The Walton Centre
NHS Foundation Trust

Confirmed Minutes of the Drugs and Therapeutics Medicines Management Committee held on 24th March 2022

2. Minutes of the last Meeting (January 2022)
With one minor amendment the minutes were approved as an accurate record.

3. Matters Arising
Please see action tracker.

STANDING ITEMS

4. IAP chair's report (January and February 2022)
These were both noted.

5. Immunoglobulin dashboard Q3
The Quarter 3 dashboard was reviewed. For IVIG05a, proportion of patients having infusions recorded within 90 days of treatment this was reduced to 75.25%. It was noted that there had been significant staffing issues which had impacted on recording the data accurately. A number of steps were being put in place to recover this including an improved information report. It was highlighted that there would be a period of vacancy in both the audit and divisional teams which could potentially impact on the ability to record this data accurately so both teams would be working on an action plan around this. For IVIg07, proportion of long term patients who had documented dose review was at 49.5%, there had not been a real improvement but this would hopefully be continuing to recover. The allocation issues earlier in the year had an impact on this measure but the department was looking at ways to continue to recover this. For IVIG15a, proportion of long term patients who receive an annual review there had been no significant improvement at 48%. However it was identified that working with the specialist nurse and consultants there would hopefully be some improvement by the end of quarter four.

Concerns were raised with regard how this could be recovered as there was no additional staff allocated so additional resources might be needed to enable the Trust to catch up.

6. Antimicrobial Stewardship Group minutes
The group had only met the previous day so an update would be provided at the next meeting.

7. Safer Medication Group
A verbal update from the February and March 22 meetings was provided. It was noted that there were ongoing prescribing errors which had been actioned appropriately and fed back to educational supervisors. There had been a cluster of incidents where FP10 prescriptions that were being issued in the Pain Team had been misplaced but there had since been a process change so hopefully there would be an improvement. There had been a handful of nursing administration errors which involved repeat dosing of the same medication but with different staff on different wards but these were all actioned appropriately. The group reviewed the Ketamine rapid review following a Ketamine administration error and this would be discussed later in the meeting. A Flunarizine audit was also discussed which had been undertaken by [redacted] which had demonstrated a lack of documentation so this would be brought back. This had been escalated in the neurology division.

A VTE audit had been reviewed which looked at VTE prescribing in neurosurgical patients which showed 59% of patients had not been prescribed VTE in line with Trust policy. The policy was due to be updated. The chair asked for the VTE audit results to be sent to him as he felt it was concerning. [redacted] advised that on reviewing the results there were a couple of methodology errors so thought the figures were significantly lower than the initial results suggested. He would send the results to the chair.

It had also been escalated that there had been a couple of incidents where GPs hadn't received discharge summaries from JAC and this was an ongoing problem. It was recognised that processes needed to be looked at when ward clerks were absent or at the weekend. [redacted] was aware of this and it had been raised at the Risk and Governance meeting. [redacted] discussed complex TTOs which routinely produced PDFs and asked whether these could be emailed to GPs. It was agreed that this was a possibility but IT would need to review this to ensure there was a clear process across the Trust. The chair would discuss further with [redacted] to look at how to ensure prescriptions were circulated on the day of discharge

8. Pan Mersey APC update
[redacted] reported that in January's APC Cenobamate for epilepsy and Ticagrelor were both approved. There was nothing to report from the February meeting. For March Fremanezumab statement for migraine was approved and also the addition of Dacepton to the formulary was approved.

9. Finance
The report was noted. For the top 10 non exclusions Capsaicin was the highest spend and [redacted] explained that there had been some extra clinics to reduce the waiting list due to Covid so the waiting list was now clear for new patients. It was felt that there were a few drugs listed that should be removed and had been recharged incorrectly. The committee felt that the process needed to be reviewed to ensure the document reflected what was charged to the Walton Centre. [redacted] would action this.

10. NMP Forum
There had been no meeting since the last D&T.

Non Standing items

11. Covid updated guidance
LUHFT had made a further update on the 10th March with some significant changes but due to annual leave of two key pharmacists the word version had not yet been obtained from LUHFT. A brief verbal update was provided and it was agreed that the final version would be circulated with the changes following the meeting and would be sent for the chair to take chair's action and this would then be uploaded onto the intranet.

12. NMP formularies:

- [redacted]**: additions of medicines for critical care (d)**
  This was approved.

- [redacted] **update: increase in Methadone dose approved by JS &NM (v)**
  The committee wanted confirmation of the dosing so this would be circulated outside the meeting and then chair's action would be given.

- [redacted] **addition of oral prochlorperazine (d)**
  This was approved.

13. Natalizumab Pathway update re SC route
This was an update with minor additions which included formulation choice would be the responsibility of the neurologist, the addition of the role of Jefferson nurses and also information added on post dose monitoring. The updated pathway was approved.

14. SCIg SOP
There were a few minor changes so [redacted] would forward her comments to [redacted] to make the changes and this would then be approved.

15. Ponesimod (new MS drug approved by NICE) new drug application
The committee were informed that this was approved by NICE last month for relapsing remitting MS in patients who had active disease. A pathway was being devised but the 90 day deadline would expire before the next D&T meeting. Therefore some background was provided to the committee including it was felt to be a good alternative for patients. The pathway would be sent to the chair to take chair's action for approval which would meet the 90 day deadline.

