



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Critical Care Medicines
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jenny Pugh-Jones Clinical Director of Pharmacy and Medicines Management

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The current COVID-19 pandemic has placed unprecedented demand on the supply chains of a number of medicines.

This paper will address the current issues and provide an updated position for Hywel Dda University Health Board (HDdUHB) associated with:

- Critical Care Medicines
- Haemofiltration Fluid
- End of Life Medicines

A number of processes have been implemented through collaboration with all Health Boards/Trusts across NHS Wales, Welsh Government (WG) and Senior Pharmacy Leads, to mitigate the risks of unavailability, and to ensure that these medicines (and fluids) reach the patients most in need, adhering to the principles of mutual aid across Health Boards/Trusts.

Currently HDdUHB has sufficient stock of these critical medicines to provide care for our patients; however, this position can change rapidly depending on local demand and the need to share vital supplies across Wales in response to urgent patient need.

**Cefndir / Background**

Medicines shortages are routinely managed effectively within pharmacy procurement teams. This impacts significantly on pharmacy capacity due to the time taken to source from alternative suppliers and ensure supply of either the same or similar products for use in the hospitals.

Occasionally, changes to the clinical pathways need to be made as a result of unavailability of similar products, fortunately until now this has been rare.

Recent demands on a relatively small range of medicines that are used to treat COVID-19 and related symptoms has meant that the supply chains are under increasing pressure. This has been highlighted in the recent letter to Health Boards/Trust from the Chief Pharmaceutical

Officer outlining shortages in critical care medicines and a number of actions that have been put in place to mitigate the problem.

A further alert was issued on 14th April 2020 identifying that 2 out of the 3 routinely used neuromuscular blocking medicines were either unavailable for the foreseeable future or in very limited supply. These medicines are utilised by anaesthetists when intubating patients and in general surgery.

### **Asesiad / Assessment**

The management of the procurement of medicines currently is challenging and taking up significant time and resource in pharmacy to maintain and resolve issues with the supply chain. There are three priority areas at present that have been significantly affected by increased demand due to COVID-19; these are critical care medicines used in an intensive therapy unit (ITU), haemofiltration fluids and those used for symptomatic control in end of life care. Each area is addressed separately below:

#### **Critical Care Medicines**

The allocation and distribution of available critical care stock is taking place at a UK level through an agreed process with the Department of Health to the four Nations.

In order to manage the fragile supply chain and ensure that as much as possible goes to those in greatest need, a collaborative approach with Health Boards/Trusts and the National Medicines Procurement lead has been implemented. The development of a dashboard using data on ITU occupancy and current stock levels is being used to inform the allocation of stock.

Senior pharmacy staff are engaged at a national level to ensure stock is visible at all times and can be moved in a timely manner to meet peak demands in any Health Board/Trust. This is a 24/7 process to support exceptional circumstances. The list, originally containing 12 medicines has been expanded to 20 in response to need (T20 list - The top 20 most used critical care medicines that are tracked daily).

#### **Mitigation**

- All Health Boards/Trusts in Wales have agreed this process for access to medicines. While this may mean stock is moved from HDdUHB, it will also result in available stock being moved in at short notice, should the need arise.
- A number of actions to conserve existing stocks e.g. vial sharing.
- National activity to set up temporary aseptic production unit to produce ready to use pre-filled syringes from bulk products.
- Working with lead clinicians to pre-empt changes to practice where some medicines are unavailable, sourcing alternatives where possible, based on the Guidance issued by the Royal College of Anaesthetists.

#### **HDdUHB Position**

Currently HDdUHB has sufficient stock of most of the critical care medicines on the T20 list. Where a medicine is unavailable (e.g. the neuromuscular blocking agent - atracurium), alternatives are available to meet the demands of the current activity. Low risk is determined as over 7 days' supply of any medicine. There are 2 of the top 20 listed critical care medicines in which HDdUHB has less than optimum stock, however alternative options are currently available.

#### **Haemofiltration Fluids**

The contracts for these fluids are managed at a national level through two main suppliers Baxter and Fresenius Kabi (FK). As at week ending 24.04.2020, it was identified that the

supplies from FK were critical, with the potential for two Health Boards to run out of fluids putting patients at risk. These products are not routinely interchangeable between Baxter and FK.

