

MINUTE

Item	Situation; Background; Assessment	Recommendation Lead / Timescale
1.	<p>Welcome and Announcements:</p> <p>Dr Nicola Henderson, GP (NH) (CHAIR) welcomed those present at the meeting and noted apologies.</p> <p>Present: Dr Edward James, Consultant Microbiologist (EJ); Keith Maclure, Lead Pharmacist – Medicines Utilization & Planning; Rhona Morrison, Medicines Governance and Non-Medical Prescribing Lead (RM); Kirsten Thomson, Lead Clinical Pharmacist (KT); Kate Warner, Meeting Administrator (KW).</p> <p>Guests: Dr Rosemary Gordon, Consultant Psychiatrist Addictions Service – item 6.1; Dr Jennifer Brennock, Consultant – Palliative Care, MKU – item 6.2; Jan Turnbull, Clinical Practice Lead – item 6.5; Rachel McKaig, Clinical Pharmacist – item 6.9; Oscar Shirlaw, Clinical Pharmacist – item 6.10</p> <p>Apologies: Malcolm Clubb, Director of Pharmacy & Chair; Dr Sohail Bhatti, Director of Public Health; Rebecca Devine, Public Health Consultant Dr Effie Dearden, Consultant DME; Andrew Leitch, Lay-member (AL).</p>	
1.1	<p>Declarations of Interest: None</p>	
2.	<p>DRAFT Minute previous meeting</p>	
2.1	<p>Draft minute from 24 September 2025 meeting was approved as an accurate record of the meeting with no changes.</p>	<p>Remove draft; upload to web KW 27/11/2025</p>
3.	<p>Matters Arising</p>	
3.1	<p>BGH TPN Guidelines and Prescription Chart, reviewed at September 2025 meeting, has been updated following ADTC recommendations and the final paper was presented for approval. ADCT approved the changed paper and suggested that the TPN prescription chart be printed on blue paper in line with other feeding prescriptions. The Guidelines should be reformatted into Right Decision Service (RDS) template and sent to Clinical Governance for upload to RDS.</p>	<p>Email authors; A Mundell; A Gale KW 27/11/2025</p>
4.	<p>NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:</p>	
4.1	<p>NFR Panel decisions – spreadsheet including any feedback.</p>	<p>ADTC Noted</p>

5.	PATIENT & MEDICINES SAFETY:	
5.1	ADTC reviewed the InPhase reports and Adverse Events results from September to November showing 110 events in total and the committee heard that patients had been discharged on Dalteparin to community hospitals with no treatment plan; staff have been updated and education and training planned to resolve this for future discharges. Dalteparin change to Enoxaparin – Kardex are being updated along with all policies and procedures. ADTC also noted that District Nurses are receiving updates and guidance on using syringe drivers in the community. The Scottish Patient Safety Programme has a new workstream focussing on diabetes and medicines management across care settings; to review before end March 2026; diabetic nurses and endocrinology will be involved with diabetic workstream. A new working group has been proposed around medications and emails have gone out to request members for the group, this will be followed by planning focus and workplan for 2026.	ADTC Noted
6.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:	
6.1	Dr Rosemary Gordon (RG) attended ADTC to speak to the ‘Emergency Management of Opioid Dependency in Inpatients - overnight or out of hours – Guideline and Appendices’ which has been adapted from NHS Lothian guidance. This is new guidance for NHS Borders and includes use of Dihydrocodeine, which is listed on formulary for opiate withdrawal, as this would be a safer option than Methadone for staff in BGH. RG outlined the guideline, noting contacts and areas to note regarding patient expectations and discharge. The guideline will ensure that all steps are followed. ADTC asked that the guideline include NHS Lothian in references as source of guideline. Holding the toxicology screening kit in A&E was discussed and it was agreed that if they are happy to provide this could be supplied to them. ADTC asked for communications to be sent to all junior doctors to make them aware; to add NHS Borders logo into Appendix A and to add an addressograph for formal filing in notes. ADTC approved the guideline with updates as noted.	ADTC Approved with updates req. Email to author: Dr R Gordon KW 01/12/2025 Discuss toxicology with A&E RM 31/12/2025
6.2	Dr Jennifer Brennock (JB) attended ADTC to speak to the SBAR for Proposed Change of Practice for Margaret Kerr Unit to Prescribe Four (4) Medications in Continuous Subcutaneous Infusion (CSCI), plus option to also add Dexamethasone as Fifth (5th) drug if required for localised reactions). JB outlined the purpose of the SBAR and the practice, used in other Boards, which would enable the Margaret Kerr Unit (MKU) to utilise staff time more efficiently and reduce the number of syringe drivers used on patients and potential reduction in errors due to efficiency of nursing time. It is proposed that this would only be for use in MKU and for a short period a QI project would gather data, monitoring any adverse effects and feedback results. Interest has been shown from colleagues in the West to use the same SBAR; JB gave other examples of locations where this is usual practice. ADTC agreed and asked that staff education is in place and received as appropriate; JB responded that they have recently received approval for a dedicated educator for MKU. It was agreed that the QI work would underpin this change and could lead to updates to Scottish Palliative Care Guidelines; ensuring developments are shared. JB was asked if this could be extended to the community; JB replied that currently this is a controlled environment in a specialist setting and that district nurses are not currently under MKU oversight but that with significant education this could be possible in future. ADTC approved the SBAR.	ADTC Approved Email to author: Dr J Brennock KW 01/12/2025
6.3	KT spoke to the SBAR - UK government restrictions on the use of Puberty Suppressing Hormones (Puberty Blockers) and highlighted the recommendations which provides NHS Borders with some assuredness. Currently there are limited key stakeholders, which helps mitigate risk. Add to risk register until we have HEPMA. KMacl commented that this is also required	ADTC Approved Email to author: Kirsten Thomson

