

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

**MEDICINES COMMITTEE 12 MONTH REPORT**

**1 APRIL 2022 – 31 MARCH 2023**

## **1 Core Purpose of Committee**

In line with Healthcare Improvement Scotland (HIS) guidance for Area Drug and Therapeutics Committees the purpose of the Committee is to: provide professional 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 work plan with three main areas; Medicines Management, Clinical Effectiveness and Safe Use of Medicines (see Appendices 1 - 3). Continuous review and monitoring in all three areas is integral to delivering on safe, effective and patient centred care.

Specific highlights to these include:

- Successful implementation of HEPMA (hospital electronic prescribing and administration)
- Significant review of Safe Use of Medicines Policy, and Medicines Incident reporting
- Covid-19 and influenza vaccination programme for patients and staff

### **2.1 Policy and Guidance Updates**

The following were reviewed and approved by the Committee

- Safe Use of Medicines Policy
- Peer Approved Clinical System Tier 2 (PACS2) Procedure for Access to Non-approved Medicines
- Individual Patient Treatment Requests (IPTR) Procedure
- Guidance on the Use of Intramuscular Medication for Acutely Disturbed or Violent Behaviour
- Prevention and Management of Vitamin D Inadequacy Guideline
- Smoke Free Nicotine Replacement Therapy Procedure

### **2.2 Covid-19 and Other Vaccination and Treatments**

The Covid vaccination programme continued through 2022/23 in line with The Joint Committee on Vaccination and Immunisation (JCVI) guidance with supplies being coordinated through Pharmacy. Latterly, single vials were procured from NHS Lanarkshire for mop up boosters and outstanding doses for new admissions.

Waste was minimised with strategic planning (timing and quantity of orders based on likely uptake and expiry dates) and fridge monitoring. National Covid vaccine Patient Group Directions (PGDs) were approved for local use. Printed information leaflets were produced (Public Health Scotland and NHS Inform Choice and Medication) and distributed in collaboration with the Person Centred Improvement Team.

Electronic prescribing and different ways of ordering the vaccines from national procurement presented new challenges for the Autumn/Winter vaccine campaign. A sub-group of the Committee met to discuss and de-brief in January 2023, agreeing processes to be followed next Autumn/Winter to further streamline processes.

Other vaccine programmes undertaken in the last year included the influenza vaccine programme (same process as with Covid described above), and shingles and pneumovax vaccines for eligible patients. Influenza and Covid vaccines were co-administered for most patients and staff.

State Hospital patients continue to be included within the NHS Lanarkshire pathway for assessment and prompt treatment of antivirals, for those at very high risk of becoming unwell from Covid.

## 2.3 Medicines Incidents

The hospitals Medicines Incident Review Group disbanded in August 2022, with the review moving to the Patient Safety Group for stronger links with Scottish Patient Safety Programme work streams. A new format of medicines incident reports have been presented to Patient Safety Group from October 2022. These reports are then shared with the Committee with further discussion on necessary action where required.

Changes have been made to the DATIX incident sub-categories to incorporate HEPMA and better define the type of supply error. This is to allow easier identification of issues and trends, with incidents re-categorised as follows:

Table 1: New Medicines Incident Sub-Categories

Medicines Incident Categories and Sub-Categories			
Medicine Administration Incident	Medicine Prescribing Incident	Medicine Supply Incident	Medicine System Incidents (HEPMA)
<ul style="list-style-type: none"> <li>• Incorrect route given</li> <li>• Missed dose</li> <li>• Incorrect medicine given</li> <li>• Incorrect dose given</li> <li>• Given at incorrect time</li> <li>• Withheld medicine given in error</li> <li>• Found/secreted tablet</li> <li>• Error/failure of device</li> <li>• Drug selection error</li> <li>• Medicine not charted</li> <li>• Medicine charted in error</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Incorrect medicine prescribed</li> <li>• Incorrect dose prescribed</li> <li>• Incorrect route prescribed</li> <li>• Medicines reconciliation error</li> <li>• No stop date prescribed</li> <li>• Incorrect frequency prescribed</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Pass/discharge dispensing error</li> <li>• Medication not available (Internal)</li> <li>• Incorrect order (Internal)</li> <li>• Wholesaler supply issue</li> <li>• Wholesaler picking error</li> <li>• Wholesaler missed item</li> <li>• Order sent to wrong ward</li> <li>• Delivery note not sent</li> <li>• Accidental damage/loss</li> <li>• Expired supply</li> <li>• Delivery note not reconciled</li> <li>• Medicine not transferred with patient</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• HEPMA unavailable (unscheduled)</li> <li>• User log in failure</li> <li>• Disaster Recovery (DR) procedure used</li> <li>• MAP and MAC not sent with patient</li> <li>• Other</li> </ul>

## 2.4 Medicine Supply Shortages

The Medicine Supply Alert Notice (MSAN) system for medicines shortages continues from Scottish Government (graded 1- 4 low to high, 3 and 4 include clinical advice for NHS). Level 1 and 2 alerts are managed locally by Pharmacy/Committee. An electronic log is kept of all MSANs and any actions required: there were 5 MSANs in the last 12 months with no action required for the State Hospital.

