

**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
31 August 2023, via Microsoft TEAMS**

Present:	Alasdair Lawton, Chair Patricia Hannam, Formulary Pharmacist Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice) Dr Jude Watmough, GP Dr Robert Peel, Consultant Nephrologist Louise Reid, Acute Pain Nurse Damon Horn, HEPMA Pharmacist Linda Burgin, Patient Representative Dr Simon Thompson, Consultant Physician Jenny Munro, AP Physiotherapist Continence and Independent Prescriber Dr Antonia Reid, GP
In attendance:	Wendy Anderson, Formulary Assistant Donna Fraser, TAM Project Support Manager Emily Gates, Medicines Management Development Nurse Alison Macdonald, Area Antimicrobial Pharmacist (items 12.1, 12.2 and 13.1) Alexandra Cochrane, Consultant in Infections Diseases (item 12.1)
Apologies:	Dr Alan Miles, GP Joanne McCoy, MySelf-Management Manager

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No register of interests were declared.

3. MINUTES OF MEETING HELD ON 29 June 2023

Minutes accepted as accurate, pending one minor amendment – item 16 amend Pharmacy meeting to Pharmaceutical meeting.

Action

4. ACTIONS FROM PREVIOUS MEETING

A brief verbal report was provided. The Pink One is still outstanding, due to focus being made on migration of TAM.

5. FOLLOW UP REPORT

A brief verbal report was provided.

6. TERMS OF REFERENCE AND MEMBERSHIP REVIEW

Terms of reference amendments were agreed. Information on exception reporting for ADTC to be included.

Regarding membership:

- An additional primary care nurse was required.
- Lay Representative, Wendy Smith, has not attended several meeting and would be contacted to see if she still wishes to be a representative.

- Dr David Rigby has never attended a meeting but it was felt that an open seat is beneficial and membership should continue reflect this.

[Action](#)

7. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

7.1. Haematology Chemotherapy formulary submissions

No submissions received.

7.2. Oncology Chemotherapy formulary submissions

Accepted.

Drug (name, form, strength and manufacturer)	SMC number & status
Apalutamide 60mg film-coated tablets (Erleada) Janssen-Cilag Ltd	SMC2579 09/06/23 – abbreviated submission. Accepted for use.

7.3. Tezepelumab (Tezspire) solution for injection in pre-filled syringe (SMC2541)

Submitted by: Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology

Indication: As an add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma who are inadequately controlled despite high dose inhaled corticosteroids plus another medicinal product for maintenance treatment.

SMC restriction: In adults and adolescents 12 years and older who either (i) experienced at least three exacerbations in the previous year and are not receiving maintenance treatment with oral corticosteroids or (ii) have blood eosinophils ≥ 150 cells/microlitre and are receiving maintenance treatment with oral corticosteroids.

Comments: The Precision guideline for the management of severe asthma will be updated to reflect this treatment. Noted that it will be specialist initiation, administered via Homecare.

ACCEPTED

8. Formulary review

8.1. Immunoglobulins

ACCEPTED

8.2. Neonatal Formulary – gentamicin monograph

- Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group.
- Dosing table is confusing, clarification required. Eg, create 3rd row '<7 days > 32 weeks gestation, if unwell'.

ACCEPTED pending

[Action](#)

8.3. Once daily dosing gentamicin for child in Children's Ward

- Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group.

ACCEPTED pending

[Action](#)

8.4. Multiple daily dosing gentamicin for child in Children's Ward

- Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group.

ACCEPTED pending

[Action](#)

9. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

10. FORMULARY REPORT

Noted. A group is being set up to look at primary and secondary care prescribing data, including efficiencies with monthly meetings commencing in September. This will be reported to the Subgroup on a 6-monthly basis. Remit of group to be decided but is expected to include prescribable medical devices.

11. SMC ADVICE

Noted.

