

NHS Lothian

Area Drug and Therapeutics Committee

Minutes of the meeting of the Area Drug and Therapeutics Committee held at 14:30 on Friday 6 February 2026 by videoconference.

Present:

Dr E. Morrison, Consultant Acute Medicine and Clinical Pharmacology (chair);
Mr S. Garden, Director of Pharmacy, (vice-chair);
Ms D. Alexander, Lead Pharmacist Controlled Drug Governance Team, Professional Secretary of Medicines Safety and Risk Group;
Ms J. Browning, Associate Director of Pharmacy (Specialist Services, Development and Innovation);
Dr T. Caparrotta, Clinical Pharmacology Registrar;
Dr A. Christie, Consultant Oncologist, Chair of Cancer Therapeutics Advisory Committee;
Ms K. Davidson, Consultant in Pharmaceutical Public Health;
Dr S. Harwell, GP, LMC representative;
Ms C. Holmes, West Lothian Pharmacy Lead;
Mr M. Hunter, Head of Primary Care Contracting Organisation, Finance;
Dr A. Lockman, Consultant, Acute Medicine and Chair of the Acute Drug and Therapeutics Committee;
Ms L. Macher, Lead Pharmacist Medicines Advice and Guidance (professional secretary);
Prof S. Maxwell, Senior Lecturer in Clinical Pharmacology, University of Edinburgh ;
Mr S. McBurney, Associate Director of Pharmacy, Primary Care, Community, Mental Health and Associated Services;
Ms M. McCulloch, Lead Nurse for Non-Medical Prescribing;
Mr I. McIntyre, Consultant, Renal Medicine;
Ms J. Scott, Lead Pharmacist, Chair of the Medicines Policies Sub Committee;
Dr J. Smail, GP, Chair of the General Practice Prescribing Committee;
Dr A. Watson, Consultant Psychiatrist, Co-chair of the REAS Drug and Therapeutics;

In attendance:

Mr F. Lau, Corporate Governance Team (minutes)
Ms H. Porter, Lead Pharmacist

Apologies:

Dr A. Anand, Consultant, Chair of Medicines Utilisation Review Group;
Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services;
Ms F. Forrest, Directory of Pharmacy, NHS Fife;
Ms J. Webster, Lead Pharmacist, Chair of Medicines Homecare Governance Group;
Dr A. Wood, Lecturer and Nurse Consultant for Non Medical Prescribing.

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

1. Minutes from previous meeting (5 December 2025)

- 1.1 The minutes from the meeting held on 5 December 2025 were approved as a correct record.
- 1.2 The action note was discussed, and updates would be added for circulation before the next meeting.

2. Matters Arising

2.1 Annual Report to Healthcare Governance Committee – Spring 2026

- 2.1.1 The Item was being discussed under Item 4.1.

3. Safe and Effective Patient Care

3.1 SMC – Patient Access Scheme + Primary Care Rebate Scheme NHS Lothian Annual Report

- 3.1.1 The Committee noted the paper submitted by Mr Hunter about the impact of rebates on drug expenditure across NHS Lothian. Although there are continued growth pressures, NHS Lothian remain committed to ensuring best value on the drug spend.
- 3.1.2 The committee enquired about international influences on medicine pricing. Dr Morrison added that there were discussions within the SMC in that regard some months ago. It was also noted that with many of the patient access schemes have agreed pricing for least five years.
- 3.1.3 Ms Macher commented that the primary care rebate scheme (PCRS) might not be fully utilised for all the medicines listed. Ms Browning added that the PCRS was confidential and restricted to direct NHS employees only. It was also noted that the presence of a medicine on the PCRS did not mean it would be a first line choice of treatment and it should be considered within a broader review of whether the treatment was truly cost-effective. Even if a PCRS-listed medicine was not on the formulary, the health board it would still benefit from the PCRS if the medicines were prescribed.
- 3.1.5 Mr McBurney provided an assurance to the Committee that in NHS Lothian, the choice of drug was driven by the formulary instead of the rebate. In terms of data presentation in primary care about PCRS, he explained that those were retrospective rebates, and that any reports created prior to rebates being claimed

would not be amended. The actual expenses of prescribing would be lower than the initial figures.