Weekly information from NHS Lothian Pharmacy service (via links with National Procurement) keep the State Hospital updated on any other potential supply problems and likely timeframes. There have been a larger number of manufacturer supply problems in recent years, often resulting in the need to switch to an alternative preparation (or different medicine in some cases) particularly when the issue is prolonged.

Some State Hospital patients had to be switched from hyoscine hydrobromide (Kwells) to an alternative for hypersalivation. Other supply issues were managed without alternative prescriptions or numerous missed doses.

## 2.5 National Patient Safety Alerts / Medicines Recall/Notification

Medicines Recall notifications (graded 1 – 4 high to low) are reviewed urgently by Pharmacy to confirm whether the hospital have any affected batches. When action is required this is highlighted to the Risk Management team to report via Health and Safety, and also discussed as a standing item on the Committee agenda. There were no relevant alerts or recalls for the State Hospital in 22/23.

## 2.6 Electronic Prescribing

HEPMA was introduced to the State Hospital in 2022. Mull was the first hub to go live on 25<sup>th</sup> April. The small hospital project team worked with NHS Lothian HEPMA pharmacy and e-health teams throughout 2022/23 to implement, train users (nursing, medical and pharmacy staff), add new medicines to the system as required and fix issues, most notably implementing and maintain the Admit/Discharge/Transfer link between HEPMA and RiO. A State Hospital HEPMA Disaster Recovery procedure was also produced.

HEPMA implementation came to a successful close on 31st March 2023 moving to 'business as usual' for the prescribing and administration of medicines. In 2023/24 the focus will be on 'benefits realisation' with a small team again working with NHS Lothian colleagues to access and analyse the electronic prescribing data. This will require significant Pharmacy and e-health resource as the reporting tools are not contained within the HEPMA system and many of the required reports will have to be created from scratch using complex reporting software. The addition of a Pharmacy Systems Analyst would greatly benefit the progress of this work, even on a fixed term basis. See recommendation in section 7.

## 2.7 Expenditure

Medicine expenditure has increased in 2022/23 – see page 6-7 for analysis.

## 2.8 Clinical Audit

It was another successful of year for Clinical Audit projects, as detailed in section 5.2 Clinical Quality.

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

Also detailed in the regular work plan (Appendix 2) specific projects that were highlighted in the last report include:

Table 2: Comparison with Last Year's Planned Activity

Planned Activity	Update
Electronic prescribing	As described in section 2.6 above
Safe Use of Medicines Policy e-learning module update	E-learning module script obtained November 2022. Pharmacy will lead review but progress delayed due to service pressures and staff vacancies. Significant piece of work – most content needs updated with changes to the Safe Use of Medicines Policy, prescribing and administration with HEPMA etc.
Treatment of Acute Behavioural Disturbance Guidance update	Updated and made available on intranet December 2022.
Controlled Drug self-assessment projects	Self-assessment visits have taken place, audit cycle to be completed then further work required to refine audit tool.

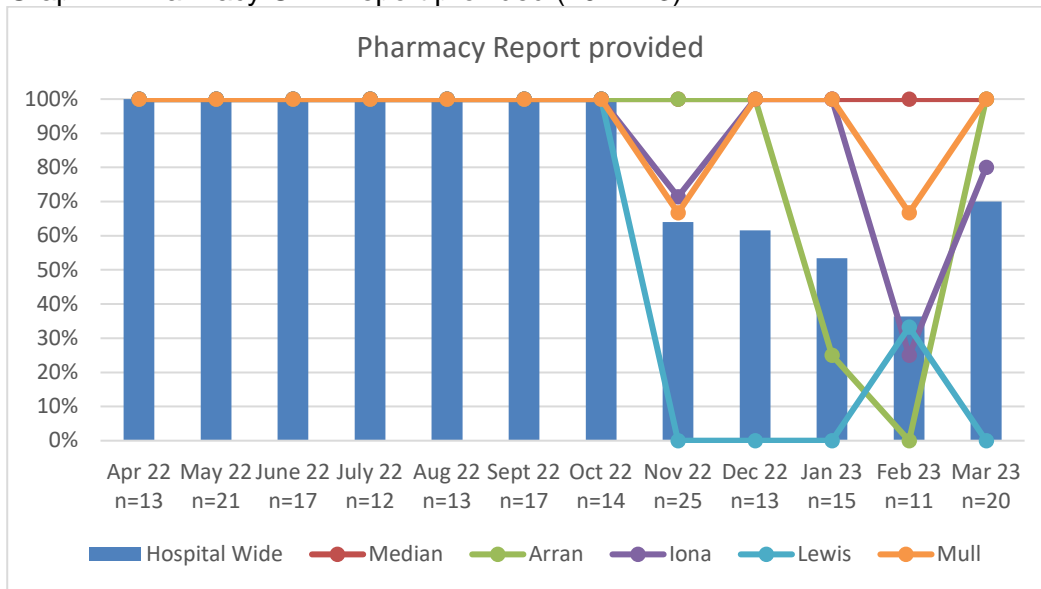
#### 4 Performance against Key Performance Indicators (KPIs)

