ADTC(M) 13/06
Minutes: 75 - 88

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Board Room
J B Russell House
Gartnavel Royal Hospital
on Monday, 9 December 2013 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Dr A Bowman	Prof G McKay
Prof S Bryson	Prof C E McKean
Dr J Burns	Dr A Petrie
Mr R Foot	Mrs M Ryan
Dr G Forrest	Dr A Seaton
Mr G Gorman	Mrs M Ryan
Dr R Hardman	Dr A Taylor
Dr C Harrow	Mrs A Thompson
Dr J Larkin	Mrs J Watt

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

Ms N Downes .. Lead Clinical Pharmacist Medicines for the Elderly/Care Homes *[Deputising for Dr G J A Macphee]*
Mrs E Watt .. Secretariat

ACTION BY

75. CHAIR'S STATEMENT

Dr Gravil 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.

She 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.

76. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mrs A Campbell, Ms L Hillan, Dr S Hood, Dr G J A Macphee and Dr G Simpson.

The Chair welcomed Mr Gavin Gorman to his first meeting of the Committee. Mr Gorman had replaced Mrs J Camp as the Non Medical Prescribing Lead on the Committee.

ACTION BY

77. MEMBERSHIP

The Chair advised that Dr Judith Simpson, Consultant Neonatologist and Dr Phil Bolton, Consultant Anaesthetist, had been nominated to share the role as the Women and Children's Directorate representative on the Committee. This would commence from 2014.

NOTED

78. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 21 October 2013 [ADTC(M) 13/05] were approved as a correct record.

NOTED

79. FORMULARY AND NEW DRUGS SUB-COMMITTEE

SMC Evaluations / NICE/QIS Guidance

Dr Forrest gave a brief resume of the SMC reviews, and the Formulary and New Drugs Sub-Committee's recommendations. These had been divided into sections for ease of understanding as outlined in the Appendix to this Minute.

Members were asked to consider and, if appropriate, ratify decisions by the Sub-Committee. Recommendations made by the Committee are summarised in an Appendix to these Minutes and would be further publicised in PostScript and in the Formulary update available on the GGC Prescribing website and StaffNet.

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.

Five interests had been declared.

The following was highlighted:-

Sodium phenylbutyrate granules 483mg/g (Pheburane®) [914/13] ***[Indication: Adjunctive therapy in the chronic management of urea cycle disorders, involving deficiencies of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase]***

The SMC decision was "Accepted for use within NHS Scotland".

The Sub-Committee's recommendation was that this medicine should be included in the GGC Adult and Paediatric Formularies for the indication in question restricted to specialist initiation. Available granule formations are not dose equivalent and are not interchangeable.

A member suggested that prescribing should be by brand name to avoid confusion. It was agreed to add this in to the recommendation.

Cefuroxime sodium (Aprokam®) 50mg powder for solution for injection [932/13] ***[Indication: Antibiotic prophylaxis of postoperative endophthalmitis after cataract surgery]***

This was a SMC non-submission.

The ophthalmology service was keen to use this product. They had been using an unlicensed preparation and there have been problems regarding quality and the alternative involves multiple manipulations in theatre. As such there has been a need to use this licensed preparation in the interim period to manage the risks. The Sub-Committee acknowledged this but noted that this cannot be added to the Formulary at the present time as it is a SMC non-submission.

ACTION BY

Dr Seaton advised that prescribing of cefuroxime from an antimicrobial point of view was acceptable.

Some members raised the issue of how a non-Formulary item could be written into protocols. This was hoped to be a short term arrangement if the company resubmit to SMC.

Professor Bryson outlined that the Surgery and Anaesthetic Directorate's interim decision was to advocate the licence preparation. The Committee were asked to support this interim position. This was agreed. This should be discussed by the PMG with regard to cost issues and with the Surgery and Anaesthetic Directorate for Board-wide adherence.

