



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 27th March 2024 via Microsoft Teams
MINUTE

Item	Situation; Background; Assessment	Recommendation	Lead	Timescale
1.	Welcome and Announcements: Present: Malcolm Clubb, Director of Pharmacy (MC) – Chair for this meeting; Dr Ed James, Consultant Microbiologist (EJ); Dr Effie Dearden, DME Consultant (ED); Keith Maclure, Lead Pharmacist (KMacl); Dr Nicola Henderson, GP; Kyna Harvey, Clinical Pharmacist (KH); Rhona Morrison, Medicines Governance/NMP Lead (RM); Kate Warner, Meeting Administrator (KW). Guest: Oscar Shirlaw, Clinical Pharmacist (OS) and Malama Chipepo Sumbwanyambe, Rheumatology Specialist Nurse (both to observe); Kathy Steward, Community Nurse Manager (item 7.5). Apologies: Cathryn Park, Senior Clinical Pharmacist (CP); Dr Kevin Buchan, GP (Chair); Andrew Crawford, Clinical Pharmacist (Oscar Shirlaw covering items)			
2.	Declarations of Interest: None			
3.	DRAFT Minute previous meeting			
3.1	Draft minute from 24 th January 2024 meeting was approved as an accurate record of the meeting.	Remove draft and upload to web	KW	02/04/2024
4.	Matters Arising			
4.1	Letter sent from ADTC January meeting to UK Health Security Agency requesting a definition of the term “severely immunocompromised”; response was that the definition can be found in the Greenbook and link provided.	ADTC Noted		
4.2	Letter sent from ADTC January meeting to Medical Director. Response received by email 01/02/24 Pharmacy team asked to undertake a data collection process to understand the scale of task. Propose to pull together key stakeholders for initial discussion. MC to lead on this process initially and then we will consider who will be best to take it forward/ chair any oversight board thereafter. KH updated that Dr A Cotton is chairing the new Medicines Governance Group; Caldicott Guardian is involved, and this is in process; review of patient planned and follow up can be provided to ADTC	ADTC Noted		

	in future as required.			
5.	NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:			
5.1	NFR Panel decisions made since last ADTC meeting were available for ADTC to review.	ADTC Noted		
6.	PATIENT & MEDICINES SAFETY:			
6.1	Patient and Medicines Safety Update – Datix Medication Error report to March 2024; adverse Events report to March 2024. RM reported that Acute board has the largest number of errors and that there are no new areas. All items are being taken to the Medicines Governance Group who will review, identify trends and areas of concern for further action.	ADTC Noted		
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:			
7.1	OS outlined the Finerenone Guideline developed by NHS Lothian, following approval at ERF Committee, and the request for use in NHS Borders. Guideline is available on EdRen, ADTC approved use of renal document and guidelines available on EdRen without the requirement to Borderise to prevent the risk of missing an update to guideline.	ADTC Approved		
7.2	Citralock SBAR – choice of line locks in NHS Borders, following discontinuation of citra-lock vials and their replacement, in Dialysis. This is classed in Lothian as a medical device and orders would go through stores. There is no guideline required for a medical device. ADTC discussed if this should be classed as a medical device in Borders or if this needs a guideline. RM agreed to check with ITU as they use this product there and may have guidance in place already. If there is guidance it should have gone through ADTC in the past – to be checked. If not, to prepare guidance help from Renal unit at Lothian could be sought.	Check guidance in place; inform OS/AC; check has come to ADTC for approval. Update May ADTC	RM	13/05/2024
7.3	ADTC reviewed posters produced by NHS Lothian for guidance on Asthma and COPD inhaler choices; used mainly in primary care. These require local approval for use. Products on posters correlate with the formulary choices. Updates should come through respiratory team. ADTC asked that the posters be disseminated to practice prescribing leads, practice managers and pharmacotherapy team.	ADTC Approved Discuss with AC re respiratory endorsement and dissemination.	OS MC	
7.4	ADTC reviewed the paragraph to be added to the NHSB Code of practice for the Control of Medicines Policy.5.1.4 -Pre-prescribing in Medical Student Assistantship. And Doctors pre-prescribing leaflet. This allows medical students, post finals and pre-registration to prescribe on Kardex in a safe manner. Prescribe, initial and counter signed by junior doctors. Unsigned is a risk; counter signed safer and adheres to university regulations. ADTC to approve as we don't have electronic prescribing, and it noted pre-prescribing are no longer used in Lothian and Fife and students may be less familiar but are keen to be involved. Pre-Prescribing will be included as an instruction in the Code of Practice.	ADTC Approved Update Code of Practice and send to Clinical Governance for updating on intranet.	RM KW	10/04/2024
7.5	ADTC reviewed the Delegation of Administration of Medicines to Non-Registered Practitioners by Community Nurses in Community Services policy which has been reviewed previously and was reviewed again against national guidelines. Key points from the national guidelines were also made	ADTC Approved with updates as outlined – to KW to	KS	28/03/2024

