



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 23rd November 2022 via Microsoft Teams

MINUTE

Present: Chair - Dr Kevin Buchan, GP (KB) (Chair of ADTC); Liz Leitch, Formulary Pharmacist (LL); Dr Nicola Henderson, GP (NH); Cathryn Park, Pharmacist (CP); Malcolm Clubb, Lead Pharmacist – Community Pharmacy (MC); Keith Maclure, Lead Pharmacist Medicines Utilisation (KMacl); Dr Ed James, Consultant Microbiologist (EJ); Keith Allan, Public Health Consultant (KA); Rhona Morrison, NMP and Medicines Governance Lead (RM); Andrew Leitch, Lay Member (AL); Kate Warner, Minute Taker (KW)

Guests: None

Item	Situation ; Background; Assessment	Recommendation	Lead	Timescale
1.	Apologies and Announcements: Dr Effie Dearden; Alison Wilson.			
2.	Declarations of Interest: None.			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from 28 th September 2022 meeting was approved as an accurate record of the meeting.	Upload to webpage	KW	24/11/2022
4.	Matters Arising			
4.1	Community Hospital Discharge Policy, discussed at previous ADTC meeting, has been updated and the pilot at Haylodge has commenced. Stakeholders have been contacted and a feedback tool has been sent to practices. ADTC requested that the trial feedback and any changes that are required come to the committee for ADTC approval of the policy.	ADTC Noted Include for approval – January ADTC agenda	KW	16/01/2023
5.	NEW MEDICINE APPLICATIONS / NON FORMULARY REQUESTS:			
5.1	NFRs since previous ADTC meeting – IM Clozapine. ADTC agreed that future urgent approval would be KB, as ADTC Chair, and LL.	ADTC Noted		
6.	PATIENT & MEDICINES SAFETY:			
6.1	Patient and Medicines Safety Update highlighted anticoagulation Datix reporting predominantly for MAU and Pharmacy. A short life working group will be set up with medics and nursing staff to discuss and reduce errors. It was suggested that a medication forum could be set up prior to coming to ADTC to provide medication administration and	ADTC Noted Request for the Datix Thematic Review Request for future item	RM RM	Send after meeting. 16/01/2023

	governance advice. Working with training and development to address missed doses and antibiotic errors. Reported errors crossing into discharge letters and queries around patients who have incorrect information which impacts on prescriptions for discharge and primary care – education is to be set up to address this.	to include paper detailing the current hospital Datix' reported.		
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	Abiraterone – a chemotherapy medication used in the treatment of prostate cancer is now to be dispensed for patients by BGH pharmacy. Patients are looked after by Oncologists in Lothian and drug was previously prescribed in Lothian and dispensed in Borders community pharmacies. This process for supply of medication will change in future - prescriptions will be signed electronically and come through ChemoCare system and dispensed in BGH pharmacy. ADTC were asked to confirm that there are no risks attached to the process of scripts signed electronically with no hard copy at point of dispensing.	ADTC Approved this new process Email to applicant	KW	24/11/2022
7.2	ADTC were asked to support the pre-approved use of sodium zirconium cyclosilicate (Lokelma) used in secondary care for patients with Hyperkalaemia with very specific criteria – listed in SBAR and Guideline for review. Guideline has been created by renal specialist team and adapted locally by Pharmacy and ITU team. Patient numbers are low. Product is currently not included in Formulary and approval would allow patients to receive treatment with NFR being completed retrospectively. It was agreed that this is an important advance in treatment for these patients.	ADTC Approved Email to applicant	KW	24/11/2022
7.3	ADTC discussed the NHS Scotland climate emergency and sustainability strategy 2022 which commits to work to end the use of Desflurane by 31st January 2023. NHS Borders does not use Desflurane which was removed from use by Anaesthetic department as part of the green agenda and replaced with more acceptable products. ADTC approved of this removal of use.	ADTC Approved Advise Anaesthetic staff	LL	30/11/2022
7.4	NHS Borders Out Patient Antimicrobial Therapy (OPAT) SBAR was tabled by EJ requesting that ADTC support recommendations for funding and developing OPAT to meet national Good Practice Recommendations and ensure it has a robust governance structure. Currently there is no specialist medical input and clinical risk was noted. Scottish Government is interested in the increasing use of outpatients IV antibiotics. BGH management support is needed to progress in NHS Borders. The current process is focussed on administration and support for supervision or management of the patient is required. The SBAR outlines the case to be taken to BGH management and ADTC were asked to comment and support. ADTC agreed that this would have a significant impact on early discharge for a number of patients and would improve daily flow. Currently there are no patient numbers available as it is split across different services including infusion rooms, ambulatory care and also emergency department at weekends when infusion rooms are not available. A more formal structure and capacity for medical review would	ADTC supported SBAR to be taken to Operational Group as next stage; update on progress to ADTC	EJ	16/01/2023

