



GIG
NHS

Swansea Local Drug Team
Abertawe Bro Morgannwg
University Health Board

Medicines Management Group

Meeting held on Thursday 14th January 2010 at 2.30pm in the
Boardroom, ABMU Trust Headquarters, Baglan.

Minutes..

Present:

Mr John Calvert, Deputy Medical Director & Chairman,
Dr Jane Harrison, Deputy Medical Director,
[REDACTED], GP,
[REDACTED], Consultant Physician,
[REDACTED], GP,
[REDACTED], Consultant Physician,
[REDACTED] (representing Vicki Franklin, Director of Nursing),
Judith Vincent, HoPMM, Swansea locality,
[REDACTED], HoPMM, Neath Port Talbot locality
Huw George, Finance, Swansea locality,
[REDACTED], Pharmacy Manager, NPT Hospital,
[REDACTED], Community Pharmacist representative,
[REDACTED], Pharmacy Manager, Morriston Hospital,
[REDACTED], Chief Pharmacist, Swansea,
[REDACTED], Chief Pharmacist, Bridgend,
[REDACTED], Interface Pharmacist,
[REDACTED], Interface Pharmacist.

01/10 Apologies for absences: Dr Bruce Ferguson, [REDACTED]
[REDACTED] and Alex Aubery

02/10 1000 LIVES CAMPAIGN "1000 lives" campaign report:

Insulin – Date for implementation of insulin charts will be February 10th for all adult wards at all site hospital sites across ABMU. The group then plan to audit 10 sets of charts at each site every month starting 19th of April 2010. **Action:** [REDACTED]

Medicines reconciliation – group, has not met recently, but work is ongoing to involve post- graduate centres and medical school. It was noted that IT was important in a successful strategy to improve medicine reconciliation accuracy and that this is outside of the control of the group.

Medicines reconciliation, including targeted MURs are included in the 2010-2011 AOF. It is proposed that a task and finish group consisting of primary and secondary leads is established to take this forward.

Warfarin – huge steps to progress service changes have been made within the organisation and improve safety. These do not follow the 1000 lives methodology, but were needed before 1000 lives can be embraced. The next step to embrace 1000 lives methodology to improve warfarin safety will be discussed at Thromboprophylaxis & anticoagulation group on 29th January 2010. **Action:** [REDACTED]

Immediate discharge audit – it was noted that work is ongoing and will continue. The group has enlarged to include primary care. It was noted that e-TOC was labour intensive for pharmacy staff.

Pharmacy Secondary Care Intervention Recording – Intervention data for January 2009 to May 2009 was presented to the group and was viewed positively. The group asked if in future a dominator can be included to allow assessment of the overall risk, for example errors per hospital prescription. It was agreed that the work should be disseminated further and that the Clinical Effectiveness Steering Group should be asked to take forward. **Action:** [REDACTED]

03/10 Minutes of previous meetings: The minutes of the meeting held on 12th November 2009 were accepted as a true record of previous meeting.

Matters Arising:

Products are unable to be placed in a compliance aids: it was noted that certain regions in England may have undertaken this piece of work. **Action:** [REDACTED]

Methotrexate Shared Care for Psoriasis: It was noted that there was a difference in practice between dermatology departments across ABMU HB (some undertaking shared care and some not). It has been discussed with medicine division and it was noted that there was not agreement amongst dermatology on the use of shared care as a safe way to prescribe and monitor methotrexate.

This led to a further discussion around the monitoring methotrexate. It was agreed that methotrexate usage should be audited in line with the shared care and the NPSA audit criteria. It was agreed to approach [REDACTED] **Action Mr John Calvert.**

Low Molecular Weight Heparins (LMWH): Several issues were outlined at last meeting:

1. **risk assessment of using two LMWHs: (one in cardiology and one for VTE):** pharmacy intervention data was used to see whether it is possible to assess whether using a single LMWH is safer than using two LMWHs. The data is far from conclusive. There are two LMWHs used in Wales (enoxaparin and tinzaparin). The type of intervention seen would occur irrelevant of which LMWH used. What is obvious is that there are more tinzaparin interventions relating to dose and strength of the product used and this would seem to be the experience of the hospitals that use tinzaparin. It was noted that tinzaparin has 19% of the total LMWH items dispensed and 20% of the interventions. The group decided that a single LMWH option should be pursued.
2. **Prescribing & dispensed in primary care:** It was noted that to bring prescribing from primary care back into secondary care would save money for ABMU HB on drug costs, but would increase workload to the pharmacy department. On an All Wales level a decision is to be made by the All Wales Medicines Strategy Group as to whether LMWHs should be dispensed in primary or secondary care.
3. **Cardiology:** cardiology felt they needed more time to consider changing from enoxaparin to an alternative LMWH.
4. **LMWH procurement:** enoxaparin manufacturers cannot reduce their contract price any further.

