

MINUTE

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

Item	Detail	Timescale
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); Keith Maclure, Lead Pharmacist – Medicines Utilization (KM); George Romanes, Community Pharmacist (GR); Theresa Thorburn, Community Pharmacist (TT); Paul Young, Community Pharmacist (PY).</p> <p>Apologies for absence: Cathryn Park, Interim Lead Pharmacy - Primary & Community Care; Holly Hamilton-Glover, Contracts Manager P&CS; Jillian Kerr, Community Pharmacy Technician; 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 22 April 2025 was approved with no changes as an accurate record of the meeting.</p> <p>ACTION: Remove draft and save; make available to Area Clinical Forum (KW)</p>	24/07/2025
3	Matters arising from previous meeting (not covered in meeting agenda): -	
3.1	<p>Business Continuity Plan has updated and uploaded to community pharmacy webpages.</p> <p>KM discussed Freestyle Libre support with Abbott regarding patients in Borders – they have changed the prescription label with their contact details so that they stop calling us with issues. Patients are also not applying properly and KM commented on this. Disseminate this information to patients. KM is sending the serial prescribing activity chart to the PSWs and the technicians in Pharmacotherapy who require this information.</p>	
4	For Discussion/Approval/Action: -	
4.1	None	
5	Regular Updates - for review and discussion: -	
5.1	<p>Efficiency Programme – KM updated APC on quarter 1, all projects have ben completed as planned. A third of the savings intended for the year has been met. Next project – medicines of low clinical value – will be ascorbic acid except for a small number of appropriate conditions. Fostair switch is a savings that needs to be progressed, and the team will try to do this with as little disruption to patients. The alternative was not on drug file, but this has been fixed. There are no stock issues for the switch. Next will be bath and shower emollients as there is no evidence of benefit and some possible harm, they will be stopped with letters. Novarapi to Trurapi switch starts in Coldstream in September; not changing patients with pumps, only pre filled pens. Dapagliflozin</p>	KMacl

	is about to come off patent and we will switch patients to this to take advantage of the generic price reduction. Again, good savings.	
5.2	Serial Prescribing – MC updated APC on the dashboard for Pharmacotherapy interventions with a template on EMIS; activity back to July 2023. 2025 the activity jumped when the Hub opened. This is because the team are occupied all the time with all practices; patients numbers have increased and activity has increased. 1,000 patients a month receiving Mounjaro which needs to be med rec every month. Discuss with patients, push back interventions to GPs. Seeing less activity in acute requests and pharmacists are doing other works. PSWs x 2 on serial prescriptions and they are now 4 days a week processing Mounjaro patients. The team cannot be on serial prescriptions. Discussing this with GP Subgroup to enable us to cut the amount of work. The drug will be on as an outside drug and strength will need to be clarified. We did not predict this work and it has exploded. The work being done is monitored and hot spots can be seen; practices discussed with at practice visits. Serial prescribing has not increased as a result of staff work being diverted to deal with Mounjaro. APC discussed how this will impact health services further down the line but it is too early to tell this at the moment. Payment for Mounjaro is large per month and shows patients are prepared to pay for private medication.	KMacl
5.3	Pharmacotherapy Project – included in update above.	CP/MC
5.4	Pharmacy First Plus – MC commented on newly qualified prescribers and new pharmacies who are offering this service. We have applicants coming forward to train which is excellent.	MC
5.5	Care Home Service – polypharmacy review work has been done recently by Graeme Sutherland and have compared prescribing costs to nation figures and GS is finding savings as he goes. Looking at care home service for next year. Letter should be out next week.	MC
5.6	Palliative Care Service – broad agreement to re-open Jedburgh Pharmacy for this service and looking at a pharmacy in central Borders to bring pharmacies up to 5.	MC
5.7	Pharmacy Contracts – Applications Update; information was tabled. Application for Kelso rejected and meeting reconvened after appeal; committee rejected again and there is a waiting list of expressions of interest for Kelso. There is a curfew for 12 months now before another application can be heard. Coldingham application received; APC have supporting application but unaware of when hearing is. MOD can discuss with pharmacists to see if they wish to be on the panel. It needs to be pharmacists in the west.. APC discussed who could be involved and MOD will approach.	MC for HH-G
6	Secondary Care Update: -	
6.1	Secondary Care – KH – aseptic unit has been purchased and will be installed in October; pharmacist to lead this service has been recruited and started in post. Good news that cancer treatment will continue being produced in the Borders. Recruiting band 2s for operational areas – stores and aseptic. Frailty and Mental Health Pharmacists being advertised and some recruitment of band 6s going through. Working through a switch from Dalteparin to Enoxaparin – prophylaxis treatment for DVTs – this will go live around October/November. Contracts have changed in Scotland and this will give a saving. Service review is underway in secondary care. Continuing to struggle with drug shortages. MC invited the Committee to come and see the investment in the new aseptic unit; to come before the final clean.	KH
7	IM&T Updates: -	

7.1	ProScript issues update. EMIS upgrade lists – practices will be offline at the time. Send the list round to everyone. This upgrade is because the length of time taken to have Vision. At this time, we do not know whether it will be provider as EMIS or Vision.	MC
8	Items for inclusion in update to Area Clinical Forum → Feedback to NHS Borders Board	Chair
8.1	Items for Board feedback – to be agreed by APC from discussions at this meeting. - GP practice clinical email addresses should be available on NHS Mail for pharmacy teams to access.	Chair
9	Information for Noting	
9.1	APC noted the letter regarding change of ownership for Jedburgh Pharmacy	MC
10	Prescribing Data for Noting: -	
10.1	UCF - Community Pharmacy Activity Data available at nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/community-pharmacy-activity-data/	Chair
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	Chair
12	AOCB:-	
12.1	Supervision – MC commented on GPhC publication on technicians being able to do more than current. This is the same for aseptic. It is no different to other tasks technicians do and means it is not just pharmacists who can do this. Information will be made available when operational.	
12.2	Any plans for PGDS this year? Yes, suggestions have been sent in but no news at this time from Scottish Government. CPS have not released any information apart from changes to PGD hydrocortisone to be able to be used on different places on the body.	
12.3	MOD talked of new strengths of medications; tricky to maintain the continuity of supply of generic. Tariff does not always reflect brands. Risk if the patient is not receiving the appropriate dose. ACTION: Send examples to MC for formulary committee to discuss (MOD).	
Date of Next Meeting: - Tuesday 28 October 2025; 18:15 - 19:45 via MS Teams		