THE STATE HOSPITALS BOARD FOR SCOTLAND

12 MONTHLY REPORT

MEDICINES COMMITTEE

<table>
<thead>
<tr>
<th>Lead Author</th>
<th>Lead Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributing Authors</td>
<td>Clinical Effectiveness Co-ordinator</td>
</tr>
<tr>
<td></td>
<td>Medicines Committee members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Medicines Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>October 2018</td>
</tr>
<tr>
<td>Review Date</td>
<td>October 2019</td>
</tr>
<tr>
<td>Responsible Officer (e.g. SMT lead)</td>
<td>Professor Lindsay Thomson</td>
</tr>
</tbody>
</table>
# Table of Contents

1. Chairperson’s Foreword ............................................. 3  
2. Governance Arrangements ....................................... 3  
3. Key pieces of work undertaken during the year .......... 4-9  
4. Key Performance Indicators ....................................... 9-12  
5. Comparison with last annual report ......................... 12  
6. Areas of good practice ............................................ 13  
7. The Patients’ Voice .................................................. 13  
8. Future areas of work .............................................. 13  
9. Next review date ..................................................... 14
1 Chairperson’s Foreword

This year the Medicines Committee has had the benefit of a number of national and local audits. The national antipsychotic audit highlighted areas of good practice at TSH such as the proportion of patients prescribed a single antipsychotic has increased plus there is greater compliance with physical health checks than the total national sample. The local audits showed a high standard of prescription sheet recording and improved medication trolley upkeep.

Regarding medication incidents, although the average annual number has decreased, there was a significant cluster of events in the year, prompting the formation of a medication incident review group to look at the events in more detail. Outcomes from this group will hopefully highlight areas where practice can be improved.

Given the difficult financial position, it is helpful that the medicines budget has contributed to hospital savings whilst continuing to deliver an excellent service to the patients.

Dr Natasha Billcliff

Please note this 12 month report covers data up to the end of September 2018.

2 Governance Arrangements

2.1 Committee membership
Dr N Billcliff, Consultant Psychiatrist (Chair)
Dr S Howitt, Consultant Psychiatrist
Dr B Prasad, Speciality Doctor
Mr I Rodger, Practice Development
Mrs S Smith, Clinical Effectiveness
Mrs CA Bryce, Practice Nurse
Mrs J McWilliam, Clinical Pharmacist
Mrs M Wright, Lead Pharmacist

Minute Secretary: David McCafferty

There were no changes to the membership in the last 12 months except one member was on leave for 6 months. A Senior Staff Nurse with a part time practice development role was also in attendance at a number of the meetings. Some trainee medical staff also attended to present their clinical audit data for discussion and development of action plans.

2.2 Role of the committee
The role of the committee is to help improve the quality and cost effectiveness of prescribing. This along with the objectives below is in line with the 14 Health Board Area Drug and Therapeutic Committees (ADTCs). In relation to formulary choices and for new medicine guidance the State Hospital as a Special Health Board (out with ADTC network) links in with NHS Lothian ADTC decisions.

The Medicines Committee has now better links to the ADTC Consortium with regards Scottish Government workplan and priority developments. This includes the hospital being cited on work towards a national single formulary.

2.3 Main objectives of the Committee
- To promote safe, effective and economic use of medicines
- To advise, monitor and co-ordinate the production of policies and procedures relating to drug prescribing and safe administration of medicines.
- To determine and operate a system to ensure full evaluation of new medicines before introduction to the hospital.
- To monitor drug expenditure within the hospital and provide information on good practice for the optimal use of medicines.
• To advise the Clinical Governance Committee on ethical issues relating to medicine use.

2.4 Meeting frequency and dates met
Meetings are planned for every 2 months and over the last 12 months (1st October to 30th September) there has been five held. November, January, April, June and September. There was a 3 month gap over the summer holiday period. Group e-mail communication is also used between meetings.

