



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on  
**Wednesday, 16<sup>th</sup> September 2020 via Microsoft Teams**  
**MINUTE**

**Present:** Alison Wilson (Director of Pharmacy) (Chair) (AW); Keith Maclure (Lead Pharmacist – Medicines Utilization & Planning) (KMacl); Adrian Mackenzie (Lead Pharmacist Community) (AMack); Dr Elliot Longworth (GP) (EL); Liz Leitch (Formulary Pharmacist) (LL); Rhona Morrison (Medicines Governance Lead); Cathryn Park (Lead Pharmacist – Acute Care & Medicines Governance) (CP); Kate Warner (Minute Secretary) (KW)

**Apologies & Announcements:** Dr Gemma Alcorn (Consultant); Dr Nicola Henderson (GP) – *Dr E Longworth attending*; Dr Ed James (Consultant); Andrew Leitch (Lay Member); (Keith Allan (Public Health Consultant); Mark Clark (Medicines Governance Lead) – *Rhona Morrison attending*.  
 AW welcomed Rhona Morrison who is supporting us in the Medicines Governance role while MC is on secondment. RM starts in the role in October so thank you for attending early.

Item	Situation	Background	Assessment	Recommendation	Person	Timescale
2.	<b>Declarations of Interest:</b> None					
3.	<b>DRAFT Minute previous meeting</b>					
3.1	Draft minute from virtual meeting 8 <sup>th</sup> July 2020 was approved as an accurate record of the meeting and will be updated to the intranet/internet.			Upload to Internet	KW	Within 24 hours
4.	<b>Matters Arising</b>					
4.1	None					
5.	<b>NEW MEDICINE APPLICATIONS:</b>					
5.1	<b>NMA Amantadine</b> - Applicant: Dr D Simpson; Peer Support: Dr J O Donnell; Indication: Fatigue in Multiple Sclerosis; Drug Name: Amantadine; Brand Name: n/a; Dosage: 100mg daily for 1 week then BD; max 400mg/day; Cost: included in application; Number of patient: 1-3; Increase in patient numbers: No. Evidence included from NICE clinical guideline The application was outlined along with dosage and cost; there is no SMC Advice and therefore no QUALY available; there are no alternative medicines and this would augment current therapy. Request to include in formulary as Specialist Use only from the Neurology team; who commented that this is not a drug which will be used frequently, there is no shared care protocol, prescribing would be from GPs through repeat prescribing and no additional monitoring would be required. More information on criteria for patient choice was requested. Use by prescribers if on formulary was discussed – if specialist use only there would be trust that prescribers did not prescribe if not specialist as with other formulary products. ADTC approved Amantadine for specialist initiation and general use with restrictions. This led to a			ADTC Approved For Specialist Initiation with on-going prescribing in general practice Letter to applicant; + more evidence requested Accessibility to NFR decisions for PST and clinical pharmacists	KW  KMacl; LL / KW	1/09/2020  21/09/2020

