

MINUTES OF THE MEDICINES MANAGEMENT GROUP MEETING

Date & Time of Meeting:	Wednesday 26 th June 2013 @ 1.30pm	
Venue:	Lecture Theatre, Postgraduate Centre, GGH Carmarthen Meeting Room 1, Ystwyth Buildings, Hafan Derwen, Carmarthen	
Present:	Chair, HDHB (Chair) Consultant Anaesthetist, Carmarthenshire (CA) Associate Director of Nursing, HDHB (ADN) Head of Medicines Management, HDHB (HMM) Ceredigion Lead for Pharmacy & MM (CeL) Carmarthenshire Lead for Pharmacy & MM (CL) Clinical Effectiveness Co-ordinator (Guidance), HDHB (CEC) Head of Financial Planning, HDHB (HFP) Lead Clinical Development Pharmacist, HDHB (Minutes) (LCD)	
In Attendance:	Senior Nurse, Medicines Management (Item 8 & 13) (SNMM) Anti-infective Pharmacist (Item 13) (AIP)	
Agenda Item	Item	Action
1	<p>The Chair then noted that apologies for absence had been received from:</p> <p>CHC Representative Head of Medicines Management (Acting), Pembrokeshire Lead for Pharmacy & MM Medical Director HDHB GP, Carmarthenshire Director of Therapies and Health Science</p> <p>The meeting was not quorate due to the lack of a GP representative. Membership is being reviewed. The Consultant Psychiatrist has tendered her resignation. A new representative from Mental Health will be sought.</p>	LCD to ask Lead MH Consultant for a MH representative
2	Declaration and Register of Interests There were no declarations or register of interests noted at the meeting.	

3	<p>Introduction of new drugs or dressings onto the formulary/update of formulary review.</p> <p>Any approved decisions are added to the formulary and Script switch.</p> <p>A. Amyes Shake – APPROVED</p> <p>MMG approved the use of Amyes Shake, a powdered nutritional supplement (similar to Complan Shake) to be included in the Malnutrition in the Community Care Pathway. Patients will be transferred to Ensure Plus or Fortisip for the duration of their hospital stay only</p> <p>B. Lidocaine infusion for Paralytic Ileus Protocol</p> <p>This was discussed at the Clinical Formulary subgroup and approval recommended. However, the author does not wish to proceed at present.</p> <p>All other items are included in this agenda. HMM expressed concern at the low attendance. Membership is already under review.</p>	<p>LCD add to Formulary</p> <p>HMM to inform Primary Care</p>
4	<p>NICE & AWMSG Guidance</p> <p>NICE & AWMSG Steering Group</p> <p>a. NICE Clinical Guidance Report</p> <p>CEC reviewed recently published NICE Clinical Guidance. CG159 Social Anxiety disorder</p> <p>The MM Team needs to link with the Mental Health NICE group to ensure that advice given takes into account cost effective treatment options.</p> <p>LCD to confirm when escitalopram will go off patent and what other HBs are doing to implement.</p> <p>b. NICE TA & AWMSG Recommendations Summary May to June 2013</p> <p>LCD summarized the assessments completed. MMG endorsed the position in therapy for:</p> <ul style="list-style-type: none"> • Agatroban (S, H), • Eplerenone • Cinryze (S,H) • Linagliptin • Apixaban (S) • Pirfenidone (S, designated centre) • Abatacept S, H) <p>were all approved and added to the HDHB Formulary. (S) –Specialist Initiation (H)- Hospital only</p> <p>Notes: Check stock of agatroban. Cinryze may be required for students-Chair refers to local Specialist.</p>	<p>LCD to confirm patent expiry & other HB actions</p> <p>LCD to add to Formulary</p> <p>LCD</p>