Although there are no KPIs related to medicines use or the Committee there are 3 agreed measures that the Clinical Pharmacy Service are monitored on, as per Service Level Agreement:

1. Completion of Variance Analysis Tool (VAT) each month (target 90%)
2. Completion of Pharmacy CPA Report for annual and intermediate CPAs (target 80%)
3. Attendance at CPAs including admission, discharge/transfer (target **50%** each month, overall annual 60%)

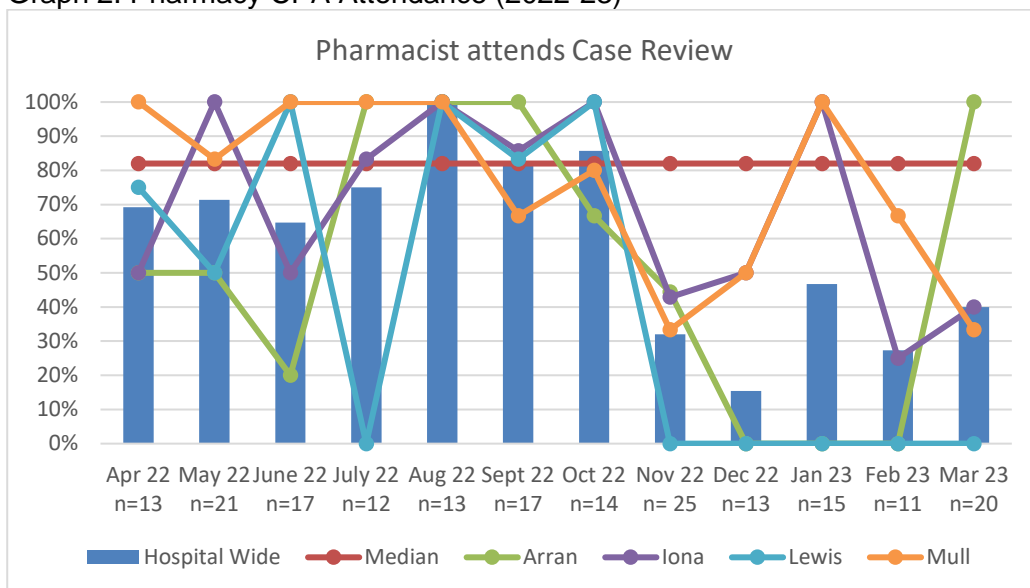
Completion of the Pharmacy CPA Report continued above the 80% target (100%) until October 2022, as shown in the graph below. Target not achieved from November 2022 – March 2023 due to reduction in staffing and pharmacist vacancies.

Graph 1: Pharmacy CPA Report provided (2022-23)



Similarly, attendance at CPAs was above the 50% monthly target until October 2022 then <50% thereafter for the same reason (vacancies).

Graph 2: Pharmacy CPA Attendance (2022-23)



## 5 Quality Assurance Activity

### 5.1 Medicine Usage

#### Prescribing reports

The number of patients receiving high dose and multiple antipsychotics continues to be monitored. Antimicrobial, controlled drug and non-formulary usage reports are reviewed quarterly. No areas of concern with excellent adherence to the NHS Lanarkshire antimicrobial formulary.

#### Unlicensed/Off Label Prescribing/ Peer Approved Clinical System (PACS) Tier 2 Applications

The Committee reviews new requests for unlicensed/off label medicines as per hospital policy. Since last year's report there has been no new unlicensed or off label requests.

PACS2 applications 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.

#### Medicines Expenditure

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

Medicines expenditure for 2022/23 was £186,310 in total (average £15,526 / month). To compare 2021/22 was £167,669 in total with £30,000 to hospital savings.

Analysis of medicines expenditure:

Table 3: Top 20 Items by Total Spend (2021-22 vs 2022-23)

Medicine	Dose / Form	Total 2021-22	Total 2022-23
Paliperidone	Injection (all strengths: 75mg, 100mg, 150mg)	£33,519	£28,355
Clozapine	25mg + 100mg tables + 50mg/ml oral solution	£13,512	£17,441
Diazepam	2mg/5ml oral solution	£4,683	£16,282
Nicotine	Patches (all strengths), lozenges inhalator	£12,014	£10,637
Aripiprazole (LAI)	400mg injection	£11,596	£10,046
Orphenadrine	50mg/5ml oral liquid	£5,253	£8,246
Olanzapine	300mg injection	£6,944	£6,943
Aripiprazole (oral)	Tablets (all strengths 5mg, 10mg, 15mg, 30mg + 10mg oro dispersible)	£503	£4,014
Colecalciferol	400 unit + 800 unit capsules + tablets	£3,215	£3,447
Hyoscine	300 microgram tablets, 1mg/72hr patch	£2,703	£2,794
Chlorpromazine	25mg, 50mg, 100mg tablets	£1,838	£2,511
Promazine	50mg/5ml oral syrup	£1,176	£2,170
Triptorelin	11.25mg injection	£1,192	£2,085
Macrogol	Sachets	£2,164	£2,029
Brivarecetam	50mg tablets	£4,044	£1,868
Lacosamide	50mg, 100mg tablets	£1,699	£1,680
Procyclidine	5mg tablets	£743	£1,611
Pirenzepine	50mg tablets	£460	£1,492
Valproate (Epilim Chrono)	200mg, 300mg, 500mg modified release tablets	£1,226	£1,374
Semaglutide	1mg injection	£880	£1,144
<b>TOTAL</b>		<b>£109,418</b>	<b>£126,169</b>

