ADTC(M) 13/04
Minutes: 48 - 61

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, 12 August 2013 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Prof S Bryson	Dr J Larkin
Dr J Burns	Dr J MacKenzie
Mrs A Campbell	Dr G J A Macphee
Mr R Foot	Prof G McKay
Dr G Forrest	Mrs M Ryan
Dr R Hardman	Dr A Taylor
Dr C Harrow	Mrs A Thompson
Dr S Hood	Mrs J Watt

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

Mr I Speirits .. Prescribing Support Pharmacist, Glasgow City CHP (North East Sector)
Mrs E Watt .. Secretariat

ACTION BY

48. 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.

49. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr C E McKean, Dr A Petrie, Dr A Seaton and Dr G Simpson.

The Chair welcomed Dr Craig Harrow, Consultant Physician (Acute Medicine and Stroke), Western Infirmary, to his first meeting of the Committee. She also welcomed Mr Iain Speirits, Prescribing Support Pharmacist, Glasgow City CHP (North East), who was in attendance to observe proceedings.

ACTION BY

50. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 10 June 2013 [ADTC(M) 13/03] were approved as a correct record.

NOTED

51. MATTERS ARISING

New Medicines Review – Swainson Report : Overview of NHSGGC Response to Recommendations – Update

The above NHS response to the Swainson Report recommendations had been discussed at the last meeting. Professor Bryson advised that a supplementary sheet to explain abbreviations had now been included. No further comments had been received from members.

Professor Bryson advised that the GGC response to recommendations of the Swainson Report was work in progress.

NOTED

52. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) SMC Evaluations / NICE/QIS Guidance

Dr Hood 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.

Three interests had been declared.

The following was highlighted:-

Pirfenidone 267mg capsule (Esbriet®) [835/13] ***[In adults for the treatment of mild to moderate idiopathic pulmonary fibrosis (IPF)]***

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

Local advisers were supportive of inclusion in the Formulary and that Interstitial Lung Disease Multidisciplinary Team (ILD-MDT) approval should be a condition for all prescriptions of pirfenidone.

This was a high cost medicine and it was agreed that there should be careful introduction and monitoring of use. In due course, this medicine may be suitable for a Shared Care Protocol (SCP) but in the first instance the medicine would be restricted to prescribing by specialists.

The Formulary and New Drugs Sub-Committee's recommendation was that this medicine should be included in the GGC Total Formulary for the indication in question restricted to specialist use only in patients with a predicted forced vital capacity (FVC) less than or equal to 80% in accordance with local protocol where the relevant Interstitial Lung Disease Multidisciplinary Team have agreed it is appropriate.

ACTION BY

A detailed discussion ensued and there were some outstanding issues which would be desirable to resolve prior to initiation of treatment in new patients, but recognising that there may be individual cases with circumstances which suggest some urgency.

The following comments/suggestions were made:-

- Provision had been made within the 2013/14 financial plan but there were some concerns that patient numbers could be higher than initial predictions and therefore it could create an additional cost pressure through the rest of the financial year. This would be highlighted to the PMG on 10 September 2013. It was noted that the PAS was not available in primary care.
- Specialists would require to discuss how supplies would be managed - suitable practical arrangements may vary at different hospitals but arrangements should be known by all sites.
- Clinic appointments may be six monthly and it was thought that dispensing such large quantities of this expensive drug on a single visit would not be appropriate.
- Homecare was suggested as an option for managing supplies.
- The importance of patient understanding of the treatment and compliance was emphasised and should be monitored.
- Members felt that prospective data should be collected and specialists should determine what would be useful to gather. It was hoped this would inform future planning (and perhaps prescribing decisions).
- The current protocol should be adapted in light of SMC advice / local discussions.

The ADTC's decision was that that this medicine should be included in the GGC Total Formulary for the indication in question restricted to specialist use only in patients with a predicted forced vial capacity (FVC) less than or equal to 80% where an relevant Interstitial Lung Disease Multidisciplinary Team have agreed it is appropriate.

Argatroban, 100mg/ml Concentrate for solution for infusion (Exembol®) [812/12] ***[Anticoagulation in adult patients with heparin-induced thrombocytopenia type 11 who require parenteral antithrombotic therapy.].***

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

Advice had been received from local specialists. The difference in cost between argatroban and danaparoid was noted. There was a particular need for this medicine in patients with renal impairment. There appeared to be rationale for maintaining a more restricted positioning than SMC.

The Formulary and New Drugs Sub-Committee's recommendation was that that this medicine should be included in the GGC Total Formulary for the indication in question restricted to specialist use where other options are not suitable, or not available in accordance with local protocol.

