

A Meeting of the Borders Area Drugs and Therapeutics Committee held at 12:30pm on Wednesday, 13th November 2019 in Estates Meeting Room MINUTE

In Attendance: Alison Wilson (Director of Pharmacy) (Chair) (AW); Mark Clark (Non Medical Prescribing Lead/Infection Control Lead) (MC); Keith Maclure (Lead Pharmacist – Medicines Utilization & Planning) (KMacl); Adrian Mackenzie (Lead Pharmacist Community) (AMack); Dr Elliot Longworth (GP) (EL); Dr Nicola Henderson (GP) (NH); Andrew Leitch (Lay Member) (AL); Kate Warner (Minute Secretary) (KW)

- **Guests**: Fiona Bathgate, Deputy Accountable Aseptic and Clinical Pharmacist attending to speak to Item 7.1 at start of the meeting (FB); Pamela Macintyre, Lead for Prescribing & Clinical Pharmacy, West Dunbartonshire HSCP (PM)
- 1. Apologies & Announcements: Dr Cliff Sharp (Medical Director) (CS); Dr Rachel Stewart (Consultant DME) (RS); Keith Allan (Public Health Consultant) (KA) ; Liz Leitch (Formulary Pharmacist) (LL); Dr Edward James (Consultant Microbiologist) (EJ); Cathryn Park (Lead Pharmacist Acute Care & Medicines Governance) (CP)

Item	Situation ; Background ; Assessment	Recommendation	Person	Timescale
2.	Declarations of Interest: None		•	
3.	DRAFT Minute previous meeting			
	Draft minute from meeting held 11 th September 2019 was approved with no changes as an	ADTC approved for		
	accurate record of the meeting. AW – CS to be removed from meeting distribution; RS ask if	upload to		
	able to attend again or send deputy.	Internet/Intranet	KW	14/11/19
4.	Matters Arising			
4.1	None			
5.	NEW MEDICINE APPLICATIONS:			
5.1	NFR Opicapone was discussed with all details in NFR database and folder.	Letter to applicant	KW	18/11/19
6.	PATIENT & MEDICINES SAFETY:			
6.1	Medicines Reconciliation – no update available			
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			·
7.1	Fiona Bathgate, Clinical Pharmacist, with responsibility for Homecare, presented the NHS	ADTC Approved with		
	Borders Homecare Medicines Services Policy. This is a new policy for governance of	noted changes made.		
	Homecare. Since the agenda was circulated there had been two minor updates and FB updated	Add to the policy to	FB	18/11/19

	the committee on these updates. KMacl asked about including guidance when prescriptions	make out of area		
	come in from out of area as there may be patients who are known locally to require a different	prescription process		
	level of support/delivery. This would stop any unused medication being received by local	clearer.		
	pharmacist for destruction. Committee discussed a way for external bodies to discuss with	Review invoicing	AW	18/11/19
	local clinicians/pharmacists for advice on patient. FB commented on the key performance	Schedule and include		
	indicators coming from Homecare and National Procurement and being based on which centre	FB for annual report	KW	18/11/19
	issues the prescriptions. ADTC requested that a Homecare annual report be submitted after the			
	financial year end.			
7.2	NHS Borders New Medicines Applications Process – Flowchart Update – updated to clarify	ADTC Approved		
	the non-submission and non-approved by SMC.	For intranet	KW	18/11/19
8.	FOR INFORMATION and NOTING:			·
8.1	Management of a Red Clozapine Result – updated guideline. ADTC noted the updated and	ADTC Noted; request	KW	14/11/19
	requested that page 2 – should be 10^9 Not 109 - similar to next line	change as noted		
8.2	Letter from Chief Nursing Officer to Health Board Chief Executives stating the new standards	ADTC Noted		
	and indicators for HAI and Antibiotic Use. This has been cascaded to relevant Board leads.	Feedback to ATC	KMacl	03/01/20
	AW commented that the Antimicrobial Team will take this forward. KMacl asked how widely	from PST Hawick		
	this is publicised; NH commented that GPs receive practice specific feedback and this is			
	discussed at practice and cluster level. Prescribing Support Team has been working on this			
	with Hawick practices and ADTC asked for feedback on implementation.			
8.3	MC reported on the Electronic Medicine Cabinets that were installed in Wards 4, 5, 6 and	ADTC Noted		
	Emergency Department 6 months ago. After a few initial teething problems, the cabinets have			
	been a resounding success and well received. A 6-month report is currently being complied			
	for NHS Borders Endowment Committee to support wider roll out of cabinets to other			
	wards/areas. MC reported that success has included improving governance: with information			
	on storage and administration of drugs; and financial: reducing waste and improving time			
	spent for pharmacy and nursing staff. Potential costs savings for medicines across the four			
	wards/areas was discussed. The Programme Management Office (PMO) is assisting with the			
	review of staff time to quantify the savings and efficiencies. The cabinets have highlighted			
	issues around controlled drug administration that can now be addressed with the ability to drill			
	down to cabinet access and responsibility and this has governance benefits. AMack			
	commented on the highlighting of antibiotic use in Emergency Department which has led to			
	improved patient safety. The level of data produced will lead to other benefits which have			
	been seen by teams such as the Antimicrobial Team. MC commented that the cabinets cannot			
	be completely failsafe but have tightened up administration and governance significantly. Use			
	in Community Hospital was discussed and also combined use with Attend Anywhere			
	technology – improved audit trail and community staff governance would be possible. Each			
	cabinet should pay for itself in two years – on medicines waste reduction alone. Emergency			
	Department have given excellent feedback from all staff – medics and nurses. Other			
	Department nute firen excenent recubick nom an start medies and hurses. Other	I		

