

MINUTES OF THE MEDICINES MANAGEMENT GROUP MEETING

Date & Time of Meeting:	Wednesday 4 th September 2013 1.30-4.30pm																												
Venue:	Meeting Room 1, Ystwyth Buildings, Hafan Derwen, Carmarthen																												
Present:	<table><tr><td>Chair, HDHB</td><td>Chair</td></tr><tr><td>Head of Medicines Management (Acting), HDHB</td><td>HMM</td></tr><tr><td>Ceredigion Lead for Pharmacy & MM</td><td>CeL</td></tr><tr><td>Pembrokeshire Lead for Pharmacy & MM</td><td>PL</td></tr><tr><td>Carmarthenshire Lead for Pharmacy & MM</td><td>CL</td></tr><tr><td>Clinical Effectiveness Co-ordinator</td><td>CEC</td></tr><tr><td>Senior Nurse, Medicines Management</td><td>SNMM</td></tr><tr><td>Head of Financial Planning.</td><td>HFP</td></tr><tr><td>CHC Representative</td><td>CHC</td></tr><tr><td>GP, Carmarthenshire</td><td>GP</td></tr><tr><td>Deputy Director of Therapies and Health Science Therapies and Health Science Directorate</td><td>DepDTHST</td></tr><tr><td>Associate Director of Nursing, HDHB</td><td>ADN</td></tr><tr><td>Lead Clinical Development Pharmacist, HDHB</td><td>LCD</td></tr></table>			Chair, HDHB	Chair	Head of Medicines Management (Acting), HDHB	HMM	Ceredigion Lead for Pharmacy & MM	CeL	Pembrokeshire Lead for Pharmacy & MM	PL	Carmarthenshire Lead for Pharmacy & MM	CL	Clinical Effectiveness Co-ordinator	CEC	Senior Nurse, Medicines Management	SNMM	Head of Financial Planning.	HFP	CHC Representative	CHC	GP, Carmarthenshire	GP	Deputy Director of Therapies and Health Science Therapies and Health Science Directorate	DepDTHST	Associate Director of Nursing, HDHB	ADN	Lead Clinical Development Pharmacist, HDHB	LCD
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In Attendance:	<table><tr><td>Minute Taker</td><td></td></tr><tr><td>Acute Pain Specialist Nurse, GGH attended for Item 9</td><td>APSN</td></tr><tr><td>CCM Clinical and Service Lead</td><td>CCMLead</td></tr></table>			Minute Taker		Acute Pain Specialist Nurse, GGH attended for Item 9	APSN	CCM Clinical and Service Lead	CCMLead																				
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Agenda Item	Apologies	Action																											
1	<p>The Chair then noted that apologies for absence had been received from:</p> <p>Medical Director, Consultant Anaesthetist, Carmarthenshire Director of Therapies and Health Science, Therapies and Health Science Directorate (Deputy attending)</p> <p>The meeting was quorate.</p>																												
2	<p>Declaration and Register of Interests</p> <p>LCD reported that she had attended an evening meeting of the Chronic Pain Group sponsored by Napp with HMM; however there were no specific items on the agenda associated with Napp. There were no other declarations and register of interests noted at the meeting.</p>																												
Confidentiality of Proceedings and Papers																													

