

**TAM SUBGROUP OF THE NHS
HIGHLAND AREA DRUG AND
THERAPEUTICS COMMITTEE**

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**MINUTE of meeting of the TAM Subgroup of NHS Highland ADTC
27 August 2020, via Microsoft TEAMS**

Present: Okain McLennan, Chair
Findlay Hickey, Lead Pharmacist (North & West)
Patricia Hannam, Formulary Pharmacist
Dr Robert Peel, Consultant Nephrologist
Dr Antonia Reed, GP
Clare Bagley, Senior MM&I Pharmacist, Raigmore
Dr Jude Watmough, GP
Louise Reid, Acute Pain Nurse
Joanne McCoy, LGOWIT Co-ordinator
Dr Alan Miles, GP
Dr Duncan Scott, Clinical Lead, TAM
Margaret Moss, Lead AHP, North & West Division
Liam Callaghan, Principal Pharmacist Western Isles

In attendance: Wendy Anderson, Formulary Assistant

Apologies: Johnson Swinton, Patient Representative

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING ON 25 JUNE 2020

Accepted as accurate.

4. FOLLOW UP REPORT

A brief verbal update was given. The following was highlighted:

- A guideline for Obeticholic acid was being developed and should be ready for submission to the next TAM subgroup meeting.

5. CONSIDER FOR APPROVAL ADDITIONS TO FORMULARY

5.1. Estradiol (as Estradiol hemihydrate) (Estring)

Submitted by: Dr Tracey Sturgeon, Consultant in Obstetrics and Gynaecology

Indication: Vaginal atrophy

Comments: To be prescribed third line where other options had failed. No change in process required with regard to COVID-19 as this is a necessary intervention and may reduce healthcare appointments rather than increase them. GPs already prescribe for this condition and there would be no specific or additional monitoring required. To ask author if GPs need information or training on insertion technique. Comment noted that patients have expressed concerned regarding the amount of plastic in alternative products (particularly Vagifem) therefore this would be a more environmentally friendly option. Noted that this form was handwritten and difficult to read in parts, therefore in future request new submissions be typed where possible.

Request that the 0.01% estriol cream (Gynest) be removed from the Formulary and 0.1% to remain as the more cost-effective preparation.

ACCEPTED pending above

[Action](#)

6. UPDATED AND NEW HIGHLAND FORMULARY SECTIONS AND GUIDANCE FOR APPROVAL

6.1. Peri-operative guidelines for patients with and at risk of adrenal insufficiency (*new*)

- Comment was made that it provided a very intuitive process.
- Concern that there had been no pharmacist involvement with these guidelines was raised. This highlighted that the clinical governance checklist needed to be amended to state that names and job titles must be provided for those who had been consulted – Working Group titles were not sufficient. Comments/questions prior to the meeting had been received from the Surgical Lead Pharmacist and these are to be provided to the author. They raised the concern that the guidance dealt with those on hydrocortisone only and did not cover those on long-term or high-dose, short term prednisolone. Equivalent guidance to cover these aspects to be considered.
- Hydrocortisone salts – acetate is not licensed for this indication and request to be removed from the guidance.
- Noted that information on reconstituting injectables would not be on TAM; clinicians would be referred to the injectable guide, Medusa.

REJECTED

[Action](#)

6.2. Computerised Cognitive Behavioural therapy (cCBT) (*new*)

- These services will be launched on 1st September and will be funded nationally at no extra cost to the patients or NHS. The information behind this submission is not on TAM. The GP representatives confirmed that they had received information about the services by email, including patient information, but not training. Request that the patient information be added to TAM.
- Request for background information to be available on TAM:
 - How to refer?
 - How much information is required to make a referral – are clinical details needed or are patients just given a link?
 - Who receives/looks at the referrals?
 - Who makes the decision as to which service the patient should do (is it the GP/patient/person receiving the referral)?
 - What are the timescales from referral to treatment? This would enable the GP to manage patient expectations.
 - How are the patients contacted?
 - What does the service consist of – it is externally hosted – are there one-to-one or group meetings?
 - What is an 'interactive module'?
 - What happens after referral?
 - What is the end point – is information fed back to the referring GP if the treatment has been a success or otherwise?
 - Is there to be a follow up GP meeting as part of the service?

ACCEPTED pending above

[Action](#)

6.3. Acute Mesenteric Ischaemia (*new*)

- Noted on the checklist that there had been no pharmacist involvement but this had been sought prior to the meeting with no further comment.
- As this was aimed at acute hospitals amend title to clarify.
- Under initial management section provide a link to antibiotics in the Formulary.

ACCEPTED pending above

[Action](#)

6.4. Ophthalmology Inter-unit Referral (*new*)

- Since submission it had been identified that there was overlap with the current ophthalmology

guidelines and these have been combined.

ACCEPTED

6.5. Eating disorders (*updated*)

- IPT – abbreviation not explained when first used, although appears later.

ACCEPTED pending above

Action

6.6. Catheter maintenance solution (*updated*)

- Clear and interesting guidance which was informative and will change future practice.
- A flow diagram was desirable if at all possible.
- PH should be pH.
- The choice of solution table has been removed, confirm that this is intentional.
- Awareness of this guidance needs to be raised, particularly with all nursing groups via the Management Team.
- A Pink One article to be written by the author in conjunction with FH. In particular to highlight using the appropriate Formulary and the correct process for ordering.

