

MINUTES OF THE MEDICINES MANAGEMENT GROUP MEETING

Date & Time of Meeting:	Wednesday 16th July 2014 1.30-4.30pm	
Venue:	Renal Seminar Room, Withybush General Hospital with VC links to PPH, GGH, Bronglais and Ystwyth Building Hafan Derwen	
Present:	<p>Chair, HDUHB (Chair)</p> <p>Head of Medicines Management HDUHB (HoMM)</p> <p>Lead Dispensary Pharmacist Bronglais for Ceredigion LCPH, (LDM Cere)</p> <p>Pembrokeshire Lead for Pharmacy & MM (CLPh Pembs)</p> <p>Carmarthenshire Lead for Pharmacy & MM (CLPh Carm)</p> <p>Consultant Anaesthetist, Carmarthenshire GP, Carmarthenshire</p> <p>CHC Representative</p> <p>Deputy to Director of Therapies and Health Science Therapies and Health Science Directorate (DTHST)</p> <p>Clinical Effectiveness Co-ordinator (Guidance), HDUHB (CEC)</p> <p>Senior Nurse, Medicines Management HDUHB (SN MM)</p> <p>Head of Financial Planning, HDUHB (DFP)</p> <p>Lead Clinical Development Pharmacist, HDUHB</p> <p>Consultant Haematologist (Chair of Thrombosis Committee)</p> <p>Lead Clinical Pharmacist, WGH (Professional Secretary for Thrombosis Committee) For items 14/121 and 14/141)</p> <p>Consultant Diabetologist (Items 14/129, 14/134 and 14/136)</p>	
In Attendance:	Diploma Pharmacist GGH	
Agenda Item	Governance	Action
14/115	<p>The Chair then noted that apologies for absence had been received from:</p> <p>Director of Therapies and Health Science Therapies and Health Science Directorate (represented by Deputy)</p> <p>Senior Pharmacist Manager HDUHB</p> <p>Ceredigion Lead for Pharmacy & MM</p> <p>Associate Director of Nursing, HDHB (AssDON)</p> <p>Consultant Anesthetist Bronglais (Chair of APM)</p> <p>The meeting was quorate.</p> <p>The Chair thanked the previous Chair of MMG for her successful chairing of MMG over the past 5 years on</p>	LCD Pharmacist to

[illegible]

14/118	<p>NICE & AWMSG Guidance</p> <p>NICE Clinical Guidance Report CEC summarized this paper-the evidence summaries were noted as a useful resource for MMG. LCD P to review Synvisc use with Orthopaedics following Mr Steve Johnson's retirement</p>	LCD Pharmacist to review Synvisc formulary status
14/119	<p>NICE TA & AWMSG Recommendations Summary June 2014 APPROVED Atomoxetine for Adult ADHD added to formulary as an option (Currently an adult ADHD service is under development). Nalmefene-more work needs to be done to position nalmefene appropriately with in treatment pathways. Ustekinumab for psoriatic arthritis has not been approved by NICE. There are 2-3 patients currently receiving it. LCD Pharmacist to contact Consultant to advise.</p> <p>Ocriplasmin Implementation Assessment More details are needed on the whole service cost implications. In particular, will the slots required for treatment be absorbed into current theatre slots? Is there another clinician trained to undertake these injections in the Consultant's. If this service is approved then all Hywel Dda patients should go to Bronglais rather than ABMU in the first instance. LCD Pharmacist to check contract details with Finance for ABMU to ensure that we are only paying once for this service. If the Powys Business case for AMD is successful, extra capacity will need to be built in to treat any Powys patients diagnosed by this route. APPROVED subject to clarification of the above points and CHAIR'S ACTION</p> <p>Teriflunomide update The MS Society and Chief Pharmacist for Wales have asked if teriflunomide is available for Hywel Dda UHB MS patients. It is as all Hywel Dda UHB MS patients are cared for by ABMU and they have recently approved the use of teriflunomide. Outstanding issues are the delivery method which means that the excess cost per patient has not yet been finalised.</p>	LCD Pharmacist to add to Formulary
14/120		
14/121	<p>NICE TA/AWMSG Appraisal Audit Report APPROVED. The recommendations are accepted in principle.</p> <p>NICE and AWMSG Atrial Fibrillation Guidance NICE guidance has been issued and AWMSG updated guidance on anticoagulation in AF is due to be</p>	LCD Pharmacist to inform Consultant

