

**COFNODION Y CYFARFOD GRŴP GWEITHREDOL RHEOLI MEDDYGINIAETHAU**  
**REDACTED MINUTES OF THE MEDICINES MANAGEMENT OPERATIONAL GROUP**

Date and Time of Meeting: **Tuesday 24<sup>th</sup> May 2022 1.30-3.30pm**

Venue: **Via Microsoft Teams**

**FINAL 12.7.2022**

**Membership  
& Apologies:**

Medical Director (DNA)  
**Chair.**, Consultant Anaesthetist and Associate Medical Director for Quality and Safety (Chair)  
 Director of Primary Care, ( deputising)  
 Assistant Director of Nursing,  
 Head of Nursing for Professional Standards & Digital, (A) represented by (A)  
 Acting Assistant Director of Nursing for Acute Services,  
**Clinical Director of Pharmacy and Medicines Management, (Vice-Chair)**  
 Assistant Director of Therapies and Health Science, (A)  
**Clinical Director/Deputy Associate Medical Director - Primary Care and Community Services**  
**Primary Care Medical Rep. and Chair of MFGG, Carmarthenshire GP,)**  
**SAS Lead Doctor and Tutor:)**  
 Mental Health & Learning Disabilities Representative:  
 Lead Pharmacist Research and Development,(A)  
 Senior Finance Business Partner (Unscheduled Care) (A)  
 Assistant Finance Business Partner, (A)  
 Head of Assurance and Risk, (A)  
**Site Lead Pharmacist Representative, and Chair of Thrombosis Group,**  
 Chair of NICE/AWMSG Group: Clinical Effectiveness Co-ordinator (Guidance),  
 Chair of MERG:) (A)  
 Representative of the Antimicrobial Management Group: (A) represented by (Part-meeting)  
 Representative of the Vaccination & Immunisation Group: (A) represented by HDUHB Immunisation  
 Coordinator  
 Lead Medicines Information Pharmacist,  
 Interim Senior Lead for Primary Care and Community Pharmacy Service,  
 Senior Nurse Medicines Management, and Chair of the PGD Group:) and Specialist Nurse Medicines  
 Management, (A)  
 HB Lead Tissue Viability Nurse

	Clinical Pharmacy Lead for Patient Services, Lead Clinical Development Pharmacist, (Minutes) Representative from the Community Health Council – not currently appointed
In Attendance:	PA to Medicines Management Chief Pharmacy Technician HDUHB. Transformation Team (Senior Lead for Primary Care and Community Pharmacy Service)

Agenda Item	Item	Action
MMOG(22)25	<b>Governance</b>	
	a <b>Introductions and Apologies for Absence</b>	
	Apologies for Absence are noted above. (A) <b>Attendees are in black above, absences in grey</b> <b>Chaired the meeting.</b>	
	b <b>Declarations of Interests</b>	
	There were no Declarations of Interests from members	
MMOG(22)26	<b>Sub-Group Update Reports</b>	
	a <b>Medicines Formulary &amp; Guidance Group</b> <b>APPROVED</b> reported	
	<ul style="list-style-type: none"> <li><b>Methenamine (Hippex) Green 1<sup>st</sup> line including Primary Care for the prophylaxis of Urinary Tract Infections as per the HB antimicrobial guide</b> Following the publication of the ALTAR study a change in the formulary status from 'On microbiology advice' to Green 1<sup>st</sup>-line use as an alternative to low dose continuous antibiotic prophylaxis ('antibiotic sparing'). A 6 month review is recommended with a view to moving to short antibiotic courses when needed but it was recognised that this is a difficult patient group to treat.</li> <li><b>Lidocaine patches for Rib Fracture (unlicensed use)</b> <b>Red Hospital Only</b> Following discussion, lidocaine patches used for acute rib fractures will remain hospital only and be discontinued on discharge (not to be added to a patient's repeat prescription) as long-term data on adverse effects is not available. Currently this indication is limited to the Pain Team. Trauma &amp; Orthopaedics, A&amp;E and Anaesthetics are now also able to prescribe for rib fractures. MOGG endorsed that lidocaine patches for rib fractures should be stopped on discharge from hospital.</li> <li><b>Rosuvastatin Green 1<sup>st</sup> line including Primary Care</b> Following the loss of patent, availability of generics and clinical experience</li> </ul>	

