



THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDICINES COMMITTEE 12 MONTH REPORT

1 APRIL 2021 – 31 MARCH 2022

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1 Core Purpose of Committee

In line with Healthcare Improvement Scotland guidance for Area Drug and Therapeutics Committees the purpose is to provide professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance. The work plan fits with the hospital Quality Strategy for safe (appropriate clinical governance), effective (health improvement – physical and mental health) and person centred care at every point in the patient pathway.

2 Summary of Core Activity for the last 12 months

The committee has a running work plan around 3 main areas; Medicines Management, Clinical Effectiveness and Safe Use of Medicines (see Appendices 1 and 2). Continuous review and monitoring in all these areas is integral to delivering on safe, effective and patient centred care.

Specific highlights to these include:

2.1 Covid-19 Vaccination Programme

The vaccination programme for patients and staff continued through 2021 and 2022 in line with JCVI guidance with Covid vaccine supplies being coordinated through Pharmacy. Latterly, single vials have been accessed through NHS Lanarkshire vaccination centres for mop up boosters and new admissions outstanding doses. Waste continues to be minimised.

In order for vaccinators to administer these vaccines a Patient Group Direction (PGD) is required, approved by the Medicines Committee, before going for final authorisation at Director level. National templates are produced and new versions have continued to be launched every few weeks as more information emerged on their use and side effects. Each time the vaccinators underwent an update authorisation workshop with the Medical Director/Associate Medical Director to demonstrate knowledge of the content.

Printed patient information sheets were produced based on Public Health Scotland leaflets in collaboration with the Person Centred Improvement Team.

2.2 Covid-19 Treatments

Recent developments in treatments for Covid has opened up pathways to treat unhospitalised patients who are at very high risk of becoming very unwell with Covid. State hospital patients are included within the pathway to be assessed and receive prompt treatment e.g. antivirals via NHS Lanarkshire process.

The hospital continues to hold stocks of certain medicines for respiratory illness, an oxygen cylinder supply and End of Life Care medicines in case of future Covid-19 outbreaks requiring treatment on site. Input to the revised Covid-19 Clinical Care Support Documentation has also been undertaken.

2.12 Clinical Audit

There was another successful of year of Clinical Audit projects which is detailed in section 5 – Quality Assurance.

3 Comparison with Last Year's Planned QA/QI Activity

Included in the regular work plan (Appendix 2) specific projects that were highlighted in last report.

Table 1: Comparison with Last Year's Planned Activity

Planned Activity	Update
Safe Use of Medicines Policy e-learning module update	Some delay due to accessing the e-learning module script. Also now needs to reflect electronic prescribing procedures.
Treatment of Acute Behavioural Disturbance Guidance update	Some delay with update but no change to current practice. To incorporate lorazepam or midazolam into flowchart depending on availability of injections.
Buccal midazolam in medical emergency bags	Agreed in principle to change but wider implications around administration out of hours/training.
Clinical Quality programme of work	Significant work been completed from this including successful QI project with medicines supplier.
Controlled Drug self-assessment project	Following a pilot session and change to the assessment tool roll out of this has begun.
Electronic prescribing	Go live implementation end April 2022

4 Performance against Key Performance Indicators

There are currently no key performance indicators related to medicines use that the hospital reports on.

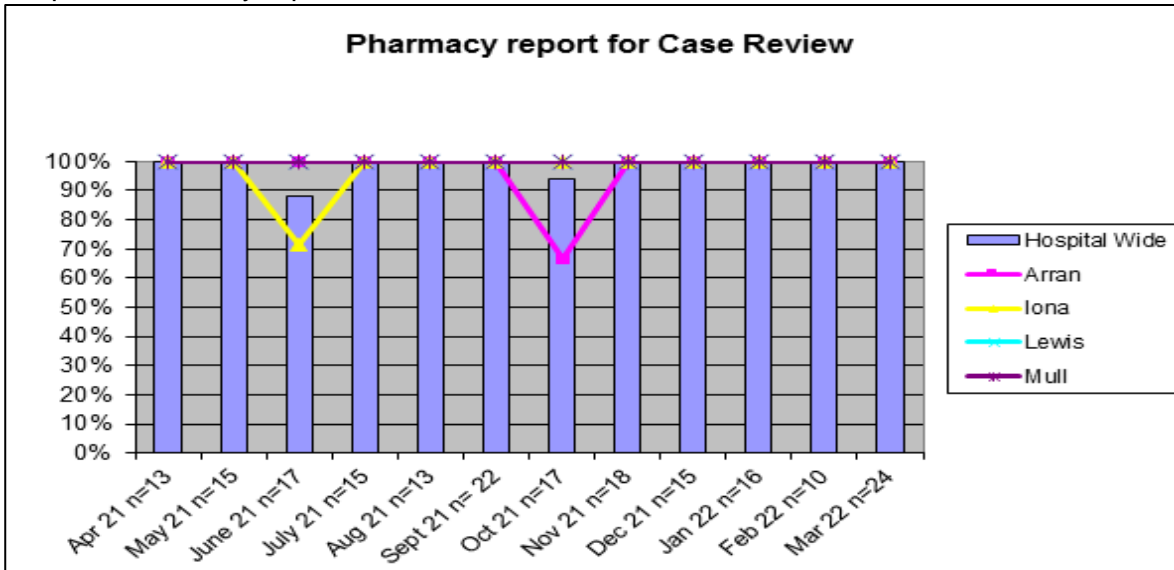
In the Service Level Agreement for pharmacy services however there are various criteria measured against.

