

Minute of Meeting of **Borders Area Drugs and Therapeutics Committee (ADTC)** held on the 8<sup>th</sup> September 2010 at 12.30 p.m. in the Committee Room, Education Centre

**PRESENT:** Vince Summers (Chair) (VS), Alison Wilson (AW), Ros Anderson (RA), Gavin Gorman (GG), Anne Duguid (AD), Mark Clark (MKC), Paul Lockie (PL), Tom Cripps (TC), Peter Symms

**In Attendance:** Susan Hogg (Minutes)

AGENDA	Paper
<p><b>1. Apologies &amp; Announcements:</b> Declan Hegarty, Adrian Mackenzie, Liz Leitch, Ross Cameron, Edward James, Olive Herlihy, Cliff Sharp</p> <p>Vince Summers as Chair of the ADTC welcomed Dr Paul Lockie to the meeting as a new member replacing Dr Graham Cook.</p>	
<p><b>2. Declaration of Interest:</b> There was none.</p> <p><b>3. Draft Minute of previous meeting:</b> 14<sup>th</sup> July 2010</p> <p>Item 3 – Should read AD to send copy of NES training for antibiotic prescribers to OH – not OH to send to AD.</p> <p>Item 19. Should read "NHS" not "NHA".</p>	
<p><b>4. Matters arising:</b></p> <p>SH to check date of letter that VS sent to Lothian ADTC Committee re Shared Care Protocols and check to see if we have had a reply.</p> <p>GG – Midwives exemption list – To report back anything that was discussed at Steering Group – GG reported that he has had a discussion with Elaine Cockburn (Head of Midwifery) who said this is in the process of being reviewed.</p> <p>GG – Report on prescribing of methotrexate 10mg tabs in NHS Borders – Helen Clinkscale is currently absent will discuss with her on her return.</p> <p>RA – A report on the above will go in the next prescribing bulletin.</p> <p>Safer Administration of Insulin – GG said this will go on the next Patient Safety meeting agenda.</p> <p>Non Medical Prescribing Strategy &amp; Policy – This was circulated to the ADTC members and one comment back from DH suggested that if GP's are to manage non medical prescribing situations could we have a meeting with Dr Sheena MacDonald for further discussions with the GP's.</p> <p>Guidance for Practices re aspirin – AW explained that this was in progress and she would discuss further with Adrian Mackenzie and when completed it would be taken to the next NCM.</p> <p>NMA for Gabapentin &amp; Ropivacaine – These applications were circulated to the members after the last meeting by email and the group decision was that these be approved for Specialist Use Only – <b>CAT 'B'</b></p>	
<p><b>5. Draft Minute of BFC meeting held on:</b> 11<sup>th</sup> August 2010</p> <p>i) <u>Applications For Approval (as per minute)</u></p> <p>a) Ulipristal – Recommended As <b>CAT 'A'</b> for second line use only.</p> <p>b) Gemtuzumab Ozogamicin (Mylotarg®) – <b>Recommended As CAT 'B'</b></p> <p>c) Episil Medical Device – The committee was not presented with sufficient evidence to make a decision. LL to be asked to contact Dr Tucker for further information, which should come back to the next BFC meeting. No decision made.</p> <p>d) MCT Pepdite – Recommended As <b>CAT 'B'</b> for one patient</p> <p>e) Febuxostat (Adenuric®) – Recommended As <b>CAT 'B'</b> for one patient, with further application for repeated use when SMC decision published</p> <p>f) Fostair – Recommended As <b>CAT 'A'</b></p> <p>ii) <u>SMC Decisions</u> – As detailed in Borders Formulary Minutes.</p> <p>Dronedarone was noted.</p>	LL

