



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on  
**Wednesday, 24<sup>th</sup> November 2021 via Microsoft Teams**  
**MINUTE**

**Present:** Dr Nicola Henderson, GP (NH) to chair; Keith Allan, Public Health Consultant; Liz Leitch, Formulary Pharmacist; Andrew Leitch, Lay Member; Adrian Mackenzie, Lead Pharmacist Community Pharmacy (AMck); Rhona Morrison, Medicines Governance Lead (RM); Dr Ed James, Consultant (EJ); Keith Maclure, Lead Pharmacist Medicines Utilisation (KMacl); Kate Warner, Minute Taker (KW)

**Guests:** Dr James Tidder, Consultant Psychiatrist; Grant Allison, Clinical Pharmacist; Lorna Wallace, Lead Pharmacy Technician

Item	Situation ; Background; Assessment	Recommendation	Lead	Timescale
1.	<b>Apologies and Announcements:</b> Alison Wilson (Dr NH to chair); Dr Effie Dearden, DME Consultant. NH welcomed all those present to the meeting and commented that due to time constraints for those presenting the agenda would move to Item 7 and then back to 3.			
2.	<b>Declarations of Interest:</b> None			
3.	<b>DRAFT Minute previous meeting</b>			
3.1	Draft minute from 22 <sup>nd</sup> September 2021 meeting was approved with no changes as an accurate record of the meeting.	Upload to intranet/internet	KW	25/11/2021
4.	<b>Matters Arising</b>			
4.1	The following papers - Community Hospital Discharge Policy (KMacl) and the NHS Borders Thematic Review of Medication Errors (RM) were both unavailable for this meeting.	Add to January agenda if available	KMacl RM	19/01/2022
5.	<b>NEW MEDICINE APPLICATIONS:</b>			
	None			
6.	<b>PATIENT &amp; MEDICINES SAFETY:</b>			
6.1	RM updated ADTC on Datix reports – no new issues to report; same areas with insulin, anticoagulants and controlled drugs. RM is working with senior nurses to educate in the busier	ADTC Noted		

	areas where errors occur. Community hospital and community tend to be lower Datix numbers and mainly concerned with vaccines and storage. RM recently met with senior charge nurses and will be supporting Ward 6 with controlled drug and storage issues.			
<b>7.</b>	<b>CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:</b>			
7.1	Dr James Tidder, Consultant Psychiatrist Borders Addiction Service attended ADTC to speak to Medication Assisted Treatment (MAT) prescribing guidelines and HIA impact assessment report. JT spoke of the drug death crisis in Scotland and the changes in practice already put in place in the Borders that mean we are meeting 1-5 of the MAT standards already; there is a requirement to have clinical guidelines in place to be able to assess and prescribe same day and JT gave a summary of addictions model, assessment period and the window of motivation for patients which makes the start of medication more urgent. A shorter, more focused history is taken at the first appointment with a single drug test and evidence of use to enable a clinical decision to be made same day. JT spoke of the degree of risk, lower starting dose of methadone and likely tolerance; he also spoke of buprenorphine patients being able to self-titrate, small dose without supervision and instructions on what to do being the main changes. Guideline includes Buvedal which Borders has introduced and at 60 patients now. Buprenorphine micro dosing formalised and covered in the paper. There is no impact on GP prescribing as GPs in Borders do not prescribe OST; no significant change to community pharmacy and they have been doing this for 18 months and so pharmacies are used to changes. ADTC approved paper.	ADTC Approved Email to confirm approval	KW	25/11/2021
7.2	NHS Borders Approval to Practice documentation for Pharmacy First Plus - ensuring that Community Pharmacist Independent Prescribers are eligible to provide Pharmacy First Plus for NHS Borders, following national guidelines, monitoring and making sure pharmacists are fulfilling requirements of PCA and ensuring prescribers are prescribing appropriately and in their competence and in line with formulary and guidelines and ensuring they participate in peer reviews.	ADTC Approved		
7.3	Disease Modifying Anti-Rheumatic Drugs (DMARDs) due for update March 2021. Revised for Covid and changes to acceptable review periods.	ADTC Approved		
7.4	AMack spoke to the SBAR – GP Surgery Childhood Vaccines authored by Lorna Wallace, Senior Pharmacy Technician. As part of the implementation of vaccine transformation, routine vaccinations are delivered by health board staff and wherever possible use any vaccine stored by GP practices. 18 out of 24 locations have provided information on vaccine storage; 4 sites unable to provide information; 8 sites still to provide. SBAR highlights to the group the procedure for safe use or destruction of vaccines if vaccines are stored/not stored correctly with proof of temperature records. EJ raised concern about the quality control of the vaccine storage, why have over a third not stored properly and why can't some provide fridge temperature records. AMack replied that training had been provided to staff on best practice and guidance; vaccines are more robust now and have a	ADTC Approved		

