ADTC(M) 11/04
Minutes: 37 - 50

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Medical Block C Conference Room
Clock Tower Building
Southern General Hospital
on Monday, 8 August 2011 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Dr C Brown	Dr R J Hardman
Professor S Bryson	Ms L Hillan
Dr J Burns	Dr J MacKenzie
Mrs J Camp	Dr G J A Macphee
Mrs A Campbell	Dr C E McKean
Mr R Foot	Mrs M Ryan
Dr G Forrest	Mr J Wallace

Mrs J Watt

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

Mr A MacLaren	..	Lead Pharmacist, Clinical Governance *[For Minute 45 Only]*
Mrs Y Semple	..	Principal Pharmacist, Clinical Effectiveness
Mrs E Watt	..	Secretariat

ACTION BY

37. 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.

The Chair also reminded Members that they should make relevant declarations of interest in line with Board policy as agenda items arose.

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.

38. APOLOGIES

Apologies for absence were intimated on behalf of Dr A Bowman, Mr A Crawford, Dr H Hopkinson, Dr J Larkin, Dr G McKay, Dr A Seaton, Mrs A Thompson and Professor D Wray.

ACTION BY

The Chair advised that Professor Wray had tendered his resignation from the Committee from the end of August 2011. The Committee gave thanks to Professor Wray for his contribution to the work of the Committee.

DECIDED:

That the Secretary contact Professor Wray asking for a nomination to replace him on the Committee as the dental representative. **Secretary**

39. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 13 June 2011 [ADTC(M) 11/03] were approved as a correct record.

NOTED

40. ADTC APPOINTMENTS

(a) ADTC Vice Chair

The Chair advised that after the nomination process, Dr G McKay had been appointed as one of the Vice Chairs of the Committee.

The Committee would be looking for another Vice Chair to replace Mr Wallace who was due to retire. This would preferably be a GP or a pharmacist. The process would take place in the near future.

NOTED

(b) Chair of Antimicrobials Utilisation Sub-Committee

The Chair advised that after the nomination process, Dr Andrew Seaton had been appointed as Chairman of the Antimicrobial Utilisation Sub-Committee. A new Vice Chair would be appointed in due course.

NOTED

41. FORMULARY AND NEW DRUGS SUB-COMMITTEE

SMC Evaluations / NICE/QIS Guidance

Dr Macphee 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. These decisions had been made via a virtual meeting by email correspondence. The meeting scheduled for July was cancelled due to the holiday period. Decisions made by the Committee are summarised in an Appendix to these Minutes and would be further publicised in PostScript and in the cumulative Formulary update available on the 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.

Seven declarations of interest were declared.

ACTION BY

The following was highlighted:-

Histrelin acetate, 50mg subcutaneous implant (Vantas®) [557/09]
Degarelix 120mg and 80mg powder and solvent for solution for injection (Firmagon®) [560/09]

The place in therapy of the above two medicines was clearly defined within the overall Clinical Management Guideline for Prostate Cancer and was more restrictive than SMC advice.

DECIDED:

That decisions made by the Formulary and New Drugs Sub-Committee at their virtual meeting in July 2011 be ratified by the Committee.

42. WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUB-GROUP – SUMMARY OF ADVICE TO NHS BOARDS ADTCS – JULY 2011

Mrs Campbell gave an update of the above advice. This outlined local implementation of SMC Guidance and NICE/HIS MTAs, protocol update, regional guidance (including clinical management guidelines) and current work programme.

The local implementation of SMC advice had been undertaken by the Formulary and New Drugs Sub-Committee and was included in the New Drugs Recommendation table discussed earlier in the meeting. Fosaprepitant for the treatment of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin-based cancer chemotherapy [SMC 678/11] had been added to the Formulary at the June 2011 meeting.

The remainder of the advice would be processed locally via the Cancer Therapeutics Group.

A paper on Gondorelin Analogues for Prostate Cancer : Proposed Medicine of Choice was included with the agenda papers. This outlined that a Clinical Management Guideline for androgen deprivation therapy has been developed to support the cost effective use of LNRH analogues in prostate cancer. The CMG recommends Triptorelin as the preferred LHRH for all indications, including some off-label use. Triptorelin is the most cost effective option and has now the added advantage of a six monthly formulation requiring less frequent injections. The case for including off-label use is outlined in a supporting paper from the Urological Cancers MCN. This approach is endorsed by the Regional Cancer Prescribing Advisory Sub-Group.

