



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 8th May 2019 in Estates Meeting Room
MINUTE

In Attendance: Alison Wilson (Director of Pharmacy) (Chair); Mark Clark (Non Medical Prescribing Lead/Infection Control Lead); Dr Edward James (Consultant Microbiologist); Keith Maclure (Lead Pharmacist – Medicines Utilization & Planning); Adrian Mackenzie (Lead Pharmacist Community); Liz Leitch (Formulary Pharmacist); Dr Nicola Henderson (GP); Andrew Leitch (Lay Member); Kate Warner (Minute Secretary)

Guests: Dr Annabel Howell (Associate Medical Director / Palliative Care Consultant) for Items 7.1 and 7.2

- 1. Apologies & Announcements:** Dr Cliff Sharp (Medical Director); Cathryn Park (Lead Pharmacist – Acute Care & Medicines Governance); Keith Allan (Consultant Public Health); Dr Rachel Stewart (Consultant); Dr Sudodh Subodh (Consultant Mental Health).
 Dr Subodh will no longer be able to attend meetings and a new ADTC representative from Mental Health has been requested.

Item	Situation ; Background ; Assessment	Recommendation	Person	Timescale
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
	Draft Minute from meeting held 13 th March 2019 was approved with no changes as an accurate record of meeting.	Remove draft and upload pdf	KW	13.05.19
4.	Matters Arising			
4.1	Rapid Tranquilization in the Older Adult Inpatient – Mental Health Unit (over 65 years) was amended by LL, KH and mental health colleagues to incorporate changes made ADTC March meeting.	ADTC Approved		
5.	NEW MEDICINE APPLICATIONS:			
5.1	Carnoys (Carnoys); Applicant: Dr Namita Nayyer; Indication: Management of odontogenic keratocystic tumours (KCOTs); Generic Name: Carnoys; Brand Name: Carnoys; Dosage: as required for each patient; Number of patients in first year: 1-2; Increase in patients: No. Peer support from Dr Esmond Carr. Treatment is adjunctive to surgery. Applicant has provided supporting clinical evidence including reviews and has spoken to colleagues in different Boards to gain information. Application is for 1-2 patients; there is a patient now for treatment	ADTC Approved : For Specialist Use Only Letter to applicant	KW	16.05.19

	if approved. Carnoys is a one off treatment, cost was discussed with this; there is no associated follow up other than patient review to monitor tumour.			
5.2	Non formulary request for Sativex was approved by email and noted by ADTC.	Letter to applicant All notes to NFR folder and database	KW KW	13.05.19 16.05.19
6.	PATIENT & MEDICINES SAFETY:			
6.1	There was no update available for Medicines Reconciliation			
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	Bevacizumab – unlicensed use in ophthalmology for age related wet macular - AW reported that Boards are in various stages with NHS Fife ready to go and NHS Highland not far behind. Dr Hassan, NHS Borders, has been supportive but prefers to wait until Lothian moves to ensure peer support. ADTC agreed that governance needs to be in place with enhanced consent for patients and that this should include all information for patients including cost. MC has discussed with Nurse Director and from their perspective there is no issue in being able to prescribe unlicensed unless it was thought to be inappropriate. Initial discussion on product choice followed by consent with consultant. Nurses to be trained appropriately. Ability to enforce with locums was questioned and ADTC agreed that it was part of appointment to a Board to adhere to the Boards’ local policy and if governance is in place and consent completed this would be accepted practice. There may be guidance required in the administration of unlicensed treatment for this indication. Other Boards have started to do this and it is a recognised treatment in other areas including private treatment. Patient information and consent was discussed. AH suggested sharing advice and peer support from NHS Fife and the possibility of remote consultations was discussed. Service to be prepared for this with peer support, locum contracts and information in place. Procurement will be national. Patient information leaflets are ready. ADTC agreed to support this to progress.	ADTC Approved - progress to next stage	AW/LL	
7.2	AW outlined the background to discussions on the proposed Edoxaban switch. MRG this morning requested that ADTC review and the paper tabled by Keith Allan, Public Health Consultant has been included in this agenda. After thorough research and discussion of evidence available the Anti-Coagulation Committee did not approve the switch to Edoxaban, preferring to remain with Apixaban as first choice. Reasons given for this were detailed and are available in the meeting minute. Other Boards have made this switch as there are significant savings – if 80% of patients are able to be switched this could save £400,000 per annum. AH commented that this was a difficult decision but was supportive of the approach to review patients and have an honest dialogue about medication that HIS supports and other Boards have as first choice but also acknowledged that clinicians may have concerns. Some of those present agreed that the public health paper had served to look more closely at the numbers and risks involved. With respect for the decision Anti Coagulation Committee	PST to review patients. Include in September ADTC agenda. Feedback on Rivaroxaban to Edoxaban switch to Anti-Coagulation Committee – next meeting	KMacl KW LL	04.09.19 07.06.19