One of these is for each patient to receive a Pharmacy report for their 6 monthly case conference review. This includes a review of their current medication (both mental and physical health) and record of any changes and response to medication over the previous 6 months. In addition, it highlights use of high dose or multiple use antipsychotics, mental health consent to treatment adherence and a reminder to review any intramuscular as required medication for acute behavioural disturbances. Recommendations also cover suggestions for new therapies and regimes.

The Hub Clinical Pharmacist also offers all patients a summary sheet of their medication and undertakes a 1:1 consultation about their treatment.

As shown in Graph 1 most months show a 100% report completion rating. Covid-19 peaks did have some effect.

Graph 1: Pharmacy report for Case Review



5 Quality Assurance Activity

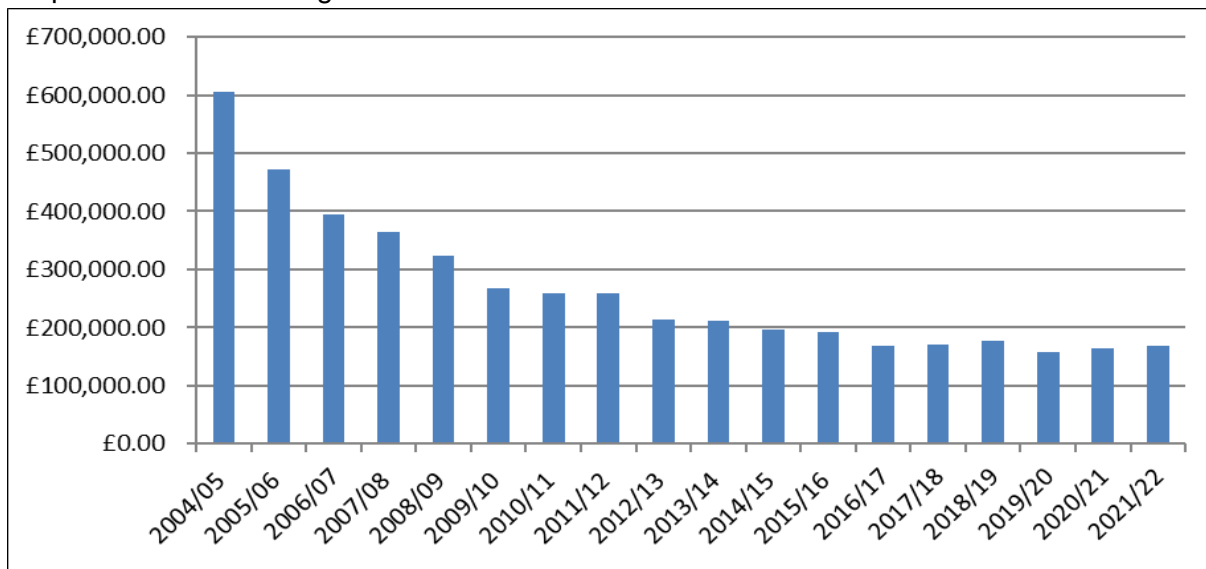
5.1 Medicine Usage

Medicines Expenditure

Monthly invoices continue to be checked and authorised by Pharmacy against NHS Lothian Medicines Management reports. A live electronic link to NHS Lothian streamlines the medicine ordering process.

Total medicines expenditure for the year 2021/22 was **£167,669**. Contributed to hospital savings £30,000.

Graph 2: Medicines Budget



Currently the top 5 monthly expenditure items continue to include clozapine and some other atypical antipsychotics (olanzapine, aripiprazole, paliperidone), nicotine replacement therapy. Some individual patient physical health items are also present in the top 20.

Level of stock holdings on the wards are reviewed each week by the pharmacy top-up service and monitored via medicines management issue reports.

Prescribing reports

The number of patients receiving high dose and multiple antipsychotics continues to be monitored plus anti-microbial, controlled drug and non-formulary usage reports are reviewed. No areas for concern.

It should be highlighted that the use of opiate related analgesics has reduced dramatically compared to reports of 5 to 10 years ago.