Cobicistat (Tybost®) 150mg film coated tablet [933/13] ***[Indication: Pharmacokinetic enhancer of atazanavir 300mg once daily or darunavir 800mg once daily as part of antiretroviral combination therapy in human immunodeficiency virus-1 (HIV-1) infected adults]***

The SMC have advised that they are withholding information on the above as pricing had not yet been agreed and they will not be publishing on their website in the timescale expected.

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 22 November 2013 be ratified by the Committee with the amendments mentioned above.

New Indications for Formulary Medicines

Dr Taylor asked whether when a new indication was accepted for Formulary inclusion the existing indication (which may be changed) could be included in order that it is easy to see where the changes have been made. Mr Foot agreed to look into the feasibility of doing this. **Mr R Foot**

NOTED

80. PRESCRIBING MANAGEMENT GROUP (PMG) – ACTION POINTS OF A MEETING HELD ON 10 SEPTEMBER 2013

Professor Bryson presented the key points and actins from the above meeting. This included information on the following:-

- Membership
- Finance Report
- Health Improvement Scotland Investigation of an IPTR Request
- NHS Scotland New Medicines Review (Rare Conditions Medicines Fund)
- GGC Mindful Prescribing Strategy
- Pirfenidone in idiopathic Pulmonary Fibrosis
- New Oral Anticoagulant Agents
- Priority Report

NOTED

81. POLYPHARMACY SUB-COMMITTEE

(a) Six Monthly Report

Ms Downes gave an update of the work of the Polypharmacy Sub-Committee during the last six months. A paper was presented which included information on the execution of the work plan to translate the NHSGGC Mindful Prescribing Strategy into practice. The following was highlighted:-

- Approximately 9,300 high risk patients (with a SPARRA risk score of 40-60%) had been identified as priorities for Polypharmacy review.

ACTION BY

- A GP Pharmacy Local Enhanced Services (LES) had been developed to promote safe, effective evidence based prescribing. 252 of 261 practices have opted in to the Polypharmacy review of patients. 213 (85%) of practices have submitted medication review activity reports, 12,112 (37%) of the potential Polypharmacy reviews had now been undertaken and 38% of Scottish Government Health Department (SGHD) priority list have been addressed (review undernoted or patient no longer registered with practice). There was some overlap with the Anticipatory Care Plan (ACP) activities and the workload implications. A similar cohort of patients was identified for both the LES and the ACP.
- Awareness was ongoing across all settings of medication review activity so that decisions to adjust therapy are not undone during acute admission or out-patient attendance. *[A GP pointed out that it does not state on the GP referral letter from the acute division what medicine has been stopped for the patient and why. Ms Downes undertook to pursue this issue]*. **Ms N Downes**
- Three patient/carer representatives had now joined the Polypharmacy Sub-Committee *(with two attending each meeting)*. Mrs Watt asked how this was working out. Ms Downes advised that there had only been one meeting so far with the lay representatives. A process had been devised whereby there would be a pre-meeting and a post-meeting (if desired). Guidance notes would be provided. Ms Downes outlined the process of recruitment for lay representatives on to the Sub-Committee.
- An update of the next steps were given.

The Chair outlined that there was a lot of good work being carried out and gave thanks Ms Downes and the Polypharmacy Sub-Committee.

NOTED

82. ANTIMICROBIAL UTILISATION SUB-COMMITTEE (AUC)

(a) Gram Negative Infections Paper

The Scottish Antimicrobial Prescribing Group (SAPG) had recently produced a document to support prescribing guidance in Gram Negative Infections. This is primarily to limit prescribing of carbapenems and other broad spectrum agents and to highlight options for the management of resistant infections. The guidance highlights the potential for use of a variety of lesser used agents, notably; Temocillin, Aztreonam, Pivmecillinam and the unlicensed agent, Fosfomycin. This guidance been issued to all Antimicrobial Management Teams (AMT) in Scotland for consideration. The AMT is meeting with GGC microbiologists to develop local guidance for Temocillin and Aztreonam. A submission to ADTC is currently being prepared for Fosfomycin for use in UTI in primary care. This agent is currently unlicensed and non-Formulary but is used in other Scottish NHS Boards

