

MINUTE

Item	Situation; Background; Assessment Recommendation – Action: Lead; Timescale
1.	<p>Welcome and Announcements: Malcolm Clubb, Director of Pharmacy (MC) (CHAIR) welcomed those present at the meeting, members introduced themselves to the guests and noted apologies.</p> <p>Present: Dr Effie Dearden, Consultant DME; Dr Nicola Henderson, GP (NH); Dr Edward James, Consultant Microbiologist (EJ); Rhona Morrison, Medicines Governance and Non-Medical Prescribing Lead (RM); Kyna Harvey, Lead Clinical Pharmacist (KH); Keith Maclure, Lead Pharmacist – Medicines Utilization & Planning (KMacl); Kate Warner, Meeting Administrator (KW).</p> <p>Guests: Joeleen McKean, Joint Team Lead Dietitian, Borders Weight Management/Child Healthy Weight Team – as observer; Owen McDonald, Acting Public Health Consultant, Public Health – as observer; Chirantha Puwalani Vidanapathirana, ST4, Child & Adolescent Psychiatry – item 6.6; Dr Leonie Boeing, Consultant Psychiatrist, Mental Health – item 6.6; Dr Shona Smith, Consultant in Anaesthetics and Pain Medicine – item 6.9.</p> <p>Apologies: Andrew Leitch, Lay-member Dr Sohail Bhatti, Director of Public Health; Dr Rebecca Devine, Public Health Consultant.</p>
1.1	Declarations of Interest: None
2.	DRAFT Minute previous meeting
2.1	Draft minute from 28 January 2026 meeting was approved as an accurate record of the meeting with no changes. ACTION: Remove draft; upload to web (KW - 26/03/2026)
3.	Matters Arising
3.1	None.
4.	NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:
4.1	ADTC noted the Non-Formulary Request Panel decisions spreadsheet; which includes those approved by the Panel and MMC, NHS Lothian.
5.	PATIENT & MEDICINES SAFETY:

5.1	ADTC noted the Patient and Medicines Safety Update - InPhase and Medication Events reports; these show 158 events since the previous ADTC with some concern raised around discrepancies. Omnicell reports with incorrect data are being reviewed along with misappropriation over the past two years. There have been Controlled drug checks have improved. Concerns about desirable medicines are being reviewed by medical ward staff doing daily checks with tight timelines between the checks. MAU have managed to resolve this; ensuring medication is managed well. Drawers in Omnicell have been allocated for specific medicines only and this strengthens access. An SBAR will look at the review when available. Any mismanagement will be addressed with the appropriate staff training. ADTC recognised risks around this and look forward to SBAR at next meeting.
6.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:
6.1	ADTC reviewed the Use of Lidocaine 5% Medicated Plasters in Acute Hospital Settings procedure and discussed acceptable use – shingles and palliative care indications. Governance will be tightened around the use of Lidocaine plasters and ADTC agreed that it was important to be consistent across the Borders as this will impact some services more than others. MAU are already supporting which has stopped inappropriate enquiries coming to Pharmacy. DECISION: APPROVED. ACTION: Email to author – Director of Pharmacy (KW – 31/03/2026). ACTION: Update/upload to Right Decision Service (KW – 31/03/2026). ACTION: Communications to all prescribers (KW on behalf of MC – 01/04/2026).
6.2	ADTC reviewed the Controlled Drug Standard Operating Procedure - for NHS Borders Public Dental Service. ADTC discussed controlled drugs that the dental service has access to use and this paper outlines this and provides assurance to the Board. ADTC requested that on page 5 the proper nouns are highlighted in bold to make them easier to distinguish. Also commented on the use of IV; recognised term to be updated. DECISION: APPROVED – with change noted above to be updated (MC and KMacl – 31/03/2026). ACTION: Email author - M McCormack, Clinical Dental Director (KW – 31/03/2026).
6.3	ADTC reviewed two new Radiology PGDs for Gastrografin Oral and X-Ray Contrast; oral and enema. This is a routine procedure in BGH but there is not always a prescriber available. The PGD has been developed by the Senior Radiology Team for radiographers. The current product shortage was discussed. ADTC asked that if Oral Gastrografin is being sent to patient's home then it needs to be over-labelled and that should be included in the PGD – this will be clarified and ADTC can be updated by email. DECISION: NOT APPROVED; clarity required on the over-labelling question. ACTION: Email author - Fiona Whittet, CT Lead Radiographer (RM – 31/03/2026) ACTION: Inform ADTC of response for consideration to approve (KW – 31/03/2026)
6.4	ADTC reviewed the Levonorgestrel PGD for use in Community Pharmacy. This is an update but has been substantially changed and it was appropriate to bring to ADTC for approval. It was noted that this is second/third line option with coil being most effective treatment. DECISION: APPROVED. ACTION: Email author – M Clubb, Director of Pharmacy (KW – 31/03/2026)

