

NHSGG&C(M) 19/06  
Minutes: 77 - 95

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Area Drugs and Therapeutics Committee  
held in the Boardroom, Meeting Room 1, West House, Gartnavel Royal Hospital  
on Monday 9<sup>th</sup> December 2019**

**PRESENT**

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Alison Campbell
Mrs Elaine McIvor	Dr Roger Hardman
Ms Yvonne Clark	Mrs Linda Hillan
Ms Gail Caldwell	Ms Anne Thomson
Dr Kay McAllister	Dr Beth White
Dr Raymund White	Dr Judith Simpson
Dr Gordon Forrest	Dr Andrew Fitchett
Prof Gerry McKay	

**IN ATTENDANCE**

Louise Russell	..	Secretariat Officer
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		<b>ACTION BY</b>
<b>77.</b>	<b>CHAIRMAN'S STATEMENT</b>	
	<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>	
<b>78.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Apologies for absence were intimated on behalf of Mrs Aileen Muir, Mrs Audrey Thompson, Dr Fergus Maclean, Dr Alister Maclaren, Mr Alex Crighton and Dr Craig Harrow.</p> <p><b>NOTED</b></p>	
<b>79.</b>	<b>MINUTES OF PREVIOUS MEETING: 7 OCTOBER 2019</b>	
	<p>The minutes of the meeting held on Monday 7<sup>th</sup> October 2019 were approved as an accurate record.</p>	

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	<b><u>APPROVED</u></b>		
<b>80.</b>	<b>MATTERS ARISING</b>		
	None.		
<b>81.</b>	<b>NEW MEDICINES FOR CONSIDERATION</b>		
	(1) Report on SMC Product Assessments		
	<p>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.</p> <p>No declarations of interest were made.</p> <p><i>See Appendix 1 for summarised decisions</i></p> <p><b><u>NOTED/APPROVED/AGREED</u></b></p>		
<b>82.</b>	<b>CHANGES TO STREAMLINE THE SMC SUBMISSIONS PROCESS</b>		
	<p>The Committee noted the paper submitted which summarised the changes in the submission process to SMC that were being introduced now or in the near future.</p> <p>The Committee noted that SMC recently agreed the following minor process changes:</p> <p>New Formulations that cost the same or less than established medicines were previously assessed via the abbreviated process however, since October 2019 companies have been advised that new strengths, formulations or new presentations of medicines that cost the same, or less than the established products, where these have been accepted for use in the same indication by SMC/HIS, will be considered outwith remit. The Committee noted that new formulations that cost more than the established medicine will continue to require assessment via the abbreviated or full submission process.</p> <p>To date, paediatric licence extensions have been accessed via the abbreviated process however from January 2020, companies will be advised that abbreviated submissions will no longer be requested.</p> <p>From January 2020, companies will be advised that a resubmission made within 3 months of the original SMC decision may proceed via a fast track process where the only change relates to a new or improved PAS.</p> <p>The Committee were content to note the changes to SMC processes highlighted in the report.</p> <p><b><u>NOTED</u></b></p>		

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<b>83.</b>	<b>RCAG PRESCRIBING ADVISORY GROUP: NOVEMBER 2019</b>	
	<p>The Committee noted the West of Scotland Cancer Network Prescribing Advisory Subgroup advice for November 2019. The Formulary entries have been updated with the WOSCAN links.</p> <p><b><u>NOTED</u></b></p>	
<b>84.</b>	<b>ADULT FORMULARY SECTION REVIEW: DRY EYE PREPARATIONS</b>	
	<p>Mr Foot presented the Adult Formulary section review recommendations for dry eye preparations.</p> <p>Due to concern over the type of preservative in this preparation and their impact on ocular health with high frequency and long term use, it was recommended that Hypromellose eye drops were moved from the Preferred List to the Total Formulary.</p> <p>VitA-POS eye ointment will remain on the Formulary with a prescribing note added that it is the preferred liquid paraffin preparation.</p> <p>The Committee noted that new treatment pathways were being developed. Scriptswitch messages will be used to ensure that community optometrists are aware of the recommendations. The Committee acknowledged the large number of eye products available that were equivalent in terms of cost therefore Scriptswitch messages and prescribing notes will be used in order to support prescribers.</p> <p>Following discussion, the Committee were content to endorse the recommendations.</p> <p><b><u>AGREED</u></b></p>	
<b>85.</b>	<b>MEDICINES UTILISATION SUBCOMMITTEE</b>	
	<b>a) Clinical Management of Relapsing-Remitting Multiple Sclerosis (RRMS) Guideline</b>	
	<p>The Committee noted that further revision of the Clinical Management of Relapsing-Remitting Multiple Sclerosis (RRMS) Guideline was carried out by the West of Scotland MS Group. The following revisions were recommended;</p> <ul style="list-style-type: none"> <li>• The West of Scotland MS Group encompasses more than one territorial health board; our approval covers use within NHS Greater Glasgow and Clyde only.</li> <li>• Page 5, remove the first bullet point which states that natalizumab is an option for HA RRMS as this goes directly against SMC advice (restricted to RES only)</li> <li>• The guideline should be given a 2 year review date to help support the clinical effectiveness work which has been proposed.</li> </ul>	

