Welcome to the February edition of the Area Drug and Therapeutics Committee (ADTC) Collaborative newsletter. In this edition, we’d like to share with you some of our current work with ADTCs.

Previous editions of our newsletters are still available on the Healthcare Improvement Scotland website here.

If you have any comments on the new look or if you have issues viewing the newsletter, please contact us at hcis.adtc-collaborative@nhs.net

**Early Access to Medicines Scheme (EAMS)**

There have been two medicines made available in January 2019 as part of the EAMS scheme.

Atezolizumab, in combination with bevacizumab, paclitaxel and carboplatin, is indicated for the treatment of adult patients with metastatic non-squamous non-small cell lung cancer (NSCLC) with EGFR activating or ALK-positive tumour mutations after failure of appropriate targeted therapies. Operational guidance for this EAMS is now posted on the ADTC Collaborative webpage.

Dupilumab is indicated for the treatment of adolescent patients ≥12 to <18 years of age with severe atopic dermatitis who have responded inadequately to at least one systemic therapy or where the available systemic therapies are not recommended or are not tolerated. Operational guidance is currently being finalised for this EAMS and will be available shortly. There has been a slight delay in availability of the supplies of dupilumab but this should be rectified by mid February.

Clinicians can access EAMS medicines for patients with high unmet clinical need in the NHS in Scotland without waiting for the ADTC Collaborative to issue operational guidance. The relevant EAMS information can be found on the MHRA current EAMS webpage. Information on expired EAMS medicines, including dates when they were withdrawn, can be found on the MHRA expired EAMS webpage.

(Helen Lindsay, Pharmacist, ADTCC)
Adalimumab

In excess of £10m has already been saved in the last 2 years by improving the use of Biological Medicines including switching to better value and equally effective biosimilar medicines.

Further savings are currently underway following Adalimumab coming off patent in October 2018 and alternative biosimilars becoming available. NHS Scotland’s current annual spend on Adalimumab is approximately £45m and there is estimated to be a £31m savings opportunity for NHS Scotland. The ADTC Collaborative and National Procurement are working closely together to support boards and ensure a timely uptake of the best value biological.

Biological medicines are a continuously evolving therapy area where the emergence of biosimilar medicines has enabled better value and equally effective alternatives to enter the market place increasing both choice and further opportunities to improve clinical effectiveness and make every penny count within the NHS Scotland budget.

(Mandy Mackintosh, Pharmacist, ADTCC)

Peer Approved Clinical System Tier 2 and National Review Panel

A Learning Session took place on the 28th November 2018 with good representation from NHS boards. The NRP team are working with key stakeholders, including Scottish Government, to ensure that the areas identified for shared learning and improvement, which were captured at the event, are progressed.

There is also a commitment to review the NRP, however with only one live case having been considered by the panel in the initial 6-months, it is proposed that an initial review of NRP does not take place until after the initial 12 month period.

In addition to this, the Scottish Government is represented at regular meetings of the NRP Steering Group, where a number of process-related issues have been raised and resolved since the panel was established.

Any comments about the review process and the NRP are to be emailed to Martyn.McDonald@scotland.gsi.gov.uk – the deadline for comments is 28/02/2019. There is a guidance document which can be seen here

The 2019 National Review Panel submission and meeting dates have now been published on the website and can be accessed here
New ultra-orphan pathway – implementing recommendations from the Review of Access to New Medicines

The SMC definition for ultra-orphan medicines is changing to focus more tightly on medicines to treat extremely rare conditions.

The way these medicines will be considered by SMC will also change. SMC will still appraise clinical and cost effectiveness at an early stage but will no longer issue a decision at this point. Under the new ultra-orphan pathway these medicines can be prescribed for an initial period of at least three years. Further data on clinical effectiveness will be gathered over this time to help inform a final SMC decision on routine use in NHSScotland.

The first step is confirmation of ultra-orphan status. The monthly SMC update email to ADTCs will include details of validated ultra-orphans. This is an early indication of medicines that could progress down the ultra-orphan pathway in the future.

Submissions will not start to be assessed under the new process until April 2019. More information about the new ultra-orphan approach can be found on the SMC webpage.

(Jan Jones, Principal Pharmacist at the Scottish Medicines Consortium)

Quality of Care Indicators

Healthcare Improvement Scotland have been developing a new approach for how the organisation routinely uses data in its work with NHS Boards. Previously there has been a focus on the Hospital Standardised Mortality Ratio (HSMR) but in future we will focus on a much wider set of indicators. A Delphi consensus study identified 23 indicators but none related to use of medicines. The group overseeing this work recommended that a measure about community prescribing be identified and tested along with the set of indicators. During last year we consulted with a number of pharmacy leads from Information Services Division, Healthcare Improvement Scotland, and NHS Boards, and identified nine potential indicators. Near the end of last year we asked Area Drug & Therapeutic Committees’ members for comments on these potential indicators and received five responses - both collective and individual.