3.1.6 Dr Morrison thanked members' contributions and Mr Hunter's preparation.

3.2 Shared Care Agreements (SCAs)– letter from GPPC

3.2.1 The Committee received a letter from the General Practice Prescribing Committee (GPPC) about their concerns over the current process for approving and publishing Shared Care Agreements within NHS Lothian. Dr Morrison added that there had been a discussion with key stakeholders and representatives from ADTC, LMC and GPPC earlier looking at next steps.

3.2.2 Dr Smail commented that it was hard to separate governance and resourcing because resourcing is not in the remit of the medicines governance subcommittees but has an impact of how to assess safe and effective prescribing when using SCAs. Reviewing SCAs has become challenging with feedback circling between the GPPC and the GP Subcommittee with ultimate concern for patients being caught in the centre.

3.2.3 Members had different views about whether it should be ADTC or GPPC to take the lead. There was a general thought that the issue sat wider than GPPC.

3.2.4 Dr Morrison raised her concern that the issue was outwith the remit of ADTC as an advisory committee which Mr Garden agreed with. He added that there was a need to have a clear communication to different services that ADTC could only look at the issue through a medicines governance lens.

3.2.5 Dr Watson commented that it was about the level of transparency the organisation was committed to share. Establishing clinical standards might be straightforward, but the funding and resourcing required was likely to be much harder.

3.2.6 Dr Morrison thanked for members' inputs. The issue would be further discussed separately.

3.3 Themes and Risks Relating to Complex PGDs

3.3.1 Members noted the paper submitted by Ms Browning that summarised the emerging themes and risks associated with requests for complex or high-risk Patient Group Directions (PGDs) across multiple clinical services. She said that her main concern was about the recurring nature of the same themes from a number of services and it was not known who should own the risks and whether the clinical services had an awareness of these risks. The paper sought support

from ADTC around the committees remit and advice on escalation and signposting for clinical services.

- 3.3.2 Mr McBurney commented that he had been seeing that PGD updates were being submitted by services very close to their expiry dates and therefore the sites and services have limited time to implement any recommendations. Prof Maxwell noted that the increasing number of new prescribers entering the workforce should positively impact the delivery of services that use prescription only medicines.
- 3.3.3 Dr Watson proposed a clear checklist should be used by clinical services to determine the suitability for a PGD. A well-defined checklist would help focus thinking early, before a PGD request was submitted, by requiring thorough justification in advance.
- 3.3.4 Ms McCulloch observed that there was a recurring issue of inadequate preparation from services when submitting PGD requests, which led to delays and resubmissions. It was also noted that services often expressed concern that refusal or changes would negatively impact patient care.
- 3.3.5 There was a discussion about the recommendations to gain support from Patient Safety Experience Action Group (PSEAG) and whether that needed to be taken to clinical directors and nurse directors. It would be covered in the ADTC assurance report to Healthcare Governance Committee (HGC). Mr Garden estimated that the topic would be brought into CMT.
- 3.3.6 Ms Scott shared that recruitment candidates who are already prescribers or actively working toward a prescribing qualification could be considered. She added that there was a collaboration with Medicines Policy Sub-Committee (MPSC) aimed to ensure current AHPs and other relevant professions received proper training, competency assessment, and awareness of medicines policy and procedures.

4. Effective Use of Resources

4.1 Healthcare Governance Committee Annual Assurance

- 4.1.1 Dr Morrison gave thanks for the inputs from the subcommittees to help compose an annual report to HGC. Members noted that the report was not about an assurance report or service governance, but rather a comprehensive update of functions of each of the committees and sub-groups under ADTC. She added that the summaries would help highlight gaps in processes and items for escalation.

