

MINUTE

A meeting of the Area Pharmaceutical Committee held on
Tuesday 27 January 2026 at 18:15 – 19:45; via Microsoft Teams

Item	Detail
1	<p>Welcome: MOD welcomed all present to the meeting.</p> <p>Present: Martin O'Dwyer, Chair, Community Pharmacist (MOD); Malcolm Clubb, Director of Pharmacy (MC); Gareth Cook, Community Pharmacist (GC); Kyna Harvey, Clinical Pharmacist (KH); Jacob Hetherington, Community Pharmacist (JH); Jillian Kerr, Community Pharmacy Technician; Keith Maclure, Lead Pharmacist – Medicines Utilization (KM); Cathryn Park, Interim Lead Pharmacy - Primary & Community Care; George Romanes, Community Pharmacist (GR); Theresa Thorburn, Community Pharmacist (TT); Paul Young, Community Pharmacist (PY).</p> <p>Apologies for absence: Holly Hamilton-Glover, Contracts Manager P&CS; Kate Warner, Meeting Administrator (KW) – meeting to be recorded.</p>
2	Draft Minutes from previous meeting: -
2.1	<p>Draft minute of the meeting held 28 October 2025 was approved as an accurate record of the meeting with no changes.</p> <p>ACTION: Remove draft and save. (KW)</p>
3	Matters arising from previous meeting (not covered in meeting agenda): -
3.1	None.
4	For Discussion/Approval/Action: -
4.1	<p>Flu Vaccinations – publicity, staff information, eligibility under NHS. MOD highlighted this as the outcome of queries coming to them this year. Publicity has been mixed – lot when cases started to rise but not vaccination dates and happening within Scotland and different Boards had different ways of doing and eligibility caused confusion. Hope that these will be clearer this year and have asked for access to staff walk in clinics at local GP practices to be shared with community pharmacy staff. Is it time to de-couple covid and flu vaccination publicity? Separate would be clearer. Confusion with patients and knock on effect – the inability for community pharmacies to meet demand for private vaccinations. This happened because of no communications on eligibility; impossible for us to see the surge in demand which happens with publicity regarding the surge in cases. Teachers, social workers, other public bodies – can they be brought under NHS auspices? MC commented on this - eligibility criteria is above NHS Borders and Scotland – JCVI Group make these decisions, and the minutes are not as public now so we cannot see decision making process; who is in winter cohort is decided around January. Scottish Government sometimes make decisions that are not from JCVI. Long term – the timings don't match and community pharmacies have to gamble on what they order, and this is a business decision that pharmacies have to make. SBC decide on vaccination and give a voucher scheme. APC cannot influence this. NHS Borders can circulate information, but the decisions are made after the lead time for buying vaccines. NHS Borders sends through media and social media; patients will come to community pharmacy. Not having vaccine seemed to be deemed a failure on our part. Only eligible should be vaccinated, otherwise vaccination staff are not able to legally follow the PGD. Cohorts are tight, uptake was pretty good this</p>

	<p>year, but changing the current process is beyond APC/NHS Borders control.</p> <p>ACTION: Feedback on eligibility to the vaccination team (MOD).</p>
4.2	<p>Repeat prescribing and acute prescribing process/journey – MOD highlighted some issues and wanted to get others opinion on this. Local practice used to sort prescriptions into acutes and repeats and put them together – different turn around times. They don't do this now and they send volume of scripts and pharmacy has to do this. GP put a cap on acutes in West Linton, and this posed challenges when patient has both acute and repeat. Want to avoid pick up or delivery twice to same patient. Other pharmacies have noticed similar and this is time heavy trying to keep patient prescriptions together. Discussed how some pharmacies manage this, especially urgent have to go through everything to check for those. This is linked in with pharmacotherapy. If we could see items ordered this would help as would serial prescribing use.</p>
4.3	<p>Consultation on draft rules for responsible pharmacists and standards for responsible pharmacists and superintendent pharmacists – from the General Pharmaceutical Council – MC commented on the requirement to clarify lines of responsibilities and ensuring that superintendents are held more accountable in their pharmacies. MC will be writing a response – if any APC members have comments to make they should send to MC in the coming week.</p> <p>ACTION: Respond to MC on this consultation (ALL).</p>
4.4	<p>Festive Period – APC reviewed the feedback from 2025/26 received so far. Planning for 2026/27 as Saturday 26th December is not classed as a public holiday. Haven't opened on Christmas Day for several years and New Years Day for two years and have had no patient complaints or negative feedback. There are no plans to open on those two days in future. CP highlighted the bank holiday 2026/27 Boxing Day is Saturday and public holiday on Monday; feedback what this should look like. MC preferred option would be a rota on Saturday and normal Saturday hours on the Monday. This is how the document will be rewritten and make the policy clearer. The following year will again be different in day of rota and hours on other days. GR commented on four day closure being difficult and MC responded that this would be up to pharmacies whether they open all day on the Monday to manage workload. GR also commented on the random public holiday dates that are a risk for community pharmacies. MC responded that the dates are circulated in advance to pharmacies but seem to sneak up on the public. APC approved of this change. Rota, have asked for opening days and encourage everyone to send in requests, and then will look for rota as soon as possible.</p>
4.5	<p>Plan/SLWG to update the NHS Borders Pharmaceutical Service Cover on Public Holidays Policy 2022-25 was discussed in item 4.4.</p> <p>ACTION: Update the public holiday policy and process to advise on Boxing Day at weekend and be clearer on process (CP and MC).</p>
5	Regular Updates - for review and discussion: -
5.1	<p>Efficiency Programme – KM updated APC with projects completed during quarter 3; Dapagliflozin was one of the largest switches and is 92% complete as waiting for renal functions. KM commented on some of the projects and patient experiences. Total savings to be calculated. Plan for quarter 4 was shared and items that the team will be working on; those complete, in progress and where the protocol is ready to start. Prescribing work has been done on over ordering Mounjaro, and this will be reviewed and letters to prescribers. Holiday treatment tests are being done for some projects expect any clinical exception; these were discussed. Some projects have been waiting for CTAC, and these will start as soon as possible. APC discussed Novapen and the old product with pharmacies still issuing CPUS not dispensing. APC noted this update.</p> <p>ACTION: Follow up on Novapen – Flextouch pens? (KM).</p>
5.2	<p>Pharmacotherapy Project – CP asked APC to recognise the workload has increased enormously and turnaround times have not been as want</p>