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DRAFT – TO BE RATIFIED

	<p>The Committee approved the guideline subject to the above amendments. The Chair agreed to contact the guideline author with the decision.</p> <p><b><u>APPROVED</u></b></p>	
	<p><b>b) Medicines Utilisation Subcommittee Formulary Decision Making</b></p>	
	<p>Dr White presented a paper to the Committee with the proposal that decision making for Formulary Appeals and other related Formulary changes rests with the Medicines Utilisation Subcommittee, without a need to seek further endorsement from ADTC.</p> <p>Following discussion, the Committee agreed to the proposal. The Medicines Utilisation Subcommittee will retain the option to escalate any Formulary Appeal or Formulary Change where there is a need to involve the wider view of ADTC. The Medicines Utilisation Subcommittee Terms of Reference will be updated to reflect this devolved responsibility.</p> <p><b><u>AGREED</u></b></p>	
<p><b>86.</b></p>	<p><b>COMMUNICATIONS SUBCOMMITTEE SIX MONTHLY REPORT</b></p>	
	<p>The Committee noted the Communications Subcommittee Six Monthly Report to inform ADTC of the work of the Sub-Committee.</p> <p>There are currently 19 multidisciplinary members including pharmacists, nurses, a physiotherapist and doctors from across acute and primary care. Mrs Mclvor reported that medical representation is low due to maternity leave, therefore nominees from both acute and primary care were welcome.</p> <p>Twenty-four blogs were published during 1<sup>st</sup> May 2019 to 1<sup>st</sup> November 2019. Blog themes include patient safety, changes in clinical practice and cost efficiencies.</p> <p>Twitter continued to be the main social media platform used to highlight new articles and share relevant information. Mrs Mclvor reported that there was a greater focus on social media over the last year. Recent activity included targeted tweets, calendar of events and medicines update animation. As of 1<sup>st</sup> November 2019, the number of Twitter followers reached 864 in total. This is an increase from 713 followers in May 2019. Mrs Mclvor informed the Committee that engagement with Twitter continued to be positive.</p> <p>The report highlighted that the number of new subscribers continued to rise. Mrs Mclvor reported that there were clear peaks in usage which coincide with email alerts being circulated.</p> <p>Mrs Mclvor reported that information on Medicines Update was added to the online medical induction package. Slides were also added to the face to face induction sessions delivered by pharmacy staff to new doctors. A link to the electronic version of the handout disseminated at these sessions was included in the report.</p> <p>A Steering Group meeting was held on 15<sup>th</sup> November 2019. Future strategies for promotion were agreed at this meeting.</p>	