	firm view on this. EJ asked what the implications were going forward and spoke of the action plan that would be required in Labs if they were found not to be following this kind of procedure. What would happen in future on these sites to ensure they were following guidance? AMack replied that LW was delivered training with staff on monitoring fridges and has reviewed all SOPs. They are using information gathered now to ensure that process put in place is more robust. Every practice must follow the SOP which is based on public health guidance on storage of vaccines. ADTC approved the paper and process but commented that there were learning points to be considered going forward.			
7.5	ADTC discussed the local authorisation procedure for SMC 'Not Recommended' advice issued more than 10 years ago - from Lothian and approved by Lothian ADTC, 1 October, with the route of application to be FAF2 only and the criteria to be extended to older than 10 years and/or generic medicine now available. SMC not recommended/approved drugs are not revisited and would usually go through PACS Tier Two or non-formulary requests. Drugs on list outlined, clinical evidence changes and drugs become generic and original decision may not be updated. Drug should fit the criteria and all formulary options should have been optimised or were not clinically effective. ADTC were asked to support the completion of a FAF2 form for any of these drugs which may be more cost effective to be prescribed or where there is increased clinical evidence to support. Items that Borders already have available on Formulary may not be routinely available in Lothian or Fife and ADTC asked if they would have to complete FAF2 forms for each of these to East Region Formulary. Process for Boards is different with some more time consuming than ours. ADTC agreed that they would approve this with a clause to say where drug has already been approved for use in Borders we would not have to complete and submit a form.	ADTC Approved – with clause that where drug is currently in use a form would not have to be resubmitted to ERF.	LL	
7.6	ADTC discussed application to use Sacituzumab-govitecan from Dr C Bedi. Used by Oncology team, currently free of charge, under current guidance drug is licensed and waiting for SMC review; information available on benefits and clinical trial outlined for this indication. Any application would usually go through PACS Tier Two process. Approved for use in Lothian by MMC and support is requested from Borders ADTC. Email trail included to support agreement with approval in Lothian. If no other clinically appropriate treatment, the team would be able to use if required. Currently no Borders patients require this treatment.	ADTC Approved use if required for patient without going through PACS Tier Two process Email to applicant	KW	29/11/2021
<b>8.</b>	<b>FOR INFORMATION and NOTING:</b>			
8.1	<b>East Region Formulary updates</b> from Sept-Nov 2021 included 1 Links to Formulary Committee and Application forms; 2 Governance Groups membership (NHS Borders) and dates; 3. ERF September 2021 update; 4 ERFC Minute September 2021.	ADTC Noted		
8.2	COVID therapeutic alert regarding the revision and extension of the recommendations contained in the UK-wide clinical commissioning policy published on 17 September 2021 for consideration of the	ADTC Noted		

	use of the intravenous combination of the neutralising antibody casirivimab plus imdevimab in patients aged 12 years and over.			
8.3	Ronapreve BGH Protocol tabled and added to Covid19 Medicines microsite page.	ADTC Noted		
8.4	Guidance letter from Alison Strath, Chief Pharmaceutical Officer about Storage for Medicines (including Controlled Drugs) in Clinical Areas.	ADTC Noted		
<b>9.</b>	<b>FEEDBACK from SUB GROUPS</b>			
9.1	Borders Formulary Committee DRAFT Minute – meeting held 27 <sup>th</sup> October 2021	ADTC Noted		
9.2	Antimicrobial Management Team DRAFT Action Tracker – meeting held 20 <sup>th</sup> October 2021. EJ updated on on-going work of the Team and asked everyone to ensure they make their pledge for antimicrobial guardian this year.	ADTC Noted		
9.3	Anticoagulant Committee DRAFT Minute – no recent meeting			
9.4	IV Therapy Group DRAFT Minute – meeting held 10 <sup>th</sup> November 2021. RM reported on replacement pumps being installed.	ADTC Noted		
9.5	Tissue Viability Steering Group – no recent meeting			
9.6	Wound Formulary Group DRAFT Minute – next meeting held 25 <sup>th</sup> November 2021			
9.7	NHS Lothian ADTC Minute – meeting held 27 <sup>th</sup> August 2021	ADTC Noted		
<b>10.</b>	<b>AOCB</b>			
10.1	None			
<b>Date and time of next meeting: Wednesday 26<sup>th</sup> January 2021 at 12:30pm via Microsoft Teams.</b>				