Medicines Management Strategy Update	
6	<p>Finance report</p> <p>HFP reported on the March 2013 figures in Primary Care. Unfortunately April's figures confirm that the level of projected savings may not be realised. Factors contributing to this include increased spend due to NCSO (No cheaper stock obtainable) generic items (e.g. temazepam) reducing projected Cat M (Projected cost pressure £1.6M). HMM informed MMG that the All Wales Chief Pharmacists are aware of the situation and are raising at a national level. However it should be noted that the underlying causes are at a UK and global level.</p> <p>Secondary Care drug costs are increasing-mainly due to NICE, oncology & biologics. The baseline is reducing even though activity is increasing. The Chair asked that the combined secondary expenditure is reported to the next MMG.</p> <p>The Savings target for the overall drugs budget for 2013-2014 is £6M.</p>
	<p>ScriptSwitch® Update 2012-13 (For Information)</p> <p>HMM reported that the contract renewal had been approved for the next 3 years. All but 2 Hywel Dda GP practices use ScriptSwitch; by the end 2014 all will. Messages are designed in house, acceptance rates are good. KJ queried why projected savings are not being realised. HMM/CeL/CL explained that the suggested alternatives may not be clinically appropriate for the individual patient.</p>
	<p>ScriptSwitch® messages</p> <p>APPROVED MM Team will decide which of the simple switches are cost-effective with security of supply before going ahead. The changes which may require engagement from Specialists will be added to future MM Efficiency Plan.</p>
7	<p>Stoma Care Guidance & Accessories Formulary</p> <p>APPROVED</p> <p>SNMM explained that the Colorectal Nurse Specialists will now review all patients and ensure that they are on formulary products and suitable quantities. GPs are happy that patients will be reviewed yearly.</p> <p>CeL was pleased to see this work but was concerned that the continued funding of nursing posts by Coloplast may have influenced the choice of products in the formulary, so that the most cost effective product is not always used. This issue will need to be taken forward & comparative costs calculated. Use of cheaper products may release savings which could be used to fund specialist nurse posts independently.</p> <p>ADN asked how the patient experience of any changes will be captured; SNMM is planning to use questionnaires and patient narratives for this and will involve the PPE.</p> <p>HFP asked what the potential was to commission a service either at HB or All Wales level. HFP will take this forward with HMM & SNMM with Prescribing WorkStream & Procurement.</p>
8	<p>DFP to report secondary care expenditure Sept MMG</p> <p>HMM ensure ScriptSwitch profile is updated and other work looked at in future MM Efficiency Plan</p> <p>SNMM to take forward</p> <p>HFP to lead commissioning work</p>

9	<p>MMG agreed that the Stoma Nurses will be able to supply samples of Formulary products only to patients. (In line with dieticians).</p> <p>Financial Rebate Schemes for Medicines APPROVED in principle. HMM will request that this is taken forward on an All Wales basis. The Rebate paper is based on work by the London Procurement Group. Care needs to be taken to ensure that anti-competitive practices are not agreed. Rebate schemes are subject to FOI requests. When a medicine or guidance is agreed by Clinical Formulary SG, the rebate scheme should be scrutinised by HMM/DFP & Procurement before presentation to MMG for approval.</p>	<p>SNMM/LCD to inform Stoma Nurses</p> <p>HMM to action</p>
10	<p>New Oral Anticoagulant GMS Audit & Position Statement APPROVED Subject to one amendment in the NOAC Audit. Position Statement approved subject to comments from Haematologists then LCD to take for final Chair's approval.</p>	<p>LCD to take forward</p>
11	<p>ART: Piperacillin/tazobactam infusion v injection LCD to check (for CeL) whether there is a higher incidence of infusion reactions with iv bolus administration. Chair expressed concern that ART teams may not accept patient's on Pip/tazo if they have to use infusion method. All 3 teams have been invited to next AMC-discuss there and feed back to next MMG.</p>	<p>AIP to report to next MMG</p>
12	<p>Critical Care Infusion Chart Pilot Pilot APPROVED subject to:</p> <ul style="list-style-type: none"> • Confirmation that Critical Care in all 3 counties are aware, involved and supportive. CH to confirm. • Pharmacy has checked and agreed the charts. GL to nominate. • LCD to source unlicensed 'Special' for the potassium chloride solution proposed. <p>Although Critical Care GGH aspires to be paperless, it will be a while before this is achieved and this is a step towards rationalising prescribing based on work done in Morriston.</p>	<p>ADN to confirm</p> <p>CL to nominate Ph</p> <p>LCD to source KCI</p>
13	<p>Prescribing Guidance</p> <p>Self-Administration Guideline APPROVED slow introduction via pilots AIP summarized the principles of this guideline. Self-administration of insulin will be an addendum. It is an MDT project and medical support will be needed. It covers both patients self-administrating at home and patients newly starting. If patients are not suitable for self-administration they will still receive training, education and information about their medicines. Chair expressed concern about medical patients fluctuating confusion & condition and the need to titrate administration against clinical observations. AIP assured the committee that</p>	

