

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

MINUTE

Guests:

Item	Situation; Background; Assessment	Recommendation	Lead
1.	<p>Welcome and Announcements:</p> <p>Present: Dr Kevin Buchan, GP (CHAIR (KB)); Malcolm Clubb, Director of Pharmacy (MC); Dr Ed James, Consultant Microbiologist (EJ); Dr Nicola Henderson, GP (NH); Keith Maclure, Lead Pharmacist (KMacl); Dr Sohail Bhatti, Director of Public Health (SB); Rhona Morrison, Medicines Governance/NMP Lead (RM); Kate Warner, Meeting Administrator (KW).</p> <p>Apologies: Kirsten Thompson, Lead Clinical Pharmacist; Cathryn Park, Deputy Director of Pharmacy; Dr Effie Dearden, DME Consultant; Andrew Leitch, Lay-member.</p>		
1.1	Declarations of Interest: None.		
2.	DRAFT Minute previous meeting		
2.1	Draft minute from 25 September 2024 meeting – was approved as an accurate record of the meeting.	Upload to internet	KW 03/12/2024
3.	Matters Arising		
3.1	Alcohol Detox Guidelines (Dr Niall Cambell) – updated after previous ADTC meeting.		
4.	NEW MEDICINE APPLICATIONS / NON-FORMULARY REQUESTS:		
4.1	NFR Panel decisions made since last ADTC meeting: Not Approved - 3 x Palivizumab; Approved - 1 x Pylera; 1 x Pentoxiphylline; 1 x IVIG; 1 x Fluoxetine	ADTC Noted	
5.	PATIENT & MEDICINES SAFETY:		
5.1	Patient and Medicines Safety Update – Datix Medication Error report runs from 22/7/24-16/9/24; medication events reported within NHS Borders in that period, how they are monitored and escalated was discussed with some additional reviews in areas in acute that require further investigation. Governance processes are good, and an upcoming shared governance information meeting will review the increase in medication errors that are at moderate and minor and any harm that can come from those. Also working on medications transferring with patients. SB asked about data around patients with kidney and liver functions that make them more at risk to acute medication errors. If escalated, these events would be reviewed with the patient safety team from	ADTC Noted	

	Trak or patient notes. RM spoke of a trial of a medication error tool which is working well in community hospital in the trial. To cover the moderate and below errors and harm caused. RM would welcome feedback from ADTC and will forward this to the committee. SB commented on the division of risks and the difficulty in getting totality which means medication errors could be a representation of something more foundational like staffing issues. RM spoke of the education and training being done, working with the development team, with some examples. Also talked of the need to address the feedback from Datix errors to the correct staff. RM would be keen to discuss further and hear others' views on this. KB thanked RM for work on this.		
6.	CLINICAL POLICIES, PROCEDURES and GUIDELINES for APPROVAL:		
6.1	SCA Tenofovir; Indication: chronic hepatitis B infection (adults) from Dr Chris Evans to facilitate safe prescribing of Tenofovir in Primary Care. Approved at CIG (13 November meeting). ADTC discussed the prescribing of Tenofovir which is started in secondary care and then continued in primary care for shared care. Lack of funding for this in general practice had been discussed at CIG. This is a specialist medicine and therefore out with GP competencies; prescribing responsibility is still with secondary care and monitoring in practice is through the SCA. Practice must be supported in this when decisions are being made. ADTC discussed the clinical content of the SCA and approved this but require more information on funding before this can be fully approved. The implementation of guidance is an issue for funding which has been raised in the past for Laboratories, Pharmacy and General Practice and it was agreed that it was important to have clarity on this.	ADTC Approved clinical content but require investigation on funding. Discuss ADTC role in blocking guidance when it impacts funding.	MC 13/01/2025 MC 13/01/2025
6.2	NHS Borders Treatment pathway Scotland for patients with moderate to severe nodular prurigo (NP) who are candidates for systemic therapy. This treatment has been approved at East Region Formulary Committee. The pathway requires a consultant dermatologist; there are two locum consultants in Borders to initiate. The guideline was approved. It was raised that the content coming from dermatology was not on standard template and ADTC asked if this was available for guidelines to ensure formatting is standard. There is a template for policies, guidelines and protocols, including paperwork for impact assessments, available on the intranet. If it comes to clinical governance it will be updated and sent back to the author; there are guidelines. ADTC agreed they would prefer the guidelines coming for approval to be in the right format and discussed how that might be possible with support required for guidelines.	ADTC Approved clinical content Email to applicant Professional secretary advert – ADTC member Discuss with Clinical Governance	KW 03/12/2024 MC/KW 03/12/2024 RM 30/12/2024
6.3	ADTC discussed the monthly information and updates received from Scottish Medicines Consortium (SMC) and if the emails need to be disseminated to clinicians (this was previously done by formulary pharmacist) or if they would already receive and have knowledge of these updates as part of their own CPD. FAF forms do come to the specialists and so the SMC information may be an overload of emails. This was discussed, along with the SMC approval process, and ADTC agreed that they would write to Medical Director to ask that appraisals include specialists keeping up to date with SMC approvals and treatments available; that this would be their responsibility to manage as part of their own CPD. Pharmacy would not need to push on SMC emails.	Letter to Medical Director	MC 05/12/2024
6.4	Change to process request for CD key in MAU; SBAR from Andrew Crawford, Clinical Pharmacist. Had issues around CD checking and auditing and working on this and this has improved. To stop any	ADTC Approved Email to AC	RM