16. Updated ketamine infusion prescription
This had been updated following an incident. The table would be included in all ketamine protocols and it was noted that the infusion rate was in mls/hour. The group were informed of a couple of points that had been discussed at Safer Medication Group and the addition of the prescription would hopefully prevent further errors in the future. There had been discussions that the prescription was printed externally but it was felt that given the small number of patients that the main version of the policy was uploaded onto the intranet and this could then be updated more easily. The group had also discussed potentially putting in the policy or in practice a ward nurse being part of the checks as they needed to be part of this process. [redacted] confirmed this had been discussed with the Senior Nursing Team and once the Trust was back to cohorting and the staff on Chavasse were trained there would then be a ward nurse as the second checker. The committee approved the updated ketamine infusion prescription.

[redacted] went on to discuss Esketamine which had been approved at the previous meeting. He felt that more work needed to be undertaken before it was rolled out on ITU. He reported that the Unit was waiting for [redacted] to commence post and there needed to be a plan to see how this could be safely rolled out.

17. Theatres Controlled Drugs SOPs
This had been adapted from LUHFT and was in response to a number of incidents regarding the reconciliation of CDs within theatre areas. [redacted] said the guidelines were good and worked well at Aintree. He asked that with regards to drug reconciliation when moving drugs from recovery to theatre whether there was a regulatory requirement for the Trust to do this. [redacted] replied that there needed to be a supporting regulatory requirement to have accurate running balances but the current process seemed to work. [redacted] would catch up outside the meeting.

18. Theatres Medicines Management Policy
This had been adapted from LUHFT's policy and it was noted that it had been approved by the Theatre Users Group. The committee agreed and approved the policy.

19. Botulinum toxin administration to anticoagulated patients by physios

[redacted] had spoken to [redacted] who was supportive of this as the physiotherapists were well experienced in the team. The only concern raised was regarding anticoagulation and so had asked the team to take this back to get more education around first aid haemostasis to ensure this was well documented. It was noted that they would run it for a six month pilot but did not anticipate any major problems.

20. Clozapine prescribing/dispensing
This was for noting. It was confirmed that the neuropsychiatry team had expressed an interest in establishing a Clozapine service here and that this was currently licensed and supplied at Mersey care. It was noted that they had only initiated 1-2 patients over the last year. It has been agreed that they would cap the numbers and if this was exceeded then a formal business case would have to be put forward. The chair requested that this goes through CESG as it was a new service so agreed to discuss further with the Medical Director but had no concerns. When the pathway and policy was available it would be brought to the committee for approval.

21. Teriflunomide pathway
This was an update and it was noted that the manufacturers had revised their advice around LFT monitoring in patients who had pre-existing liver problems and the advice in teratogenicity in men who were on Teriflunomide varied from the UK, European and American resources. On the MS Trust website the information referred to the American resources stating there was a risk and male patients on this drug would need to use contraception. However the European and UK resources state the risk was very low and no extra precaution was required. The MS Team had discussed this and had decided to go with the European recommendation. The committee requested that there was a comment added 'as per European guidance' for transparency.

22. Cladribine pathway update regarding risk of serious liver injury (EMA/MHRA alert)
This was a recent update firstly from the European Medicines Authority who had published an alert in February 2022 regarding risk of liver injury with Cladribine use and then the MHRA published theirs on the 15th March. At the moment LFTs were not being monitored but there had been reports of liver injury. It was noted that this drug was used rarely and would be for a small number of patients. The pathway was currently being updated and it was proposed to circulate it outside the meeting for approval via chair's action.

The committee queried why the LFTs were only undertaken following an annual review as they thought it would be sensible if there was a second set of LFTs in 8-10 weeks. However it was confirmed that as part of the monitoring process patients had full blood counts done on month 2 and 6 so the plan would be to add LFTs to month 2 bloods

23. Paracetamol oral dosing safety alert
This was an alert from LUHFT which followed a fatality and looked at how there should be a dose reduction involving standard therapeutic doses of paracetamol IV and oral administered to patients weighing 50kg or less. This had been discussed at Safer Medication Group who were supportive of this. The committee agreed that it was important to follow this as it was a common drug and the Trust often admit patients with low body mass. They also felt it was important to circulate the information to all medical staff so [redacted] would send the chair the final slide of the Paracetamol alert and this would then be sent to the Medical Director for circulation.

24. Rituximab Policy
This was a minor update due to a biosimilar new brand which the Trust was using for new patients and there had been commissioning updates. This would be brought to the committee when completed but all were happy to approve the minor update.

25. New drug application gabapentin gel
This had been discussed at the previous meeting. [redacted] explained that this newly appointed consultant who specialised in pelvic pain currently used this topical gel at Wythenshawe Hospital. [redacted] had sourced one preparation but this only had a one month expiry which wasn't practical. [redacted] would make some enquiries. It was noted that this would have to stay in-house for the time being and would have to be added to the formulary before it went out to community pharmacists.

26. Any Other Business
None reported.

Date and time of next meeting: Thursday 12th May 2022 at 10 am