12. NEW TAM GUIDANCE FOR APPROVAL
<p>12.1. Antimicrobial – Skin/soft tissue infection (SSTI) affecting upper or lower limb or face (erysipelas) clinical pathway (discussed later to allow author comments – see below)</p>
<p>12.2. Antimicrobial – How to access microbiology advice This guidance is predominantly aimed at junior staff, instructing them to have as much information to hand before phoning to prevent inefficient working. ACCEPTED</p>
<p>12.3. Post-menopausal bleeding and endometrial cancer</p> <ul style="list-style-type: none"> • Confirm that the ultrasound service has been consulted as, in practice, ultrasound requests have been rejected? Noted that the checklist states that radiology was consulted. • The guidance is not easy to follow and needs to be more directive using the following structure: <ul style="list-style-type: none"> ○ Presentation ○ Management ○ Referral. • Flow chart to be moved to start of guidance. • Lot of unnecessary information in the flow chart and quick reference guide. <ul style="list-style-type: none"> ○ Remove reference to not needing to refer. ○ Ovarian cysts should be separate guidance, this is an incidental finding. • Should full blood count be listed as a requirement? • Noted that having post-menopausal bleeding guidance in place is high priority. Delay with rejecting this guidance was discussed. Agreed that the ultrasound guideline is to be updated to include post-menopausal bleeding and GPs are made aware that this is the first step needed the guideline is following then it is a significant change in the process as post-menopausal ultrasounds are currently being rejected. <p>REJECTED Action</p>
<p>12.4. Paediatric diabetes surgical guidelines The forms within the guidelines will be submitted to the Medicines Safety Subgroup for ratification.</p> <ul style="list-style-type: none"> • Page 3, remove specific names and change to job titles. <p>ACCEPTED Action</p>
<p>12.5. Ultrasound referral guideline (resubmission) The guideline is due to be resubmitted for discussion at the September GP Subcommittee so further changes may be made. APPROVED</p>
13. GUIDELINE UPDATES
<p>13.1. Antimicrobial – Microbiology Susceptibility Reporting This is a review of a piece of guidance that was on TAM following an audit and investigation of how the guidance was being used and a recommendation to give some extra information to help the users actually implement what Microbiology intends when I is used. Once this information is uploaded on to TAM, Microbiology will streamline information on their forms by using the URL to this guidance on TAM. ACCEPTED</p>
<p>13.2. Uncomplicated Chlamydia in primary care</p> <ul style="list-style-type: none"> • Remove antimicrobial prescribing information and instead replace with link to specific guidance on TAM. <p>ACCEPTED Action</p>
<p>13.3. Polycythaemia/erythrocytosis (raised haematocrit)</p> <ul style="list-style-type: none"> • Some blood tests, eg, JAK2 cannot be ordered using ICE (system for ordering blood tests). Query which blood tests are required by primary care and confirm how. Request these tests be added to ICE. <p>ACCEPTED pending</p>

Action

13.4.Thrombocytosis

- Some blood tests, eg, JAK2, CALR, MPL, BCR:ABL cannot be ordered using ICE (system for ordering blood tests). Query which blood tests are required by primary care and confirm how. Request these tests be added to ICE.
- On the flow chart, who carries out the further investigation? Is this the point when primary care would refer?
- Noted that flowchart and text differ. Confirm which is correct and amend to correlate.

ACCEPTED pending

Action

13.5.Management of Children (under 16yrs) under the Influence of Alcohol/Drugs AND Management of Children and Young People representing with Deliberate Self-harm with Suicidal Intent

Currently one guideline on TAM but has been split into 2.

Management of Children (under 16yrs) under the Influence of Alcohol/Drugs

- Amend 'check BM' to 'check blood sugar'.
- 'Consider additional blood or urine investigations' – specify what they are and what they are for.
- Clarify if this can be used in other hospitals or just for use in Raigmore. Eg is urine toxicology available as point of care or via biochemistry.
- 'Regular neurological investigations' – what are these and how frequent? Eg, are they neuro observations every 15 mins or CT scan? Is it GCS or AVPU?

ACCEPTED pending

Management of Children and Young People representing with Deliberate Self-harm with Suicidal Intent

- Does this cover administration of harmful substance only or harm through other means as well, eg, that may require surgical intervention? If so, do they still get admitted to medicine?
- The service is only available 9 to 5. Major issues about advice out of hours. Can any further advice be included? Do they automatically have to be admitted out of hours?
- Author to liaise with CAMHS.

REJECTED

Action

13.6.Malignant Spinal Cord Compression

- Very good update, which is nicely laid out.

ACCEPTED

14. GUIDELINE MINOR AMENDMENTS

Noted and approved. FH to share minor comments via email to PH.

Action

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

None to note.

16. TAM REPORT

A brief update was provided with the following of particular note:

- Anticoagulant switching is now 3 years out of date. Request to be escalated to the head of service. Several including DVT, osteoporosis and mental health guidance have already been escalated. A report of guidance that is well out of date with no review done to be submitted to the Subgroup to decide if it should be removed.
- Accuracy check of the content on the new system had been completed. This had been a very large piece of work.
- It was agreed that the old system migration could take place on Monday 4 September with the old TAM system being decommissioned and the new TAM system published. Accessibility will remain the same with it being available as a website and an app. As an interim measure a redirection would be in place from the old website. If URLs have been saved then an option to redirect to the new site might appear.
- The new app is a lot faster to use. Can the app be downloaded on to an NHS work phone?
- A SWAY has been created and is included in the weekly NHS Highland bulletin to highlight the move to

the new Right Decision platform.

- VISION, Intranet and Patient Portal will all automatically redirect to the new Right Decision platform.

17. ENVIRONMENT

Pharmaceutical waste: There are different projects looking at different aspects of this, including Realistic Medicine and a project at Ullapool medical practice Disposable insulin pens and reusable insulin pens are being worked on.