2.5 Strategy and workplan
The workplan of the committee is largely based around four key areas which emanate from strands of the Local Delivery Plan. These are:

Medicines Management – expenditure, formulary developments, Scottish Medicine Consortium guidance, unlicensed medicine usage, Individual Patient Treatment Requests (IPTR), product supply problems

Safe Use of Medicines – policy updates, treatment guidelines, medication incidents, drug safety data, patient group directions (PGDs)

Clinical Effectiveness – local and national clinical audits, gap analysis of national guidelines (SIGN, NICE, HIS, Scottish Government)

Patient Safety – liaising with local Patient Safety Group and also national Scottish Patient Safety Programme (SPSP), medicine management workstream on priority topics e.g. medicines reconciliation, high risk medicines

2.6 Management arrangements
The committee reports directly to the Clinical Governance Group.

3 Key pieces of work undertaken during the year

3.1 Policy and Guidance Updates

Antimicrobial policy
An update antimicrobial policy was launched and is available in the Health Centre, prescription sheet folders and on the intranet for reference.

IM Guidance for Acute Behavioural Disturbance
New warnings on dosage and use of contra-indications with haloperidol were added.

Guidance on the Use of High Dose Antipsychotics
This has now been approved and an electronic initiation form will now be available on RiO.

Nicotine Replacement Therapy (NRT) flowchart
This was reviewed and updated for new admissions. There are still some long term patients receiving NRT therapies out with the guidance even although the committee and pharmacy have tried various initiatives to phase out usage. This was noted in the recent High Secure Forensic Network Continuous QI Framework Review.

Antipsychotic Physical Health Monitoring Guidelines
This was updated and includes new co-ordinated weight recording process. All new clozapine and olanzapine patients are highlighted direct to dietetics for initial intense monitoring.
3.2 Clinical Effectiveness

3.2.1 Clinical Audit Projects - National

Prescribing Observatory in Mental Health (POMH) Projects

These are national benchmarking projects that The State Hospital now participates in as part of the Forensic Network (code 95). The funding, co-ordination and data input of the projects sit with The State Hospital. Primarily these are facilitated by the Clinical Effectiveness Department. Junior medical staff are often involved with the data collection. This year there was a presentation to the Monday Journal Club on results. Data is also shared through the Forensic Network Inter-regional Group plus the FN Pharmacy Group.

High dose and combination antipsychotic prescribing

The practice standards were based around; the dose of an individual antipsychotics should be within its SPC/BNF limits, individuals receive only one antipsychotic at a time, where high doses are prescribed there should be a clear plan for regular review and safety monitoring.

Overall 10,072 patients were included from 761 clinical teams (58 areas). This included 3,563 forensic patients from 283 clinical teams (46 areas). The Forensic Network included 291 patients on 7 sites including The State Hospital.

Key findings

- In the total national sample (TNS) 20% of patients are prescribed a high dose. This includes calculating in any as required prescribed medication.

- The Forensic Network had less patients (40%) in 2017 prescribed a total daily dose higher that the limit than it did in 2012 (54%). NB: This includes all as required medication often prescribed but only administered in acute situations.

- The Forensic Network had less patients (52%) in 2017 prescribed a combination regime than in 2012 (69%). NB: This includes all as required medication often prescribed but only administered in acute situations.

- The proportion of patients prescribed a single antipsychotic had increased from 31% on 2012 to almost 48% in 2017. This will be due to the reduction in as required antipsychotic prescribing.

- The Forensic Network main reason for prescribing more than one antipsychotic continues due to as required prescriptions.

- Taking out the as required prescriptions, 87% of patients in the Forensic Network are prescribed a regular standard dose of antipsychotic. This is exactly the same proportion of the total national sample (TNS) across all specialities. Compared to other forensic services the Forensic Network benchmark was at position 29 out of 46.
Proportion of patients prescribed regular high-dose antipsychotic medication (that is, PRN medication is not included in the high dose calculation) in the forensic subsample (n=3520).