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	<p>Mrs Mclvor asked members of the Committee to help raise awareness of Medicines Update within their own teams. A link to the promotion paper was included in the report.</p> <p>The Committee discussed ways it could help to promote Medicines Update. Dr White suggested the doctor's toolbox App. The App is a resource used by doctors to easily access information at a local level. Dr White agreed to email the address to Mrs Mclvor.</p> <p>The Committee acknowledged the 6 monthly report and noted the developments.</p> <p><b><u>NOTED</u></b></p>	
87.	<b>ANTIMICROBIAL SUBCOMMITTEE SIX MONTHLY REPORT</b>	
	<p>The Committee noted the Antimicrobial Subcommittee Six Monthly Report to inform ADTC of the work of the Subcommittee.</p> <p>Dr White highlighted new Scottish Government targets that were issued in October 2019. The Committee noted the following targets:</p> <ul style="list-style-type: none"> <li>• A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day)</li> <li>• Use of intravenous antibiotics in secondary care defined as DDD/1000 population/day will be no higher in 2022 than it was in 2018.</li> <li>• Use of WHO Access antibiotics (NHSE list) &gt;60% of total antibiotic use in Acute hospitals by 2022.</li> </ul> <p>Dr White reported that antimicrobial use in primary care continued to decrease. IV antibiotic use for NHSGGC Q1-3 2019 is less than it was in 2018. However IV antibiotics use is higher in NHSGGC than in other healthboards in Scotland. Promotion of the IV to oral antibiotic switch continued to be carried out. Dr White reported that in Q2 2019, GG&amp;C was just below the target for Access antibiotic use.</p> <p>The Committee acknowledged the 6 monthly report and noted the developments.</p> <p><b><u>NOTED</u></b></p>	
88.	<b>OTHER ADTC SUBCOMMITTEE UPDATES</b>	
	<p>a) Therapeutics Subcommittee</p> <p>b) Prescribing Interface Subcommittee</p> <p>c) Safer Use of Medicines Subcommittee</p> <p>No specific updates.</p>	

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	<b><u>NOTED</u></b>	
<b>89.</b>	<b>ADTC COLLABORATIVE UPDATE</b>	
	<p>The Committee noted the Area Drugs and Therapeutics Committee Collaborative newsletter for October 2019.</p> <p>The national PACS 2 data was discussed at the last meeting. The Committee noted that the Scottish Government intend to share planning in the new year.</p> <p>The Committee noted the update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>90.</b>	<b>ADTC AND ADTC SUBCOMMITTEE REVIEW</b>	
	<p>The Committee noted that work is progressing in relation to Paediatric DTC.</p> <p>A paper will be submitted to the next meeting to provide further update.</p> <p><b><u>NOTED</u></b></p>	
<b>91.</b>	<b>HEPMA</b>	
	<p>The Director of Pharmacy, Ms Gail Caldwell, attended the meeting to provide an update on the NHSGGC Hospital Electronic Prescribing and Medicines Administration (HEPMA) full business case.</p> <p>The document set out the full business case for HEPMA in GG&amp;C. The business case articulated the strategic rationale for the programme, outlined its scope and breadth and provided an indication of the likely benefits and costs associated with delivery.</p> <p>HEPMA is a computer system that allows prescribers to prescribe medicines for patients in hospital, and nurses to record the individual administrations of those medicines, electronically. HEPMA will replace the paper drug chart, Kardex, currently used and will realise significant benefits in terms of patient safety and quality, as well as quantitative and qualitative efficiencies.</p> <p>Ms Caldwell informed members that the business case had been approved however the supplier for HEPMA was currently being negotiated.</p> <p>Ms Caldwell highlighted some of the key issues to be considered, which include; Scope, Implementation approach, costs and funding. The paper highlighted that the implementation approach will focus on pace in order to realise the benefits as quickly as possible and minimise risk of dual running of paper and electronic systems.</p> <p>Ms Caldwell acknowledged the significant amount of investment required, particularly in the IT infrastructure to ensure that implementation of HEPMA runs smoothly.</p>	

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DRAFT – TO BE RATIFIED

	<p>The Committee briefly discussed setting alerts on drug interactions and agreed that further debate was required. Members noted that the Safer use of Medicines Subcommittee may be the most appropriate group to discuss this further.</p> <p>Ms Caldwell agreed to provide an updated plan at the next meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>92.</b>	<b>PMG UPDATE</b>		
	<p>The group have not met since the last ADTC meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>93.</b>	<b>ANY OTHER BUSINESS</b>		
	<p>None.</p> <p><b><u>NOTED</u></b></p>		
<b>94.</b>	<b>2020 DATES</b>		
	<p>The Committee noted meeting dates for 2020.</p> <p><b><u>NOTED</u></b></p>		
<b>95.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	<p>Monday 24<sup>th</sup> February 2020, 2pm, Boardroom, JB Russell House.</p>		