



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Medicines Management Group Meeting

Wednesday 12<sup>th</sup> November 2014

2 - 4.30pm

Renal Seminar Room, Withybush General Hospital

MINUTES

**APPROVED as an accurate record without amendments 28<sup>th</sup> January 2015**

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
14/188	Introductions	<p><b>Present:</b></p> <p>Chair, HDUHB (Chair)</p> <p>Ceredigion Lead for Pharmacy &amp; MM, (CLPh Cere)</p> <p>Consultant Anaesthetist, Carmarthenshire (Consultant)</p> <p>Carmarthenshire Lead for Pharmacy &amp; MM (CLPh Carm)</p> <p>Associate Director of Nursing, HDHB(CH) (AssDON)</p> <p>Clinical Effectiveness Co-ordinator (Guidance), HDUHB (CEC)</p> <p>Director of Therapies and Health Science Therapies and Health Science Directorate (DT&amp;HST)</p> <p>GP, Carmarthenshire (GP)</p> <p>Lead Pharmacist Mental Health HDUHB (LMH Pharmacist)</p> <p>Senior Nurse, Medicines Management, HDUHB (SN-MM)</p> <p>Head of Financial Planning, HDUHB (HFP)</p> <p>Lead Clinical Development Pharmacist, HDUHB (LCD Pharmacist) Minutes</p> <p>PA to Head of Medicines Management HDUHB)(PA)</p> <p>(Diploma Pharmacist GGH) in attendance</p>	

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
	Apologies for absence	<b>Apologies:</b> Head of Medicines Management HDUHB Pembrokeshire Lead for Pharmacy & MM Consultant Haematologist (Chair of Thrombosis Committee) Consultant Haematologist Lead Clinical Pharmacist, WGH (Professional Secretary for Thrombosis Committee) Medical Director, HDUHB. Senior Pharmacist Manager CHC Representative Consultant Psychiatrist (HDUHB)	
14/189	Declaration of Interests	There were no declarations of interest.	
	<b>INTRODUCTION OF NEW MEDICINES NICE/AWMSG GUIDANCE FOR DECISION/APPROVAL</b>		
14/188	Clinical Formulary Subgroup Minutes	There was no meeting since the last MMG.	

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
14/191	<p>NICE TA &amp; AWMSG Recommendations</p> <ul style="list-style-type: none"> <li>Summary November 2014</li> </ul>	<ul style="list-style-type: none"> <li><b>Velaglucerase alfa</b> (Gaucher disease) <b>APPROVED</b> Specialist and Hospital Use only</li> <li><b>Imatinib</b> (High-risk KIT (CD117) GIST) <b>APPROVED</b> Specialist Prescribing only. Hospital and WP10HP only.</li> <li><b>Emetricitabine/rilpivirine/tenofovir (Eviplera)</b> (HIV) <b>APPROVED</b> Specialist Prescribing and Hospital only</li> <li><b>Azithromycin (IV)</b> (Community Aquired Pneumonia) <b>APPROVED</b> Mircobiology Advice only. Hospital and ART Team use only.</li> <li><b>Dolutegravir</b> (HIV) <b>APPROVED</b> Specialist Prescribing and Hospital only</li> <li><b>Paclitaxel albumin-bound nanoparticles Ca Pancreas</b> <b>APPROVED</b> Specialist Prescribing and Hospital only.</li> <li><b>Diafer (Iron III isomaltoside)</b> <b>APPROVED</b> for Renal Dialysis Use only</li> <li><b>TA315 Canagliflozin Type 2 diabetes</b> <b>APPROVED</b> Primary &amp; Secondary Care. <b>Second line to dapagliflozin</b></li> </ul> <p><b>Position in Diabetic Pathway:</b> Second line (Initiation by GP) in combination with metformin as an alternative to a gliptin. Consider before moving to a GLP-1 where weight lose is desirable. (BMI &lt;30). Third line (Initiation by Secondary Care and Insulin Initiating GPs) In combination with insulin.</p> <p><b>Monitoring</b> Baseline: Check renal function: avoid if CrCl is less than 60mL/min at start of treatment.</p> <p>Patient counselling required.</p> <p>Six monthly: Hb<sub>1c</sub> &amp; weight. Only continue if adequate reductions maintained.</p>	<p>LCD PHARMACIST to add to Formulary, Scriptswitch and Prescribing Newsletter.</p> <p>LCD PHARMACIST to inform relevant Consultants/HCP/ Finance/ABMU where appropriate</p>