(b) Nitrofurantoin

A recent MHRA alert has highlighted treatment failures in lower UTIs treated with nitrofurantoin in the context of reduced renal function (eGFR <60) and has advised this agent is “contraindicated” in these circumstances. This is in contrast to the draft renal handbook guidance of “caution” when eGFR is 40-60. Current GGC guidance is in line with the previous renal handbook which allows caution when eGFR is >20. It is anticipated that the latest alert will inevitably lead to increased prescribing of alternative “C. diffogenic” agents (co-amoxiclav, ciprofloxacin and cephalexin) in the vulnerable elderly population. The AMT is concerned that these changes will have the potential for destabilising C. difficile control, driving antimicrobial resistance and potentially risking treatment failure by using less effective agents. These concerns have been raised with the SAPG and the view was that the MHRA guidance should be adhered to.

A wide ranging discussion ensued on how this should be handled. Dr Seaton had prepared a draft holding statement for the next edition of PostScript which should be used pending national guidance. Mrs Thompson read out the statement. The Committee were of the view that this was a good statement which lay out the information and prescribers would make their own decisions.

ACTION BY

Members felt that this was national issue and should be raised with the Chief Medical Officer. Dr Seaton would raise this again at the next SAPG meeting and would write highlighting concerns to the MHRA.

DECIDED:

1. That the Committee gave its approval to the holding statement produced by Dr Seaton and this should be included in the next edition of PostScript.

2. That the above issue should be raised with the NHS Board's Medical Director.

(c) Six Monthly Report

Dr Seaton gave an overview of some of the work carried out by the Sub-Committee in the last six months. This included information on secondary care antibiotic utilisation, Scottish hospitals medicines utilisation database, secondary care point prevalence data, hospital prescribing indicators and antimicrobials in primary care.

There was a series of graphs on antimicrobial utilisation and HAI in GGC. A number of issues were highlighted:-

- Secondary Care Antibiotics Utilisation
  - "4C" antibiotics in hospitals *[Co-amoxiclav prescribing was increasing – reasons were given]*.
  - Alert 4Cs and Pip Taz *[Prescribing increasing but less than "4C" antibiotics]*.
  - Meropenem *[This was increasing. It was noted that Temocillin was now on the GGC Total Formulary. Awaiting local agreement on way forward]*.
  - Other Alert Agents *[Daptomycin increasing significantly but still relatively low volume but higher cost. The Antimicrobial Management Team (AMT) were looking at ways of reducing this]*.
  - Gentamicin and vancomycin *[Prescribing had plateaud and MRSA rates were low]*.
  - Recommended antibiotics *[Amoxicillan – this was double the volume of prescribing of other antibiotics. Had previously replaced co-amoxiclav]*.
- Scottish Hospitals Medicines Utilisation Database
  - GGC prescribing of all antibiotics was in line with other NHS Boards in Scotland. It was noted that piperacillin-tazobactam was low compared to the majority of other NHS Boards, reflecting more restrictive guidance in GGC.
- Secondary Care : Point Prevalence data
  - 2013 data incomplete (1961 patients surveyed so far).
  - Trend toward increase in recording of antibiotic indication noted (90.4 % in 2013)
  - Appropriate use in 89.5% overall and 83.7% of 4C agents (2013)
  - 9.6% on "Alert agents" (2013)
  - Median duration of IV antibiotic therapy is constant at 3 days
  - Gentamicin: In 93.5% of gentamicin prescribing dose and frequency is correct. 24.1% is prescribed for >96 hours and the majority of these cases are not discussed with microbiology as per GGC guidance. This will be highlighted again to directorates.
- Hospital Prescribing Indicators
  - Indication for antibiotic and compliance with GGC guidance is currently at or above 95% in medical and surgical receiving units and compliant with the national target.
  - Surgical prophylaxis in colorectal surgery: single dose *[On target>95%]* with 90% compliance with guideline antibiotics.
  - The SAPG are finalising a new indicator to use in downstream wards.
- Primary Care: The quinolone variation target will be replaced by a new measure. *[The new indicator for up to March 2015 is that antibiotic use (expressed in items/1000/day) in at least 50% of practices in each NHS Board will be at or below the 25th percentile of Scottish practices or will have made an acceptable move towards that level. In common with the other National Therapeutic Indicators the*

ACTION BY

baseline period will be January – March 2013. Assuming these baseline levels, 79 practices would need to reduce volute to achieve 50% target].

