



THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDICINES COMMITTEE ANNUAL REPORT

1 APRIL 2024 – 31 MARCH 2025

No	Content	Page No
1	Core Purpose of Committee	2
2	Summary of Core Activity for the last 12 months	2
3	Comparison with Last Year's Planned QA/QI Activity	4
4	Performance against Key Performance Indicators	5
5	Quality Assurance Activity	7
6	Quality Improvement Activity	9
7	Planned Quality Assurance and Quality Improvement for next year	9
8	Next review date	9
-	Appendix 1 Clinical Governance Arrangements	10
-	Appendix 2 Medicines Audit Action Plan	12

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 2024/25 include:

- Safe Use of Medicines Policy and associated e-learning (LearnPro) module refresh
- New Medicines Incident Procedure
- Updated High Dose Antipsychotic Guidelines and Initiation / Review pro-forma on RiO to encourage fuller, more frequent review of High Dose Antipsychotic use
- New Lithium Guidelines and associated side-effect checklist, also available as an adapted (easy read) version for patients with an Intellectual Disability and/or cognitive difficulties
- Improved Controlled and Recorded Drugs audit processes

2.1 Policy and Guideline Updates

The following were reviewed and approved by the Committee:

- GLP1 agonist procedure (updated)
- IM Clozapine clinical guideline (updated)
- Lithium guidelines (new)
- Medicines Incident procedure (new)
- Safe Use of Medicines Policy and Procedures (significantly updated)
- Vitamin D supplementation guidelines (updated)

2.2 Electronic Prescribing (HEPMA)

The pharmacy team continue to run a limited number of reports from the live HEPMA system. This has been in place since November 2023. This allows daily checks for New Drug Orders (newly prescribed items to allow a pharmacist to promptly clinically screen) and Non-Administered Doses (to review missed doses and reasons, ensuring supplies are provided as soon as possible). These reports reduce the risk of missed doses and allow any prescribing errors to be rectified promptly.

E-health colleagues continued to pursue access to State Hospital HEPMA data in collaboration with NHS Lothian throughout 2024/25. Access delays have been due to e-Health staff resource and technical challenges including configuring VPN tunnel issues, updating firewalls and changing servers. Delays in obtaining account information from CMM (HEPMA provider) and internal CMM / Lothian digital issues impacted progress. The RiO upgrade and subsequent link issues between HEPMA and RiO also caused delays due to unplanned additional testing requirements.

Open Database Connectivity (ODBC); the driver that enables access, was successfully installed on 24th April 2025. Next steps are to set up the ODBC to the Test database and check current tools work on the HEPMA database (additional software may be required) before any reports can be created.

2.3 Expenditure

Medicine expenditure reduced in 2024/25 – see page 6-7.

2.4 Medicines Incidents

Medicine incidents are discussed at Committee meetings as a standing agenda item with discussion on trends and necessary action where required. Flash reports are presented to Patient Safety Group every 2 months with a more detailed report 12 monthly. All medicines incident reports are also shared with the Committee, Service Leadership Teams and Senior Charge Nurses for discussion at local service meetings.

2.5 Medicine Supply Shortages

Weekly updates from NHS Lothian Pharmacy services (via links with National Procurement) keep the State Hospital informed of 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 85 MSANs in the last 12 months (vs 38 in 2023/24). Of these only three affected the State Hospital. All three resulted in a change of formulation rather than active ingredient so impact on patients was negligible.

2.6 National Patient Safety Alerts / Medicines Recalls / Notifications

Medicines Recall notifications (graded 1 – 4 high to low) are reviewed by the pharmacy team to confirm whether the State 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 was one relevant recall in 2024/25 for atomoxetine capsules. Accord Healthcare Ltd recalled affected batches as a precautionary measure as testing showed variability of the capsule contents beyond permitted levels. This was undertaken at Pharmacy and Wholesaler level rather than Patient level. The affected batch was returned to our supplier prior to any patient administration.