	wards/areas are requesting.			
8.4	HEPMA Update (Hospital Electronic Prescribing and Medicines Administration). AW, along	ADTC Noted		
0.4	with Jackie Stephen (JS), Head of IM&T have approached the Board Executive Team (BET)	Recruit a clinical lead	AW/JS	29/11/19
	to request Board commitment to HEPMA. Scottish Government has requested feedback from	for Borders HEPMA	LW/JO	23/11/19
	Boards on their current position and has outlined funding. NHS Borders is not at the stage of	project		
	requesting funding, and other Boards have not all received requested amount, so there needs to	project		
	be Board commitment to the project. BET has agreed to support. It has been made clear that			
	this is a clinical/nursing project and should not be driven by Pharmacy or IM&T the Medical			
	Director and Nursing Director have agreed to this. HEPMA currently is not included in local			
	eHealth plan and will need to be included in strategy as soon as appropriate. Expectation for			
	Borders is that work will begin in 2020 with pilot followed by roll out in 2022.			
8.	Medicines Shortages and Brexit Updates – AW commented that the shortages are not linked to	ADTC Noted		
5.	Brexit plans and that there is a process in place with different levels of alerts from Scottish	ADIC Noted		
	Government for medicines shortages that are disseminated as appropriate. There is a national			
	Medicines Shortage Review Group which local Boards input to and this is providing a			
	coordinated approach although not currently addressing the issues of shortages. NHS Borders			
	has a policy and flowchart to provide shortages information and processes. There are local			
	Brexit groups for NHS Borders and Scottish Borders Council with collaboration between the			
	two and Pharmacy involvement. There are no Brexit updates at this time.			
8.6	ADTC Collaborative October Newsletter included updates on Brexit, Medicines Shortage,	ADTC Noted		
	SNF, EAMS, Medicines in Prisons, ADTCC webex and visits from ADTCC Leads. AW	Resend Abbreviated	KW	14/11/19
	reported on the Single National Formulary with plans underway for the East region – Lothian,	Borders Joint		
	Fife, Borders to test the new platform. This will be a national platform with a regional	Formulary to GPs to		
	approach. KW and LL have reviewed the early stages of the new SNF platform and it is easy	print for locums		
	to use and comprehensive so far. NH asked about locums who are finding searching the	1		
	current formulary difficult – there is no local printed version now. AMack commented on his			
	involvement with the new single formulary for minor ailments (white list) and AW asked that			
	GPs be involved in any reviews and discussions.			
9.	FEEDBACK from SUB GROUPS			
9.1	Borders Formulary Committee DRAFT Minute from meeting 9 th October 2019	ADTC Noted		
9.2	Antimicrobial Management Team Minute; 14 th August 2019	ADTC Noted		
9.3	Anticoagulant Committee Minute - No recent meeting			
9.4	IV Therapy Group DRAFT Minute; 18 th September 2019	ADTC Noted		
9.5	Tissue Viability Steering Group DRAFT minute October 2019	ADTC Noted		
9.6	Wound Formulary Group DRAFT Minute - Next meeting to be held on 27 th November 2019.	Wound Formulary		
	MC updated ADTC on the Wound Formulary compliance data and time spent with practice	compliance report to	MC	03/12/19
	and treatment room nurses to match the GP LES requirements. AW requested a report on	MRG December	KW	03/12/19

	compliance and improvements made to be tabled at Medicines Resource Group; use of silver	agenda			
	dressings has been raised at that Group recently.				
9.7	NHS Lothian ADTC Minute – 2 nd August 2019	ADTC Noted			
10.	AOCB				
10.1	SBAR on Dermatology savings - Tildrakizumab (Ilumetri) was tabled by Fiona Bathgate,	ADTC Approved			
	Clinical Pharmacist (FB). The SBAR was circulated at the meeting and FB spoke of the	appropriate switch	FB	18/11/19	
	ongoing work in this area and the pricing offer made by the Pharmaceutical company for	after agreement			
	loading (first three) doses. This is a rebate on first three packs until March 2020. National	reviewed by Deputy	JC	18/11/19	
	Procurement is aware of the offer and has asked Boards to approve individually if suitable for	Director of Finance			
	them and to feedback responses. No patient information is requested by the company. Saving				
	would be made at point of purchase - not as a rebate. Homecare route is not advised for the				
	first three doses and this will be via BGH Pharmacy and patient education from specialist				
	nurses. Drug is on Borders Formulary but is not first choice. Costs and patient numbers were				
	discussed by ADTC. Whilst this is a saving for NHS Borders it must also be of clinical benefit				
	to the patients. Tildrakizumab (Ilumetri) has benefit of less immune infections. Some patients				
	have been identified as potential switch.				
	nd time of next meeting: 8 th January 2020 at 12:30pm in the Estates Meeting Room.				
Items f	Items for future meetings:				