- **Phenelzone & Acetic Acid Ear Drops (Otigo 40 mg/10 mg/g ear drops) Green 1<sup>st</sup> line including Primary Care for the treatment of Otitis as per the HB antimicrobial guide**  
Included in the All Wales Primary Care Antimicrobial Guidelines as a antibiotic sparing agent and analgesic. Pre-packs will be kept in MIU, A&E and GP OOH.
- **All Wales Primary Care Antimicrobial Guidelines & Local variations**  
**ENDORSED** These will be introduced with intensive training for GPs and A&E (including new indication adopted and the use of co-trimoxazole), new prepacks sourced and ENP PGDs amended. The Microguide will be updated, and Community Pharmacies will be able access the guide. The link will be given in the Community Pharmacy Newsletter
- **Access to antimicrobials: CEM/CMO/2022/13 Ukrainian people seeking sanctuary in Wales**  
**ENDORSED** A stock of the antibiotics listed is now kept in the HB. AWMSG is currently reviewing the evidence for them.
- **Post exposure prophylaxis for shingles and chickenpox**  
New guidance recommends acyclovir first line (valaciclovir reserved for suspected non-compliance, VZIG still used in renal failure)
- **AWMSG Cellulitis Guidelines for People with Lymphoedema/Chronic Oedema in NHS Wales**  
**ENDORSED** Add this to the Microguide with local lymphoedema service contact details
- **Endorsement of SSTF audit on all sites APPROVED** MMOG approved this audit originally however it is not been carried out in Bronglais, on an ad-hoc basis in GGH & PPH while the doctors are completing it in Worthybush. It is now part of the AMR & HCAI Improvement Goals and on the HDUHB Audit Programme so all sites must complete it. In GGH 10 JHO's have expressed an interest to take this forward.
- **Action required:**
  - The Medical Director & Post-graduate training directors need to sign off the All Wales Electronic Platform which will enable AllWales/Specialist/Site and Peer comparison of prescribing patterns.
  - Support from other HB Antimicrobial Stewardship Groups is required
  - Understand where the SSTF results are reported to in the HB
  - Endorsement by the Medical Education & Training Leads and Clinical Director of Clinical Audit
  - MMOG to report support to QSEC.
- **AMR & HCAI IMPROVEMENT GOALS FOR 2021-23 ENDORSED** The HB is on track to achieve the 10 year target of a 25% reduction in antimicrobial prescribing in Primary Care. Other targets include

	<p>the introduction of the SSAF audit on all hospital sites, more that 55% of antibiotics used in secondary care are 'access antibiotics' (all sites are achieving this) and a reduction in C.diff, E. coli and MRSA infections.</p> <ul style="list-style-type: none"> <li>• <b>1.3.Blood Glucose Monitoring Guideline (Minor Update) APPROVED</b> Due to changes in the All Wales Formulary</li> <li>• <b>New Treatment Fund Update</b> No questions received</li> <li>• <b>EAMS Update</b> No questions received</li> <li>• <b>One Wales Interim Commissioning Group Update</b> No questions received</li> <li>• <b>Restrictive food intake disorder (ARFID) self-assessment APPROVED</b></li> </ul> <p><b>Action:</b> <a href="#">to inform authors of outcomes and update the formulary</a></p>	
b	<p><b>Medicines Error Reporting Group (MERG) Exception Report</b> presented the MERG report in absence: The HB are employing a high number of agency staff at the moment. A HB bulletin to help Agency staff avoid medication errors is being put together and the All Wales Risk Register notes this as a risk.</p> <p>Sodium valproate Annual Reviews. These have not been completed in approximately 60-70 patients.</p> <p>MERG workplan: Insulin, Agency staff and sodium valproate work is in progress <b>Action:</b> <a href="#">to update workplan at the next MMOG meeting</a></p>	
c	<p><b>Patient Group Directions (PGD) Group</b> <b>APPROVED</b> Updated Hepatitis A and HPV PGDs. Covid vaccine PGDs updated to include the criteria for Spring boosters.</p>	
d	<p><b>Immunisation &amp; Vaccination Group</b> reported that planning work for the autumn booster campaigns for flu &amp; Covid is taking place with a view to GPs giving both at the same time. A joint campaign targeting frontline NHS &amp; Care staff will take place. Wales is sourcing vaccina vaccine for Monkeypox. confirmed that it will be kept in freezers in North &amp; South Wales before transfer to the HB. The transfer will be coordinated by Public Health Wales. HB MMR vaccination rates are lower than ideal.</p>	
e	<p><b>Thrombosis Group</b></p> <ul style="list-style-type: none"> <li>• <b>Exception Report APPROVED</b> HAT audits are being carried out on all 4 sites. The Welsh Risk Pool has indicated that VTE Risk Assessments need to be carried out before they will back any HAT claim. E-training modules are being developed.</li> </ul>	

