

MEDICINES MANAGEMENT COMMITTEE MEETING

Minutes from the meeting held on

6th July 2022

Attendees:	Maggie Grainger	Paul Maycock	Abi Fadipe
Adrian Treloar	Bimpe Idowu	Arbind Gupta	Sarah Elliott
Lynn Gathercole	Patricia Parsons	Isi Ogun	Jessica Thomas
Ashwanti Cooppen	Pretesh Shah	Olutola Oliyide	Elizabeth Bevan
Victoria Rawlins	Aimee Mutambo	Hina Agha	Maxine Patel
Susan Owen	Sommaya Hussain	Laura Oyewole	Sharnjit Matharu

Agenda Item		Action
1. Apologies	Andrew Flynn, Clare Matthews, Diane Crawshaw	
2. Minutes of last meeting	Accepted as a correct record	
3. Matters arising	<p>I. Emergency medicines boxes The process of updating the boxes for community and mental health services is underway. The updated list has been sent to NS to include in the Trust resuscitation policy.</p> <p>II. Valproate prevent programme A follow-up meeting was held on 1st July with ICS pharmacy colleagues for Bexley, Bromley and Greenwich. Patients which may fall under Prevent guidance requiring review from Oxleas have been flagged to GP teams to refer back. Referrals have been taking place and no issues with referral process has been raised. There are c. 6 patients within Bexley that have been identified requiring review by Oxleas for this and AM will ask the primary care team to take forward. ICS pharmacy team will remind teams to flag patients on the GP system if annual review is required so they can be more easily identified in the future. With respect to the Oxleas audits of patients prescribed/dispensed valproate it was agreed these would be completed annually, next due April 2023.</p> <p>III. Recording of hospital only medicines in primary care – following the work done previously for recording clozapine in primary care systems there continue to be cases where it is not always clearly recorded. AF and BI noted that in addition to clozapine being mentioned in clinic letters there is also a separate letter/information sheet that is sent to practices periodically for patients on clozapine with a reminder to record on the system, as well as information about common side-effect etc. The ICS pharmacy team will discuss the issue of red drug recording on systems with pharmacy teams working in primary care so they can go back and work with primary care teams on local systems to deal with clinic letters. They will also mention again in their newsletters.</p>	

<p>4. Librium (chlordiazepoxide) SPC changes</p>	<p>In May the Librium (chlordiazepoxide) SPC was updated to include a statement that due to potential genotoxicity, women of childbearing potential should use effective contraceptive measures while being treated with Librium and for 7 months following completion of treatment. In addition, it recommends men use effective contraceptive measures and to not father a child while receiving Librium and for 4 months following completion of treatment</p> <p>A statement by UKTIS summarises the current position including that there are no newly published data on preconception chlordiazepoxide exposure in human pregnancy (maternal or paternal) and the Librium® SPC updates are based on in vivo (animal) and in vitro studies (the details of which are not available). Given the mutagenic potential of alternative benzodiazepines is unknown, and the risk to a foetus from alcohol remains a very real risk, adequate treatment of alcohol dependency is likely to have a much greater benefit to health and wellbeing than the theoretical and unconfirmed risks suggested for chlordiazepoxide so clinicians should not be discouraged from using chlordiazepoxide based on this evidence.</p> <p>The MHRA have also issued a statement stating they are going to review the issues and will communicate their findings when that is completed and ask healthcare professionals to continue to use current clinical guidelines while this issue is being evaluated.</p> <p>The Oxleas perinatal team have also received the information from the Royal College of Psychiatrists and didn't have anything to add to the above.</p> <p>As a holding position the information has been sent to the Acute and Crisis directorate clinical director to circulate as necessary to clinicians and was included in the June newsletter.</p> <p>The committee agreed no further action for now and will review when we receive an update from the MHRA's review.</p> <p>OO would like a copy of the Oxleas newsletter for circulation to GPs.</p>	<p>PM</p>
<p>5. MMC risk register review</p>	<p>The committee reviewed the current tolerated risks relating to allergy status recording and information on discharge letters. The committee agreed no changes to these. MP suggested that allergy recording be looked at from a community MH perspective. HA & SE agreed – HA reported some work had been done towards several years go.</p> <p>To consider how this might be achieved and bring back to the November MMC.</p> <p>The committee discussed the potential risk relating to not receiving the Greenwich GP lithium information for the database, which if not included routinely may increase the potential for patients to have additional blood tests.</p> <p>The committee also discussed the piloting and roll out of EPMA to bedded units in the Autumn.</p>	<p>SE</p>