- 4.1.2 There was a discussion about the medicines governance around penicillin allergy de-labelling and the potential to establish a short life working group. However, it was not clear to what extent this should involve the Antimicrobial Management Committee. Ms Macher described the established guidelines and procedures available for local adoption from Scottish Antimicrobial Prescribing Group (SAPG) via Healthcare Improvement Scotland. Dr Morrison noted that the Medicines Safety and Risk Group may be an appropriate additional medicines governance link to establish good practices in incident reporting, shared learning and audit.
- 4.1.3 It was noted that Patient Group Directions Committee had submitted their inputs, while both UHD Drug and Therapeutics Committee and General Practice Prescribing Committee (GPPC) were reviewing their terms of reference and membership.
- 4.1.4 In responding to the issue about hydroxychloroquine prescribing and ophthalmic monitoring, Dr Smail said this had been an outstanding action because of the lack of a centralised service.
- 4.1.5 It was noted that both MPSC and Medicine Safety and Risk Group had no additional comments.
- 4.1.6 On inputs about Medicines Utilisation and Review Group, Ms Macher said that non-formulary prescribing reports had paused while awaiting the creation of dashboards. These valued reports helped identify patient groups for review where new medicines or medicines with updated evidence base might be used to ensure patients are receiving the most clinically and cost-effective medicines. The committee welcomed the need for improvements in collating formulary adherence reports and benchmarking. They noted the limited capacity to analyse data. Public Health Scotland are working to publish dashboards soon that can be used by individual practices and centrally.
- 4.1.7 It was noted that the Paediatric and Neonatal Drug and Therapeutics Committee, HEPMA Clinical Governance Group, Cancer Therapeutics Advisory Committee and Medicines Homecare Governance Group did not yet have a submission.
- 4.2 Management of Rarely Used Antibiotics
- 4.2.1 The Committee noted the submission of the paper that set out to improve management of Protected Rarely Used Antibiotics (PRUAS). Ms Browning added that any new available antibiotics were not being assessed by SMC because of ongoing work across the UK. From a medicines governance perspective, she said that new antibiotics cannot be added to formulary because they do not have

SMC advice. They currently need to go through the patient treatment request (PTR) panel posing a potential delay.

4.2.2 ADTC was asked to agree that during the interim period, those medicines would be treated as non-formulary medicines via the non-formulary form, instead of going through the PTR process.

4.2.3 In response to the necessity to edit the non-formulary form, Ms Browning said that the existing form would direct colleagues to the PTR form. Therefore, an interim amendment to the non-formulary form was needed.

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4.2.4 Members were reassured that not every antibiotic was treated in that way, and the usage and microbiology results would be reviewed regularly. Acute Prescribing Forum had noted the possible incurrence of cost pressure.

4.2.5 ADTC agreed with the recommendation.

5. Strategic Planning

5.1 Paediatric and Neonatal Drug and Therapeutics Committee Terms of Reference

5.1.1 Members noted the submission of the Terms of Reference by Dr Morrison. PNDTC's relationship with the Paediatric Guideline Group is now represented. The committee noted representation from a neonatal specialist was required. It was highlighted that between Paediatric and Neonatal Drug and Therapeutics Committee and Acute D&T, there was a representation gap from Women and Children's Services which needed to be resolved.

6. Working in Partnership – There was no item being discussed.

7. Minutes from Committees and Division, Exception Reporting

- 7.1 East Region Formulary Committee, 21 January 2026;
- 7.2 General Practice Prescribing Committee, 9 December 2025;
- 7.3 UHD Drug and Therapeutics Committee, 22 October 2025;
- 7.4 Cancer Therapeutics Advisory Committee, 24 November 2025;
- 7.5 REAS Drug and Therapeutics Committee, 29 October 2025;
- 7.6 Medicines Policies Sub-Committee, 18 September 2025;
- 7.7 Medicines Utilisation and Review Group (MURG), 20 November 2025;
- 7.8 HEPMA Clinical Governance Group, 11 November 2025;
- 7.9 Patient Group Directions Committee, 17 November 2025.

8. Any other competence business

- 8.1 Dr Morrison raised that the current IV fluid guidance within NHS Lothian had been outdated for many years. The fluid policy submitted with feedback from Acute D and T was not yet finalised.

EM/TC

9. Meeting dates for 2026

- Friday 10 April 2026
- Friday 5 June 2026
- Friday 7 August 2026
- Friday 2 October 2026
- Friday 4 December 2026