<p><b>6. NHS Borders Hospital Antimicrobial Consumption Point Prevalence Study:</b>  AD explained to the group that this item has been brought to the ADTC meeting for noting only as it has already been to the Antimicrobial Action Team. AD said that all health boards in 2009 were required to provide this information from just one hospital but in 2010 the survey was expanded to include the community hospitals. It is planned by the AMT that this will be an annual survey each June. These reports will be sent to the Infection Control Committee, Antimicrobial Management Team and Primary &amp; Community Services Board for noting. AW asked what are the plans to get up to speed with the guidelines? AD explained that the formulary will be reviewed by the end of the year and education given around that with the prescribers. There was considerable discussion about who is responsible for prescriptions – it was agreed that the prescriber is always responsible for prescriptions. VS asked if the audit date was collated nationally but AD replied no it is just for ourselves but we will feed that back to the National Group.</p>	
<p><b>7. MRSA eradication for inpatients</b>  AD explained that after discussion at the Antimicrobial Team Meeting it was decided to ask the advice of the ADTC to help improve MRSA eradication prescribing. There were several suggestions i.e. pgd, psd, non peelable stickers on kardex, infection control nurse to sign the sticker on the kardex or signed stickers by EJ for the kardex. The ADTC had no specific objection to the use of stickers to prescribe, if legality and patient safety were accounted for. Stickers should be non peelable. TC asked if this system could be piloted on one of the wards. MC felt that the use of a PSD (patient specific direction) could cover all areas and agreed to send AD a copy of the mantoux that had already been drawn up.</p>	MC
<p><b>8. Patient Safety:</b>  <b>Medicines safety warnings and messages sent to healthcare professionals in July &amp; August 2010:</b>  AW explained that this paper was added to the agenda for information only.</p>	
<p><b>9. Proposals To Amend Medicines Legislation To Allow Student Midwives Access To The Parenteral Medicines Which Can Be Administered By Registered Midwives:</b>  GG explained to the meeting that it had been recently identified that student midwives were not able to administer parenteral medicines supplied/administered under a midwife's exemption order as midwives cannot delegate administration. It is a requirement of student midwives training that they have opportunities in practice to gain this experience and competence. This is supported by Elaine Cockburn, Head of Midwifery. The ADTC have no objections to this proposal. GG to send a supporting letter in response to the consultation on behalf of NHS Borders/ADTC.</p>	GG
<p><b>10. Minutes from the Antimicrobial Team meeting 26.5.10</b>  These are for information only.</p>	
<p><b>11. GPC issue updated guidance about PGDs and PSDs in General Practice</b>  This is for information only.</p>	
<p><b>12. Consultation - Regulation of Independent Healthcare Services in Scotland</b>  AW asked if anyone would like to make comments direct.</p>	
<p><b>13. Yellow Card Centre Scotland Borders Health Board and Annual Report 2008/09</b>  VS explained to the group that this was for noting and within the document there was a very positive report for NHS Borders. A reminder to go into the next prescribing bulletin.</p>	
<p><b>14. NICE Guidance:</b> Noted</p> <p>Capecitabine for the treatment of advance gastric cancer  <a href="http://guidance.nice.org.uk/TA191">http://guidance.nice.org.uk/TA191</a></p> <p>Gefitinib for the first line treatment of locally advanced or metastatic non-small-cell lung cancer  <a href="http://guidance.nice.org.uk/TA192">http://guidance.nice.org.uk/TA192</a></p> <p>Rituximab for the treatment of relapsed or refractory chronic lymphocytic leukaemia</p>	

<http://guidance.nice.org.uk/TA193>

Denosumab for the treatment of therapy-induced bone loss in non-metastatic prostate cancer

<http://guidance.nice.org.uk/TA194>

Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor

<http://www.nice.org.uk/guidance/TA195>

Imatinib for the adjuvant treatment of gastrointestinal stromal tumours

<http://guidance.nice.org.uk/TA196>

Dronedarone for the treatment of non-permanent atrial fibrillation

<http://guidance.nice.org.uk/TA197>

Tocilizumab for the treatment of rheumatoid arthritis

<http://guidance.nice.org.uk/TA198>

Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (review of technology appraisal guidance 104 and 125)

<http://guidance.nice.org.uk/TA199>

**15. AOCB – Report on Scriptswitch Implementation in NHS Tayside (*papers tabled at meeting*)**

AW said this would go on the next Prescribing Group Agenda.

PGD's – It was agreed that due to the huge number of pgd's which will be sent out to the ADTC group for comment it was suggested that we use a response button when sending the emails.

**16. Date of next meeting:** 10<sup>th</sup> November 2010 @ 12.30 p.m. in the Committee Room, Education Centre.

Susan – Should we have an action table here?