NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDICINES COMMITTEE 12 MONTH REPORT

1 APRIL 2023 – 31 MARCH 2024

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1 Core Purpose of Committee

In line with Healthcare Improvement Scotland (HIS) guidance for Area Drug and Therapeutics Committees the purpose of the Medicines Committee is to: provide professional clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance.

2 Summary of Core Activity for the last 12 months

The Committee's work plan has three main areas: Clinical Quality, Medicines Management and Safe Use of Medicines. Continuous review and monitoring in all three areas is integral to delivering safe, effective and patient centred care.

Specific highlights from 2023/24 include:
- Enhanced utilisation of HEPMA (hospital electronic prescribing and medicines administration system)
- Improved training for student nurses, nurse inductions, trainee medical staff and experiential learning for pharmacy students
- New comprehensive clozapine (high-risk medicine) guidelines
- Significant review of Safe Use of Medicines Policy and associated e-learning module

2.1 Policy and Guideline Updates

The following were reviewed and approved by the Committee
- Clozapine monitoring guidelines (new)
- Covert medication procedure (new)
- Protocol for use of GLP1 agonists as adjunct in weight management (new)
- Protocol for use of sildenafil in erectile dysfunction (significantly updated)
- Psychotropic monitoring guidelines (significantly updated)
- Unlicensed and off label medicines procedure (updated)

2.2 Electronic Prescribing (HEPMA)

HEPMA moved to 'business as usual' from 1st April 2023. The Clinical Governance Group approved the HEPMA service continuity (disaster recovery) procedure in June 2023 and disaster recovery kits were set up in each hub with spare paper, ink cartridges etc to support this process.

A small team continue to meet regularly with NHS Lothian colleagues to progress HEPMA benefits realisation. The pharmacy team have been able to run a limited number of reports from the live HEPMA system since November 2023. Meetings continue for eHealth data and analytics colleagues to access and analyse the data, as many complex reports are still to be created. This remains a Safe Use of Medicines priority for patient care, and will ensure maximum benefit achieved from the HEPMA system.

The pharmacy team have been running daily reports to check for Non-Administered Doses (see section 6.2) and New Drug Orders. The New Drug Orders report allows a clinical pharmacist to verify each newly prescribed medicine in a timely and efficient manner. Previously each patients HEPMA prescription had to be checked manually.

2.3 Expenditure

Medicine expenditure reduced in 2023/24 – see page 6-7.

2.4 Medicines Incidents

Medicine incidents are discussed at Committee meetings as a standing agenda item. Flash reports are presented to Patient Safety Group every 2 months with a more detailed report 6 monthly. These reports are also shared with the Committee with further discussion on trends and necessary action where required.

2.5 Medicine Supply Shortages

Weekly information from NHS Lothian Pharmacy services (via links with National Procurement) keep the State Hospital updated on potential supply problems and likely timeframes.

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. An electronic log is kept of all MSANs and actions required.

There were 38 MSANs in the last 12 months (vs 5 in 2022/23). Of these there were 3 relevant to the State Hospital which did not impact patients, 1 which delayed starting treatment with a GLP1 agonist for weight management and 1 which required an alternative stimulant for ADHD to be prescribed.

2.6 National Patient Safety Alerts / Medicines Recalls / Notifications

A National Patient Safety Alert on the safety of valproate issued in November 2023 was relevant for five State Hospital patients. A valproate action plan devised by the Committee was shared with medical, nursing, pharmacy and health centre colleagues then submitted nationally. The risk of male infertility was discussed at individual patient and clinical team level. The Psychotropic Monitoring Guidelines were updated to include new guidance for new men starting valproate in future.

Medicines Recall notifications (graded 1 – 4 high to low) are reviewed 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, also discussed as a standing item on the Committee agenda. There were no relevant recalls for the State Hospital in 2023/24.

2.7 Covid-19 and Other Vaccination and Treatments

Covid-19 vaccination programme continued in line with The Joint Committee on Vaccination and Immunisation (JCVI) guidance, with supplies coordinated via pharmacy.

Waste was minimised with strategic planning (timing and quantity of orders based on likely uptake, clinic times and expiry dates) and daily fridge monitoring. National Patient Group Directions (PGDs) were approved for local use. Nurses vaccinating 'prescribed' and administered on HEPMA as per PGD which streamlined the process. Patient information leaflets were printed and distributed in collaboration with the Person Centred Improvement Team.