	mismanagement of the CD key it has been kept in the Omnicell cabinet in MAU as a trial. This involves the Omnicell security and keeps the CD key safe. This trial has been successful and will now change procedure for all areas with Omnicell cabinets. ADTC approved this change and update to the procedure.		28/11/2024
7.	FOR INFORMATION and NOTING:		
7.1	Letter sent to NHS Borders prescribers by email – 13/11/2024 – regarding Lidocaine prescribing. ADTC discussed the limitations of alternatives and any opioid use changes which will be monitored over time. Review of pain clinic discussed.	ADTC Noted	
7.2	Letter - national consensus statement on the use of GLP-1/GIP RAs which sets out the recommended phased introduction of these new obesity medicines to Health Boards in Scotland. The disappointment in medicalising obesity and not regulating was commented on and that this is seen as a missed opportunity to put resources into managing obesity.	ADTC Noted	
7.3	Letter – further to the Infected Blood Inquiry’s report of 20 May 2024 - for dissemination about the Infected Blood Inquiry recommendations on the use of recombinant products for patients with inherited bleeding disorders.	ADTC Noted	
7.4	Oxytocin overdose during labour and childbirth National Patient Safety Alert	ADTC Noted	
7.5	ADTC Collaborative Newsletter – September 2024	ADTC Noted	
8.	FEEDBACK from SUBGROUPS		
8.1	Anticoagulation Committee next meeting December 2024		
8.2	Antimicrobial Management Team meeting – 16 th October 2024 (action tracker)	ADTC Noted	
8.3	IV Therapy Group meeting – 11 September 2024 (draft notes) Still working through process of PCA changing and education. Trialling first patient in the new year.	ADTC Noted	
8.4	Medicines Resource Group meeting – 23 rd October 2024 (draft minute) KMacl reported that this was a very positive and constructive meeting which had noted lots of sustainable prescribing work in progress. SB commented on the aging population, impact of costs and inflation and the pressure to prescribe drugs and analysing prescribing may suggest saving resources to go into community and primary care prevention; which is where future savings will come from. A shared savings plan dashboard with potential to invest savings back would motivate in the consulting room. GP representation agreed that this was a conversation had in general practice and would be acceptable but that continual funding cuts in primary care means that there is a shorter transaction time and increase in prescribing as well as reduction in skills from GPs to ANPs and not sustainable without funding.	ADTC Noted	
8.5	Medicines Governance and Safety Group meeting – 7 th October 2024	N/A	
8.6	Tissue Viability Steering Group – no recent minute/meeting; always due to the number of apologies.	N/A	
8.7	East Region Formulary Committee minute from meeting held 7 August 2024	ADTC Noted	
8.8	NHS Lothian ADTC minute from meeting held 2 August 2024	ADTC Noted	
9.	AOCB		

9.1	RM met with radiographer – trying to bring in extended practice to radiographers and have some PGDs and we need to put these through the process. Can we send remotely before next ADTC meeting as they need before January date. This was agreed however, it was commented that this might not be able to be done remotely – if we have to table to ADTC if discussion required then we can do that.	Send to discuss and if necessary, table to January ADTC.	RM
9.2	ADTC talked about the matters arising paper – BGH Alcohol Guidelines. There were comments on physical issues in medicines included at a previous meeting which was why NC had been asked to attend. Invite to January meeting and pharmacist concerns can be addressed.		
Date and time of next meeting: Wednesday 22 January 2025 at 12:30pm via Microsoft Teams.			
<p>Items expected for future Agendas – NHS Borders Guideline on NHS Care and Private Treatment (Rebecca Devine/Dr Sohail Bhatti) – for approval.</p> <p>Matters Arising expected: - Treatment Pathway for Ritlecitinib (Litfulo®) in Severe Alopecia Areata from NHS Borders Dermatology Department (not approved Sept 2024 ADTC) Position statement on antipsychotic monitoring which will be an appendix in the Antipsychotic and Lithium Monitoring Protocol (update not approved Sept 2024 ADTC)</p>			