



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on
Wednesday, 22 May 2024 via Microsoft Teams
MINUTE

Item	Situation; Background; Assessment	Recommendation	Lead	Timescale
1.	<p>Welcome and Announcements: Present: Dr Kevin Buchan, GP (Chair); Malcolm Clubb, Director of Pharmacy (MC); Dr Ed James, Consultant Microbiologist (EJ); Dr Effie Dearden, DME Consultant (ED); Cathryn Park, Senior Clinical Pharmacist (CP); Dr Nicola Henderson, GP; Kirsten Thomson, Clinical Pharmacist (KT); Rhona Morrison, Medicines Governance/NMP Lead (RM); Andrew Leitch, Lay Member; Kate Warner, Meeting Administrator (KW). Guests: Alex Mundell, Clinical Pharmacist for item 7.1; Allana-Lee Gillies, Paediatric Dietitian for item 7.2 Apologies: Dr Rebecca Devine, Public Health Consultant; Keith Maclure, Lead Pharmacist. Welcome to new member Kirsten Thomson, Clinical Pharmacist, who is replacing Kyna Harvey on the committee and welcome back to Andrew Letch, Lay member.</p>			
2.	<p>Declarations of Interest: None</p>			
3.	<p>DRAFT Minute previous meeting</p>			
3.1	<p>Draft minute from 27 March 2024 meeting was approved as an accurate record of the meeting.</p>	<p>Upload internet</p>	<p>KW</p>	<p>27/05/2024</p>
4.	<p>Matters Arising</p>			
4.1	<p>ADTC had requested confirmation of guidance in place for Citralock in ITU. It was confirmed that it is used for maintenance of lines in Dialysis and ITU and both areas moving to this product when current alternative stocks held in Pharmacy are finished. ITU will use vials until stocks finished and then switch to pre-filled which are more cost effective. Savings have been passed to FIP. ADTC discussed if this is a medicine or a medical device. Other Boards treat as a medical device and ADTC agreed that the same governance process should apply in Borders. New medical device committee for NHSB is being formed, ADTC agreed that Citralock should be discussed further at the new Committee to ensure robust approval process is in place with relevant training/education.</p>	<p>Paper to Medical Governance Committee.</p>	<p>RM</p>	<p>31/05/2024</p>
5.	<p>NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:</p>			
5.1	<p>NFR Panel decisions made since last ADTC meeting were available for ADTC to review.</p>	<p>ADTC Noted</p>		

6.	PATIENT & MEDICINES SAFETY:		
6.1	Patient and Medicines Safety Update – Datix Medication Error report to May 2024; 3 monthly update which was also presented to Grand Round this week. There are similar trends regarding administration of anticoagulation medication and prescriptions. The new Medicines Governance Committee will be discussing and provide recommendations and an action plan for reducing these.	ADTC Noted	
7.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:		
7.1	ADTC reviewed the update to the policy - Management of Hyperkalaemia in Adults. Changes had been annotated. AM attended to speak to the paper and was asked who the stakeholders had been for the updated policy as there were areas applicable to acute. Document originated from pharmacy, and this was an update; it was agreed that acute, A&E and other clinical specialists should be part of the review. Committee discussion about the limited content due to the one-page flow chart format. Points of discussion raised including exclusion/inclusion criteria, ongoing management specifically more detail regarding longer term management of patients and blood monitoring. The policy had been designed as a single page quick reference document to make accessible to junior medical staff and discussion with a senior member of the team is part of the treatment escalation included hence the committee agreed that this was sufficient. The committee requested that the policy be renamed to indicate that is for Acute Management only and to ensure it cross references other speciality guidance from renal Glucose injection 50% is hypertonic and can injury to the vasculature if injected peripherally; committee asked for this to be investigated as part of the review process. ADTC asked for the policy to be updated as notes above and be brought back to July meeting of ADTC.	Email AM with notes and add to July agenda	KW 29/05/2024
7.2	ADTC reviewed the Guideline for Insulin Adjustment by Diabetes Specialist Dietitians along with additional previous papers and information. A-LG attended to speak to this paper. ADTC asked if this had a pharmacist involved in this review. Previously, this was Lead Pharmacist – Medicines and Utilisation but no pharmacist contribution to this version. It was reviewed nationally, and the review group felt it could be brought straight to ADTC. Some discussion about the need for the guideline due to ambiguity around advice on prescribing versus actual prescribing. A-LG stated that two of the staff members who would be using the guideline are non-medical prescribing supplementary prescribers. There were a number of comments raised and it was thought better to discuss outside the meeting with pharmacists and then brought back to ADTC at the July meeting after a meeting with Dieticians and KT to review further.	Arrange meeting A-LG and KT	KW 29/05/2024
7.3	Pharmacy Annual Report – minus the Accountable Officer Controlled Drug Annual Report which will follow by virtual approval as data was unavailable – was approved. Once AOCD report is approved this can be included to go to Clinical Governance Committee July meeting.	ADTC Approved Circulate AOCD report	KW 15/06/2024
7.4	ADTC reviewed new Shared Care Agreements (SCAs) for 5-ACAs; Acitretin; Denosumab; Penicillamine; and Sulfasalazine. These will be used by the primary care teams for high-risk medicines monitoring. SCAs have been approved by Clinical Interface Group and cover tranche 1 of the new high-risk medicines monitoring by primary care pharmacy teams; more to follow throughout the year.	ADTC Approved Update sections with links where appropriate.	MC/ KW 31/05/2024