Other vaccine programmes undertaken as in previous years included the influenza vaccine programme (same process as with Covid-19 described above), and shingles and pneumovax vaccines for eligible patients.

Influenza and Covid-19 vaccines were co-administered for patients and staff who accepted both vaccines; 36 patients accepted the Covid vaccine and 39 accepted the influenza vaccine in 2023/24, lower than in previous years mirroring reduced uptake observed in the community.

The NHS Lanarkshire pathway for assessment and treatment with antivirals remains available for those at very high risk of becoming unwell from Covid-19. No State Hospital patients met the criteria in 2023/24.

2.8 Clinical Audit

It was another successful of year for medicines audit projects- - see section 5.2.

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

Update on specific projects highlighted in the last report:

| Planned Activity	Update
Benefits realisation of the HEPMA and medicines ordering (CMM) system	As per section 2.2. Still requires significant eHealth investment (fixed term post planned with remaining SG HEPMA funding to create required reports).
Safe Use of Medicines Policy and Procedures update including e-learning module	E-learning script completed January 2024: module to be rolled out with updated policy early in 2024/25.
Monitoring Recommendations for Antipsychotic Therapy	Completed – significant update, including mood stabiliser therapy. New title: Psychotropic Monitoring Guidelines.
Policy and procedures for the Use of Unlicensed and Off Label Medicines	Completed
Clinical Guideline for the Use of Intramuscular (IM) Clozapine Treatment for Inpatients	Still awaiting national guidance approval to determine if State Hospital policy superseded, or required in conjunction with this.
Antipsychotics and weight gain	Protocol for use of GLP1 agonists as adjunct in weight management completed.

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:

Key Performance Indicator	Target	2023 - 24
Completion of Variance Analysis Tool (VAT)	90%	**100%**
Completion of Pharmacy CPA Reports	80%	**86%**
Pharmacy attendance at CPA	50% each month, 60% overall	**55%***

*less than overall annual target due to 1 WTE clinical pharmacist vacancy from May 2023, post filled (0.6 WTE) September 2023 and 0.8 WTE maternity leave commenced February 2024.

Pharmacy CPA Report provided (2023-24):
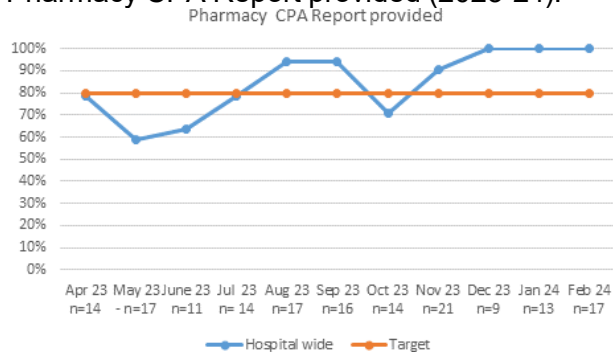
Pharmacy CPA Attendance (2023-24):
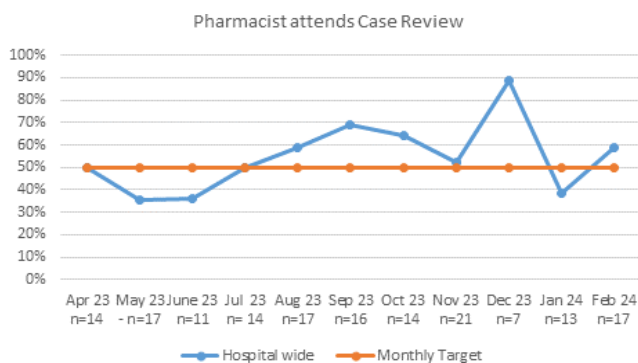
5   Quality Assurance Activity

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 NHS Lanarkshire antimicrobial formulary.

Unlicensed/Off Label Prescribing/IPTR/PACS2 Applications

The Committee reviews new requests for unlicensed/off label medicines as per policy. There were no new unlicensed or off label requests in 2023/24.

Peer Approved Clinical System Tier 2 (PACS2) applications include individual requests for medicines not routinely approved for use within NHS Scotland. Each individual patient case must have support from a peer prescriber. No submissions have been made in the last 12 months.

Individual Patient Treatment Requests (IPTR) applications can be made for medicines not accepted for use by Scottish Medicines Consortium (SMC), including non-submission to SMC or for new medicine awaiting SMC guidance. There were 3 requests for melatonin which were all approved by the Committee for appropriate use.