Unlicensed/Off Label Prescribing

The list of unlicensed and off label medicines accepted for use within the hospital is available on the intranet and is regularly updated.

The Medicines Committee reviews new requests for unlicensed or off label medicines (as per hospital policy). Since last year's report there has been 3 unlicensed/off label request. Two were for alternative treatments for clozapine induced hypersalivation and one for a PTSD treatment.

Peer Approved Clinical System (PACS) Tier 2 Applications

These include individual requests for medicines not routinely approved for use within NHS Scotland. Each individual clinical case must have support from a peer prescriber then the application is taken to a local panel for approval.

No submissions have been made in the last 12 months.

Medication incidents

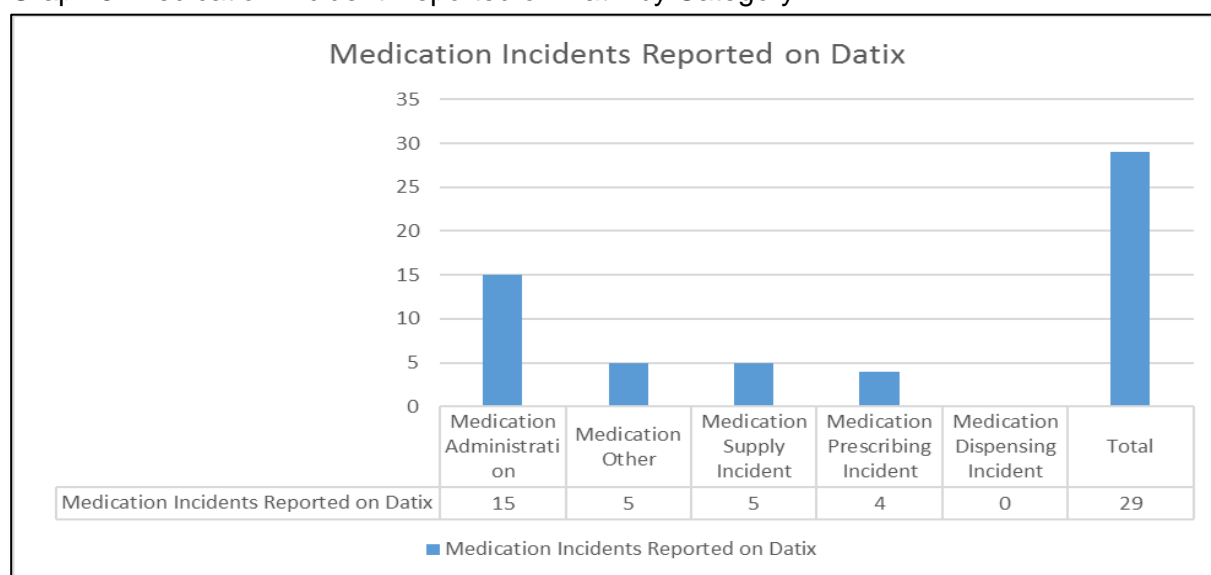
Between 1 April 2021 and 31 March 2022 there were 29 medication incidents reported on Datix.

Table 2: Medication Incident by Hub

Area	Number of Incidents
Arran	7
Iona	8
Lewis	7
Mull	5
Other	2
Total	29

This compares with 17 incidents recorded in the previous 9 month report and similar to 24 in the 12 month report prior to that.

Graph 3: Medication Incident Reported on Datix by Category



The medication incident review group continued to meet regularly and fed back learning via bulletins and senior nurse meetings.

5.2 Clinical Quality

Acknowledgement must be given to trainee medical staff and clinical quality staff who undertake the majority of data collection for these projects.

5.2.1 Clinical Audit Projects

Local - all regular audits on the workplan

a) Consent to Treatment Adherence

This is an annual audit with increased adherence over the years. Last report presented at March 2022 meeting. Minor actions to be taken to Medical Advisory Committee.

b) Use of Psychotropic PRN (as required) Medicines

99 out of 110 (90%) patients were written up for psychotropic (antipsychotic or benzodiazepine) PRN medication. During the 4 week audit period 28 (28.3%) patients written up for psychotropic (antipsychotic or benzodiazepine) PRN had it administered. A total of 4 IM PRNs were administered during the audit period. No specific concerns highlighted.

c) Lithium monitoring

This regular audit demonstrated excellent compliance with national standards and no actions required.

d) Fridge monitoring

The showed excellent compliance with logging ward medicine fridge temperatures.

e) Medicine Trolley

Significant improvements seen with this audit to ensure the medicine trolley contents follow standards in the Safe Use of Medicines Policy.

f) Controlled Drugs (CD) self-assessment exercise

As part of the Associate Medical Directors remit as controlled drugs office for the hospital they must be assured that all CD procedures are being followed in line with legal requirements. A self-assessment exercise is therefore underway in collaboration with clinical quality and pharmacy. This will be a rolling programme across all wards.

g) Spot check of 8 rights at PRN administration

Following a series of medication incidents around omission of PRN recording on the administration record card a spot check was undertaken by Clinical Quality for a 1-week period. A QI action plan is in development.