	The practicalities of dose changes being emailed to high-risk medicines monitoring team was questioned, and whether this would be as well as clinic letters. MC expressed the need for dose changes and new starts to be communicated to the High-Risk Medicine Monitoring Team and may be an area of risk if dose changes are not given to the team as it will impact on monitoring intervals; this notification can be supported by clinic letter to patient's practice and work-flowed via email inbox to high-risk medicine monitoring team. High-Risk Medicine Monitoring Team responsibility is in monitoring, checking bloods, investigating abnormalities depending on results. It was well recognised that patients are often well informed on any dose changes. It was commented that some parts of the SCAs could be replaced with links to ensure that when information is updated that the document remains current. ADTC approved with comments above.			
7.5	ADTC reviewed the updated procedure for investigating and reporting controlled drugs discrepancies in BGH wards which has been reviewed by HR and Partnership. This SOP will be used by staff to ensure process for investigating CD discrepancies is followed. Papers included form for staff reflection, discrepancy report and process for staff. This will ensure that staff follow the same process and improve the previous process. The SOP has been approved by senior nursing staff. Medicines Governance Group will be overseeing and reporting to ADTC.	ADTC Approved Email RM and SS	KW	23/05/2024
8.	FOR INFORMATION and NOTING:			
8.1	Quality Prescribing Strategy for Respiratory - A Guide for Improvement 2024-2027; also available as interactive version on RDS app or website.	ADTC Noted		
8.2	ADTC are asked to note the AMT response to Recommendations 4&5 of the Infection Prevention Workforce: Strategic Plan 2022-24 which resulted from all Boards being asked to respond on antimicrobial staffing in recent review.	ADTC Noted		
9.	FEEDBACK from SUBGROUPS			
9.1	Anticoagulation Committee meeting – next meeting scheduled for June 2024			
9.2	Antimicrobial Management Team action tracker – April 2024 meeting; not available at time of meeting.			
9.3	IV Therapy Group notes from meeting held 8 May 2024; not available at time of meeting.			
9.4	Medicines Resource Group minute from meeting held 24 April 2024	ADTC Noted		
9.5	Tissue Viability Steering Group – no recent minute/meeting			
9.6	East Region Formulary Committee minute from meeting held 27 March 2024	ADTC Noted		
9.7	NHS Lothian ADTC minute from meeting held 2 February 2024	ADTC Noted		
10.	AOCB			
10.1	ADTC were asked to review proposed changes to immediate discharge letters and controlled drug prescriptions, with option of trial on ward 6 followed by roll-out across Borders General Hospital. The paper has been to Pharmacy senior management team and also Pharmacy Safety and Governance Group. It has not yet been to Medicines Governance Group. The proposed changes to IDL would be in line with process in Lothian and Fife. The pros and cons of the current handwritten controlled drugs	Email to A Crawford regarding the changes to be made and to go	KT KW	31/05/2024

	<p>prescription, with legally wet signature were compared to how the process would work via an electronic prescription via TrakCare were discussed. The committee agreed that the same process should be applicable to all IDLs to ensure there was no confusion over processes (CD containing IDL versus IDL without CDs). ADTC agreed that this should be discussed further at the Junior Doctors Forum and then be brought back to ADTC with changes taken into consideration.</p>	<p>to JD Forum then ADTC July meeting.</p>		
<p>Date and time of next meeting: Wednesday 24 July 2024 at 12:30pm via Microsoft Teams.</p>				
<p>Items expected for future Agendas – FUTURE 2024 NHS Borders Guideline on NHS Care and Private Treatment (Rebecca Devine/Dr Sohail Bhatti); JULY 2024 Non-Medical Prescribing Strategy (Rhona Morrison). FUTURE 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.</p>				