

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING
HELD ON MONDAY 23rd FEBRUARY 2013

Present: [REDACTED]

ACTION

1. Apologies

[REDACTED]

2. Declarations of interest

N/A

3. Minutes of last meeting – 22nd January 2013

These were accepted as accurate.

4. Matters arising

a) *Internal audit – Medicines Management report*

[REDACTED] noted that the management response had been presented to the Audit Committee. The Committee had requested strengthening the proposed action plan to support delivery of all key actions by the end of March 2013. The updated action plan will be signed off by the Pharmacy Strategy Group before being presented to the Nursing Midwifery Board in April. [REDACTED]

b) *Mental Health prescribing issues*

[REDACTED] reported that the Mental Health Medicines Management Group met on the 18th February and will meet monthly going forward. During a constructive meeting with representation from key stakeholders across primary and secondary care the following actions were agreed:

- Memantine prescribing

A meeting of key stakeholders is taking place on 18th March to draft guidelines for prescribing and consider related shared care issues.

- ECG monitoring for patients on depot neuroleptics

The Community Mental Health teams have confirmed availability of ECG monitoring in secondary care and will be meeting to consider the list of drugs for which ECG monitoring is required, the related safety issues and the reporting and communication process to ensure prescriptions are reviewed when required. [REDACTED]

- Quetiapine switch

The group confirmed the place of quetiapine in the care pathway. The draft SOP for primary and secondary care patient switch is now completed and all concerns raised previously have been addressed including the suitability of immediate release formulation.

Whilst aripiprazole is the first choice antipsychotic licensed for 16 – 18 year olds standard antipsychotics are used first line for all other patients. Any further concerns from primary care that this prescribing practice is not adhered to should be raised with [REDACTED] for investigation.

- c) *Guidelines for diagnosing and treating Vitamin D deficiency*
Final draft still awaited. [REDACTED] not present.
- d) *Policy for managing potentially excessive or inappropriate prescribing within secondary care*
[REDACTED] outlined the changes to the draft policy and confirmed the plan for [REDACTED] to take to a future Board of Directors meeting.
- e) *Prescribing for erectile dysfunction*
Meeting between [REDACTED] Divisional Director and primary care is awaited.
- f) *Sugammadex in Theatres*
[REDACTED] noted that [REDACTED] had agreed to tighten the proposed five indications for use of Sugammadex. This agreement will be implemented and communicated via the (Inform) Formulary.
- g) *Ticagrelor audit*
[REDACTED] noted no feedback to date from Cardiology.

5. Operational plan

- a) *Financial planning: Medicines management savings 2012 - 13*
The draft spreadsheet prepared by [REDACTED] and [REDACTED] was noted and several comments raised that will be fed back to FB.

6. NICE/AWMSG implementation

- a) IPD – Mannitol

[REDACTED] Director of Adult CF services attended and presented the IPD as recommended in NICE TA266 (Nov 2012)

Mannitol dry powder for inhalation is recommended as an option for treating cystic fibrosis in adults:

- who cannot use rhDNase because of ineligibility, intolerance or inadequate response to rhDNase
and
- whose lung function is rapidly declining (forced expiratory volume in 1 second [FEV₁] decline greater than 2% annually)
and
- for whom other osmotic agents are not considered appropriate.

It was noted that a robust system for patient initial assessment and future prescribing is in place. The cost implications have been considered and supported. The potential impact on out of area patients and ongoing prescribing were also considered. The application was approved for implementation.

- b) IPD – Tapentadol

Deferred to March meeting

7. Management of medicines across the healthcare community

a) *Atrial fibrillation: Stroke risk & thromboprophylaxis / ECG Guidelines*

The draft local guidelines based on ESC Guidance from 2012 were noted and approved subject to clarification on the HAS-BLED score and NOAC and VKA.

b) *Warfarin slow loading schedule / bjh guideline*

The draft local guidelines based on BJH 2011 guidance were noted and approved subject to referencing. It was agreed that the guidance should be made available across primary and secondary care.

c) *Royal Pharmaceutical Society – Improving Patient Outcomes - the best use of multi-compartment compliance aids.*

■ provided an overview of the content of the RPS document:

The use of MCAs has become regarded as a panacea for medicines use and is often integrated into policy and practice without giving due consideration to the alternatives available.