	PM and SE to send suggested wording and risk rating to Sue and will being a cop to the September MMC meeting.	PM/SE
6. EPMA update	<p>Electronic medicines management The eMM module has now been live for 4 months in pharmacy and on Eltham Community Beds, Meadow View and Birchwood and has bedded in successfully.</p> <p>eMeds</p> <p>Templates 34% of the work to review and develop the basic drug templates for pharmacy and stores has been completed, with ongoing work on development of treatment reasons.</p> <p>Configuration Work on the configuration of the system is approx. 60% complete. The baseline configuration is in place and the development of look up tables is on progress. The decision has been made to allocate staff to their roles during roll out to each ward, rather than doing an up-front data load, to mitigate staff turnover.</p> <p>Training and transformation All 'to be' processes have now been completed and signed off and will be used as the baseline for development of detailed training material and eLearning modules.</p> <p>An online demonstration of eMeds to be developed for The Ox, with targeted comms to inpatient staff, encouraging them to take time to view and feedback questions to the project team.</p> <p>Home Treatment Teams HTTs are currently the subject of a QI project, focussing on streamlining their processes and working practices, which is not due to be completed until September. Until the changes from this project have been implemented, roll out of eMeds to the HTTs cannot be taken forward. Therefore, instead of going live with each HTT alongside the wards they support, roll out to these teams will take place at the ends of all inpatient wards. This has been agreed with the Project Sponsors and ratified at the Project Board.</p> <p>Transcribing/Prescribing Following the presentation to the last MMC regarding transcribing at Meadow View and Eltham Community Beds, further discussions have taken place and it has been agreed by both consultants that nurses will continue to transcribe using the 'On Behalf Of' function in the system. This will be supported by further training and updates to the relevant policies and SOPs. This has been agreed with one of the Project Sponsors and will be ratified at the July Project Board.</p> <p>Agency Staff An options paper was presented to the May Project Board, where the chosen option was that agency staff would complete eLearning either prior to or at the start of their shift and will be assigned a temporary login until they receive a personal one. Further</p>	

	<p>discussions are taking place with Information Governance and the Caldicott/CCIO to finalise the process.</p> <p>Testing Functional testing of the eMeds system to ensure the baseline functionality provided by EMIS has been successfully completed.</p> <p>Preparation of test documentation is approx. 70% through, with the aim of finalising week commencing 4th July 2022.</p> <p>Business Continuity Work on BC has commenced but has been delayed due to other priorities and annual leave commitments. This will be picked up again in July under the revised plan. Workshops with the wards to agree the processes will be arranged.</p> <p>Equipment All wards have been revisited and assessments made of IT equipment requirements. Changes are required for network points for IT connections, etc., and there is a schedule of works to be undertaken by Conceptunet. Some of the wards need to arrange for local works to be undertaken to fit the new IT equipment into the clinical rooms. These will be managed locally.</p> <p>Timeline The project team has been wrestling with several issues that have impacted ability to progress the project within the original timescales. These are:</p> <ol style="list-style-type: none"> 1. There are outstanding technical issues with the interfaces, with inconsistent levels of security software between eMeds and RiO. Options being investigated with EMIS and Access to resolve these, but it is likely that the current version of EMIS software will need to be upgraded to the next version. The committee agreed this may be preferable rather than upgrade after the system has been rolled out. 2. Increased knowledge of the system over the last 3 months has revealed that the development of the configuration data and medication templates is more complex than originally envisaged and therefore will take longer than originally planned. Plans are in place to address the issues, including utilising bank resources to assist and re-assignment of an existing project resource on a part time basis to aid progression of the template work. <p>The above will result in some delay to roll out and discussions are underway with suppliers and project team.</p>	
7. PGDs for approval	<p>(1) Administration of Men ACWY vaccine (2) Supply of combined transdermal patch (Evra)</p> <p>The committee reviewed the audits and the 2 PGDs for the CASH service and the Immunisation team. Overall, there was very good adherence to the audit standards reviewed. The committee agree the renewal of the PGDs.</p>	

