

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 25 August 2022, via Microsoft TEAMS

Present: Alasdair Lawton, Chair
Patricia Hannam, Formulary Pharmacist
Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice)
Dr Duncan Scott, Consultant Physician
Dr Alan Miles, GP
Claire Wright, Acute Pain Nurse
Dr Jude Watmough, GP
Jenny Munro, AP Physiotherapist, Continence and Independent Prescriber
Damon Horn, HEPMA Pharmacist

In attendance: Wendy Anderson, Formulary Assistant
Dr Martin Wilson, Care of the Elderly Consultant (item 4)
Donna Fraser, TAM Project Support Manager

Apologies: Joanne McCoy, LGOWIT Co-ordinator
Dr Antonia Reed, GP
Dr Robert Peel, Consultant Nephrologist
Susan Caldwell, Head of Specialist Pharmaceutical Services
Dr Simon Thompson, Consultant Physician
Linda Burgin, Patient Representative

1. WELCOME AND APOLOGIES

The Chair welcomed the group.

2. REGISTER OF INTEREST

No interests were declared.

3. MINUTES OF MEETING HELD ON 30 JUNE 2022

Accepted as accurate.

4. FOLLOW UP REPORT

A number of items had now been completed and a verbal update was given with the following points of particular note:

- Still chasing up a lot of outstanding actions from the last meeting.
- Dupilumab action point has been sent to finance and is now complete.

5. DEPRESCRIBING PRESENTATION

Dr Martin Wilson provided an informative presentation regarding Polypharmacy. It was particularly relevant to raise awareness of what the Subgroup can affect in their role within TAM Subgroup with the addition and review of medications on the Formulary and the development of guidance.

There is a national Polypharmacy app that is in the process of being reviewed and updated. Such guidance is important as it provides protection for prescribers for those situations where it is in the best interest of the patient to be treated out with standard guidance. The number of people prescribing is increasing and a teachable structure has been developed for non-medical prescribers. A suggestion is to create a section on medication in frail adults on TAM, including links to other useful sections.

Should a question regarding frailty be included on the checklist? Once the Polypharmacy app has been updated a meeting to take place between PH and MW to discuss best way forward.

[Action](#)

6. SUBMISSIONS FOR ADDITION TO HIGHLAND FORMULARY FOR APPROVAL

No submissions received.

The Pharmacy Department at Raigmore Hospital had stated that they are unable to progress submissions at this time as they focus on direct patient care.

7. UPDATED AND NEW TAM GUIDANCE FOR APPROVAL

7.1. Child Health & Weight Pathway

ACCEPTED

7.2. Blood Sciences and Microbiology blood test tube guide

- Hard to follow on paper as the column headings don't follow through on each page. A sticky header to be added.

ACCEPTED pending

[Action](#)

7.3. Information on Highland Council Allied Health Professionals

ACCEPTED

7.4. Resuscitation

ACCEPTED

7.5. Factors to consider when prescribing SGLT-2 inhibitors in type 2 diabetes

- Awareness to be raised on the changes via a Pink One article.

ACCEPTED

[Action](#)

7.6. Overnight dexamethasone suppression test

- Confirmed that this guideline is able to be followed in Primary Care. It is organised through Endocrinology but carried out in the Community.

ACCEPTED

7.7. Protocol for the Measurement of Plasma Metanephrines

- Needs to be made clear that this is a Secondary Care document.

ACCEPTED pending

[Action](#)

7.8. Short synacthen test protocol

- Is this document also aimed at Primary Care?

ACCEPTED pending

[Action](#)

7.9. Guidance on the investigation of primary hyperaldosteronism

- Needs to be made clear that this is a Secondary Care document.
- The information on stopping medicines doesn't state how or who is going to do this and how they will be re-introduced.
- The reference in the saline infusion test refers to stop all interfering hypertensive drugs but should it state all interfering medicines? Need to directly refer to the table rather than say antihypertensive drugs.

ACCEPTED pending

[Action](#)

7.10. Swallow Screening Guideline

- Does the Nil by Mouth SOP need to be added to TAM or is it readily available on the wards?
- This guideline is very binary. Include a note to say that a senior clinician may over-ride the guidance to decide that the risk/benefit is in favour of the patient eating and drinking where it would be cruel to withhold food/drink in an individual.

ACCEPTED pending

[Action](#)

7.11. Delirium management for hospital inpatients

As some of the members had missed the additional email containing this document it was agreed to recirculate to the Subgroup with a deadline for comments date of 31 August.

[Action](#)

8. CHANGES TO ANTIBIOTIC DOSES IN EMPIRIC GUIDANCE

Unlike the Formulary, doses are provided within the antimicrobial guidance. Noted that GPs may go to the BNF for dosing rather than the antimicrobial guidance and that the BNF has yet to 'catch up' with these changes. It is very important that this information is flagged and this should be done via a Pink One article and the GP Newsletter by contacting Denise Macfarlane, Deputy Medical Director for Primary Care.

Request that the spreadsheet be circulated widely and be split into what is relevant to Primary Care and to Secondary Care.

[Action](#)

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

No reviews to report.

10. GUIDELINE MINOR AMENDMENTS

Noted and approved.

11. TAM REPORT

Donna Fraser provided an update. A new system is currently being put in place to identify broken links as the current system is providing inaccurate figures.

The top 10 out of date guidance was concerning, in particular Antidepressants and Anxiety. Mental Health is aware that several pieces of their guidance are out of date but are looking for support to action this. Request to focus on updating mental health guidance as these medicines are widely used in Primary Care.