	<p>them. Doing data collection and ensuring we have the right work coming in from the practices and not inappropriate items. Can then look at good practice and go back to practices with workplans. Discussed Hospital @ Home as the hub are often caught in the middle of this; prescriptions without change sheets, 7-day prescriptions and then changes immediate at 7 day review; H@H not doing script and GPs being unaware – leading to a lot of extra admin. H@H blister pack half way through and expecting pharmacy to do CP4 without paperwork and there needs to be more feedback to GPs on this. Community pharmacies cannot accommodate over weekend the level of changes. Pharmacy feels like the go-between; team good to deal with but if prolonged time it can be a lot of work for the pharmacy. CP said the hub are experiencing the same. Discharge and changes discussed and CP thanked them for the helpful feedback to follow this up. Discussed compliance aids and the breadth of complexities and acute medicines for the patients in this service. Acknowledging the difficulty for pharmacies without access to patient notes. MC commented that it was not acceptable to do this on CPUS – this is not good governance. Hospital @ Home stated with 6-8 beds, now 20 beds and geography larger. The reality is that service has changed. MC and CP will discuss further with the service. Patients point of view was discussed but needs to be feasible for pharmacies too. APC noted this update.</p> <p>ACTION: Discuss Hospital @ Home service and expectations of Community Pharmacy (CP and MC).</p>
6	Secondary Care Update: -
6.1	<p>Secondary Care – KH reported on aseptic unit has arrived and is being set up; the space in the unit is first rate and moving forward a substantial unit and space moving forward. Better facilities and more environmentally positive. Pleasing to see the investment from the Board. New Associate Director of Pharmacy – Acute and Specialist Services, Andy Parker, who will attend this meeting in future. 2 weeks supply of meds from BGH for those getting prescription – unless compliance then it is 1. Letter should say supplied by BGH so that patient doesn't run out. Working on getting reports from Trak. No capacity to do compliance aids for 2 weeks at this time. Pharmacy hub will be getting information to be able to prioritise those patients along with additional staff expected for the hub that will ease this. Volume in BGH dispensary has increased and we need to manage workload with capacity. CP will ask practices to request they flag to pharmacotherapy around patients requiring compliance aids. Frail unity is open, quicker turnaround but more discharges and work for dispensary. Letter coming on this to be circulated to APC. Death in hospital recently as a result of colchicine and miconazole which has a significant interaction. KH talked of the circumstances of the side effects; to be mindful if seen in community pharmacy. APC noted this update.</p>
7	IM&T Updates: -
7.1	<p>Aware some pharmacies use Positive Solutions who have requested information - we have their contact details and have asked why they are asking about email details. Money for DPDP electronic prescribing is going to be made available but no further details at this time. APC noted this update.</p>
8	Items for inclusion in update to Area Clinical Forum → Feedback to NHS Borders Board
8.1	<p>Items for inclusion to Area Clinical Forum – none discussed.</p>
9	Information for Noting
9.1	<p>None</p>
10	Prescribing Data for Noting: -
10.1	<p>UCF - Community Pharmacy Activity Data available at nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/community-pharmacy-activity-data/</p>

11	NHS Circulars for Noting: -
11.1	NHS Circulars issued to Community Pharmacy; forwarded to all CPs as available are at https://www.cps.scot/latest-sg-circular
12	AOCB:-
12.1	CP commented that Graeme Sutherland, Education and Training Pharmacist is about to retire and his post is out for advert. APC noted his work at NHS Borders in this post.
12.2	Co-codamol – guidance to be sent out regarding plans for shortage.
Date of Next Meeting: - Tuesday 28 April 2026; 18:15 - 19:45 via MS Teams	