



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 11th March 2020 in Estates Meeting Room
MINUTE

In Attendance: Alison Wilson (Director of Pharmacy) (Chair) (AW); Keith Maclure (Lead Pharmacist – Medicines Utilization & Planning) (KMacl); Adrian Mackenzie (Lead Pharmacist Community) (AMack); Dr Nicola Henderson (GP) (NH); Liz Leitch (Formulary Pharmacist) (LL); Andrew Leitch (Lay Member) (AL); Dr Gemma Alcorn (Locum Consultant Physician DME)
 Kate Warner (Minute Secretary) (KW)

Guests: Fiona Grant Consultant Physiotherapist, Bladder, Bowel and Pelvic Floor Service – ITEM taken first

1. **Apologies & Announcements:** Keith Allan (Public Health Consultant); Dr Rachel Stewart (Consultant DME) (RS); Dr Edward James (Consultant Microbiologist) (EJ); Cathryn Park (Lead Pharmacist – Acute Care & Medicines Governance) (CP); Mark Clark (Non Medical Prescribing Lead/Infection Control Lead) (MC);

Item	Situation ; Background ; Assessment	Recommendation	Person	Timescale
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from meeting held 13 th November 2019 was approved as an accurate record of the meeting with no changes; January 2020 meeting had been cancelled.	Upload to Internet/Intranet	KW	12.03.20
4.	Matters Arising			
4.1	Homecare Policy was approved at previous meeting of ADTC with recommended changes; Fiona Bathgate made changes and resubmitted paper. A question was raised about patients admitted to hospital who receive drugs through Homecare – should they bring in. This is not included in the policy as the patients cannot bring Homecare drugs into hospital – BGH would supply during their stay in hospital. This could be a significant cost but bringing in a supply from home would be contravening the rules of Homecare deliveries and VAT. From 4.2.1 it was noted the Medicines Governance Group meet twice a year to review annual report and any feedback from suppliers for homecare service; group are in contact via email, outside those meetings, if required.	ADTC Approved changes / policy		

4.2	Anne Duguid took a poster to the FIS conference –ability to review antibiotic use as a result of installation of the cabinets	ADTC Noted the update		
5.	NEW MEDICINE APPLICATIONS:			
5.1	NMA Imiquimod; Applicant: Dr Andrew Mackenzie; Indication: Topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate; SMC restriction: for the treatment of large field actinic keratosis (>25cm ²) ; Drug Name: Imiquimod; Brand Name: Zyclara; Dosage: Up to two sachets of imiquimod 3.75% cream to be applied once daily before bedtime and remain on the skin for approximately 8 hours to the skin of the affected treatment field (area) for two treatment cycles of 2 weeks each separated by a 2-week no-treatment cycle or as directed by the physician. The treatment area is the full face or balding scalp; Cost: dependant on area to treat and cost as well as comparison with alternatives was discussed; Number of patient: 10-20; Increase in patient numbers: possibly. ADTC reviewed the application which is in line with SMC advice, restriction and benefits were discussed. A current formulary product, Picato, is being withdrawn and this would replace that product and become first line. SMC advice was summarised for the Committee and there are no significant safety issues noted. GP present agreed that initiation as general use reasonable as the current product is initiated in this way.	ADTC Approved for General Use; hospital and general practice. Letter to applicant	KW	16.03.20
6.	PATIENT & MEDICINES SAFETY:			
6.1	Medicines Reconciliation – no update at this meeting.			
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	Single Practitioner Administration of Medicines for use when Single Practitioner Medicines Administration is used the practitioner must demonstrate that Inclusion Criteria are met and that Exclusions have been applied. AW outlined the paper and talked through inclusions and exclusions. MC requests the approval of ADTC to go forward with the document. It is based on document from Lothian. AW commented that nurses are driving the change of second check not being necessary and delaying treatment. ADTC agreed that this should be worked up in more detail and return to ADTC for approval.	ADTC Approved document to be completed and return to ADTC for approval (May ADTC timescale)	MC	(06.05.20)
7.2	DOAC Patient Booklet and Alert Card Jan 2020 – this national booklet has been drafted by Greater Glasgow & Clyde and been reviewed at recent national ADTCC meetings. The Borders Anticoagulation Committee had reviewed and agreed to a Borders version removing Rivaroxaban, however, the national version of the booklet and card is to be funded by ADTC Collaborative and will be downloadable from Internet. Although this version does include Rivaroxaban, there are many benefits to patients and ADTC agreed it would be better to use the national funded leaflet that will be updated nationally. The standard patient alert card will also be available. ADTC agreed that it was good to move away from manufacturers’ advice leaflets and have this information at clinics for back up information. GA asked if there could	ADTC Approved Comment to author – typo on p2 “remember” Any comments to LL by 21 st April.	LL	18.03.20