- The SAPG published the primary care report. It was noted that NHS GGC met the national target for quinolone variation of <5%, reflecting a recent reduction in use, particularly in winter months.
- Trimethoprim *[High compliance with national guideline (three days) compared to other Boards. A GP outlined that in the EMIS system, when you type in trimethoprim it comes up seven days. Mrs Ryan outlined that this should be raised with the national EMIS group]*.

➢ HAI CDI *[Low rates in GGC. Approx 50% of prescribing related to primary care]* .

Ms Downes advised that there was growth in prescribing antibiotics in Care Homes. Work was ongoing in polypharmcy on this in two specific areas.

NOTED

83. COMMUNICATIONS SUB-COMMITTEE

(a) Six Monthly Report

Mrs Thompson gave an overview of the Communication Sub-Committee's six monthly report. The paper outlined information on working with a group of Marketing MSc students at the University of Strathclyde on a project to improve junior doctors' awareness and uptake of prescribing information in the PostScript bulletins.

The awareness of PostScript among junior doctors was low with 23% having used it to find information on prescribing. There was some increase in awareness from levels reported in similar work conducted in 2012.

The BNF and Therapeutic Handbook (online) were the two main prescribing resources used frequently by the junior doctors. When asked what these information sources were being used for, quick resolutions to everyday situations and answers to problems requiring a more comprehensive approach were stated. The respondents stated that pharmacists (27%) and foundation year training directors (18%) were responsible for introducing them to PostScript bulletins with just under half stating they were advised via email. Only 9% were introduced to PostScript by senior doctors.

When asked about preferred delivery methods for prescribing information, The availability through online and notification via email was the most preferable format for the delivery of PostScript. Junior doctors expected the information to be readily available for them, summarised and delivered through a synchronized communication channel like email.

The project recommendations were:

➢ Brand the PostScript bulletins as locally relevant to increase the appeal.
➢ Provide consistent messages about PostScript to junior doctors.
➢ Improve the prescribing website functions to increase engagement.

The Sub-Committee are reviewing these recommendations and working on plans to alter the way in which material is presented to strengthen the PostScript brand, allowing easier searching on the website with direct links to individual articles rather than full bulletins.

A few issues were highlighted in that when using iPhones or internet access from home, links to clinical guidelines do not work (It was noted that StaffNet was a protected area). This needs investment and could perhaps be looked at in the longer term as it would require a business case to be built. It was also noted that the StaffNet search was inadequate.
There appeared to be deficiencies in cascading PostScript to medical staff through the existing Directorate structures. This issue should be highlighted to Associate Medical Directors (AMDs).

NOTED

ACTION BY

(b) PostScript 78

Issue 78 (November 2013) was attached with the agenda papers for information. This edition included articles on HIV treatments and drug interactions, adding "non-primary care" drugs to GP records, Nalmefene for reduced alcohol consumption, safety updates : new oral anticoagulants, other Formularies, respiratory inhalers, ADTC decisions, SMC call for clinical experts.

Dr Taylor outlined that adding non-primary care drugs to GP records is very complex and difficult. The importance of encouraging shared care reporting from the acute sector to primary care of what medicines are being used and what has been stopped was highlighted.

Mrs Thompson advised that the adding non-primary care drugs to GP records was a national issue and had been raised by many groups. It was noted that this was not a contractual requirement for GPs to do but the benefits of doing this had been highlighted in Postscript. This could be looked at again in six months to see how progress was being made.

Professor Bryson advised that this was on the medicines reconciliation radar with a lot of work ongoing. He would pick this issue up with Dr Taylor outwith the meeting.

