



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 18th NOVEMBER 2020 via Microsoft Teams
MINUTE

Present: Alison Wilson (Director of Pharmacy) (Chair) (AW); Keith Maclure (Lead Pharmacist – Medicines Utilization & Planning) (KMacI); Adrian Mackenzie (Lead Pharmacist Community) (AMack); Dr Nicola Henderson (GP) (NH); Liz Leitch (Formulary Pharmacist) for presentation (LL); Cathryn Park (Lead Pharmacist – Acute Care & Medicines Governance) (CP); Dr Ed James (Consultant) (EJ); Keith Allan (Public Health Consultant) (KA); Dr P Neary (Cardiology Consultant) (PN) – for presentation; Kate Warner (Minute Secretary) (KW)

Guests: Jane Browning, Lead Pharmacist and Kirsty MacFarlane - Regional Formulary, MMT for Presentation at Item 1;
 Dr Joanna Bredski, Consultant for Item 7.1 @ 13:00; Kirsty Douglas, Prescribing Support Pharmacist

Invited for presentation/unable to attend: Dr Chris Evans, GI Consultant; Dr B Muthukrishnan, General Medicine Consultant;
 Charlotte Squires and Michael McDermott, members of BFC

Apologies & Announcements: Liz Leitch, Formulary Pharmacist (can attend presentation at start); Rhona Morrison, Interim Medicines Governance Lead Nurse; Andrew Leitch, Lay Member; Dr Chris Evans, GI Consultant.

| Item | Situation; Background; Assessment | Recommendation | Person | Timescale |
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| 1 | <p>PRESENTATION – Regional Formulary - Jane Browning (JB), Lead Pharmacist and Kirsty MacFarlane (KM) - Regional Formulary, NHS Lothian. AW welcomed members of ADTC and guests to the meeting and handed over to JB for the presentation. JB updated ADTC on the progress of the East Regional Formulary Project. The project has had two phases – first to migrate the Lothian formulary to the new platform which was developed as part of the single national formulary. Second phase will be to scope and develop the regional formulary for NHS Lothian, Borders and Fife. The new platform expands the traditional formulary with condition based lists – less prescriptive and can be used to check recommendations against plans for patient. JB outlined the stages of content migration; with governance decisions that require change discussed at Lothian ADTC. Mapping is almost complete. JB talked through how to navigate the new platform and some of the functionality – highlighting how notes can be added along with tailored prescribing notes. Additional information can be added such as formulary decisions which have a better search engine and display than the current lists and pdfs. There will be a Mobile App available at the same time with a filtered down view and navigation for the device it is viewed on. This will be available off line for areas not covered by wi-fi. Other regional formularies can also be viewed. The first stage of the second phase will provide an opportunity to build upon the formulary information that each Board in the region already has; to agree prescribing notes and referral criteria with each Board taking changes through their own governance process. JB mentioned the emollient choices which are still being worked through. The project team will be having meetings with each Board to discuss governance and review formulary to enable all three Boards to have a broad agreement. Paper going to national DoPs next meeting with detail of project phases. JB covered current structures; any national changes and implications; how to manage formulary chapter reviews with Boards having different priorities; how to work regionally and manage with business as usual; team will collate information from Boards to understand and help to plan and implement. Work is progressing well with Lothian formulary mapping; highlights where web development is required to make clearer: for example children's BNF age ranges. The previous BNF was fixed and this platform</p> | | | |

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| | makes it more flexible.AW asked what the plans are in place to update and manage this in the future. This is covered in paper to DoPs which will be available soon; however JB confirmed that all three Boards will work together to approve content and the development of the content will be done by clinical representatives and formulary teams but they may not all be involved with every chapter as this would slow progress. The chapters would come together through the approval route. With priorities agreed across three regions filtering through to governance and chapter development. A significant piece of work next year will be content matching across the regions and locating the differences and gaps. There is medium term funding available for this project and so they have to ensure that it can be supported by processes that work operationally after the project team have finished. Current funding ends August 2022. AW thanked JB and KM for the presentation and their time. Any additional questions can be directed to the Regional Formulary Team by emailing to AW. | | | |
| 2. | Declarations of Interest: None | | | |
| 3. | DRAFT Minute previous meeting | | | |
| 3.1 | Draft minute from virtual meeting 16 th September 2020 was approved as an accurate record of the meeting. | Remove draft and upload | KW | 19/11/2020 |
| 4. | Matters Arising | | | |
| 4.1 | None | | | |
| 5. | NEW MEDICINE APPLICATIONS: | | | |
| 5.1 | No applications for this meeting | | | |
| 6. | PATIENT & MEDICINES SAFETY: | | | |
| 6.1 | AW updated ADTC that Mark Clark is currently on secondment with Infection Control and that RM is seconded to post, along with Shelley Scott (SS), Pharmacy Technician, to take forward medicines governance and safety issues. CP thanked RM for her help with ward education and training and looking at common themes around high risk medicine, anticoagulation, insulin and Department of Medicine for the Elderly missed doses (to be taken across other wards in new year). Aim is to get out to community hospitals and mental health team as much as possible. Datix review on insulin tabled - KMacl has asked SS about using review in prescribing bulletin. | | | |
| 7. | CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL: | | | |
| 7.1 | Physical Health Monitoring for patients prescribed antipsychotics and mood stabilisers; paper tabled by Psychiatry Team. Dr Bredski gave a background and noted most of paper is standard practice nationally. Previously had ADHD section - this will be in a separate future guideline. Guideline was discussed and the following changes requested:- 1. List only treatment room nurse as taking the blood tests. 2. Page 5 refers to "protocol" – change to guideline and use that throughout. 3. Add the original date of approval – ADTC approved Month/Year; and review at two years. If prolactin was raised would that be GP or Mental health responsibility to take forward; and similarly if ECG abnormal would it be GP or mental health responsibility to take forward? Abnormal ECG would not be referred to endocrinology by either team. Dr Bredski will take back to committee to discuss. | ADTC Approved with changes noted – to be sent to Dr Bredski | KW | 19/11/2020 |
| 7.2 | NHS Borders Independent/Nurse Formulary Prescribing Policy (previously NMP Policy) and impact assessment; tabled by Rhona Morrison was approved with changes suggested to section 9.3 Reordering of Prescription Pads. To be updated as the route of supply is through stores for pads, NMP admin for electronic forms. It was suggested that there could be an improvement in the process for requisition of pads for prescribers by other individuals (not the | ADTC Approved with comments noted and changed Update and upload to intranet | RM/KW | 30/11/2020 |

