CARDIFF AND VALE UNIVERSITY HEALTH BOARD
NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING
HELD ON TUESDAY 22nd JANUARY 2013

Present: [redacted]

ACTION

1. Apologies
[redacted]

2. Declarations of interest
N/A

3. Minutes of last meeting – 18th December 2012
Were accepted.

4. Matters arising

a) *Internal audit – Medicines Management report*
[redacted] reported that she and [redacted] had met with the auditor to correct some inaccuracies and clarify some recommendations. The management response will be considered by the audit committee on 30th January. Key outstanding areas include the procedure for medicines "hand over" between wards/departments and pharmacy and the updating of UHB policies. Individual division/directorate feedback on e.g. key security was being provided and future self audit processes being taken forward.

b) *Mental Health prescribing issues*
A meeting is scheduled for 30th January. [redacted] will investigate a suggestion that this should be postponed as the group were concerned about the number of outstanding issues relating to mental health prescribing practice. [redacted] will liaise with [redacted] to ensure optimum progress with these issues. [redacted]

c) *Guidelines for diagnosing and treating Vitamin D deficiency*
[redacted] noted that a funding decision regarding health start vitamins is still awaited. The final draft guidelines are otherwise ready to go. [redacted]

d) *Policy for managing potentially excessive and inappropriate prescribing*
[redacted] noted that guidance from [redacted] (HR) was still awaited. Concern was expressed about the senior clinical appetite to address the issue. During lengthy discussion it was agreed that whilst there are pockets of good practice in dealing with inappropriate prescribing a consistent formal approach that engages clinicians fully is required. Development of electronic prescribing in secondary care would help provide supporting evidence. In order to raise the level of this debate [redacted] agreed to draft a document for [redacted] to take to February Board of Directors and to chase [redacted]. [redacted]

e) *Prescribing for erectile dysfunction*

[redacted] noted that service development was progressing including the need for psychosexual counselling in hospital based services for erectile dysfunction. A meeting between [redacted] Divisional Director and primary care will support next steps.

f) *Memantine prescribing*

Proposals following meeting of key stakeholders are awaited. [redacted]

g) *Sugammadex in Theatres*

[redacted] noted that [redacted] is considering the audit data on sugammadex with a view to proposing more restricted criteria for future use. [redacted] to chase [redacted] and bring to next MMG. [redacted]

h) *ECG monitoring for patients on depot neuroleptics*

See above re: Mental health issues

i) *Bupivacaine IPD*

Welsh Government has ratified the following All Wales Medicines Strategy Group (AWMSG) recommendation at the October 2012 meeting: **Bupivacaine hydrochloride/fentanyl solution for infusion (Bufyl®) is recommended** as an option for use within NHS Wales for maintaining analgesia post-operatively and for maintaining epidural analgesia during labour.

[redacted] noted that the use of the Bufyl® infusion is not currently an option as the HB does not have the required pumps available. Further consultation with the O&G anaesthetists and midwives would be required if this change was felt to be essential and the cost implications of this change considered.

In addition, with the current uncertainty surrounding Neuraxial connectors following the NPSA alert http://www.nrls.npsa.nhs.uk/resources/type/alerts and the various epidural options it would seem unwise to commit to a pumping system for the Delivery Suite at this stage. Future plans for this method of drug delivery are not clear and there is the potential that a further switch may be necessary at a later date to fit in with a national decision.

5. Operational plan

a) *Financial planning: Medicines management savings 2012 - 13*

[redacted] outlined the UHB summary plans for medicines management cost reduction schemes 2012/13. It was noted that this included additional schemes proposed to support an improved year end postition for the UHB. This took the overall target for medicines management cost reduction to £11.313m (9%). It was also noted that, as part of the Ernst & Young work programme, schemes for 2013/14 were currently being sought for sign off by the end of January. During a lively discussion it was agreed that –

- [redacted] would distribute the updated primary care list [redacted]

- Divisional Pharmacists would work with their divisions to look at further opportunities, particularly with redesign of prescribing practice
- The framework and structure for engagement of prescribers would continue to be progressed by [redacted] (now working one day/week on medicines management)
- [redacted] to continue to feedback to MMG and direct clinical leads to MMG where concerns are raised
- [redacted] to draft a generic message for clinical leads and forward to [redacted] for distribution

[redacted] (Orthopaedics) had been unable to attend the meeting but forwarded a request in relation to [redacted] in orthopaedics. It was agreed that a trial period of morphgesic / MST was required for management of acute post operative pain after TKR and compare with previous outcomes with Oxycontin. [redacted] agreed to draft a response on behalf of [redacted]. Similar concerns for colorectal surgery will be responded to in the same way. It was noted that this decision should be shared with other divisions especially specialist services to encourage a consistent approach.