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
		<ul style="list-style-type: none"> <li>• <b>TA320 Dimethylfumarate</b> (relapsing -remitting MS) <b>APPROVED</b> Specialist Prescribing and Hospital Only</li> <li>• <b>TA321 Dabrafenib</b> (unresectable or metastatic BRAF V600 mutation - positive melanoma) <b>APPROVED</b> Specialist Prescribing and Hospital Only</li> </ul>	
14/192	NICE Clinical Guidance Report	<p>CG185 Bipolar disorder: CECwill invite LMH Pharmacist to be part of the working group for the implementation of this guideline. GP confirmed that Lithium is not started in Primary Care and the review aims to rationalise treatment to promote those with the most evidence.</p> <p>CG186 Multiple Sclerosis LCD Pharmacist outlined the current situation for Sativex-we are awaiting a lead from ABMU MS services as to whether they will follow AWMSG or CG guidance in practice. All other indications require an IPFR application.</p> <p>CG187 Acute heart failure-the cardiologists need to be engaged in the implementation.</p> <p>CG188 Gallstones- Consultant surgeons need to be involved to rationalise current service and provision across the HB.</p> <p>For all NICE guidance the cost implications should be calculated and an action plan developed</p>	CEC to feedback MMG comments and actions
14/193	Update from ABMU MMIIOG: Enzalutamide	<p><b>APPROVED</b> following ABMU MMB's (6<sup>th</sup> Nov 2014) decision to allow sequential use of enzalutamide after abiraterone (or vice versa) until the 27th January 2015 at which point it will reviewed.</p> <p>Also, ABMU MMB also approved enzalutamide the use as per NICE guidance with the same caveat as abiraterone (which is outside of NICE): "treatment of metastatic castration resistant prostate cancer in adult men whose disease has progressed and it is deemed that a docetaxel-containing chemotherapy regimen would have been the next course of therapy with a ECOG PS ≤2, but is contra-indicated."</p>	<p>LCD pharmacist/IRS to write to ABMU to support oncologists attendance at Jan MMB.</p> <p>LCD pharmacist to contact local oncologist re numbers of potential patients</p>

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
14/194	All Wales Guide to Prescribing Gluten-free Products	For information	
	<b>MEDICINES MANAGEMENT STRATEGY</b>		
14/195	Introduction of WP10 prescriptions to Memory Clinics for Dementia Medicines	<b>APPROVED - subject</b> to the outcomes of the audit of the pilot in Carmarthenshire being presented to MMG (no later than March 2015) prior to roll-out to all other areas of the HB. Background: currently 850 patients have their anti-dementia medicines dispensed and posted from GGH Mental Health pharmacy (60-70% are in MDS). The move to Memory Clinics using WP10HPs will improve patient confidentiality, information transfer difficulties and multiple sources of medication for patients. The Community Pharmacies who dispense the WP10HPs will have a complete patient medication record and be able to check for interactions etc. The hospital pharmacy will liaise with the Community Pharmacy to ensure that patients requiring MDS still receive them. A pilot will start with in Carmarthenshire Dec 2014. This move is a step towards the final aim (for GPs to prescribe anti-dementia medications with support from secondary care).	LMH Pharmacist to present the outcomes of the pilot audit to January or March MMG meeting.
14/196	Authorisation of an extension for 3 policies for CPRG	<b>APPROVED - extensions</b> to the following Policies while they are updated: 161 Prescribing, Dispensing And Administration Of Opioid Medicines In Adults Guidelines until March 2015. 181 Out of Hours Supply of Controlled Drugs to Patients in the Community (Carmarthenshire Locality) until March 2015. 251 Just In Case Box Scheme - Palliative Care Emergency Medicine Packs until March 2015. The author assures MMG that they are still 'fit for purpose'.	LCD Pharmacist to inform CPRG
14/197	Rivaroxaban Rebate	LCD Pharmacist to circulate full rebate document to members with screen in the interests of transparency and open governance.. Members to forward any comments to IRS within 2 weeks then Chairs Action if appropriate.	LCD Pharmacist to circulate rebate document. All comments to Chair. Chairs action

