



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on  
**Wednesday, 24<sup>th</sup> May 2023 via Microsoft Teams**  
**MINUTE**

**Present:** Keith Allan, Public Health Consultant (Chair) (KA); Alison Wilson, Director of Pharmacy (AW); Liz Leitch, Formulary Pharmacist (LL); Dr Elliot Longworth, GP (NH); Dr Effie Dearden, DME Consultant; Dr Ed James, Consultant Microbiologist (EJ); Malcolm Clubb, Lead Pharmacist Community Pharmacy (MC); Cathryn Park, Senior Clinical Pharmacist (CP); Rhona Morrison, Medicines Governance/NMP Lead (RM); Kate Warner, Minute Taker (KW)

Item	Situation; Background; Assessment	Action	Lead	Timescale
1.	<b>Welcome and Announcements:</b> Keith Allan (Public Health Consultant) chairing for Dr K Buchan. <b>Apologies:</b> Dr Kevin Buchan (Chair ADTC and GP); Keith Maclure, Lead Pharmacist; Nicola Henderson, GP; Andrew Leitch, Lay Member.			
2.	<b>Declarations of Interest:</b> None			
3.	<b>DRAFT Minute previous meeting</b>			
3.1	Draft minute from 22 <sup>nd</sup> March 2023 meeting was approved with no changes as an accurate record. ADTC asked for the discussion regarding PCAs to be removed with note that discussion was held as this will come back to ADTC at a future meeting when finalised.	ADTC Approved with change as noted.	KW	31/05/2023
4.	<b>Matters Arising</b>			
4.1	NHS Borders Community Hospital Discharge Policy; previously discussed and changes recommended by ADTC and Formulary Pharmacist have been updated.	ADTC Approved		
5.	<b>NEW MEDICINE APPLICATIONS / NON FORMULARY REQUESTS:</b>			
5.1	Non Formulary Request decisions made since previous ADTC meeting.	ADTC Noted		
6.	<b>PATIENT &amp; MEDICINES SAFETY:</b>			
6.1	ADTC noted the Datix Review update which includes all medication errors across NHS Borders since last ADTC meeting in March; there is a weekly meeting to react to any Datixes; themes and any areas for review were highlighted and ADTC noted that an action plan on discharge processes is underway. A three-year Thematic Review is due to come to ADTC July meeting.	ADTC Noted		
7.	<b>CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:</b>			

7.1	ADTC reviewed the updated Endoscopy Anticoagulation Guidelines and PROFORMA Pre-and Post-Procedure Plan for Anticoagulation with Warfarin-bridging Dalteparin – Patients with High Risk Thrombotic Indications. Reasons for updates were highlighted and the reviewers involved. The guidance has been approved by Anti-Coagulation Committee prior to the linked proforma being available. Guidance for peri-operative anti-coagulation for this patient group is under development. ADTC heard that a process for INR monitoring for Endoscopy patients has been established to consider weekends when GP surgeries and treatment rooms are closed. This has been agreed with Endoscopy and any patients anticoagulated with warfarin will have an appointment scheduled to ensure that weekend INR monitoring is not required. If there is an exception to this, monitoring will be covered by the Endoscopy team. Points reflecting BSG guidance were highlighted. The proforma has been developed to indicate primary and secondary care responsibilities. The guidance and proforma have been reviewed by GP representatives and there has been feedback from GP Sub Group to request that the information included in the proforma regarding hospital physician prescribing Dalteparin and the supply of 10 syringes is also included in the guidance. Page 2 of guidance - to add that Dalteparin prescription is secondary care responsibility.	ADTC Approved with the change as noted.		
7.2	ADTC discussed the management of Non Formulary Requests (NFRs) to ensure a robust and efficient process continues in NHS Borders now that the formulary has move to the East Region Formulary. It has been agreed that each Board have their own process of reviewing and approving their own NFRs. The current process was reviewed and ADTC agreed that the NRF Panel would continue to have representation from specialities and that the Panel meeting should be changed to be every 4 weeks (currently 8 weeks); with any clinically urgent approvals being done by email when required to ensure treatment is not delayed when urgent. ADTC discussed the removal of three drugs, Pregabalin, Tramadol and Dihydrocodeine, from the pain section of the East Region Formulary. There will be education from the pain team as part of their reviews of this change. Information will also be available in Prescribing Bulletin and other communications to prescribers after meetings of Primary Care Prescribing Group, GP Sub Group and Clinical Directors have discussed. ADTC discussed if requests for these would come through the NFR process and agreed that a soft approach should be adopted, building in a form for completion before prescribing may be considered, like the form for Lidocaine patches. ADTC requested audit information to enable data to be gathered to discuss further at next meeting. ADTC discussed the process for the above non-formulary drugs and agreed to support a review of the process with a summary to come back to July ADTC.	ADTC approved amendments to NFR form Requested audit on new patients; and variation between hospital and primary care prescribing. Include ADTC July agenda	KMacI CP  KW	18/07/2023  18/07/2023
7.3	ADTC Terms of Reference had some minor updates which were approved by ADTC and no further changes required.	ADTC Approved		
7.4	NHS Borders Steroid Safety Bundle from Dr Rachel Williamson was discussed. ADTC heard about the background to the bundle and the previous work done by Lothian. Guideline has been developed to ensure patient safety and ties in with the launch of the new steroid card. It is aimed at healthcare	Clarification on points raised to Dr RW	LL	24/05/2023