	<p>It was noted that anticoagulation is being started in Primary Care without a baseline coagulation screen being taken. This is thought to be because samples cannot be sent for analysis within 8 hours from parts of the HB. The pathway is being reviewed by Haematology and GPs.</p> <p>There is a lot of Thrombosis WCDs which need updating but a plan to address these updates is ongoing. LMWH use across Wales is increasing (particularly enoxaparin and dalteparin). Locally supply problems and shortages have been experienced.</p> <ul style="list-style-type: none"> <li>• <b>Praxbind</b> use over last 3 years has been reviewed (PPH 9 times, GGH -unknown, WGH 2 and Bronglais 1). Over 200 patients in the HB are taking dabigatran so it was decided to retain stock on each acute site.</li> </ul>	
f	<p><b>Homecare Medicines Governance Group</b></p> <p>The group is proactively looking at the growth in homecare patient numbers and calculating the cost avoidance that the HB is realising through investment in the Team. Reconciliation of Homecare Medicines recorded in patients GP records is ongoing. This is an important Quality &amp; Safety indicator.</p> <p><b>Action:</b> to present the group's ToR to MMOG</p>	
g	<p><b>Local Intelligence Network (LIN) Exception Report</b></p> <p>The Accountable Officer for CDs has an obligation to provide an Annual report for the Board. This will be presented to the next LIN, MMOG and QSEC.</p> <p><b>Action:</b> to draft the LIN Annual Report</p>	
h	<p><b>Acute Pain Management Group</b></p> <p>reported that the meeting was held yesterday and that the minutes were not yet available.</p>	
i.	<p><b>Wound Care Management Group</b></p> <p>explained that this group was in the process of being re-established to streamline the management of wounds in both Primary &amp; Secondary Care and share good practice. Stakeholders have been identified and there is high-level support from nursing. Discussions are taking place as to where the Group should report; formulary matters will be reported to MMOG but it is likely to primarily report into the Professional Nursing Forum as well.</p>	

<b>MMOG(22)27</b>	<b>Medicines Management Strategy</b>	
1.a	<p><b>COVID-19 Outbreak: Clinical Trials</b></p> <p>No questions were received</p>	
b	<p><b>Local Protocol for COVID-19 treatments</b> has updated the local protocols which were approved by the HD Bronze Covid Group.</p>	
	<p><b>Update on National Anti-Viral Service</b></p> <p>advised that the NAVs service had been in place since mid-Dec and that over 100 patients had been treated in the HB. The HB receives daily updates and local screening takes place. The DHCW list of 'Highest Risk' patients is no longer being updated so more patients will be referred by their GPs or Specialists. HB hospitals are now struggling to accommodate nMAB infusion so more molnupiravir is</p>	

	<p>been used at weekend. confirmed that the HB is providing patient details who have received treatment to the WG Outcomes study to determine the efficacy of nMABs and antivirals in a largely vaccinated population.</p>	
	<p><b>Green Inhaler Switches/Decarbonisation agenda</b>  reported that although some GP Clusters are undertaking this as a QAFF project, it will be a slow process to switch patients via their annual review (these have been delayed by Covid). However, this is a priority for the HB and HDUHB currently has the highest % of DPI in Wales (34%) towards a target of 85%.</p>	
2	<p><b>All Wales Advice on Oral Anticoagulation on Non-valvular Atrial Fibrillation (Update) APPROVED</b></p>	
<b>MMOG(22)28</b>	<p><b>Monitoring</b></p>	
a	<p><b>Finance Report: Primary and Secondary Care</b>  Deferred to next meeting</p>	
	<p><b>National Prescribing Indicators 2021–2022: Analysis of Prescribing Data to December 2021</b>  noted that the HB was an outlier for the 4C antibiotic indicator (slightly above) and work is going on to investigate whether additional work is required or it is a temporary phenomenon. Other indicators are inline with other HBs. Low Value Medicines have seen significant savings in the year ending Jan 2022 (£165K, a 9% reduction).</p>	
<b>MMOG(22)29</b>	<p><b>Risk and Patient Safety</b></p>	
a	<p><b>Medicines Management Risk Register</b>  No new risks identified. .</p>	
b	<p><b>PSN061 Standardised strength of phenobarbital oral liquid: Update on actions taken</b>  reported that 2 patients remain in Primary Care who have been referred for review. A Scriptswitch message has been developed.  <b>Group Unlicensed form APPROVED</b>  MMOG <b>APPROVED</b> the closure of PSN061.</p>	
c	<p><b>PSN055 The Safe Storage of Medicines Update on actions taken</b>  &amp; shared the summary report. Not all areas have completed their Risk Assessments (RA) and 20 of the RA have more than 50% non-compliance. JPJ noted that the other assessments need completing. will be addressing the red rated RA first. He noted that some refurbishment projects in the HB have not sought advice at the design stage but the problems had been picked up at a later stage. The report will be presented to SNMT, so nursing will take ownership and be involved in work to address issues going forward. HIW are looking at the Action Plans that nursing &amp; pharmacy have submitted and the mitigating</p>	

