



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 27th July 2022 via Microsoft Teams
MINUTE

Present: Chair - Alison Wilson (Director of Pharmacy) (AW); Liz Leitch, Formulary Pharmacist; Dr Nicola Henderson, GP (NH); Cathryn Park, Pharmacist (CP); Keith Maclure, Lead Pharmacist Medicines Utilisation (KMacl); Andrew Leitch, Lay Member (AL); Dr Ed James, Consultant Microbiologist; Keith Allan, Public Health Consultant Kate Warner, Minute Taker (KW)

Guests: Nate Richardson-Read, Advanced Clinical Pharmacist – Mental Health (NR-R) for Item 7.1

Observing: Anna Fenech, Community Pharmacist; Dr Victoria Stewart, Trainee GP

Item	Situation ; Background; Assessment	Recommendation	Lead	Timescale
1.	Welcome: AW welcomed everyone to the meeting. Apologies: Dr Effie Dearden, Consultant Physician; Rhona Morrison, NMP and Medicines Governance Lead; Adrian Mackenzie, Lead Pharmacist – Community Pharmacy			
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from 25 th May 2022 meeting was approved as an accurate record of the meeting.	Upload to Internet	KW	28/07/2022
4.	Matters Arising			
4.1	Papers and approvals from May forwarded to absent members of committee for approval/noting.	ADTC Noted		
4.2	Discuss process for SCA approval in Borders with Dr T Young – meeting set to complete.	September agenda	KW	19/09/2022
5.	NEW MEDICINE APPLICATIONS / NON FORMULARY REQUESTS:			
5.1	ADTC discussed the Unlicensed Medicine – Off Label Request to use Paxlovid. There is a national process for reviewing the use of Paxlovid for paediatric covid positive patients who are appropriate for use of anti-virals. Paediatric team are aware and reviews would be through	ADTC Approved		

	national process based in Glasgow. ADTC approved and agreed no other application paperwork would be required for treatments to be reviewed/approved.			
6.	PATIENT & MEDICINES SAFETY:			
6.1	No update			
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	ADTC reviewed the Physical Health Monitoring for those prescribed Antipsychotics and Lithium SBAR, protocol and pathway for the proposed service. NR-R attended the meeting to speak to this paper and they gave an outline of the service which would be led by our mental health pharmacy team; taking on patients and carrying out monitoring and review, as specified in SCA/protocol, for the first 12 months; they will make initial contact with patients, make any recommendations and adjustments necessary and communicate with GPs who will continue to prescribe. This work will also include identifying any physical health issues and escalating to mental health team and/or GPs as appropriate. They are not expecting the service to generate any additional work for GPs. Pathway has been developed which documents the review points. NR-R explained that the administrative and follow up work would be covered by pharmacy technicians as required. They have discussed at GP Sub and also plan to present to primary care pharmacists and the Physical Health Steering Group who are working with the mental health team. ADTC heard a summary of the discussions from recent GP Sub meeting. Plan is to pilot in practices in South district which will highlight any potential issues with the service and inform the best way to communicate with GPs and ensure the pharmacy team are accessible to GPs. Important to determine the clinician responsible for the patient. ADTC requested that clear process (including indication) was included in protocol for patients. Intention is to have quality improvement support to assist with this work under realistic prescribing.	ADTC Approved in principle, making any changes recommended here and at GP Sub, before progressing to next governance stage.	NR-R	
7.2	ADTC discussed the addition of page numbers to Ward Medicine Charts - when pages in a drug chart come loose there is potential for significant errors with medication as the chart can be put together the wrong way round without page numbers. This is something that has the potential to happen regularly with long stay patients. ADTC agreed that page numbers should be included in the next print run of the Ward medicine Charts. Before re-print, ADTC asked if any other area on chart requires change and this should be checked first. Any further amendments to be received before mid-September to ensure that the changes are approved by ADTC before going to printers for change. LL and CP to discuss with RM to send out request for any changes.	ADTC Approved addition of page numbers. Request any other changes to chart. Add to September agenda.	RM KW	08/08/2022 19/09/2022
7.3	ADTC reviewed the NHS Borders Accountable Officer Controlled Drugs Annual Report 2021-22. Information in the report includes any discrepancies with CD checks and cabinets that have been rectified. Having staff check and countback regularly makes the review more efficient; staff are now engaged with this process for future reporting.	ADTC Approved		
7.4	ADTC reviewed the NHS Borders Homecare Annual Report 2021-22; reporting on-going issues with Homecare suppliers; increase in patient numbers and no pharmacist in post leading the	ADTC Approved Forward to GI,	KW	01/08/2022