2.7 Covid-19 and Other Vaccination and Treatments

Covid-19 vaccination programme continued as per national guidance, with supplies coordinated via pharmacy.

Waste was minimised as in previous years 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. 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; thirty-seven patients accepted the Covid vaccine and 39 accepted the influenza vaccine in 2024/25.

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 2024/25.

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

Table 1: Update on specific projects highlighted in the last report

Planned Activity	Update
Clinical Guideline for the Use of Intramuscular (IM) Clozapine Treatment for Inpatients	Updated December 2024 with reference to national IM clozapine documents.
High dose antipsychotic therapy (HDAT) guidelines	Completed September 2024 including roll out of new HDAT monitoring pro-forma for more frequent medical review.
Lithium monitoring guidelines	Completed including new lithium side effect checklist as lithium is a high-risk medicine. Go-live date: April 2025.
Safe Use of Medicines Policy and Procedures update including e-learning module	E-learning live from May 2024. Policy and procedures introduced September 2024.
Clinical Quality programme of medicines audits	Audit tools reviewed including ones for lithium and HDAT as per new guidelines.

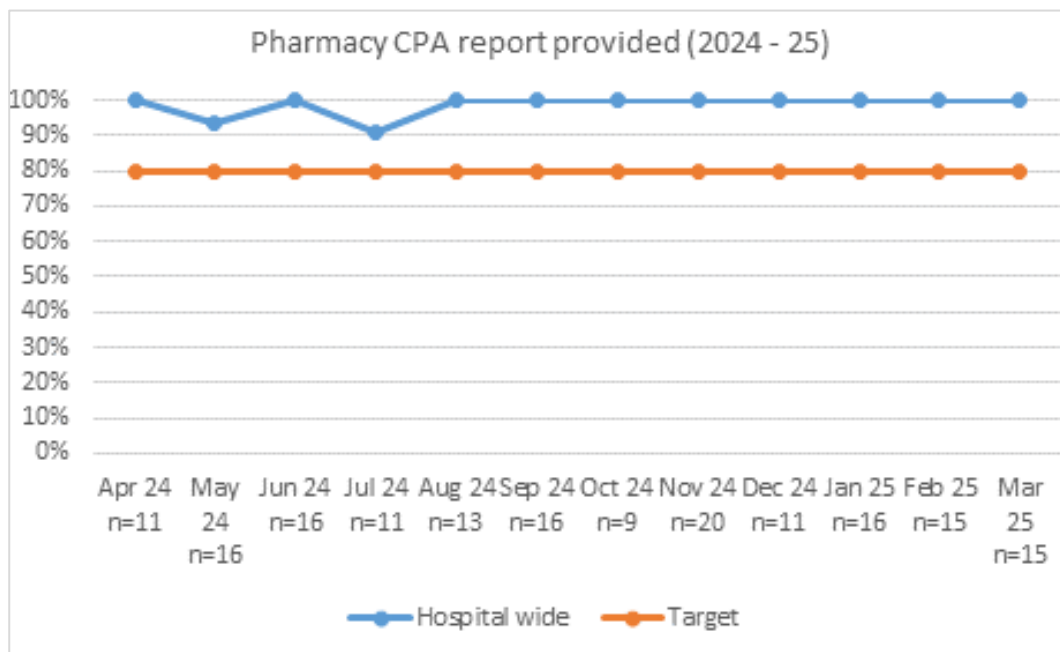
4 PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS (KPIs)

There are three agreed KPIs that the Clinical Pharmacy Service are monitored on, as per SLA.