Medicines Expenditure

A live electronic link to NHS Lothian Area Stores, St Johns Hospital streamlines the medicine ordering process. More frequent review of stock lists is now possible with the newly available Current Inpatient Drug Orders HEPMA report. This process commenced in December 2023.

Monthly invoices continue to be checked and authorised by pharmacy against NHS Lothian Medicines Management reports. Pharmacy and the Committee continue to monitor expenditure and recommend formulary alternatives to non-formulary medicines where possible.

Emergency cupboard stock continued to be regularly reviewed and checked, with most up to date list posted on the intranet and sent to Senior Clinical Cover and on call medical staff for reference.

Medicines expenditure for 2023/24 was £165,920 in total (average £13827/month) vs £186,310 for 2022/23, £20,390 saving thanks to generic paliperidone now being available, less diazepam oral solution use and improved stock control with introduction of Pharmacy Support Worker post and HEPMA reports.

Top 20 Medicines by Total Spend:
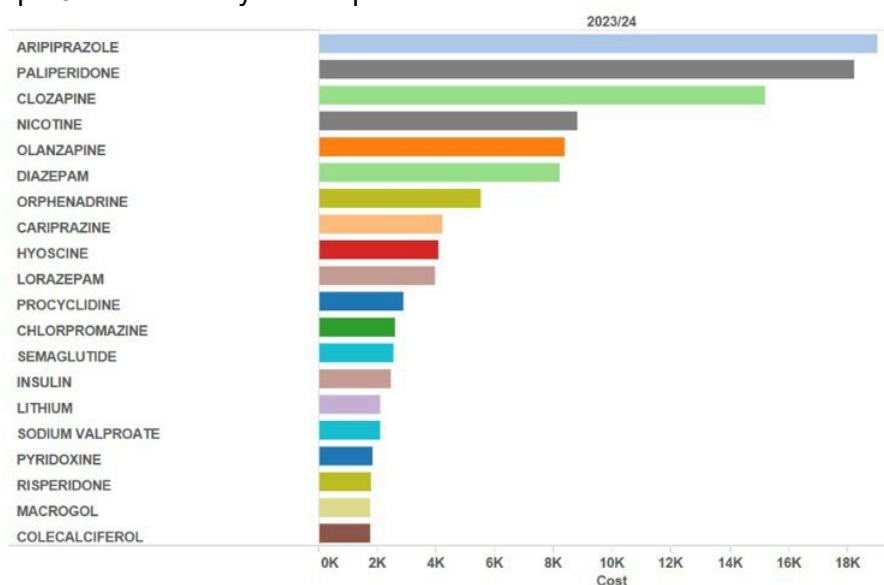
Medicine (all forms, strengths)	Total	Comments
Aripiprazole	£19,018	£13,225 on long acting injection (LAI) vs £10,046 on LAI in 2022/23. £5,793 on tablets vs £4014 in 2022/23
Paliperidone	£18,209	vs £28,355 in 2022/23 (generic LAI now available)
Clozapine	£15,189	Reduced: £17,441 in 2022/23
Nicotine	£8798	Reduced: £10,637 in 2022/23
Olanzapine	£8369	£6145 of this on high cost LAI vs £6,943 in 2022/23
Diazepam	£8211	Reduced: £7749 of this on high cost oral solution vs £16,282 in 2022/23
Orphenadrine	£5506	Reduced: £8,246 in 2022/23
Cariprazine	£4209	New, not prescribed in 2022/23
Hyoscine	£4078	Increased: £2,794 in 2022/23 but pirenzipine no longer in top 20 (also used for clozapine-induced hypersalivation)
Lorazepam	£3934	New to top 20 as £3732 of this on high cost injection for catatonic patients
Procyclidine	£2900	Increased: £1,611 on tablets in 2022/23
Chlorpromazine	£2574	Same: £2,511 in 2022/23
Semaglutide	£2549*	£1,144 for 1mg injection in 2022/23
Insulin	£2457	New to top 20
Lithium	£2100	New to top 20
Sodium valproate	£2090	Increased: £1,374 in 2022/23
Pyridoxine	£1824	New to top 20
Risperidone	£1782	New to top 20
Macrogol	£1740	New to top 20
Colecalciferol	£1733	Reduced: £3,447 in 2022/23
Total	**£117,271**	vs £126,169 in 2022/23

* cost for 2 patients – 1 prescribed for weight loss, 1 for Type 2 diabetes - supply issue required 2 x 0.5mg injections to give 1mg dose earlier in 2023/24 when 1mg was unavailable

The top 20 items contributed to 71% of the 2023/24 medicines budget (68% in 22/23). Aripiprazole, paliperidone, clozapine and nicotine all feature in the top 5 as in previous years.