3	Following the leak of papers from another high level Committee of the Health Board to a Pharmaceutical Company, the Chair reminded members that the proceedings and papers of MMG are confidential to Health Board and NHS employees.	
4	<p>Introduction of New Medicines</p> <p>Any approved decisions are added to the formulary and Script switch.</p> <p>A. Monoprost APPROVED for Specialist initiation, use restricted to patients who have a proven sensitivity to benzalkonium chloride</p> <p>B. Tiopex APPROVED for Specialist initiation, use restricted to patients who have a proven sensitivity to benzalkonium chloride</p> <p>C. VitA-POS APPROVED APPROVED for use in primary and secondary care first-line (as per Lacri-Lube)</p> <p>The principle that items that are supplied on prescription should be considered by MMG and included in the Formulary (where appropriate) including those classified as a 'medical device' was reiterated.</p> <p>Hywel Dda Contraceptive Pathway will be submitted to MMG in November.</p>	
4	<p>NICE & AWMSG Guidance</p> <p>A. NICE Clinical Guidance Report CEC highlighted the medicine issues in recently published NICE guidance: CG170 Autism: Melatonin Guidelines are under development. CG169 Acute Kidney Injury: Electronic Prescribing is not currently used in HDHB hospitals (Chair) CG167 STEMI. CEC to check whether Bronglais are using thrombolysis therapy. (Update-after meeting: PPCI for STEMI in the last 12 months has reduced the need for thrombolysis.. It is at the discretion of the paramedics if they feel that a pt cannot be transferred in the 90 min time window . Patients can be airlifted. Estimated that 6 per year need thrombolysis locally.-mainly Pembs & Ceredigion-as per NICE guidance.)</p> <p>CG166 Ulcerative colitis-relevant to the mesalazine review LCD is undertaking.</p> <p>CG164 Familial history of Breast Cancer Dr Liam Cassidy anticipated a big impact on Primary Care. GPs are waiting for further guidance from HB. CEC to put this on the agenda for the Cancer Group. (Update-after meeting: This is an issue which is being dealt with through NSAG on an all Wales basis. It is more about who identifies, prescribes and monitors treatment</p>	LCD to inform

9rather than drug costs). Genetics & Breast Test Wales have also been contacted).

prescribers and
add to Formulary

CG163 Patients with Idiopathic Pulmonary Fibrosis are treated in HDHB, through an All Wales MDT.

B. NICE TA & AWMSG Recommendations Summary July to August 2013

LCD highlighted the following recommendations for approval by MMG:

C1-Esterase inhibitor (Berinert®) is already being used by Tertiary Care Consultants as most cost-effective option.

APPROVED

Lapatinib ABMU & HDHB are already using lapatinib in line with AWMSG guidance **APPROVED**

AWMSG issued 15 recommendations in 2 weeks at the beginning of August. These will be worked through for the next MMG.

NICE TAs:

TA290: Mirabegron APPROVED. Position on Formulary 3rd line for patients where 1st & 2nd line anticholinergics are either ineffective or ADRs cannot be tolerated or for patients in whom anti-cholinergics are contra-indicated. Incontinence Pathway to be reviewed by the Continence Forum in October. Clear, careful advice to prescribers required.

TA288 Dapagliflozin APPROVED

Position in Diabetic Pathway:

Second line (GP) in combination with metformin as an alternative to a gliptin. Consider before moving to a GLP-1 where weight loss is desirable. (BMI <30).

Third line (Secondary Care and Insulin Initiating GPs) In combination with insulin

Monitoring

Baseline: Check renal function: avoid if eGFRmL/min/1.73m²

Patient counselling required.

Six monthly: Hb_{1c} & weight. Only continue if adequate reductions maintained.

Projected expenditure recalculated to £33,000 per year. Need to ensure that dapagliflozin is prescribed according to NICE recommendations rather than licensed indications.

TA292 Aripiprazole (adolescents). APPROVED

Already being prescribed where appropriate on Formulary for adults.

