

AGENDA

Meeting of the Area Pharmaceutical Committee held on
Tuesday 22 April 2025 at 18:15 – 19:45; via Microsoft Teams

Item	Detail	Timescale
1	<p>Welcome: MOD welcomed everyone 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 (JK); Keith Maclure, Lead Pharmacist – Medicines Utilization (KMacl); George Romanes, Community Pharmacist (GR); Paul Young, Community Pharmacist (PY).</p> <p>Apologies for absence: Theresa Thorburn, Community Pharmacist (TT); Cathryn Park, Interim Lead Pharmacist P&CS; Kate Warner, Meeting Administrator (KW) – meeting to be recorded.</p>	
2	Draft Minutes from previous meeting: -	
2.1	Draft minutes of meeting held 28 January 2025 was approved with no changes as an accurate record of the meeting. ACTION: Remove draft and save; make available to Area Clinical Forum (KW)	31/04/2025
3	Matters arising from previous meeting (not covered in meeting agenda): -	
3.1	Updated Business Continuity Plan – No comments received, and this was approved by APC. ACTION: To be made available to Community Pharmacies by email; add to Community Pharmacy webpages (KW)	31/04/2025
4	For Discussion/Approval/Action: -	
4.1	None	
5	Regular Updates - for review and discussion: -	
5.1	Efficiency Programme – KMacl updated on the latest projects for the efficiencies and highlighted that the Melatonin project is underway and seems straightforward for switching patients with a few queries to be done by KMacl. Morphine project is about 20% through. Iron tablets, excluding pregnancy, changed to be once a day not current multiple times a day and switching to the formulary preferred option. Freestyle Libre patients getting many a month and outlying quantities are being reviewed and bringing back to 2 per 30 days. Diclofenac 3ml is going generic. Has emailed to all pharmacies about the projects recently. JH asked if the team could look at quantities of Zomorph that patients are receiving and yes this has been flagged and changed. MOD asked about the Freestyle Libre on prescription – it is too easy for patients to come to community pharmacy for lost and broken devices, they don't go to the company for replacements they come to pharmacy, and this is left with us – Freestyle Libre are not doing enough for their patients in this area – it is inaccessible for patients at weekend etc. NHS needs to discuss this with suppliers if possible to	

	influence an improved service and possible solution discussed. APC noted this update. ACTION: To email the rep to discuss and challenge this further (KMacl).	30/04/2025
5.2	Serial Prescribing – KMacl updated that this is the same at 5%. Two new Pharmacy Support Workers are adding patients to serial prescribing but their activity will not have come through the charts yet to show progress. APC noted this update. ACTION: Email/add chart to channel when available (KMacl).	30/04/2025
5.3	MC updated APC on the Pharmacotherapy Hub; Medicines Management team have also moved into the Hub, around 20-25 staff working in the same place and have thin client access to GP practices and all operational. Team is split into East and West clusters. Data reviewed shows that there is an increase workload of about 20-25% activity. This may possibly have been done by GPs and others beforehand; now it is put into DocMan and this is completed by the teams. There is a dramatic difference in workload and time back from travel to practices. A survey will come out to community pharmacies for feedback. This has been done for practices. We are capturing consistent data, but constructive criticism would be appreciated. MOD asked about treatment summary reports – the pharmacotherapy sees these. It would be a good idea to have a visit to the hub, MC informed the committee of what happens in the hub; TSRs are done in protected time once a week and we are capturing data on TSRs competition but would be good to get them immediately not at end of month – faster we get them the faster they are processed. KMacl also talked about the hub benefits – peer support and group conversations; updates and communications. CP commented on the recruitment – part time high-risk medicines pharmacist has started and will be working on testing the process of pharmacy taking high risk medicines over – small numbers and limited drugs at the start of this journey. This should be a good practice for pharmacy. In addition, we have three pharmacists in post or coming into post who will be doing remote working. There will be pharmacists in practice and the remote will be doing reviews and be in practice for experience and IP course. This gives a more robust 5-day service. APC noted this update.	
5.4	Pharmacy First Plus – MC highlighted that there are eleven pharmacies currently offering this service across the Borders; how do we encourage other pharmacists to complete the training? In 2026, graduates will be independent prescribers, and it would be the aim to have all “legacy” pharmacists trained. GR commented on “legacy” pharmacists; there is a reticent of being able to cope with the workload that will hit if they do the training for Pharmacy First Plus. MOD expressed concern with newer prescribers who may not have the experience of the juggling workload and will want to ensure that they are aware of these challenges and commented on the prescribing element of the role. JH commented on the funding given to the pharmacy to cover locum shifts and so on – employers don’t have to cover shifts, and pharmacist doesn’t have to juggle work and training. MOD commented that NES funding should be checked as not always available. APC noted this update.	
5.5	Care Home Service – MC updated APC that this service is running as normal, pharmacies are completing audit visits and ensuring that the audit forms are completed and returned. There is an NHS Borders care homes team, but our pharmacies audit the homes in relation to medicines. There has been work done by one of the Practice Pharmacy team in some specific care homes recently to review medicines. APC noted this update.	
5.6	Palliative Care Service – MC updated that we still have three sites with a fourth central site hopefully to be put in place. GR commented on patients using community pharmacy for medications who may not have used pharmacies in the past for this. This is a reflection of hospital at home for palliative care. Staff have increased in this service recently. APC noted this update.	
6	Secondary Care Update: -	

