Welcome to the October 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](mailto:hcis.adtc-collaborative@nhs.net)

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**EU Exit: Action to Maintain Continuity of Supply of Medicines**

The UK Government has overall responsibility for EU exit contingency planning and for entry and any customs control at the UK Border. Since August 2018, the Department of Health and Social Care (DHSC) has been leading on UK-wide contingency plans to secure supplies of medicines, medical devices and clinical consumables in the event of a ‘no deal’ exit from the EU.
The DHSC has asked pharmaceutical companies to increase their stockpiles of medicines which may be impacted by delays at the UK border, with the aim of ensuring that the UK has an additional six weeks supply on top of normal stocks. Alongside the stockpiling arrangements, the DHSC are looking at alternative transportation arrangements such as additional ferry capacity and the potential to airfreight medicines that may require specific cold chain transportation. Scottish Government officials scrutinise weekly reports of stock piling preparations to identify issues of particular concern or interest to Scotland. They also maintain regular liaison with the DHSC through fortnightly teleconferences.

The Scottish Government has convened a Scottish Medicines Shortages Response Group (MSRG SCO). The group meets fortnightly currently, and includes representatives from NHS Scotland, community pharmacy, NHS Procurement, NHS 24 and others. It has concentrated efforts to date on preparing and testing the systems and communication processes needed to manage shortages across both primary and secondary care. A smaller core group will take decisions on specific shortage advice. New NHS Scotland guidance for managing shortages in primary and secondary care has been finalised over the summer, and Community Pharmacy Scotland (CPS) has updated and tested its shortage reporting systems so that they are ready to cope with a substantial increase in the volume of reports.

Scottish secondary legislation to support the introduction of Serious Shortages Protocols (SSPs) in NHS Scotland has been prepared and tabled, to come into effect on 31 October 2019. These protocols will enable community pharmacists to supply an alternative quantity, an alternative pharmaceutical form, an alternative strength, a therapeutic equivalent or a generic equivalent as indicated in the protocol without going back to the prescriber. All SSPs will be clinically developed and authorised for a time-limited period only.

Alison Strath | Scottish Government
Single National Formulary Update

The Scottish Government has made a Programme for Government commitment to work with stakeholders to develop a Single National Formulary. Policy responsibility for this work sits with the Medicines Policy Team based at St. Andrew’s House in Edinburgh.

Work to date has seen a new formulary website platform developed with wide stakeholder input from across the country. The website represents an evolution of the traditional formulary, by introducing a condition-based structure alongside the established methods of navigating medicine recommendations. This platform will continue to evolve through the input of formulary users and a mobile app will also be prepared.

The new website platform, will be utilised and tested in clinical practice in the East Region (NHS Lothian, NHS Fife and NHS Borders), starting in NHS Lothian in the first instance. This provides an opportunity to make any enhancements to the website to further improve its functionality based on user experience. In addition, a collaborative consensus model for formulary development based on local and regional cooperation between existing local Health Board governance and decision making processes will be used to develop and agree an East region formulary. This work will respect the existing processes for the consideration and adoption of SMC advice on new medicines. This approach will also inform the next steps in the delivery of the Programme for Government commitment.

The Scottish Government will engage with the Health Boards in the East region with a view to agreeing the steps required for them to initiate the 2019/20 approach. It will also be important that progress and learning is shared with the other Health Boards. The Area Drug and Therapeutics Committee Collaborative (ADTCC) is ideally placed to support this.

Planning for 2020-21, including securing a new budget, will be done in parallel to the East region work and with input from colleagues within HIS and all Health Boards.

Formulary development will progress in 2019-20 by building on business as usual activities, with an added regional dimension. The intention is to test the new formulary platform in the real world, while developing a
collaborative consensus model for regional formulary development. This regional model will utilise the expertise of local formulary teams and build upon existing governance arrangements.

Alison Strath | Scottish Government
Early Access to Medicines Scheme (EAMS)

The Early Access to Medicines Scheme has seen the launch of several medicines since the last update in the February Newsletter. ADTC Collaborative Operational guidance for current EAMS medicines, where available, can be found here.

The EAMS for avelumab, in combination with axitinib, is indicated for the first-line treatment of adult patients with advanced renal cell carcinoma (RCC).

The EAMS for polatuzumab vedotin, in combination with bendamustine and rituximab, is indicated for the treatment of relapsed/refractory diffuse large B-cell lymphoma (DLBCL) in adult patients who are not eligible for hematopoietic stem cell transplant.

The EAMS for tafamidis (Vyndaquel) was launched in June for treatment of transthyretin amyloidosis in adult patients with wild type or hereditary cardiomyopathy to reduce all-cause mortality and cardiovascular-related hospitalisation. The operational guidance is finalised with the pharmaceutical company (Pfizer) and available on the EAMS page of HIS website. MHRA guidance can be accessed here.

A further extension was granted to the EAMS for Raxone 150 mg film-coated tablets (idebenone, first launched in 2017), for slowing the decline of respiratory function in patients with Duchenne Muscular Dystrophy (DMD) from the age of 10 years who are currently not taking glucocorticoids.