Calcium polystyrene sulphonate powder for oral/rectal suspension (Sorbisterit®) [890/13] ***[Treatment of hyperkaleaemia, in patients with acute and chronic renal insufficiency, including patients undergoing dialysis treatment]***

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

A local adviser had noted the high sucrose content but felt it should be added to the Formulary.

The Formulary and New Drugs Sub-Committee's recommendation was that this medicine should be included in the Total Formulary for the indication in question restricted to specialist use only.

Mrs Watt queried the restriction of specialist use only outlining that this might be prescribed by non-specialists but only in the hospital setting.

The ADTC decision was to amend the restriction to "hospital use only".

ACTION BY

Denosumab for the prevention of skeletal-related events in adults with bone metastases from solid tumours [MTA 265] – This supersedes SMC 752/11 [Non-Submission]

The NICE/HIS decision was "recommended for use within NHS Scotland" under specific circumstances.

A decision on this medicine had been deferred to allow consultation with the Regional Cancer Advisory Group for development of a protocol. This had now been received. This medicine had been added to the Total Formulary for the indication in question restricted to use in accordance with regional protocol.

Aprepitant/fosaprepitant first line with cisplatin based regimens [Regional Advice] [SMC 132/04 & 242/06]

Previous regional guidance had restricted the use of aprepitant/fosaprepitant to second line setting. This restriction should now be removed - this was appropriate in relation to SMC advice. The Formulary status of this medicine would be changed to allow first line use, in line with regional protocol.

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 29 July 2013 be ratified by the Committee with the exception of those mentioned above.

53. MEDICINES UTILISATION SUB-COMMITTEE

(a) Six Monthly Report

Mrs Watt gave an brief overview of the work which had been carried out by the Medicines Utilisation Sub-Committee. A paper had been presented which outlined information on guidelines/protocols, utilisation reports, clinical effectiveness projects, GGC Therapeutics Handbook and medicines education.

The following was highlighted:-

- Guidelines/Protocols - Eighteen guidelines/protocols had been reviewed by the Sub-Committee during the last six months *[A list of the guidelines was attached as Appendix 1 of the paper]*. Fourteen were approved subject to minor comments being taken on board and would be posted within the GGC StaffNet Guideline repository once finalised. The last four are in progress.

  A paper was presented on the GGC Electronic Clinical Guideline Repository (established in summer 2012 as a central access point to guidelines relating to various aspects of clinical practice and patient care) which included the overall number of hits to the repository (the top hits were the gentamicin and vancomycin calculators), gateways used to access the repository, range of GGC Groups approving guidelines, top ten visited guidelines and top ten user groups.

  Some members queried whether guidelines should be considered by the ADTC rather than the Medicines Utilisation Sub-Committee. The Chair advised that the ADTC had delegated authority to the Medicines Utilisation Sub-Committee for review and approval of guidelines relating to drug therapy and which involve care across different directorates and/or across primary care and the acute sector and this system was working well. Mrs Watt advised that the guidelines aimed to make prescribing as safe as possible. The Medicines Utilisation Sub-Committee membership included representation from Acute doctors, GPs and pharmacists.

  A GP raised a concern about communication of approved guidelines and it was noted this was largely the responsibility of the guideline authors although ADTC also advertised newly approved guidelines through the PostScript bulletins.

ACTION BY

There was a concern raised that failure to adhere to all parts of a guideline could be interpreted as, and potentially be used as evidence of, poor clinical practice – although could be clinically justified. A suggestion was made that a standard sentence be included in every guideline which outlined that this is for guidance only. Mrs Watt advised that there was a generic statement for guidelines relating to frailty and older people (produced by the Polypharmacy Sub-Committee) that might be adapted. She agreed to bring generic statements on guidelines to a future meeting of the Committee. **Mrs J Watt**

- Utilisation Reports - These were a regular part of the Sub-Committee agenda.

  - IPTR Report *[The IPTR3 process required compliance with Scottish Government criteria. The local IPTR2 process focussed on six medicines where all licensed indications were not recommended for use by the SMC. Buprenorphine patches should be subject to further analysis]*.
  - New Oral Anticoagulants : Overview of Use *[This had been discussed previously]*.

- Clinical Effectiveness Projects – Audit of Omalizumab (Xolair Use in Adult Patients within NHSGGC *[This had been a request from the Emergency Care and Medical Services Directorate: place in therapy was described within a protocol; high cost medicine and use increasing. A final report had been attached with the agenda papers. The data was collected on patients already on treatment (not patients who had discontinued). Overall, the results show that in the majority of cases, the NHSGGC eligibility criteria for commencing omalizumab therapy are being met. IT support was required to develop an eForm to enable future data capture. A recent NICE MTA had changed the criteria for eligibility – the protocol would be updated in light of the audit results and NICE advice]*.