	be a specific version for PE as this would be useful to be disease specific. PN sent a link to the AF booklet.			
7.3	LL outlined the Anticoagulation Bridging for Patients with Severe Renal Impairment or End Stage Renal Disease guideline which has been developed as an alternative to IV heparin infusion. This has been reviewed with Renal service and is based on Lothian's renal unit information. Other consultants have reviewed in Cardiology, Gastroenterology and Haematology plus Clinical Pharmacist. Guidelines will enhance patient safety; the procedure was outlined to committee. Local process information has been included. Both GP and Consultant on committee agreed that this was a great improvement.	ADTC Approved.		
7.4	Fiona Grant, Consultant Physiotherapist for the Bladder, Bowel & Pelvic Floor Service attended the meeting to ask for approval for the services' Proposed Change to Supply of Continence Products. FG spoke to the paper and outlined the current procedure and difficulties with the treatment process with assessments not being done by qualified nurses (but by Healthcare Support workers) and urine analysis tests not being done as part of assessment. In review, the service found that 80% of assessments had no diagnosis; 58% had not been checked for urinary infection; 88% had not treatment plans – no suggestion of reduction in caffeinated drinks etc; and only 30% had been seen by a registered nurse. The service is concerned that healthcare support workers do not have adequate training and more patients are not being seen but are having telephone conversations which is not adequate assessment of requirements. NHS Lothian has had success with these changes and has seen a large reduction in continence products use each month as well as better patient care. Proposed to have reviews at the end of three months and at that time would assess for products required. This would stop the number of patients being reviewed who do not require the service. There would be exceptions – palliative care patients and those who have undergone prostatectomy would not be delayed. FG commented on the removal of “light” products about a year ago which has resulted in data being manipulated and having more absorbent products that they don't need. GA asked about acute care – patients are being discharged without assessment. ADTC approved this change to protocol and FG will have a follow up meeting with lead community nurses. ADTC agreed that this is part of the nursing guidelines and they should have responsibility for the patients rather than being passed to Healthcare support workers.	ADTC Approved GA to be in touch with Fiona re this in acute DME ward	GA	
7.5	Draft National Framework in Scotland for HCSW – for drugs a healthcare support worker can administer – patient specific direction; not on a PGD. Any comments can be sent to Bev R.	beverley.richardson@borders.scot.nhs.uk		20.03.20
8.	FOR INFORMATION and NOTING:			
8.1	Automated ward cabinets; Endowment Advisory Group monitoring update report after 6 months of installation on Wards 4, 5, 6 and Emergency Department. ADTC discussed the success of the cabinets in being able to redirect top up time for pharmacy staff and freeing up Nurse time. Controlled drug electronic register has particularly benefited nurse workload with	ADTC Noted this update. Request for breakdown on waste	MC to LL	06.05.20