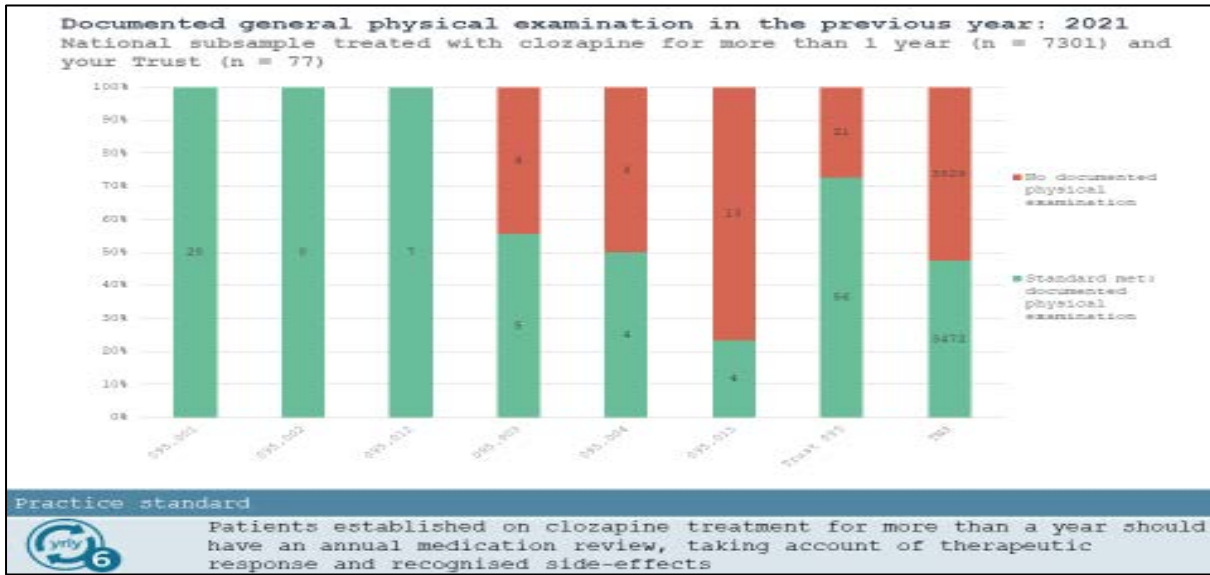
National - Prescribing Observatory in Mental Health (POMH)

These are national benchmarking projects that The State Hospital now participates in as part of the Forensic Network (**FN code 95**). The funding, co-ordination and data input of the projects sits with The State Hospital. Primarily these are facilitated by the Clinical Quality Department. Data is also shared through the Forensic Network Interregional Group plus the FN Pharmacy Group.

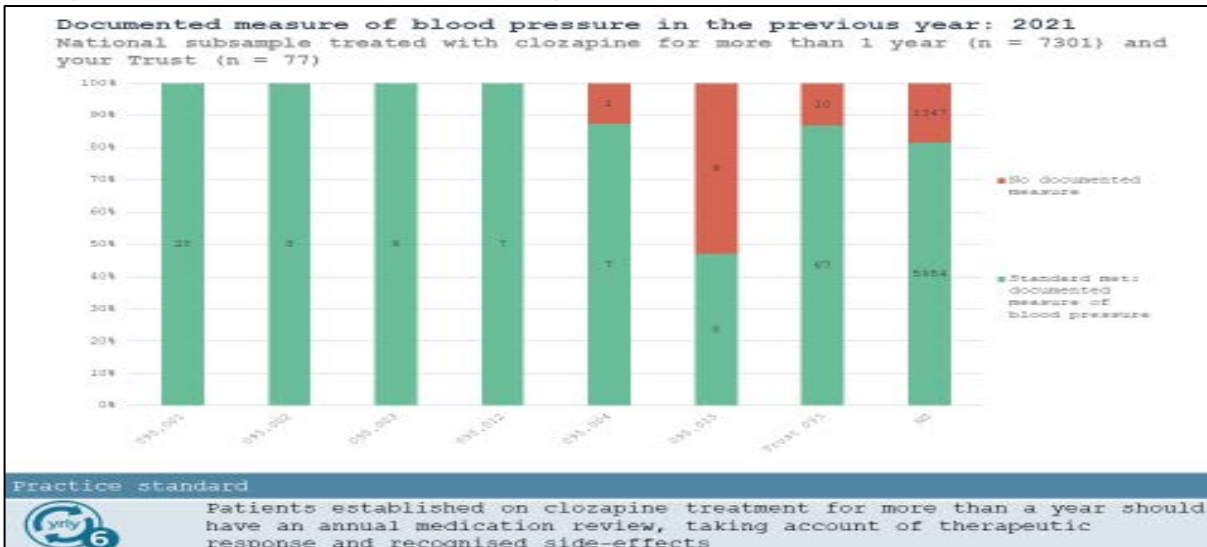
a) Valproate prescribing

There were 6 practice standards plus 1 Treatment Target for this project. Data was submitted for 5320 patients UK wide, 12 of those from The State Hospital. Unfortunately, this data collection occurred during Covid restrictions so no other FN site participated.