The ultimate aim in the future would be for one shared electronic record.

NOTED

84. THERAPEUTICS SUB-COMMITTEE

Six Monthly Report

Mrs Ryan gave an overview of the Therapeutics Sub-Committee's six monthly report. The paper outlined information on the wound care formulary, wound dressings: compression bandages, larvae protocol, stoma care formulary, shared care protocols (SCP) for devices available on drug tariff, urology products formulary, blood glucose monitors, oral nutritional supplement guidelines, thickeners, low dose nutritional products, non-medical prescribing and the Patient Group Direction (PGD) group.

Work plans are in place to support prescribing quality in a range of non drug therapeutics areas including the prescribing or oral nutrition products, catheters, stoma appliances, wound management, dressings and bandages. These have been developed to consider produces where there is variation in practice and improvements in quality and effectiveness can be realised with the guidance of formularies.

The following was of note/interest:-

- Increase in requests by specialist acute clinics for prescribing devices in primary care which are on Drug Tariff. The development of SCPs was being explored. Examples of devices were given.
- The Acute contract for wound care dressings had now been finalised and mapping of the formularies across Acute and Primary Care were almost completed. This would provide clinical staff with formulary guidance on which dressings are most cost effective across each care setting.
- The work plan for various formularies have been developed; this was useful where variation in practice and cost effectiveness can be addressed with formulary guidance.
- Two non-medical prescriber conferences had been held in the last six months including one covering "mindful prescribing".
- A PGD audit tool was now in routine use to support and streamline the review process. A suite of PGDs` developed for use for police custody and the prison service is under consideration for January.
- Work was ongoing in non drug areas.

NOTED

ACTION BY

85. SAFER USE OF MEDICINES (SUM) SUB-COMMITTEE

Professor McKay advised that there was no update since the last meeting.

NOTED

86. YELLOW CARD CENTRE SCOTLAND – ANNUAL REPORT 2012 - 2013

The Yellow Card Centre Scotland Annual Report for 2012 – 2013 had been attached with the agenda papers for information. Work was ongoing on the individual NHS Board reports which would be presented in a new format from previous years and expected by the end of the year.

The Chair spoke on the above report which outlined that 858 Yellow Card reports were submitted from Scotland. The report highlighted that there was a 6% decrease in 2012 – 2013; this decreasing trend in reporting is evident from 2008/09. A continued decline in reporting from the majority of reporter groups with GPs falling from the highest reporter group for the first time.

The issue of non-reporting had been discussed previously and a number of initiatives had been undertaken. It had been highlighted that electronic systems would help immensely. It was agreed that a message reiterating yellow card reporting should be included in PostScript and PostScript Primary Care.

NOTED

87. ANY OTHER BUSINESS

(a) MHRA and Proposed NHSGGC Advice Pertaining to the Prescribing of Antiepileptic Drugs (AED)s

Mr Foot spoken on the above paper which outlined that the MHRA issued advice in November 2013 which advised on the appropriateness of generic prescribing of AEDs and when it was advisable to maintain a patient on a particular brand or manufacturer. The paper summarises the MHRA advice, briefly assessed the NHSGGC current advice as detailed on the GGC Prescribing website, summarises the potential issues and made recommendations for NHSGGC advice relating to this matter.

A detailed discussion ensued and the following comments were made:-

- This would be an ongoing process.
- Look at what medicines are stocked in the acute sector and primary care.
- Encourage use of ScriptSwitch.

DECIDED:

1. That the Committee endorse the proposed advice at set out in the paper.

2. That this information be communicated to relevant stakeholders. **Mr R Foot**

(b) Generic Statement for New Guidelines

Dr Larkin asked if the generic statement for new guidelines was yet available. Mrs Watt advised that the Medicines Utilisation Sub-Committee were preparing a statement which would include information from the SIGN guideline and the GGC Clinical Guideline Framework. This would be included the Sub-Committee's six monthly report to the ADTC in February 2014.

NOTED

ACTION BY

88. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 10 February 2014 at 2.00 p.m. in Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12.