TA293 Elthrombopag for ITP APPROVED

No additional patients to be treated to be; used as an

HMM, County
Lead Ph & LCD to
share with
Secondary Care

	<p>alternative to romiplostim so no additional costs.</p> <p>TA295 Everolimus for Breast Cancer. ABMU are not using it-not recommended</p> <p>C. National Prescribers Indicators Report March 2013 HMM summarized this document-HDHB mid-table for most indicators. Higher for hypnotics & anxiolytics-work has been undertaken in Ceredigion to support practices. Morphine as a % of strong opioids is good. Decision to share these indicators with Secondary Care Consultants. 2013-14 NPI updated to include antidepressants..</p> <p>D. Tramadol HMM Medicines Management are focusing on high-use GP practices, reviewing Chronic Pain Guidelines, reviewing what stock & TTH packs are kept on the wards, raising awareness of the problems and offering alternatives to tramadol. The MERG newsletter will be reissued.</p>	<p>Prescribers.</p> <p>SNMM & LCD to include in MERG Newsletter</p>
6	<p>Medicines Management Strategy Update</p> <p>Finance report (Primary & Secondary Care) Month 4 report. HMM and HFP have done a lot of work around this. Cost pressures against Cat M are now £1.2M (These price rises are out of HDHB control and is a national/international problem). Secondary Care Non-NICE/AWMSG expenditure has started to rise again (All Wales effect), may be due to increased activity levels, vaccines may also be contributing. Repatriation from ABMU may also be a factor. DoFs and David Sissling are also looking closely at prescribing in all areas. New staff are starting in all Primary Care Medicines Management Teams which will help realise the Efficiency Plans. HFP will revise the projections, trends and monitoring now we have figures for end of 1st quarter.</p>	
7	<p>WAO Report: Primary Care Prescribing Final Report received to be discussed at November MMG. Primary Care Pharmacists will focus on key areas. Report identified potential savings of £1.5M (revised downwards from £2.6M)</p>	LCD add to Nov MMG agenda
8	<p>Primary Care Prescribing Data (Wales & England) For information. Medicines Management Teams will be analysing the report further in order to increase cost-effective prescribing. Comparison with NE England would be helpful as they have similar levels of deprivation to Wales. A more detailed analysis, factoring in service provision, deprivation and specific local factors is necessary to manage expectations. It was noted that HDHB spends more than ABMU on malignancy in Primary Care.</p>	
9	<p>Oramorph Deregulation Pilot: APPROVED for rollout across Hywel Dda HB</p>	

<p>10</p> <p>11</p> <p>12</p>	<p>APSN introduced the Pilot Evaluation Report: feedback good, patients and staff liked it. No objective data to show that patients received their medication sooner (however no times for the old system). The audit trial had worked and allowed investigation of the one discrepancy. It had been time consuming to set up and train staff (rather than auditing it). When the pilot is rolled out (from the 5 wards in GGH), the Acute Pain Team (and Link Pain Nurse in Bronglais) plan to train 'Champions' on each ward to cascade the scheme to all staff. Through the Pilot, differences in the way overages at the end of a bottle are dealt with had become apparent. This process has been standardised within the SOP. In Pembrokeshire, Oramorph is measured using syringes, while other areas may use measuring cups-a common approach must be agreed. Nia had devised an 'Oramorph Administration Record Folder' and approached the company currently supplying CD Record books. They can print, bind and number the Administration Record Books. Supplies/procurement can offer advice here. Wards will be able to obtain the books through Oracle. APSN o liaise with SNMM re roll-out plan. It was noted that the deregulation of Oramorph had happened in many other hospitals.</p> <p>Medicines Management Housekeeping List APPROVED</p> <p>Home Care Agreement: Abatacept via BUPA HAS BEEN SIGNED for the whole of Hywel Dda HB.</p> <p>Compassionate-Use. Post-MOBILE study LCD outlined the MOBILE study (fampridine in MS) run in ABMU which included 2 patients from HDHB. The company will give one year free supply to patients at the end of the trial. If the patients are still responding to the treatment the HB will need to fund (at £25K per patient per year). The IPFR panel asked MMG to discuss. MMG decided that the lead of our tertiary care provider (ABMU) should be followed and that AWMSG should be asked to review fampridine as a priority.</p>	<p>APSN to liaise with SNMM re roll-out and dose measurement.</p> <p>LCD/Chair to write to AWMSG asking that they review fampridine.</p>
<p>13i</p>	<p>Prescribing Guidance</p> <p>Home Oxygen Service Protocol APPROVED subject to amendments. LCD to recirculate to membership for information CCM Lead outlined the changes and development of the protocol following the introduction of the new Oxygen Delivery Service. Numbers of patients receiving oxygen remains constant (about 1000 patients in HDHB). The Community Team carries out home visits and works with the Specialist Respiratory Nurses. They will be examining the cost-effectiveness of the service. WAS have approved the Oxygen Alert Card and it is being used across Wales.</p>	<p>ADN to make amendments and LCD to</p>