	<p>published. Does AWMSG guidance take precedence over NICE guidance in Wales? LCD Pharmacist to ask AWTTTC.</p> <p>There is variance in approach by GPs and cardiologists across HDUHB in the choice of anticoagulant used, place of prescribing and counselling. The approach needs to be standardised and clear guidance is required. Patient choice plays a large part in decision making now. The whole service for AF needs to be reviewed and the cost of implementing this guidance needs to be estimated (including the treatment of adverse effects of anticoagulant) and presented to the HB. The Associate Specialist for Cardiology runs a 'One stop' AF clinic and will be presenting a report to the NICE/AWMSG Steering Group in August. It is recommended that this presentation should also be made to the Thrombosis Committee (or subgroup). The Thrombosis Committee will discuss at their next meeting and plan a way forward (needs to involve cardiologists) and report back to MMG in September.</p>	<p>LCD Pharmacist to contact AWTTTC</p> <p>Chair & Sec to feedback Thrombosis Committee discussions.</p> <p>LCD Pharmacist to draft letter to Acute Sector & Exe Director primary Care.</p>
14/122	<p>Medicines Management Strategy Update</p> <p>Trusted to Care (Andrews) Report Initial Action Plan</p> <p>HoMM outlined action taken to date by Medicines Management working in conjunction with their nursing colleagues with regard to omitted doses. Local Inspections have taken place: informal feedback dealt mainly with storage and security issues and omitted doses. The Director of Nursing will be issuing a memo to nurses reminding them that they must sign the administration once the medicine has been administered rather than when preparing the dose. The Chair noted that where doctors used to prescribe and give medicines, delays in patients receiving medicines were less. Current delays in the prescribing, dispensing and administration process need addressing.</p> <p>Pharmacy is undertaking short weekly omitted doses audits across the HB to identify any hotspots or problem areas and reporting back to the Trusted to Care working group.</p> <p>Out of hours nurses are reporting omitted doses when a medicine is not available on Datix, even when the pharmacy on-call service has been contacted and advised that there are no clinically significant adverse outcomes from omitted doses. It was noted that Pharmacy provides an 'emergency' on-call service rather than an on-call dispensing service. MMG was supportive of the approach of the on-call Pharmacy service and the need to work to give a clear message to nurses as to when they should Datix these incidents</p>	
14/123	<p>Pharmaceutical company sponsored projects in Primary Care</p>	<p>HoMM & SN MM to take forward</p> <p>MMG to write to AMD Primary Care & Ass Director of Primary Care and</p>

<p>14/124</p>	<p>MMG noted that the HDUHB 'Working with Industry' Policy does not cover GPs as they are independent contractors to the HB. This should be discussed with LMC and letters written to AMD Primary Care & the Assistant Director of Primary Care highlighting this issue. GPs should be asked what projects are being undertaken now. Presentations could then be made to GP Prescribing Lead meeting. LCD Pharmacist to check whether there are any implications for the GMS contract. Secondary Care should also be asked what projects they are undertaking as well to address potential litigation risks (Welsh Risk Pool advice).</p> <p>IV Double checking (Interim guidance Medicines Policy) NOT APPROVED in current format The Chair of CEAC has contacted AssDON following the issue of the updated advice. This concerns anaesthetists given a second dose of morphine from a pre-prepared syringe without a second check. We need to confirm if this is solely in theatres or on the wards as well. A distinction in the advice should be made between wards and theatres and the actions of <u>Consultant anaesthetists</u> clarified.</p>	<p>LMC. LCD Pharmacist to check GMS contract.</p>
<p>14/125</p>	<p>Advised to change the guidance to In-patient <u>Acute</u> wards, provide separate guidance for Community and Primary Care and clarify the advice for theatres and Consultant Anaesthetists.</p> <p>Financial Update: Primary & Secondary Care DFP outlined the current financial position for medicines expenditure: Primary Care-estimated end of year overspend is £3M (£4 M if saving plan –see-below-does not deliver). Cat M savings are performing better than expected but NCSO costs are escalating. Caution-this data is based on one month figures only. Last year savings would have been made except for increased spend on stoma products. Secondary Care-estimated end of year overspend £3M. Very little increase year on year (1%) and savings being seen from reductions in antibiotic use and waste. Savings Plan 2014-15: HB have requested £1.4M saving split between Primary and Secondary Care Medicines Budget. HoMM outlined the saving plan. Ongoing work in pain, mental health, Statins, Blood Glucose Monitoring/Sip feeds/Stoma work. Need to engage with colleagues to improve quality of prescribing as easy saving switches have been done. Need to get the messages through to prescribers and engage medical colleagues. This is particularly important in secondary care where there is a low awareness of costs in Primary Care and prescribing budgets often do not reflect activity. Repatriation has been hampered as secondary care does not benefit from</p>	<p>SN MM & AssDON to take forward.</p> <p>HoMM to discuss with to Ass Direct Primary Care about PMS savings spend</p> <p>Task group produce report on Prudent</p>