The top 20 items above contribute to 68% of the 22/23 medicines budget (65% in 21/23).

Paliperidone injection, clozapine (all formulations), nicotine (all preparations) and aripiprazole long-acting injection (LAI) feature in the top 5 as before. Diazepam oral solution and aripiprazole tablet costs rose drastically in 22/23 as shown in Table 3.

Diazepam oral solution usage increased from 111 100ml bottles in 21/22 to 347 bottles in 22/23. There were supply problems with aripiprazole tablets in autumn 2022 and the National Services Scotland (NSS) contract expired. 10mg tablets that had previously cost 42p for 28 tabs cost £80/box from September 22 with similar price hikes for the other strengths. Contract news awaited.

Committee members have been discussing the ongoing use of NRT with the Person Centred Improvement Team, Advocacy and the Health Psychologist. There are <10 patients who have remained on NRT for many years. These patients are being supported to reduce and stop as per the protocol for newly admitted patients. Having all patients follow the 16 week NRT programme, and using inhalators only if patches or lozenges aren't suitable will help reduce NRT costs further.

Pharmacy and the Committee continue to monitor expenditure and recommend formulary alternatives to non-formulary medicines where possible.

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

More frequent review of patients as required (PRN) medication has been taking place to try to further reduce the amount of stock being held on wards unused.

#### Medication incidents

Between 1 April 2021 and 31 March 2022 there were 91 medicines incidents reported on Datix. This is much higher than 2020/21 and 2021/22 individually and combined as shown in Table 4 below.

This increase can be attributed to HEPMA implementation (including new way of documenting medicines administration) and improved reporting, particularly for medicines supply incidents.

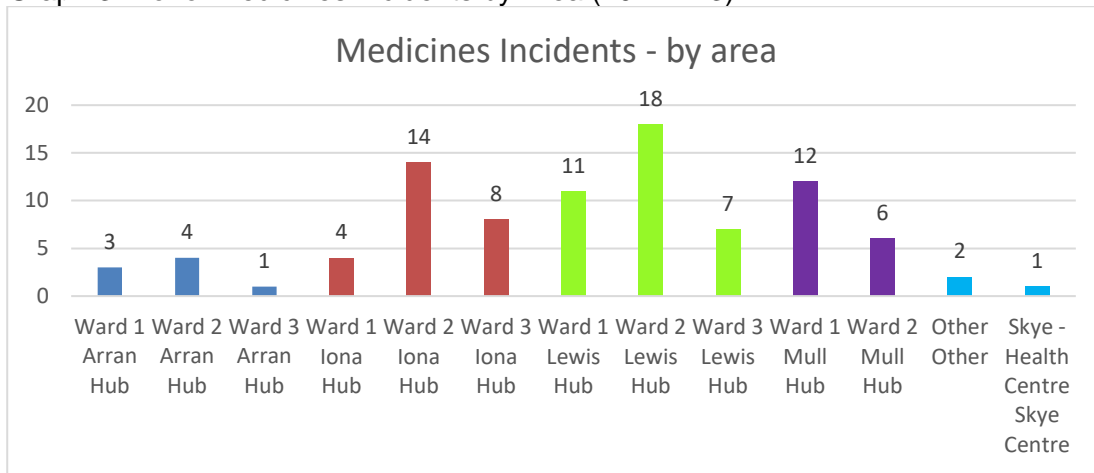
Supply incidents peaked in Quarter 3 when bank staff were covering regular staff sickness and holidays at St Johns Hospital Pharmacy. These were discussed with SJH Pharmacy management team and incidents reduced the following quarter. Administration incidents also peaked in Quarter 3, particularly with medicines charted in error on HEPMA.