- Of 40 Forensic Network patients identified as receiving ‘regular’ high dose antipsychotics 10% of patients had no mention of antipsychotics in the care plan with almost 30% not acknowledging the high dose status. Figures for TSH site was that 8 out of 10 patients recorded high dose status in plan.
- Apart from temperature all regular high dose patients had a higher compliance with the physical health checks than the TNS.

Use of depot/LAI for relapse prevention
The practice standards for this project focuses on documentation contained in the care plan and includes regular review of the medication. Data was submitted for 7,441 patients UK wide, 53 of those from 3 sites in the Forensic Network including TSH.

Key findings for Forensic Network
- Access to a patient’s care plan was excellent with documentation of relapse signs and symptoms specified in 91% of cases.
- Crisis planning points did not score well but this was due to a large percentage of participants in in-patient settings where this was not considered relevant.

- Rational for prescribing a depot/LAI was clear in most cases with side effect assessment documented in over 90% of cases. In 19% of cases, there was however no reference to response to the medication.

- Regular reviews were evidenced well at The State Hospital (095.001) compared to the other Forensic Sites participating.

- All depot/LAI prescribed in the patients surveyed had all injections administered. No doses missed.
Rapid Tranquilisation in Acute Disturbed Behaviour Re-audit
Data collection completed. Report awaited.

Prescribing Clozapine Baseline
Data collection completed. Report awaited.

Assessment of the side effects of depot antipsychotics, 2nd supplementary audit
Data collection completed. Report awaited.

3.2.2 Clinical Audit Projects – Local

Prescription Sheet Re-Audit (included data on missed doses)
Over-all there was good compliance with the standards for prescription writing in this project although it was evidenced that this is often due to pharmacy endorsing some elements on the prescription sheet. Results were shared with medical staff via the Medical Advisory Committee. Misses doses and missed administration recording was also logged. This piece of work is to be taken through the Patients Safety Group as part of the national programme.

T2b/T3b Consent to Treatment Re-Audit
No major concerns but highlighted best for T2’s to have specific drug names included instead a class. Route not always specified and high dose antipsychotic reference not always included. Results shared with prescribers through MAC.

Medicine Trolley Re-Audit
A re-audit (3rd cycle) looking at the systematic layout of medicines in the ward trolley to help prevent administration errors showed improvement in most wards after introduction of a daily ward based check. The one ward with poorest results had not implemented the check. This has now been actioned.

Controlled Drugs Audit and Re-audit
Since the last report an audit has looked at the standards of storage and recording of controlled drugs on wards. An awareness bulletin was produced after the baseline audit to highlight some areas for improvement. The audit has recently been repeated with the report going to the next Medicines Committee.

NB: The QI action plan can be found as an attachment to this document

3.2.3 Implementation of National Clinical Guidelines & Standards
Over the last 12 months (1 October 2017 to 30 September 2018), there were 61 guidelines/standards reviewed by the Medicines Committee. 2 NICE guidelines and 52 NICE Medication Technology Appraisals (MTAs) were reviewed which is a decrease of 12 MTAs from the previous year. All 54 documents were deemed to be either not relevant to our setting or were already covered by a similar Scottish guideline. As the 52 MTA’s were released by NICE, which is English based, both Clinical Effectiveness and Pharmacy are involved in the process of reviewing these against medications released by the Scottish Medicines Consortium and the Lothian Joint Formulary.

<table>
<thead>
<tr>
<th>Guidelines/Standards Body</th>
<th>No of Publications Reviewed</th>
<th>No Applicable to The State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Intercollegiate Guideline Network (SIGN)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland (HIS)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Scottish Government</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>National Institute for Health &amp; Clinical Excellence (NICE)</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>British Association for Psychopharmacology</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The remaining 7 publications were deemed relevant to The State Hospital. Six required no further action whilst one SIGN guideline required further review.
Pharmacy staff are also members of other professional groups that review guidelines/standards and can complete the medication components of these.