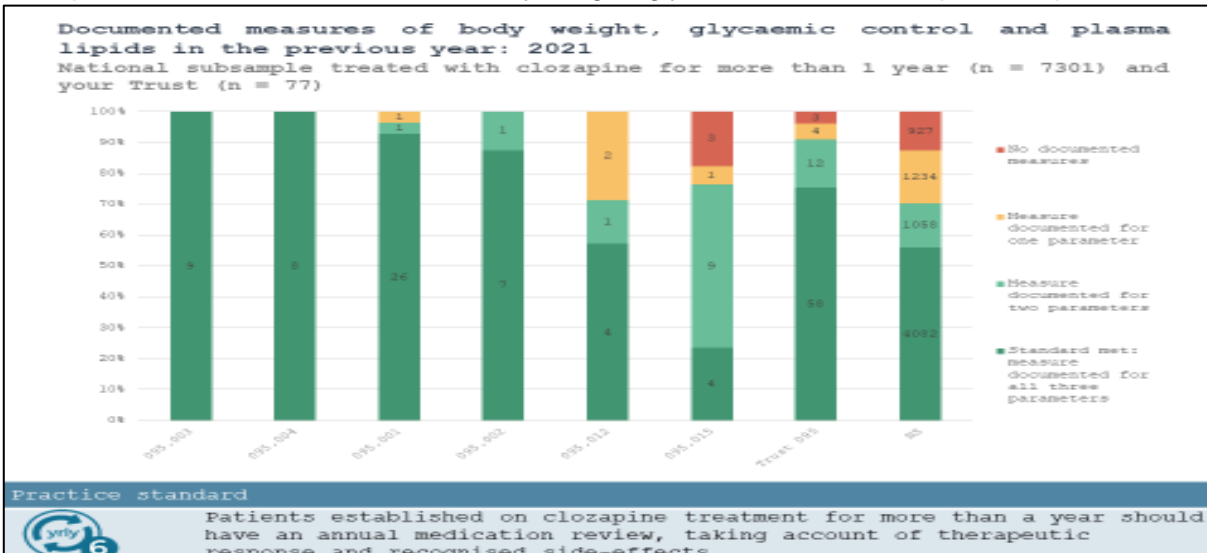
Graph 5: Documented general physical examination



Graph 6: Documented measure of blood pressure



Graph 7: Documented measure of body weight, glycaemic control and plasma lipids



c) Prescribing High dose and Combination Antipsychotics

Data collection currently underway.

5.2.2 Implementation of National Clinical Guidelines & Standards

Implementation of National Clinical Guidelines & Standards

Over the last review period (1 April 2021 to 31 March 2022), there were 103 guidelines and standards reviewed by the Medicines Committee.

100 NICE Medication Technology Appraisals (MTAs) were reviewed, as the MTA's were released by NICE, which is English based, both Clinical Quality and Pharmacy are involved in the process of reviewing these against medications released by the Scottish Medicines Consortium and the Lothian Joint Formulary. Of the 100 documents reviewed, all were deemed to be either not relevant to our setting or were already covered by a similar Scottish guideline. Of the 3 remaining documents, 2 were for information and awareness purposes and 1 required completion of a gap analysis.

The Scottish Government's Guidance on storage for medicines (including controlled drugs) in clinical areas is currently under review by the Medicines Committee and is scheduled to be discussed at the next meeting in May 2022.

Table 3: National Clinical Guidelines & Standards

Guidelines/Standards Body	No. of publications reviewed	No. applicable to TSH	Recommendation Review required
Scottish Government	1	1	1
Mental Welfare Commission	1	1	0
Healthcare Improvement Scotland (HIS)	1	1	0
National Institute for Health & Clinical Excellence (NICE)	100	0	0

Pharmacy staff are also members of other professional groups that review guidelines/standards and can complete the medication components of these.

All outstanding actions from last year's gap analysis report have been completed.

5.2.3 Compliance with Mandatory e-learning Training – Safe Use of Medicines Policy

No concerns over compliance rate completion.