	for primary care and commented that this will only happen depending on individual practice's IT system, hence not a foolproof measure. ADTC agreed to approve the SBAR.	KW 01/12/2025
6.4	RM outlined the updated Reversal of Warfarin (Oral) guideline which was reviewed and updated by Dr H Saadi when working at NHS Borders and has been reviewed and approved by Dr C Robertson. It was commented that the information provided was helpful but the layout and some of the language made it confusing, especially where important points are further into the paper and could be missed and that some other information was not required. A more visual overview of the guidance was thought to be more appropriate. RM responded that this would read better when it is transposed into accordion sections on RDS; information is included for those who require that reminder; the visual aspect will depend on the capabilities of RDS formatting. A separate section for primary care management was also suggested. It was agreed that the guideline should be put into RDS format and that KT and RM would meet to clarify the headings and classification of the three patient groups and INR results; examples of these were discussed and will be updated. ADTC approved the content but asked the guidance to come back to the committee once layout has been updated.	ADTC Approved content – layout to be updated. Email to author KW 01/12/2025 Meeting KT & RM to discuss further. Add to M/A ADTC January agenda KW 15/01/2025
6.5	RM and Jan Turnbull (JT) spoke to the Proposal to cease the use of Heparinised saline in Central Vascular Access Devices in Cancer Services (exclusive of TIVADs); an SBAR from NHS Lothian prompted the change as patients are often treated by both Boards. Current NHS Borders protocol was due for review and update. This has been reviewed and approved by the IV Therapy Group. Removing Hepsal from Hickman lines and using saline with the push pressure technique as per current guidance. This change would be for Hickman lines use in the management of cancer, excluding children, and ideally for haematology patients as well. No other patient groups. On approval, JT, as clinical practice lead, will update the guidelines as appropriate. ADTC approved this proposal to update the guidance.	ADTC Approved Email to author J Turnbull KW 01/12/2025
6.6	ADTC reviewed the Single Nurse Administration of injectable Medicines in Community Hospital clinical areas guideline. RM outlined the background of this – in community hospital there tends to be only one registrant on shift, and a recent change in policy for controlled drugs allows a HCSW checking with registered nurse accountable. In this new guideline the registrant to remain accountable, performing standard checks, but they can now ask the HCSW for a second check, but it is not mandatory. IV antibiotics in community hospital – this would allow ANPs to administer without the patient having to come to BGH. The terminology 'complex calculations' was discussed, and it was agreed that 'complex' may not be the correct terminology and should be changed. P7 'midwife' to be removed as do not work in community hospital setting. ADTC approved the guideline with the changes as noted, to come back to ADTC for noting.	ADTC Approved with changes to come back as matters arising. RM 19/01/2026
6.7	Updated ADTC Cover paper – includes new sections for Acute Protocols – Implications for Primary Care; and Declaration of Interest added in line with the updated process at item 6.8.	ADTC Approved Update on internet/folders KW 01/12/2025
6.8	NHS Borders Guidance on the Production of Guidelines and Protocols involving medicines and the flowchart. Pharmacy and Clinical Governance representatives met to update the process of papers coming to ADTC and link that with the health board governance. This makes it clearer what should come to ADTC for approval. It was agreed that this should be updated to include approval of documents which have service or financial implications for multiple clinical areas. Other medicine related	ADTC Approved following approval from Public Health.

