

A Meeting of **NHS Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 24 SEPTEMBER 2025 via Microsoft Teams
MINUTE

Item	Situation	Background; Assessment	Recommendation	Lead
1.	Welcome and Announcements: Malcolm Clubb, Director of Pharmacy (MC) (CHAIR) welcomed those present at the meeting and noted apologies. Dr Nicola Henderson, GP (NH); Dr Edward James, Consultant Microbiologist (EJ); 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 6.1; Alex Mundell, Clinical Pharmacist and Ailsa Gale, Catering Dietician – for item 6.2; Maxine Barron, Mental Health Pharmacist – for item 6.3; Andy Parker, Accountable Pharmacist – for item 6.5 Apologies: Andrew Leitch, Lay-member (AL); Keith Maclure, Lead Pharmacist – Medicines Utilization & Planning; Dr Sohail Bhatti, Director of Public Health (SB); Dr Effie Dearden, Consultant DME; Cathryn Park, Deputy Director of Pharmacy (CP)			
1.1	Declarations of Interest: None.			
2.	DRAFT Minute previous meeting			
2.1	Draft minute from 23 July 2025 meeting was approved as an accurate record of the meeting.		Remove draft and add to internet.	KW 29/09/2025
3.	Matters Arising			
3.1	None - any items in agenda or held for November meeting.		ADTC Noted	
4.	NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:			
4.1	ADTC noted the NFR Panel decisions – spreadsheet including any feedback.		ADTC Noted	
5.	PATIENT & MEDICINES SAFETY:			
5.1	Patient and Medicines Safety Update; ADTC noted the InPhase report and Adverse Events results report. One extreme result was discussed which is under investigation and if appropriate will go to SAER for review. There is an improvement plan in place, communications have ben delivered to all staff and ADTC support has been offered if required. The Thematic Review will be shared at the November ADTC.		ADTC Noted	
6.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			

6.1	Dr Rosemary Gordon (RG) Consultant Physician, Medical Unit attended ADTC to speak to the Long-acting Injectable Buprenorphine (Buvidal®) protocol which has been updated with some minor changes; mostly from SMC documentation. RG highlighted the new guidance around pregnancy and recommendations for these patients. The protocol will sit with Borders Addiction Service (BAS). Other parts of Scotland have GP and Pharmacy prescribing but this is not expected to happen in NHS Borders. The protocol is currently available on RDS and will be updated on there. BAS prescribe to 18 and above; if an inpatient was in BGH, BAS would come in to prescribe to them. EDRs – Yellow card to be added into the protocol. Doses are documented on EMIS template and detox off-label is included in the protocol, Guidelines regarding stopping long term were discussed. ADTC agreed the protocol could be approved with the following updates 1) action yellow card addition; 2) prescribing for inpatients clarified and long term stopping clarified.	ADTC Approved with updates as noted. Email to applicant To go to Clinical Governance in RDS format.	KW 29/09/2025 RG
6.2	Alex Mundell (AM), Clinical Pharmacist and Ailsa Gale (AG), Catering Dietician attended ADTC to speak to the updated TPN guidance and prescription / monitoring chart. This has been updated to reflect the new TPN bags that will be used in BGH. AM highlighted changes made, and the positive feedback received about new products. ITU reviewed calculator and ward 7 reviewing prescription charts for feedback; not required for paediatrics in Borders. ADTC discussed and agreed that the monitoring should be changed from 6 hourly to 4 hourly to fit in with other observations. Additions in TPN bags discussed; TPN given centrally so additional electrolytes can be given separately. They have vitamins included which is listed in guideline appendix – in ingredients. Question of fat content was raised, and it was agreed that this should be made clear – macro ingredients so balance is clear – as an extra part in table. ADTC requested that the regular monitoring be made clearer; P15 Triomel to be removed; add lipid to TPN prescription in line with headline of what is in content. Stickers, with possibility of using pre-printed, was discussed; governance and avoidance of error and it was agreed that AP would review what other regions have and discuss further with AM and AG. Patients requiring additional electrolytes and different approaches required in clinical locations. Other areas, for example rate of potassium, with regards to input and monitoring of patient; any risk for the ward in calculating and administering and if this should be included in the guideline. Clarity on what is included in TPN, aware of content, rate and hourly consumption. ADTC agreed not to approve this guideline at this meeting and that AM and AG would update and bring back to ADTC for further discussion and approval. The guideline should also be put into the RDS template.	ADTC did not approve; notes from minute to AM and AG. Update and return to ADTC as matters arising or virtual approval.	KW 30/09/2025 AM/AG
6.3	Maxine Barron, Mental Health Pharmacist, attended ADTC to speak to the updated Physical health monitoring for those prescribed antipsychotics and lithium, which included tracked changes for updates and inclusions. This shared care agreement has had no changes to the main content; it includes a position statement which was updated and approved last year from the older adult psychiatry team and also reviewed by the general adult team. Asking for certain patients to be included in monitoring to provide assurance that specific teams are not undertaking monitoring – this reduces the number of patients being monitored and having clarity on those who do not require monitoring. The protocol already has exemptions for dementia patients; others to be added who psychiatrists deem that monitoring would not help – this may be due to other	ADTC Approved the clinical content only. Document to be updated as noted and tabled at Clinical Interface Group.	MB/MC MB

