



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 26th January 2022 via Microsoft Teams

MINUTE

Present: Chair - Alison Wilson (Director of Pharmacy) (AW); Liz Leitch, Formulary Pharmacist; Dr Nicola Henderson, GP (NH); Keith Allan, Public Health Consultant; Adrian Mackenzie, Lead Pharmacist Community Pharmacy (AMack); Rhona Morrison, Medicines Governance Lead (RM); Dr Effie Dearden, DME Consultant (ED); Dr Ed James, Consultant (EJ); Keith Maclure, Lead Pharmacist Medicines Utilisation (KMacl); Kate Warner, Minute Taker (KW)

Item	Situation ; Background; Assessment	Recommendation	Person	Timescale
1.	Apologies and Announcements: Andrew Leitch, Lay Member			
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from 24 th November 2021 meeting was approved with no changes. AW asked for pages numbers to be included in minute.	Uploaded to intranet/internet	KW	31.01.2022
4.	Matters Arising			
4.1	Included in agenda or March meeting items.			
5.	NEW MEDICINE APPLICATIONS / NON FORMULARY REQUESTS:			
5.1	NMA Coloplast Brava Protective Seal Applicant: Christine Henderson, Stoma Service; Peer Support: Mr Pal/Mr Berlanski; Indication: For use around a stoma to build up area, absorb excess moisture, provide comfort, prevent bag leaks, prevent skin breakdown and in turn reduce the amount of bag changes required Generic Name: Brava Protective Seal – code 12035 and 12045; Brand Name: Coloplast; Dosage: not applicable; Cost: included in application; patients may need 2 x week or 1 x daily; Number of patients in first year: unknown; Projected increase in patients: unknown. Application was outlined – has come to ADTC as stoma formulary not currently on ERF agenda and this application was pre-ERF process. Request for second choice to the seals currently listed as first choice. Costs and savings outlined; no other product to be removed from formulary – this	ADTC Approved For Category C - For specialist initiation, with ongoing prescribing in general practice Letter to applicant; see notes	KW	31.01.2022

	is addition. No SMC or NICE advice available; evidence from outcome of one patient; however, other Scottish Stoma teams have this choice on their formularies and it was agreed that this showed evidence of use and efficacy. ADTC agreed to approve and asked that Stoma nurses gather and provide feedback over the next three months; add to formulary on this trial basis.			
5.2	FAF1 Sarilumab Applicant: Dr Ruth Richmond; Peer Support: Graham Dall; Indication: Rheumatoid Arthritis; Generic Name: Sarilumab; Brand Name: Kevzara; Formulation: 200mg/1.14ml PFS; Cost: included in application; Number of patients in first year: 30; Projected increase in patients: 50 new per annum. Sarilumab already approved for use in NHS Lothian and Fife; the application is submitted locally as we require approval for use secondary to the supply issues with Tocilizumab. Application and patient criteria outlined; SMC approved in March 2018 and SMC advice link was available; in use in Fife and Lothian. No local protocol available – East region formulary includes treatment pathways and protocol should be released once through ERF process is complete. Delivery expected to be through Homecare. Costs and saving reviewed. No declaration of interest from applicant. To be used in line with SMC advice.	ADTC Approved For Specialist Use Only Letter to applicant	KW	31.01.2022
5.3	NFR Armour Thyroid tablets - discussed by ADTC; minute and decision letter in NFR sub folder.	Letter to applicant	KW	01.02.2022
5.4	NRF Risankizumab - discussed by ADTC; minute and decision letter in NFR sub folder.	Letter to applicant	KW	01.02.2022
5.5	NFRs Approved – for Noting 1. Ospermifene – December 2021; 2. Zirconium – December 2021; 3. Psyllium Husk – December 2021; 4. Solgar Psyllium – January 2022. - discussed by ADTC; minute and decision letter in NFR sub folder.	ADTC Noted Action noted on Psyllium Husk	LL	28.02.2022
6.	PATIENT & MEDICINES SAFETY:			
6.1	No current update was available for Datix review; all information has been received now for the Thematic Review and this will be included in the March meeting agenda.	Thematic Review→ March agenda	RM KW	15.03.2022
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	PGD – DENT01 Oromucosal Midazolam, Clinical Director Dental Salaried and Community Dental services, to cover dental technicians and hygienists to administer one off dose for seizures in dental surgeries. Further emergency treatment would be needed if on-going seizures. Use of Midazolam on PGDs has been discussed previously; it is part of dentists' anaphylaxis kit. Controlled drug use and governance was discussed; a process is in place for this and, it was confirmed, is being used as effectively as if used in an emergency.	ADTC Approved Email author and prepare for director sign off Supply information to LL	KW RM	31.01.2022 28.02.2022
7.2	Opicapone update to Borders Joint Formulary for patients with Parkinson's Disease was reviewed. Previously applied for by Neurology through NRFs, now an abbreviated submission has been approved by SMC and ADTC agreed Opicapone could be added to Borders Joint Formulary; pending any update/change from East Region Formulary.	ADTC Approved Add to BJF Inform Dr M Connor	LL LL	28.02.2022 28.02.2022
7.3	Community Hospital Discharge Medicines Management Policy updated; to move dispensing for Community Hospital from BGH; prescribing in GP practice and dispensing by community pharmacy near community hospital; supplied to community hospital and patient discharged	RM and LMacl to meet and discuss RM current work	RM and KMacl	28.02.2022

