

A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 23 JULY 2025 via Microsoft Teams
MINUTE

Item	Situation; Background; Assessment	Recommendation	Lead Timescale
1.	Welcome and Announcements: Present: Malcolm Clubb, Director of Pharmacy (MC) (CHAIR); Dr Effie Dearden, Consultant (ED); Dr Nicola Henderson, GP (NH); Dr Edward James, Consultant Microbiologist (EJ); Keith Maclure, Lead Pharmacist – Medicines & Utilization (KMacl); Rhona Morrison, Medicines Governance and Non-Medical Prescribing Lead (RM); Kirsten Thomson, Lead Clinical Pharmacist (KT); Kate Warner, Meeting Administrator (KW). Guests: Dr Rosemary Gordon, Consultant Physician, Medical Unit – for item 6.7 Apologies: Dr Sohail Bhatti, Director of Public Health (SB); Andrew Leitch, Lay-member (AL); Cathryn Park, Deputy Director of Pharmacy (CP)		
1.1	Declarations of Interest: None		
2.	DRAFT Minute previous meeting		
2.1	Draft minute from 28 May 2025 meeting was approved as an accurate record of the meeting no changes.	Remove draft, save and publish.	KW 24/07/2025
3.	Matters Arising		
3.1	ADTC reviewed the items approved at the previous meeting; other items covered in agenda or complete.	ADTC Noted	
4.	NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:		
4.1	NFR Panel decisions – spreadsheet including any feedback.	ADTC Noted	
5.	PATIENT & MEDICINES SAFETY:		
5.1	Patient and Medicines Safety Update. ADTC reviewed the InPhase reports and adverse events results. No concerns were raised. Excellence in Care are reviewing missed doses and RM attended the national meeting, as the only non-HEPMA Board, and has disseminated details regarding time-critical or all medicines. When a decision is made, this will come to ADTC for review.	ADTC Noted	
6.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:		
6.1	Gentamicin Patient Information Leaflet and cover paper; approved by Antimicrobial Management Team; after going to Lead for Medicines Governance and Clinical Pharmacists for consultation. ADTC reviewed	ADTC Approved Email author A	KW 24/07/2025

	and asked for “Adults Only” to be added to the leaflet. ADTC approved with this change.	Duguid	
6.2	ADTC reviewed two new PGDs for Physiotherapy. Methylprednisolone with and without lidocaine. MSK physios are using this treatment in both community and BGH. ADTC approved PGDs which can now be sent to directors for sign off and uploaded to the Intranet.	ADTC Approved Forward to PGD Admin	KW 24/07/2025
6.3	Clinical Protocol – Emergency MAR Protocol. ADTC reviewed the protocol which covers reasons for use, when to use and procedure. It is proposed that this is used in BGH Emergency Department when the BGH Pharmacy and Community Pharmacies are closed. It was commented that this has come to ADTC as two separate documents but should be one protocol. They asked if it would be printed double-sided for use in BGH as there is no space for patient details on the second page. Would it be photocopied or created as approved stationery? Pharmacy would usually keep a copy of completed forms in Pharmacy to check any future query or error. ADTC asked that it be checked if this is only for Hospital at Home use as it is possible that BGH staff will not know what a MAR is, and this would require clear training. Concern was expressed that this would be high risk discharges of potentially frail patients and clinical risk requires to be reviewed. ADTC did not approve the protocol and agreed that this required further work. ADTC agreed that this should be produced as controlled stationery and that it would require consultation with carer organisations to help draft. When complete it should come back to ADTC for approval along with a plan for how this will be promoted, who will use and how and when training will be delivered.	Not Approved Email author A Crawford with minute notes. Discuss with lead for carer organisations. Re-draft protocol for approval. To return to future ADTC.	KW 24/07/2025 AC (KT) 15/09/2025
6.4	ADTC reviewed the Community Hospital Controlled Drug Discharge Prescription Process. This is the same process as BGH discharge and helps with the discharge when sending to BGH. ADTC asked that “MR” be added to Zomorph if twice a day as in the example. The Committee questioned the use of fax to BGH Pharmacy on the first page; can this also include printer/scan and send if appropriate.	ADTC Approved with the noted change. Email Author F Fealy	KW 24/07/2025
6.5	ADTC discussed the process for medicine related papers to be included in agenda for approval. An example flowchart and process from NHS Lanarkshire were available for review. It was agreed that the hyperlinks included in the flowchart have less clarity on the road to ADTC from clinical governance and it should be clearer on what comes to ADTC – it should not be everything that has medicine on it. Lanarkshire process has the broad concepts of what we would wish to see. If the paper includes medicines then a pharmacist should have reviewed the paper before it comes to ADTC; however, if it is in use by a specific team then they would review, and it does not necessarily need to come to ADTC. It was agreed that multiple prescribers and people using guidance should be approved by ADTC. It was commented that the Medicines Governance & Safety Group (MG&SG) is now set up and could be part of that process of approval and screening what then comes to ADTC. Any papers approved there would be noted by ADTC in the meeting minutes section of the agenda as MG&SG report to ADTC. ADTC asked that this be reviewed with Clinical Governance and resolved. For papers not required to come to ADTC there should be clarity required on why a pharmacist needs to be involved to advise on the practice as well as the clinical aspect of the papers. It was agreed that the flowchart should include steps for coming to ADTC and steps for papers not coming to ADTC to be clear on both routes. It was agreed that guidance on when paper comes to the agendas may need to be given with a workplan as there may be a boost in the number	Not Approved More work required as noted. Return to matters arising – September agenda.	KT/MC/KW 15/09/2025