If this advice was accepted by NHS Boards, the West of Scotland Cancer Network, in collaboration with NHS Boards' Prescribing Advisors, would develop tools to support NHS Boards to increase uptake of Triptorelin, including a switching programme to maximise the cost benefit of these recommendations within a shorter timescale.

The GGC Formulary had Triptorelin as first choice gondorelin analogue for treatment of advanced prostate cancer.

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

- Unlicensed Medicines Policy – states that an unlicensed and off-label medicine should not be preferred on the basis of cost alone.
- Licenses elsewhere (Europe and USA) tend to be more general than the UK and by their licences the use proposed would not be off-label.
- If switching therapy to be undertaken, a patient information leaflet would be required to give reassurance no switches involving cancer medicines may raise specific concern. Enquiries to be made of the MCN.
- If only one product used then concerns of interruptions in the supply chain.
- A paper be prepared describing the various possible approaches to the approval of the use of off-label medicines/unlicensed medicines in GGC. This would include a wider set of scenarios "unlicensed versus licensed".

ACTION BY

DECIDED:

That a paper be prepared and brought to the next meeting of Committee on the various approaches to the approval of the use of off-label medicines/unlicensed medicines in GGC. **Mrs J Watt**

43. PRESCRIBING MANAGEMENT GROUP (PMG) – KEY POINTS OF THE MEETING HELD ON 12 JULY 2011

Professor Bryson gave an update of the key points for the above meeting. He highlighted the following items of interest:-

- Finance Report *[Total expenditure for medicines in NHSGGC for 2010-2011 was £341.0M - £2.0M over budget (0.6%) variance. This was broken down as follows:*
  - Acute Services *[£107.1M - £1.8M over budget (1.7%) variance, reflecting a £5.8M (5.7%) increase carry forward 09/10].*
  - *Partnerships and Public Health [£8.5M].*
  - *Primary Care – [£225.4M (£600,000 over budget) (0.3%) variance, reflecting a £2.9M (1.3%) increase carry forward 09/10].*
- Horizon Scanning for prescribing pressures and efficiency savings (forecast for 11/12) *[A paper from the Director of Finance played into the overall NHS Board Financial Plan for 2011/12 and had been approved at Board meeting on 28 June 2011. With pressures and savings for new medicines and existing medicines an uplift of £14.2M was forecast in the horizon scanning programme for 2011/12].*
- Licensed or unlicensed therapy *[The PMG had agreed to give preference to the unlicensed product over the licensed alternative for all LEMS patients pending national advice. This was supported by the Corporate Management Team (CMT) on 30 June. Future scenarios will be described in the paper as mentioned at Minute 42 and the level of approval required will be agreed, which may involve the CMT].*
- Antimicrobial Prescribing Review *[A net decrease in expenditure of £315,876 was noted compared to 2009/10. This successfully concluded the three year term of the original business plan which exceeded the savings target. The appointments of the Antimicrobial Team are without limit of term and impact would be measured on a year on year basis. Mrs Ryan advised that prescribing of antibiotics had decreased but the cost had increased. Investment to save had been a positive initiative].*

NOTED

44. MEDICINES UTILISATION SUB-COMMITTEE

(a) Membership

Mrs Watt advised that the Sub-Committee would be seeking nominations for a new Chair in the near future. She was acting as Interim Chair for the present time.

Two new clinical members had agreed to join the Sub-Committee – Dr H Hopkinson, Consultant Physician and Dr D Gaya. Consultant Gastroenterologist.

The Committee would be kept advised of developments.

NOTED

(b) Clinical Effectiveness Reports

(1) Oxycodone in Acute Pain Management.

Mrs Semple gave a summary of the main results of the above audit which had been carried out by Ms L Watt, Specialist Clinical Pharmacist, Orthopaedics. The

ACTION BY

summary report had been produced by Ms Cristina Coelho, Clinical Effectiveness Pharmacist. The paper outlined the introduction, aim and objectives, methodology, results, key findings, comparison with published literature, limitations, proposed action points and references.

The aim of the audit was to compare the clinical and cost effectiveness of two opiate regimens (morphine and oxycodone) currently in place for the management of acute post-operative pain in elective orthopaedic patients undergoing total knee or hip replacement in to hospital sites across NHSGGC. The objectives were to characterise patient populations, to compare the clinical effectiveness of each regimen in relieving acute post-operative pain, to compare the incidence of adverse drug reactions of each regimen and to compare the costs associated with each regimen.