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| | prescriber themselves) to ensure pads are going to the right people. | | | |
| 7.3 | SOP for Healthcare support workers to be able to receive controlled drugs on the ward then act as a second witness when they are signed into the register. After discussion about wards borrowing medicines out of hours, ADTC asked for a change to be made to ensure clarity that drugs to be supplied from Pharmacy only; receipted by porter and that wards file paperwork for their records. | ADTC Approved with change noted | KW to Shelley Scott | 19/11/2020 |
| 7.4 | ADTC discussed the prescribing of non-SMC-approved drugs without the correct procedure (previously IPTR Individual Patient Treatment Request and now PACS T2 Peer Approved Clinical System). Prescribing Support Team are identifying during their reviews and will be picking up any that are not following the correct procedure going forward. ADTC agreed that this is to be communicated to prescribers and how this would be done will be discussed by KMacI and LL. | Discuss process and communication Convert search to exclude CHI on decisions made | KMacI/LL KMacI | 30/11/2020 30/11/2020 |
| 7.5 | East Region Formulary and Pharmacy First Formulary now available on Lothian website. Pharmacy First formulary cannot be changed at local level. Working with East Region to include guidance to support prescribing. Community Pharmacy website has been updated with new Pharmacy First formulary and documentation as it changes. | ADTC Noted | | |
| 8. | FOR INFORMATION and NOTING: | | | |
| 8.1 | Repurposing Medicines Guidance – Care Homes and Hospices during Covid19 pandemic. Local guidance has been updated to reflect the national guidance; this is an evolving document and changes were minor to keep in line with national changes – these were signed off by NHS Borders Board. | ADTC Noted | | |
| 8.2 | Cabinet Secretary for Health and Sport response to the Convener following Directors of Pharmacy response to the Health and Sport Committee report in the Supply and Demand for Medicines. | ADTC Noted | | |
| 8.3 | Naloxone Supply Framework – reviewed and approved virtually; uploaded 8 October. Changes made to facilitate prescribing and stem rise of drug related deaths. | ADTC Noted | | |
| 8.4 | Sign 160 Guidance – Management of suspected bacterial lower urinary tract infection in adult women. AMack commented that it is not easy for all Pharmacies to deliver dip testing but where possible to implement Pharmacies will do so. Awaiting national negotiations. There have been objections from GPs and EJ asked about sending and collecting urine samples. Challenges have been relayed from Community Pharmacy Borders committee to CPS. SIGN guidance is the aim and should be the service provided by Community Pharmacists. | ADTC Noted | | |
| 8.5 | Yellow Card Annual Report 2019-20 and covering email with 2020 update. AW reported that NHS Borders sits mid-range with reporting; trend shows increase in patient groups and decrease in health professionals. | ADTC Noted | | |
| 8.6 | Non Formulary Request form – updated and approved at BFC October 2020 meeting; has been uploaded to Intranet and will be noted on next Wound Formulary Committee meeting. | ADTC Noted | | |
| 8.7 | Email from HIS with links to guidance – Patient Consent for Systemic Anti-Cancer Therapy (SACT); NHS Borders SACT Lead – Dr Jean Leong; Lead SACT Nurse – Val Gibson; Lead SACT Pharmacist – Eileen Nicol. Lynda Taylor confirmed this is under discussion; working towards regionally with plan to implement after their January meeting. | ADTC Noted | | |

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| 9. | FEEDBACK from SUB GROUPS | | | |
| 9.1 | Borders Formulary Committee DRAFT Minute – meeting held 21 st October 2020 | ADTC Noted | | |
| 9.2 | Antimicrobial Management Team DRAFT Minute – meeting held 21 st October 2020 | ADTC Noted | | |
| 9.3 | Anticoagulant Committee - next meeting 27 th November 2020 | | | |
| 9.4 | IV Therapy Group DRAFT Minute – meeting held 16 September 2020 | ADTC Noted | | |
| 9.5 | Tissue Viability Steering Group - no minute available | | | |
| 9.6 | Wound Formulary Group – next meeting 25 th November 2020 | | | |
| 9.7 | NHS Lothian ADTC Minute – meeting held 7 th August 2020 | ADTC Noted | | |
| 10. | AOCB | | | |
| 10.1 | PGDs – please look out for approval required as with small committee is difficult to achieve quorate approval. | | | |
| 10.2 | Welcome to new member for next ADTC - Effie Dearden, Consultant Physician DME. | | | |
| Date and time of next meeting: 20th January 2021 at 12:30pm via Microsoft Teams. | | | | |
| Item for next agenda – Covid Update – any governance concerns or discussion required prior to vaccine (Keith Allan) | | | | |