Not all medicines are suitable for inclusion in MCAs. Furthermore, all stakeholders should recognise that the re-packaging of medication from the manufacturer's original packaging may be unlicensed and involve risks and responsibility for the decisions made.

With evidence base currently indicating a lack of evidence of benefit to patient outcomes with the use of MCAs, it is a recommendation of the RPS that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCA. This is in line with the findings of the RPS working group looking at pharmaceutical care in care home settings in Scotland, in their report *Improving Pharmaceutical Care in Care Homes*.

A patient-centred approach to identifying the best intervention must be through a sustainable and robust individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence, and the most suitable solution

The RPS recognises that patient-facing pharmacists cannot fully implement the recommendations within this document on their own and that integrated approach between health and social care, between commissioners and service providers, and amongst pharmacy bodies is required on the continuing journey to improve patient outcomes.

MMG agreed to support these principles as discussions on local practice are taken forward.

8. Items for approval

- a) *Procedure to access medicines when the pharmacy is closed*
The updated procedure was approved subject to clarification of access to emergency cupboards by qualified nurses. This will be fed back to the author.
- b) *Procedure administering apomorphine via sub-cutaneous infusion*
This updated procedure reflecting a change in choice of syringe driver was approved.
- c) *Guidelines for management of Heparin Induced Thrombocytopenia (HIT) and argatroban infusion chart*
This was approved for implementation.
- d) *Complementary medicines guideline*
This updated procedure was considered. During discussion concern was raised about consistency with NMC guidance and it was agreed that UHB staff should not be allowed to administer such products to patients using complementary medicines. The importance of knowing whether patients are taking complimentary medicines and/or stopping these on potential drug interactions was also noted. Comments will be fed back to the author and a revised draft considered for Chairman's action.
- e) *Guidelines for the Prescription and Administration of Bridging Therapy for Adult Patients, Receiving Warfarin Therapy, Undergoing Elective Surgical Procedures*
These Warfarin Bridging Guidelines have been used for some time. The guidelines were formally approved for dissemination.

9. Items to note

None

10. Any other business

There was no other business

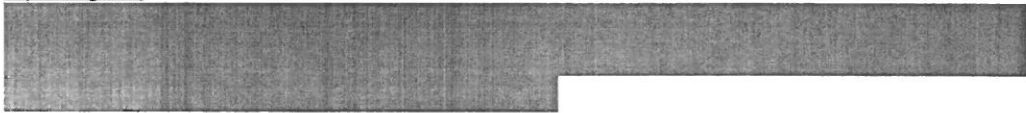







11. Date of next meeting





1.30 – 3.30 on 25th March, Council Room, UHW

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING
HELD ON MONDAY 19th AUGUST 2013

Present:

ACTION

1.	<u>Apologies</u> 	
2.	<u>Declarations of interest</u> There were no relevant declarations.	
3.	<u>Minutes of last meeting – 23rd July 2013</u> Item 4a. It was noted that the paper on ECG guidelines for patients on psychotropic medication did not appear to have been circulated to primary care colleagues. This has now been done.  requested that it be minuted that “many IPDs will impact PCIC and therefore need to be involved in the implementation from the outset. Clarity is required when secondary care approval is given that this does not approve primary care use or initiation”. It was noted that  had not written to Clinical Boards about the non-formulary status of Drug Tariff appliances. This has now been done.	
4.	<u>Matters arising</u> a) <i>Mental Health prescribing issues</i> It was noted that competency of mental health and GP colleagues to interpret significance of ECG changes in patients on psychotropic medication is a concern. Mental health will discuss how to address this with cardiology colleagues.  agreed to raise the appropriate monitoring of such patients at the DTC Shared care subgroup before raising at LMC/LHB liaison group if necessary.	 
	b) <i>IPD - Perampanel</i> Further to discussion of IPD at the previous meeting, ministerial ratification has indicated that prescribing in NHS Wales should utilise the approved Wales Patient Access Scheme. The drug will therefore need to be Hospital Only.	
	c) <i>Draft Terms of Reference</i> The updated document was discussed. It was agreed that reporting to the Health Systems Management Board was the most appropriate option. It was agreed that because of the potential to discuss contractual arrangements for community pharmacy and to be consistent with Local Medical Committee, community pharmacist nomination should be via Community Pharmacy Wales.  will communicate with the current representative when the proposed ToFR are approved.	