	actions in place. <b>Action:</b> & to circulate the summary report
<b>MMOG(22)30</b>	<b>Written Control Documents</b>
a	<b>SBAR Administration of Medicines by Physicians' Associates</b> informed MMOG that this has turned into a bigger project. The Chief Pharmacists Group is looking at the variation in approaches across Wales. BCUHB are preparing a paper on transcription of prescription by physician associates and administration will be added. The paper will then be sent to the HB Medical Directors for endorsement before being actioned by HBs.
b	<b>Enabling Guideline Update: Inhaler decarbonisation</b> <b>APPROVED</b> <b>Action:</b> to upload for linking to the Medicines Policy and inform CWCDG.
c	<b>Version Control: Medicines Policy (OT &amp; 2<sup>ND</sup> check)</b> <b>DEFERRED</b> to July meeting <b>Action:</b> will follow up with the Head of Occupational Therapy.
d	<b>HB Restrictive food intake disorder (ARFID) self-assessment and information for professionals</b> <b>APPROVED</b> <b>Action:</b> or Dietitians to upload
e	<b>Prescribing and Monitoring of treatment doses of Low Molecular Weight Heparin guideline</b> <b>APPROVED</b> highlighted that the Contraindications had been revised to absolute and relative and made more specific, added that the timing of administration can move by± 2 hours and that the frequency of monitoring must be at least every 3 months. Finally, the treatment doses in the appendix have been updated in line with the VTE Risk Assessments. <b>Action:</b> & to forward to CWCDG.
f	<b>HDUHB Diagnosis and Management of Venous Thromboembolism: Deep Vein Thrombosis (DVT) Procedure</b> <b>APPROVED</b> highlighted that DOACs are now considered first-line treatments and that ICSH guidance includes use in patients at extremes of body weight (although they advise trough measurements) The EqIA has led to the inclusion criteria being redrafted. <b>Action:</b> & to forward to CWCDG.
g	<b>Anticoagulation therapy: Bridging therapy – Perioperative management of patients on warfarin guideline (Update)</b> <b>APPROVED</b> MT highlighted the changes made: The medium risk group has been removed. Metallic valve guidance remains controversial-unfortunately information for each valve type is not available so an individual risk assessment is required in association with the patient's cardiac surgeon. Use of LMWH is unlicensed, however unfractionated heparin is impractical and the European Society of Cardiology and other HBs include them in their guidance. MT confirmed that the Pre-assessment Teams will be aware of this



h	<p>updated guidance. NA noted that a training session for junior doctors on the pre-operative management of warfarin have been successfully delivered recently in Bronglais.</p> <p><b>Action:</b> to complete the SBAR and EqIA and forward to for uploading onto the CWCDG SharePoint.</p>	
	<p><b>Standard Operating Procedure (SOP) Pharmacy Technician Medicines Administration APPROVED</b> Two technicians completed the training for Covid field hospitals. Document now includes training to give subcutaneous injections and the Medicines Policy requires changes to enable Pharmacy Technicians to act as a second check for CDs.</p> <p><b>Action:</b> to complete Medicines Policy change</p>	
MMOG(22)31	<p><b>For Information</b></p> <p><b>MHRA Drug Safety Update: March, April, May</b>  <b>AWTTC Spring Newsletter 2022</b>          No questions received.</p>	
MMOG(22)32	<p><b>Minutes of Meeting Held on Tuesday 22<sup>nd</sup> March 2022</b></p>	
MMOG(22)33	<p>Resolved - that the Minutes of the meeting of the MMOG held on <b>Tuesday 22<sup>nd</sup> March 2022</b> are approved as a correct record.</p>	
MMOG(22)34	<p><b>Exception Report to QSEC</b></p>	
MMOG(22)35	<p>No questions received.</p>	
MMOG(22)34	<p><b>Table of Actions and Matters Arising from the Minutes of the Meeting Held on Tuesday 22<sup>nd</sup> March 2022</b></p> <p><b>APPROVED</b></p> <p><b>Action:</b> to update Table of Actions, colour code Action points and bring forward incomplete Actions to the next Table of Actions. to circulate to members 2 weeks before the next meeting. Members to update their Actions and return the following week.</p>	
MMOG(22)35	<p><b>New Risks &amp; items requiring escalation to QSEC</b></p> <p>These were identified as:</p> <p><b>Risks:</b> None identified</p> <p><b>Quality Improvement:</b> Vitamin D Guideline, Heart Function Daily Checklist (English &amp; Welsh), Bupivacaine prescribing &amp; administration chart, Pre-operative iron replacement chart, 970 - Management of post-operative nausea and vomiting (PONV) in adults.</p> <p><b>Action:</b> XXX to draft Exception Report. XXX to present to QSEC.</p>	
MMOG(22)36	<p><b>Any Other Business</b></p> <p>No items raised.</p>	
	<p><b>Date and Time of Next Meetings</b></p>	