14/126	<p>savings. Medicines Management involvement in spending PMS savings could help with this-MMG supports this.</p> <p>The Polypharmacy & Prudent Healthcare agenda is of increasing importance but it is difficult to quantify cost savings from this work. Recommendation: A small group is tasked with reviewing the principles of Prudent Healthcare, Stewardship and Polypharmacy and producing a report on the application of these principles to prescribing (and the effects on prescribing costs) for the September MMG.</p> <p>The WAO report has identified waste within Primary Care expenditure on medicines (the figures are disputed), while medicines can be removed from the formulary, ensuring prescribing is appropriate and patients are compliant with treatment also reduces waste.</p> <p>Write to Executive Director of Primary Care & Strategy to ask what the PHG outputs concerning medicines are.</p>	<p>Healthcare and its implications for prescribing costs.</p> <p>Write to Executive Director of Primary Care & Strategy re PHG outputs</p>
14/127	<p>Z drugs –One Signature Administration</p> <p>Zopiclone and zolpidem are being treated as CD medicines in Worthybush and Mental Health (storage in CD cupboard, ordering in CD book, maintenance of running balance in CD register and one signature administration) to meet local concerns and increase monitoring of use. CD prescription requirements on TTO's are done but not strictly enforced. The Trusted to Care Report has a focus on the use of sedatives. As action and standards should be the same across the HB, this should be extended to all sites.</p> <p>LCD P and HoMM to draft a letter from MMG informing the service of this change.</p>	<p>LCD Pharmacist & HoMM to draft letter informing staff of HB-wide change.</p>
14/128	<p>Review of Medicines Policy</p> <p>MMG noted that the Medicines Policy for acute care expired in Dec 2013 and is activity being reviewed as per the paper tabled. MMG agreed that staff should continue to work to the existing policy and extended the expiry date to Dec 2014. The review should be presented to MMG in September and Nov2014, so that the revised Policy can be approved before December 2014.</p>	<p>SPhM HDUHB/SNMM/LCD P pharmacist to carry forward the review. LCD Pharmacist to inform CPRG of extension.</p>
14/129	<p>ACT checking in Aseptics SOP</p> <p>APPROVED MMG noted that this was the first time Accredited Checking Technicians (ACTs) had been used in Hywel Dda UHB. The SOP is based on All Wales guidance. The use of ACTs in Worthybush will allow review of the skill-mix in the Worthybush unit to ensure cost-effective working. After introducing in Worthybush, the roll-out to other Aseptic Units in the HB will be considered.</p>	<p>LCD Pharmacist to inform Medicines Management Teams</p>

	Diabetic Needle switch (Primary Care) APPROVED. MMG require a report back on progress. The use of autosheild safety needles by staff is not affected by this switch.	
	Prescribing Guidance All policies endorsed by MMG will be notified to the Clinical Policy Group	
14/130	Vitamin D Protocol (Hip fracture GGH)Update APPROVED Phase 1 in GGH Hip Fracture Unit (Serum Vitamin D levels taken, dose given and reviewed as result received back) for 4 more months. Results of Phase 1 need to be presented to MMG before proceeding to Phase 2.	LCD P harmacist to inform Consultant
14/131	Society for Endocrinology Guidelines <ol style="list-style-type: none"> Hypercalcaemia Hypocalcaemia Pituitary apoplexy APPROVED Dr Sam Rice outlined the development of these guidelines-they are well written and practical. HDUHB will adopt them. LCD P to link them to the HDUHB Formulary. The guidelines will need to be implemented and then practice will need to be audited to ensure they are being followed. Cascade through Executive Director Primary Care & Clinical Lead Acute Sector.	LCD Pharmacist to link to Formulary. Send to Exe Director Primary Care & Clinical Lead Acute Sector for cascading to service. LCD Pharmacist to discuss audit with Consultant.
14/132	Remifentanil PCA for obstetrics APPROVED for use in the Consultant Lead Obstetric Unit in GGH.	LCD Pharmacist to inform author
14/133	SCBU Fluid Administration Alaris VP+ APPROVED for use in the Neonatal Use in GGH	
14/134	Think Glucose Prescription Charts APPROVED for MMG approved the chart for the pilot on 2 sites (WGH/BGH). Look at results after the first 50 charts completed and make changes if needed. Update to MMG in September but are happy for Diabetic Team to make the decisions around rolling out after the pilot. A copy of the final Chart needs to be sent to MMG for information. The accountable Consultant was identified.	Consultant and Diabetic Team to take forward and report back
14/135	Amiodarone IV Administration Guideline APPROVED Noted that this guidance standardises practice across the HB	LCD Pharmacist to add to website
	Formulary Update	
14/136	Nebido/Quinagolide/Fultium D3 3200 units	Add to Formulary