	<p>faster ordering time. Other benefits include patient safety and missed doses. A further bid to roll out to other wards has been approved for Wards 7, 9, ITU, Theatre, MKU and Stroke Unit. No definite plans for DME and Community Hospital at this time. ADTC agreed that the practice of CD orders having to be signed by ward pharmacists must change with a new procedure based on what other Boards do. Waste reduction was discussed – restocking cabinets, single dose use instead of whole strips, and including staff time. £8,000 reduction was commented on and there was a request for this to be broken down as it was thought that staff were being efficient prior to cabinets’ installation. Funding coming from Endowments was commented on and AW reassured the committee that the Endowment Fund Committee have strict criteria – meeting patient safety, meeting additionality requirements and staff time being more efficient.</p>	reduction and saving		
8.2	<p>National Minor Ailments List has been further updated and items reduced. This has gone to ADTC Collaborative with comments and what should be included for Pharmacy First scheme from mid-April. Advice will be that patients registered with Scottish GP practices should go to Pharmacy first for minor ailments. At the moment this is not a fixed list but one for review and comment.</p>	<p>ADTC Noted Comments sent New list emailed to EL, NH and GP Exec</p>	<p>AMack KW</p>	<p>18.03.20 16.03.20</p>
8.3	<p>PAS and PCRS Annual Report 2018-19 – annual report summarises the benefits which come from the patient access schemes and primary care rebate schemes. These cannot be considered as savings.</p>	ADTC Noted	AW	
8.4	<p>ADTCC Cannabis Letter from HIS; Borders in line with rest of Scotland.</p>	ADTC Noted		
8.5	<p>SMC Update Presentation – LL suggested that when Lothian approve plan, for reviewing Paediatric license medications extension, that we monitor and adopt. Ensure that this is passed to Paediatric colleagues.</p>	ADTC Noted		
8.6	<p>Intravenous Antibiotic Use in NHS Scotland – AW commented on this supportive piece of work and useful to see what is happening locally.</p>	ADTC Noted		
8.7	<p>HEPMA Update – AW reported that Scottish Government is looking for feedback on the HEPMA implementation from Boards. Locally we have requests for clinical champion. AW and Head of IM&T will work together to create an SBAR for project support; the project will be driven by medical/nursing not pharmacy and IM&T. Borders is the last Board to start to take this forward and there has not been the capacity to do so far. It must be on plan for implementation by 2022 and the business case is expected to go to the Board this Autumn.</p>	ADTC Noted		
8.8	<p>Changes to streamline the SMC submissions process.</p>	ADTC Noted		
8.9	<p>Yellow Card Scotland Annual Report for 2018/19 – Borders compares favourably with other Boards but there is always room for improvement in this area.</p>	ADTC Noted		
8.10	<p>SACT Consent Guidance 2019 key stakeholder consultation supportive of a national approach.</p>	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	<p>Borders Formulary Committee DRAFT Minute from meeting 12th February 2020.</p>	ADTC Noted		

9.2	Antimicrobial Management Team Minute; 12 th February 2020.	ADTC Noted		
9.3	Anticoagulant Committee Minute – no recent meetings.			
9.4	IV Therapy Group DRAFT Minute; 18 th September 2019.	ADTC Noted		
9.5	Tissue Viability Steering Group DRAFT minute 10 th December 2019.	ADTC Noted		
9.6	Wound Formulary Group DRAFT Minute 13 th November 2019; February meeting to be rescheduled due to availability.	ADTC Noted		
9.7	NHS Lothian ADTC Minute – 6 th December 2019.	ADTC Noted		
10.	AOCB			
10.1	AMack raised a question for MC about PGD sign off. Recently it was approved for PGDs to have a three year expiry date (extended from previous two year). With changing priorities for staff involved with Covid19, MC requests that all PGDs coming up for expiry now that were two years are extended to three years, making their expiry date 2021 – if the service does not have an updated PGD ready.	ADTC Approved Contact services / extend PGDs	KW	31.03.20
Date and time of next meeting: Virtual – decisions by email due to Covid19.				
Items for future meetings:				