	documents can be approved via accepted governance route within their specialities/CMT. ADTC approved this updated policy but asked that public health representative on ADTC also approve.	Update on internet/folders KW 04/12/2025
6.9	Rachel McKaig, Clinical Pharmacist, Parts 1-5 of new NHS Borders Antithrombotic Guidelines – these are in separate sections as they will appear in RDS in separate content listings. Contract change from Dalteparin to Enoxaparin has prompted this update. Questions raised – introduction section also needs to include it will be on RDS; in all sections, for VTE Prophylaxis, do we use Simpsons guidance or is it just RCog – opening paragraphs for pregnant women relate to Simpsons – this needs to be checked; hoping this guideline would highlight the normal anticipated duration of VTE prophylaxis and how often things should be reviewed, by whom and duration of treatment – particularly for medical patients; platelets checks are not covered – should this be included; section 3 treatment – anti-Xa levels not routinely required just for extremes of weight etc; section 4 discussed heparin and use noted the need for high dependency area nursing support for infusion checks and blood monitoring, make clear in the guidance; switch from unfractured heparin to DOAC or low molecular weight – to be considered for inclusion in guidance; section 5 – orals – should cancer be mentioned as high risk factor; Dalteparin typo 3.2. Patients on heparin infusion would go toward 5 was noted. Primary care focus was raised; patients requiring treatment doses are the exception in the guideline and continuing in the community, but it was agreed that this should be included in the guidance. Dalteparin is still on formulary as second line if required. Kardex discussed and requiring guidance for junior doctors and may be required to go live at end of December. Changes noted and amendments to be made and then send remotely for approval voting to ADTC. This will ensure that it is available for end of December to be approved for January.	ADTC did not approve. Changes to be made/updates sent to KW. RMcK 08/12/2025 Send for virtual approval to ADTC KW 08/12/2025
6.10	Oscar Shirlaw (OS), Clinical Pharmacist, spoke to the guideline which has been developed to aid prescribers, members of the pharmacy department and the nurses responsible for administering immunoglobulin to ensure optimal use of the NHS Borders allocation of the national stock available for both adult and paediatric patients. Due to issues with cost and supply this new guideline would keep our use as efficient as possible in NHS Borders. A previous project looked at a year's supply and OS commented on the findings and lessons learned. Savings would be made, and more patients will be treated. Guideline looks at the approval process and included with this is a change to the Non-Formulary Request (NFR) form to add requests for grey immunoglobulin into the current NFR process and then red and blue requests which continue to use national form. Cautions, prescribing and bloods required, monitoring, ordering supply, preparing and administering, and adverse reactions. Flowcharts are included for selecting brands for administration and infusion rate/product and making the information clearer. This fills an unmet need in the organisation and filling the gaps in governance with consistency across the specialities; everything has been included that has come up during review. ADTC approved Non Formulary Request form change for grey indications and the guidance.	ADTC Approved Email the author O Shirlaw KW 01/12/2025
7.	FOR INFORMATION and NOTING:	
7.1	Area Drug & Therapeutics Committee Collaborative (ADTCC) Newsletter - September 2025	ADTC Noted
8.	FEEDBACK from SUBGROUPS	
8.1	Anticoagulation Committee – next meeting December 2025	
8.2	Antimicrobial Management Team action tracker – 17 September 2025; national plan to be include in future ADTC agenda.	ADTC Noted

8.3	IV Therapy Group meeting (draft) minute – 17 September 2025; reviewed PCA guidance, adult and paediatric, to be included in future ADTC agenda.	ADTC Noted
8.4	Medicines Resource Group meeting (draft) minute – 22 October 2025	ADTC Noted
8.5	Medicines Governance and Safety Group (draft) minute – 15 September 2025	ADTC Noted
8.6	Tissue Viability Steering Group meeting (draft) minute – 30 October 2025	ADTC Noted
8.7	East Region Formulary Committee minute from meeting held 17 September 2025	ADTC Noted
8.8	NHS Lothian ADTC minute from meeting held 1 August 2025	ADTC Noted
9.	AOCB	
9.1	None.	
Date and time of next meeting: Wednesday 28 JANUARY 2026 at 12:30pm via Microsoft Teams.		