	discussion regarding practice pharmacists reviewing repeat prescriptions and Lead Pharmacist fielding calls to check if patients have approved supply of non-formulary medicine. Ability to review the approved applications through the current NFR spreadsheet to be discussed and agreed as not many people have access to this spreadsheet.			
<b>6.</b>	<b>PATIENT &amp; MEDICINES SAFETY:</b>			
6.1	Update from CP - Medicines Reconciliation reporting is no longer a requirement for the Scottish Patient Safety Programme. Medicines Governance roles and priorities to be discussed at meeting in September with Rhona Morrison (2 days a week) and Shelley Scott working with RM replacing MC in his secondment). From pharmacy point of view we have identified trends from adverse event reports which means our priorities are: <ul style="list-style-type: none"> <li>• Missed doses of medicines</li> <li>• High risk medicines (particularly insulin and anticoagulation); Work is also being done with MAU on abbreviated discharge letters and auditing whether only putting changes to medicines on IDL's (rather than the full list of what a patient takes) has any negative impact with primary care teams being able to reconcile meds after discharge. ADTC agreed that this should return to November meeting with RM reviewing Datix and Medicines Governance issues after the forthcoming clinical nurse managers review meeting. There has been an increase in some areas that should be picked up.</li> </ul>	Include update in November meeting – Datix and meds governance review	CP RM	10/11/2020
<b>7.</b>	<b>CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:</b>			
7.1	Kiovig protocol for IV infusion - clinical document due to expire on Intranet 01 December 2020 It was agreed that the online guidance from Medusa should be referred to not the Borders guidance and that this one should be removed from the Intranet.	Remove Kiovig guidance from intranet	KW	21/09/2020
7.2	ADTC Terms of Reference – updated and request to include MRG as sub-group of ADTC. Changes to be made:- 1.2 Remit should include “review and approval of Non Formulary Requests”; 1.3 Membership – principal pharmacist to be changed to CP current job title; 1.5 frequency of meetings – change to third Wednesday bi-monthly and also refer to MS Teams meetings as well as face to face where possible in future. ADTC discussed the role of subcommittees and what defines the relationship between the committees and the overarching ADTC and agreed that ADTC as a governance committee delegate authority to approve to those subcommittees within their terms of reference. It was agreed that BFC make decisions and other subcommittees should also be that. It was also agreed that groups such as Wound Formulary Group and Anti Coagulation Committee should feed into BFC as advisory groups and then BFC submits to ADTC. Antimicrobial Team (AMT) to continue sitting under ADTC as would Medicines Resource Group.	ADTC Approved with the noted changes including removal in TOR and in agenda of the subcommittee feedback – some of which to move to BFC. To update	KW	21/09/2020
7.3	Pharmacy Annual Report - 2019/20 was approved and will be sent to Clinical Governance Committee (October 1 <sup>st</sup> ) and Acute Services Business / Clinical Governance Board meeting (September 23 <sup>rd</sup> )	ADTC Approved Forward to meeting groups	KW	17/09/2020
<b>8.</b>	<b>FOR INFORMATION and NOTING:</b>			
8.1	Closure of Remdesevir EAMS. Local allocation of Remdesevir was discussed and we wait for the new evidence and papers to come through SMC pathway to give some national guidance. There may be an update for BFC.	ADTC Noted		
8.2	PACS Tier 2 decisions spreadsheet recording all PACS T2 decisions made for Border patients	ADTC Noted		

	for ADTC oversight.			
8.3	ADTCC SMC update presentation available if required. ADTC agreed that they would be kept up to date by SMC representative Dr Paul Neary through BFC meetings. LL spoke of ADTCC formulary WebEx presentation where there was comment that not all Boards are resourced as well and therefore not as able to cope with the rush of new medicines that are being approved.	ADTC Noted		
8.4	Cystic Fibrosis Medicines – confidential pricing agreements were available for information.	ADTC Noted		
8.5	For information – table of medicines subject to the SMC ultra-orphan validation process where a submission has not yet been scheduled for assessment.	ADTC Noted		
<b>9.</b>	<b>FEEDBACK from SUB GROUPS</b>			
9.1	Borders Formulary Committee DRAFT Minute – meeting held 19 <sup>th</sup> August 2020	ADTC Noted		
9.2	Antimicrobial Management Team DRAFT Minute – meeting held 12 August 2020	ADTC Noted		
9.3	Anticoagulant Committee Minute – meeting held 14 <sup>th</sup> August 2020 LL reported on the significant amount of work attached to Covid indications for anticoagulation and the constant new information and evidence that the clinicians have tried to ensure they stay abreast of. The Committee has been responsible for developing and implementing a number of guidelines during Covid with some to be updated ahead of winter and any new wave of Covid. AW asked LL to thank this subcommittee for their flexibility and ability to change in this continually evolving situation.	ADTC Noted		
9.4	IV Therapy Group DRAFT Minute – meeting held 15 July 2020	ADTC Noted		
9.5	Tissue Viability Steering Group DRAFT minute – no recent meeting			
9.6	Wound Formulary Group – no recent meeting			
9.7	NHS Lothian ADTC Minute – meeting held 7 <sup>th</sup> August 2020	ADTC Noted		
<b>10.</b>	<b>AOCB</b>			
10.1	NFR Sativex 1 application – discussed and saved in NFR spreadsheet	Letter to applicant	KW	21/09/2020
10.2	NFR Sativex 2 application – discussed and saved in NFR spreadsheet	Letter to applicant	KW	21/09/2020
10.3	PACS Tier 2 National Review Panel requires representatives x 2 from each Board for monthly meetings via Teams to discuss any appeals from board decisions made. Last year panel members were AW, LL and KA and it was proposed that they remain the contacts.	Ask permission KA Reply to letter with contact update	KW KW	17/09/2020 22/09/2020
<b>Date and time of next meeting: 18<sup>th</sup> November 2020 at 12:30pm via Microsoft Teams.</b>				