

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

Date and Time of Meeting: **Tuesday 12th July 2022 1.30-3.30pm**

Venue: **Via Microsoft Teams**

FINAL approved 27th September 2022

Membership & Apologies:	<p>Medical Director (DNA)</p> <p>Chair:, Consultant Anaesthetist and Associate Medical Director for Quality and Safety (Chair)</p> <p>Director of Primary Care, (deputising)</p> <p>Assistant Director of Nursing,</p> <p>Head of Nursing for Professional Standards & Digital, (A) represented by (A)</p> <p>Acting Assistant Director of Nursing for Acute Services, (SP)</p> <p>Clinical Director of Pharmacy and Medicines Management, (Vice-Chair)</p> <p>Assistant Director of Therapies and Health Science, (A)</p> <p>Clinical Director/Deputy Associate Medical Director - Primary Care and Community Services,</p> <p>Primary Care Medical Rep. and Chair of MFGG, Carmarthenshire GP, (A)</p> <p>SAS Lead Doctor and Tutor: (A)</p> <p>Mental Health & Learning Disabilities Representative:</p> <p>Lead Pharmacist Research and Development,</p> <p>Senior Finance Business Partner (Unscheduled Care)</p> <p>Finance Business Partner,</p> <p>Assistant Finance Business Partner,</p> <p>Head of Assurance and Risk, Claire Bird (A)</p> <p>Site Lead Pharmacist Representative, and Chair of Thrombosis Group,</p> <p>Chair of NICE/AWMSG Group: Clinical Effectiveness Co-ordinator (Guidance), Lisa Davies (LD)</p> <p>Chair of MERG: Consultant Urologist</p> <p>Representative of the Antimicrobial Management Group: (A) represented by (Part-meeting)</p> <p>Representative of the Vaccination & Immunisation Group: (A) represented by , Senior Nurse Immunisations and Vaccinations</p> <p>Lead Medicines Information Pharmacist, (A)</p> <p>Interim Senior Lead for Primary Care and Community Pharmacy Service,</p> <p>Senior Nurse Medicines Management, and Chair of the PGD Group: and Specialist Nurse Medicines Management, (A)</p>
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	HB Lead Tissue Viability Nurse Clinical Pharmacy Lead for Patient Services, (A) Lead Clinical Development Pharmacist (Minutes) Representative from the Community Health Council – not currently appointed
In Attendance:	PA to Medicines Management Transformation Team (Senior Lead for Primary Care and Community Pharmacy Service)

Agenda Item	Item	Action
MMOG(22)37	Governance	
	a Introductions and Apologies for Absence	
	Apologies for Absence are noted above. (A) Attendees are in black above, absences in grey Chaired the meeting.	
	b Declarations of Interests	
	There were no Declarations of Interests from members	
MMOG(22)38	Sub-Group Update Reports	
	a Medicines Formulary & Guidance Group	
	Formulary Update: reported APPROVED Lurasidone & vortioxetine Formulary status be changed to Specialist Recommendation with a note re checking for prolonged QT interval prior to starting lurasidone and that vortioxetine has an increased risk of bleeding. Byannli (paliperidone 6-monthly injection) Add to the formulary with a status of Hospital Only via homecare for administration by CMHT. Intracinol® Triamcinolone Acetonide 40mg/ml (Preservative Free) Ophthalmic suspension Add to formulary as Hospital Only for specialist ophthalmology use only. Cenobamate Change the formulary status of cenobamate from Hospital Only to Specialist Initiated . Add a note to the formulary about adverse effects and the oral contraceptive interaction. Vaniqa® (eflornithine) 11.5% cream The current formulary status of Specialist Recommended is retained and applied equally to both cis- and trans-gender women and a note is added to the formulary giving advice on the application, quantity and review of efficacy: 'Vaniqa® should be applied to the face and chin only, twice daily, at least eight	