	co-existing mental health conditions. The medication would not be changing, and so monitoring is not required. The statement was reviewed and ADTC asked about the decision making – this would be Consultant Psychiatrist; also, how and where this would be documented - in EMIS and in letter to patient's GP. Other change has been to change the cutoff from age to frailty as this is more appropriate. Appendix 4 drug list was discussed; Lithium to be checked if this requires to be in a separate document or check it is not included under separate agreement. A review of the current caseload and letters to all practices would be required. It was agreed that the document should be in the shared care agreement format. ADTC were able to approve the clinical content but asked that this shared care agreement be approved by the Clinical Interface Group as this needs to be discussed with GP colleagues. It was agreed that MB and MC would meet to edit into the appropriate shared care agreement format and then MB to present to Clinical Interface Group. Decide which platform this would be available on – if we have different SCAs to NHS Lothian then distinction would need to be made if this was included in, for example, East Region Formulary.		
6.4	ADTC reviewed Silver diamine fluoride (Dental Guidelines); which aims to provide guidance on a safe, effective use of silver diamine fluoride for NHS Borders Public Dental Service. This is a non-invasive treatment for dental cavities with hypersensitivity which benefits certain groups of patients. This is off label; with a growing body of evidence. Guidelines include which patients are appropriate and training requirements are covered. Inclusion in regional decision making was commented on. ADTC agreed to approve these guidelines for a period of two years; at which time the Medical Devices Committee should have commenced and be able to review and approve.	ADTC Approved Email Author Martin McCormack	KW 30/09/2025
6.5	Andy Parker (AP), Accountable Pharmacist attended ADTC to discuss proposed changes to SACT preparation with an accompanying SBAR which would bring NHS Borders in line with other health boards and SCAN guidance to fit in with ChemoCare system, pharmacy worksheet and labelling system and for IV SACT to be dispensed in the same way across the East Region. Current practice is to remove additional mls – this proposal is to not remove with the result that the final volume would be larger than anticipated. Issues and reasons for bringing to ADTC were highlighted including governance – adding volume to the infusion bag larger than the volume stated on the Kardex which would include additional drug volume. This reduces the number of aseptic manipulations; each one increases the risk of contamination from environment, bacteria and particle contamination to patients. This change in practice would reduce the risk. Other associated changes are infusion time increase; this would result in longer BMC chair time and, in order to maintain their calculated capacity, would require a faster rate than current. The change in practice is already the process in BMC with nurses and AP outlined this process. Move to change the pharmacy process to same as BMC will reduce manipulations, bringing us in line with other health boards and SCAN. Documentation and education for BMC was discussed, and it was noted that education was discussed at IV Therapy Group. ADTC Approved this change to SACT preparation.	ADTC Approved Email author Andy Parker	KW 30/09/2025
7.	FOR INFORMATION and NOTING:		

7.1	SMC are seeking views on the SMC Website from our stakeholders and a link to the survey was included. This will also be shared with the Independent Prescribers in Teams.	ADTC Noted	
8.	FEEDBACK from SUBGROUPS		
8.1	Anticoagulation Committee – next meeting December 2025; any updates from recent virtual discussions.	N/A	
8.2	Antimicrobial Management Team action tracker – 23 July 2025	ADTC Noted	
8.3	IV Therapy Group meeting (draft) minute – 9 May 2025 SS – PCA presented and hoping this will be in next ADTC. Productive meeting.	ADTC Noted	
8.4	Medicines Resource Group meeting (draft) minute – 23 July 2025	ADTC Noted	
8.5	Medicines Governance and Safety Group (draft) minute - 21 July 2025	ADTC Noted	
8.6	Tissue Viability Steering Group meeting (draft) minute – 31 July 2025	ADTC Noted	
8.7	East Region Formulary Committee minute from meeting held 23 July 2025	ADTC Noted	
8.8	NHS Lothian ADTC minute from meeting held 7 February 2025	ADTC Noted	
9.	AOCB		
9.1	RM commented on medical gases in Emergency Department; since September they have been struggling to get gases in that have alarms; waiting for 18 months for them to be delivered by BOC. RM wanted this to be noted here as open risk on risk register. Pharmacy commented that they have ordered 10 for areas identified and can add more as we move forward.	ADTC Noted	
Date and time of next meeting: Wednesday 26 NOVEMBER 2025 at 12:30pm via Microsoft Teams.			