	<p>available for review. KS attended the meeting to speak to this paper and spoke of the process and staff available in community and the framework required for administration of Insulin by non-registered practitioners. The policy focusses on safety and delegation and the parameters set for patient selection. Important to have this in community to utilise staff skills and to reduce travel and visit times for multiple staff. This is for band 4 and specific training from the Diabetes team will be given and this training will also be provided to band 5 and 6 staff. Risk assessments are done for each patient, some of whom have been receiving daily support for over 15 years. The policy meets all of the new national guidance. ADTC asked about informed consent for all patients, including for example dementia patients. KS responded that this is done on an individual patient basis and the practitioner will be content about consent for patients/guardian/power of attorney. Care home patient consent will also be included and ADTC asked there be a clear plan for this. Administration of insulin is only through vials and injection. Not pens as registered nurses currently observe patients giving their own insulin with pens; and this is the only time pens are used. ADTC asked for this to be made clear in the policy. Clinical decision making for the band 4 staff was discussed and the training involved in recognising changes and signs to blood sugar level. Inclusion in job description was discussed and this is included; training and development will not train if the task is not in the job description. DNs are caseload holders and when they leave there is a handover of caseloads. Registered nurse is the accountable person and education is on-going for this on patient care and administration of medication. KS reiterated that this is only for community nursing, not organisation wide. ADTC approved with the updates commented on. The update to be emailed to ADTC for final approval.</p>	forward to ADTC for voting approval	KW	28/03/2024
7.6	<p>ADTC reviewed the form to request use of an Unlicensed Medicine – Hospital Pharmacy Services. When ordering product for ULMs they may for example come from the EU or China and the product may have risks attached, such as foreign language patient leaflet and this would be considered a risk to safe use of the medicine. Pharmacy would like consultants to sign this form and be aware if the product being ordered is medium or high risk. This would give pharmacy protection and governance for the team to order with the prescriber being aware of any risk involved.</p>	ADTC Approved - ADTC asked for the form to go to Dr J Manning and Dr I Hayward to comment/approve.	KH	02/04/2024
8.	FOR INFORMATION and NOTING:			
8.1	<p>NHS Borders Hospital Antimicrobial Point Prevalence Survey 2023; Dr A Duguid had created this compulsory survey which is time consuming to produce. It would be easier to produce this report if we had HEPMA. In this antibiotic survey, about half of which are IVs, is not high when compared to rest of Scotland. Compliance with policies is good and any areas for improvement are outlined. EJ noted a request for Borders View to be included in this survey in future as it is an inpatient area.</p>	ADTC Noted		
8.2	<p>ADTC reviewed the NHS Borders Medication Adverse Events report 01/01/23-31/12/23 which has also been reviewed by the Medicines Governance Group who have asked teams to look at events and come back to the MGG with plans going forward. Report is showing the same historic areas as other reports reviewed and these are areas to be worked on. KH commented on the Mental Health</p>	ADTC Noted		

	adverse event monthly newsletter that includes hot topics, learning points and has been helpful in avoiding the events re-happening. There are set themes which change each month and a hot topic – replicating this may have more effect on change.			
9.	FEEDBACK from SUBGROUPS			
9.1	Anticoagulation Committee meeting – 11 th March meeting cancelled. Membership attendance has not been good due to clashes with clinics and meetings. The level of decisions requires a good spread of clinical members attending the meetings. It has been agreed that the day/time of meeting will be looked at to try and accommodate better attendance. Funding is in place now for a GP representative to attend the meetings.	ADTC Noted		
9.2	Antimicrobial Management Team action tracker from meeting held 21 st February 2024. EJ reported that the surgical prophylaxis policy is being updated now with medical input into infection. There is ADTC requirement for antimicrobial stewardship following on from care home flag for prescribing information system. EJ has completed a Caldicott application to establish a care home index to allow data on antimicrobial resistance; will update when have further information.	ADTC Noted		
9.3	IV Therapy Group notes from meeting held 13 th March 2024	ADTC Noted		
9.4	Medicines Resource Group minute from meeting held 24 th January 2024	ADTC Noted		
9.5	Non-Medical Prescribing Group – there has been no recent meeting; an NMP strategy is being worked on with help from NHS Ayrshire & Arran; to bring to ADTC when ready for approval.	ADTC Noted Future paper	RM	13/05/2024
9.6	Tissue Viability Steering Group – no recent minute/meeting			
9.7	East Region Formulary Committee minute from meeting held 7 th February 2024	ADTC Noted		
9.8	NHS Lothian ADTC minute from meeting held 1 st December 2023	ADTC Noted		
10.	AOCB			
10.1	RM updated ADTC on the work of Quality Improvement to update use of folders for Medusa IV Monographs to QR Codes. They will be working with Medusa nationally to ensure this is available in all clinical areas and not located where patients can view. Hoping this will replace the folders in future and everyone will have access to the most up to date information.	ADTC Noted		
Date and time of next meeting: Wednesday 22nd May 2024 at 12:30pm via Microsoft Teams.				
Items expected for future Agendas – MAY 2024 PRESENTATION – 20 minutes - To further strengthen the links between SMC and Health Boards, Dr Scott Muir, SMC Chair and Dr Yvonne Semple, Chief Pharmaceutical Adviser are planning to visit ADTCs around Scotland to update committees on the work of SMC, enable discussion around issues of common interest and receive feedback on how SMC can further collaborate with ADTCs. FUTURE 2024 NHS Borders Guideline on NHS Care and Private Treatment (Rebecca Devine/Dr Sohail Bhatti)				