	of papers to approve. This will inform the organisation of the work of ADTC, including in primary care, and may promote the committee as one that staff would be interested to join. EJ left the meeting at this point.		
6.6	ADTC reviewed the updated NHS Borders Steroid Safety Bundle guideline which now includes tapering advice from NICE guidance. In response to committee questions the GP representative advised that this guidance has been to GP Subgroup previously; it covers primary care as 90% PMR primary care only; initiating blood glucose monitoring is done in primary care with pre-existing diabetes patients monitoring their own; this may not need to be specified as they receive training. ADTC commented on the following: make clearer if guidance covers nasal steroids as well as oral and injectables; make sick day section – table clearer to read especially on mobile device; make clear what happens for blood glucose monitoring in primary and secondary care. It was also asked if this can be printed from RDS from a mobile device. ADTC approved with changes made and asked for the guidance to be updated and return to ADTC by email for noting.	ADTC Approved with changes as noted. Email author Dr R Williamson and M Clubb to update.	KW 24/07/2025 MC 30/07/2025
6.7	RG attended ADTC to speak to the Guidance for the Management of Elective Alcohol Detoxification Admissions to Huntlyburn Ward which has been recently updated with language changes (Junior to Resident Doctor and drug name) and some additional information which RG highlighted for ADTC. Nothing clinical has changed in this update. The GP representative asked that the discharge instructions for GPs be clearer, for example bloods – specify which bloods. Discharge letters can be too brief, and the patient may not always see a GP. This should be made more specific in the guidance and/or discharge letter. RG agreed to update this. Reducing Chlordiazepoxide was discussed – this is different circumstances for the patients in this situation; will be used in Huntlyburn. ADTC approved the guidance with the changes noted and agreed a three year review date was appropriate.	ADTC Approved with changes noted. Email author Dr R Gordon	KW 24/07/2025
7.	FOR INFORMATION and NOTING:		
7.1	ADTC noted the response to Scottish Government regarding the infected blood products inquiry and use of Tranexamic Acid. It was noted that there was a date error in the year; text has reference number beside it; and TXA and HDC abbreviations should be in full. This provides reassurance for NHS Borders that we are using the benchmarking dashboard. It was commented that the Mountain Rescue teams nationally carry Tranexamic Acid, however NHS Borders does not have this – it was agreed that for this should be disseminated for awareness as this may have been administered externally.	ADTC Noted Changes to be made to response as noted.	MC 30/07/2025
7.2	ADTC Cover Paper Template is now in use for authors of papers to provide additional information to the Committee to facilitate decision making. Any comments or updates can be sent to MC.	ADTC Noted	
7.3	ADTC noted the PGD Admin Spreadsheet which lists all PGDs in use and outstanding for NHS Borders. Out of date authors have been sent reminders and are being supported to update. ED discussed as they have more prescribers and paramedics now prescribing but the PGDs are still required for some nurses. The service is aware they are out of date and will update when able. ADTC agreed that they should have a four-week window to update and finalise to ensure that staff are covered.	ADTC Noted Draft a letter – request to update PGDs.	MC/RM 30/07/2025

7.4	National Cancer Medicines Advisory Group July 2025 Newsletter.	ADTC Noted	
8.	FEEDBACK from SUBGROUPS		
8.1	Anticoagulation Committee (draft) minute - 2 June 2025. ADTC noted that trust biopsies/prostate biopsies are in process of update and will be added into the same anticoagulation guidelines as passed previously; in as high risk and part of procedure. There has been a change from Beriflex to Prothrombin X – national guidance on Beriflex and when stock is used BGH will change over.	ADTC Noted	
8.2	Antimicrobial Management Team action tracker – 21 May 2025. ADTC noted that SAPG will start using HEPMA as collection of antimicrobial stewardship and use data sets to show how we are managing; we have let them know that we do not have HEPMA in foreseeable future.	ADTC Noted	
8.3	IV Therapy Group meeting (draft) minute – 14 May 2025. ADTC noted that Borders Macmillan Centre have updated use of Hepsal and Hickman lines in line with national guidelines and same procedure as Lothian; flushing with saline. This guidance will come to September ADTC. Supply contract for pumps has been extended with a better deal for consumables. IV policy is currently being reviewed and updated.	ADTC Noted	
8.4	Medicines Resource Group meeting (draft) minute – 23 April 2025	ADTC Noted	
8.5	Medicines Governance and Safety Group – next meeting 26 May 2025		
8.6	Tissue Viability Steering Group meeting (draft) minute – 3 July 2025. The Group has a new Chair – Lynne Pride. Non-formulary requests for dressings are now going through TV Group instead of TV Specialist Nurse or NFR Panel. The decisions will be recorded in the minutes received by ADTC.	ADTC Noted	
8.7	East Region Formulary Committee minute from meeting held 28 May 2025	ADTC Noted	
8.8	NHS Lothian ADTC minute from meeting held 7 February 2025. ADTC asked about the reduction of PGD use noted in the minute and this will be circulated to be discussed further. Medical Gas Committee remit also commented on and this is due for review in January 2026.	ADTC Noted	
9.	AOCB		
9.1			
Date and time of next meeting: Wednesday 24 September 2025 at 12:30pm via Microsoft Teams.			
Items expected for future Agendas – SEPT 2025 – or by email before – PCA Guidance; Dr Shona Smith. Matters Arising expected: - Local Anaesthetic Toxicity Protocol update (not approved JAN ADTC; AM); Treatment Pathway for Ritlecitinib (Litfulo®) in Severe Alopecia Areata from NHS Borders Dermatology Department (not approved Sept 2024 ADTC); Position statement on antipsychotic monitoring which will be an appendix in the Antipsychotic and Lithium Monitoring Protocol (update not approved Sept 2024 ADTC)			