



A Meeting of the **Borders Area Drugs and Therapeutics Committee** will be held at 12:30pm on
Wednesday, 25th May 2022 via Microsoft Teams
MINUTE

Present: Chair - Alison Wilson (Director of Pharmacy) (AW); Liz Leitch, Formulary Pharmacist; Dr Nicola Henderson, GP (NH); Rhona Morrison, Medicines Governance Lead (RM); Cathryn Park, Pharmacist (CP); Keith Maclure, Lead Pharmacist Medicines Utilisation (KMacl); Andrew Leitch, Lay Member (AL); Kate Warner, Minute Taker (KW)

Guests: For Item 7.1 Dr Ling Tan, Consultant Ophthalmologist, Ophthalmology

Observing: Anna Fenech, Pharmacist, Tesco Galashiels; Andrew Crawford, Foundation Pharmacist, NHS Borders; Katie Aitken, Podiatrist, NHS Borders; Eileen Nicol, Cancer Care Pharmacist, NHS Borders

Item	Situation ; Background; Assessment	Recommendation	Person	Timescale
1.	Apologies and Announcements: Dr Ed James, Consultant Microbiologist; Dr Effie Dearden, DME Consultant (ED); Adrian Mackenzie, Lead Pharmacist Community Pharmacy (AMack); Keith Allan, Public Health Consultant			
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from 23 rd March 2022 meeting was approved with no changes as an accurate record of the meeting.	Upload to internet	KW	Within 24 hours
4.	Matters Arising			
4.1	Included in agenda items			
4.2	Mr R Raghavan replied to ADTC request for patient progress measure – “patient will be monitored using PROM’s – Oxford Knee Score”.	ADTC noted this update		
5.	NEW MEDICINE APPLICATIONS / NON FORMULARY REQUESTS:			
5.1	None			

	Included approved NFRs in For Noting Item 8.7			
6.	PATIENT & MEDICINES SAFETY:			
6.1	Datix Review – to focus on key incidents/themes RM reported on the work to highlight Datix discrepancies particularly in CD and desirable medication. Presentation has been delivered to Clinical Nurse Managers meeting giving as much information as possible regarding discrepancies and importance of CD checks. A three monthly review is to be provided regularly to governance meeting for primary care to ensure medication safety; Advanced Nurse Practitioner Leads have requested similar information and this will be forwarded to leads if there is specific ANP reference.	ADTC Noted		
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	Dr Ling Tan attended ADTC to present Borders Eye Centre – Patient Specific Directions (PSDs). These had previously been emailed to ADTC members as PGDs but have now been updated to the more appropriate PSD, supported by AMack, and have other changes included as tracked changes. 4 PSDs – 2 intravitreal injections for Eylea and Lucentis and 2 for drops into the eye – these were previous PGDs for Cyclopentolate and Tropicamide with different %. The PSDs are linked to a SOP which was also included for information. ADTC requested that Eylea should be changed to Aflibercept and Lucentis should be changed to Ranibizumab as this would allow use of documentation in future when not using the brands. Names should be generic and not brand specific; SOP can have brand specific. ADTC approved use of PSDs, with the changes as noted, and the updated PSDs should be returned to KW to send to the other committee members not present at this meeting to approve. ADTC also asked where these would be available on intranet as PSDs do not sit on PGD area.	ADTC approved with the changes commented and this will be forwarded to absent members to approve. Update PSDs and publish on website – let ADTC know where they are published	Dr Ling Tan KW Dr Ling Tan	
7.2	ADTC reviewed the Multidisciplinary Team Immunoglobulin Assessment Form which allows clinicians to request clinical approval from the NHS Borders Immunoglobulin Assessment Panel for grey indications. The background to the indications was explained and the use of grey highlighted – these are limited evidence of benefit for clinical use and would normally go through the NFR process; however, often these requests are clinically urgent and this form would allow them to be reviewed and approved more swiftly than NFR process. NHS Lothian uses the same form as part of their process; approved by Lothian ADTC and has all the prescribing information we would require on the form and it comes with the background of an MDT discussion when appropriate. Stock and supply was discussed and that clinicians would be made aware of stock control for priority red indications. Allocation of stock from national procurement and management of that at NHS Borders was also discussed.	ADTC Approved the form and process with caveats discussed regarding limited supply short/long terms and that clinicians are made aware.	LL	
7.3	A formulary decision for Galcanezumab by the ADTC representatives for NHS Borders was approved by email voting and this was noted here. To be used with slightly different use to SMC criteria; to be approved by Lothian and Fife at their ADTC meetings.	ADTC Approved Inform ERF Project Lead	KW	25/05/2022
7.4	Update to Non Formulary Request form to include if treatment is on-going prescribing.	ADTC Approved		