Right Decision Service

A national update could have big impact on TAM. The Right Decision Service is a website which has been developed over the last few years between the Scottish Government and Tactuum (the software company that TAM is developed under). This is a once for Scotland approach so there is a sharing of guidance and ideas. Things have progressed extremely quickly and without full consultation and are already at the beta testing stage. It will potentially go live in January. The implication for NHS Highland clinicians is that this they will have access to all Scotland's Health Boards' guidelines and it may be confusing as to how to access NHS Highland specific information. The wrong Health Board's guidance could be chosen without realising it.

The other impact is that we currently have a direct contract with Tactuum; the RDS was developed after TAM was set up. Other Health Boards have a contract with the Right Decision Service directly rather than Tactuum and we are now being funnelled down this route. Implications to TAM if we do not are that we will no longer be developed and updated, the Right Decision Service will be, and we will be left in limbo. A request has been put to the program to present the RDS to the Health Board so that any impact on how we develop guidance going into the future or how clinicians access guidance can be better judged.

The following was noted:

- It was very disappointing that Highland had created a ground-breaking service and had not been consulted in this process.
- A very confusing landing page, not user friendly and no structure to it.
- No way of knowing that TAM is an app, so will be very difficult to locate.
- We need to make sure our guidance is easily accessible by people in our area.
- Can we escalate concerns regarding the website? This will initially be done via feedback from the beta testing. If there is no suitable response then it can be raised at the ADTC and the ADTC collaborative.
- Who is the Group behind the website?
- Ann Wales has been contacted to request she attend a future meeting and do a presentation.

[Action](#)

12. FORMULARY MINOR ADDITIONS/DELETIONS/AMENDMENTS

Noted and approved.

13. FORMULARY REPORT

No new report available.

14. SMC ADVICE

Noted.

15. ENVIRONMENT

We are already ahead of other Health Boards in that we request environmental considerations at the point of adding medicines on to the Formulary.

16. NHS WESTERN ISLES

Nothing to report.

17. ANY OTHER COMPETENT BUSINESS**Saxenda**

Liraglutide has been approved by the SMC for use in weight management with the restriction that it is under the management of a specialist weight management service. A submission has not yet been received. There is no specialist weight management service in NHS Highland so there is no way to support this medication being prescribed as per SMC regulations. Some GPs are being asked to provide it but there is no tier 3 therapy psychological support that encompasses the prescribing of Saxenda. Exploring how it can be supported: agreed that this is an operational issue rather than being the role of this Subgroup. Agreed that this needs to be escalated to the Medical Directorate as a gap in the service by contacting Jane Buckley and DS.

[Action](#)**18. DATE OF NEXT MEETING**

Next meeting to take place on Thursday 27 October, 14:00-16:00 via TEAMS.

Actions agreed at TAM Subgroup meeting

Minute Ref	Meeting Date	Action Point	To be actioned by
Deprescribing Presentation Back to minutes	August 2022	Once the Polypharmacy app has been updated a meeting to take place between PH and MW to discuss best way forward to add frailty information to TAM.	PH
Blood Sciences and Microbiology blood test tube guide Back to minutes	August 2022	Request that a sticky heading is added to columns so they show at the top of every page.	PH
Factors to consider when prescribing SGLT-2 inhibitors in type 2 diabetes Back to minutes	August 2022	Awareness to be raised on the changes via a Pink One article.	PH
Protocol for the Measurement of Plasma Metanephrines Back to minutes	August 2022	Needs to be made clear that this is a Secondary Care document.	PH
Short synacthen test protocol Back to minutes	August 2022	Is this document also aimed at Primary Care?	PH
Guidance on the investigation of primary hyperaldosteronism Back to minutes	August 2022	<ul style="list-style-type: none"> Needs to be made clear that this is a Secondary Care document. The information on stopping medicines is a bit vague at points. It doesn't state how or who is going to introduce those medicines and how will they be introduced if required. The reference in the saline infusion test 	PH

		refers to stop all interfering hypertensive drugs but it is more than that because there are other medicines which can be continuous, so they need to directly refer to the table rather than say antihypertensive drugs.	
Swallow Screening Guideline Back to minutes	August 2022	<ul style="list-style-type: none"> Does the Nil by Mouth SOP need to be added to TAM or is it readily available on the wards? This guideline is very binary. Include a note to say that a senior clinician may decide that the risk/benefit is in favour of the patient eating and drinking. 	PH/DS
Delirium management for hospital inpatients Back to minutes	August 2022	As some of the members had missed the additional email containing this document it was agreed to recirculate to the Subgroup with a deadline for comments date of 31 August.	PH
Changes to antibiotic doses in empiric guidance Back to minutes	August 2022	<ul style="list-style-type: none"> Pink One article to be written. Contact Denise Macfarlane, Deputy Medical Director for Primary Care for information regarding changes to be included in the GP Newsletter. Request that the spreadsheet be circulated widely and be split into what is relevant to Primary Care and to Secondary Care. 	PH
TAM report Back to minutes	August 2022	Contact Pharmacy department at New Craigs to request update to guidance.	PH
TAM report – Right Decision Service Back to minutes	August 2022	<ul style="list-style-type: none"> Escalate concerns regarding the website. Who is the Group behind the website? 	PH
Any other competent business – Saxenda Back to minutes	August 2022	Contact Jane Buckley and DS to escalate the gap in the service of not having a specialist weight management service.	PH