	<p>The draft will be updated to reflect these discussions and forwarded to HSMB for consideration (as a working document pending the further work on MMG and its subgroups- see below).</p> <p><i>d) Updated Implementation Planning Document</i> The IPD had been updated to incorporate comments from the previous meeting. [REDACTED] suggested that a flowchart of the process (including potential use of the Prioritisation Framework and/or referral to HSMB) could usefully be included. The new template (v 4.0) will be used for future submissions.</p>	 
5.	<p><u>Delivering O4E – Enabling medicines management project</u> a) <i>Project outline document</i></p> <ul style="list-style-type: none"> - [REDACTED] outlined the project proposal which is part of the UHBs O4E Leaner and Fitter programme. The four individual workstreams (<i>Medicines management governance, Strategic plan for medicines management, Strengthen formulary use and management and Communications, engagement and reporting</i>) and overall project structure were discussed in detail. - The purpose, objectives and outputs of the Enabling MM project were fully supported, - Supporting the delivery of 2013/14 medicines savings plans will continue to progress (and several new schemes are being worked up in order to replace previous schemes which will not deliver e.g. negative impact assessment). - The principle of the project being managed within MMG was supported. - Several comments/suggestions were made about existing plans. The structures proposed to deliver that aim were considered to be too time demanding, particularly with existing organisational challenges and we could make more efficient use of existing groups and processes. Comments and proposals will be taken to the UHB triumvirate meeting on Weds 21st August and to Leaner & Fitter group on following Thursday. 	
6.	<p><u>NICE / AWMSG implementation</u> a) <i>AWMSG update and ratification notice (May 2013)</i> The ratifications were noted and the following identified for consideration for an IPD: Acclidinium bromide (Eklira® Genuair®) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease. Referred to Medicine CB-MMG (respiratory task & finish group?) and PCIC as requires primary and secondary care consideration</p>	
	<p><i>b) AWMSG update and ratification notice (June 2013)</i> The ratifications were noted and the following identified for consideration of an IPD: Ceftaroline fosamil (Zinforo®) should be restricted to use for the treatment of complicated skin and soft tissue infections in patients where methicillin-resistant <i>S. aureus</i> (MRSA) is suspected, only in the following settings:</p> <ul style="list-style-type: none"> • For infections caused by Gram-positive pathogens, only if intravenous (IV) vancomycin or IV teicoplanin is inappropriate, has not been tolerated or treatment modification is required; and IV daptomycin or IV linezolid is normally used. 	