Table 4: Annual and Quarterly Medicine Incidents per Category

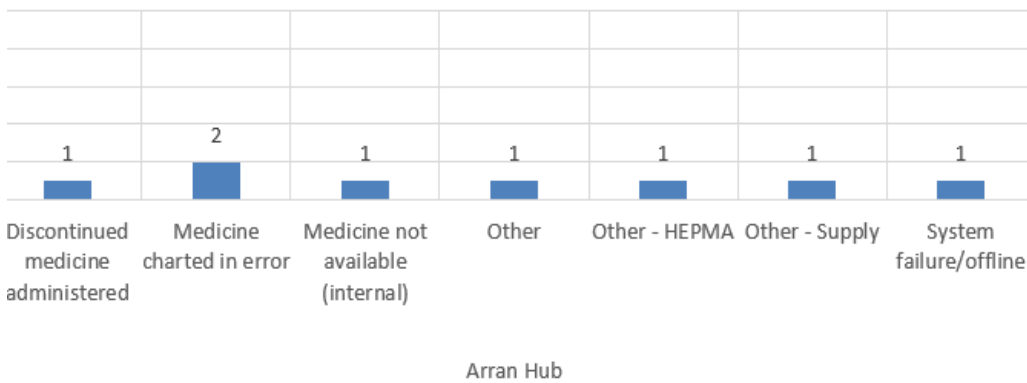
Incident Category	Annual			Quarterly			
	2020/21	2021/22	2022/23	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Medicine Administration	11	14	24	6	5	17	11
Medicine Other inc HEPMA	5	7	33	2	8	3	5
Medicine Supply	3	5	31	4	3	18	6
Medicine Prescribing	3	4	3	0	1	2	0
<b>Total</b>	<b>22</b>	<b>30</b>	<b>91</b>	<b>12</b>	<b>17</b>	<b>40</b>	<b>22</b>

Number and Type of Medicines Incident by Area (2022 - 23):

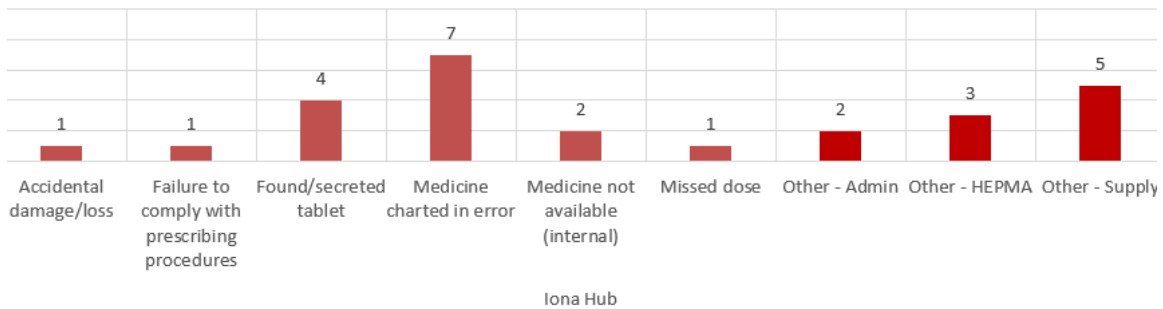
Graph 3: No. of Medicines Incidents by Area (2022 - 23)



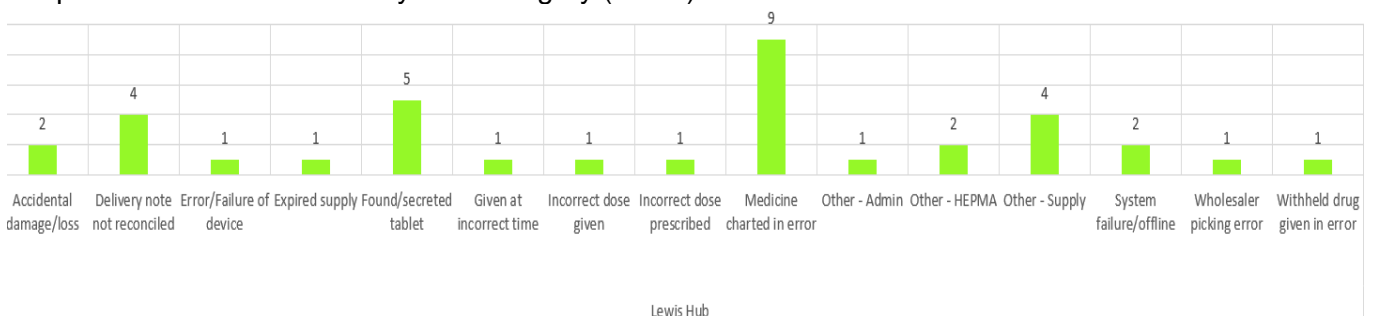
Graph 4: Medicine Incidents by Sub-category (Arran)



Graph 5: Medicine Incidents by Sub-category (Iona)