**Independent Prescribing Pilot for Chronic Physical Health Conditions**
The Committee supported an application to SMT for an 8 month pilot of pharmacist prescribing in chronic long term physical health conditions via the Health Centre. A prescribing framework was agreed through the committee. This was also supported by the GP as it reflects the model in primary care. The current pilot is only for 1 day a month and is initially focusing on respiratory disease working with the practice nurse. It is hoped to develop into other areas but will all be within the pharmacist prescriber competency.

**Safe Administration of Specialist Medicines**
This year members of the Medicines Committee and colleagues input to training for the safe administration of certain high risk medicines that are not generally used within the hospital. These included oral cancer chemotherapy, medicines for palliative care, hepatitis C treatment and olanzapine long acting injection.

**Product Supply problems/ Contract issues**
Nationally there have been a number of product supply problems and some common medicines coming off national contract that have created significant workload behind the scenes to continuously review costs and deliver a seamless supply of medicines.

**Recommendation for Medication Incident Review Group**
After a run of significant medication incidents it was recommended by the committee that a medication incident review group be formed out with the Medicines Committee to address these in a more timely and thorough manner. The group has started to meet on a monthly basis and be a collaborative piece of work with the Patient Safety Group.

**Treatment of Erectile Dysfunction pilot**
After guidance was passed through the Forensic Network Inter-regional Group for use of medication to treat the side effects of psychotropic medication a pilot was agreed for use in The State Hospital which is on-going.

**4. Key Performance Indicators**

**4.1 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.

<table>
<thead>
<tr>
<th>Stores (excl.HepC)</th>
<th>£72,550</th>
<th>£141,257</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensary</td>
<td>£5,163</td>
<td>£14,683</td>
</tr>
<tr>
<td>Clozapine Dispensing</td>
<td>£7,210</td>
<td>£14,595</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£84,923</strong></td>
<td><strong>£170,474</strong></td>
</tr>
</tbody>
</table>

For the year 2017/18 the medicines budget contributed to hospital savings. Total cost was similar to 2016/17 (£168,317).
For 2018/19 so far the medicines budget has exceeded the savings target (excluding the cost of hepatitis C treatments) although there are still a number of potential pressures with regard more commonly used items coming off national contract pricing.

The top monthly expenditure remains with the long acting atypical antipsychotic injection paliperidone. Other items in the top 10 continue to include further atypical antipsychotics (olanzapine, aripiprazole, clozapine, quetiapine), vitamin D, nicotine replacement therapy. Some individual patient physical health items are also present.

In 2004/05 there were approximately 227 patients in the hospital. This was an average spend of £222 per patient per month. The average for this year so far is £130 per patient per month (excluding the cost of hepatitis C treatments). Primarily this is due to availability of generic products although tight formulary management has also impacted.

Four patients this year received specialist treatment via Infection Control services in Lanarkshire for hepatitis C. The hospital is able to cross charge patients home health board for these high cost medicines as they are very effective and prevent serious liver disease further down the line.

A number of product lines used within the hospital came off contract with National Procurement this year resulting in increased costs of certain commonly used medicines e.g. olanzapine, quetiapine, chlorpromazine, amisulpride, risperidone.

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

4.2 Prescribing reports

Six monthly prescribing reports on antipsychotic medication are reported to the Consultant group. These are used to identify patient outliers who may be receiving unusual antipsychotic regimes. The number of patients receiving high dose and multiple antipsychotics continues to be monitored.

4.3 Non-Formulary Medicines Use

The pharmacy department continues to monitor adherence to formulary in the GP prescribing for both short and longer term medicines with ongoing excellent adherence.

4.4 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 requests for unlicensed or off label medicines (as per hospital policy). Our main use of an unlicensed medicine continues to be pirenzepine for the treatment of clozapine induced hypersalivation. An additional unlicensed request this year was received for
an electrolyte mix for a patient returning from an acute physical healthcare admission. Off-label approval for this year has included fosfomycin sachet which was appropriate for an individual patient request.

