



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 11th September 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); Keith Allan (Consultant Public Health); Dr Nicola Henderson (GP); Andrew Leitch (Lay Member); Kate Warner (Minute Secretary)

Guests: Gillian Bremner, Paediatric Dietician and Jill Little (Lead Diabetes Specialist Nurse) - 12.30pm

1. **Apologies & Announcements:** Dr Cliff Sharp (Medical Director); Dr Rachel Stewart (Consultant DME); Cathryn Park (Lead Pharmacist – Acute Care & Medicines Governance); Dr Elliot Longworth (GP)

Item	Situation ; Background ; Assessment	Recommendation	Person	Timescale
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
	Draft minute from meeting held 10 th July 2019 was approved as an accurate record of the meeting.	Remove draft - upload to Internet/Intranet	KW	16.09.19
4.	Matters Arising			
4.1	KMacI updated ADTC - Rivaroxaban to Edoxaban switch is almost complete. Apixaban polypharmacy reviews are being collated and a list of appropriate patients filtered for suitable indication. No numbers available at this time.	ADTC noted this update		
5.	NEW MEDICINE APPLICATIONS:			
5.1	NMA Bevacizumab; Applicant: Dr A Howell, AMD Indication: Wet age related macular degeneration; Drug Name: Bevacizumab; Brand Name: Avastin; Dosage: 1.25mg dose/eye/month; Cost: included in application; Number of patient: difficult to assess. ADTC discussed the application background and agreed that this would be more appropriate for BFC to table for approval.	Include Borders Formulary Committee October agenda	KW	02.10.19
5.2	NFR Glycopyrronium was discussed with all details in NFR database and folder.	Letter to applicant.	KW	18.09.19
5.3	NFR Guanfacine was discussed with all details in NFR database and folder.	Letter to applicant	KW	18.09.19
5.4	NFR Erenumab was discussed with all details in NFR database and folder.	Letter to applicant.	KW	18.09.19

5.5	Urgent: Paediatric Haematology - Funding request for stem cell transplant patient was approved by Dr C Sharp due to urgency; with email thread available for review at meeting.	ADTC Noted		
6.	PATIENT & MEDICINES SAFETY:			
6.1	The Medicines Reconciliation group has been stood down for the foreseeable future. This will be reviewed as soon as appropriate.	ADTC noted this update.		
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	<p>Gillian Bremner, Paediatric Dietician and Jill Little (Lead Diabetes Specialist Nurse) attended the meeting @12:30 to speak to the paper on Insulin Dose Adjustment. GB thanked ADTC for their time in reading through the paper and outlined the approval requested for policy update regarding insulin dose adjustment. GB gave a background to the education given to patients on adjusting insulin and dietary intake and commented that recently, with staff changes; the team were made aware that there was no clinical governance in place. The practice is commonplace in NHS Scotland for patients and nothing new for staff. GB and team reviewed information received from 7 departments across Scotland and selected the policies in Lothian and Grampian as templates to base the Borders policy on. The draft policy has been out for consultation and has been signed off in adult and diabetes specialist. The opinion of British Dietician Association has also been checked. Competencies have been detailed and there will be an annual check these are in place. The team plan for one dietician to complete the prescriber training next year with ongoing plans for the rest of the team to complete prescriber training; job descriptions to be updated. GB finished by saying that the initial review period was planned for 6 months in case there are changes to be made to the policy in the early months of use. Questions were asked by ADTC:</p> <p>MC commented that this was the right way forward for patient care but wanted to set against the context of governance for the wider Board. Other Boards are successfully using and this would add an extra layer with independent prescriber. ADTC agreed that GB should add to the policy to cover subsequent adjustments / frequency and this must be checked by prescriber; also how often can a patient adjust before being seen by prescriber. It should be made clear in the policy that changes are made at MDT by Consultant and not on an ad hoc basis. Patient safety aspect was discussed and GB assured ADTC that the best of policies from other Boards. The Policy will ensure clear competencies and safe approach taken when staff on annual leave, one about to go on maternity leave, so will ensure cover. MC asked for assurance that they become a prescribing service in a three year time span and that new job applicants adhere to this. ADTC agreed that, with amendments, the policy would be approved virtually and await an email with updated policy from GB. A six month review with feedback to ADTC was also requested.</p>	<p>Some amendments were noted and GB will forward to KW to send to ADTC for virtual approval.</p> <p>Add to March 2020 agenda as update feedback for noting.</p>	<p>GB KW ALL</p> <p>KW</p>	<p>18.09.19</p> <p>06.03.20</p>
7.2	Aspects of the Code of Practice for Control of Medicines was reviewed at the August Clinical Pharmacist meeting and a number of points were raised at the meeting as follows: 1) The statement "Pharmacists who are not qualified prescribers should be annotating on the drug	Pick up dispensing out of hours with CSharp	MC	30.09.19

