

BHSCT DRUGS AND THERAPEUTICS COMMITTEE

Minutes of meeting held on Friday 02/12/2022

PRESENT: Philip Toner, Mark Cross, Kerry Corey, JD Mullan, Sam Varma, Siobhan Kelly, Chris Kelly, Karen Devenney, Eamon Mullaney, Elaine McConnell, Sharon O'Donnell, Andrew Sands, and Linzi Magee

IN ATTENDANCE: Wendy McLaughlin, John McCarry, Jane Sheridan, [REDACTED], Ailish Nugent and Rachael Lennox.

1.	Welcome, Apologies and Declaration of Philip Toner welcomed everyone to the meeting Standing apology from Louise Brown until March 2023. Apologies via email from Gary Benson. Escalation of concern/risk See under primary care update below	ACTION Linzi to add area of risk/for escalation to MOC
2.	Minutes November 2022 minutes were approved as a true record of the meeting	
3.	Chairman's business Nil to note	
4.	Standing items: <ul style="list-style-type: none">a. Anticoagulant Sub-Committee- update Nothing to updateb. New Drugs Sub-Committee- update Update given as per the Adjudication policy belowc. Primary Care- update Mark informed the committee of a recent meeting with primary care colleagues in which substantive concerns have been raised in relation to communication between secondary and primary care. Specific issues raised in relation to Emergency Department patients and communication at discharge. This is a massive patient safety issue that is related to the ongoing pressures in the ED. Agreement has been made to work with primary care colleagues to process map the current system. This is to be minuted as an area of risk/concern for escalation.d. Psychiatry Sub-committee-update Chris updated on the ongoing increased number of transient shortages due to supply chain issues. The biggest issue currently is with Temazepam.e. Strategic Planning and Performance Group (SPPG) – Sam confirmed that they had no update.f. Paediatric Sub-committee- update Andrew Sands updated that they had no current issues to raise.	

	New Policies Nil tabled	
5.	<p>Policies for review</p> <p>NI Alcohol use disorders care pathway - management in the acute hospital setting (300)</p> <p>This is a reviewed policy. The only change was a transfer to the new Trust template. This is a regional policy.</p> <p>Sam Varma provided the following comments via email</p> <p>Could clarification be added on page 8 "Community Management of AWS" regarding patients requiring supervision or daily dispensing and the number of days to supply/not to supply</p> <p>Please can a note be added on page 15 under thiamine prescribing – "do not request prescribe Vitamin B Co Strong or any other supplements to be prescribed on discharge"</p>	<p>Approved pending minor amendments. Linzi to email authors with comments for consideration</p>
6.	<p>Supply of Medicines as Prescription Only Medicines (POMs) exemptions - (Podiatry BHSCT) (301): John Mc Carry</p> <p>John Mc Carry presented this reviewed policy. It has been in use for 4-5 years, supporting patients with early access to antibiotics, reducing GP attendances and hospital admissions. The team now wish to expand the list to include anti-fungals in order to support their patients. Wendy also provided assurance that they regularly audit the policy, with audits conducted annually for the past 5 years. Elaine McConnell informed the committee that non-medical prescribing has been added to assurances and will be reported on in future through QMS.</p> <p>Karen Devenney asked if the podiatrists were prescribers. John updated that they are all qualified in POMs exemptions through the HEPC and regulated By the MHRA and they work off the accompanying Standard Operating Procedure (SOP).</p> <p>JD Mullan highlighted that some of the anti-fungals may be General sales lit items rather than POMS. John advised he could send the through list they may supply JD confirmed that he was happy with the policy and that he has sent this as a guide to optometry colleagues who are developing something similar.</p> <p>Linzi Magee noted that there were some additional comments from the Chair's pre-meet contained in the margins of the draft policy. These included in summation</p> <ul style="list-style-type: none"> • Please update to the current trust policy template document. BHSCT Policy Template.docx • Please check that links are current and working (A few would not open for me, but I am WFH, so they may open if onsite) • Update the links/references to the empirical policy/microguide, these documents were updated last year so current info no longer correct on page 3. 	<p>Approved pending minor amendments to be made by author.</p>