The key findings were as follows:-

- It was estimated that patients in the oxycodone group were prescribed step 3 opiates three times longer following surgery than patients in the PCA group.
- Patients in the oxycodone group were exposed to a higher overall dose of opiates compared to PCA group. It is important to note that the calculated opiate exposure for either group did not include the use of spinal opiates as there is no IV morphine equivalency available for this. This could have an impact on this finding. A larger proportion of patients in the PCA group were given a spinal opiate compared to the oxycodone group.
- Pain control in the first 24 hours post surgery appears to be better in the oxycodone group. Differences in analgesic effect were not sustained beyond this. The profile of pain relief in the oxycodone group over time is comparable to patients in the PCA group who received a spinal opiate.
- Time to achieve physiotherapy goals and length of admission were similar between the two groups.
- Patients in the oxycodone group had a higher number of sedation episodes. This is perhaps correlated with a greater exposure of opiates use in this group.
- Patients in the PCA group were administered a higher number of anti-emetic doses. This could have been influenced by the anti-emetic trial that was ongoing at the time of data collection. However pain specialists advise that their perception is that there is a need for regular anti-emetics for patients on IV morphine.
- Data suggests that costs associated with PCA are higher than oxycodone. These calculations were based on cost of drug acquisition, PCA syringe and giving set and on an estimation of cost of an orthopaedic bed-day in NHSGGC.

The limitations of the audit were highlighted and included that the audit was taken from a small sample of patients and the study was not powered for statistical significance.

Actions points included the following::-

- Dissemination of results to appropriate groups.
- Initial meeting held in July 2011 to discuss results with representatives from three pain teams across NHSGGC.
- Pain specialists suggested there has been a general move from morphine PCA to oral oxycodone across different sites in NHSGGC for management of post-operative pain following total knee or hip replacement.
- Preparation of an appeal to request oxycodone to be added to NHSGGC Formulary for management of post-operative pain following total knee or hip replacement.
- Agreement on a protocol for the use of oxycodone in this patient group. Consideration should be given to a reducing course of oral oxycodone to decrease overall opiate exposure whilst maintaining adequate pain control. Protocol should also include details of appropriate supportive analgesia.

ACTION BY

- The Surgery & Anaesthetics Directorate to review difference in spinal opiate use across NHS GGC sites.

A discussion ensued and the following comments/suggestions were made:-

- A member asked if this should have gone to the directorate before it came to this Committee. It was pointed that the Chair was keen to see examples of Medicines Utilisation/Evaluation studies and this was an example of a study carried out by the Sub-Committee. In addition, dissemination and discussion within the Directorate was already underway.
- One of the messages was that opioid length could be shortened. Mrs Semple indicated that this could be put in the protocol.
- Detailed discussion on doses.
- Sample size small.
- Why not using MST *[This was due to clinician concerns regarding side effects of nausea and vomiting. They perceive oxycodone to be better tolerated. This could be a possible new study]*.

The Chair thanked Mrs Semple for her interesting presentation.

Mrs Semple would take on board the Committee's comments. **Mrs Y Semple**

NOTED

(2) Parkinson's Disease (PD) (Timing of Administration)

Mrs Semple gave a summary of the main results of the above audit which had been carried out by Ms Naomi Ford, Pre-Registration Pharmacist. The summary report had been produced by Ms Yasmin Al-Din, Clinical Effectiveness Pharmacist. The paper outlined the introduction, aim and objectives, methodology, results and discussion.

Around one in three people with PD are admitted to hospital annually, many of whom are subject to inadequate medicines management that can lead to deterioration in PD symptoms. The British Parkinson's Disease Society (Parkinson's UK) have now initiated the "Get it on time" campaign which addresses PD medicines management in the hospital setting and encourages audit and education of health professionals on the importance of PD medication to improve patient care and safety.

The aim of the audit was to assess the current prescribing and administration of Parkinson's Disease (PD) medication in various hospital sites within NHGGGC. An outline of the objectives and methodology was given.

The findings of this audit have highlighted areas for improvement in PD medicines management within NHSGGC and some measures that may help to improve the quality of patient care are suggested:-

- Prioritise patients with PD for medicines reconciliation to ensure it is undertaken within 24 hours of admission.
- Patients should be encouraged to bring their own medication into hospital to help prevent delayed or missed doses after admission.
- Wards should be encouraged to notify PD nurses when PD patients are admitted, for example, by electronic mail.
- Ensure pharmacy stocks of PD medications are adequate to avoid supply delay and ensure a specified ward within each site across NHSGGC keeps a stock of PD medications for access out of hours and that staff are aware of this locus. *[This is currently being addressed]*.
- Deliver education to designated wards.

The limitations of the audit were given.