	nurses and pharmacists to support safe and practical guidance and the management of any high dose complications associated with high dose corticosteroids ADTC discussed fully and raised a number of points for clarification from Dr Williamson; changes to the bone protection information plan for provision of sick day rules advice and steroid emergency card; BGM equipment in both primary and secondary care; clarification of table content on page 5. ADTC were supportive of the document and all the work that had gone into it. Response from Dr Williamson will be emailed to ADTC for approval. ADTC also noted that the bundle will need to be discussed at GP subcommittee and that education would be required as significant changes in clinical practice are highlighted as part of the guidance. very supportive of the document and the work that has gone in to it.			
7.5	ADTC reviewed a request to change the escalation chart for Clozapine dosing in the Targeted Clozapine Escalation; this would be in line with other Scottish health boards and would reflect national practice.	ADTC Approved change to chart Inform applicant	KW	24/05/2023
7.6	The updated Prophylaxis and Treatment of VTE (Adults) guidance was tabled and updates highlighted for this fast changing area. Respiratory, Emergency Department, Cardiology and Acute physicians have all been involved in the development of the PE guideline. VTE bleeding risk factor was noted for removal – active bacterial endocarditis; as recommended by Anti-Coagulation Committee; this will mean a change to BGH drug chart. Question was raised about the Covid section and if this is considered a risk factor if it should be included in the risks on page 8. ADTC agreed that this should be updated and could be approved with this update made.	ADTC Approved with change to risk included.	LL	
7.7	NHS Borders Extravasation Non SACT Policy was tabled. Policy mentioned Adult and Paediatric but this was an admin oversight as the paediatric policy will be separate. This policy will be interim until the South East Scotland policy is finalised and gives staff information and contracts. It was noted that Borders Macmillan Centre have their own policy and separate kits. Kits for BGH are in Pharmacy and the emergency drug cupboard. Availability of antidotes was confirmed and are in emergency drug cupboard. Administration of Hyaluronidase was discussed and ADTC asked that Orthopaedic Consultant Surgeon, Mr Raghavan and Consultant Surgeon, Mr Berlansky, be contacted to request the inclusion of local contacts for administration of Hyaluronidase. Safety concerns re administration were highlighted. ADTC agreed that once these points are addressed that the policy can be circulated for approval by email.	ADTC requires with changes noted - recirculate updated version to ADTC for email approval	RM  KW	
<b>8.</b>	<b>FOR INFORMATION and NOTING:</b>			
8.1	<b>East Region Formulary updates</b> 1 ERF Committee minute – 29 March 2023; 2 ERWG minute – 8 March 2023; 3 Flyer announcing ERF Launch – this will happen as soon as link is moved by Communications team.	ADTC Noted		
8.2	<b>ERF Chapter Updates</b> – updates to Chapters included on website.	ADTC Noted		
8.3	<b>Borders Joint Formulary to East Region Formulary</b> – main changes and abbreviated	ADTC Noted		
8.4	ADTC received an update to the HEPMA progress. After March ADTC meeting, the Chair wrote to	ADTC Noted		

	the Chief Executive outlining ADTC concerns regarding the risk of not having HEPMA at NHS Borders. A reply was received from Chief Executive and this was noted by ADTC. The scale of HEPMA is currently outside capital resource and NHS Borders would need support from Scottish Government which is also currently not available. The Board note the risk identified by ADTC in not having HEPMA in NHS Borders. ADTC reiterated the risk to patient safety regarding this decision. Junior Doctors will, in future, be trained only in HEPMA and, in future, will use that in other Boards coming to NHS Borders and having to be retrained to use drug charts. This has been included in the risk register. ADTC agreed that ED should contact the South East Scotland Deanery to ensure that they are aware of the risk posed for Junior Doctors coming to NHS Borders and to identify this risk to minimise risk of an incident.	To raise with SES Deanery	ED	
8.5	<b>MRHA Drug Safety Alert</b> – April 2023	ADTC Noted		
8.6	Collaborative Advice Document following collaboration with the National Institute for Health and Care Excellence (NICE) on the Multiple Technology Appraisal (MTA) TA878: casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19, published on the SMC website on Wednesday 29 March 2023.	ADTC Noted		
8.7	<b>ADTC Collaborative Newsletter</b> – March 2023	ADTC Noted		
<b>9.</b>	<b>FEEDBACK from SUB GROUPS</b>			
9.1	Anticoagulation Committee – next meeting 12 <sup>th</sup> June 2023			
9.2	Antimicrobial Management Team meeting 15 <sup>th</sup> March 2023; ADTC received an update to plan around penicillin allergy de-labelling which has now been taken on by J Taylor.	ADTC Noted		
9.3	Controlled Drug Governance Team – no recent meeting			
9.4	IV Therapy Group meeting 29 <sup>th</sup> March 2023	ADTC Noted		
9.5	Medicines Resource Group – meeting 22 <sup>nd</sup> March 2023	ADTC Noted		
9.6	Non-Medical Prescribing Group – no recent meeting			
9.7	Tissue Viability Steering Group – no recent minute available			
9.8	NHS Lothian ADTC – minute from meeting	ADTC Noted		
<b>10.</b>	<b>AOCB</b>			
10.1	ADTC to nominate members for national PACST2 Panel; AW to continue until end September 2023; KMacI to continue as member.	ADTC Noted		
10.2	Guidance relating to the administration of dose banded Infliximab (Remsima brand) for ADULTS within Gastroenterology services was tabled. A trial is about to commence and in future will move to other areas using Infliximab. ADTC were asked to review the attached paper and comment directly to CP by email.	For Approval by email after meeting	CP	25/05/2023
<b>Date and time of next meeting: Wednesday 26<sup>th</sup> July 2023 at 12:30pm via Microsoft Teams.</b>				

<b>Items expected for future Agendas</b> – Unlicensed Medicines Approval Process (July 2023); ADTC Annual Report (July 2023); Pharmacy Annual Report (July 2023); Non-Medical Prescribing Policy update; NHS Borders Thematic Review; Adult Patient Controlled Analgesia (PCA) Pathway	
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