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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
Hywel Dda University  
Health Board

## MINUTES OF THE MEDICINES MANAGEMENT GROUP MEETING

Date & Time of Meeting:	Wednesday 22nd January 2014 1.30-4.30pm		
Venue:	Boardroom Glangwili General Hospital, GGH, Carmarthen and via VC to Winch Lane & Withybush Hospital, Haverffordwest and Bronglais Hospital.		
Present:	<div>Chair, HDUH (Chair)</div> <div>Head of Pharmacy &amp; Medicines Management (Acting), HDUHB (HoPMM)</div> <div>County Lead Pharmacist Ceredigion (CLPh Cere)</div> <div>County Lead Pharmacist Pembrokeshire (CLPh Pembs)</div> <div>County Lead Pharmacist Carmarthenshire (CLPh Carm)</div> <div>Consultant Anaesthetist, Carmarthenshire (Consultant)</div> <div>General Practitioner, Carmarthenshire (GP)</div> <div>Assistant Director of Therapies and Health Science Therapies and Health Science Directorate (AssDTHST)</div> <div>CHC Representative (CHC)</div> <div>Clinical Effectiveness Co-ordinator (Guidance), HDUHB (CEC-G)</div> <div>Senior Nurse, Medicines Management (SN,MM)</div> <div>Medical Director, HDUHB (MD)</div> <div>Associate Director of Nursing, HDUHB (AssDoN)</div> <div>Head of Financial Planning, HDUHB (HoFP)</div> <div>Lead Clinical Development Pharmacist, HDUHB (Minutes) (LCD Pharmacist)</div>		
In Attendance:			
Agenda Item	Item	Action	

14/1	<p>The Chair then noted that apologies for absence had been received from: Director of Therapies and Health Science Therapies and Health Science Directorate (Assistant Director representing)</p> <p>The meeting was quorate.</p>	
14/2	<p><b>Declaration and Register of Interests</b></p> <p>The Chair declared that she had attended a lunch sponsored by GSK. There were no other declarations and register of interests noted at the meeting. .</p>	
14/3	<p><b>Introduction of new drugs or dressings onto the formulary/update of formulary review.</b></p> <p>Any approved decisions are added to the formulary and Script switch.</p> <p><b>Clinical Formulary Subgroup Minutes</b> The Duraphat evaluation and Qutenza Protocol require more work before March MMG</p> <p><b>a. Thickeners-Speech Therapy &amp; Dietetics</b> LCD Pharmacist to calculate the cost of replacing existing Thickeners used in Primary Care with Resource Thicken-Up Clear and circulate to members.</p> <p><b>b. Prilotekal</b> The Consultant Anaesthetist confirmed that Prilotekal would be used for Day Cases carried out in Theatres so the same cost-benefit calculations would apply to its use in DSU. LCD Pharmacist to calculate costs rising from this additional use</p> <p><b>APPROVED for use in Theatres for day case procedures as well DSU. Prescription and administration by Consultant Anaesthetists only.</b></p>	<p>MM Dietician/LCD Pharmacist to calculate costs</p> <p>LCD Pharmacist to calculate costs</p> <p>LCD Pharmacist to ensure urology &amp; psychosexual health are aware of this advice</p>
14/4	<p><b>Dapoxetine</b> The LCD Pharmacist explained that dapoxetine was now available on NHS prescription but was currently non-formulary because an application had not yet been received. Primary Care had been informed of this already. HoPF asked what the likely cost of use would be, the LCD pharmacist explained that this would be assessed and calculated when a formulary application was made.</p>	
14/5	<p><b>Medicines Management Strategy Update</b></p> <p><b>Medicines Management Risk Register</b> was discussed in detail, comments received, mitigating actions confirmed and cross-references to other departmental risk register were suggested. Outcomes are recorded on the updated risk register</p>	HoPMM to update risk register
14/6	<p><b>Financial Update: Primary &amp; Secondary Care</b> The HoFP summarized the current position-there was a slight improvement. Secondary Care: growth in</p>	