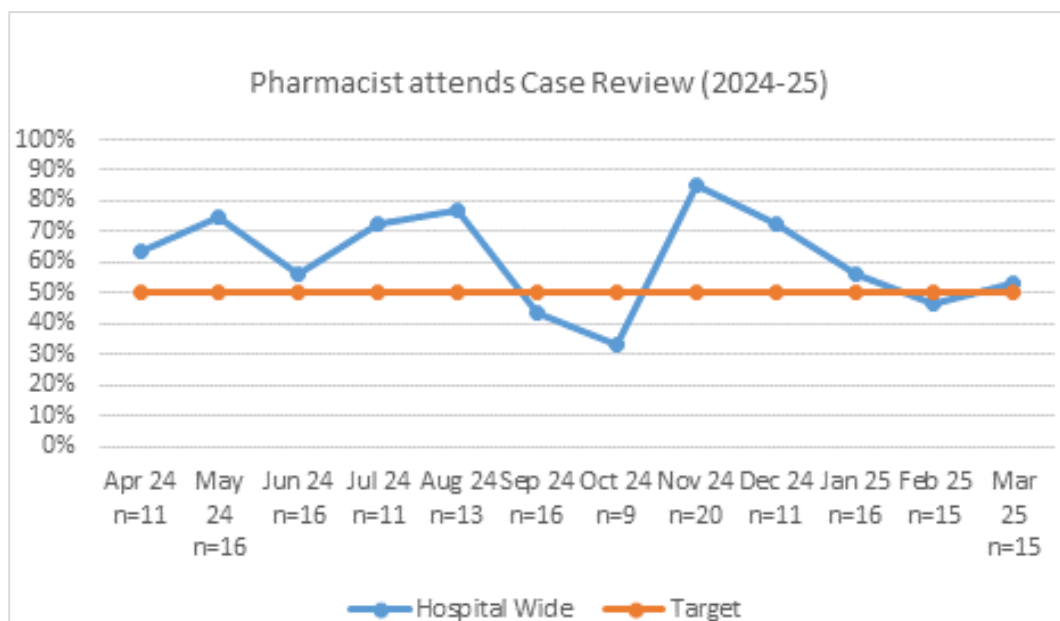
Table 2: Clinical Pharmacy KPI figures

Key Performance Indicator	Target	2023/24	2024/25
Completion of Variance Analysis Tool (VAT)	90%	100%	100%
Completion of Pharmacy CPA Reports	80%	86%	99%
Pharmacy attendance at CPA	50% each month, 60% overall	55%	62%

Graph 1: Pharmacy CPA Report provided (2024-25)



Graph 2: Pharmacy CPA Attendance (2024-25)



5 QUALITY ASSURANCE ACTIVITY

5.1 Medicine Usage

5.1.1 *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.

5.1.2 *Controlled Drugs (CDs) audits*

More robust Controlled and Recorded Drug audit process introduced in February 2025 with pharmacy introducing a more detailed four monthly audit for each ward.

From 2025/26 the Head of Clinical Quality will add CD audit compliance results (Green/Amber/Red) to the Master Adherence file. Results will be included in this annual Medicines report from next year. Consistently amber or any red results will be escalated to the Medicines Committee / Controlled Drugs Accountable Officer as appropriate with spot checks as per revised CD Support Visit Tool.

5.1.3 *Unlicensed/Off Label Prescribing/IPTR/PACS2 Applications*

The Committee reviews new requests for unlicensed/off label medicines as per policy. There were two unlicensed medicine requests for intramuscular clozapine in 2024/25 which were approved.

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. No applications received in the last 12 months.

5.1.4 *Medicines Expenditure*

Monthly invoices continue to be checked and authorised by pharmacy against NHS Lothian Medicines Management reports.

Medicines expenditure for 2024/25 was £148,350 in total (average £12,363/month) vs £165,920 for 2023/24.

Table 3: Top 20 Medicines by Total Spend

Medicine (all forms, strengths)	Total	Comments
Aripiprazole	£23,437	Increased: vs £19,018 (Total 2023/24) £12,960 on long-acting injection (LAI) vs £13,225 on LAI in 2023/24. £10,477 on tablets vs £5,793 in 2023/24* Price of aripiprazole tablet strength continues to vary leading to increased cost for 2024/25
Clozapine	£14,487	Reduced: £15,182 in 2023/24 Note: £1,884 for intramuscular clozapine
Nicotine replacement therapy (NRT)	£7,946	Reduced: £8,798 in 2023/24
Glecaprevir and pibrentasvir	£5,760	For one patient treated for Hepatitis C: awaiting cross-charge to patients' home health board