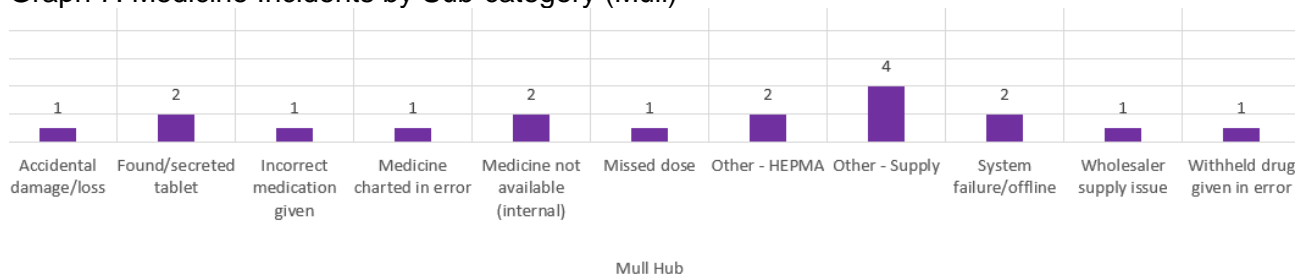


Graph 6: Medicine Incidents by Sub-category (Lewis)

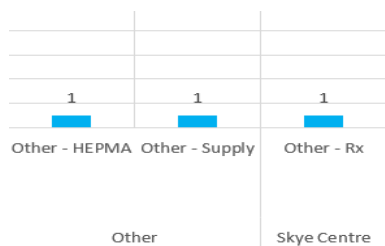




Graph 7: Medicine Incidents by Sub-category (Mull)



Graph 8: Medicine Incidents by Sub-category (Other Areas)



The highest number of incidents recorded were in Lewis 2 with 18 followed by 14 in Iona 2 and 12 in Mull 1. There was a range of different issues in Lewis 2 (including 2 with a syringe driver) and Iona 2. For Mull 1, 7 of the 12 incidents related to pharmacy supply issues.

It may be that Lewis 2 are recording appropriately and other areas are under-reporting. However, there were 7 medicine charted in error incidents in Lewis 2, highlighting the need for additional training/reminders about the administration process to follow with HEPMA. A poster was produced and disseminated, added to agenda for discussion at ward business meetings and nurse/student nurse training is undergoing review.

Administration incidents related to HEPMA are likely to reduce as familiarity with the system increases. There are no concerns about a specific hub or ward and there were no medicines incidents in the last 12 months that resulted in clinical harm to patients.

## 5.2 Clinical Quality

### 5.2.1 Clinical Audit Projects

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

#### Local - all regular audits on the work plan

##### a) Consent to Treatment Adherence

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

##### b) Prescription Sheet Audit/HEPMA

A piece of work is underway mapping the Prescription Sheet Audit to HEPMA as there will be significant changes to the audit tool.

##### c) Fridge Monitoring

This showed excellent compliance with logging ward medicine fridge temperatures.

#### **d) Medicine Trolley**

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

#### **e) Controlled Drugs (CD) self-assessment exercise**

As CD Accountable Officer the Associate Medical Director 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. Some overlap between this exercise and the quarterly Pharmacy CD checks has been noted so the tool will be reviewed again before the next audit cycle.

#### **f) Glasgow Antipsychotic Side-effect Scale (GASS)**

The first cycle of this audit was completed in September 2022 to ensure compliance with the national monitoring standards. 76% of 100 patients on antipsychotic medication had a GASS on RiO. A number of recommendations were taken to the Committee in October 2022. Practice Development and Clinical Quality working on enhancing the audit tool prior to next cycle.

#### **g) As required (PRN) Spot Check**

A spot check was completed in October 2022 to ensure the 8 rights were being completed when patients had been given a psychotropic PRN. The audit saw improvements to the number of forms being completed on RiO from 60% to 74%. The wards that did not show improvements have been advised.

#### **National - Prescribing Observatory in Mental Health (POMH)**

These are national benchmarking projects that the State Hospital participate 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 and the FN Pharmacy Group for information and action as appropriate.

#### **a) Prescribing Valproate**

Data collection was completed in October/November 2022 – report due to be published May 2023

#### **b) Prescribing of antipsychotic medication in adult mental health services, including high dose, combined and PRN**

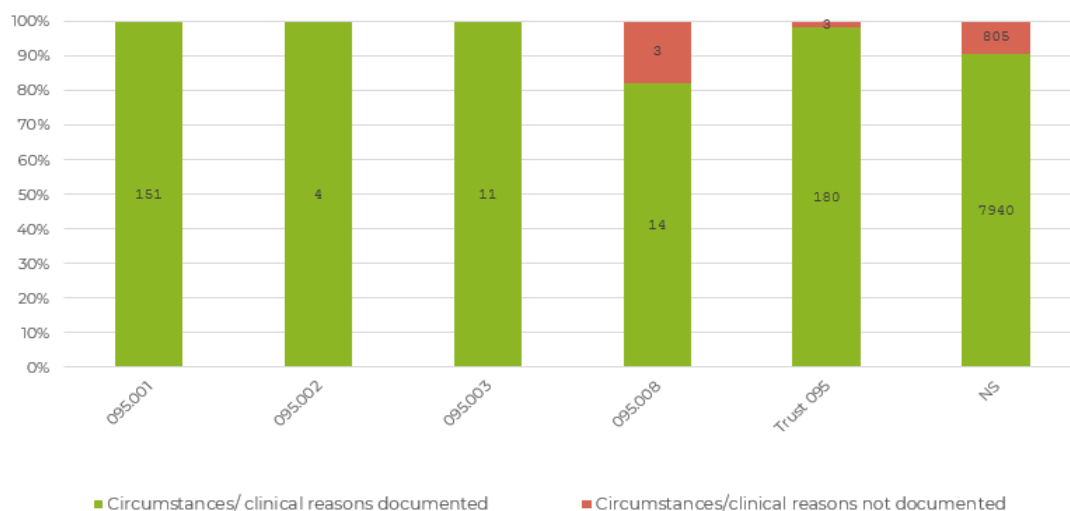
There were 6 practice standards plus 1 Treatment Target for this project. Data was submitted for 7759 patients UK wide, 98 of these were from The State Hospital. 4 units from across the Scottish Forensic Network took part.