	<ul style="list-style-type: none"> For mixed infections caused by common Gram-positive and Gram-negative pathogens (excluding extended-spectrum beta-lactamase-producing organisms, AmpC-producing organisms and non-fermenter Gram-negative organisms, such as <i>Pseudomonas aeruginosa</i>), only if IV vancomycin in combination with IV co-amoxiclav or IV teicoplanin in combination with IV co-amoxiclav is inappropriate, has not been tolerated or treatment modification is required; and IV daptomycin in combination with IV co-amoxiclav or IV linezolid in combination with IV co-amoxiclav is normally used. <p>Referred to Antimicrobial Management Group- for secondary care consideration.</p> <p>Adalimumab (Humira®) is recommended for use within NHS Wales for the treatment of adults with severe axial spondyloarthritis without radiographic evidence of ankylosing spondylitis but with objective signs of inflammation by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have had an inadequate response to, or are intolerant to non steroidal anti-inflammatory drugs (NSAIDs).</p> <p>Referred to Medicine CB-MMG- secondary care only.</p> <p>C1-esterase inhibitor (Berinert®) is recommended as an option for use within NHS Wales for the treatment of acute episodes of hereditary angioedema type I and II. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme is utilised.</p> <p>To be considered by Specialist services CB, alongside Cinryze® ratified following March 2013 AWMSG.</p>	<div></div> <div></div> <div></div> <div></div>
7.	<p><u>Drug & Therapeutics Committee</u></p> <p>a) <i>Minutes from DTC meeting on 23rd May (to note)</i> Minutes were noted.</p> <p>b) <i>Tabulated DTC recommendations from 23 May (for decision)</i> See attached table</p> <p>c) <i>Tolvaptan use in hyponatraemia (for decision)</i> Referred to Medicine CB-MMG for approval</p> <p>d) <i>DTC Annual Report and attendance/membership list (to note)</i> The report was noted.</p>	<div></div> <div></div> <div></div> <div></div>
8.	<p><u>Items for approval</u></p> <p>a) <i>Acute pain guidelines – overview paper</i> The changes to the Acute Pain Service Adult Guidelines notified by [REDACTED] (Senior Nurse, Pain management service) were supported and the guidelines approved for dissemination.</p>	<div></div>
	<p>b) <i>Guidelines on the Diagnosis and Management of Vitamin D Deficiency in Children & Adults</i> [REDACTED] attended to present the final draft guidelines and respond to questions/comments. During detailed discussion several suggestions to improve clarity were made and agreed. It was agreed that a cost comparison of individual products could usefully be added. The algorithms for children and adults were agreed to be particularly useful. It was agreed that a cost impact for the UHB should be available to</p>	<div></div>

	support a decision to approve and implement. Post meeting note: it was agreed that the IPD template was not suitable for this and so a costing summary will be prepared by ■■■ and circulated to group members for comment.	■■■
9.	<u>Items to note</u> a) <i>Seasonal Flu vaccination</i> The communication from RCGP and RPS to support collaborative working between general practitioners and community pharmacies and improving vaccination uptake was noted.	
10.	<u>Any other business</u> None	
11.	<u>Date of next meeting</u> 10.00 – 12.00, Tuesday 24 th September, Mental Health Meeting Room, Whitchurch Hospital	

NotesMMG/s:lg/MMG August2013

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

CORPORATE MEDICINES MANAGEMENT GROUP

MEETING TO BE HELD ON TUESDAY 19TH NOVEMBER 2013 AT 2.00 – 4.00PM,
HQ MEETING ROOM, UHW (OLD ESTATES/PLANNING BUILDING)

Present:

1. *Apologies for absence*

2. *Declarations of interest*
Not applicable

Part A: Enabling Medicines Management Project

Action

3. Project delivery
 - a) Surgery CB to continue to focus on wound management issues (meeting with [REDACTED] scheduled 6th December) [REDACTED]
 - b) Mental Health CB to establish and develop priority pathways which may release savings [REDACTED]
 - c) Progress with Medicine and Surgery CB pathways were noted i.e. overactive bladder, hydrocortisone to prednisolone switch, mesalazine product rationalisation, Type 2 diabetes pathway and strontium.
4. Communication, engagement and reporting
 - a) A "voice of the customer" survey monkey will be set up and progress report provided at December cMMG [REDACTED]
5. Strengthening formulary use and management
 - a) A request for change to include scoping exercise for Good Prescribing Guide "app" was approved.
 - b) A briefing paper and slides to be prepared for delivery by [REDACTED] at UHW Grand Round to detail the changes to the New Drug Application Process. Consideration is needed as to how best to communicate this on other sites and PCIC. [REDACTED]
6. Strategic medicines management plan
 - a) A short briefing paper on the proposal to develop a business case for electronic prescribing and medicines administration (EPMA) has been provided to Clinical Board Directors, HoDs and CB Nurses.
7. Medicines management governance
 - a) Updated Terms of reference for corporate MMG were considered and there was some discussion about representation and quoracy. The final draft will be forwarded to HSMB for consideration and approval. [REDACTED]