Medicine (all forms, strengths)	Total	Comments
Lorazepam	£5,522	Increased: £3,934 in 2023/24 £3,806 on IM injection, used for catatonic patients or as alternative to midazolam for rapid tranquilisation
Paliperidone	£5,311	vs £18,209 in 2023/24 as generic LAI now available
Cariprazine	£4,211	£4,209 in 2023/24
Orphenadrine	£3,944	Reduced: £5,506 in 2023/24; 4 months without usage during 2024/25
Hyoscine	£3,871	Decreased: £4,078 in 2024/25
Semaglutide	£3,740	Increased: £2,549 in 2023/24
Olanzapine	£3,617	Reduced: £8,369 in 2023/24, saving due to high-cost LAI no longer being prescribed
Chlorpromazine	£3,253	Increased: £2,574 in 2023/24
Zuclopenthixol	£3,175	New to top 20
Infliximab	£2,251	New to top 20; one patient prescribed for few months: now discharged
Insulin	£2,251	Similar: £2,457 in 2023/24
Calcipotriol and betamethasone	£2,248	New to top 20, increased usage of various preparations
Sodium valproate	£2,148	Similar: £2,090 in 2023/24
Risperidone	£1,818	Similar: £1,782 in 2023/24
Lithium	£1,779	Reduced: £2,100 in 2023/24
Oxygen	£1,714	New to top 20 due to increased cost rather than increased usage
Total	£102,483	vs £117,271 in 2023/24

Regular, frequent stock review completed by pharmacy, aided by the Current Inpatient Drug Orders HEPMA report. Pharmacy and the Committee continue to monitor expenditure and recommend formulary alternatives to non-formulary medicines where possible.

The top 20 items contributed to 69% of the 2024/25 medicines budget (71% in 2023/24).

Aripiprazole, clozapine and NRT all feature in the top five as in previous years. Lorazepam has entered the top five due to increased use of the high-cost injection in 2024/25. There may be scope to review lorazepam use for rapid tranquilisation in 2025/26 if midazolam, a more cost-effective alternative, is clinically warranted. NRT use is continuously reviewed. Paliperidone became available as a generic towards the end of 2023 resulting in significant savings which have continued to show in 2024/25.

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

5.1.5 Medication incidents

Between 1 April 2024 and 31 March 2025 there were 71 medicines incidents reported on Datix, with a significant increase in administration incidents compared to 2023/24 as shown overleaf.

Table 4: Medicines incidents reported on Datix

Incident Category	Annual 2022/23	Annual 2023/24	Annual 2024/25	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
Medicine Administration	24	25	51	12	8	16	15
Medicine Other (HEPMA)	33	14	3	0	2	0	1
Medicine Supply	31	10	12	1	3	4	4
Medicine Prescribing	3	1	5	2	1	2	0

Incident Category	Annual 2022/23	Annual 2023/24	Annual 2024/25	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
Total	91	50	71	15	14	22	20

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 as per Safe Use of Medicines Policy and associated training.

5.2 Clinical Quality

Quarterly meetings between Pharmacy, Clinical Quality and Nurse Practice Development continue to drive forward quality improvement and medicines governance through shared pieces of work as a sub-group of the Medicines Committee.

5.2.1 Clinical Audit Projects

Local

The following medicines audits took place in 2024/25: Medicines Fridges, Medication Trolley, Oxygen Cylinders, HEPMA, PRN Spot Check and eight rights, with improvements noted at re-audits.

National, Prescribing Observatory in Mental Health (POMH)

POMH are national benchmarking projects that the State Hospital have participated 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 facilitated by the Clinical Quality department. Data is shared through the Forensic Network Interregional Group and the FN Pharmacy Group for information and action as appropriate.

The QI Programme: Rapid tranquilisation in the context of the pharmacological management of acutely disturbed behaviour was carried out in April 2024. The report was published in November 2024. Agreed local audit to follow-up documentation of debrief and physical observations post-IM injection.