	<p>hours apart. No more than 30g per month should be used, i.e. 1 tube should last 2 months. Discontinue if no improvement after 4 months of treatment [BNF]’.</p> <p>SOP Freestyle Libre quantities review SOP Review liraglutide 1.8mg for Type 2 Diabetes to semaglutide injection MRSA Chart (Update)</p> <p>New Treatment Fund Update No questions received EAMS Update No questions received One Wales Interim Commissioning Group Update No questions received</p> <p>Action: to inform authors of outcomes and update the formulary</p>	
b	<p>Medicines Error Reporting Group (MERG) Exception Report</p> <p>reported that Improvement Plans are now being received from all 4 acute sites. There are discussions in progress to roll out ‘Druggles’ to the AMAU ward in PPH. Work is ongoing to reduce the number of medication incidents that involve Agency staff (including specific bulletins and standardising ‘double checking’ practices across the HB).</p> <p>Sodium valproate: the HB consultant neurologist has assured MERG that all of his patients have a PPP in place. The HB is now left with a group of approximately 52 patients who do not have an identified Consultant.</p> <p>had received advice from the All Wales Patient Safety Pharmacist to refer these patients to Lead Consultant Neurologist at SBUHB. advised that Assistant Medical Director should also be informed. noted that a regular representative of the Diabetes Specialist Team now attends MERG.</p> <p>Action: to update re sodium valproate PPP at the next MMOG meeting</p>	
c	<p>Patient Group Directions (PGD) Group</p> <p>APPROVED Updated Hepatitis B and pertussis PGDs approved.</p> <p>The rationale for Radiology to develop 4 PGDs (Clariscan/Omnipaque/Glucagon/Hyoscine) has been approved. This is in line with practice in other radiology departments in Wales.</p> <p>The rationale for the Spirometry Clinics to develop a PGD for the administration of salbutamol and terbutaline has been approved. However, HCSWs are not covered to work under a PGD, so will not be administering salbutamol or terbutaline.</p>	
d	<p>Immunisation & Vaccination Group</p> <p>reported that planning work for the co-administration of the flu and COVID vaccine Autumn boosters with plans for GPs to administer most of them (although the eligible groups of patients do not completely align). Staff boosters will be administered via the MVCs. A campaign to vaccinate individuals at a high risk of catching monkeypox through the Sexual Health clinics will start the week beginning 8th August 2022. A ‘deep dive’ project looking at the causes of a decline in local childhood vaccination rates (especially affecting MMR) by PHW is starting soon.</p>	

e	Thrombosis Group informed MMOG that the next meeting would be held on Thursday.	
f	Homecare Medicines Governance Group highlighted that the service is expanding and that on advice of Welsh Homecare Medicines Committee (WHMC), homecare services are to be added to the health board Risk Register. This is due to some lack of transparency from homecare providers when aspects of their services are not operating at 'Business as Usual' levels and a lack of tools to challenge providers on these aspects. Plan is to standardise the risk register annotations at an All Wales level. In the interim, homecare team are liaising with Swansea Bay to share their current risk register statement. Artificial Intelligence 'BoT' (Robotic process automation software) being assessed across Wales to support the invoicing of Homecare prescriptions. This will release staff to undertake other tasks within the Homecare process. SB commented that the use of locum services for weekend clinics were also disrupting medicines supply from hospital pharmacies. Action: to present the group's ToR to MMOG September meeting and enter the risks identified on the Medicines Management Risk Register.	
g	Local Intelligence Network (LIN) Exception Report APPROVED The LIN Annual Report for 2021-2022 to be presented to the August QSEC. MMOG approved the roll out of the Naloxone Supply pilot project to Bronglais following the successful implementation in PPH. No harms have been identified and a full formal report is awaited. Action: to present the LIN Annual Report to QSEC	
h	Acute Pain Management Group Meeting not held since last MMOG meeting.	
i.	Wound Care Management Group Meeting not held since last MMOG meeting.	

MMOG(22)39	Medicines Management Strategy	
a	COVID-19 Outbreak: Clinical Trials presented an overview of the current Covid trials operating in Primary Care: the PRINCIPLE trial is currently paused for recruitment but may recommence in the Autumn with new treatment arms. The PANORAMIC trial has stopped patients' self-registration and participation is now via participating GP practices. In secondary care, the trials currently operating are the HEAL Covid Trial operating in Bronglais and GGH and the REMAP CAP trial in GGH ICU. The final paper is a prescribers' information sheet summary of the RECOVERY trial which highlights the interaction between Paxlovid and dexamethasone and gives advice on alternative corticosteroids. RECOVERY has identified that high-dose dexamethasone does not confer a benefit for patients on	

MMOG(22)40		<p>simple oxygen and that arm has been stopped.</p> <p>Action: will forward a list of GP practices participating in the PANORAMIC trial to and . will forward to the email from Health & Research Wales detailing the work required from participating GP practices for the PANORAMIC trial.</p>
	b	<p>Local Protocol for COVID-19 treatments: Local Procedure for the use of antivirals and neutralising monoclonal antibodies in the treatment of Covid-19 for non-hospitalised and hospitalised patients (Update)</p> <p>has updated this local procedure following the introduction of baricitinib via the Interim Commissioning Policy at the beginning of June. Dr has advised that baricitinib should only be used as adjuvant treatment (with steroids or IL-6 inhibitors) and the procedure will be updated with this advice.</p> <p>Action: will update the procedure and forward to the Bronze Written Control Group</p>
	a	<p>Monitoring</p> <p>Finance Report: Primary and Secondary Care</p> <p>reported that overall, the HB has a projected EOY deficit of £62M (up from £25M). This is due to continuing pressures from Covid and general activity which are driving the overspend on medicines so far in this financial year. In primary care, the projected EOY stands at +£532K due to an increase in the number of items, rather than significant price increases. In Secondary Care, the projected EOY is +£4.4M overspend. This is due to a growth in oncology activity and in the haematology drug spend. The demand for beds and the acuity of patients on all 4 acute sites is also driving the overspend. The usual reduction in demand over Q1 & Q2 is not being seen this year. The HB is actively looking for proposals to minimise the overspend.</p>
MMOG(22)41	Risk and Patient Safety	
	a	<p>Medicines Management Risk Register</p> <p>reported that the radiopharmaceuticals and aseptic risks in Withybush are the subject of a Business case for relocation or refurbishing of the unit while the national TRAMS process proceeds.</p> <p>Action: to update Risk Register with new Homecare risk and review risks associated with Gluten Free Project. to report on Amber risks to MMOG in September.</p>
	b	<p>PSN060/27.9.21 Reducing the risk of inadvertent administration of oral medical by the wrong route</p> <p>APPROVED compliance with and closure of PSN060</p> <p>reported that the actions for PSN060 had been completed including: sending a questionnaire to the wards, issuing a bulletin and changing 268 Medicines Policy (MMOG(22)42f below)</p> <p>Action: to update the compliance control summary with approval</p>
MMOG(22)42	Clinical Written Control Documents	

