



A Meeting of the **Borders Area Drugs and Therapeutics Committee** held at 12:30pm on  
**Wednesday, 25 September 2024 via Microsoft Teams**  
**MINUTE**

Item	Situation; Background; Assessment	Recommendation	Lead
1.	<p><b>Welcome and Announcements:</b></p> <p><b>Present:</b> Dr Kevin Buchan, GP (CHAIR (KB)); Malcolm Clubb, Director of Pharmacy (MC); Cathryn Park, Deputy Director of Pharmacy (CP); Dr Ed James, Consultant Microbiologist (EJ); Dr Effie Dearden, DME Consultant (ED) ; Dr Nicola Henderson, GP (NH); Kirsten Thomson, Clinical Pharmacist (KT); Keith Maclure, Lead Pharmacist (KMacl); Rhona Morrison, Medicines Governance/NMP Lead (RM); Andrew Leitch, Lay-member (AL); Kate Warner, Meeting Administrator (KW).</p> <p><b>Guests:</b> Dr Scott Muir, SMC Chair and Dr Yvonne Semple, Chief Pharmaceutical Adviser; Lynne Cairns, Acute Lead Dietician - item 4.1</p> <p><b>Apologies:</b> Dr Rebecca Devine, Consultant in Public Health (RD)</p>		
1.1	<p><b>Declarations of Interest:</b></p>		
2.	<p><b>PRESENTATION</b></p> <p>Dr Scott Muir, SMC Chair gave a presentation, supported by Dr Yvonne Semple, Chief Pharmaceutical Adviser, to update ADTC on the work of SMC, enable discussion around issues of common interest and receive feedback on how SMC can further collaborate with ADTCs. The presentation was recorded as part of the meeting.</p> <p>MC commented that it was reassuring to understand what SMC does in more detail and to support that but wanted to raise the question of affordability of approvals for Boards. KT also thanked them for sharing this update, commented on this as a positive resource along with NDC robust process and working together with East Region Formulary and agreed regarding affordability. Ongoing support would be appreciated to avoid returning to postcode prescribing. NH also thanked them for the presentation and echoed affordability as the next conversation required. YS thanked ADTC for the presentation slot and commented on being an SMC committee member, the support available and the value of the range of expertise coming from the Borders members at present. Affordability and service delivery are recurrent themes at all the ADTC meetings. YS and SM left the meeting at this point.</p>		
3.	<p><b>DRAFT Minute previous meeting</b></p>		
3.1	<p>Draft minute from 24 July 2024 meeting was approved as an accurate record of the meeting with no changes.</p>	<p>Upload to internet and intranet</p>	<p>KW 25/09/24</p>

<b>4.</b>	<b>Matters Arising</b>		
4.1	Update to Enteral Feed for Adults Guideline, authored by Dr Jonathan Manning and Lynne Cairns, Acute Lead Dietitian was discussed by ADTC. There has been a change to appendix 8 in ward monitoring; paper had been to July ADTC but was not approved as updates were unclear. LC spoke to this paper to inform ADTC of changes. The service felt the original policy was too long and not in line with national guidance and advice, they also agreed to reformat to be more useful for the nursing staff and LC gave examples of changes made for this. Disease specific information is no longer required due to tube care and the policy was updated to show best practice. Input on the updated policy was received from Dietetics, GI Specialist Nurses, Community Nurses, manufacturers information. Dr Jonathan Manning reviewed. Infection control updated hand hygiene and there was involvement from Pharmacy. Blended diets included for national guidelines. Refeeding OCS updated based on recent evidence and guideline changes. The enteral feed record is for nursing staff – this is provided by dietitians to nursing staff and is printed in-house; becoming part of patients' medical notes. Documentation is kept on how much patients received, and it is on dietician review list for two years; dietitians manage this. ADTC agreed this policy was more succinct and thanked the teams for their work and input. Clinical Documentation Group was discussed – the policy was created prior to the group being formed and it is not expected they would make changes; they can give guidance on this.	ADTC Approved Email to Lynne Cairns	KW 01/10/24
4.2	Topiramate – ADTC requested an update from Neurology at previous meeting and a response had been received from the service who would not have resource for this. MC updated that Pharmacy is working with Homecare using a tool to recall patients and will take a paper to the CIG and back to ADTC and Clinical Governance Committee. It is expected that there will be more drugs added to the list of drugs to be reviewed and that there are national digital tools to assist with this including a dashboard from PHS. Shared care agreements will also need to be reviewed/in place.	To be followed up	Pharmacy
<b>5.</b>	<b>NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:</b>		
5.1	NFR Panel decisions made since the last ADTC meeting for Prazosin for 2 patients were noted by ADTC; there were no applications in August or September.	ADTC Noted	
<b>6.</b>	<b>PATIENT &amp; MEDICINES SAFETY:</b>		
6.1	Patient and Medicines Safety Update – Datix Medication Error report runs from 22/7/24-16/9/24. There are 90 medication events reported within NHS Borders. 1 error will be discussed at Q meeting.	ADTC Noted	
<b>7.</b>	<b>CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:</b>		
7.1	Blood Monitoring for (patients prescribed) Biologics and JAK Inhibitors Protocol; monitoring guidance for patient's prescribed biologic medications within the rheumatology service. This document has been reviewed by Dr Ruth Richmond and Dr Adrian Tan and is a protocol to reduce the frequency of blood monitoring for patients prescribed biologic medications. It is in place throughout the rest of NHS Scotland and the Rheumatology consultants have approved its introduction here in Borders. ADTC approved the principle of monitoring every 12 months but commented on areas of the protocol that they felt needed more input and discussion. Shared care protocols and NHS Lothian guidance was discussed, and EJ asked to discuss further	Not Approved  Email to author  Update and virtual review – contact Alex Mundell,	KW 30/09/2024 MC / KT 30/10/2024