4.5 Individual Patient Treatment Request (IPTR) Applications

Only one IPTR application was submitted for review by the Medicines Committee and approval by Senior Management Team this year. This was for olanzapine long acting injection.

The Scottish Government has now launched a new national system (Peer Approved Clinical System - PACS 2) to be applied locally for items not approved for use in NHS Scotland. There are now standard application forms which have a more clinical focus. A local procedure is currently being constructed for PACS2.

4.6 Antimicrobial prescribing

The State Hospital has a Service Level Agreement with NHS Lanarkshire for the provision of sessional input from an Antimicrobial Pharmacist who is also a member of The State Hospital Infection Control Committee. There is also close liaison with the on-site pharmacy team and Medicines Committee.

Three monthly usage reports continue to be produced for the Infection Control and Medicines Committee. Adherence to the antimicrobial formulary has been shown to be excellent. Prescribers have embraced the policy which minimises use of cephalosporans, quinilones, co-amoxiclav and clindamycin (antibiotics more associated with Clostridium difficile infection) into daily clinical practice and this is evidenced through audit. Pharmacy input to the GP clinic addresses any issues on a week to week basis.

4.7 Controlled Drugs

All controlled drug supplies continue to be monitored and any anomalies recorded through the DATIX system. The Associate Medical Director is the named Accountable Officer for the Board and the Lead Nurses are the responsible persons to witness any controlled drug destructions necessary on site. These have increased in the last 12 months as requirements change for complex cases.

The controlled drugs used in the last 12 months include methadone (only in patients admitted on it), methylphenidate for ADHD and tramadol an opiate analgesic. Use of tramadol within the hospital has reduced significantly since the medicine became a more controlled drug. A selection of other controlled drugs were also required for palliative care this year.

4.8 Medication incidents

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Oct 17– Sep 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensing/supply problem, including</td>
<td></td>
</tr>
<tr>
<td>- XL formulation being used instead of MR</td>
<td>11</td>
</tr>
<tr>
<td>- Missing supply (antibiotics)</td>
<td></td>
</tr>
<tr>
<td>- Supply problem (e.g.clozapine)</td>
<td></td>
</tr>
<tr>
<td>- Ordering software glitch</td>
<td></td>
</tr>
<tr>
<td>Administration, including</td>
<td>15</td>
</tr>
<tr>
<td>- Omitted dose</td>
<td></td>
</tr>
<tr>
<td>- Wrong dose</td>
<td></td>
</tr>
<tr>
<td>- Wrong drug</td>
<td></td>
</tr>
<tr>
<td>- Wrong patient</td>
<td></td>
</tr>
<tr>
<td>- Wrong time</td>
<td></td>
</tr>
<tr>
<td>- Stopped medicine given</td>
<td></td>
</tr>
<tr>
<td>Prescribing</td>
<td>1</td>
</tr>
<tr>
<td>- Drug stopped in error</td>
<td></td>
</tr>
<tr>
<td>Patient Non-compliance – tablets found discarded</td>
<td>5</td>
</tr>
<tr>
<td>Other - including broken ampoules, dropped tablets, fridge failure</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>37 (45 last year)</td>
</tr>
</tbody>
</table>
In last year’s 12 monthly report the number of medication incidents was 45 with 27 of those being administration errors (60%). This has reduced to 15/37 (41%) in this period although direct impact on the patient appears more common e.g. wrong patient, wrong drug, wrong dose.

<table>
<thead>
<tr>
<th>Period 1st April – 31st March</th>
<th>% administration incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>53% (17/32)</td>
</tr>
<tr>
<td>2015/16</td>
<td>30% (11/37)</td>
</tr>
</tbody>
</table>

Every DATIX that is marked as a medication incident is flagged to Senior Clinical staff including the Lead Nurse for the Hub and the Lead Pharmacist. Any short term actions that need to be taken are addressed including discussion with staff involved. The incidents are then reviewed via the Medicine Committee but a collaboration group with patient safety group has recently been convened to review and develop an action plan in a more timely and effective manner. The group will also look at a review of the coding of incidents.