	<p>patients are continuously assessed and that they can be withdrawn from self-administration in these circumstances. CL/AIP clarified that CDs and Oramorph are not currently included in this guideline.</p> <p>ADN/SNMM/AIP/CeL expressed concern that introduction of this guideline represents a culture change within the HB and a slow thorough introduction using PDA cycles to problem solve, and intensive education and training of ward staff will be needed to ensure patient safety and minimise risks to the HB. Local environmental issues (e.g. locker provision) will need assessment and resolution at the outset of pilots. Pilot wards proposed include Ward 7 in PPH. ADN suggested linking with the 'Think Glucose' pilot wards.</p> <p>It was noted that the guideline advises that doctors should record medication changes in the patients' notes as well as the medication chart.</p>	<p>AIP & SNMM to take forward introduction of this guidelines</p>
14	<p>Home Oxygen Service Protocol DEFERRED Chronic Conditions Management Lead to be invited to present at the September MMG</p>	<p>LCD to invite CCM Lead to Sept MMG</p>
15	<p>CMAT Protocol DEFERRED to next meeting or Chairman's Action The lack of support for the development of CMAT services by the Consultant Orthopaedic surgeons was noted. ADN will clarify whether the named Orthopaedic Consultant is happy to act as the Doctor for the development of the PGDs and if he supports the Protocol.</p>	<p>CH to confirm with Consultant for PGDs</p>
16	<p>Argatroban Guidelines APPROVED with the addition of the Hywel Dda logo and acknowledgement of C&V work.</p>	<p>LCD/Med Info to make amendment</p>
17	<p>Magnesium infusion Administration Guide APPROVED with amendments: Add other strengths of magnesium injection, Use capitals in 2nd box, Reformat 1st bullet point under references.</p>	<p>LCD/Med Info to make amendment</p>
18	<p>Aminophylline intravenous Administration Guide APPROVED with amendments Add 'It is recommended that' to 'The patient should have cardiac monitoring during therapy.' Define 'elderly' in example calculations as '75 years and over'. Replace 'speed of administration' with 'rate of administration'.</p>	<p>LCD/Med Info to make amendment</p>
19	<p>Formulary Update Gliptin Review: MMG APPROVED</p> <p>First line: Saxagliptin Second line: Sitagliptin Linagliptin (reduced renal function)</p> <p>Vildagliptin (AWMSG recommendation) will be available for</p>	<p>LCD to add to formulary & Prescribing Newsletter</p>

	patients who are unable to take any of the 1 st or 2 nd line gliptins	
20	Patient Group Directions Meningitis C and Rotavirus PGDs for new immunisation programmes have been approved. PGDs now coming round for review. MMG asked to note the workload associated with this. LCD to draft the HDHB PGD Policy for September MMG based on the NICE GPG (to be issued June 2013). MMG APPROVED the development of the following PGDs: Hepatitis B (A&E & MIU)-extension of current BBV Hepatitis B PGD Tetanus Immunoglobulin-A&E and MIU. New HDHB PGD.	LCD to draft HDHB PGD Policy
21	Minutes of MMG Subgroups Thrombosis Committee Update MMG noted the recent incidents involving warfarin 500micrograms & 5mg tablets. Chair of Thrombosis Committee to be invited to September MMG	LCD to invite TC Chair to Sept MMG
22	Acute Pain Meeting CA informed MMG that a small subgroup of the APM was taking forward the Business Cases for the replacement of Epidural and PCA pumps, which has become urgent and may potentially impact on service delivery.	
23	Antimicrobial Management Committee Minutes noted-no matters arising.	
24	Drug Safety MERG The date of the next meeting 23 rd July 2013.	
25	NPSA The NPSA Alerts Update was noted	
26 & 27	For Information No matters arising	
28	Minutes of the last meeting The minutes of the meeting held on 8th May 2013 were APPROVED Matters arising: Page 4: HMM & LCD have met with Mental Health, who have agreed in principle to the venlafaxine and quetiapine switches and will be involved with developing the protocols for use in primary care.	LCD to write to IT.

	<p>Page 4: IT has been unable to resolve the lack of access to Myrddin from Avenue Villa Surgery. LCD to write to New Head of IT..</p> <p>Page 5: Sodium bicarbonate minijets are now out of stock. Bronglais have redrafted their advice using polyfusors. CeL to forward to LCD</p>	CeL to forward to LCD
	Date of Next Meeting	
	<p>Wednesday 4th September 2013 1.30-4.30pm</p> <p>Meeting Room 1, Ystwyth Buildings, Hafan Derwen, Carmarthen</p>	