	Homecare service. Ensuring that locally our patients are looked after and receiving delivery; reviewing and ensuring governance support. Numbers are growing and Homecare administration creates a time consuming workload for pharmacy. Request resources – in business case. ADTC discussed sending to various teams involved instead of Annual Homecare Governance meeting.	Rheumatology and Dermatology teams. Secondary Care Prescribing Group to discuss.	LL	19/09/2022
7.5	ADTC reviewed the NHS Borders Pharmacy Annual Report – which includes AOCD Report from 7.3 and Homecare Annual Report from 7.4. Two themes in the report this year focus on 1) Pharmacist and Technician training and education, and 2) pharmacy risk register to raise the profile on this area. Once approved by ADTC, this will proceed to Clinical Governance Committee for approval for September agenda.	ADTC Approved To CGC	KW	30/08/2022
7.6	ADTC reviewed the NHS Borders Anti-emetic quick reference guideline which has been developed by the Secondary Care Prescribing Group; developed with Dr Jonathan Aldridge and Shona Smith. Use of Ondansetron in this guide is Off label; approved for chemotherapy and post-operative use and included here as first choice anti-emetic in sec care. The purpose of the guidance is to guide evidence based prescribing of antiemetics by prescribers. ADTC requested that it be made clearer that use of dexamethasone is post-op only – reword for clarity; that PONV is expanded to Post-Operative Nausea and Vomiting (PONV); and that form says Peri not post-op - this should be clarified.	ADTC Approved use of guidance with changes as noted here. ADTC Approved off-label use of Ondansetron.	LL	01/08/2022
7.7	ADTC reviewed an SBAR for the assessment of SMC not recommended medicines where the evidence base and place in therapy has significantly changed. The SBAR represents collaborative work between the Directors of Pharmacy of all three Health Boards. Where there is sufficient evidence to support use in therapy, or evidence has changed – future application will be via a FAF4 form. This approach has been approved by ADTC chairs.	ADTC ratified this approval		
8.	FOR INFORMATION and NOTING:			
8.1	East Region Formulary updates ADTC noted the ERF Committee minute – 25 th May 2022; ERWG minute – 6 th July 2022; and that the hosting of ERFC was having a significant impact on workload for NHS Borders staff and this would have to be addressed in future.	ADTC Noted		
8.2	ERF Chapter Updates – latest updates available Chapter Experts Working Groups have reviewed CNS sections. ADTC discussed the removal of Pregabalin and Tramadol from the formulary due to potential for diversion and misuse. Tramadol will be included in ERF for post-op use only with patients receiving a small supply post-op. Pregabalin is used widely across all Boards. There was no Borders GP representative on this group as none had come forward to sit on the group. Removal of products leaves only codeine as medium potency opioid. It was agreed that Tramadol and Pregabalin have a place in treatment; removal from ERF means that any new prescribing will be non-formulary. Borders prescribers achieve a high percentage of formulary adherence and the percentage expected was	ADTC Noted LL to attend PCPG	KMacI	19/09/2022

	discussed. ADTC agreed to wait until the ERF process is complete and then look at how the practical prescribing for a small number of patients might be approached locally with discussion with Primary Care Prescribing Group (PCPG).			
8.3	Changes from Borders Joint Formulary to East Regional Formulary as at June 2022	ADTC Noted		
8.4	ADTC noted an updated version of the 'Guidance for Repurposing Prescription Only Medicines (POMs) in Care Homes and Hospices during the COVID-19 pandemic' which has been approved by the SLWG and ADTCC. The guidance to remain available until April 2023.	ADTC Noted		
8.5	CMO letter about the recommendation about the immediate commencement of the palivizumab passive immunisation programme against RSV.	ADTC Noted		
8.6	Scottish Antimicrobial Prescribing Group (SAPG) regarding the availability of the outpatient parenteral antimicrobial therapy (OPAT) skin and soft tissue infection (SSTI) pathway on the SAPG website.	ADTC Noted To be circulated as appropriate.	EJ	01/08/2022
8.7	Approved NFRs – May – Gentamicin cream; June Solgar Psyllium; July Solgar Psyllium; July Ryeqo; July IVIG.	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	Anticoagulation Committee – minute from meeting held on 10 th May 2022; committee have updated guidelines and are developing protocol for treatment of massive PE. Protocol will be available for review and approval at September Anticoagulation meeting.	ADTC Noted		
9.2	Antimicrobial Management Team – action tracker from meeting held on 15 th June 2022; AMT work plan has been updated and this will be tabled at September ADTC/.	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 minute from meeting held on 22 nd June 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 – Final minute from meeting held on 10 th June 2022	ADTC Noted		
10.	AOCB			
10.1	ADTC heard that the effect of Alendronic Acid shortages and change in drug tariff price will increase the cost substantially and other lines will run out as prescribers switch to alternatives. Consultant Rheumatologist has been consulted for advice. ADTC agreed to support treatment break as appropriate for lower risk patients and switch to alternatives, as advised by Consultant Rheumatologist. ADTC also heard that all forms of Prednisolone are predicted to have shortages and that information will be in prescribing bulletin about the cost of soluble compared to tablet. Ordinary crushed tablets are off label use.	ADTC Approved Articles / info on Alendronic Acid and Prednisolone to go to GP practices	KMacI	01/08/2022
10.2	AW updated ADTC that this would be her last meeting as Chair as she was standing down as	ADTC Noted		

	Chair of Area Clinical Forum. The new ADTC and ACF Chair will be Dr Kevin Buchan.		
Date and time of next meeting: Wednesday 28th September 2022 at 12:30pm via Microsoft Teams.			
Items pending for future meeting: NHS Borders Thematic Review (RM); AMT Workplan			