13ii	<p>HMM & ADN noted that Appendix 7 has been welcomed by the hospital Outpatients Department. This protocol includes children as well.</p> <p>Prescription and Administration of Emergency Oxygen APPROVED subject to amendments.</p> <p>SNMM reported that the contents were the same as the last time the protocol was submitted to MMG but the format had been revamped to make them more user friendly. WO had 3 comments: 1. Page 5 Objectives 'All patients', 2. Page 9 10. Roles & Responsibilities heading 'Director of Therapies and Health Science, Nursing and Medical Director' should read: 'Director of Therapies, Director of Nursing and Medical Director' 3. Page 9 10. 'County Heads of Therapies' should be Individual Therapy Leads (this may just be Physiotherapy).</p> <p>ADN asked how this Protocol will be implemented and how we will ensure that oxygen is prescribed for all patients that require it. The new All Wales Prescription Chart has a dedicated section for oxygen prescribing: nurses and pharmacists need to ensure that the saturation target is circled by Prescriber. All Wales audits will monitor and the presentation of the results will reinforce this. Additional information needs to be added to the Implementation part of the Protocol. SNMM reported that the Respiratory Specialist Nurses were actively involved in producing this Protocol and will be involved in the training packages.</p> <p>This protocol is for Adults only. SNMM & LCD to check whether there is an equivalent Protocol for children.</p>	<p>recirculate to members</p> <p>SNMM to make amendments</p> <p>SNMM to add more information to Implementation Plan re roll-out & training.</p> <p>SNMM & LCD to check Paediatrics</p>
14	<p>HDHB Management of febrile patients on chemotherapy or with neutropenia APPROVED subject to amendments.</p> <p>LCD outlined the variance from NICE guidance. MMG accepted the cut off of $1.0 \times 10^9/l$. The Chair said that CDU in GGH was trialling the protocol and had cut the time to starting antibiotics from 1 hour to 5 minutes after admission by treating as ambulant patients. The Chair confirmed that the SEPSIS-6 bundle was congruent with these guidelines. ADN queried the use of 'significantly unwell'. The Chair reported that most patients presented with a temperature $>38^{\circ}\text{C}$. The Advice Sheet for patients should be amended- point 5, 1st bullet point to read: 'you continue to feel unwell then monitor it every hour and if it goes above 38°C then phone the hospital to arrange admission <u>not your GP.</u>'</p>	<p>LCD to inform the author of amendments required</p>
15	<p>Eclampsia Tray DEFERRED to next meeting. To be considered alongside the Hypertension in Pregnancy Guidelines.</p>	<p>LCD to add to Nov MMG agenda.</p>
16	<p>Dabigatran for DC Cardioversion DEFERRED - more information about bleeding risks</p>	