	<ul style="list-style-type: none"> • Review info within the resources as it refers to training in 2017. • Can you specific patients more in the introduction? Perhaps "Adult patients under the care of the BHSC podiatry service"? • Add a brief line on pen allergic patient management. • Do you have a copy of the written info given to patients referenced on page 2? 	
7.	<p>Guidelines for inpatient assessment and management of hyperglycaemia in adults taking steroids (278): Ailish Nugent</p> <p>Policy has been updated in line with national Joint British Diabetes Societies guidelines on steroid use in inpatients. A reference to patients with COVID-19 and high dose steroids has been added as an exception and the main change has been to amend the dosing guidance of gliclazide from twice daily, to a once daily dose with upward titration. The use of Neutral Protamine Hagedorn (NPH) Insulins has been highlighted but the policy retains the pre-mixed insulins as options as they are more familiar in use. A reference has been added that 30 milligrams of gliclazide MR is equivalent to 80 milligrams of standard release to avoid confusion with dosing. Information on end of life targets was also included.</p> <p>The committee had the following comments in relation the to the policy</p> <ul style="list-style-type: none"> • Under section 4.0 consultation, this refers to the Trust Diabetes inpatient group, as the policy will be used on non-specialist wards, was this reviewed by users for comment? • Covid 19 patients on dexamethasone are indicated as an excluded group on the pathway itself but they are not included in the exceptions on the cover page. Do they need added here? • Within the second blue box of protocol A, can you include a specific number of days, rather than a "few days" • Can a line be added in relation to the action that should be taken with patients who are reading between 10 and 12 mmol/l • The BNF directs to split doses of gliclazide that are greater than 160mg? Under protocol A >20mmol/L prescribers are directed to start 240mg od, should this be a split dose? • Novomix 30 is a ward top up item and has familiarity in use, does this need to remain as the first choice suggestion within the guide? If not do ward top ups need reviewed to reflect increase in numbers of patients being commenced on Humulin/insulatard? • Karen Devenney asked that the "launch" of this guidance update was supported with a dissemination through NDLS and to highlight that in the areas in which a 10-20% increase in insulin dose is recommended, that this needs to be prescribed and then administered by nursing staff and it is not a direction for nursing staff to amend the prescribed dose to this extent without a new prescription being written 	<p>Approved pending Minor amendments to be made by the author.</p>

8.	<p>Controlled Drugs Policy – Inpatient Areas (299): Rachael Lennox</p> <p>Policy updated as had expired. Alfentanil has been added to reflect current guidance. Guidance who administered and who has authority to administer has been updated and staff that have moved must be removed from the list once they leave. Reference to Sativex also added, if it is not prescribed and the patient is using their own supply it should be recorded in the CD register. The committee had the following comments</p> <ul style="list-style-type: none"> • At several points throughout the document, safe custody of the CD key is mentioned. Does there need to be a reference to Omnicell and the responsibility for allowing/providing access. • Consider adding a reference to the clinical monitoring of controlled drugs policy as this outlines the prescriber responsibilities (section 3.6 page 6) • Section 6 needs completed • Page numbers need updated throughout and on table on page 20 • 1.3 need to add an exception related to oral substitution therapy take home doses that they cannot be returned to the patient/their family to take home either on admission or on discharge. • 1.4.2 will again possible need OST exception and 7.7.1 • Could we include a comment re where pharmaceutical waste bins need to be stored in/at ward level given recent incident with staff accessing drugs from bins for self-harm/abuse. • Midazolam on page 62 has been removed from restrictions. I have attached an email trail in relation to this and added a comment. There had been talk of a sticker, but other questions need a definitive answer due to never event status of same. 	<p>Approved pending minor amendments to be made by author.</p>
9.	<p>Referral to GPs for arrangement of shared care for patients on Enoxaparin (DB 688) (302): Gary Benson</p> <p>Linzi updated that the policy was reviewed by Dr Benson as it had approached its expiry. The only amendment was a transfer to the new template. The resources section may need an update as it refers to actions when the policy was first introduced.</p>	<p>Approved pending minor amendments to be made by author.</p>
10.	<p>Adjudication of New Medicines (and Treatments)(304): Eamon Mullaney</p> <p>Eamon Mullaney presented this policy. It has been updated and amalgamated with the zero and nominal cost policies with the aim to make the process more streamlined for users.</p> <p>Key aspect of the policy to provide the reader with clear direction on the different commissioning routes into the trust, outlining</p>	<p>Not approved as further engagement/discussion required with authors, SPPG and New drugs committee members.</p>