	result in more patients being eligible and review of treatment. Local delivery of IV therapy and using both BGH and community hospitals would widen the scope and availability for patients. There will be no development work until a clinical lead for this is approved and appointed. Costs were not included in SBAR for staffing. The high priority of maximising equity of delivery geographically was discussed and it was agreed that this would form part of the terms of reference for the OPAT service as it is established. Having a specialist medical oversight would enable review of alternatives such as oral administration rather than IV when clinically appropriate. Availability of medical consultant and nursing staff – clinic numbers and cover in the community was discussed and future possibility of Hospital at Home as well as location for service. There are no definite physical plans for the service until staff in post. Pharmacy management agreed to help with working up details around workforce for pharmacy.			
8.	FOR INFORMATION and NOTING:			
8.1	ADTC noted the approved minute from East Region Formulary Committee meeting held on 28 th September 2022 and the draft minute from East Region Working Group meeting held on 9 th November 2022.	ADTC Noted		
8.2	ADTC noted the recent updates to the East Region Formulary chapters covering Anaesthesia and CNS chapters; update to Skin chapter; update to Paediatric CNS chapter. Formulary is in the final stages of Adult chapters and a full summary will be available to ADTC at March 2023 meeting.	ADTC Noted Summary for March ADTC agenda	LL/KW	16/01/2023
8.3	ADTC noted report on the East Region Formulary Workshop held November 2022 which was an update on progress of ERF, future plans/expectations and moving into a transition period what business as usual would look like. Meetings had generated good collaboration but also an increase in workload for formulary pharmacists and admin staff in each Board. It was proposed at the meeting that next steps will include looking at potential regional collaborations including reviewing governance, formulary updates, Scriptswitch updates, and JD training. Slide outlined additional layers of committee – in addition to Chapter Expert, East Region Working Group and East Region Formulary Committee – proposed East Region Programme Board and East Region Medicines Collaborative. ADTC asked how small Board like Borders would be able to find representation and time to include additional meetings. Borders would want to be part of this but would need a clear indication of what is involved before asking our clinicians to join. A question was raised about how regionally approved shared care guidelines would work; as a smaller Board we develop medicines clinical guidelines in a different way and can agree and implement guidelines more quickly than larger Boards. Also under discussion by Directors of Pharmacy will be the legal entities; currently ADTCs note or ratify decisions on behalf of each Board in region. These are initial discussions and will be developed; ADTC agreed to feedback any	ADTC Noted Update on January agenda	LL/KW	16/01/2023

	comments to ERFC and to keep this item on the ADTC agenda for any updates available in January.			
8.4	ADTC noted the new Right Decision Service; decision support for prescribing guidance and tools and part of a wider programme for prescribing Once for All Scotland. Website and App will be available and will include national strategy work, guidance/flow charts, policies, and guidance. Also included are primary care clinical warnings at individual patient level which takes read code data and is similar to a Scriptswitch update. Raising awareness of the service at moment and all Board guidance will be uploaded in future. In Borders, Pharmacy is working to update all Anticoagulation and Medicine guidelines and policies to ensure that they are included in the transition to RDS. Anything that is out of date over a year on Borders intranet will not be moved to RDS. ADTC heard that some services have clinical guidelines available on shared drives rather than the intranet and they will have to be approved before being made available; this may increase papers coming to future ADTC for approval. Clinical Governance currently sending reminders to authors of documents on intranet and are working with Communications to ensure all services know about the changes.	ADTC Noted		
8.5	Yellow Card Annual Report 2021-2022 report details reporting trends for adverse drug reactions across the country. Warnings received are picked up by Pharmacy. Borders reports are available.	ADTC Noted		
9.	FEEDBACK from SUB GROUPS			
9.1	Anticoagulation Committee – minute from meeting held 20 th September 2022; noted action on guidelines being moved to RDS platform; Datix' relating to anticoagulation have been reviewed and working with appropriate staff; review of DOACS and effectiveness in certain patients – this will be shared with ADTC as soon as available. Encouraging GP colleagues to join the Anticoagulation Committee; can be raised with new Chair of GP Sub, Dr Mollart through PCPG first. RM and SScott produce a monthly summary for Datix which is sent to AMD Acute and Nursing Director Acute to enable spotting trends or for raising concerns – discussed forwarding this to ADTC.	ADTC Noted RM and SScott to forward the Datix summary to ADTC.	RM	On-going Monthly
9.2	Antimicrobial Management Team – no tracker available for November meeting.			
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 28 th September 2022	ADTC Noted		
9.6	Non-Medical Prescribing Group – no recent meeting			
9.7	Tissue Viability Steering Group – no recent meeting			
9.8	Wound Formulary Group – no recent meeting			
9.9	NHS Lothian ADTC – minute from meeting 5 th August 2022	ADTC Noted		

10.	AOCB			
10.1	PCA Management Policy was not available in time for this meeting which highlights the change to equipment. Working with training and development and Anaesthetics on the safe transition of PCAs in the acute sector.	Paper to be tabled January 2023 agenda.	KW	16/01/2023
Date and time of next meeting: Wednesday 25th January 2023 at 12:30pm via Microsoft Teams.				
Items pending for future meeting: NHS Borders Code of Medicines Policy & Controlled Drug Policy update; HEPMA Business Case and NHS Borders Steroid Safety Bundle for January 2023 agenda; NHS Borders Thematic Review; Extravasation Non SACT Policy; NHS Borders Non-Medical Prescribing Policy update				