

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Drugs & Therapeutics Committee
held on Monday 14th June 2021, at 2pm
via MS Teams**

PRESENT

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Aileen Muir
Mrs Alison Campbell	Mr Rob Puckett
Ms Yvonne Clark	Dr Raymund White
Ms Kathrin Greschner	Mrs Janice Watt
Mrs Elaine McIvor	Dr Beth White
Mrs Mairi-Ann McLean	Ms Stefanie Lip
Dr Mohammed Khan	Dr Roger Hardman

IN ATTENDANCE

Name	..	Title
Ms Sheila Tennant	..	Lead for Prescribing & Clinical Pharmacy (for item 7 only)
Mrs Louise Russell	..	Secretariat Officer (minutes)

		ACTION BY
12.	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> <p><u>NOTED</u></p>	
13.	WELCOME AND APOLOGIES	
	<p>Apologies for absence were intimated on behalf of Mr Alister Maclaren, Dr Gordon Forrest, Dr Fergus MacLean, Mrs Audrey Thompson and Prof Gerry McKay.</p> <p><u>NOTED</u></p>	

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14.	MINUTES OF THE MEETING HELD MONDAY 19th APRIL 2021	
	<p>The minutes of the meeting held on Monday 19th April 2021 were approved as an accurate record.</p> <p><u>APPROVED</u></p>	
15.	MATTERS ARISING	
	None	
16.	NEW MEDICINES FOR CONSIDERATION	
	(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><u>NOTED</u></p>	
17.	RCAG PRESCRIBING ADVISORY GROUP UPDATE	
	SUMMARY OF ADVICE APRIL 2021	
	<p>The Committee noted the West of Scotland Cancer Network Prescribing Advisory Subgroup Summary of Advice for April 2021.</p> <p><u>NOTED</u></p>	
18.	ADULT FORMULARY REVIEW - DIABETIC FORMULARY SECTION REVIEW	
	<p>The Committee noted the proposed recommendations to the Diabetic Formulary section.</p> <p>The Committee noted the request for SGLT2is to remain Total Formulary with no preferred agent. It was also recommended that a Preferred List was created for GLP1RA's as evidence base was differentiating between different agents.</p>	

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	<p>A request was also made to the remove reference to ‘specialist initiation’ in the Formulary wording in each of the SGLT2i & GLP1RA entries and remove the ‘specialist initiation’ symbol from the GLP1RA entries. The Committee noted that the request to amend the wording of the restriction was not upheld by ADTC Executive.</p> <p>The Committee discussed the request in detail and agreed that the ‘specialist initiation’ symbol from the GLP1RA entries could be removed. Further discussion regarding changes to the wording was required to take place. It was agreed that consistency of wording for all anti-diabetic drugs would be agreed for the next meeting.</p> <p>Following discussion, the Committee agreed that a Preferred List for GLP1RA’s could be created.</p> <p><u>APPROVED</u></p>	
<p>19.</p>	<p>ADDITIONAL INFORMATION FROM SMC: ANTIMICROBIAL PILOT</p>	
	<p>The Committee noted the National Institute for Health and Care Excellence (NICE) were working with NHS England and NHS Improvement (NHSE&I) to pilot a new health technology evaluation process for antimicrobials.</p> <p>The Committee noted that two antimicrobial products had been selected for the pilot, ceftazidime/avibactam and cefiderocol. A joint statement between SMC and SAPG was released to advise Boards that SMC would not be issuing any further advice for these products at this time. The selected medicines can be accessed for individual patients where required through existing processes over the course of the pilot based on appropriate specialist advice.</p> <p>The Committee noted that this pilot may help to promote development of new antimicrobials. In response to a question regarding supply, Dr B White reported that these drugs would be obtained through a central source with timing expected to be within 6-12 hours (rather than 1-2 hours).</p> <p><u>NOTED</u></p>	
<p>20.</p>	<p>PENICILLIN ALLERGY DE-LABELLING</p>	
	<p>Dr B White provided an update to the Committee on the SAPG initiative to develop and pilot removal of penicillin allergy labels from patients with an unverified penicillin allergy. Dr B White reported that Glasgow had been involved in the pilot.</p>	