8. MMC terms of reference	The committee reviewed the minor changes to the committee terms of reference which includes updating the names of local committee groups that have changed recently. Committee agreed the changes.	
9. Medicines Optimisation Service report	SM presented a recent report on the work of the Medicines Optimisation Service to the committee, prepared for Bromley CCG borough. The report, written with contributions from the MOS team, summarises the recent work and developments in the service and provides an overview of the problems and interventions made to support patients manage their medicines. The team highlighted case examples to illustrate the variety of issues faced by Bromley residents managing their medicines and how the team support them to self-manage. The report also covers the period of the coronavirus pandemic and reflections on the opportunities and on-going challenges this provides as well as collaboration with other services.	
10. Clozapine guidance – plasma levels	This guidance has recently been based on the information provided by ZTAS as well as including reference to the MHRA advice relating to clozapine levels in certain clinical situations, previously referred to in the pharmacy newsletter. The committee noted that the clozapine-GASS assessment form is now also available in RiO along with standard GASS assessment, to allow side-effect assessment to be documented on the electronic form. MP suggested a specific mention for clozapine as a side effect. BI agreed to add. The committee agreed the guidance. Some consultants were sent the draft version and it will be disseminated via the pharmacy newsletter.	BI/PM/SE
11. National Patient Safety Alert – potassium permanganate	<p>The committee reviewed the National Patient Safety alert and associated documents relating to safe use of potassium permanganate.</p> <p>VR reported that Oxleas clinical teams don't usually prescribe potassium permanganate (there are limited indications for its use and limited evidence), so it's likely that only situation in which the NPSA applies is if Oxleas nurses are asked to be involved in applying this preparation in the community by a GP or the hospital.</p> <p>A suggested plan is:</p> <ol style="list-style-type: none"> 1. The committee agrees that Oxleas prescribers will not prescribe this preparation, and if they were assessing a case in which it was being considered they would refer the patient to the complex wound care team for advice and consideration of an alternative plan. 2. Any patients coming to our services with potassium permanganate prescribed elsewhere will be referred to the complex wound care team leader to discuss whether ongoing use is required, and if so, has the British Association of Dermatologists risk assessment been completed. <p>A discussion outside MMC will take place so guidance can be drafted for the above, to be brought back to the September MMC prior to</p>	VR/LG

	<p>taking to the Patient Safety group so the alert can be closed in early October.</p> <p>AM to check if ICS MSOs are looking at this.</p>	AM
12. Nurse Transcribing Audit	<p>The committee reviewed the audit results for Meadowview, Eltham Community beds and Barefoot lodge.</p> <p>All records checked against audit tool included: MAR chart, Patient's medicine PODs, medication trolley where applicable and Rio.</p> <p>Eltham Community Beds had 18 beds occupied with only 4 patient MAR charts where transcribing had taken place, showing admissions are mostly happening in normal working hours 9-5 Mon-Fri. Ten records were reviewed</p> <p>All the 11 standards were met and all the nurses administering medication have their medicines management and their Transcribing competence evidenced on file</p> <p>Meadowview had 23 beds occupied and 10 records were selected showing a much higher out-of-hours admission</p> <p>Of the ten records reviewed, 8 met all the standards:</p> <p>Two MAR charts had only one nurses signature</p> <p>There was a weekend admission and the chart had not been countersigned by a prescriber yet.</p> <p>All nurses have had their Medicines administration and transcribing competence signed and evidenced on file</p> <p>Barefoot Lodge has a Nurse Consultant / Independent Prescriber in post and have only recently started transcribing on the unit. Ten records were audited</p> <p>All the 11 standards were met and all the nurses administering medication have their medicines management and their Transcribing competence evidenced on file.</p> <p>The committee agreed the audit should be completed twice each year for now.</p>	MG
13. Prescription chart re-audit	<p>The results are fairly positive overall. Areas of improvement noted as limited to a couple of inpatient wards without there being a clear record who has made changes and review of PRN medicines.</p> <p>This will be fed back to inpatient clinical pharmacists and associate clinical directors directly, and through the pharmacy newsletter and pharmacists to individual wards.</p> <p>There will be a re-audit in 6 months.</p>	SE
14. NICE guidance	<p>New guidance issued - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults</p> <p>This has been discussed at the clinical senate and Carl Knopp (Trust COMHAD lead) will head up a working group to agree how to implement the guidance within Oxleas.</p>	