6.5	<p>ADTC reviewed protocol for the Initial Management of Thrombotic Thrombocytopenic Purpura (TTP) in Adults in BGH with Caplacizumab and Caplacizumab for TTP; with a request to be able to stock this formulary drug as a vial in the emergency cupboard. This will allow BGH teams to use if asked to do so by Lothian consultants. ADTC noted the procedure and approved keeping the vial in stock.</p> <p>DECISION: APPROVED.</p> <p>ACTION: Email author - Ségdæ Richardson-Read, Advanced Clinical Pharmacist in Cancer and Palliative Care (KW – 31/03/2026)</p>
6.6	<p>ADTC reviewed the Guidance on the Drug Treatment of Acute Behavioural Disturbance for CAMHS under 18s. Guests, Chirantha Puwalani Vidanapathirana, ST4, Child & Adolescent Psychiatry and Dr Leonie Boeing, Consultant Psychiatrist, Mental Health attended the meeting to talk through the guideline. Guideline has been written to address the gap for rapid tranquillisation of young people in Borders; following the format of the guideline for adults. Areas relevant to young people have been updated. This would be located on Right Decision Service for use by those on-call and out of hours; junior doctors and senior psychiatrists. It would be available if young people attend A&E or Huntlyburn Ward where required. ADTC discussed dosage (missing on page 11). This has come from BNF for children and other protocols used across Scotland and from a robust rapid tranquillisation protocol from Paediatric Innovation Network in England. Clarity around weight and dosage was requested – if weight matters this should be with the drug information; currently refers to BNF in case advice for ml/kg changes but the comment on useability/readability was noted by authors. ADTC also asked how often senior advice being obtained would be expected and to what degree of consultant oversight would be required. Is there a point that senior support advice is sought – this should be clearer with wording “seek senior support at this stage”. It was agreed that page 16 should change to “should be obtained” not “could”. As the second does is the key point this should be recommended more firmly – <u>now</u> is the point that senior support should be obtained – to be very clear to all staff. At point of anti-psychotic; under consultant or senior advice – not junior, was suggested. ADTC agreed that dose should be included and the guidance sent back to ADTC for virtual review with updates. The guidance will need to be in Right Decision Service template.</p> <p>DECISION: APPROVED with comments/recommendations for change above.</p> <p>ACTION: Email author – Maxine Barron, Clinical Pharmacist and CPV and LB – to update and return (KW – 31/03/2026)</p>
6.7	<p>ADTC reviewed the Acetylcholinesterase inhibitors and memantine - newly diagnosed dementia patients guideline and discussed the supporting information for community mental health teams and GPs when older adult teams start these drugs for dementia and Alzheimer. Communications will be sent to GPs about this update to the previous document.</p> <p>DECISION: APPROVED.</p> <p>ACTION: Email author: Maxine Barron, Clinical Pharmacist (KW – 31/03/2026)</p>
6.8	<p>ADTC reviewed the SBAR Use of AI for MI enquiries; NHS position statement and NHS infographic which is a new and emerging concern for using AI in medical enquiries as this is not a clinical reasoning tool. Request is for an organisational statement on use and to add to risk register after discussion with IM&T. Concerns and usage were discussed and the requirement for clinical review was agreed. It was commented that AI language models are trained on narrower databases and so contain more reliable information. ADTC asked if there was a national opinion provided. Investigate further and add to risk register in the meantime.</p> <p>DECISION: APPROVED.</p> <p>ACTION: Email comments to author – M Clubb, Director of Pharmacy (KW – 31/03/2026)</p>

