

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING
HELD ON MONDAY 17th JUNE 2013

Present: [REDACTED]

ACTION

1. Apologies

[REDACTED]

2. Declarations of interest

None

3. Minutes of last meeting – 21st May 2013

These were approved as an accurate record.

Typo on Item 4d – [REDACTED]

4. Matters arising

a) *Mental Health prescribing issues*

The draft ECG document is awaited. [REDACTED] to pick up at Health System Management Board (HSMB) [REDACTED]

b) *Safe sedation – Guidelines for clinical staff*

[REDACTED] has converted to a procedure from a guideline and will make it clear it applies to adults only. Assurance was given that consultation has been UHB wide including the Nursing & Midwifery Board. [REDACTED] will take Chairman's action when [REDACTED] has updated the document. [REDACTED]

c) *Drug Tariff - Appliances*

Some secondary care practitioners have asked GPs to prescribe appliances including on the Drug Tariff. The default position recommended by the D&TC is that "such products are not in the Formulary until they have been reviewed and GPs should not be asked to prescribe them". This advice was accepted with the suggestion that Divisional Pharmacists will be asked to assist with formulary applications. [REDACTED] to write to Clinical Boards to advise. [REDACTED]

d) *Oxycodone in ERAS*

Oxycodone is included on the list for drugs impacting on Primary Care prescribing costs. [REDACTED] to take to HSMB this week for further discussion. [REDACTED] to be asked to take to O4E board. [REDACTED]

5. Delivering O4E – medicines management project

The project is progressing; however engagement from some directorates needs to increase as the savings plans identified are insufficient in some areas. Further detail is still needed around the NICE spend and primary care growth figures including the contribution resulting from secondary care influence. This will be available for HSMB meeting 20th June. [REDACTED]

6. NICE/AWMSG implementation

a) *AWMSG update and ratification notice*

- Linagliptin and Vildagliptin – an IPD will be required, to rationalise DPP-4 inhibitors (gliptins) available for use in the UHB
 - Glycopyrronium bromide inhaler - IPD required.
 - Aztreonam lysine – an IPD also required, to include children
 - C1 esterase inhibitors (Cinryze®) – an IPD will be required for this but will be delayed until AWMSG recommendation on similar product (Berinert®) has been ratified
- The May AWMSG recommendations are awaiting Ministerial approval.

7. Drug & Therapeutics Committee

a) *Minutes of DTC meeting 23 May*

Defer to July meeting.

The question of remaining a joint D&TC with Cwm Taf was raised. There doesn't appear to be any nurse involvement despite recommendation within its Constitution and Membership

b) *Tabulated DTC recommendations from 23 May*

In the absence of a D&TC representative present, it was decided to defer discussion until the July meeting.

c) *Dermatology Specials appendix*

In the absence of a D&TC representative present, it was decided to defer discussion until the July meeting.

d) *DTC Constitution (revised)*

In the absence of a D&TC representative present, it was decided to defer discussion until the July meeting.

e) *DTC Appeals procedure*

In the absence of a D&TC representative present, it was decided to defer discussion until the July meeting.

f) *DTC Annual Report and attendance/membership list*

In the absence of a D&TC representative present, it was decided to defer discussion until the July meeting.

8. Management of medicines across the healthcare community

a) *Medicines Waste Campaign*

gave an update into the campaign which is now 6 months on. A proposal to join with other HBs in Wales for further campaign in November was discussed. is looking at quantifying outcome measures to estimate the financial impact of this campaign. Public awareness was very positive; questionnaires have been sent to GPs and community pharmacists for evaluation of the campaign. It was noted that the UHB own the copyright for the advertising material used in the last campaign.

b) *Outpatient dispensing*

There was considerable debate and concern expressed from [REDACTED] on behalf of LMC colleagues regarding the recent letter sent to GPs. LMC concerns included the risk to patients of poor communication of prescribing decisions made for outpatients attending secondary care. This risk may be increased by proposals that urgent prescriptions are written on WP10HPs. It was pointed out that a recent patient satisfaction survey demonstrated outpatients preference to have their prescriptions dispensed in community pharmacy. [REDACTED] expressed the LMC view that there had been insufficient engagement with Primary Care on this proposal.

- [REDACTED] agreed to formally reply to [REDACTED] regarding concerns raised from the Bro Taf LMC.
- [REDACTED] will discuss at the Executive Board meeting this afternoon and the upcoming HSMB for an organisational opinion to debate risks.

9. Items for approval

- a) *SOP – Choosing the most cost effective formulation of medication*
[REDACTED] gave assurance that primary care communication with patients is acceptable. The switch from the Azithromycin capsules to tablets and Venlafaxine MR capsules to MR tablets was approved.
- b) *SOP – Doxazosin modified release to standard release Doxazosin*
Approved
- c) *SOP – Switching from Topiramate capsules to tablets for the prophylaxis of migraine*
Approved
- d) *SOP – Switching Dutasteride 500mcg/Tamsulosin 400mcg (Combodart®) to Finasteride 5mg tablets and Tamsulosin 400mcg MR capsules*
Approved

10. Items to note

None.

11. Any other business

Ranibizumab

[REDACTED] (Consultant Ophthalmologists) gave an overview of the use of Ranibizumab for DMO as per NICE TA274. The wider question of treating poorly controlled diabetic patients receiving such treatment was raised, although the NICE guidance does not recommend HbA1c restrictions.

The group supported the case, however it was noted that this IPD is still being finalised with Finance and the Surgical Clinical Board. The completed IPD is to be brought to the July meeting.

Warfarin and INR monitoring

The SBAR written by [REDACTED] (Primary Care Clinical Governance Lead) was discussed. It was highlighted that this is for adults only. GPs and Secondary Care clinicians are still encouraged to

complete incident forms for sub-optimal warfarin management on the transfer between secondary care and primary care or vice-versa. ■ to feed back comments to ■.

Audit

■ informally noted that the third audit has shown improvements. Full details will be available for the July meeting. ■

IPD for Tapentadol

■ raised outstanding concerns with the IPD for Tapentadol awaiting agreement between secondary and primary care. The number of patients expected to receive this treatment was questioned. ■ to discuss with ■ (Chronic pain team). ■

12. Date of next meeting

2.00 – 4.00, Tuesday 23rd July, Council Room, UHW

NotesMMG/s:lg/MMG
(AT)June2013