		Update intranet	KW	31/05/2022
7.5	New Abbreviated NHS Borders Joint Formulary Chart – this has been laminated – formulary choices for common indications – available in BGH wards to support prescribing formulary and format is same as antimicrobial prescribing.	ADTC Approved and noted this change		
7.6	Statement from the Scottish Inherited Metabolic Disorders (SIMD) and other information relating to the use of Sapropterin for the adjunctive treatment of phenylketonuria. This adjunctive treatment allows patients with PKU able to eat more normal diet and is a more cost effective generic preparation. Outside SMC advice, SIMD would like to approve the PACS T2 nationally rather than locally - for patients who fit the clinician criteria as this is more efficient and equitable for this group of patients. ADTC confirmed that NHS Borders is content to support this thereby removing the need to consider PACS/IPTR applications at a local level helping to ensure consistency of approach and avoid inequity of access across Scotland.	ADTC Approved		
8.	FOR INFORMATION and NOTING:			
8.1	East Region Formulary updates ERF Committee minute – 30 th March 2022 and ERWG minute – 5 th May 2022 were available to ADTC for information and noting. ADTC agreed that NHS Borders should continue to update the ERF chapters as they are made available and that the Formulary webpage for NHS Borders would continue to be a mixture of BJB and ERF. ADTC agreed that the chapters were being reviewed at both ERWG and ERFC and did not require to be approved at local ADTC before updating on our formulary webpage. Anything required for discussion can be brought to ADTC attention during this update item. ADTC discussed use of medicines in Musculoskeletal chapter that Lothian and Fife use but Borders do not and the impact this would have if Borders patients request; also discussed on-going prescribing of Rectogesic, Ranolazine and Utrogestan if not included as ERFC do not include non-SMC approved drugs and what should be the process for this with new patients e.g. through PACS T2 if appropriate. Shared Care Agreements produced by NHS Lothian were discussed and would need to be approved by Borders GPs either at GP Sub or Clinical Interface Group. GP representative reiterated that patients are at the centre of this and to be wary of over complicating SCAs that come to GP Sub as the approval process would become lengthy.	Discuss process for SCA approval in Borders with Dr T Young and LL – matters arising July agenda.	KMacI	16/07/2022
8.2	ERF latest Chapter Updates for Endocrine; Musculoskeletal; Obs, Gynae & Urinary Tract; and Skin chapters.	ADTC Noted		
8.3	Update to the changes from Borders Joint Formulary to East Regional Formulary was unavailable for this meeting.			

8.4	Updated Dental Chapter from the BJJ; reviewed by Morag McQuade, for the Dentists, and Antimicrobial Team members. Changes highlighted to ADTC have incorporated ERF Infections Chapter changes and SDCEP where appropriate. Standalone Dental formulary will continue as part of BJJ webpage until ERF review. One change suggested – Sodium fluoride – section to advise patient – there should be a separate bullet point for each point rather than one sentence.	ADTC Approved changes; forward change to AMT/Dental	KW	30/05/2022
8.5	Reminder regarding the Patient Access Scheme confidentiality and a note to be careful of distribution lists which should not include contractor email addresses when the information is confidential.	ADTC Noted		
8.6	Further Updates for Healthcare Professionals - Affecting staff testing, and amendments to guidance.	ADTC Noted		
8.7	Directors Letter (2022)14, relating to the publication of Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) standards. This single set of standards has been developed for use across health and adult social care from Monday 16 May. The HIS IPC standards are informed by current evidence, best practice and stakeholder recommendations and are considered to be a requisite of safe, high-quality care in all settings and as such supersede HIS' healthcare associated infections (HAIs) standards published in 2015.	ADTC Noted; forwarded to staffing networks.		
8.8	Non Formulary Requests approval letters – Approved and included here for noting for:- Amjevita April; IVG April; IVG May; Solgar Physillium April; Solgar Physillium May; Pilocarpine April	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	Anticoagulation Committee – no recent meeting			
9.2	Antimicrobial Management Team – 20 th April 2022	ADTC Noted		
9.3	Controlled Drug Governance Team – no recent meeting			
9.4	IV Therapy Group – no recent meeting			
9.5	Medicines Resource Group – DRAFT – 23 rd March 2022	ADTC Noted		
9.6	Non-Medical Prescribing Group – to commence meetings soon			
9.7	Tissue Viability Steering Group – no recent meeting			
9.8	Wound Formulary Group – no recent meeting			
9.9	NHS Lothian ADTC – 4 th February 2022	ADTC Noted		
10.	AOCB			
10.1	ULM Altraplase; ADTC heard that there is likely to be supply shortages of the 2ml Altraplase used for unblocking dialysis catheters and in BMC for line unblocking. There is a national shortage of 2mls and this is likely to be on-going. Renal team have researched and found a Canadian brand available and have completed the Lothian ULM request tabled for approval from ADTC. All information is included if using an unlicensed product and paperwork is in place	ADTC Approved Letter to applicant	LL KW	31/05/2022

	in advance of any shortages, to enable procurement if required. 2-3 weeks lag time; 10-12 weeks from different sources; time to import will decrease when MHRA have approved. Stock available at this time.			
Date and time of next meeting: Wednesday 27th July 2022 at 12:30pm via Microsoft Teams. This will be AW's last meeting as Chair of ADTC; the new Area Clinical Forum chair will be the new ADTC chair from the September meeting.				
Items for July 2022 meeting: Extravasation Non SACT Policy Items pending for future meeting: NHS Borders Thematic Review; Pharmacy Annual Report.				