	reached, it was asked if there could be a phased approach with risk assessment and review for each patient before switched. LL commented that clinicians are not supportive of the switch and that the reasons for Anti-Coagulation Committee not approving are well documented; they will not revisit as there is nothing new in the evidence supplied. Papers were discussed including from NHS Greater Glasgow & Clyde. There was a discussion about treating the wider population and the ability to measure risk. MC commented on the advice from other sub groups and that this should not be overthrown as ADTC has respect for the views and decisions of professionals/sub-groups. The decision made by Anti-Coagulation Committee was made with their specialist knowledge for that group of patients not as part of the wider population. It is for ADTC to make the population based decisions after reviewing all evidence and advice. KmacI commented that the evidence reviewed had been done by both Anti-Coagulation and then Public Health, giving more of a balance to the advice. DOACS are being compared against Warfarin not against each other in the evidence presented. Reviewing the patients as part of Polypharmacy reviews by Prescribing Support Team and subsequently re-reviewing this decision at a future ADTC meeting was agreed.			
7.3	NHS Borders Homecare Medicines Services Policy was tabled for approval before sharing with relevant services. Updated as a result of recent review, changes have been made and the SOP is being updated to reflect any changes. Homecare procedure has a robust process in place as it goes through Pharmacy. LL asked about homecare product supply for inpatients as the policy states that this would go through BGH – if a subsequent supply is required this may be difficult for Homecare to deliver to inpatients. AW agreed to check this with Fiona Bathgate. Page 9 – 2.2.11 inpatient may not need to know who the supplier is but would need to know medicines being delivered.	ADTC Approved with amendments as discussed	LL	30.05.19
7.4	ADTC Annual Report Draft was reviewed. Add Anti Coagulation Committee as a sub-group of ADTC to the report (and remove from BFC report and meetings)	ADTC Approved with change noted	KW	16.05.19
7.5	Medicines Shortage Protocol for primary care was reviewed and ADTC approved for use. Greater Glasgow & Clyde contact to remain in the protocol and this is to be highlighted to Prescribing Support Team. Secondary Care protocol to be reviewed at the next meeting.	GG&C is contact; remove box at end; reformat Secondary care protocol	KW KW-> CH	16.05.19 03.07.19
7.6	The current process of Lothian PACS Tier 2 Applications was discussed. The NHS Borders policy needs to be updated to reflect changes to patient treatment request meetings at Lothian that include Borders patients.	Send to KA Update current document and add to July ADTC agenda	KW KA	13.05.19 03.07.19
8.	FOR INFORMATION and NOTING:			
8.1	Guidance on the Implementation of the Ultra Orphan Pathway –ultra orphan rare conditions screened by SMC for approval with trial of medicines for up to 3 years. This was raised at	ADTC Noted		

	MRG earlier today as Boards may be unable to support if SMC do not approve.				
8.2	Private Patient Policy Tayside & Borders were tabled for comparison. Public Health has agreed that if treatment has been privately prescribed and is not available on Borders formulary then it would not be available to patient though NHS Borders.		Review and update the Private Patient Policy for Borders	KA	03.07.19
8.3	Yellow Card Reporting Q1-3 2018 national data and inclusion of comment from Borders reports.		ADTC Noted		
9.	FEEDBACK from SUB GROUPS				
9.1	Borders Formulary Committee DRAFT Minute from meeting 10 th April 2019		ADTC Noted		
9.2	Antimicrobial Management Team Minute; 13 th February 2019. EJ commented on the useful alert from e-cabinets for antimicrobial usage.		Check stock reports for outside cabinet use Feedback comments	LL MC	30.05.19 30.05.19
9.3	Anticoagulant Committee Minute; 1 st March 2019		ADTC Noted		
9.4	IV Therapy Group DRAFT Minute; 15 th May 2019		ADTC Noted		
9.5	Tissue Viability Group DRAFT minute; 9 th April 2019		ADTC Noted		
9.6	Wound Formulary Group DRAFT Minute – next meeting 30 th May 2019				
9.7	Medicines Reconciliation Safety Group minute was unavailable				
9.8	NHS Lothian ADTC Agenda – 5 th April 2019 and Minute from 1 st February 2019		ADTC Noted		
10. 10.1	AOCB.	MC tabled a paper regarding single nurse checking and the issue for staffing on second checking raised by MKU out of hours. NMC standards have been updated and MC reviewed this. MC asked ADTC to support a 12 week pilot study in MKU of single nurse check; Nursing Director and Associate Director of Nursing are also being asked to support. Risk assessment is included in study and review of single check with break before second check – as done by Pharmacists.	ADTC approve to proceed to pilot study		
Date and time of next meeting: 10th July 2019 at 12:30pm in the Estates Meeting Room.					