Paliperidone became available as a generic towards the end of 2023 resulting in significant savings as above. Contract price set for aripiprazole tablets from 1st October 2023 therefore cost should reduce in 2024/25 (10mg tablets that had previously cost 42p for 28 tablets were £80 off-contract, new contract price: £4.50).

The cost of diazepam oral solution has reduced significantly due to decreased use (£7749 vs £16,282 in 2022/23) and nicotine use is continuously reviewed.

Medication incidents

Between 1 April 2023 and 31 March 2024 there were 50 medicines incidents reported on Datix. The number of incidents reduced significantly in comparison to 2022/23 as shown below:

Incident Category	Annual 2021/22	Annual 2022/23	Annual 2023/24	Quarterly 2023/24 Q1	Quarterly 2023/24 Q2	Quarterly 2023/24 Q3	Quarterly 2023/24 Q4
Medicine Administration	14	24	25	6	8	5	6
Medicine Other inc HEPMA	7	33	14	4	5	1	0
Medicine Supply	5	31	10	8	3	2	1
Medicine Prescribing	4	3	1	1	0	0	0
Total	**30**	**91**	**50**	**19**	**16**	**8**	**7**

The reduction in medicines supply and HEPMA incidents is reassuring. Medicines administration incidents remain the highest medicines incident category as it is the most frequent activity with medicines administration occurring up to four times each day.

Work is ongoing to continuously highlight the risks associated with medicines administration throughout the hospital. This includes at student nurse training, nurse inductions and through clearer wording of processes to be followed in the Safe Use of Medicines Policy (due to go live early in 2024/25).

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

The following medicines audits took place in 2022/23: Clozapine, Medicines Fridges, Medication Trolley, T2/T3, PRN Spot Check and 8 rights, with improvements noted at re-audits.

National, Prescribing Observatory in Mental Health (POMH)

POMH 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.

The report for Quality of valproate prescribing in adult mental health services was published in May 2023. Full report and SBAR circulated and discussed at Medicines Committee.

Monitoring of patients prescribed lithium data was collected March - April 2023 and the report was published in September 2023. Full report and SBAR circulated and discussed at Medicines Committee.

The POMH Rapid Tranquilisation audit commenced in March 2024.

5.3 Implementation of National Clinical Guidelines & Standards

Over the last review period (1 April 2023 to 31 March 2024), there were 88 guidelines and standards reviewed by the Medicines Committee. All were NICE Medication Technology Appraisals (MTAs); 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 88 documents reviewed, 87 were deemed to be either not relevant to our setting or were already covered by a similar Scottish guideline. The 1 remaining document was for information and awareness purposes (COVID-19 treatments for high risk patients).

6 Quality Improvement (QI) Activity

6.1 Medicines Audits

Results were discussed at the Committee and action plans devised for comparison at re-audit.

6.2 HEPMA Administration Reports

QI methodology used to check and improve accuracy of medicines non-administration reason given on HEPMA. Pharmacy staff review the data from the Non-administered doses report on a daily basis, checking the reason charted for non-administration and feeding back to nursing staff in real time about medicines availability and importance of charting accurately. The pharmacy team have noticed a reduction in 'Drug not available' being used as a reason for non-administration as a result.

The weekly top-up of prescribed medicines continues with extra checks now in place thanks to the HEPMA reporting functionality. The daily reports and checks significantly reduce the risk of medicines being unavailable at ward level.

6.3 Medication Incidents

Quarterly meetings between Pharmacy, Clinical Quality and Nurse Practice Development started in November 2023 to work collaboratively on ways to reduce medicine administration incidents and continue to improve medicines governance through shared pieces of work.

Medicines Incident Procedure drafted to support managers and staff involved in medicines incidents, for review/approval by the Committee in May 2024.

