u></p>	
61.	MINUTES OF PREVIOUS MEETING: 26 OCTOBER 2020	
	<p>The minutes of the meeting held on Monday 26th October 2020 were approved as an accurate record.</p>	

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	<u>APPROVED</u>		
62.	MATTERS ARISING		
	None.		
	<u>NOTED</u>		
63.	NEW MEDICINES FOR CONSIDERATION		
	(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 of interest were made.		
	<i>See Appendix 1 for summarised decisions</i>		
64.	ADTC SUBCOMMITTEE UPDATES		
	a. Prescribing Interface Subcommittee – Six Monthly Report		
	Dr Hardman provided an update on behalf of the Prescribing Interface Subcommittee.		
	Dr Hardman reported that Methotrexate Shared Care Agreement had been updated and was on the site.		
	Dr Hardman informed the Committee that a SBAR had been submitted by dermatology and rheumatology for apremilast. The Committee noted there would be a move towards GP prescribing with specialist initiation. A shared care agreement was not being sought, however Dr Hardman requested the views of the Committee. The Committee noted that use of this medicine had increased and there were increasing difficulties with supply issues.		
	The Committee noted the update provided.		
	<u>NOTED</u>		
	b. Non-Medicines Utilisation Subcommittee		
	Mrs Mairi-Anne McLean provided an update on behalf of the Non-Medicine Utilisation Subcommittee.		
	Mrs McLean reported that the name change of the subcommittee had been ratified. The subcommittee continued to meet virtually. Due to unforeseen circumstances, the position for a GP representative on the		

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	<p>subcommittee had become vacant again.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
<p>c. Safer Use of Medicines Subcommittee</p>		
	<p>The Chair was unable to attend the meeting, however he informed the secretary via email that there was no specific update. The next meeting was due to take place on 15th December 2020.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
<p>d. Antimicrobial Subcommittee</p>		
	<p>No specific update.</p> <p><u>NOTED</u></p>	
<p>e. Medicines Utilisation Subcommittee</p>		
	<p>Dr White provided an update on behalf of the Medicines Utilisation Subcommittee.</p> <p>Four guidelines were reviewed at the last meeting. This included liothyronine and dexamethasone. Three mental health formulary appeals were also considered.</p> <p>The Committee noted the update provided.</p> <p>(1) Andexanet - Update on Guideline</p> <p>Mr Foot reported that a minor change had been made to the above guideline, previously approved by the Medicines Utilisation Subcommittee. However, subsequent to approval it was found that the QEUH Stroke Unit had an ongoing phase III clinical trial in intracranial haemorrhage, which had delayed publication of the guideline. Following discussion, it was proposed that a statement regarding this would be added to the guideline.</p> <p>It was agreed that the statement would be discussed with the stroke team before being added to the document.</p> <p>The guideline could be reviewed at the Medicines Utilisation Subcommittee meeting in January if required.</p> <p><u>NOTED</u></p>	

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65.	ADTC COLLABORATIVE UPDATE	
	<p>The Committee noted the newsletter provided for information.</p> <p>The Committee noted updates on 3 EAMS, Nivolumab, Atezolizumab and Idebenone. Mr Foot highlighted in particular that the EAMS for Idebenone had been discontinued amid the withdrawal of the application for a marketing authorisation for this medicine and the suspension of all ongoing investigation.</p> <p>The newsletter highlighted a Primary Care Rebate Scheme had been introduced for Inhixa® Enoxaparin Sodium. The committee noted that switches may be considered, however switches could have implications.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
66.	PRE HEALTH TECHNOLOGY ASSESSMENT FREE OF CHARGE (PRE – HTA FOC) PRICING SCHEMES	
	<p>The Committee noted the paper submitted regarding pre health technology assessment free of charge (pre – hta foc) pricing schemes.</p> <p>The Committee noted that the scheme was considered nationally, however didn't meet the criteria. ADTC's could however make a decision locally.</p> <p>Following discussion the Committee agreed that arrangements for withdrawal and workload/administration implications were unclear.</p> <p><u>DECISION</u></p> <p>Following discussion, the Committee decided not to participate on the basis that appropriate alternatives were available.</p> <p><u>NOTED</u></p>	
67.	HEPMA PROGRESS UPDATE	
	<p>Mr Rob Puckett, Lead Clinical Pharmacist Medical Specialities and Clinical Lead for HEPMA, provided an update on HEPMA.</p> <p>Mr Puckett reported that HEPMA went live on ward 7D at the Queen Elizabeth University Hospital on Wednesday 9th December 2020. He reported that half the ward (14 patients) was transcribed. Mr Puckett reported that COVID was having an impact on staffing levels, however</p>	

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	<p>the launch went well.</p> <p>There was initially some anxiety from nursing staff, however staff had coped well. Within the first 2 days 400 patients were administered and 125 non administered.</p> <p>Mr Puckett reported that the decision was made to delay launching in ward 7B due to staffing levels over the festive period. The plan was to remain with 1 ward until 11th January 2021. Following that, the initial roll out plan was to launch in ward 7B w/c 11th January, ward 7C & ARU1 w/c 18th January and ward 7A w/c 25th January. The subsequent roll out would be 10 wards per week. Mr Puckett reported that there had been some minor issues with the roll out so far, mainly minor issues with access to network. Mr Puckett reported that the Symptomatic Relief Policy had still to be added. This was being submitted to the Safer Use of Medicines Subcommittee for approval.</p> <p>In response to a question regarding out of hours, Mr Puckett reported that a paper kardex system was used for 2 rounds overnight, then HEPMA was used. This system would remain in place until the receiving units were up and running.</p> <p>In response to a question in relation to dosing and common drug interactions, Mr Puckett reported that dose checking was being developed worldwide. He reported that HEPMA had full interactions. Levels 3&4 were on the system at the moment. Mr Puckett reported that the way staff were prescribing was being assessed as part of the pilot.</p> <p>Mr Puckett reported that the IDL functionality was not being used at the moment. Work was taking place to link the two systems together.</p> <p>In response to a question on what lessons had been learned to take into further roll out, Mr Puckett reported that the transcription process had been labour intensive, therefore consideration had to be given to busy areas dealing with complicated prescriptions. It was also noted that nursing staff required support, therefore nurse admin rounds would be staggered.</p> <p>Mr Puckett agreed to provide a further update at the next meeting.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
68.	POLICY UPDATE: MANAGED ENTRY OF NEW MEDICINES	
	<p>The Committee noted the updated policy circulated prior to the meeting. The changes to the terms of process were noted.</p>	

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	<p><u>DECISION</u></p> <p>Following discussion, the Committee approved the policy.</p> <p><u>APPROVED</u></p>		
69.	PMG UPDATE		
	<p>Mrs Muir provided an update on behalf of the PMG.</p> <p>The month 7 figures were discussed at the last meeting. An underspend in Acute and Primary Care was noted.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>		
70.	ANY OTHER BUSINESS		
	<p><u>RCAG</u></p> <p>The Committee noted the paper with summarised SMC advice circulated for information.</p> <p><u>NOTED</u></p>		
71.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	Monday 15 th February 2021, 2pm, Microsoft Teams		