ACTION BY

A discussion ensued and the following comments/suggestions were made:-

- Number in the audit was small. It was difficult to define if the medicines had been given on time.
- Awareness required of where to access the medicines. There are a number of formulations and strengths of PD medicines.
- Encourage patients to bring their own medicines into hospital.
- Develop an Action Plan with timescales to send to Clinical Governance Groups within Directorates. The Rehabilitation and Assessment Directorate to take the lead.

Professor Bryson complemented Mrs Semple and her team on this audit and outlined that this information was very useful. He pointed out that there had been public interest recently on this therapeutic area and this type of information would be very useful for future reference.

Mrs Semple would take on board the Committee's comments. **Mrs Y Semple**

NOTED

(b) Guidelines

(i) NHSGGC Primary Care COPD Guideline

Mrs Watt advised that the above was an update to a Primary Care Guideline approved by the Committee three years ago. The Sub-Committee had reviewed the guideline and one point of clarification was required from the authors around change in use of long acting beta agonist and corticosteroid combination in patients where FEV1 was >50% as this contravened SMC advice.

Management of COPD was included in the Therapeutics Handbook and the proposed guideline should be consistent with this.

The Committee would be kept advised of developments.

NOTED

(ii) Diabetes Ketoacidosis Care Pathway

Mrs Watt advised that the above protocol had been submitted by Mr David McGrane, Specialist Registrar, Gartnavel Royal Hospital, on behalf of a national specialist interest group which included Dr B Kennon, Consultant Physician, Southern General Hospital and Dr Michael Sheridan, Consultant in Emergency Medicine, Glasgow Royal Infirmary. Declarations of interest were unknown.

The protocol has been disseminated by the Scottish Diabetes Group to all Diabetes MCNs in Scotland. It is being rolled out across the country. The Diabetes MCN for GGC reviewed the protocol, and felt it should be rolled out across GGC. This protocol would replace the current DKA protocols. Information taken from this new pathway has been included in the Therapeutics Handbook 2011.

The Sub-Committee reviewed the guideline and minor comments were made on the implementation from the acute units. Dr Hopkinson would liaise these issues with Dr McGrane. **Dr H Hopkinson**

NOTED

ACTION BY

(iii) Unlicensed Medicines Protocol : Use of Larvae

Mrs Watt advised that the above protocol had been submitted by Mrs J Camp, Non Medical Prescribing Lead, Victoria Infirmary, on behalf of the Larvae Short Life Working Group who has representation from the Tissue Viability Nurses and Podiatry who are the main groups who use and advise on the use of larvae.

Clinical staff should be aware this is an unlicensed medicine. This protocol is to support the appropriate use of larvae.

The Sub-Committee reviewed the guideline, felt this was well described, and gave its approval to this guideline subject to minor comments.

DECIDED:

That the Committee ratify the Sub-Committee's recommendation.

45. SINGLE PRESCRIPTION AND ADMINISTRATION RECORD FOR SCOTLAND – CONSULTATION

Attached with the agenda papers was the above consultation sent by members of a multi-professional working group involved in a project called the Single Prescription and Administration Record for Scotland (SPARS) which has been convened by the Royal College of Physicians of Edinburgh with the support of Healthcare Improvement Scotland. The overall objective of the SPARS working group is to enhance patient safety in relation to prescribed medicines. The SPARS working group is seeking to develop consensus amongst the relevant stakeholders about the content of an ideal Prescription and Administration Record. It was hoped that this would allow SPARS to develop a sample chart that might eventually be adopted as a national standard for adult in-patients in Scottish Hospitals.

The consultation was a recent report published by the Academy of Medical Royal Colleges in collaboration with the Royal Pharmaceutical Society and Royal College of Nursing and makes recommendations on the standards that should be met by an optimal prescription chart.

Mr MacLaren gave an overview of the working group and the consultation. He outlined that Greater Glasgow and Clyde (GGC) review existing charts – last review was in September 2010. The standards referred in the consultation are those which are already being used in GGC and a number of the recommendations reflect the GGC chart.

Different charts may be required for certain specialties. Some NHS Boards are keen to include an oxygen chart. The Chair advised that an oxygen chart was piloted in Clyde with mixed success. This had been discussed by the Respiratory MCN.

A GP asked if these charts would be used in nursing and care homes overlapping with terminal care. It was noted that the initial work relates to acute.

Mr Wallace indicated that the standards were good and that the same principles could be adopted for specialties such as Paediatric and Mental Health.