6 Quality Improvement Activity

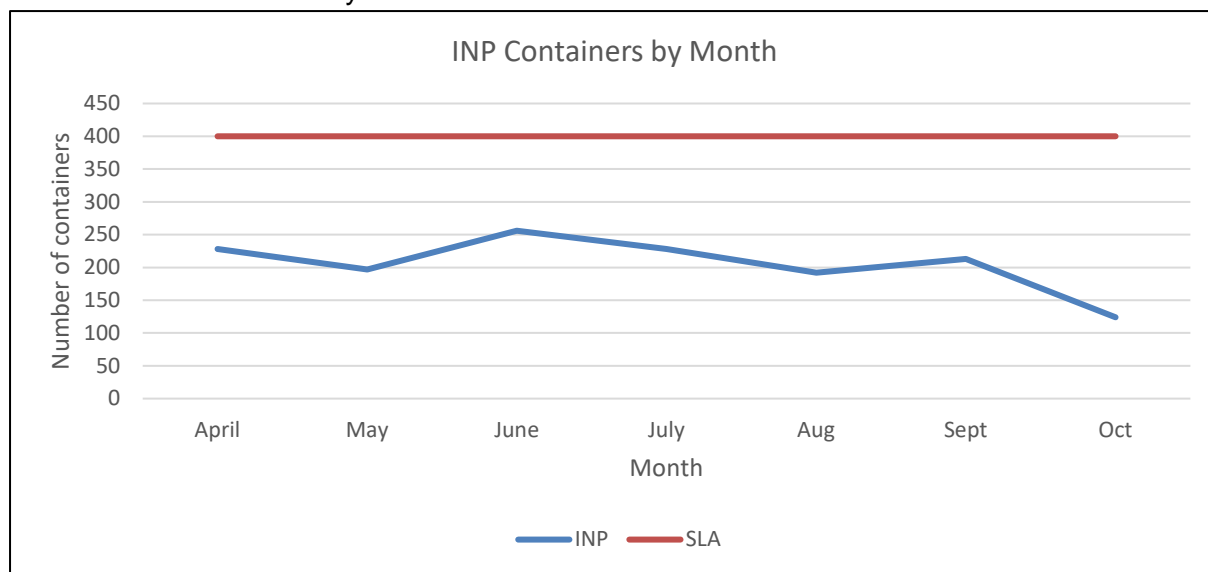
6.1 Clinical Audit Project Action Plans

Action plans, if required, are created and documented following all Clinical Audit projects and a running log kept for review at each Medicine Committee. See Appendix 3.

6.2 St John's Hospital Medicines Supply Service

NHS Lothian Pharmacy service provided a facilitator for some project work between the State Hospital and St John's Hospital Pharmacy Area Store who supply the medicines. Clinical Quality collaborated on this too. This was a valuable exercise that resulted in change of some processes and helped inform the new service level agreement for 2022-25. One of the areas was to reduce the amount of stock requests out with the regular weekly box orders. This was successful following new ways of working introduced in June.

Chart 8: INP Containers by month



6.3 Medication Incident Feedback

Learning continued to be shared via Senior Charge Nurse Group, Nurse Practice Development and staff bulletins.

7 Planned Quality Assurance and Quality Improvement for the next year

Work in both Quality Assurance and Quality Improvement will continue in the 3 main areas on the work plan as outlined in Appendices 1 and 2.

1. Medicines Management
2. Clinical Effectiveness
3. Safe Use of Medicines

Table 4: Specific pieces of work

Specific work	Comment
Safe Use of Medicines Policy and Procedures update including e-learning module	Update to incorporate in electronic prescribing procedures
Treatment of Acute Behavioural Disturbance Guidance update	For final formatting and approval
Buccal midazolam in medical emergency bags	Revisiting consultation following ambulance service advice
Clinical Effectiveness programme of work	This will continue with the regular audit programme
PACS Tier 2 Procedures	Review required but no change to practice expected
Vitamin D	Review required but no change to practice expected

8 Next review date

The next review date will be May 2023.

Governance arrangements for Medicines Committee**Committee membership**

- 2 x Consultant Psychiatrists (One of which is Chair)
- Speciality Doctor
- Senior Nurse for Infection Control/Nurse Practice Development
- Clinical Effectiveness Manager
- Practice Nurse Manager
- Clinical Pharmacist
- Lead Pharmacist
- Senior Charge Nurse
- Minute Secretary

Role

In line with Healthcare Improvement Scotland, Area and Drug and Therapeutics Committee Terms of Reference guide the role is to provide professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance.