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14/198	Risk register Update	<p><b>MM/10 Service/Business Interruptions/Disruptions:</b> Funding for the Aseptic Unit upgrade has been received from the WG, which needs to be spent before end March 2015</p> <p><b>MM/05/PC/13:</b> Patient safety. The scoring needs to be reviewed. In particular, the effectiveness of the mitigating measures needs to be demonstrated. It was noted (GP) that electronic prescribing was not suggested as a mitigating measure.</p> <p><b>PC/08 Patient &amp; Public Safety Methadone</b> Remove from register as current score 4.</p> <p><b>PC/09 Service/Business Interruptions/Disruptions &amp; Finance</b> Estates have quoted £12K to upgrade WGH Pharmacy air conditioning unit. Funding is being sought.</p> <p>Additions to the RR:</p> <p><b>Wholesaler Dealer Licence</b> needs to be added-financial risk (licences/inspection/remedial work and contracts) and patient safety risks.</p> <p>T2C:Working System Risks identified under T2C Inspections are listed on the Nursing &amp; Midwifery RR following discussion with the Board Independent Member, it was raised that these should also be on the MM RR as the working systems are shared.</p> <p>AssDON &amp; Chair discussed the need for effective implementation and communication of guidelines and policies across the whole HB following a serious case review and investigation.</p>	<p>CLP Carm taking forward.</p> <p>Chair/SPH/ASI/Dr Clinical Lead Acute Sector/AssDON to review scoring of MM05PC13.</p> <p>LCD Pharmacist/Chair to write to estates/finance stressing the financial and patient safety implications if medicines not kept at the correct temperature.</p> <p>SPH/LCD Pharmacist to add WDL to RR.</p> <p>AssDON/SPH/CLP Cere to discuss and action T2C on RRs.</p> <p>Chair/AssDON to discuss action needed to implement self-administration across HB.</p>

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14/199	Financial Update: Primary & Secondary Care	<p><b>Medicines expenditure:</b> Caution as figures based on data to August 2014</p> <p><b>Primary care-</b> Predicted end-of-year overspend is £5M. Expenditure to end Oct 2014 is £3M. Slight deterioration (£150K) since last month. NSCO pressures are reducing. Category M payments have been changed-cost neutral to HB. Item growth remains highest in Wales and is causing concern. Savings from the Polypharmacy and Self-care campaign are not being realised. Board will be focusing on non-delivery more closely.</p> <p><b>Secondary Care-</b> DFP added some growth compared to previous years – 27.5million compared to 26 million in previous years. Predicted end-of-year overspend £1.5M.</p> <p><b>Stoma expenditure</b> starting to show signs of improvement. The posts funded (by Primary Care) in Llanelli and Pembrokeshire are now operational. AssDON reminded MMG that the continued funding of posts in the MM team is vital to realising savings and has implication for patient safety as well if not funded.</p> <p>The PMS is concentrating on respiratory prescribing; GP probably too early to see savings yet.</p> <p>CLP Cere asked for activity figures along side the financial reports and asked whether the proportion of elderly patients has been checked in CASPA and an accurate reflection of current demographics in HDUHB. DFP agreed to provide activity data so that expenditure can be related to activity.</p> <p>It was noted that NICE and AWMMSG guidance does drive a lot of prescribing so prescribers have less flexibility and influencing prescribing is a complex process. Chair commended 'Promoting wellbeing' by Atul Gwande to members; it deals with prescribing at the end-of-life to ensure quality of life. Prudent Healthcare should also inform the debate.</p> <p>GP commented that the impact of NICE guidance in Primary Care is large (statins). LCD Pharmacist &amp; DFP to Horizon Scan for Primary Care for January MMG.</p> <p><b>Horizon Scanning</b> DFP &amp; LCD Pharmacist to present anticipated cost-pressures of new medicines and guidance at the next MMG.</p>	<p>DFP to give more detailed breakdown of stoma costs.AssDON to add details of work undertaken.</p> <p>DFP to add activity figures to future financial reports.</p> <p>DFP&amp; LCD Pharmacist to present Horizon Scanning for Primary &amp; Secondary Care at Jan 2015 MMG</p>