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	<p>A protocol had been developed to trial patients with penicillin that were deemed at low risk of having a true allergy. The Committee noted that the Antimicrobial Subcommittee had reviewed and approved the SAPG protocols. Dr B White reported that patients were monitored for 20 minutes after being given the penicillin. This was being carried out by OPAT nurses and was currently unfunded. Dr B White reported that funding was required in order to recruit an additional nurse to monitor patients. This would allow a more established process to manage patients and extension to other areas.</p> <p>Mr Puckett agreed to discuss updating HEPMA with patient’s allergy status with Dr B White following the meeting.</p> <p>It was suggested that Health Improvement Scotland Clinical & Cost Effectiveness may be interested in this project. Dr B White agreed to explore this further.</p> <p>Following discussion, the Committee approved the proposal.</p> <p>APPROVED</p>	
<p>21.</p>	<p>OTHER ADTC SUBCOMMITTEE UPDATES</p>	
	<p>a) Antimicrobial Subcommittee</p> <p>Dr B White reported that the Antimicrobial Subcommittee were keen to recruit a GP to join the subcommittee. It was suggested that an advert was sent out via the weekly mail to GP Practices.</p> <p>(1) AUC approval of guidelines</p> <p>The Committee noted the overarching policy detailing how guidelines were approved by the Antimicrobial Subcommittee. The document set out the processes involved in the preparation and ratification of therapeutic guidelines and protocols involving antimicrobial medicines intended for use by healthcare professionals within NHS Greater Glasgow and Clyde.</p> <p>The Antimicrobial Subcommittee were keen to ensure that guidelines that contained advice on antimicrobial use, were submitted via the Antimicrobial Subcommittee. The Committee noted that the clinical guidelines team were the central point to direct guidelines to the appropriate committee for review.</p> <p>Members of the Committee suggested a Medicines Update blog would be beneficial to in order to reach a wider audience.</p> <p>The Committee noted that migration of StaffNet was a potential challenge.</p>	

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	<p>The Committee suggested communicating with all directorates, the ADTC Communications Subcommittee, including information on the website and contacting Dr Scott Davidson to pass on through Acute Services. The Committee also noted that a publication could be included on GGC Medicines, on the Medicines and Policies page and could include a link to the clinical guidelines team.</p> <p><u>NOTED</u></p>	
b) Prescribing Interface Subcommittee		
	<p>Dr Hardman provided an update on behalf of the Prescribing Interface Subcommittee.</p> <p>The Committee noted the Prescribing Interface Subcommittee report to summarise the work undertaken by the committee from October 2020 to March 2021 and to update on future work.</p> <p>The group considered a number of Shared Care Agreements in the last 6 months, which included Methotrexate s/c rheumatology, Melatonin for sleep disorders in children, Melatonin for sleep disorders in adults and Denosumab.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
c) Non-Medicines Utilisation Subcommittee		
	<p>Mrs McLean provided an update on behalf of the Non-Medicines Utilisation Subcommittee.</p> <p>She highlighted a National Stoma Quality Improvement SWLG Report carried out by NSQIG as it may result in changes to the Dressings and Sundries formulary.</p> <p>Mrs McLean reported that the Subcommittee was still without GP representation. Contact had been made with the LMC, however recruitment was not successful. Following discussion the Committee approved the request to broaden the search and circulate an advert via the weekly mail to GP Practices. Mrs McLean and Dr B White agreed to link together and send an advert for the Non-Medicines Utilisation Subcommittee and the Antimicrobial Subcommittee via Sandra Hendron.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	