Decision: the group decided that ABMU HB should stay with enoxaparin as the LMWH of choice.

04/10 Medicines Management Savings Working Group: deferred to next meetings.

05/10 NPSA lithium (Patient Safety Alert & Quick Guide): The National Patient Safety Agency has issued an safety alert highlighting actions needed before 2011 to make the prescribing and monitoring of lithium safer. The NPSA require there to be an Executive Director lead. It was agreed that a task & finish group was needed to **Action: Mr John Calvert.**

Shared care for lithium: it was agreed that a shared care pilot of lithium in three practice in the Maesteg area had been planned. The group agreed that this pilot should continue and would inform future work. **Action:** [REDACTED]

06/10 Opiate sensitisation unexpected deaths: a letter from Dr Tegwyn Williams to Dr Bruce Ferguson highlighting two opiate related deaths was briefly discussed. The group asked for more information on both incidents to be discussed at future meeting. **Action:** [REDACTED] **Dr Bruce Ferguson**

07/10 Policy for the treatment of Extravasation related to Parenteral Cytotoxic Drug Therapy: this is a revision of a Swansea NHS Trust policy and this version has been agreed by the cancer directorate. There were several amendments needed. Provided the amendments were made the group were happy to agree the policy.

The policy needs to be presented for formal adoption by ABMU HB. **Action:** [REDACTED]

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Specialist Palliative Care Drug & Therapeutics sub-group: - Terms of Reference:

The terms of reference were agreed. As this will be a sub-group minutes to be reported at all meetings.

Action: [REDACTED]

09/10

Individual Patient drug request: a list of individual patient panel drug requests was presented to the group. It was decided that the group needed the following information: the drug, indication, locality specialty, decision and reason for decision at future meetings. **Action:** [REDACTED]

10/10

Cancer Drug Group: it was agreed that this group would be a sub-group of MMG. Terms of reference to be presented at next meeting. **Action:** [REDACTED]

11/10

Policy for the Management of Controlled Drugs: Two main points required clarification/amendment:

- 1) ODAs can order, supply and administer controlled drugs. They may also delegate responsibility for controlled drugs when they are the senior member of staff in charge of a theatre area.
- 2) It has been confirmed that the current policy concerning Health Care Support Workers should remain in place – Healthcare support workers are not allowed to administer controlled drugs. In “exceptional circumstances, for example where a ward, department or clinical area is staffed by one registered practitioner it is permissible for a HCSW and Radiographers senior 1 to check controlled drugs with the registered practitioner.

HCSW and radiographers senior 1 are providing a second check to confirm that, with reference to the inpatient medication chart the following details are correct:

- Drug name, dose, expiry date and batch number
- Patient's demographic details.

However ultimate responsibility for the administration remains with the registered practitioner.

This process is only acceptable when there has been prior authorisation from the directorate head of nursing and is supported by a locally agreed policy. A list of those HCSW and Radiographers senior 1 must be held by the Directorate and be made available to the Accountable officer and Director of Nursing.”

Cefn Coed Hospital: a gap analysis has been undertaken by Cefn Coed pharmacy and has highlighted several areas that are outside of the policy.

1) FAX'd prescriptions for schedule 4 & 5 controlled drugs: this practice has come about due to the practicalities of having clinics that are not on the Cefn Coed site. This is being discouraged where possible, but where it does occur an incident report is being completed as a form of audit. The group accepted this practice and the policy will be updated to reflect this practice.

2) FAX'd requests for schedule 2 & 3 controlled drugs: there are occasions when this occurs due to the distance between Cefn Coed hospital and the requester plus availability of transport meaning that patients may miss doses of medication. An audit process is in place to ensure safe delivery of the controlled drug and an incident report is also completed. The group accepted this practice and an additional comment will be included in the policy.

3) Emergency cupboard located on a ward is used to transfer schedule 2 & 3 controlled drugs: this process is being discussed with the senior nurse as it is a practice that cannot continue.

Action: [REDACTED]

12/10

CMO 2009 20 - Antibiotic Awareness: information was noted. It was felt that it may be of use when reviewing item 17/10 prescribing indicators.

13/10

Proposed changes to shared care criteria: dealt with under item 15/10.

14/10

Cystic fibrosis Shared Care in ABMU Health Board: Dr Bruce Ferguson has received a complaint from [REDACTED] and [REDACTED] that ABMU HB GPs are refusing to prescribe TOBI & Dornase alfa for adult cystic fibrosis patients.

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A graph was presented that showed that ABMU HB GPs are prescribing TOBI & Dornase alfa. A letter from Prof Routledge (Chairman of the All Wales Medicines Strategy Group) highlighted that shared care for both these drugs was available, but stated that it is non-mandatory.