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14/200	Wholesaler Dealer and Controlled Drug Licences Update	CLPh Cere & Carms reported that there was no further progress at All Wales level with Ambulance CD supplies. To remain on the agenda.	CLPh Cere & Carms to report back.
14/201	Medicines Policy Update	Comments have been received. Circulated to Nursing and within Pharmacy. SPh/SNMM/LCD Pharmacist to incorporate comments received and send to nursing/Clinical Lead Acute Sector and Chair of CPRG) for comment prior to a small 'task & finish' group from MMG (Chair/AssDON/GP and others) to perform a final in-depth check before the January MMG meeting. In the interim the current policy is extended to 31 March 2015.	SPh/SNMM/LCD to add comments received. LCD Pharmacist to set up final in-depth check meeting. LCD Pharmacist to inform CPRG of extension.
PRESCRIBING GUIDANCE			
14/202	Dexamethasone Bulletin	<b>APPROVED</b>	LCD Pharmacist to circulate via Pharmacy, Nursing, Medical and Global
14/203	Outpatient Recommendation Letter Advice	The principle of using outpatient recommendation letters for non-urgent treatment was <b>APPROVED</b> . CLPh Cere outlined the background to this: the Global e-mail was issued in response to complaints from GPs. Comments had since been received querying whether this had been agreed with GPs. The system was not new and had been in use for some time. GP confirmed that it had been agreed with GPs and the 2 week period for non-urgent request was also agreed to allow the clinic letter to reach the GP. From the discussions it is possible that different forms are being used on different sites and that some Consultants may not be using the recommendation letters as designed. Current practice should be audited. Documentation should be standardised across all sites. GPs to be encouraged to report back any 'misuse' to Medicines Management.	LCD Pharmacist/Chair to write to Clinical Lead Acute Sector and Assistant Medical Director Primary Care
FORMULARY UPDATE			



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14/204	Paediatric unlicensed requests	<b>Sodium chloride 0.9% Nasal Drops APPROVED</b> subject to LCD Pharmacist checking what the cost is in Primary Care and what is dispensed against the (rare) prescriptions for nasal congestion in children. CLPh Cere queried the cost of the extemp Normasol preparation (the correct cost is £1.07 per 20ml bottle (3p per dose), however CLPh Cere was happy to move away from the extemporaneously prepared product. ADF then left the meeting.	LCD Pharmacist to check price charged on eDT for sodium chloride 0.9% nasal drops and items prescribed. LCD Pharmacist to correct prices on paper 14 204.
<b>PATIENT GROUP DIRECTIONS</b>			
14/205	Duraphat Varnish PGD (inclusion of D2S project)	<b>APPROVED</b>	AssDON & LCD Pharmacist to inform Lead Dentist.
14/206	PGD Subgroup Report and Workplan	The <b>Naloxone PGD</b> expired at the end of September 2014. The delay in renewing is due to contractual issues between the HB and third party providers. As it is based on a national template there is no concern about the contents. <b>APPROVED</b> extension of expiry of the current naloxone PGD until March 2015. <b>Sexual Health PGDs</b> are under review and require an extension until March 2015. The delay in the review is due to the work required for the seasonal flu PGDs taking priority. Chair is happy for MMG to agree the extension subject to sign off from the specialist nurse/doctor producing them that there are no patient safety issues that would prevent the current PGDs being extended.	AssDON to contact Executive signatories to request naloxone PGD extension. AssDON to contract Lead Sexual Health Dr for assurance that the current Sexual Health PGDs do not have any patient safety issues that preclude extension.
<b>MINUTES OF MMG SUBGROUPS</b>			
14/207	Thrombosis Committee	The role and operation of the Thrombosis Committee is under review.	
14/208	Acute Pain Meeting	These minutes had been discussed at the last MMG. No further matters arising.	