	with Consultant Clinical Biochemist on input from Labs. Annual check and bloods discussed for primary care and the benefit of doing this way, with lipid only, was questioned. ADTC agreed not to approve the protocol and that, after discussion with author and updates necessary, it should come back to ADTC for virtual review.	Clinical Pharmacist	
7.2	ADTC discussed the Treatment Pathway for Ritlecitinib (Litfulo®) in Severe Alopecia Areata from NHS Borders Dermatology Department. This treatment was approved by ERFC for specialist use only, there is no guidance from NHS Borders. Local dermatologists have approved this treatment pathway for this Homecare medication prescribed in secondary care. EJ raised a question about screening as Labs are not funded to provide this service which is an expensive test that is sent away. Screening on biologics have never been funded and, with more coming on for more indications, Labs are questioning this additional cost with no funding. ADTC agreed that this should be discussed and added to the risk register as an additional cost for Labs. It was requested that this should not be approved until funding had been approved. MC agreed to raise this with the Medical Director to be discussed further and it was right to raise this. KT mentioned that with new SMC advice and submission of FAFs to ERFC there is not always enough information added to the application about other resources – blood scanning and so on. Pharmacy is in the same position as Labs as they do not get extra resource funding for prescribing all the new drugs approved. Comments on the paper are to be sent directly to MC who will discuss further with author.	Not Approved  Email to author Pauline Burns, Clinical Service Manager Planned Care	KW 20/09/2024
7.3	ADTC discussed the East Region Formulary – Regional Model SBAR; recommendation for business-as-usual as NHS Borders no longer has a Formulary Pharmacist. BET have endorsed a regional formulary team instead of local and suggested that finance should be discussed regionally. This would follow other regional funding models. ADTC agreed that there was much to gain from the regional model for formulary and that a regional discussion on the split for NHS Lothian, Fife and Borders would be appropriate.	ADTC Approved a regional model; discuss Borders share and update ADTC.	MC 30/10/2024
7.4	ADTC reviewed and discussed two new Vaccination PGDs – Varicella, chicken pox for private use, and Pertussis, for private use in travel situation. These are in addition to the service provided by the vaccination team and would be privately purchased. Travel vaccine, pertussis, is required for travel to some countries.	ADTC Approved PGDs to directors for approval	KW 01/10/2024
7.5	ADTC Terms of Reference – updated for September 2024 – 2027. Changes approved; there is a question about ADTC reporting, and sending annual report to, Clinical Governance Committee and this may be changed to Board. MRG reporting into ADTC was questioned and this was discussed. ADTC agreed that a professional secretary was required for the committee to ensure papers are ready for approval/noting and to decide who on the committee would cover each paper on agenda in future.	ADTC Approved with possible updates as noted.	KW/MC 30/09/2024
<b>8.</b>	<b>FOR INFORMATION and NOTING:</b>		
8.1	In discussion with the Mental Health for Older Adults Team (MHOAT), attached a position statement on antipsychotic monitoring which will be an appendix in the Antipsychotic and Lithium Monitoring Protocol (both attached for information). This is purely an addition and is intended to make it clear that monitoring for older adults (>65) needs to be on a more individual basis, rather than the blanket approach we take with 65 and under. The original protocol was approved at ADTC and returns here as an update. ADTC were not comfortable with this change and felt that it should be for approval not for noting. They asked who would make the decision, how and where are they documented and that an age cut off is inappropriate – this should	Not Approved Email to author  Meeting to discuss further.  To return to ADTC	KW 26/09/2024 MC 30/09/2024