6. NICE/AWMSG implementation

Degarelix (Firmagon®) – IPD received from [redacted] was considered. The AWMSG recommended as an option for use within NHS Wales for the treatment of adult male patients with advanced hormone dependent prostate cancer. This proposal was for a one off use of the drug in patients presenting with an acute metastatic crisis only. On the basis of clinical and cost effectiveness compared with orchidectomy the proposal was approved for hospital only use.

7. Management of medicines across the healthcare community

a) *Respiratory Task & Finish Group*

Notes to be circulated when available.

b) *Ticagrelor audit*

[redacted] (Directorate Pharmacist) attended to present the six month audit results on ticagrelor. Discharge summaries were reviewed for 27 patients by [redacted], Intervention Lead for Adult Cardiac. 13 patients were C&V residents and 6 patients were elective. Ticagrelor was used in approximately 3% of all PCI procedures with a clear rationale for prescribing in 80% of patients. There was variable adoption by different consultants. Following discussion [redacted] agreed to request cardiologists consider a) potential for reduction in variation in prescribing practice and b) clearer criteria for choice of ticagrelor.

c) *Implementation of new drug chart across UHB*

[redacted] noted the SBAR report and highlighted changes to the All Wales drug chart. The following was agreed:

- **'Allergy' section revised layout:** completion of this section is mandatory, as with all previous versions of this medication chart
- **Revised patient height/weight section:** this amendment allows documentation of weight at admission (desirable practice for all patients), as before. The information can be updated once,

allowing for change in weight to be recorded. Recording of patient's weight should be considered mandatory whenever a drug is prescribed which is dosed according to patient weight or BSA (in which case height also should be annotated).

- **New VTE risk assessment:** completion of this section is mandatory. If not completed, pharmacist or nurse should prompt medical team member to complete (helps to reinforce this process change). IF risk assessment documented in notes and LMWH prescribed/held according to that assessment, pharmacist or nurse (within their own scope of practice) may complete this section if Dr not available on ward. C&V thromboprophylaxis policy is to complete and document risk assessment, then to complete this section on chart and prescribe appropriately. The new section allows for documentation of repeat risk assessment, which should be undertaken within 24 hours of admission and when the patient's clinical situation changes.
  [redacted] to discuss with [redacted] and request the anti coagulant group consider the place of the existing UHB assessment checklist. [redacted]
- **New oxygen prescribing section:** If the patient is receiving oxygen (except in initial stages of acute emergency), this section of chart must be signed by a qualified prescriber. Nurses must sign the chart at each of 4 main drug round times to confirm that oxygen saturations are being maintained within the stated target range through administration of oxygen. Use non-administration codes appropriately – consider the need for additional medical advice if patient's condition/situation prohibits appropriate administration. Use code '6 See notes' to document saturations out of target range, and/or change in delivery device or flow rate.[Check on availability of oxygen administration recording charts in clinical areas and use as agreed locally]
  It was noted that prescribers must specify device and flow rate in the patients' notes to ensure a complete prescription is available.

  The proposed implementation will be raised at a future Safe Medication Practice group and at the Clinical Standards Sub-group of the Nursing Midwifery Board. [redacted]

8. Items for approval

a) *Policy and procedure for the use of unlicensed medicines and medicines used outside their product line*
The updated policy was approved and will be forwarded to the Quality & Safety committee. [redacted]

b) *SOP – Switching quetiapine modified release (MR) tablets (Seroquel ® XL) to generic quetiapine immediate release tablets*
[redacted] noted that previous concerns raised had been discussed with relevant GPs and CMHTs. A simplified patient letter had been developed with input from the patient experience team. Formal support has been received for 5 of the 7 CMHTs (further 2 expected shortly). 38 of 67 GP practices had also indicated

support for the proposed switching protocol. [redacted] agreed to contact [redacted] to ensure all concerns had now been addressed. If so Chairman's action would be taken to approve the SOP.

c) *SOP – Stopping antioxidant supplements for age related macular degeneration (AMD)*
The SOP was approved.

d) *SOP – Stopping vitamin capsules*
[redacted] had forwarded concerns about stopping vitamins in alcohol dependent individuals with poor diet. Following discussion the SOP was approved (following clarification of which vitamins were involved). Individual GP practices would have the option to participate.

9. Items to note
None.

10. Any other business
None.

11. Date of next meeting
12.00 – 2.00 on Monday 25th February, Corporate meeting room, Whitchurch

NotesMMG/s:lg/MMG
January 2013