Please remember that NHS boards and clinicians in Scotland can access EAMS medicines for patients with high unmet clinical need at any time without the availability of ADTC Collaborative operational guidance, which may be delayed for a number of reasons. Information on all current EAMS medicines can be found on the MHRA current EAMS webpage. Some of the new EAMS launched since February have subsequently expired in the same time period i.e. atezolizumab, for lung cancer and atezolizumab, for breast cancer. Information on these and all other expired EAMS Medicines is available on the MHRA expired EAMS webpage. If you have questions or comments on any of the EAMS medicines please get in touch at hcis.adtc-collaborative@nhs.net

Helen Lindsay | HIS ADTCC
Update from Expert Advisory Group for Medicines in Prisons (EAGfM)

The Expert Advisory Group for Medicines in Prisons is looking to enhance its membership. Interested parties from Medicine, Nursing, Pharmacy or other Allied Health Professional Groups should contact Tom Byrne, National Prisons Pharmacy Adviser, thomasbyrne@nhs.net to discuss participation.

Gabapentinoid Prescribing in Prison

Challenges continue to be experienced by clinicians working in prisons due to people coming into custody who have been prescribed a gabapentinoid drug inappropriately. ADTCs are asked to remind prescribing clinicians of the recommendations for prescribing of these drugs in primary care that was issued by the Scottish Government Effective Prescribing and Therapeutics Branch.

Buvidal

The depot preparation of buprenorphine, Buvidal, received SMC approval in July of this year. As yet there is no one within the prison population receiving this treatment. However, there are patients in the community receiving this treatment and there will, no doubt, be a requirement for NHS Boards to provide access to this treatment where appropriate.

Espranor

The use of Espranor (buprenorphine oral lyophilisate) continues to increase across prison health care setting as this product is difficult to divert and promotes safety. Challenges can be experienced when a person transfers from a prison setting where Espranor is prescribed to one where it is not. It would be helpful if Board ADTC’s could support the continuity of prescribing of this drug in such situations

Tom Byrne | National Prisons Pharmacy Adviser
**ADTCC WebEx**

The ADTCC WebEx provides an opportunity for the NHS Boards ADTCs to come together on a quarterly basis to consider aspects that may benefit from ‘Once for Scotland’ approach to help to support safe, clinically effective, cost effective and patient-centred use of medicines in their Board areas. The agenda gives opportunities to share learning and good practice and to improve collaboration between and with the ADTCs. Standard agenda items include sharing the learning, Medicines safety as well as opportunities for updates from the Scottish Government, SMC and ADTCC.

**ADTCC is a platform which facilitates shared learning across Scotland, if you have anything to share, please contact ADTCC.**

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**A Visit from HIS ADTCC leads**

Ewan Bell (top) and Scott Hill (bottom) have offered to attend ADTCs across Scotland to give an ADTC update. Ewan and Scott are keen to attend each Health Board’s ADTC to update and communicate the work that the ADTC Collaborative is involved in and understand more the local challenges. They have already been to NHS Lothian’s ADTC and found this extremely worthwhile.

Ewan Bell is a consultant Biochemist and Associate Medical Director for NHS Dumfries and Galloway.

Scott Hill has worked in a split role between the SMC as a Principal Pharmacist and the National Clinical Lead for ADTC Collaborative in Healthcare Improvement Scotland since August 2018.

If you would like for ADTCC to arrange this please contact hcis.adtc-collaborative@nhs.net
ADTC Collaborative Team news

We currently hold regular WebEx’s to provide updates, share information and good working practice. However, from January 2020 we will be using Skype for Business instead. Details on how to join meetings using this method can be found here. Everyone is welcome. Future dates are provided below.

New Team members at HIS ADTCC

We have some new staff who have joined the HIS ADTCC team!

Michelle McGachie (left) is a Project Officer in the Medicines and Pharmacy team joining us from the University of Glasgow where she has just completed her doctorate in bioethics. Michelle joins us part time and is the main ADTCC contact: michelle.mcgachie@nhs.net

Fionn O’Shea (centre) is an Administrative Officer in the Medicines and Pharmacy team joining us from the National Prisoner Healthcare Network. He can be contacted on: fionn.oshea@nhs.net

Claire McAuslane (right) is a Project Officer in the Medicines and Pharmacy team. Claire has a wealth of experience in the public sector and has also joined us from the National Prisoner Healthcare Network. She can be contacted on: claire.mcauslane@nhs.net

All team members will be picking up emails from the hcis.adtc-collaborative@nhs.net email.
## Important Dates

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<th>ADTCC WebEx dates</th>
<th>Formulary Network Scotland WebEx dates</th>
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<tr>
<td>6\textsuperscript{th} November 2019</td>
<td>3\textsuperscript{rd} December 2019</td>
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<td>12\textsuperscript{th} February 2020</td>
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Please note that the 2020 dates will be run via **Skype for Business** and NOT WebEx. Details on how to join meetings using this method can be found [here](#).