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	<p>d) Communications Subcommittee</p>	
	<p>Mrs Mclvor provided an update on behalf of the Communications Subcommittee.</p> <p>Mrs Mclvor reported that a piece of work had been carried out to un-publish historical content. The team had reviewed the content and republished anything that was educational and relevant. Mrs Mclvor reported that going forward, content older than 4 years would automatically be removed.</p> <p>Mrs Mclvor reported that links had been made with the corporate communications team in order to help promote Medicines Education items.</p> <p>The subcommittee had some recent changes to the membership. Three new members and 2 new pharmacists joined the subcommittee. Mrs Mclvor highlighted that the subcommittee were keen to attract medical representation, in particular junior representation. Further consideration would be given to this.</p> <p>The Committee noted the update provided and noted that a 6 month report would be provided at the next meeting.</p> <p><u>NOTED</u></p>	
	<p>e) Safer Use of Medicines Subcommittee</p>	
	<p>Prof McKay provided an update to members via email. Prof McKay reported that the Subcommittee continued to meet regularly via MS Teams. The last meeting was held on 21st April 2021. The next meeting was scheduled for 29th June 2021. Due to increased agenda size, meetings had been moved to every other month.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
	<p>f) Medicines Utilisation Subcommittee</p>	
	<p>Dr R White provided an update on behalf of the Medicines Utilisation subcommittee.</p> <p>The subcommittee continued to consider a number of guidelines, 6 guidelines were reviewed at an additional meeting in April and 8 guidelines in May. The majority of the guidelines were approved. Two guidelines were also approved via email.</p>	

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	<p>Dr R White reported that clinical effectiveness updates continued to be provided and work continued on the Therapeutics Handbook.</p> <p>The Committee noted the update provided and noted that a 6 month report would be provided at the next meeting.</p> <p><u>NOTED</u></p>	
22.	PHARMACY FIRST: CHANGES TO LIST FOR JUNE 2021	
	<p>The Committee noted that changes were being made to the NHS Pharmacy First Scotland Approved List by HIS. As part of the consultation feedback was being provided on the proposed changes.</p> <p>The Committee discussed Ferrous Sulphate and Ferrous Gluconate and it was suggested that these medicines should not be included on the list. The Committee noted however that Ferrous Sulphate was approved by the Acute Tactical Group under pandemic legislation for pregnancy during the pandemic.</p> <p>The Committee were asked to consider the proposed changes and provide further feedback to Mr Foot via email by Monday 21st June 2021.</p> <p><u>NOTED</u></p>	All
23.	ADTC COLLABORATIVE UPDATE	
	<p>Mr Foot provided an update to members on the Primary Care Rebate Scheme for inhalers.</p> <p>Mr Foot provided an update on EAMS. He reported a new EAMS for cipaglusosidase. Information had been sent to relevant clinicians. The Committee noted that EAMS for risdiplam had been discontinued.</p> <p>Mr Foot reported that there had been a national procurement update. The Committee could contact the secretary if they wanted a copy, however were asked to note that the data was commercially sensitive.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
24.	HEPMA PROGRESS UPDATE	
	<p>The Committee noted the paper submitted to provide an update on HEPMA progress and highlight some key changes ahead.</p> <p>Mr Puckett reported that implementation of HEPMA continued to go well.</p>	

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	<p>Mr Puckett reported that the main issues highlighted had been around the way the system works in recovery. The Committee noted that there were agreed exceptions to witnessing controlled drugs, and the use of the VTE assessment tool within the system which had highlighted some limitations of this tool in practice. These issues were due to be discussed by the HEPMA Clinical Reference Group.</p> <p>Mr Puckett highlighted the rapid progress that had been made. He reported that the number of beds on the system would have reached 1000 by the end of the week and 40 wards and 21 theatres were on the system. The Committee noted that HEPMA was scheduled to be implemented in Obstetrics in July. Following that, implementation at the QEUH would be complete.</p> <p>The Committee noted that an enhancement list had been created to capture and resolve any issues with the HEPMA. The Committee noted that to date any major issues with the system had been resolved promptly. Weekly meetings continued to take place with NHS Lothian. The Committee noted that there was good representation from all sectors on the implementation group and engagement was positive. .</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
25.	Any Other Business	
	<p>None.</p> <p><u>NOTED</u></p>	
26.	DATE AND TIME OF NEXT SCHEDULED MEETING:	
	Monday 9 th August, 2pm, via Microsoft Teams	