Current stocks across Wales remain fragile, although latest information indicates:

- Baxter have stock available although they may not be able to fulfil all orders and will only deliver when a Health Board is down to 2-day supply or less.
- Some stock has been secured from FK, due to be received by 01.05.2020 at a depot in SE Wales for onward allocation within Wales based on need.
- In the interim, in line with principles of mutual aid across organisations in Wales, Health Boards have agreed to share current stock levels to ensure access for patients when needed within Wales. For example; a large amount of stock from Betsi Cadwaladr University Health Board (BCUHB) has been transferred to Aneurin Bevan University Health Board (ABUHB) earlier in the week, where there are patient's currently requiring haemofiltration.
- The stock levels of consumables needs to be considered alongside the availability of fluids and work is ongoing to determine the requirements, as these are not currently pharmacy stocked items.

In addition, the renal network lead pharmacist is working with all networks to:

- Provide guidance on use of Baxter products for patient receiving FK products.
- Consider methods of conserving stocks (through lower filtration rates).
- Working with clinicians to provide guidance on treatment goals to conserve fluids.
- Exploring alternatives in urgent cases such as possible use of dialysis machines.

#### **HDdUHB Position**

HDdUHB uses Baxter products for haemofiltration. The availability of stock, whilst still limited, is more secure than with FK at present.

HDdUHB across its 4 sites has sufficient stock to provide haemofiltration for up to an estimated\* 3-4 patients for 3-5 days (\*needs vary significantly across patients), Consumables are also in stock with no current concerns on availability.

It is likely that due to the current level of stock held in HDdUHB that requests from other Health Board will be made for support in supply of some medicines. There is a risk that this reduces our own levels if there are shortages in the national supply chain. The position of pharmacy is to supply those in urgent need regardless of Health Board/Trust. Stock cannot be withheld for the 'just in case' scenario where patients require treatment urgently. It is anticipated that this is in line with Health Board/Trust 'mutual aid' principles across Wales.

#### **End of Life (EoL) Medicines**

Through collaboration with the military, pharmacy and NHS Couriers with WG support, a system has been implemented that will ensure that any patient, anywhere in Wales, will have access to EoL medicines within 2 hours of the clinician making the decision of need. This is being managed through six hubs across Wales including Bronglais General Hospital (BGH) and Glangwili General Hospital (GGH) through the provision of a **Just in time Emergency Medicines Pack (JEMP)**. The use of a centralised hub will maintain the supply chain more effectively and ensure visibility of stock, allowing movement if required from one hub to another to meet patient need.

Initially this has been running through Out of Hours (OOH) to test the model, however with increasing supply problems through Community Pharmacies of EoL medicines which remain

the in-hours first port of call, and with the specific pressure that Care Homes present, the service is to be extended this week to a 24/7 service.

In addition, it has been agreed that Welsh Ambulance Service NHS Trust (WAST) ambulances will carry a JEMP (or similar) and will therefore be able to initiate, on further medical advice, if appropriate as first responder. The packs for WAST are being provided through St Mary's Production Unit in Cardiff.

### HDdUHB Position

HDdUHB has not issued JEMP during the previous 5 days since it has been in operation. There have been some challenges with in-hours access for Care Homes and therefore the scheme is being extended to address these to reduce the risk of delays in access.

The JEMP is to provide timely access to EoL medicines; it is not a replacement service. Patients requiring continuation of treatment will access through normal prescription routes through GPs and Community Pharmacies. To support this access for continued supplies, HDdUHB has identified 14 Community Pharmacies that will hold increased stocks of a range of EoL medicines to make it easier to locate and reduce the time spent by patient's families and district nursing teams accessing these medicines.

### Risks

The mitigating actions for critical medicines are highly unlikely to fully address the acute shortages that are already evident if activity increases as per reasonable worst-case scenario.

### The risk is:

Preventable death of a patient due to unavailability of critical medicines (including haemofiltration)

**Risk score:** Likelihood 4    Consequence: 5 = 20 **HIGH Risk**

### Argymhelliad / Recommendation

For QSEAC to note the updated position for HDdUHB and support the actions taken to mitigate the shortages of critical care medicines.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.8 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Preventable death of a patient due to unavailability of critical medicines (including haemofiltration) Risk register score 20 RR no. 848
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 2.6 Medicines Management 3.1 Safe and Clinically Effective Care

Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Royal College of Anaesthetics
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	Bronze Acute COVID-19 Group Silver Tactical COVID-19 Group Chief Pharmacists

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Ensure access for patients in urgent need.
<b>Gweithlu: Workforce:</b>	N/A
<b>Risg: Risk:</b>	Risk is preventable death of a patient, the initiatives set out in this paper mitigate against these risks.

<b>Cyfreithiol:</b> <b>Legal:</b>	Medico-legal challenge
<b>Enw Da:</b> <b>Reputational:</b>	A national approach to reduce the risk of patients within the Health Board being unable to access medicines.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	Has EqIA screening been undertaken? /No Has a full EqIA been undertaken? /No