18. NHS WESTERN ISLES

Sue Price has agreed to become a member of the Subgroup.

12.1 Antimicrobial – Skin/soft tissue infection (SSTI) affecting upper or lower limb or face (erysipelas) clinical pathway **(moved from earlier in the agenda)**

Resubmission following rejection at the June 2023 meeting. The guidance had been developed by the Scottish Antimicrobial Prescribing Group (SAPG) as a national pathway.

Louise Reid left the meeting.

- The guidance is not aimed at primary care but this is something that could be developed in the future.
- The 'ownership' of these patients is still of concern. Does responsibility for the patient remain with the assessing team?

Jude Watmough, Rob Peel and Jenny Munro left the meeting.

- Not straight forward, eg, the Flow Navigation Centre hold protocols for ongoing management of patients according to the geography of where the patients are presenting.
- AC to meet with ST to discuss appropriate wording on whose care the patient comes under.

ACCEPTED pending

[Action](#)

19. ANY OTHER COMPETENT BUSINESS

No further business to discuss.

20. DATE OF NEXT MEETING

Next meeting to take place on Thursday 26 October, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Minutes of Meeting held on 29 June 2023 Back to minutes	August 2023	Item 16 – amend Pharmacy meeting to Pharmaceutical meeting.	WA
Terms of reference and membership review Back to minutes	August 2023	Information on exception reporting for ADTC to be included. <ul style="list-style-type: none"> • An additional primary care nurse was required. • Lay Representative, Wendy Smith, has not attended several meeting and would be contacted to see if she still wishes to be a representative. • Dr David Rigby has never attended a meeting but it was felt that an open seat is beneficial and membership should continue reflect this. 	PH
Neonatal Formulary – gentamicin monograph Back to minutes	August 2023	<ul style="list-style-type: none"> • Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group. • Dosing table is confusing, clarification required. Eg, create 3rd row '<7 days > 32 weeks gestation, if unwell'. 	PH

Once daily dosing gentamicin for child in Children's Ward Back to minutes	August 2023	Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group.	PH
Multiple daily dosing gentamicin for child in Children's Ward Back to minutes	August 2023	Contraindications should be more prominent. Separate out to become a heading. Check if myasthenia gravis is relevant in this age group.	PH
Antimicrobial – Skin/soft tissue infection (SSTI) affecting upper or lower limb or face (erysipelas) clinical pathway Back to minutes	August 2023	<ul style="list-style-type: none"> The guidance is not aimed at primary care but this is something that could be developed in the future. The 'ownership' of these patients is still of concern. Does responsibility for the patient remain with the assessing team? Not straight forward, eg, the Flow Navigation Centre hold protocols for ongoing management of patients according to the geography of where the patients are presenting. AC to meet with ST to discuss appropriate wording on whose care the patient comes under. 	ST
Post-menopausal bleeding and endometrial cancer Back to minutes	August 2023	<ul style="list-style-type: none"> Confirm that the ultrasound service has been consulted as, in practice, ultrasound requests have been rejected? Noted that the checklist states that radiology was consulted. The guidance is not easy to follow and needs to be more directive using the following structure: <ul style="list-style-type: none"> Presentation Management Referral. Flow chart to be moved to start of guidance. Lot of unnecessary information in the flow chart and quick reference guide. <ul style="list-style-type: none"> Remove reference to not needing to refer. Ovarian cysts should be separate guidance, this is an incidental finding. Should full blood count be listed as a requirement? Noted that having post-menopausal bleeding guidance in place is high priority. Delay with rejecting this guidance was discussed. Agreed that the ultrasound guideline is to be updated to include post-menopausal bleeding and GPs are made aware that this is the first step needed the guideline is following then it is a significant change in the process as post-menopausal ultrasounds are currently being rejected. 	PH
Paediatric diabetes surgical guidelines Back to minutes	August 2023	Page 3, remove specific names and change to job titles.	PH
Uncomplicated Chlamydia in primary care Back to minutes	August 2023	Remove antimicrobial prescribing information and instead replace with link to specific guidance on TAM.	PH
Polycythaemia/erythrocytosis	August	Some blood tests, eg, JAK2 cannot be ordered	PH

(raised haematocrit) Back to minutes	2023	using ICE (system for ordering blood tests). Query which blood tests are required by primary care and confirm how. Request these tests be added to ICE.	
Thrombocytosis Back to minutes	August 2023	<ul style="list-style-type: none"> • Some blood tests, eg, JAK2, CALR, MPL, BCR:ABL cannot be ordered using ICE (system for ordering blood tests). Query which blood tests are required by primary care and confirm how. Request these tests be added to ICE. • On the flow chart, who carries out the further investigation? Is this the point when primary care would refer? • Noted that flowchart and text differ. Confirm which is correct and amend to correlate. 	PH
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Guideline minor amendments Back to minutes	August 2023	Send comments via email to PH.	FH