a	<p>Clinical guidance for the prescribing of donepezil, rivastigmine, galantamine and memantine APPROVED The contents of this guidance was approved following amendments suggested by MFGG. It was stressed that this reflects current practices but that the Memory Assessment Service is currently undertaking an independent 3rd party review (led by Yma) which may require changes in future. will read the guidance and take comments from LMC and other GPs. The clarity of the document was commended. Action: to forward any comments to and Lead Pharmacist Mental Health</p>
b	<p>Electrolyte Prescribing Information:</p> <ul style="list-style-type: none"> • Hypocalcaemia • Hypokalaemia • Hypophosphataemia <p>APPROVED These will be added to the MicroGuide app alongside the Antimicrobial Guidelines. This will give primary & secondary care access as well as for GP OOHs. Other guides will be developed for low magnesium and sodium and hyperkalaemia. Action: to upload to the Clinical Prescribing Information SharePoint and arrange for uploading onto the MicroGuide. Inform when available.</p>
c	<p>Green Inhaler Resource Document APPROVED The format linking so many resources from a single sheet was commended. The document has the approval of the HB Respiratory Medicines Optimisation Group led by Dr Keir Lewis and is linked to the All Wales Asthma and COPD guidance. Action: to upload to the Clinical Prescribing Information SharePoint and inform author</p>
d	<p>Iloprost infusion chart APPROVED advised that this chart was developed for the infusion of iloprost for critical limb ischaemia based on the current practice in MDU in PPH. Iloprost has a complex infusion regimen which titrates to patient tolerance over a fixed period. This chart combines the administration process and monitoring requirements. asked how the chart would be implemented and relevant staff trained. Action: to upload to the Clinical Prescribing Information SharePoint. will send the chart to the relevant Heads of Nursing and will report back on the implementation of the chart.</p>
e	<p>Nasal Douching – Instructions for patients APPROVED MMOG was pleased that the HB had developed patient information to support the use of 'homely remedies' for nasal douching. It will be available for GPs and Community Pharmacies to download. Action: Author and to finalise the Welsh translation. to upload to the Clinical Prescribing Information SharePoint.</p>

f	Version Control: Medicines Policy APPROVED Action: & to prepare a bulletin outlining the changes and forward approval and changes to CWCDG for uploading	
g	SBAR: Discontinuation of the use of the Infusion Monitoring Chart within HDUHB APPROVED presented the SBAR, which proposes a standard approach to monitoring infusion devices across the HB. Currently the Infusion Monitoring chart is only used in PPH & GGH (introduced following a serious medication incident) but an audit demonstrated that completion is not consistent. Senior Nurses support the discontinuation of this chart and all infusions will now be monitored on the patient's Fluid Chart. This will lead into the transfer of fluid monitoring documentation to the electronic nursing platform. The Intravenous Medicines Infusion Policy will be updated. Action: & to update the Intravenous Medicines Infusion Policy.	
h	Guideline for Antibiotic Supply by Podiatrists using POM certificate APPROVED in principle Following MFGG, this guideline was amended to emphasise the 72-hour review by the podiatrist who can make onward referrals if required. Podiatrists will inform GPs that the patient has been prescribed antibiotics. The antibiotic choice is aligned to the antimicrobial guidelines. Action: & to complete EqIA and SBAR and forward to CWCDG	
MMOG(22)43	For Information	
	AWMSG Value-based prescribing Strategy MHRA Drug Safety Update: June No questions received.	
MMOG(22)44	Minutes of Meeting Held on Tuesday 24th May2022	
	Resolved - that the Minutes of the meeting of the MMOG held on Tuesday 24th May 2022 are approved as a correct record.	
MMOG(22)45	Exception Report to QSEC	
	No questions received.	
MMOG(22)46	Table of Actions and Matters Arising from the Minutes of the Meeting Held on Tuesday 24th May 2022	
	APPROVED Action: 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.	
MMOG(22)47	New Risks & items requiring escalation to QSEC	
	These were identified as:	

MMOG(22)48	Risks: None identified	
	Quality Improvement: LIN Annual Report	
	Action: to draft Exception Report. to present to QSEC.	
	Any Other Business	
	No items raised.	
	Date and Time of Next Meetings	
	Tuesday 27 th September 2022 1.30-3.30pm (Via Microsoft Teams)	