	<p>chart which medical staff they have discussed the amendment with" does not reflect current practice at BGH; 2: the Controlled Drug guidance to be updated to reflect use of eCabinets; and 3) the clinical pharmacists have concerns that the code of practice supports the dispensing and labelling of medicines by nursing staff for discharges on the wards. LL commented on discussion amongst clinical pharmacists regarding Nurses dispensing out of hours and writing details on. MC agreed that this is a risk for nursing staff and the reason for pre packs being developed. Any other form of dispensing is not acceptable. HPB scripts are available for wards out of hours to go to community pharmacy to dispense. It was commented that this may have begun as an occasional practice and this to be investigated further. ADTC agreed that this was not acceptable practice and that the code of practice must reflect that – if only pre packed and PODS then for prescriptions out of hours the pharmacist must be called. AW commented on the governance around handling of medicines which has been largely addressed with use of the eCabinets. EL raised a point about mistakes being made with drugs of similar name being removed from cabinet with no record of prescription. MC is also reviewing discharge prescriptions and a request to move ward rounds forward so that prescriptions are no longer delayed coming to Pharmacy which leads to out of hours. ADTC agreed that the controlled governance section should be updated. Page 20 check if pharmacy amendments are in keeping with code of practice. Time or dose may be changed but advice amendments can be messy when simply amended.</p>	<p>Clinical Pharmacists to forward paragraph to MC to ensure accurate wording.</p> <p>Pharmacy amendments – rewrite rather than amend.</p> <p>Update the code of practice and return to ADTC for approval</p>	<p>LL</p> <p>MC</p> <p>MC</p>	<p>30.09.19</p> <p>30.09.19</p> <p>02.10.19</p>
7.3	<p>Protocol for supply of anti-emetic prophylaxis to staff accompanying patients on inter-hospital transfer; written in response to governance issues around staff transferring patients and supply of anti-emetic for travel sickness. The protocol allows for a safe process to be put in place and has been reviewed by Associate Medical Directors. AMD has reviewed. AMack asked why only Cyclizine when this is not first line – MC explained due to sedative effect and risks around that. ADTC agreed that this should be checked against the formulary and the example should be amended to be clearer. It was thought that the protocol would be more effective if some of the information was taken out as it was confusing. ADTC requested that this come back to the committee virtually for final approval.</p>	<p>Changes recommended – to be approved virtually.</p>	<p>MC</p>	<p>30.09.19</p>
7.4	<p>LL asked if recording of Lothian PACS Tier Two decisions for Borders patients are recorded in Lothian or Borders – this would lead to double counting for the national statistics if recorded in both places.</p>	<p>Follow up with Lynsey Baird, NHS Lothian</p>	<p>KW</p>	<p>20.09.19</p>
7.5	<p>LL spoke to the updates to protocol for Extended (VTE) Prophylaxis for Orthopaedic Patients. This protocol has been amended due to the increase in number of discharging wounds and wound infections potentially associated with current regime of post op VTE prophylaxis. The Anticoagulation Committee have discussed with Orthopaedics and agreed amendments which were highlighted for ADTC. Recent NICE guidance was commented on and Orthopaedic practice. AMack asked if any patients were yellow carded but this was no known. Department keen to make changes to balance the risks of clots v risks of wound infections.</p>	<p>ADTC Approved</p>		

7.6	MC spoke to the paper Paramedic Prescribing in NHS Borders and outlined the purpose of the paper in distinguishing paramedic prescribers for NHS Borders and those attached to GP Practice. A paramedic practice code would be requested from ISD; the paramedic prescribers would register on the NHS Border prescriber database and prescribers would rubber stamp GP10 prescriptions in line with national agreement and have their own pads. This will allow review and monitor prescribing as Scottish Ambulance Service is not set up to do this. ADTC discussed the governance of prescribers and the lines of responsibility being with BECS, emergency department or GP practice depending on location of prescriber.	ADTC Approved		
7.7	Hyperkalaemia Guideline – Colm McCarthy / Allison Carruthers. LL outlined this paper for recommended treatment in secondary care only. MC asked for use of large vein for cannula to be added into guidance. Request to change the black type on red background to a lighter shade to make easier to read.	ADTC Approved with changes made	LL	30.09.19
7.8	SNAP multi disciplinary care pathways included for approval; back to emergency department for upload to Intranet.	Check with C Evans	LL	30.09.19
7.9	Flowchart for Medicines Applications was reviewed and a change requested to the PACS Tier Two choice for not submitted.	ADTC Approved with change made	KW	30.09.19
7.10	PGD Policy and Change Log was sent virtually to ADTC for voting. Change to be made on page 5 – audit being carried out every 3 years (not every 2) as 3 years is new period of review.	ADTC Approved with change made.	MC	30.09.19
7.11	PACS Tier Two Review summary of issues was available for review.	ADTC Noted		
8.	FOR INFORMATION and NOTING:			
8.1	Medicines Shortages and Brexit update	ADTC Noted		
8.2	Thoughtful Decision Making and Prescribing NHS Borders Board Presentation AW outlined her request to board for support in making the decisions necessary at ADTC and BFC.	ADTC Noted		
8.3	HEPMA Implementation Programme – the national eHealth Lead is in place and will take this forward. Roll out for NHS Borders is expected 2022/23.	ADTC Noted		
8.4	Disclosure UK online database showing payments made to staff was included for noting. Staff are encouraged to grant their consent when asked or proactively let companies know when they work together, to support transparency.	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	Borders Formulary Committee DRAFT Minute from meeting 14 th August 2019	ADTC Noted		
9.2	Antimicrobial Management Team Minute; 12 th June 2019. EJ commented on eCabinets in wards producing useful reports on antibiotic use. MC is producing a 6-month report for Project Management Office of the turnaround team by end of October and will include that benefit.	ADTC Noted		
9.3	Anticoagulant Committee Minute; 19 th July 2019	ADTC Noted		
9.4	IV Therapy Group DRAFT Minute; 17 th July 2019	ADTC Noted		
9.5	Tissue Viability Group minute unavailable for this meeting.			
9.6	Wound Formulary Group minute unavailable for this meeting.			

9.7	Medicines Reconciliation Safety Group no longer meeting.	Remove from Agenda	KW	06.11.19
9.8	NHS Lothian ADTC Minute – 7 th June 2019	ADTC Noted		
10.	AOCB			
10.1	No items were raised under AOCB.			
Date and time of next meeting: 13th November 2019 at 12:30pm in the Estates Meeting Room.				