6.9	<p>ADTC reviewed the Adult PCA Guideline along with supporting information and bedside booklets with separate version for Ward 7. Dr Shona Smith, Consultant in Anaesthetics and Pain Medicine, attended the meeting to speak to this item. Background included the change in PCA devices as the previous fleet could no longer be maintained and were not for paediatric use; this is a different design but comes from the same supplier as epidural pumps so comes with a level of confidence. Opioids in use have been expanded from solely morphine to morphine, oxycodone and fentanyl to give clinical choice. There has been a restructure of the pain service to enable this as previously PCAs were advised by anaesthetists. Other documentation includes pre-printed PCA prescriptions. If further advice or escalation is required contact numbers are available. Stock of PCAs will be held in one central location – recovery room in theatres. All three opioids are available, and staff are trained to make these up at this location. There would also be a cost implication if all areas of hospital were stocked. There has been a trial in ward 7, highest user of PCAs, and there were no significant issues; senior staff had positive feedback and prefer to make up in ward 7. There is separate documentation for ward 7. Staff training includes opioid training, online PCA training on LearnPro and practice pump / device training delivered by own department and industry. Support is available for staff when working with PCAs and a list of trainers is available for the future. Recommendations include ongoing training for PCAs incorporated within the pre-existing package of practice and fact-based learning for opioids. Prescriber information and guidance is on the front page – containing three sections for the prescriber to tick off and sign; details of patient, contacting anaesthetics to discuss; which agent – dosage in detail; name of who prescriber spoke to. Any FY1 uncomfortable with prescribing would be supported. The number of opioids discussed – reason for three is to ensure less inter-person variability and that patients moved to another ward would not be given a different PCA; only one should be prescribed. Safety boxes are included. Contact for acute pain service will be included when available as contact for ward staff members. Dosage is part of nurse training discussed and the need for controlled stationery. ADTC asked that the use of Latin “prn” be changed to “when required”; that a brief audit of who is using what and where would be useful for ongoing monitoring.</p> <p>DECISION: APPROVED with change/comment above. ACTION: Email author - Dr Shona Smith, Consultant in Anaesthetics and Pain Medicine (KW – 31/03/2026)</p>
6.10	<p>ADTC reviewed the new Community Pharmacy Nystatin PGD and assessment form; part of the implementation of the second condition in the expansion of Pharmacy First, the PGD for nystatin oral suspension is now ready to pass through local Health Board governance processes as per the normal ‘Once for Scotland’ approach used for community pharmacy national PGDs.</p> <p>DECISION: APPROVED. ACTION: Email to Directors for approval before uploading to PGD microsite (KW – 31/03/2026).</p>
7.	FOR INFORMATION and NOTING:
7.1	ADTC noted the Clinical Documents Update – Right Decision Service – Drug & Therapeutics. There is a new tile available for Drug & Therapeutics and communications is planned to update all prescribers.
8.	FEEDBACK from SUBGROUPS
8.1	ADTC noted - Anticoagulation Committee (draft) minute – 2 March 2026
8.2	ADTC noted - Antimicrobial Management Team action tracker – 29 January 2026
8.3	ADTC noted - IV Therapy Group meeting

8.4	ADTC noted - Medicines Resource Group –meeting 28 January 2026
8.5	ADTC noted - Medicines Governance and Safety Group (draft) minute – 9 February 2026
8.6	ADTC noted - Tissue Viability Steering Group meeting (draft) minute – 5 March 2026
8.7	ADTC noted - East Region Formulary Committee minute from meeting held 21 January 2026
8.8	ADTC noted - NHS Lothian ADTC minute from meeting held 5 December 2025.
9.	AOCB
9.1	None.
Date and time of next meeting: Wednesday 25 FEBRUARY 2026 at 12:30pm via Microsoft Teams.	
Items expected for future Agendas – May 2026 - Emergency MAR Chart UPDATED from ADTC response Virtual - NHS Borders Drugs & Therapeutics Industry Engagement Policy; and Guidance for Extended Venous Thromboembolism (VTE) Prophylaxis for Surgical Patients undergoing Major Abdominal or Pelvic Surgery for Cancer in NHS Borders – both updates to be completed and sent for virtual approval.	