Part B: Corporate Medicines Management Group

ACTION

8. Notes of Last Meeting (21st October 2013)

Were accepted as accurate

9. Matters Arising

a) *Mental Health Prescribing Issues*

██████████ noted discussions in Mental Health. National work on Physical Monitoring of Mental Health Patients requires wider agreement on commissioning GP services. A working group has been established and this will include consideration of ECG monitoring of patients on psychotropic drugs (a recurrent item on cMMG agenda). Several options will be considered to address the concerns including an SLA with cardiology or a CMHT-linked lead general practice in each neighbourhood.

b) *Inappropriate Prescribing Requests*

The draft policy has been forwarded to Clinical Board leads for Workforce and ██████████ for comment by end of November. Consultation is also taking place with Medical Workforce Advisory Group (MWAG). Following this the final draft will be forwarded to HSMB.

c) ██████████ will resend the letter regarding prescribing requests from private practice to Clinical Board Directors and pharmacists

d) ██████████ will remind ██████████ to forward a draft care pathway for monitoring patients on long term anticoagulation.

10. Items for Approval

a) *Medicines for Children Endorsement by CHfW / CVUHB*

██████████ had requested UHB endorsement of work undertaken with the RCPCH, NPPG and Wellchild to provide Medicines for Children information leaflets for parents (see <http://www.medicinesforchildren.org.uk/>). The request was supported in principle and it was agreed to consult ██████████ for a corporate governance view on use of the UHB/NACHfW logos.

b) *Safe and Secure Handling of Medicines Policy*

The final draft was agreed and will be forwarded to the UHB Quality and Safety Committee for approval.

c) *Procedure for the Delivery and Receipt of Medicines*

The draft procedure was approved. It was noted that the procedure is currently being piloted in several areas of the UHB and may be subject to change.

d) *Tolterodine MR – Removal from UHB Formulary*

The proposal to remove Tolterodine MR formulations from the UHB formulary to support savings plans was agreed. An SOP to support switching of patients in primary care to immediate release preparations will be drafted.

11. Items to Note From Clinical Board – MMGs

a) *IPD – Acclidinium (Eklira Genuair® ▼ and Glycopyrronium (Seebri Breezhaler® ▼)*

The IPD has been agreed by Medicine and PCIC MMGs and approval was noted. The place of the drugs is supported by the COPD pathway (see below) and the drugs will be added to the UHB formulary.

b) *IPD – Flutiform*

The IPD has been agreed by Medicine and PCIC MMGs and approval was noted. The place of the drug is supported by the Asthma pathway (see below) and the drug will be added to the UHB formulary.

c) *COPD Pathway*

The updated UHB pathway, developed across primary and secondary care, was approved.

d) *Asthma Pathway*

The updated UHB pathway, developed across primary and secondary care, was approved.

12. Other Items to Note

a) *Dispensing Medicines to Young Carers*

Guidelines published by the Royal Pharmaceutical Society on “Children collecting dispensed medicines from a pharmacy” was noted. It was agreed that a supporting “young carer” ID card being used in Flintshire will be investigated.

b) *Antiepileptic Drugs: New Evidence on Switching Between “Brands”*

New advice from the Commission on Human Medicines about switching between different manufacturers’ products of a particular antiepileptic drug was noted. ■ noted advice from UHB Neurologists and it was agreed that advice from Paediatric neurology would be sought before finalising UHB position.

13. Any Other Business

Dates for 2014 meetings were noted.

14. Date of Next Meeting

2.00 – 4.00, Tuesday 17th December, Room 3, Cochrane Building, UHW

MMGMins19.11.13/lg/rl/h:(Louise) – 15th November 2013