6.1	<p>Secondary Care – KH updated APC – NHS Borders bought aseptic unit this week which will be delivered in about six weeks and will be the temporary unit for delivering chemotherapy production; this will, in the long term, be more cost effective than buying this in from manufacturers. Aseptic pharmacist will start in July, recruiting another cancer pharmacist and also some band 2s to support the BGH cancer and dispensary teams. We have been working on the financial overview – we have spent around £15million on acute medicines and £4.5million on homecare medicines. MC commented that the investment by the Board in the Aseptic Unit was long overdue and the right decision for the patients of the Borders. This is a considerable investment and required especially as it is being discussed that patients will receive treatment closer to home rather than going to Lothian hospitals. APC noted this update and thanked KH for her hard work and support of the aseptic unit solution.</p>	
7	IM&T Updates: -	
7.1	<p>APC heard of the ProScript issues with an update from MC. Vision had been procured through Scottish Government; Borders do not have Vision, but Lothian have a 50/50 split using. The administrators have been called in, assessed the business and are in negotiations with a party interested in purchasing. We should have had three sites changed to Vision by now and we don't have an idea of when this will be. EMIS are also reflecting on their withdrawal from the Scottish market and whether this was the correct decision. There are no plans to change the GP system until we see what comes out of discussions. Prescriptions from Vision can still be processed in the meantime. Digital prescribing and other changes coming in this area requires robust system. KMacl commented on EMIS updates and asked if APC should receive the EMIS update documentation regularly. This includes changes to dictionary items, patches and fixes which may be relevant. APC noted this update.</p> <p>ACTION: Send EMIS upgrade documentation to APC membership and decide if this should be sent regularly (KMacl / ALL).</p>	
8	Items for inclusion in update to Area Clinical Forum → Feedback to NHS Borders Board	
8.1	<p>Items for Board feedback – to be agreed by APC from discussions at this meeting.</p> <p>Due to a number of GP resignations on several committees there has been no GP representation in place for groups like Area Clinical Forum. MC updated that Dr Robert Duncan has been appointed Chair of GP Subgroup; and when a GP AMD is appointed this will fill some Chair gaps in the committees.</p>	
9	Information for Noting	
9.1	None	
10	Prescribing Data for Noting: -	
10.1	ACP noted the UCF - Community Pharmacy Activity Data available on community pharmacy webpages.	
11	NHS Circulars for Noting: -	
11.1	APC noted the NHS Circulars issued to Community Pharmacy; which are forwarded to all community pharmacies and are available are at https://www.cps.scot/latest-sg-circular .	
12	AOCB:-	
12.1	<p>JH - Concern around using a MAR chart; they were told the social care team were no longer handing and to contact family directly. KMacl responded that this may have been leading up to the funding of the team and we have got permanent funding for this team –</p>	

	Realistic Pharmacy Referrals with technicians in place. MC commented that Pivotel are not the approved NHS Scotland device or approved by RPS.	
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Date of Next Meeting: - Tuesday 23 July 2025; 18:15 - 19:45 via MS Teams
Discussed changing for holidays – closer to time KW to check and if required we can change.