### AGENDA

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1. **Apologies & Announcements**: Ross Cameron, Gavin Gorman

2. **Declaration of Interest**: There was none.

3. **Draft NHS Borders Primary Prevention of CVD Guideline**
   - AM talked to the paper. AW & AM had just come from the Border Interface Group (BIG) meeting, which had approved the paper. MCN for heart disease and stroke and the Strategy Group still to be consulted. Guideline drafted early last year approved at BIG subject to detailed costings. AW and AM worked on cost and have reviewed the paper as further evidence has since emerged. AM explained the purpose of the paper was to present and consult on recommendations for updating local guidance on the primary prevention of cardiovascular disease (CVD). The preferred option is estimated to cost an additional £14,000 per annum to implement and the population health impact is estimated to be approximately 18 CVD events and 5 deaths avoided each year. There was a long discussion regarding the 20% target and going against SIGN guidance. AM agreed to discuss further with PL & AW outside of the meeting. A summary of the committee’s discussion points would be presented to the Strategy Group.

   - AM/PL/AW

4. **Drug Treatment Guidelines - BCAT**
   - MK outlined the background to this guideline document, which the Borders Community Addiction Team (BCAT) have been using in-house for a couple of years and which was adapted from Fife and Lothian. The Scottish Government have asked that this document gets ADTC approval and also from the Clinical Governance Committee. After much discussion PL felt that this document did not cover patients new to the area with an existing drug problem. The GP will be expected to pick up an interim script until patient care can be taken over by BCAT. After discussion it was agreed that PL would email MK the details that he would like changed in the document. RA also had comments/changes that she would like to incorporate into the document and agreed to email to MK after the meeting. MK to complete Equality & Diversity section and to amend date on front cover.

   - PL RA MK

5. **Draft Minute of previous meeting**: 10th November 2010
   - AW asked if page numbers could be added for ease of reference. These were then read and approved.

6. **Matters arising:**
   - Strong analgesic to be added to dental formulary - This is not in line with the national guidance and not recommended by the Dental Advisers. LL said we do need to note. TC asked for clarification around whether or not dentists can prescribe drugs containing an opioid. He was told they are allowed to prescribe but advised not to do so and a reminder to all salaried dentists and practice dentists to be issued.
   - ADHD Shared Care Protocol – A copy to go to PL and DH and if required should also go to the GP Sub Group along with the melatonin shared care protocol.
   - Public Health prescribing drugs out of hours and access to the pharmacy dept at the BGH – AW reported that this had been actioned.
   - Nabilone Caps are now schedule 2 controlled drugs – RA fed back to prescribers that this would need to be prescribed on an HBP prescription form.

   - LL
7. **Draft Minute of BFC meeting held on: 8th December 2010**
   
i) **Applications For Approval (as per minute)**
   
   a) Anal Irrigation System – Irrigation Kit Peristeen & Peristeen Rectal Catheters. Additional guidance and more specific criteria to be brought to the ADTC. - Letter sent to applicant asking them to state the number of patients.
   
b) Anal Plug - Approved on the understanding that the applicant provides further relevant criteria. - Nothing received back so far from the applicant - RA to chase up.
   
c) Infliximab & Adaalimumab – Recommended as ‘Cat B’ Specialist Use Only - Approved
   
d) Levothyroxine – American drug obtained by patient agreed that Keith Maclure would speak to Olive Herlihy. – AMack quoted from an email received from OH to say she would speak to patient at next appointment.
   
e) Chlorhexidine Mouthwash – Recommended as ‘Cat A’ general use.
   
f) Hydroxycarbamide – Approved on basis that applicant takes on responsibility of managing the patients as no care shared policy. Recommended as ‘Cat B’ – Specialist Use Only.
   
g) Dextrose - Recommended as ‘Cat B’ - Specialist Use Only. - TC queried whether or not this requires to be hospital/specialist use only and it was agreed that in this instance it referred to hospital use.

ii) **SMC Decisions** - As detailed in Borders Formulary Minutes. Approval for restricted use of Dronedarone was noted.

