

MEDICINES MANAGEMENT GROUP
(Formerly Drugs and Therapeutics Committee)

Minutes of the meeting on Wednesday 14th February 2018
At 2.00pm Education Centre
Birmingham Heartlands Hospital

Present:	Tania Carruthers	Clinical Director Pharmacy	TC
	Charalampos Kartsios	Chair – Consultant Haematologist	CK
	Carol Evans	Interface Prescribing Manager	CE
	Nilima Rahman-Lais	Deputy Head of Medicines Solihull CCG	NRL
	Ellen Shirley	Principal Pharmacist – Cancer services	ES
	Justine Barnes	Principal Pharmacist (HIV) NMP pharmacy lead	JB
Attendees	Kate Holyhead	Consultant Palliative Medicine	KH

Not quorate

**Apologies: Dr's Tim Priest, Suresh Vijayan and Scott Hackett
Caroline Maynard**

1. Declarations of interest

There was none

2. Mins from last meeting

The minutes from meeting held on 10th January were approved

3. Matters arising

Action plan

Items below were approved at the last meeting subject to comments and feedback by the 17th January

Patient Group Directives (PGDs)

DS Ferrous Sulphate 200mg tablets – Pre-Op Assessment

Comments and feedback were received and amendments applied under indications and inclusion criteria of PGD.

Approved

Guideline for the investigation and management of hyponatraemia in adult patients

No further comments by MMG members other than those already fed back to Alan Jones. Approved

Tinzaparin dosing advice for VTE prophylaxis and treatment

No comments/feedback received regarding poster.
Approved

DA Naseptin Nasal Cream – Trustwide

Minor comments were received and PGDs amended.
Approved

Adult hyperosmolar hyperglycaemic state (HHS)

No further feedback received from MMG members.
Approved

Summary checklist for management of withdrawal of NIV care when end of life care expected

TC stated that following presentation at SMPG the document would come to MMG for approval. Final version waiting to be submitted.
To add to future agenda when document available. Remove from action plan.

4. Reports from subgroups

4.1 Medicines Assessment & Advisory group

Nothing to report

4.2 SMPG

TC provided summary of discussions at last meeting

- Medication Incidents Q2 17/18 draft report (MMG agenda item)
- Never Events list 2018 – to be circulated to MMG group

TC referred to list and highlighted new/revised content:

Insulin – included reference to removal of insulin from pen-fills using syringe/needle

Oxygen - unintentional connection of patient requiring oxygen to an air flowmeter

- Guardrails to be presented at future MMG meeting
- New Patient Safety Alert; risk of death and severe harm from failure to obtain and continue flow of oxygen cylinder. Communications being developed for information to Trust staff

4.3 Non-Medical Prescribing Steering Group

Justine Barnes, NMP pharmacy lead and member of Trust group provided update

- Changes to group are in process
- Extra admin support in place with link to ACP pathway
- Kristi Soanes – ACP representative

- Helen Riley – representative for AHPs including podiatry
- Education support currently withdrawn by Faculty
- Training requirements should be identified through appraisal
- Concerns raised previously, with Kristi Soanes preparing paper for Chief Nurse regarding governance arrangements;
Discussion continued and ideas shared
Robust system required which the group is developing; NMP register to be updated/linked to Easylearning and appraisal process. It was agreed to revisit again after merger.

Chair thanked JB for update

5. Governance Assurance reports

5.1 Medication Incidents Q2 17/18 (draft report)

TC went through and explained the purpose of the report to look at medication incidents reported through Datix for Q2.

- Trends and themes were identified - current practices to be reviewed and improved – assessments to be done
- Medicine related incidents reported for Q2 17/18 (497) showed a decrease of 52 incidents from previous Q1 17/18 (549)
- Reference was made to 3 incidents that were reported to be moderate arm (two unavoidable relating to unknown allergy to medication).
NRL raised concerns around a failure to check electronic records prior to prescribing and administration. TC stated that a failure to not take the Toughbooks to the bedside had been previously reported and staff reminded that this should occur on all occasions.
- Recommendations included a focus on reducing discharge related incidents and will include further communication with nurses regarding the 3 way check and development of a discharge competency framework for nurses
- Key themes are to be included in the weekly nursing bulletin, the quarterly Medicines Safety Newsletter and the 2018 Safer Prescribing sessions for FY1 & FY2 doctors

The report was accepted

6. Policies and Procedures and Guidelines

6.1 Patient Safety Alert – Valproate in Pregnancy risk update

TC highlighted that a number of actions had been developed on the back of the alert which had now been completed.

- Communications to be circulated
- Valproate Patient Alert Cards to be issued

6.2 CD procedure 6.6.2 CD supplies to outpatients, proposed amendment

TC gave a brief background to the proposed amended document for approval. Normally maximum of 7 days' supply of CDs recommended but amendment proposed extension to include red medicines approved on the

formulary for the sleep clinic for a longer period between clinic appointments
e.g. sodium oxybate, dexamfetamine and methylphenidate.
Proposal approved subject to minor amendment.