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14/209	Antimicrobial Management Committee	Next meeting will be held on 21 <sup>st</sup> November 2014	
14/210	LIN	LCD Pharmacist apologised that the LIN minutes had not been redacted for this meeting. In future the pharmacy and surgery names will be redacted to pharmacy 1, pharmacy 2, GP1, GP2 etc. Paper copies in the meeting were collected and shredded.	LCD Pharmacist & PAMM to redact LIN minutes
<b>DRUG SAFETY</b>			
14/211	MERG	Still no medical or paediatric representation. The Putting Things Right Committee had discussed the Learning Bulletins being produced. Committee is looking to agree a generic branding (eg a red band round all 'safety notices') so all staff are aware that the content must be read and acted on. The first 'Read the label' bulletin was discussed-problems can arise from the change in national drug purchasing contracts. Potential products are PQA (previously MEPA) scored for risk but the changes are not always communicated to the end user, who continues to go on the previous appearance of products.	LCD Pharmacist/Chair to write to Clinical Lead Acute Sector & Lead Paediatrician asking for reps for MERG. SNMM to liaise with ASI re format and branding of future bulletins.
14/212	MERG Bulletins		
14/213	NPSA Update	Deferred to January 2015 MMG meeting. Chair noted that the HB was working to implement the use of the patient's unique NHS number on all documentation and labels (NPSA advice 2005) to improve patient safety and to enable integration of the primary care IHR and hospital electronic systems in the medium term. In the long term electronic records are the aim.	
<b>ANY OTHER BUSINESS</b>			
14/214	Standardisation of Epidural solutions across HB.	<b>APPROVED</b> on the grounds of patient safety and standardisation across sites. LCD Pharmacist to liaise with APM Team (stocks and production of new labels/charts) to ensure a safe transition.	LCD Pharmacist to check stock holding of bupivacaine and liaise with APM Team about implementation

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ITEM	AGENDA TOPIC	OUTCOME & MINUTES	ACTION
14/215	<b>Any Other Business for Discussion</b> not in the minutes of the last meeting– restricted to urgent items	There were no other items tabled for discussion	
MINUTES			
14/216	<p>Minutes of the last meeting held on 1<sup>st</sup> October 2014</p> <ul style="list-style-type: none"> <li>For accuracy</li> <li>Matters arising not on the agenda:</li> </ul>	<ul style="list-style-type: none"> <li><b>The minutes of the meeting held on 1<sup>st</sup> October 2014 were APPROVED for accuracy subject to the correction of the spelling of the CHC Representative.'</b></li> <li><b>Matters arising:</b>  <b>Citrate Pilot Project.</b> Dr to be invited to the MMG meeting in January 2015 to present the pilot results. Chair has discussed this with Chair of CEAC.  <b>14/175 Non-Formulary Requests – Consistency of approach APPROVAL Confirmed</b> <ol style="list-style-type: none"> <li>The scheme of delegation for non-formulary requests will need revising following the reorganisation of the Acute Hospital Management structure.</li> <li>Non-formulary requests for licensed medicines where the cost is more than £2000 pa, but where the alternative ('gold-standard' treatment) is less than £2000 pa an IPFR request is required.</li> <li>Where the non-formulary request is for a licensed medicine costing more than £2000pa and the alternate/previous treatment costs more than £2000 pa as well, the incremental cost should be calculated and, if less than £500 pa more, approved by the County Lead Pharmacist. If the incremental cost is more than £500 pa, then an IPFR application is required.</li> <li>Where a non-formulary request is received for an unlicensed medicine the County Lead Pharmacist should have the discretion to request an IPFR application is made to evaluate the evidence even if the cost is less than £2000 pa.</li> </ol> <b>14/163 Independent Prescribing Policy Update</b>  The Chair informed the meeting that the concern raised had been addressed and there were no outstanding issues. </li> </ul>	<p>LCD Pharmacist to invite Dr to Jan MMG</p> <p>LCD Pharmacist to contact Clinical Lead Acute Sector about the revised scheme of delegation.</p> <p>LCD PHARMACIST to inform IPFR panel of changes and update the MEND Policy</p>

**Dates of forthcoming Meetings:** Wednesday 28<sup>th</sup> January 2015    2.00-4.30pm Renal Seminar Room WGH & via VC

Wednesday 18<sup>th</sup> March 2015    2.00-4.30pm Renal Seminar Room WGH & via VC