	<p>NICE/AWMSG expenditure slowed, while expenditure on new vaccines will be reimbursed from the WG 'top up' allocation, Primary Care: sildenafil loss of patent has led to a reduction in expenditure of £250-350K, however this has been offset by NCSO expenditure of £150K. New prescribing initiatives have been identified-NICE/AWMSG medicines and OTC medicines. The latter has been relaunched with a positive message promoting self-treatment of minor ailments-Patient Information Leaflets have been designed to support doctors in patient consultations with a view to preventing the next appointment. It fits with the 'Choose well' campaign. The Leaflets currently focus on common winter ailments but will change with the seasons. It was agreed that a change of culture required both by patients but also at WG level.</p>	
14/7	<p><b>Sliding Scale Insulin: Pre-filled syringes</b>  NPSA guidance and the importance of reducing risks to patients by the HB were noted. The balance of increased cost against a reduction in potential errors was debated. The County Lead Pharmacist confirmed that there was refrigerator capacity to store the pre-filled syringes.</p>	
14/8	<p><b>APPROVED. The use, wastage and change in Datix incidents to be monitored for a year and reviewed in MMG.</b></p>	
	<p><b>Just In Case Boxes amendment</b>  This paper was written by the Palliative Care Pharmacist with the Senior Nurse Medicines Management and Primary Care Manager, Community Pharmacy.</p>	
14/9	<p><b>APPROVED</b></p>	
	<p><b>Pilot Medicines Management project-approval process</b>  An example of a new pilot project was given by CL Pharmacist Carmarthenshire to illustrate the proposed process.  Any process needs to fit into the wider processes of the Health Board (for example CEAC, TQI) to ensure that wider clinical governance issues are addressed. Discussion with CEAC is required. The Medical Director advised MMG that they should wait until the outcome of the Organisational Structural reorganisation is known and then consult. In the interim, County Lead Pharmacists should collect information about proposed Pilot projects and discuss with the Chair of MMG and the Lead Clinical Development Pharmacist. It was noted that pilot projects must not involve free stock in line with the guidance on samples.</p>	
14/10	<p><b>BNF yearly distribution</b>  The Medical Director informed MMG that an 'Own Devices Policy' was under development which would support the use of apps on Smartphones in Clinical Settings. This would also enable the use of other apps (eg antibiotics) which are under development, MMG was reminded that old BNFs should be removed from use and either destroyed or</p>	

<p>14/11</p> <p>14/12</p>	<p>recycled (if an appropriate scheme available). Out of date references should not be used.</p> <p><b>Availability of minutes-FOI requests</b> This is advised by NICE GPG1. The Medical Director will ask the Director of Communications to advise. <b>APPROVED</b> minutes will be posted on the HDUHB Intranet</p> <p><b>Medical Students transcribing prescriptions</b> LCD Pharmacist to confirm with the Tutor Swansea Medical School that confining the clinical situation to final year students is acceptable. <b>APPROVED</b> 'Defined clinical situation/environment': Medical Students are permitted to rewrite prescriptions and write prescriptions as part of their final year Student Assistantships. All Prescriptions charts and prescriptions must be checked and signed by a supervising qualified medical prescriber (F1 and above). Clinical responsibility rests with the prescriber who signed it</p>	
<p>14/13</p>	<p><b>NICE &amp; AWMSG Guidance</b></p> <p><b>NICE/AWMSG Steering Group</b> <b>a. NICE Clinical Guidance Report</b> The Clinical Effectiveness Co-ordinator (Guidance) summarised NICE Guidance published in Nov &amp; Dec 2013. CG175 Prostate Cancer-any local guidance needs reviewing CG174 Intravenous fluid therapy in adults in hospital MMG to be aware of this when checking guidelines/protocols. CG173 Neuropathic pain being incorporated into the Chronic Pain Guidelines CG172 Secondary Prevention of MI Comments received highlight the role of Nurse Independent Prescribers CG171 The Continence Forum is updating the HDUHB Incontinence Pathway. NICE is consulting about updating the TA Assessment process. CEC-G will send the link to members.</p> <p><b>b. NICE TA &amp; AWMSG Recommendations Summary Jan 2014</b> <b>Nepafenac:</b>The LCD Pharmacist reported that the Ophthalmologists had no expressed an interest in using nepafenac, therefore it would be added to the Formulary as an option but with a note that no use currently expected. <b>5-aminolaevulinic acid</b> Photodynamic therapy for actinic keratosis is not undertaken in HDUHB so will not be used (on Formulary with note). <b>Raltegravir</b> for HIV paediatrics and adults, <b>Elvitegravir/cobistat/emtricitabine/tenofovir (Stribild<sup>®</sup>)</b> for HIV, <b>Tegafur/gimeracil/oteracil (Teysono<sup>®</sup>)</b> for gastric cancer, <b>Pazopanib (Votrient<sup>®</sup>)</b> for metastatic relapsed soft tissue sarcoma, <b>Etravirine</b> for HIV paediatric, <b>Etanercept</b> for paediatric and adolescent polyarthritis,</p>	