Although most of the recorded incidents were low risk some administration areas of concern this year included wrong drug, wrong dose and wrong patient. There was also a period when antibiotic reconciliation count sheets had to be implemented.

5 Comparison with last annual report

Update from the future areas identified last year – please also refer to key areas and key performance indicators.

Medicines Misuse
3 monthly medicine management report continue to be collated around analgesic and controlled drug usage which includes substances at risk of misuse. Collaboration is on-going with the GP around the prescribing of these items and is on the agenda for the quarterly primary care meetings that take place between GP services and the Associate Medical Director. It is also one of the Scottish Government secondary care prescribing indicators.

Competencies for Administration of Medicines
Induction workshops have been introduced for all new staff on the safe administration of medicines. The e-learning module on medicines is mandatory for all resident nursing staff.

Electronic Prescribing
This work stream is progressing with the hospital collaborating with NHS Lothian for implementation from 2019. A demonstration of the likely software is planned for November.

Patient Safety Programme
Work has been undertaken to identify if the hospital has a problem with omitted medicines as part of the national programme. See prescription sheet audit. There has also been a move to improve the process of medication incident reviews via creation of a combined group led by the Chair of the Patient Safety Group. An electronic RiO recording form for as required medicines administered is also being piloted – this will allow easy access to information on extra medicines patients have received.

Non-Medical Independent Prescribing
As referred to in the key pieces of work there is a pilot on-going with the Health Centre looking at review of chronic physical health conditions.

Glasgow Antipsychotic Side Effect Scale
GASS has now been fully implemented through the hospital and is part of the CPA report.
6 Areas of good practice

Overall the hospital can be assured that processes continue to be in place for the safe and effective use of medicines. These are evidenced with regular monitoring, review and audit. There has also been multiple examples of individualising specialist medication treatment when appropriate e.g. palliative care, cancer chemotherapy, hepatitis C, responding to serious adverse drug reactions.

Pharmacy’s role was recently commended in the Forensic Network High Secure Continuous QI Framework Review for their work at ward level with patients.

7 The Patients’ Voice

Patients continue to have access to information on their medicines via MaPPs documentation and Choice and Medication leaflets. This year more ‘easyread’ information is also available via MaPPs which contain more of a picture format. There has been a continued increase in the percentage of patients discussing their medicines with a pharmacist as part of the multidisciplinary team. This is evidenced via monthly VAT data. There continues to be feedback to clinical teams on issues raised by patients at the clozapine clinic on side effects of their medication.

All medicine policies are referred through the Patient Partnership Group for comment and the new Pharmacist prescriber attended prior to starting the pilot in the Health Centre. Patient feedback will form part of the evaluation.

8 Future areas of work

As well as the regular workplan around medicine management, the safe use of medicines and the extensive clinical audit programme the following areas will be addressed:

Falsified Medicines Directive (FMD)
A new EU Directive is coming into force February 2019 with regard verification that medicines are genuine. Every Health Board will need a process in place.

Brexit
Work will be on-going to keep up to date with Brexit preparations around continuous medicines supplies.

Peer Approved Clinical System (PACS) Tier 2
A new localised policy is needed for clinicians to request medicines not approved by the Scottish Medicines Consortium for use in NHS Scotland in specialist cases. This will be based on national guidance plus NHS Lothian policy.

Use of Unlicensed IM Clozapine Guidance Update
Local guidance will be updated following Mental Welfare Commission and national Pharmacy strategy Group consultation.

Secondary Care Indicators
The Scottish Government has published prescribing indicators for primary and secondary care. The relevance will be considered for our environment.

Vitamin D Policy review
An update has been prepared for discussion with the GP taking into account current national guidance.

Electronic Prescribing
On-going work will be underway with NHS Lothian to move towards implementation from 2019.
9  Next review date

The next review date for Clinical Governance Committee is November 2019.