6.3 Procedure for Intrathecal Chemotherapy V6.4

ES explained the purpose of the document and expanded on changes applied. Approved at last Trust Chemotherapy Group meeting

- The document has been changed from policy to procedure to ensure the safe administration of intrathecal chemotherapy
- The procedure for intrathecal chemotherapy applies to appropriately trained medical, nursing and pharmacy staff
- To comply with new standards further changes are required regarding new needles therefore requested that policy review date is extended to 31st March 2018 whilst changes applied. To be returned to MMG.

6.4 Guideline for the Risk Assessment & Administration of Monoclonal V0.5

TC explained the purpose of the guideline. All injectable medicines should be assessed in line with NPSA 20 risk assessment tool. This risk assessment will be additionally required for monoclonal antibodies. It will be used to assess whether it is safe to prepare on the ward rather than in the aseptic dispensing unit.

- Applies to all wards where monoclonal antibodies are used
- Plan is for all completed risk assessments to be reviewed by MMG
- Proposed that completed risk assessments should be available for review on the intranet.
- Implementation plan to be agreed following completion of some risk assessments (two completed so far for alemtuzumab and ecolizumab).

Approved

6.5 Safe Handling of SACT procedure

ES confirmed that this document had been previously approved by MMG.

6.6 Cytarabine self-admin policy

ES requested procedure is withdrawn pending further changes to be made

7. Prescribing & Administration of Medicines Documentation

7.1 Rituximab (Truxima) prescription (new) – induction (Rheumatology)

7.2 Rituximab (Truxima) prescription (new) – maintenance (Rheumatology)

TC explained on behalf of NJ that these had been developed for implementation of the new biosimilar formulation. Other than the blood tests which had been updated the documents were identical to the branded preps previously approved.

Comments received:

- NRL questioned whether both prescriptions could be merged by

inserting a separate column for blood tests and addition of column for date?

- CE asked whether the directions could be clarified ie to give the methylprednisolone Iv over 30 mins, and then to wait 30 mins before giving rituximab.

Approved subject to minor amendments

7.3 Anticoagulation Prescribing & Administration Chart for Adult Inpatients

The chart had been recently amended in light of the decision to replace enoxaparin with tinzaparin as the main s.c. low molecular weight heparin.

Approved

7.4 Authority to Administer Chart – Palliative Care (Yellow card)

Kate Holyhead (KH), Palliative Medicine Consultant, gave background to the new improved administration card for palliative care. Developed in collaboration with Marie Curie Team.

- Designed to remain as yellow card in booklet form, for the administration of subcutaneous drugs given via a McKinley Syringe Driver and PRN for symptom control in the last days of someone's life
- The front page of the form is to be completed by prescriber and the following pages are for community nursing staff – SH
Hospice/community
Agreed to share with Birmingham Community Trust – David Harris (Chief Pharmacist)
- Comments from CCG regarding patient review time 42 days (6 weeks) which seemed long. KH reported this was in line with the Gold Standard Framework which would be added

Discussion continued and for assurance

- All relevant logos to be added to document i.e. HEFT, Marie Curie
- Further engagement with UHB and palliative care group
- Education session prior to roll-out – including GPs
- TC to share with next CDLIN meeting & Birmingham Community Trust
- Re-circulate final version when ready
- Pilot to be carried out at Marie Curie

Approved

7.5 Epileptic Seizure Protocol – Community Services V1.0

TC referred to the Epileptic Seizure Protocol for approval.

The draft template was prepared by Community Services Pharmacy team and supports advice included in the NICE guidance – Managing medicines in care homes, social care guidance and NICE guidance – Epilepsies: diagnosis and management, Clinical guideline. Developed for use by GPs and healthcare specialist.

There were no further comments and the document was approved

8. Patient Group Directives (PGDs)

None submitted for consideration

9. AOB

9.1 MHRA – Drug Safety Update

For information

9.2 BNF/BNFc – Distribution

TC informed of survey from NICE she had recently completed which concerned the distribution of BNFs within the organisation.

At SMPG it was agreed to use and promote the electronic version, and keep minimal paper copies on wards and departments.

CE informed BNF mobile app is much easier to use. Agreed to promote through communications

9.3 Time of Future meetings – discussion

Members present were asked whether they would object to starting 30 minutes later to allow for another member of staff to attend Medicines Assessment & Advisory meeting beforehand.

TC to check with other members and if no objections to commence in April.

10. Date and Time of next meeting

Wednesday 14th March 2018 at 14.00 in Ed centre

MEDICINES MANAGEMENT GROUP – ACTIONS

Date of Meeting	Action	Target Date	Lead
11.10.17	The use of Variable Rate Intravenous Infusion (VRII) in medical patients V1.3 <ul style="list-style-type: none"> Audit data results to be shared at future meeting 	14.3.18	C Holmes
11.10.17	Guidelines for the management of DKA in Adults v3.0 + supporting information <ul style="list-style-type: none"> Results of trial/pilot to be shared at future meeting 	14.3.18	C Holmes/ G Reynolds
9.1.18	Adult hyperosmolar hyperglycaemic state (HHS) <ul style="list-style-type: none"> Progress update to be shared at MMG 	14.3.18	C Holmes/ G Reynolds
14.2.18	Procedure for Intrathecal Chemotherapy V6.4 <ul style="list-style-type: none"> Final updated version to be resubmitted 	14.3.18	ES