The main findings for the State Hospital included:

- Excellent adherence with circumstances/clinical reasons being documented for each PRN medication
- Excellent adherence with the documentation of maximum daily dose
- Excellent evidence found that discussions re the continuing use of PRN is being documented

Graph 9: Documentation of the circumstances/clinical reasons for which oral PRN psychotropic prescription could be administered

**Documentation of the circumstances/clinical reasons for which each oral PRN psychotropic prescription could be administered.** All such prescriptions in the total national sample and each of your Trust clinical team samples.



## 5.2 Implementation of National Clinical Guidelines & Standards

Over the last review period (1 April 2022 to 31 March 2023), there were 105 guidelines and standards reviewed by the Committee. There were 102 NICE Medication Technology Appraisals (MTAs) 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 102 documents reviewed, 99 were deemed to be either not relevant to our setting or were already covered by similar Scottish guidance. Reviews were conducted in relation to 2 of the remaining MTAs which relate to a protocol to be drawn up for esketamine nasal spray use (low priority) and semaglutide for overweight and obesity (not yet available to prescribe in the UK) and 1 review is pending in relation to medications for treating Covid-19.

Two guidelines regarding covert medication (MWC) and injectable buprenorphine (SIGN) were reviewed for information and awareness purposes and 1 migraine guideline from SIGN required completion of a gap analysis. This achieved 100% compliance and will be reviewed for final agreement and sign off by the Medicines Committee at the next meeting in May 2023.

Table 5: National Clinical Guidelines & Standards

Guidelines/Standards Body	No. of publications reviewed	No. applicable to TSH	Recommendation Review required
SIGN	2	2	1
Mental Welfare Commission	1	1	0
National Institute for Health & Clinical Excellence (NICE)	102	3	0

All outstanding actions from last year's gap analysis "Guidance on storage for medicines (including controlled drugs) in clinical areas" (Scottish Government) have been completed.

## 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 Committee meeting. See Appendix 3.

### 6.2 St John's Hospital Medicines Supply Service

Regular meetings have taken place between the State Hospital and St Johns Pharmacy which has addressed some of the ongoing issues, further to the QI work completed in 2021/22. Building reports using data from the electronic stock management system will be the next step in improving efficiency of the supply service.

### 6.3 Medication Incident Feedback

As described in Section 5.1. Following implementation of the new Clinical Model quarterly meetings will be set up between Pharmacy, Clinical Quality and Nurse Practice Development to work collaboratively on ways to reduce medicine administration incidents and continue to improve student nurse and nurse medicines training.

## 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.

Table 6: Specific pieces of work

Specific work	Comment
Benefits realisation of the HEPMA and ordering (CMM) system	Significant investment required. Recommendation: use of Scottish Government HEPMA funding to facilitate fixed term Pharmacy Systems Analyst post.
Safe Use of Medicines Policy and Procedures update including e-learning module	Significant update required as described in Section 3.
Monitoring Recommendations for Antipsychotic Therapy	Review due September 2023.
Policy and procedures for the Use of Unlicensed and Off Label Medicines	Review due October 2023.
Clinical Guideline for the Use of Intramuscular (IM) Clozapine Treatment for Inpatients	Review due December 2023. In discussion with MH National Pharmacy Strategy Group and Mental Welfare Commission: national guidance may be appropriate
Antipsychotics and weight gain	Review of guidance and create GLP-1 agonists protocol in conjunction with Physical Health Steering Group, GP Service, Lead Dietician and NHS Lanarkshire Weight Management Services
Clinical Effectiveness programme of work	This will continue with the regular audit programme

## 8 Next review date

The next review date will be May 2024.

## Governance arrangements for Medicines Committee

### Committee membership

- 2 x Consultant Psychiatrists (one of which is Chair)
- Speciality Doctor
- Lead Pharmacist
- Advanced Pharmacist (new post, March 23)
- Clinical Pharmacist
- Clinical Effectiveness Manager
- Practice Nurse Manager
- Senior Nurse for Infection Control/Nurse Practice Development
- Senior Charge Nurse (or Charge Nurse deputising)
- 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 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 Executive Team and others on ethical issues relating to medicine use as appropriate.
- 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**

In the last 12 months the committee in June, August, October, December and February.