7 Planned Quality Assurance and Quality Improvement for the next year

Work in both Quality Assurance and Quality Improvement will continue as outlined in Appendices 1 and 2 and as below:

Specific work	Comment
High dose antipsychotic therapy (HDAT) guidelines	Requires significant update and may include refresh of HDAT form on RiO.
Safe Use of Medicines Policy and Procedures update including e-learning module	Once approved, work will commence on encouraging implementation of the Policy and Procedures, and seeking feedback on the e-learning module.
Lithium (high risk medicine) monitoring guidelines	Extensive piece of work. Will involve collaboration with nursing and eHealth colleagues e.g. to have lithium side effect rating scale added to RiO.
Clinical Guideline for the Use of Intramuscular (IM) Clozapine Treatment for Inpatients	To be updated if still required in addition to National Guidance document.
Clinical Quality programme of work	This will continue with the regular audit programme as per Appendix 2.

8 Next review date

The next review date will be May 2025.

Governance arrangements for Medicines Committee

Committee membership

Clinical Quality Team Leader
Clinical Pharmacists
Consultant Psychiatrist, Chair
Consultant Psychiatrist
Health Centre Practice Nurse
Lead Pharmacist
Medical / Minute Secretary
Senior Charge Nurse, or Charge Nurse deputising
Senior Nurses for Infection Control
Senior Nurse for Practice Development
Speciality Doctor
Staff Nurse(s)

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 East Region 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 meet 3 monthly with additional ad hoc meetings as required. In the last 12 months the committee met in May, August, November, January and February.

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 Quality
    - 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 Audit Action Plan - April 2024

Audit	Target/Outcome	Source	Projected Completion By	Quality Dimensions	Policy/SOP/ Guidance	Organisational Link
Oxygen Cylinder weekly check	To ensure weekly oxygen checks are being completed	Medicines Committee	May 2024	Safe	Safe Medicines Policy	Local priority
HEPMA medicine round checklist	To ensure HEPMA medicine checklist is being completed after each medication round	Medicines Committee	May 2024	Safe	Safe Medicines Policy	Local priority
To ensure RiO PRN forms are completed for each administration (new audit tool)	Medication in the management of acutely disturbed or violent behaviour is adhered to	Patient Safety Group / Medicines Committee/ SPSP	June 2024	Safe	Guidance on Use of IM for Acutely Disturbed or Violent Behaviour	Risk Register / Local Delivery Plan
Medicine Fridges within wards and Health Centre	All medicine fridges within the hospital will be fit for purpose and temperature regularly monitored	Medicines Committee	July 2024	Safe	Infection Control Manual	Local Priority
Medication Trolley Audit	To ensure that medication is kept in alphabetical order and dose low to high as per guidance	Medicines Committee	July 2024	Safe	Safe Medicines Policy	Level 1/2 reviews
PRN spot checks against HEPMA and RiO	To ensure a RiO 8 rights form is fully completed for each antipsychotic PRN	Medicines Committee/ Patient Safety	August 2024	Safe	Safe Use of Medicines Policy	Local priority
High dose anti-psychotic prescribing (new audit tool)	All patients on high dose received appropriate monitoring of bloods, ECGs and E&Es	NHS QIS Schizophrenia	September 2024	Safe	Clinical Guideline for the Use of High Dose Antipsychotics	Local Delivery (supporting measure)
T2/T3 adherence following implementation of SOP	All patients will have T2/T3 forms that comply with the SOP and Mental Welfare Commission guidance	Medicines Committee/ NHS QIS Schizophrenia	October 2024	Safe	SOP for Consent to Treatment (Compliance with Part 16 of the Mental Health Act 2003)	Risk Register

Medicines Audit Action Plan continued

Audit	Target/Outcome	Source	Projected Completion By	Quality Dimensions	Policy/SOP/ Guidance	Organisational Link
Lithium Monitoring within TSH (new audit tool)	Recommendations from previous audit project are established and monitoring is improved	Medicines Committee	March 2025	Safe	Lithium Monitoring Policy	Clinical Model Principle 8 + LDP 10

National - POMH

Audit	Target/Outcome	Source	Projected Completion By	Quality Dimensions	Policy/SOP/ Guidance	Organisational Link
POMH Rapid Tranquillisation	To benchmark ourselves against other mental health units across Forensic Network and UK	Medicines Committee	April 2024	Safe	Safe Medicines Policy	Risk Register / Local Delivery Plan
POMH Use of Melatonin	To benchmark ourselves against other mental health units across Forensic Network and UK	Medicines Committee	June 2024	Safe	Safe Medicines Policy	Risk Register / Local Delivery Plan
POMH Opioid medications in mental health services	To benchmark ourselves against other mental health units across Forensic Network and UK	Medicines Committee	October 2024	Safe	Safe Medicines Policy	Risk Register / Local Delivery Plan