	be based on frailty. ADTC asked for the document to be rewritten with guidance from Pharmacy and MC agreed that he would discuss with author. KW asked that a professional secretary be appointed for ADTC to ensure that documents are ready for adding to the agenda and are added to correct place.	future agenda for approval.	
8.2	Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup has been cascaded; Scriptswitch and secondary care have been updated.	ADTC Noted	
8.3	Shortage of Human Albumin 4.5% and 5% dose vials has been cascaded; work on this has been actioned.	ADTC Noted	
8.4	Patient Group Directions (PGDs) Audit showed 164 PGDs in use at NHS Borders; 47 out of date (29%); of these 30 are in progress either waiting for approval or updates from clinical specialists/national. 10% are out of date with no response from clinicians after reminders. PGD updates are ongoing and, since this report, a number of PGDs have been updated and uploaded to the intranet. Clinicians are reminded regularly. ADTC agreed that PGDs which have been out of date for 6 months should be removed from the intranet – with warning emails beforehand. Ensure that staff are aware of this and the importance of up-to-date PGDs.	ADTC Noted Discuss with CDs and nursing staff	RM 30/10/2024
<b>9.</b>	<b>FEEDBACK from SUBGROUPS</b>		
9.1	Anticoagulation Committee minute from meeting held 2 September 2024. NHS Borders new Haematology Consultant has agreed to join the committee at the next meeting and has started to help work on clinical documents that the committee are updating.	ADTC Noted	
9.2	Antimicrobial Management Team action tracker from meeting held 21 August 2024.	ADTC Noted	
9.3	IV Therapy Group minute from meeting held 10 July 2024; a SLWG has been formed to review PCAs with Pain Consultant. An update will come to ADTC.	ADTC Noted	
9.4	Medicines Resource Group minute from meeting held 24 July 2024.	ADTC Noted	
9.5	Medicines Governance and Safety Group - next meeting 7 October 2024 Lack of acute nurses on this Group has been noted by the Director of Nursing who will promote to encourage new members.	N/A	
9.6	Tissue Viability Steering Group – no recent minute/meeting	N/A	
9.7	East Region Formulary Committee minute from meeting held 7 August 2024	ADTC Noted	
9.8	NHS Lothian ADTC minute from meeting held 7 June 2024	ADTC Noted	
<b>10.</b>	<b>AOCB</b>		
10.1	ADTC were asked if there would be merit in discussing SMC workload, how information received is cascaded and work required with clinicians as part of business as usual.	Add to Nov Agenda	MC 18/11/2024
10.2	Oxytocin overdose – a National Patient Safety Alert is expected – to be added to the next ADTC agenda.	Add to Nov Agenda	KT 18/11/2024
10.3	ADTC were made aware of recent alerts on emergency department cylinders. There is a meeting planned for this week to discuss.. Alarms for small cylinders have been sourced and this will be discussed by Medicines Governance Group. Oxygen policy was also discussed and ADTC agreed that MC should discuss further with ED and Dr T MacKay.	Meeting to discuss	MC 30/10/2024
<b>Date and time of next meeting: Wednesday 27 November 2024 at 12:30pm via Microsoft Teams.</b>			

**Items expected for future Agendas –**

NOVEMBER 2024 **Alcohol Detox Guidelines** (Dr Niall Cambell) – as matters arising item.

FUTURE 2024 **NHS Borders Guideline on NHS Care and Private Treatment** (Rebecca Devine/Dr Sohail Bhatti) – for approval.