The Chair thanked Mr MacLaren for his update, who agreed to lead on the drafting of a consultation response on behalf of ADTC and PPSU. **Mr A MacLaren**

NOTED

ACTION BY

46. ANTIMICROBIAL UTILISATION SUB-COMMITTEE

Professor Bryson advised that a National Point Prevalence Study was being undertaken on behalf of the Scottish Government. The aim of the project was to measure HAI and antimicrobial prescribing prevalence in Scottish NHS acute and 25% non acute hospitals. The Antimicrobial Team would be carrying out the study in GGC hospitals for the two months of September and October 2011. This would be a substantial amount of work. It was pointed out that this study was mandatory.

Professor Bryson gave an overview of what was involved in the study including the following:-

- Data will be collected on every patient on an antibiotic.
- A snapshot would be undertaken in all wards and hospitals.
- A brief time and motion study had been carried out – time spent on each patient would be approximately 15 - 20 minutes. It was noted that Glasgow had already established a Point Prevalence Survey programme for the GGC hospitals to inform Prescribers, Directorates and the Healthcare Environment Inspectorate Programme but this survey was on a larger scale over a shorter timeframe.

A discussion ensued and a member asked what the expectation would be for ward based clinical staff. Professor Bryson advised that it was intended that the study would be carried out by the Antimicrobial Management Team with the assistance of, where possible, the existing clinical pharmacist network. Concern was expressed at the workload involved. **Prof S Bryson/ Dr A Seaton**

NOTED

47. NON MEDICAL PRESCRIBING SUB-COMMITTEE

Mrs Camp gave an overview of the proposed Terms of Reference for a Therapeutics Sub-Committee of the ADTC which would replace the Non Medical Prescribing Sub-Committee. There are a number of areas that involve prescribing but not of medicines (which had high spend but were not closely monitored) and it seemed appropriate for this to come under the governance of the ADTC. The Dressings and Sundries Group was principally acute focused.

A discussion ensued on whether the name "Therapeutics" would be misleading. After much debate it was decided that the name "Therapeutics Sub-Committee" should stand.

This Sub-Committee would look at dressings and wound products. This would cross the acute and primary care sector where the bulk spend would be in the community.

It was noted that there was a Formulary for dressings for community use. A suggestion was made for a single Formulary which crosses both sectors.

There has been an increase in compliance of the Wound Formulary. It was felt that education was required for prescribers in care and nursing homes with regard to the Formulary. Mrs Ryan indicated that this could be written in to the procedures in CHPs.

DECIDED:

1. That the Committee approve the name change of the Non Medical Prescribing Sub-Committee to the Therapeutics Sub-Committee and the different elements of work.

2. That Mrs Ryan contact the CHPs with regard to including education of the Wound Formulary for nursing and care homes. **Mrs M Ryan**

ACTION BY

48. COMMUNICATIONS SUB-COMMITTEE

PostScript - Issue 64 (July 2011) was attached with the agenda papers for information. This edition included articles on monitoring the physical health of patients with serious mental health issues, list of ADTC decisions, NHSGGC palliative care guidelines and Formulary news.

Dr MacKenzie indicated that the LMC had concerns with the undernoted extract from the monitoring the physical health of patients with serious mental health issues as a pre-treatment assessment for antipsychotic prescribing was not part of a regular review for GPs:-

"Various good practice guidelines suggest that when commencing an atypical antipsychotic, weight, BMI and/or waist circumference, glucose and lipids should be monitored. It is important to identify people with metabolic problems and treatment-related weight gain early on, enabling steps to be taken to address any significant problems".

More information was required on the expectations from Mental Heath colleagues in respect of this matter.

It was agreed that this issue should be raised with the Mental Health Drugs and Therapeutics Committee. Mrs Ryan would take this forward. **Mrs M Ryan**

Mrs Ryan pointed out that there was a major problem with the shortage of certain medicines including citalopram and sertraline. An additional cost of £700,000 had been incurred due to the short supply. This issue had been raised at a national level and would continue to assume a high priority for MHRA, Scottish Government and other national agencies.

NOTED

49. ANY OTHER BUSINESS

Retiral of Mr James Wallace

This was to be Mr Wallace's last meting of the Committee due to his forthcoming retiral.

The Chair gave thanks to Mr Wallace for all the work and dedication he had given to the work of the Committee and wished him well in his retirement.

Mr Wallace advised that he had been on the Committee for many years and indicated that he had enjoyed the stimulating debate.

NOTED

50. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 10 October 2011 at 2.00 p.m. in the Conference Room, Management Building, Southern General Hospital.