8. **Proposal for Ward 15 BGH to use RHSC IV Monographs** - Fiona McWhinnie, paediatrics nurse explained to the group how they currently make up IV medication and how they would like to change the procedure to use the same as the Sick Children’s Hospital in Edinburgh. AW asked how would we be notified of any amendments and Fiona replied that we would inform the ward pharmacist and she could bring to us. Copies would be sent to the pharmacy dept. to make sure that everyone is kept in the loop. TC asked if a formulary request could be passed to the pharmacists at the Sick Children’s Hospital to inform our pharmacy dept. of any changes.

9. **Eltrombopag NMA** - AW queried whether or not new medicine applications should be discussed at this meeting. LL replied if we only make decisions on NMA six times a year i.e. at the BFC meetings this could mean a considerable wait for some applications and much easier if we can deal with a few at the ADTC. LL talked through the application and explained this was SMC approved. Approved by the group.

10. **Intracameral Cefuroxime NMA** - LL talked through this application and explained she has spoken to Anne Duguid, Antimicrobial Pharmacist about supply from our own stock or buy initially from a specialist manufacturing unit. LL asked Ej if he had any issues with this being used here and he replied that it would help to reduce infections. Approved for Specialist Use Only – CAT ‘B’.

11. **Denosumab** - LL explained this was SMC approved and should be third line or if Zoledronic acid can be given. Second line to Zoledronic acid said LL. More appropriate for patients with dementia i.e. approve for specific patient group and we monitor and use only in this patient group. It was agreed to approve only if Zoledronic acid is contraindicated. Our horizon scanning estimates around 60 patients per year (based on SMC data). Committee approved for third line after Zoledronic acid as per SMC criteria.

12. **Off Label Use of Rituximab** - LL read through the application. Patient had not received standard recommended treatments. Committee approved once patient had failed to respond to standard treatments. Dr Richmond to be advised to notify the committee when existing standard treatments have failed and that rituximab would be necessary.

13. **Draft IPTR Good Practice Guidance** - AW explained that Boards have been asked to liaise with patient and public involvement contacts to allow us to comment on the guidance. Any comments from the group please have them to Susan Hogg by 21st January 2011. SH to email round the group to remind them.

14. **Application Papers & Minute from IPTR meeting of 17th December 2010** – For information only.
15. **Drug Chart for Termination of Pregnancy** - LL explained why this had been brought to the ADTC as this was a new form and it was felt that the ADTC was the most appropriate place to bring it. Would like to standardise how this group of patients are dealt with. A copy would also be going to the Clinical Board.

16. **Pharmaceutical Company Policy 2010 Amendments** - RA explained why this was brought to the meeting has been a policy in place before but has now been updated. PS suggested we include representatives, agents, consultants or any other person working on behalf of a pharmaceutical company. PL felt there was a place for specified training provided by companies as long as there is not a bias from the company. Add in statement about education and samples. TC said there should be one policy that includes everything, clinical trials no longer, Borders Research Committee. Send comments back to SH. TC suggesting sending a note out to clinical boards so that we can have one policy.

17. **Accountable Officer Quarterly Report - July to September 2010** - For information only.

18. **Midwifery PGD Pack & Exemptions** - In GG’s absence AW explained that this is due for update.

19. **SIGN Guideline - Prevention & Management of Venous Thromboembolism** - LL felt it was appropriate to bring to this committee as we expect this to be reviewed in SIGN Guideline for clinical practice in the BGH.


21. **Patient Safety Issues**: Any relevant patient safety issues from today’s agenda to be taken forward.

22. **AOCB** - RA NMA feed back to people when black triangle drug that we should feed back about yellow card reporting.

23. **Date of next meeting**: 9th March 2011 @ 12.30 p.m. in the Tryst, Chaplaincy Centre

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<td>Draft NHS Borders Primary Prevention of CVD Guideline – AM, PL &amp; AW to discuss further outside of the meeting.</td>
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<tr>
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<td>Changes to BCAT drug treatment guidelines</td>
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<td>RA</td>
<td>Anal Plug application from BFC 8.12.10 – Applicant to provide further relevant criteria.</td>
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<tr>
<td>SH</td>
<td>Email group to remind them to have any comments on the draft IPTR Good Practice Guidance back by 21st January 2011</td>
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<tr>
<td>RA/SH</td>
<td>Pharmaceutical Company Policy amendments – send to SH/RA</td>
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