An audit into opioid medications in inpatient mental health services was carried out in November 2024. The report is awaited.

The POMH subscription has not been renewed for 2025 as the number of relevant audits has decreased and it no longer offers value for money with limited participation. The same if not more assurance can be provided via the local audits undertaken on the relevant topics (e.g. high dose antipsychotic monitoring, lithium) as highlighted in the Master Adherence file.

5.2.2 Implementation of National Clinical Guidelines & Standards

There were 76 guidelines and standards reviewed by the Medicines Committee from 1 April 2024 to 31 March 2025; all NICE Medication Technology Appraisals (MTAs). As the MTA's were released by NICE, which is English based, both Clinical Quality and Pharmacy review these against the Scottish Medicines Consortium and East Region Formulary.

Of the 76, 73 were deemed to be either not relevant to our setting or were already covered by a similar Scottish guideline whilst one other was recorded for information and awareness purposes.

The two remaining documents are Quality prescribing for Benzodiazepines and z-drugs and Quality prescribing for Antidepressants – A guide for improvement 2024-2027 (Scottish Government, August 2024). The evaluation matrix for each is nearing completion and is expected to be presented to the next Medicines Committee meeting in May 2025 for agreement and sign off.

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 Medication Incidents

New Medicines Incident Procedure in place since May 2024 to help support staff and managers involved in medicines incidents. Infographic of main administration incidents will be produced and disseminated following annual medicines incident report to highlight key themes.

7 PLANNED QUALITY ASSURANCE AND QUALITY IMPROVEMENT FOR THE NEXT YEAR

Work will continue as below and as outlined in the Medicines Audit Action Plan (Appendix 2).

Table 5: Planned QA and QI improvement work for 2025/26

Specific work	Comment
Antipsychotic-induced weight gain	Work planned to incorporate NICE Overweight and Obesity Management Guidelines (January 2025) in addition to off-license options for antipsychotic-induced weight gain.
Safe Use of Medicines Policy and Procedures e-learning	Condensed version for Healthcare Support Workers in progress, in conjunction with Nurse Practice Development programme.
Rapid tranquilisation guideline	Will include review of PRN psychotropic form on RiO.
Clinical Guideline for the Use of Clopixol Acuphase	New guideline in development.

8 NEXT REVIEW DATE

The next review date will be May 2026.

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 of the committee

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 (PGDs) 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 three monthly with additional ad hoc meetings as required. In the last 12 months the committee met in May, August, November, January and February.

Strategy and Workplan

The strategy and workplan are based around three 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 three 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 Plan

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	June 2025	Safe	Safe Medicines Policy	Local priority
HEPMA medicine round checklist	To ensure HEPMA medicine checklist is being completed after each medication round	Medicines Committee	July 2025	Safe	Safe Medicines Policy	Local priority
Medicine Fridges within wards and Health Centre	All medicine fridges within the hospital will be fit for purpose, temperature regularly monitored and appropriate action taken	Medicines Committee	July 2025	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 to reduce risk of administration errors	Medicines Committee	July 2025	Safe	Safe Medicines Policy	Level 1/2 reviews
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	August 2025	Safe	Guidance on Use of IM for Acutely Disturbed or Violent Behaviour	Risk Register / Local Delivery Plan
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 2025	Safe	Safe Use of Medicines Policy	Local priority
High dose anti-psychotic prescribing (new audit tool)	All patients on high dose received appropriate monitoring and review as per guidelines	NHS QIS Schizophrenia	September 2025	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 certificates that comply with the State Hospital SOP and Mental Welfare Commission guidance	Medicines Committee/ NHS QIS Schizophrenia	March 2025	Safe	SOP for Consent to Treatment (Compliance with Part 16 of the Mental Health Act 2003)	Risk Register
Lithium monitoring (new audit tool)	Recommendations from previous audit project are established and monitoring is improved	Medicines Committee	May 2025	Safe	Lithium Monitoring Policy	Clinical Model Principle 8 + LDP 10