Thank you to all who were involved in providing responses. We have used your feedback to further refine our potential list of indicators. The group overseeing development of our approach will meet at the end of February to agree which one or two measures we will test as part of a set of indicators. Measures being considered by this group include combinations of prescribed medicines that increase the risk of falls, combination of medicines that increase risk of renal failure, defined daily dose of total antibiotic prescribing and combinations of prescribed medicines that increase the risk of gastrointestinal bleeding.

(Tim Norwood, Data & Measurement Advisor, Healthcare Improvement Scotland)
Update on the National Palliative Care Guidelines

The selective update of ten NHSS Palliative Care Guidelines, the creation of one new guideline and six new medicine information sheets is nearing completion with publication on the website anticipated by 31st March 2019 and roll out of a revised handbook to follow in early summer. The new and revised topics are:

**Medicine info sheets** – Morphine; Dexamethasone; Levetiracetam; Hydromorphone; Buprenorphine; Clonazepam

**Revised guidelines** – Nausea and vomiting; Pruritus; Mouthcare; Constipation; Neuropathic pain; Seizures; Opioids; Care in the last days of life; Subcut fluids; Anticipatory prescribing

**New guideline** – End stage liver disease

Healthcare Improvement Scotland has supported the update replicating the methodology used to create and peer review the original guidelines which were published in 2014. The existing content which has not received a major update has been reviewed for consistency and to remove any redundant or obsolete information. The project has been overseen by a **multidisciplinary steering group** and delivered through the engagement of palliative care professionals across Scotland. The Scottish Palliative Care Pharmacists Association have been instrumental to the steering group and each working group responsible for production of each guideline. Cognisance has been made of local formularies and guidance has reflected these wherever possible. Where the guidelines recommend the use of unlicensed drugs or the use of drugs off license, this has been clearly highlighted as per the first iteration. During March to May any feedback on the guidelines will be accepted for consideration prior to going to publication of the handbook. Feedback, comments and queries can be sent to the HIS development team via hcis.pallcareguidelines@nhs.net (Alison Winning, Knowledge Management Team Lead, Healthcare Improvement Scotland)

**HEPMA: The experiences of Hospital Electronic Prescribing and Medicines Administration (HEPMA) Systems**

The last two ADTC Collaborative Webexes have included feedback from NHS Boards as to their experiences implementing and driving benefits from HEPMA systems. NHS Forth Valley shared the experience of implementation of the system at pace across their NHS Board and key learning can be found in the published HIS report. At the most recent webex colleagues from NHS Ayrshire and Arran shared their experiences of utilising HEPMA to improve patient safety through the development of system reporting tools.

As many NHS Boards are developing business cases and implementation plans for HEPMA the experiences of these two Boards has provided a useful insight to the challenges of implementation and the benefits that are achievable following a HEPMA system implementation. Both NHS Forth Valley and NHS Ayrshire and Arran are happy to be contacted individually to answer any specific questions and give further information that other NHS Boards may have to assist in developing their HEPMA plans. (Scott Hill, ADTCC Clinical Lead)
Tool to explore prescribing variation

What is Qlikview?
It is a software that enables all kind of users from beginners to experts to retrieve and assimilate data easily from any source.

What are the features and benefits?
Fast and powerful data visualisation; in-memory data model compression; converts data into graphical analytics; data processing power and speed; explore the relationships between data easily; show trends over time; security and user access; filtering functionality; free and easy to use tutorial guide available.

Above is D&G ‘landing page’ which demonstrates the options available within our design.
The application enables the data extracted from the PRISMS database to be viewed in a user-friendly interface.
The prescribing application functions through the use of ‘User Selections’ to determine what data is displayed.

This is an example of the chart available in the ‘Prescribing Activity Variation’ option. Within this section the user can choose from four chart options.
Currently the application has been made available to Prescribing Support Team, Director of Pharmacy, Prescribing Business Manager and Realistic Medicines team. 
(Sandra Grant, Prescribing Intelligence Analyst at NHS Dumfries & Galloway)

ADTC Collaborative Team news
We hold regular webexes to provide updates, share information and good working practice. Everyone is welcome. Future dates are below:

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<th>ADTC webex dates</th>
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