ACCEPTED pending above

Action

6.7. Menopause and HRT guidelines and table (*updated*)

- The author has stated that a submission for Utrogestan is to be made to the October subgroup.
- Further review of the Alternative and Complementary therapies section is requested. The link to the British Menopause Society (BMS) is helpful however some concern was noted about some of the information.
- Discussion took place around suitable reference sources and which should be used. The guidelines appear to have been taken from BMS and with reference to GP Notebook. It was commented that UKMI have two FAQs on the use of alternative therapies in HRT and that these should be referred to. Noted that GPs find GP Notebook to be an extremely valuable, reputable resource and it is regularly used.
- Discussion as to whether NHS Highland guidance should list herbal preparations in TAM that have the potential for multiple interactions and serious side effects. This discussion did not come to a resolution.
- Noted that there are a lot of long-term supply issues around HRT medication requiring a lot of non-Formulary prescribing. Agreed that a good interim measure would be to include on TAM a table of products in ascending price order (price would not be stated), rather than listing Formulary approved items. This would mean that prescribers could easily work through what was available at any time. The table should be reviewed regularly by a specialist.

ACCEPTED pending above

Action

6.8. Varicella zoster/chicken pox – Herpes Zoster/shingles (*updated*)

ACCEPTED

6.9. Vancomycin chart (*updated – previously submitted January 2019*)

ACCEPTED

6.10. Treatment of bacterial meningitis following admission to secondary care (*updated*)

ACCEPTED

7. GUIDANCE FOR NOTING ONLY (REVIEWED AND NO CHANGES MADE)

Noted.

8. RECOMMENDATIONS FOR MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted. Vision Formulary updates have not been included as currently unable to access the system.

9. SMC ADVICE

Noted. The next SMC meeting was scheduled to take place next Tuesday and it was thought this would impact on the next agenda due to possible increase in submissions.

10. FORMULARY REPORT

The report submitted at the June 2020 meeting still stood due to National data not yet having been released.

11. TAM REPORT

Concern continues about the risk due to the amount of out of date guidance. It is incumbent on NHS Highland to ensure guidelines are brought up to date as quickly as possible. It was felt that as a Subgroup we were vulnerable. OM to write to the Chair of Clinical Governance and will copy in Ian Rudd and the Chief Executive to raise this issue.

[Action](#)

12. NHS WESTERN ISLES

Local guidelines are also under discussion and the amount out of date will be reported to ADTC.

13. AOCB

Review of guidance

Upper GI guidance was due to be reviewed and GP input was required. This would be the case for all future reviews scheduled. The question of how best to find a GP that has a particular speciality/interest in different areas was raised. Noted that this would not be a paid opportunity but would be expected to be part of their current workload.

[Action](#)

Homeopathy

Agreed to provide a statement on TAM from the Board to clarify its position on homeopathy. This was following a request to a Highland GP practice to prescribe homeopathy from outwith NHS Highland. Actual requests for homeopathic treatment would be processed via CAG (Clinical Advisory Group).

Discussion arose as to whether information regarding herbal and other alternative preparations should also be included. It was agreed that the Board's decision on homeopathy should remain as a separate entity. Further discussion as to whether herbal treatments, which have the potential for multiple interactions and serious side effects, should be included on TAM at all did not come to a resolution.

[Action](#)

Remit and Terms of Reference

ADTC meetings are scheduled to restart as of next week and where CEG (Clinical Experts Group) fits in the Board's governance structure is expected to be discussed. TAM Subgroup's Remit and Terms of Reference therefore require to be reviewed and be updated as appropriate. Amongst these changes are:

- Remove reference to the TAM app.
- Update Group members list.
- Add items excluded from this Group's remit and include those of PPGs and CEG.

Agreed to electronically circulate amended document and submit to ADTC for approval.

[Action](#)

14. DATE OF NEXT MEETINGS

Next meeting to take place on Thursday 29 October from 14:00-16:00 via Microsoft TEAMS. Subsequent meeting date are as follows:

3rd Dec 2020
11th Feb 2021
29th Apr 2021
24th Jun 2021
26th Aug 2021
28th Oct 2021
9th Dec 2021

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Estradiol (as Estradiol hemihydrate) (Estring) Back to minutes	August 2020	Is there any training or are there any additional educational tools available – particularly for GPs.	PH
		Request any new submissions be typed where possible.	PH/WA
Peri-operative guidelines for patients with and at risk of adrenal insufficiency Back to minutes	August 2020	Inform requester of amendments to be made.	PH
Computerised Cognitive Behavioural therapy (cCBT) Back to minutes	August 2020	Inform requester of amendments to be made.	PH
Acute Mesenteric Ischaemia Back to minutes	August 2020	Inform requester of amendments to be made.	PH
Eating disorders Back to minutes	August 2020	Inform requester of amendments to be made.	PH
Catheter maintenance solution Back to minutes	August 2020	Inform requester of amendments to be made.	PH
		Request a Pink One article be written by the author and FH in particular this should highlight using the appropriate Formulary and the correct process for ordering.	PH
Menopause and HRT guidelines and table Back to minutes	August 2020	Inform requester of amendments to be made.	PH
TAM report Back to minutes	August 2020	Letter to be written to the Chair of Clinical Governance, with Ian Rudd and the Chief Executive copied in, to highlight concern over the amount of out of date guidance.	OM
AOCB – Review of guidance Back to minutes	August 2020	How best to find a GP what has a particular speciality/interest in different areas – suggestions to be emailed to PH.	ALL
AOCB – Homeopathy Back to minutes	August 2020	A direct quote from the Board to be put on TAM regarding this.	PH
AOCB – Remit and Terms of Reference Back to minutes	August 2020	Electronically circulate amended document and submit to ADTC for approval.	PH/WA