17	<p>required LCD outlined the protocol which had been adapted from one in use in ABHB. It was developed to use in patients who are not in range on warfarin when they present for DC cardioversion. The Associate Specialist Cardiology has a group for 50 patients in this position. Reservations about compliance in these patients expressed by another cardiologist. Concerns raised about the increasing incidence of bleeds seen with NOACs recently. Little use of NOACs in Ceredigion & Pembrokeshire noted. The opinion of all the Consultant cardiologists should be sought and information about outcomes & ADRs in other centres already using dabigatran.</p> <p>Lidocaine for Paralytic Ileus Protocol DEFERRED The opinion of the anaesthetists & surgeons undertaking Colorectal ERAS surgery in Pembrokeshire & Cerdigion is requested. SNMM: Nursing is currently very busy with complex cases on the ward and require training prior to introduction.</p>	<p>LCD to contact Consultant Haematologist re presentation, seek the opinion of the other Cardiologist & outcomes in other Health Boards</p>
18	<p>Phenytoin Administration Guidelines APPROVED Advice on where to source filters on each site.</p>	<p>LCD & author to seek opinion of other sites.</p>
19 20	<p>Venlafaxine MR to IR SOP Quetiapine XL to IR SOP MMG noted these SOPs which have gone to Consultant Psychiatrists and Mental Health Pharmacists for comment prior to discussion and approval at the Mental health medical Staff Meeting. No comments from MMG members were received.</p>	<p>LCD to contact Clinical Pharmacy Leads on each site.</p>
21	<p>All Wales Larval Debridement Therapy APPROVED for use in Hywel Dda HB.</p>	<p>LCD to inform TV Sister</p>
21	<p>Formulary Update Patient Group Directions Optive Plus Review after 6 months. Changed to Specialist initiation before GP prescription Actilite Review after 6 months. To remain on Formulary.</p>	<p>LCD to amend Formulary</p>
22	<p>Patient Group Directions ADN informed MMG that the Zostavax, Bupivacaine & Lidocaine for A&E PGDs had been approved. The paracetamol, ibuprofen & co-codamol 30/500 PGDs for A&E and Moviprep & Picolax for Bowel Screening PGDs had been reviewed and approved. The CMAT PGDs will be approved once the CMAT protocol had been approved by</p>	

	MMG. Consent for teenagers (school vaccination programme) had been discussed in detail, legal advice taken and the consent section on the PGD template amended. The influenza PGDs will be approved soon. Following the publication of the NICE PGD Good Practice Guidance, LCD will draft the HDHB PGD Policy.	LCD to draft HDHB PGD Policy
	Minutes of MMG Subgroups	
23	Thrombosis Committee Update Meeting not held since last MMG, so no minutes.	
24	Acute Pain Meeting Meeting not held since last MMG, so no minutes.	
25	Antimicrobial Management Committee Meeting not held since last MMG, so no minutes.	
26	LIN Meeting Minutes noted. The patient letter to support destruction of a suspected illegal substance raised a lot of comments when circulated to the hospitals. This letter originated from the National CD Guidance Group. CL is revising the letter and has taken legal advice. Needs to be taken back to LIN and incorporated into the HDHB CD Policy	
	Drug Safety	
27	MERG First meeting was held on 25 th July 2013. Minutes noted. GP representative being sought.	
28	NPSA Clinical Procurement Group is reviewing 2 alerts.	
29	MHRA: Ketoconazole Noted that ketoconazole has been proposed as an unlicensed treatment for castrate-resistant prostate cancer, so care needs to be taken when reviewing patients. Please refer back to Consultant for review.	
	For Information	
30	Prescribing Newsletter May 2013	
31	Apodi Stroke prevention in AF Clinic	
32	Decision not to proceed ENDORSED	
33	Syringe Driver Chart Chairs Action to approve for pilot ENDORSED	
	Prescribing Management Scheme 2013-2014 Chairs Action to approve ENDORSED	
	Minutes of the last meeting	
34	The minutes of the meeting held on 26th June 2013 were APPROVED . No comments were received	

	Matters arising: a. DKA Protocol Since the last meeting it became apparent that the DKA Protocol was being used in Pembrokeshire and Ceredigion, therefore permission was given to roll out to Carmarthenshire as well. b. CMAT Protocol APPROVED c. Changes to IP legislation (Physiotherapists & Podiatrists) NOTED.	
APPROVED	13th November 2013	
	Date of Next Meeting	
	Wednesday 13 th November 2013 1.30-4.30pm Meeting Room 1, Ystwyth Buildings, Hafan Derwen, Carmarthen.	