	<p>from there. To ensure timely logistics particularly if controlled drugs and smooth discharge for patient. Policy has been reviewed by Lead Nurse for Community Hospitals; discussed at senior nursing staff level and Haylodge have agreed to trial. Safety Advisor for Risk & Safety has reviewed with no issues and Community Pharmacists have been emailed for information. How do we ensure that the discharge information is updated by GP practice so that if patient is discharged from community hospital and ends up in Emergency Department the ECS is a clear list of current medications. Speed of ECS update was discussed (guidance is 48 hours); housekeeping occurring now to update and remove obsolete medications by Pharmacy support staff in practices. Discussed not having access to EDL and that ECS is all the Emergency Department have. Timescale of formalising the medication a week before discharge from community hospitals was also discussed as this could change nearer to discharge time; to be reviewed. EDLs through Track for community hospitals discussed. Agreed that that a trial to improve current system would be supported. Community Pharmacy is paid on dispensing from GP10s not from EDL. ADTC discussed the issues associated with discharge documentation. KMacl commented on 7 days' timeline to give community pharmacies time to generate prescriptions – particularly if doing complex discharge and MAR charts – ensure safely completed. ADTC agreed that a pilot should be launched but that there were a number of points raised here to iron out including what happens for out of area patients, timely updating of GP prescription and translating that into ECS updates as quickly as possible.</p>	<p>discharging from BGH to community hospital and support workers dispensing in patients' homes. Policy to be updated with solution to updating ECS – in and out of area patients. Medication and discharge dates – timescale. Community Pharmacy – EDLs – Community Hospitals Update and pilot as noted here and bring back to ADTC.</p>	<p>KMacl</p> <p>KMacl</p>	<p>15.03.2022</p> <p>Future ADTC</p>
7.4	<p>Safe Use of Sodium Valproate response to MHRA questioning on prescribing was collated from Borders clinicians and this was discussed in full by ADTC. Although deadline for answer had passed, ADTC agreed that the response should be put forward as a collective response rather than from individual clinicians and that LL should put forward this response.</p>	<p>Summarise, ADTC and consultants to approve, submit on behalf of Borders.</p>	<p>LL</p>	<p>28.02.2022</p>
7.5	<p>ADTC discussed Pharmacy First document for East Region formulary websites and agreed that this should be included in Community Pharmacy web pages as a link to National guidance as current practice but it was not required on Borders Formulary webpage.</p>			
7.6	<p>NHS Borders Antimicrobial Pharmacist raised concerns from Dentists about treatment choices for dental abscess in ERF Infection Chapter regarding use of Doxycycline and Metronidazole and alignment with ERF and/or National SDCEP guidance and general current dental practice. Doxycycline is noted as first choice with Metronidazole as alternative which is not national guidance. To feedback to ERF as this was not raised at chapter meeting – request to change or use both. ADTC agreed that these questions should not come to ERF in future but be directed to ERF. EJ left the meeting at this point.</p>	<p>Send response to Antimicrobial Pharmacist Raise with ERF</p>	<p>LL</p> <p>LL</p>	<p>31.01.2022</p> <p>28.02.2022</p>
7.7	<p>NHS Lothian flowchart – to be adopted for East Region Formulary and would replace the current NHS Borders flowchart on intranet. Concern was raised regarding the NFR process and it was agreed that this should be reviewed and represented at March meeting.</p>	<p>Include March agenda</p>	<p>KW</p>	<p>15.03.2022</p>
7.8	<p>ERF Committee and CEWG - Declaration of Interest form – to be adopted by 3 regional ADTCs</p>	<p>ADTC Approved</p>	<p>KW</p>	<p>31.01.2022</p>

	if approved.			
7.9	SBAR – NHS Borders updated procedure for NFR approvals	Include in March agenda	KW	15.03.2022
7.10	New Maternity PGD for Tranexamic acid was discussed and approved.	ADTC Approved	KW	31.01.2022
8.	FOR INFORMATION and NOTING:			
8.1	East Region Formulary updates - ERF Committee minute – 24 th November 2021 and East Region Formulary update briefing December 2021	ADTC Noted		
8.2	Spreadsheet – changes from Borders Joint Formulary to East Regional Formulary	ADTC Noted		
8.3	nMABs in non-hospitalised patients; pathway and drug treatment guide	ADTC Noted		
8.4	Borders Formulary Committee Annual Report 2021 – approved by BFC after final meeting in October 2021.	ADTC Noted		
8.5	Yellow Card Scotland annual Report 2020-2021	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	Antimicrobial Management Team DRAFT Action Tracker – meeting held 15 th December 2021	ADTC Noted		
9.2	Anticoagulant Committee DRAFT Minute – no recent meeting			
9.3	IV Therapy Group DRAFT Minute – meeting held 12 th January 2022; notes unavailable			
9.4	Tissue Viability Steering Group – no recent meeting			
9.5	Wound Formulary Group DRAFT Minute – no recent meeting			
9.6	NHS Lothian ADTC Minute – meeting held 1 st October 2021; no minute available for 1 st December 2021	ADTC Noted		
10.	AOCB			
10.1	Oral antivirals raised. Clinical Commissioning policy has been issued nationally and all appropriate patients should have received a letter. NSS are working with PHS and another patient list will be informed. Information went out with copy of letter to Practice managers at end of December 2021. Practices with patients requiring information – if patient has worsening covid symptoms they should phone BUCC number, triaged and treatment assessed through BUCC. Another antiviral has been approved and this may be delivered through primary care; waiting for supplies at this time.	ADTC Noted December email forwarded to Newcastle as they requested information.		
Date and time of next meeting: Wednesday 23rd March 2022 at 12:30pm via Microsoft Teams.				
Items for March 2022 meeting: NHS Borders Thematic Review of Medication Errors (RM); SBAR – NHS Borders updated procedure for NFR approvals (LL); NHS Lothian flowchart – to be adopted for East Region Formulary and interim Borders web page for approval (LL);				