- GGC Therapeutics Handbook *[A Handbook and Clinical Information App was in the final stages of development and it was anticipated that this would be available by December 2013]*.

- PostScript Bulletins *[A table of PostScript Extra bulletins that are currently available and valid was attached with the agenda papers. An explanation was given of the symbols which are used within the GGC Prescribing website to advise on the current validity of the PostScript Extras]*.

- IPTRs for Scottish Government report [*Professor Bryson advised that the numbers of IPTRs submitted and accepted were consistent with other NHS Boards]*.

The Chair outlined that the Sub-Committee had carried out a substantial amount of work and congratulated them on this

54. PRESCRIBING MANAGEMENT GROUP (PMG) – ACTION POINTS OF A MEETING HELD ON 19 JUNE 2013

Professor Bryson gave a brief update of the key points from the above meeting. This focussed on the financial overview and was for information only. The paper outlined the 2012/13 Expenditure, the 2012/13 Horizon Scanning look back exercise for Acute Services, the 2013/14 Horizon Scanning, the Dressings & Sundries Finance Reports 2012/13.

A discussion ensued and the following was highlighted:-

- 2012/13 Expenditure *[£351.1m overall, £222.3m in primary care, £118.4m in acute services and £10.4m in other services. The outturn for 2012/13 was close to the horizon scanning prediction]*.
- 2013/14 Horizon Scanning *[The small uplift identified for Primary Care masked a large number of efficiency programmes including patent expiry]*.

ACTION BY

- Dressing & Sundries Finance Report (Acute and Primary Care) 2012/13 *[It was suggested that some of the costs in Primary Care reflected supplies made to manage Acute interventions. Professor Bryson outlined that there was a West of Scotland Procurement Review looking at this issue]*.

NOTED

55. SAFER USE OF MEDICINES SUB-COMMITTEE

Professor MacKay advised that he had nothing to report this time but he would give his six monthly report at the next meeting in October.

NOTED

56. POLYPHARMACY SUB-COMMITTEE

Minutes of the meeting held on 5 June 2013

The minutes of the meeting of the Polypharmacy Sub-Committee held on 5 June 2013 were attached for information.

NOTED

57. PRESCRIBING INTERFACE SUB-COMMITTEE

Dr Hardman advised that more Shared Care Protocols had been added to the website. He would give his six monthly report at the next meeting in October.

NOTED

58. COMMUNICATIONS SUB-COMMITTEE

PostScript 76

Issue 76 (July 2013) was attached with the agenda papers for information. This edition included articles on major developments to immunisation programmes, midazolam in conscious sedation, ADTC decisions, Polypharmacy, new drugs: mirabegron, linaclotide, new clinical guidelines, Yellow Cards, safety updates

Mrs Thompson gave an update of some of the items in the next edition of PostScript.

NOTED

59. ENGAGEMENT OF LAY REPRESENTATIVES ON ADTC AND SUB-COMMITTEES

Professor Bryson advised that the above report was for information only. The report outlined the issues in relation to engaging lay representation for the Polypharmacy Sub-Committee, along with two appendices (1) Lay representative invite letter 2013 and (2) Lay person information sheet 2013.

Engagement of Lay representative was a recommendation of the Swainson Report. Having lay representatives on the ADTC had been discussed previously and it had been agreed that a public partner could be co-opted as required for specific agenda items.

Professor Bryson gave an overview of the process which had been prepared by Ms H Harrison, Senior Prescribing Adviser, PPSU. 14 lay people had expressed an interest in joining the Polypharmacy Sub-Committee and two lay appointments had been made.

ACTION BY

Dr Macphee indicated that an update on the experience of having lay representation, from both parties, would be given to the Committee in due course.

The Chair advised that it was very useful for the Polypharmacy Sub-Committee, in particular, to have lay representatives.

NOTED

60. HEALTH IMPROVEMENT EVENT : 12 NOVEMBER 2013

Professor Bryson advised that a Health Improvement Scotland Event would be held in the Stirling Management Centre on 12 November 2013. This would follow previous initiatives and promote networking across ADTCs. This may be of particular interest to members of the ADTC Executive and Sub-Committee Chairs.

This was a good opportunity to network with counterparts across Scotland.

NOTED

61. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 21 October 2013 at 2.00 p.m. in Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12.