	<p>psoriatic arthritis and enthesitis-related arthritis are all <b>approved for use by Tertiary Care providers [Hospital Only]</b>.</p> <p><b>Saxagliptin</b> adults triple therapy for Type II Diabetes <b>approved</b> for use in Primary &amp; Secondary Care.</p> <p><b>Aflibercept for wet AMD (NICE TA 294)</b> approved and added to the Formulary [Hospital only]</p> <p>The position in treatment pathways of lisdexamfetamine and lixisenatide is being determined by the relevant consultants. The implementation assessments for sodium phenylbutyrate (pheburane) and botulinum toxin Type A for urinary incontinence are under development.</p>	
	<b>Prescribing Guidelines and Information</b>	
14/14	<p><b>Vitamin D loading dose protocol</b></p> <p>MMG noted the Unlicensed drug use and dosing without serum vitamin D level. The administration of the loading dose is hospital only and must not be undertaken in Primary Care. The protocol represents pragmatic practice rather than good practice, but Consultant Orthopaedic Surgeons and Geriatricians in other units should be consulted/made aware of it. Comments from Osteoporosis Specialists in Pembrokeshire and Ceredigion awaited.</p> <p><b>APPROVED</b> subject to comments received above</p>	
14/15	<p><b>HDUHB Contraceptive Pathway</b></p> <p><b>APPROVED</b> once support from Gynaecologists and Sexual Health received</p>	
14/16	<p><b>Constipation Guidelines: Amendment</b></p> <p><b>APPROVED.</b> Noted that this may need to be reviewed in 6 months. Amendment to Pharmacist Enabling Guidelines</p>	
14/17	<p><b>Intravenous Digoxin Administration Guide</b></p> <p><b>APPROVED</b> subject to amendments</p>	
14/18	<p><b>Intravenous Omeprazole Administration Guide</b></p> <p><b>APPROVED</b> subject to format being adjusted as per IV Digoxin Guide (14/18)</p>	
14/19	<p><b>Statin InteractionTable (Update)</b></p> <p><b>APPROVED</b></p>	
	<b>Formulary Update</b>	
14/20	<p>Proposed chapter Review &amp; Update Workplan</p> <p><b>APPROVED</b></p>	All to make suggestions for future reviews
14/21	<p><b>DGH pharmacy ONS Stock List</b></p> <p>Noted; no comments received</p>	
	<b>Patient Group Directions</b>	
14/22	<p><b>PGD Subgroup Report and Workplan</b></p>	