Aims and Objectives

- Advise on best practice for the safe, effective and economic use of medicines.
- Advise the Senior Management Team on ethical issues relating to medicine use.
- Advise, monitor and co-ordinate preparation and production of policies and procedures relating to prescribing and safe administration of medicines.
- Develop implementation strategies for prescribing policies.
- Develop and approve prescribing guidelines to clarify prescribing reasonability and budget issues.
- Co-ordinate a system for the review and dissemination of medicine information, e.g. clinical effectiveness projects, medicines bulletins, e-learning.
- Monitor trends, analysis and dissemination of learning from medication incidents
- Inform and collaborate with other hospital groups on safe use of medicines including primary care colleagues.
- Monitor medicines use and expenditure within clinical teams and the Hospital as a whole.
- To consider the relevancy of items emanating from NHS HIS e.g. SIGN guidelines, Best Practice Statements and NICE guidelines.
- Identify and prioritise a clinical effectiveness programme of work in relation to medicine projects.
- Acknowledge new drug recommendations from the Scottish Medicines Consortium in relation to formulary management and availability.
- Approve Patient Group Directions (PGD's) for use at The State Hospital developed from National Templates
- Support and promote the use of the Lothian Joint Formulary.
- Liaise with NHS Lothian Hospital and Specialist Services Medicines Committee e.g. to share ideas, practice and new developments.
- The committee will be empowered to form sub-groups to achieve its objectives.

Meeting frequency and dates

The committee meets every 2 months. In the last 12 months the committee met 6 times: May, July, September, November, January and March.

Workplan

The work plan is based around 3 key areas and results in a number of rolling standing agenda items which emanate from the Quality Strategy for safe (appropriate clinical governance), effective (health improvement – physical and mental health) and person centred care.

These are:

1. Medicine Management
 - Expenditure
 - Formulary news/SMC recommendations
 - New licensed indications and products
 - Unlicensed/Patient Treatment Requests
 - Product Supply problems
2. Clinical Effectiveness
 - Local projects
 - National Prescribing Observatory in Mental Health Audits
 - Audit improvement plans
 - Clinical Governance Standards/Guidance
3. Safe Use of Medicines
 - Medication incidents
 - Drug safety updates/drug alerts
 - Policy updates and treatment guidance

Other topics arising for discussion/action generally fit into one of the 3 main headings. A log of all actions is kept in an up to date action plan table. See Appendix 2.

Management arrangements

The committee reports directly to the Clinical Governance Group.

MEDICINES COMMITTEE - Actions from Work Plan (post Mar 22 meeting)

RED – Actions/updates from last meeting

Agenda Item	Action	By Whom Date	Progress note
MEDICINES MANAGEMENT - Standing items			
Expenditure	Review of expenditure	Ongoing	Currently within budget and savings target. Monitoring Lewis Hub NRT.
Formulary news/SMC recommendations	Rolling updates	Ongoing	No outstanding actions.
New Licensed Indications and Products	Rolling updates	Ongoing	No outstanding actions.
Unlicensed/PACS2/IPTR	No outstanding requests	Ongoing	
Product Supply Problems	Procyclidine injection	July 2023	On-going supply problem. Emergency bag expiry Jan 2024.
	Adrenaline auto-injector	Aug 2022 Pharmacy	To replace back in medical emergency bags when available.
	Lorazepam injection MSAN	-	To continue with midazolam. Lorazepam cost implication.
	Senna Liquid/general laxative shortages	Ongoing	Monitor stocks/supplies.
Other			
Ward decants and medicine supplies during CCTV installation	To communicate with project team for safe and timely transfer of medicines	Ongoing	Arran, Mull, Lewis completed. Pharmacy assisting. Only Iona 2 to return.
Covid-19			
– Extra Oxygen cylinders	Accessed via National Procurement To be returned to BOC at some point	CMT	Review underway given Arran 3 stand down. Committee recommend to CMT to send back. CMT wish to keep for now.
– End of Life Care Medicines	Core supplies remain on site	CMT	Midazolam injection 2ml and morphine injection to remain in Arran 2.
– Vaccination Programme	TSH Vaccination Programme required	MW/JMc/NB/ SH	PGDs as needed. Some boosters still required depending on second dose and Covid dates. Individual vials from NHS Lanarkshire.
– New treatments			