14/137	APPROVED as additions to the Formulary. Quinagolide –second line.	Add to Formulary
	Ophthalmic Special Order Product list Consultant ophthalmologists were happy with adoption of the draft guidance. APPROVED.	
	British Association Dermatology Specials List Dr Shipley happy to adopt this revised 'specials' list. APPROVED.	
14/138		Add to Formulary
14/139	UKMI In-Use Medicinal Product Safety assessment This was noted as an example of information available to MMG when assessing the impact of new preparations.	
14/140	Patient Group Directions	
	PGD Subgroup Report and Workplan LCD Pharmacist summarised the PGD report. MMG noted the ongoing discussions about provision of the Patient Information leaflets when vaccines are administered. a. Catheterisation PGD development Ongoing discussions as part of the Medicines Policy Review	
Chair 14/141	Minutes of MMG Subgroups	
14/142	Thrombosis Committee a. Surgical Patients Bridging Therapy – Perioperative Management of Patients on Warfarin APPROVED Minor revisions are under discussion but the main thrust of the guideline is unchanged. Each site is responsible for implementation. A standardised approach to practice without variation must be introduced across the HB. Pre-assessment clinic leads on each site will be key in introducing this guidance. b. Slow loading warfarin APPROVED c. Warfarin Counselling Checklist APPROVED	LCD Pharmacist to inform CPRG
	Low Molecular Weight Heparins A wide range discussion was held about the place of prescribing and supply of LMWH. Practice varies across the HB sites and each site has differing procedures. We need to know what the processes and procedures are and define when patient care is passed between the Consultant and GP. These matters need to be discussed with Exe Director Primary Care & Clinical Lead Acute	LCD Pharmacist /Chair to write to Exe Director Primary Care & Clinical Lead Acute Sector

<p>14/143</p>	<p>Sector.</p> <p>Acute Pain Meeting TOR to September meeting PCEA/ Epidural Policy For Chair's Action once Page 8 (including PCEA) is completed.</p> <p>Antimicrobial Management Committee Has been updating the In-patient Antibiotic Guidelines and developing a Smartphone app for the guidelines to improve Junior Doctor access. AMC also approved the switch to nitrofurantoin MR following the price increase in nitrofurantoin 50mg capsules. ABMU have run a multi-media campaign to inform the community, patients and health care professions about the overuse of antibiotic and reduce demand. MMG support for a similar campaign in Hywel Dda was requested and granted.</p> <p>VSL#3 NOT APPROVED for addition to the Formulary due to the lack of robust evidence (40 patient trial). To remain non-formulary. This decision is in line with similar decisions taken for glucosamine, oil of evening primrose and eye AMD vitamins.</p> <p>Consultant Champions MMG supports the appointment of Consultant champions on each site for the electronic antibiotic audit and Medical Director making it mandatory for Junior Doctors to complete the audit. LCD Pharmacist to link audit to Formulary.</p> <p>MRSA Decolonisation Prescription Chart For Chair's Action once the second version is received.</p> <p>LIN: SOP for destruction of CDs The SOP has been updated so CD liquids are emptied into an absorbent material in Primary Care denaturing them rendering them non-retrievable. The Chair commented that the Welsh Ambulance Trust had introduced DOOP kits in an ambulances for this reason and that their introduction on wards and theatres should be considered to reduce the risk of diversion and misuse.</p>	<p>LCD Pharmacist to inform author of required action</p> <p>LCD Pharmacist to inform gastroenterologists</p> <p>LCD Pharmacist to take forward</p>
	<p>Drug Safety</p>	

14/145	MERG No minutes or update as the next meeting is to be held 22 nd July 2014	
14/146	NPSA Update noted	
	For Information	
	None presented.	
14/147	Minutes of the last meeting	
14/148	The minutes of the meetings held on 19th March 2014 and 3rd June 2014 (abandoned) were APPROVED. Only one response to the proposed Chair's Action had been received and all items were approved by Chairs Action.	
APPROVED MMG 10th September 2014		
	Date of Next Meeting	
	Wednesday 10 th September 2014. Venue to be confirmed	