Decision was made to change frequency from every 2 months to every 3 months to allow time for large pieces of work to be undertaken in between meetings.

The Chair can convene additional ad hoc meetings at any time.

## **Work plan**

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 (pre May 23 meeting)

RED – Actions/updates from last meeting

Agenda Item	Action	By Whom Date	Progress note
<b>MEDICINES MANAGEMENT - Standing items</b>			
Expenditure	Review of expenditure	Ongoing	Feedback on higher spend liquids: diazepam, orphenadrine, promazine, clozapine – scope to review if clinically appropriate?  Progress with NRT review
Formulary news/SMC recommendations	Rolling updates	Ongoing	Update/next steps for liraglutide/GLP1 agonists for weight loss – see under Safe Use of Medicines
New Licensed Indications and Products	Rolling updates	Ongoing	No outstanding actions
Unlicensed/PACS2/IPTR	No outstanding requests	Ongoing	3 IPTR requests April 23 (for melatonin)
Product Supply Problems	Nil current	Ongoing	No outstanding actions
<b>Other</b>			
Patient moves	To communicate with Clinical Model Project Team for safe and timely transfer of medicines	Ongoing	Moves underway, pharmacy staff facilitating appropriate transfer of medicines
Covid-19			
– Vaccination Programme	TSH Vaccination Programme	Ongoing	PGDs as needed. Spring vaccine update (2 patients >75yrs)
– New treatments	Awareness of new treatments and criteria for administration	Ongoing	To liaise with Medical Director/Health Centre – very high risk patients access supplies via NHS Lanarkshire pathway.
<b>CLINICAL EFFECTIVENESS PROGRAMME OF WORK - Standing items</b>			
Clinical Governance Standards/Guidelines	New Guidance Received	3 monthly review	Latest new guidance document agreed Feb meeting.
	IPTR, PACS 2	March 23, NW	Uploaded to intranet Feb 23, March 23 - respectively
Clinical Audit Projects	See separate Clinical Audit Action Plan	SS	
<b>SAFE USE OF MEDICINES - Standing items</b>			

Agenda Item	Action	By Whom Date	Progress note
Medication Incidents	Monitor incidents to review practice/policy	ALL Ongoing	April 23 report for discussion, including frequency of medicines not charted on HEPMA
Drug Safety Update/Drug Alerts	Rolling review	Ongoing	Nil relevant currently
Electronic Prescribing (HEPMA)	Awareness of progress	NW	Business as usual, disaster recovery (DR) and benefits realisation updates. DR issues to be recorded on DATIX by e-health. Tips and tricks update underway.
Medicines guidance/policy due for review	Current  Monitoring Recommendations for Antipsychotic Therapy  Policy and procedures for the Use of Unlicensed and Off Label Medicines  Clinical Guideline for the Use of Intramuscular (IM) Clozapine Treatment for Inpatients	May/June 23, AB  Sept 23  Oct 23 Sept 23  Dec 23	Covert medicines guidance – draft    NW in discussion with MH National Pharmacy Strategy Group and Mental Welfare Commission: national guidance may be appropriate
<b>Other</b>			
Safe Use of Medicines Policy	SUMP E-learning update required	July 23	Script received from Learning Centre Nov 22 NW, AB, KB, SS updating
Liraglutide for weight gain	Sub-group of Medicines Committee set up	1 <sup>st</sup> meeting May 23	Review of guidance and create GLP-1 agonists protocol in conjunction with Physical Health Steering Group, GP Service, Lead Dietician and NHS Lanarkshire Weight Management Services
<b>ARTICLES OF INTEREST - Standing item</b>			
AOB			



Audits	Action	Timescale	Update
<b>Local</b>			
GASS Audit	Karen Burnett and Julie McGee to meet to discuss the findings and audit tool. Education will sit with Practice Development	July 2023	2 <sup>nd</sup> cycle will be completed in August 2023
PRN Spot Check	Ensure a RiO PRN form is completed every time patient is administered psychotropic medication	July 2023	Reminders have been sent to Senior Charge Nurses and included within the HEPMA communications. A further spot check will be completed in July 2023
Consent to Treatment (T2/T3 audit)	RMO's to be reminded to note specific drug used.	March 2023	Report presented at MAC with reminder given to all RMOs Update – One of the actions from the audit was for RiO to send an automatic update notice to the RMO when a consent form was about to go out of date. Julie met with Claire McRae and IT re automated reminders being generated from RiO when a T2 or T3 was about to go out of the date. This was not as straight forward as we thought it would be. It would have been an awful lot of work for very little gain as out of date consent forms are not a massive issue. This will not be progressed at this time.
Draft HEPMA (replacing kardex audit) tool	Update	June 2023	Clinical Quality and Pharmacy to discuss following Clinical Model Implementation (as patient moves will trigger the HEPMA/RiO interface link and rectify some of the demographic issues)
National POMH	The ongoing POMH audit is Topic 7g: Monitoring of Patients prescribed Lithium.	August 2023	Report due to be published August 23, TSH results will be presented to and disseminated to Committee.