The Group supported the All Wales Medicines Strategy Group shared care protocols for TOBI & Dornase alfa as suitable should a GPs feel clinical capable of prescribing these drugs for adult CF patients, but was keen to point out that this is not mandatory.

Letter of reply to be sent via Dr Bruce Ferguson. **Action:** [REDACTED] **Dr Bruce Ferguson.**

15/10 Shared Care Protocols

- **Current ABMU Health Board variation:** there is variation in usage of enhanced services for shared care across ABMU HB. It was agreed that shared care should be the same across the organisation, but the group was mindful of the current financial ability to fund enhanced shared care may prohibited this.

It was agreed to cost the funds needed to extend all enhanced services for shared care drugs across ABMU HB. **Action: HOPMMs**

It was agreed to update and standardise the individual shared care protocols across ABMU HB. **Action** [REDACTED]

- **AWMSG criteria & proposed alternative:** a set of criteria for agreeing a drug is suitable for shared care was discussed and agreed. Criteria will be incorporated into the recommendation made by the formulary group to MMG. **Action:** [REDACTED]

16/10 **Antimicrobial Formulary :** An ABMU HB secondary care antimicrobial formulary was agreed by MMG subject to minor alterations and final agreement by the antimicrobial group. **Action:** [REDACTED]

17/10 **Annual Operating Framework 2010 – 2011:** The Annual Operating Framework for 2010 – 2011 contains several medicines management indicators that will need to be monitored locally.

It was agreed to present a paper at next MMG outlining the medicines management implications of the framework and to set up a task & finish group to take this forward. MMG to get feedback from the task & finish group. **Action: Judith Vincent**

18/10 New product requests for discussion:

Declarations of interest: there were no declarations of interest for any products to be discussed.

At the 12th November 2009 meeting it was agreed that MMG would automatically endorse recommendations of Formulary group without further discussion unless any member wished to raise specific objections or note any additional information.

Thymoglobulin (Antithymocyte immunoglobulin (Rabbit) (ATG)) for use in idiosyncratic acquired aplastic anaemia: Recommendation of formulary group was to "Accept within the recommendations of the BSCH guidelines for aplastic anaemia". This was endorsed by MMG.

Tafluprost (Saflutan[▼]) for reduction of elevated intraocular pressure in open angle glaucoma and ocular hypertension. As monotherapy in patients: who would benefit from preservative free eye drops, insufficiently responsive to first line therapy or intolerant or contra-indicated to first line therapy. As adjunctive therapy to beta-blockers:

Recommendation of formulary group was "further discussion at Medicines Management Group with the understanding that vote to support or refuse was split."

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The vote was split with 5 members voting to refuse formulary application and 5 to accept with restricted formulary inclusion (i.e restricted to patients who develop symptoms suggestive of allergy on latanoprost).

The MMG decided to accept this formulary application, but to restrict to patients who develop symptoms suggestive of intolerance to latanoprost and consultant request only.

Fluticasone furoate (Avamys[▼]) for treatment of symptoms of allergic rhinitis in patients from 6 years of age⁽¹⁾. the treatment of allergic rhinitis. Recommendation of formulary group was to "reject as appeared to offer no advantage over current formulary items for safety, tolerability, efficacy, price or simplicity of administration". This was endorsed by MMG.

Fesoterodine (Toviaz[▼]) for treatment of the symptoms (increased urinary frequency and/or urgency and/or urgency incontinence) that may occur in patients with overactive bladder syndrome: recommendation of formulary group was to "Reject as appears to offer no advantage over in respect to safety, tolerability, efficacy, price or simplicity of administration". This was endorsed by MMG

19/10 **Patient Group Directions / Patient Specific Directions – ABMU HB:** a list of current ABMU HB PGDs & PSDs was noted without comment.

20/10 **Minutes from other meetings.**
 Minutes from All Wales Medicines Strategy Group (December 2009) & Wound Care Group (October 2009) were accepted without comment.

21/10 **Any other business:**
Xolair: paediatrics have asked pharmacy whether they can get a supply of Xolair to continue treatment of a child that is currently seen at UHW. There was limited information available and so more information was requested. **Action:** [REDACTED]

22/10 **Date and time of next meeting: -**
 Meetings for 2010:-
 Thursday 11th March 2010 at 2.30pm in the Boardroom, Headquarters, Baglan
 Thursday 13th May 2010 at 2pm in the Boardroom, Headquarters, Baglan
 Thursday 8th July 2010 at 2pm in the Boardroom, Headquarters, Baglan
 Thursday 9th September 2010 at 2pm in the Boardroom, Headquarters, Baglan
 Thursday 11th November 2010 at 2pm in the Boardroom, Headquarters, Baglan