11.	<p>which need to come to new drugs committee for approval versus ratification.</p> <p>The aim has been to produce a policy with less paperwork but the same level of financial and safety governance. The policy will direct the applicant to the appropriate form to use, with the hope that this would become electronic in the future.</p> <p>The managed entry process for Systemic Anti-Cancer Therapy (SACT) has been regionally agreed and will be added into this policy.</p> <p>The streamlined process and paperwork should enable monthly review of all new medicines introduced into the trust and allow an audit of their entry against the policy framework. The committee have received funding to engage a professional secretary to support the process and steer users through the documentation required.</p> <p>JD advised he had sent some comments through via email. Linzi will send these onward to the author for review. JD asked if the action for new drugs box at the bottom of page 4 should direct the clinician to contact the SPPG first to ascertain if an Individual Funding Request (IFR) application is required and then contact new drugs. Eamon updated that the issue is it is difficult to know when we need to go to SPPG, but that this could be streamlined with a professional secretary who can ensure that the correct process is followed.</p> <p>Eamon asked Sam could she advise on page 4 which currently reads "SPPG to advise" against medicines which have NICE/SMC approval or both but the drug is not on the managed entry website.</p> <p>Kerry Corry updated that she had not yet had an opportunity to review the policy, but suggested that the author and herself both liaise with SPPG to get some direction for these queries. Sam Varma suggested that they speak with Lyn Keenan at SPPG.</p> <p>JD also asked if the body of the policy needed to refer to the paperwork that needs to be completed for compassionate use schemes.</p> <p>Non Medical Prescribing policy</p> <p>Karen Devenney presented the update to the NMP policy. Appendix 5 within the policy is new and is a summary for non-medical prescribers and their managers to clarify the process of initial Trust registration and the annual renewal process and ensures that all relevant governance processes are undertaken.</p> <p>A GP has contacted the trust in relation to the Treatment Advice Note (TAN). The TAN policy was recently updated to stipulate that any healthcare professional using this document must be a qualified prescriber/non-medical prescriber. This change was made in response to an incident in which there was a lack of clarity in relation to whether the document was being used to issue advice only or was a prescription for an item. The GP feels this is a backward step and that any clinical nurse specialist in</p>	<p>Approved with minor amendments</p>
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<p>outpatients need to be a prescriber to use a TAN. Karen updated that most clinical nurse specialists are prescribers and therefore may use the TAN, whilst those who are not are issuing a letter to the GP.</p> <p>Mark Cross asked can a definition be added to the start of the policy which will clearly outline the responsibility of the non-medical prescriber to remove any confusion in relation to the provision of advice versus issuing a prescription.</p> <p>Elaine McConnell asked if the agreed approach had been that in order to provide advice related to medications, the non-medical specialist had to be a qualified prescriber, and if they did not have this qualification, they would not be able to provide advise/prescribe. Karen and Elaine both feel strongly that this should be the approach and should be highlighted at the start of the policy. Sam agreed it should be clear if it is a prescription or an advice note. Chris Kelly highlighted there is also confusion with this with medical prescribers in relation to provision of advice versus provision of a prescription. Mark updated that if a patient is seen at an outpatient clinic by a medical prescriber and a new medication is required, they are to issue a prescription to have that supplied from the hospital pharmacy and not direct that the GP issues the initial prescription. This will need further discussion and clarification within the policy.</p> <p>Appendix 7 is referenced in the policy but is no longer included so will be removed.</p> <p>Mark Cross asked if the policy should include a reference to “whole practice” prescribing, relating to staff who may prescribe outside their BHSCT employment. Karen confirmed the policy covers only their prescribing activities undertaken within the remit of their Trust employment and that they can make this clearer in the policy.</p>	
<p>AOB</p> <p>NIMAR is a legal measure introduced as a contingency to support drug supply chains in NI. It will allow prescription only medications to be supplied from GB to NI. This includes medicines discontinued in NI but still available in GB, with no suitable NI equivalent available.</p> <p>JD requested that the committee would accept that due to potential for increasing number of shortages and subsequent addition to NIMAR, that the BHSCT D and T committee on behalf of BHSCT approve that BHSCT will manage medicines on the NIMAR list, if required in BHSCT, the same as medicines with a marketing authorisation in Northern Ireland.</p> <p>Interim Commissioning document Covid 19 therapies.</p> <p>Jane Sheridan updated the committee that the interim commissioning document for COVID-19 treatments has again been updated. The guidance now directs that first line of treatment is Paxlovid (Nirmatrelvir/ritonavir), an antiviral</p>	<p>NIMAR list accepted.</p> <p>Update document circulated to the committee after the meeting.</p>

	<p>medication and the second line drug is now remdesivir given intravenously for a three day course versus a single day of sotrovimab treatment. Third line is now molnupiravir. Sotrovimab is now only available for certain patients after MDT discussions. This policy is now valid from the 28th of November. The service are in discussions with the SPPG in relation to how these patients will be treated as it is a longer treatment course. Mark will request that the previous versions are stood down at the Policy and External Guidance (PEG) committee meeting next Tuesday 6th December</p> <p>Policy for the Safe Administration of Intrathecal Cytotoxic Chemotherapy (SG19/11):</p> <p>Mark Cross raised to the committee that there have been recent deviations to this policy and that the policy will need to be reviewed in light of these deviations with an amendment made to the geographical locations in which intrathecal chemotherapy can be administered.</p>	<p>Mark Cross will raise the need to stand down previous versions of the policy at PEG on 6/12/2022.</p>
	<p>For Noting</p> <p>Medicine Supply Notification: Alteplase and Tenecteplase- Update issued on 5/10/2022 that the supply situation for Alteplase has improved with trusts now able to access 100% of their demand (but no additional)</p>	

Date and place of next meeting: **Friday 06/01/2023, at 8am Via MS Teams**