Agenda Item	Action	By Whom Date	Progress note
	Awareness of new treatments and criteria for administration	Ongoing MW/NB/MT	To liaise with Medical Director/Health Centre – very high risk patients access supplies via NHS Lanarkshire pathway.
CLINICAL EFFECTIVENESS PROGRAMME OF WORK - Standing items			
Clinical Governance Standards/Guidelines	New Guidance Received	3 monthly review	Latest new guidance document agreed MAR meeting.
	IPTR Policy extension	Jan meeting	SBAR submitted to policy group Feb – 1 year extension approved.
	PACS Tier 2 procedure review	JMc/JS July 22	Under review.
	Guideline and Standards action plan – SG DL (2021) 32 Guidance on storage of medicines	MW/ALL Mar 22	Gap analysis to Jan meeting. Some outstanding queries with Estates. Jill Kerr has had Estates response and update to May meeting.
Clinical Audit Projects	See separate Clinical Audit Action Plan	SS	
SAFE USE OF MEDICINES - Standing items			
Medication Incidents	Monitor incidents to review practice/policy	ALL Ongoing	Review of ward diary as reminder system for long acting injections. Incidents of date error – flowchart for wards to be produced for when changes made – done. For distribution and display on ward. Check in place – SS.
Drug Safety Update/Drug Alerts	Rolling review	Ongoing	
Other			
Safe Use of Medicines Policy	SUMP E-learning update required	Dec 21	Script requested from Learning Centre x 2. Chair followed up Feb 22 – no response.
Acute Behavioural Disturbance guidance update	Review due	ALL/SH Aug 21	Delayed review but interim action around switch to midazolam injection. MAC agreed proposal for ABD in principle. To go to SCN next. Delayed due to service pressures.
Electronic Prescribing (HEPMA)	Awareness of progress	MW	Implementation planned for April 2022. HEPMA Pharmacist recruited. Still planning April 22.
Buccal midazolam	Explore switching rectal diazepam in medical emergency bags to buccal midazolam	Extended Oct 21	Follow up info from ambulance service. Has wider implications. With medical team.
Esketamine readiness	Local protocol required	LMc/JMc/ Pharmacy Sep 21	
Pneumovax 23	Identify patients for administration	MT Oct 21	Completed

Agenda Item	Action	By Whom Date	Progress note
Shingles vaccination	Identify patients for administration	MT Jan 22	Completed
Vitamin D guidance	For review	JMc/ALL May 21	Underway. Delayed due to other service pressures.
ARTICLES OF INTEREST - Standing item			
AOB			

MEDICINES COMMITTEE – Clinical Audit Action Plan

March 2022

Audits	Action	Timescale	Update
National			
POMH Rapid Tranquilisation	Debrief to be held following administration of IM med	Dec 21	This is on the Realistic Medicine Action plan. Sandie Dickson taking forward for patients and Practice Development for staff. This is also part of the Safe Essentials of Care through Patient Safety.
	Improve physical health recording post injection	Dec 21	Only Oral PRN given during latest PRN spot check. This will be repeated in 4 months.
POMH Valproate Audit Report	RMOs will be reminded through MAC to document that the patient has been informed that the use of the Valproate is off label.	NB Aug21	A spot check will be carried out in May 2022 to see if practice has improved.
POMH Lithium	Improve assessment and recording of side effects (from 2018 report)	MW Aug 19	MW will liaise with KB. Passed to pharmacy team member – delay due to Covid19.
Local			
PRN prescribing audit	Ensure nursing staff administering prn medication to document the reason for administration in the “comments” section of the patient’s administration sheet.	JMcG Sep 21	Agreement reached that reason can be entered onto the RiO form rather than in 2 places.
	Ensure nursing staff document whether oral medication was offered prior to the administration of IM medication on RiO. If it was not safe to offer oral medication due to the severity of behavioural	KB Dec 22	Will be checked again in 2022 audit.
	Consider antihistamine ‘promethazine’ is included in the next audit as option in ABD guidance but not hypnotic medicines.	SS June 22	This will be included in audit going forward.
	Spot check to be carried out to see how often PRN is being administered with no RiO form being completed	JMcG Sep 21	Spot checked carried out – with following recommendations: – Aim 1: All PRN’s administered have a corresponding entry in the PRN Psychotropic Medication form on RiO. We are currently under-reporting the use of PRNs by 12.5% to the various groups – this is an improvement from 17.1% in the last sopt check. This requires improvement. Senior

Audits	Action	Timescale	Update
			<p>Charge Nurses must ensure all staff are aware to complete a form every time a PRN is administered. The wards that did not meet the 100% requirement should put in place regular ward spot checks to ensure the changes they have put in place have resulted in an improvement.</p> <ul style="list-style-type: none"> - Aim 2: Ensure all PRN medication is noted on the administration kardex. On 3 occasions PRN was noted on RiO but not on the administration Kardex. On 1 occasion this was IM PRN there was evidence in RiO progress notes that prn had been administered. <p>Communications sent with agreement to audit in 6 months.</p>
Medicine Fridge Audit	Arran 2 to start using same form as rest of hospital. This was implemented at time of audit	SS Nov 21	Spot check in 6 months to check they are using the correct version.
Medication Trolley Audit	Iona 1 to re-introduce the log that evidences the nightly check of the Medicines Trolley	KB Oct 21	Spot check in 6 months to check they are using the correct version
	Lewis 2 to be reminded to complete the log	KB Oct 21	Spot check in 6 months to check they are using the correct version
Consent to Treatment: T2/T3 Audit	Ensure all consent forms have been updated in the last 3 years	NB Apr 22	To be discussed at MAC and improvement ideas discussed
	Ensure all IM PRN is covered by a T3B	NB Apr 22	To be discussed at MAC and improvement ideas discussed
	Ensure all medication is included in the consent to treatment form	NB Apr 22	To be discussed at MAC and improvement ideas discussed