	<p>A patient group to look at specifically will be for those who start a drug of dependence during an acute psychotic or manic relapse.</p> <p>Actions agreed:</p> <p>To follow up with Carl and find out what the ToR for the group will be.</p> <p>Ensure part of the work includes: a) follow-up plans are clearly communicated when patient transfers between settings; b) we ensure indications for treatment are clearly documented.</p> <p>Consider snapshot audits throughout a patient's pathway to identify where drugs of dependence are started/continued. E.g., pre-admission, during admission, post-admission.</p>	SE
15. Update from the SEL IMOC	<p>Adalfex (melatonin tablets) application received from SLAM -PS and RT to supply patient numbers to complete.</p> <p>Medicines value group being formed; Oxleas continue to increase use of antipsychotic depot prescribing, also funding agreed from Community Mental health to increase support in CMHTs to reduce medicines waste and support medicines supply, in addition of EPMA roll out.</p>	
16. Update on OPS	<ul style="list-style-type: none"> Subgroup committee medicines management to be set up for IOS prisons, initially to discuss: <ol style="list-style-type: none"> Change to twice daily medicines administration round Eradication of night-time pain medication following a review In possession medication risk assessments MUR Clinics Repeat prescribing; dissemination of responsibilities-ordering of repeats Co-codamol illicit use- medication spot checks/ amnesty Staff movement to Kent Primary Care-staffing issues CD errors- meeting planned with Greenwich prisons team to understand record keeping issues Wandsworth- Support from prison with medicines management Thameside dialysis unit set up, agreements have been made with respect to supply of erythropoietin Wandsworth- New healthcare centre; Pharmacy relocation PGD renewals due in September- MMR, Men ACWY, GTN, Engerix B, Salbutamol Inhaler and Nebs All prison CD licences have now been applied for. <p>SH also asked for advice with respect to prescribing in ADHD—the committee agreed advice could be sought from the Trust ADHD lead doctor.</p>	
17. Accountable Officer's report	<p>Last quarter's mental health and community CD audits completed - Most standards had been well maintained for most stocks across the units with some record keeping issues (e.g., index page not updated, drug forms incomplete and crossing out of errors). In addition, some CD TTAs not always entered in or out of CD registers – pharmacist</p>	

	<p>have been completing additional spot checks to try and identify this sooner.</p> <p>Prisons – Greenwich CD audit received (see also under OPS update). LO presented the investigation completed with respect to CDs unaccounted for in a patient's home; this was a complex case involving a patient who left her house unlocked and did not want it to be locked and did not want her medicines moved from where she kept them – this resulted in a safe-guarding referral and subsequently the patient was transferred to in-patient hospice care. LO shared the learning with the group and the action taken.</p> <p>CD licence at QMH – despite submitting an application in March we were informed that this hasn't been received and subsequently resubmitted 4 days after the expiry date, resulting in the CD licensing team writing a warning letter. We have responded to the letter explaining our position and that we had been chasing this up since April. We have since received a letter informing us that the licence application is awaiting allocation to a Compliance Office and a planned Home Office inspection (was expected previously but presumably delayed due to Covid).</p>	
18. AOB	The committee noted that the medicines policy review date has been extended until July 2023 to allow time to review for eMeds roll out and any impact this may have on the contents of the policy.	
19. Next meeting	7 th September 2022, 9.30am	