	<p><b>a. Requests to develop PGDs:</b></p> <p><b>Dental PGDs: APPROVED</b></p> <p><b>Botox PGD: APPROVED</b> One botulinum toxin to be selected by the clinics. A comparison of products to be drawn up and considered by the service. Use of one product may allow a more advantageous contract to be negotiated.</p> <p><b>NM Prescriber Transfusions PGDs: APPROVED</b> subject to confirmation that the hydrocortisone and chlorpheniramine PGDs are for intravenous use.</p> <p><b>BCG PGD: APPROVED</b> to adapt the PHW template for use in HDUHB.</p>	<p>LCD Pharmacist to commission comparison of botulinum products</p> <p>LCD Pharmacist to confirm that PGDs are for IV use</p>
	<b>Minutes of MMG Subgroups</b>	
14/23	<p><b>Thrombosis Committee Update</b></p> <p>The Thrombosis Committee meets on Friday and will discuss MMGs decision to withdraw 0.5mg &amp; 5mg warfarin tablets from the Formulary, before feeding back any concerns about this decision. Implementation is being discussed-modifications to the DAWN prescribing system are required to undertake this. A possible manual override to allow individual patients (in limited situations) to use 0.5mg or 5mg tablets is being explored. The option of removing only 5mg tablets will be considered.</p>	
14/24	<p>The development of a 'credit card' style monitoring guide for tinzaparin will be discussed at Thrombosis Committee which is an Action Point from an RCA4.</p> <p><b>Acute Pain Meeting</b></p> <p>LCD Pharmacist to confirm to the Acute Pain Meeting that the Lidocaine Infusion for Paralytic Ileus Guideline is on hold as the requestor is soon to retire.</p> <p>An epidural audit is taking place across the HB.</p> <p>The agreement of a single epidural pump across the HB has been reached and guidelines are being finalised.</p>	
14/25	<p><b>Antimicrobial Management Committee</b></p> <p>ART teams have rationalised their antibiotic prescribing to ones requiring once or twice daily administration</p>	
14/26	<p><b>LIN Minutes</b></p> <p>The concern with Dental prescribing was not in HDUHB.</p>	
	<b>Drug Safety</b>	
14/27	<p><b>MERG</b></p> <p>The Senior Nurse Medicines Management reported on the meeting held yesterday. No doctor was available. County Lead Pharmacist are asked to suggest suitable doctors for MERG (may be a Consultant or Senior middle-grade doctor). The meeting identified 2 trends which will be picked</p>	<p>CLpharmacist to suggest doctor representatives</p>

14/28	<p>up in the MERG newsletter. The meeting will be restructured so that Datix incidents are analysed locally by a multidisciplinary team and trends fed to the main MERG meeting.</p> <p><b>NPSA</b> The HoPMM reported that 3 more NPSA Alerts had been signed off as compliant since the last meeting. Evidence is available to demonstrate compliance and audit programmes have been set up. The focus is now Hywel Dda wide and Alerts will be reviewed regularly to ensure continued action and compliance.</p>	
14/29	<p><b>Strontium ranelate suspension of use in osteoporosis APPROVED</b> subject to confirmation of osteoporosis specialists. To be sent out once CHMP (EMA) have given a final recommendation.</p>	LCD Pharmacist to chek Scriptswitch message
	<b>For Information</b>	
14/30 14/31 14/32 14/33 14/34 14/35	<p>Prescribing Newsletter December AWMSG NOAC Risk Assessment (Updated) AWMSG Dronedarone Update Obstetric Thromboprophylaxis Protocol Young Carers and Medicines Repatriation of Immunosuppressant medication for Renal Transplant Recipients Only</p> <p>All noted and no comments received</p>	
	<b>Minutes of the last meeting</b>	
14/36  14/36b	<p><b>The minutes of the meeting held on the 13<sup>th</sup> November 2013 were APPROVED</b></p> <p>The amendment to the MMG minutes September 2013 Syringe Driver Chart was <b>APPROVED</b></p> <p><b>Matters arising:</b> The HoFP is the finance contact for all the subgroups of MMG</p>	
	<b>Any Other Business</b>	
14/37	<p><b>Medicines Letters</b> The Medical Director brought to MMGs attention the letters concerning efficient prescribing which are being sent out to both Primary and Secondary Care. She thanked members for their work on them. The Executive Board discussed these today and all staff must be focussed on reducing expenditure on medicines by the end of the financial year. One area that still needs work done is the prescribing of medicines available OTC to patients attending DSU and A&amp;E.</p>	

<b>APPROVED</b>	<b>19<sup>th</sup> March 2014</b>	
	<b>Date of Next Meeting</b>	
	Wednesday 19 <sup>th</sup> March 2014 1.20-4.30pm Boardroom, GGH, Carmarthen	