Chelsea and Westminster Hospital NHS Foundation Trust Medicines Committee
Summary of Main Points from the Meeting held on the 11th of April 2011

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes were approved and would be circulated.

3. Matters Arising

- **Glutamine Granules**

The committee agreed that glutamine granules (a nutritional supplement) should be ordered via dietetics and that nutritional supplements are discussed at the Nutrition committee. The Nutrition committee should also consider an application regarding usage of Saccharomyces *boulardii* (Sacro-B)

- **Lithium Alert**

A paper relating to the Lithium Alert Assurance had been sent to the Quality Committee for tabling in April 2011 – however the issue had been referred to the Operational Risk Management Group.

4. Ex-panel Requests

- **Ferinject – iv iron supplement**

Decision: Approved. In-tariff Medicine

The committee agreed the Gastroenterologist's request to use the injectable iron supplement, Ferinject, instead of Cosmofer as an ex-panel request. Ferinject can be given over 15minutes, does not require a test dose and would save considerable time for patients and nursing staff. The committee noted the increase in cost to the gastroenterology budge of £1,972 per year.

- **Switching from Phenindione to Acenocoumarol anticoagulation**

Decision: Approved. In-tariff Medicine

Due to the supply problems with all strengths of Phenindione, it was agreed as an ex-panel request to switch patients (currently 6 patients at C&W) to Acenocoumarol. Existing patients will be managed in the Anticoagulation Clinic at C&W and have been converted to the appropriate dose. An explanatory letter has been copied to the patient's GP explaining the switch in anticoagulant therapy. DL to send NS a copy of the memo.

- **Request for addition of Beclomethasone (Clenil Modulate®) 50microgram/puff inhaler and Beclomethasone (Clenil Modulate®) 100microgram/puff inhaler to the Formulary ex-panel to replace budesonide (Pulmicort®) inhaler**

Decision: Approved. In-tariff Medicine

The manufacturers of budesonide 100microgram/puff and 200microgram/puff CFC-free inhalers have discontinued production of both products along with the Nebuchamber® spacer which is only licensed for use with these two inhaler preparations. The committee agreed the ex-panel request to the formulary of both strengths of beclomethasone as above.

- **5. Medicines Policy - Request to add the Antenatal Clinic as a stock location for concentrated Potassium Chloride**

The committee discussed the best method for storage and handling of KCl within the Antenatal Clinic to ensure adherence to the NPSA alert (July 2002). The committee recommended that KCl must not be transferred between clinical areas. It should be prescribed at the earliest opportunity and then ordered from Pharmacy in advance, on an individual patient basis. It must then be stored securely in the unit until required for administration. A process for ordering and storage would be developed and subject to a risk assessment.

6. Audit reports

The Pharmacy department conducted approximately 40 medicines-related audits in 2010-11. Pharmacy encourages multi-disciplinary audits and feedback to clinicians. The committee considered the report of 4 example audits that were of high Trust Priority as they were related to NICE Guidance or NPSA alerts.

- **Audit 1 - NICE guideline for the management of Chronic Obstructive Pulmonary Disease (COPD) 2004 and NICE draft update 2010 recommendations for COPD**

52% of patients received inappropriate antibiotic therapy. LT commented that the initial diagnosis is difficult to differentiate (i.e. exacerbation of COPD vs CAP) and may lead to inappropriate antibiotic choice. The audit also highlighted the lack of documentation making it difficult to comment on whether treatment was offered, declined or not offered. The committee noted and agreed the recommendations.

- **Audit 2 - Use of Vinca Alkaloid minibags – An audit of current practice against the NPSA Rapid Response Report NPSA/2008/RRR04**

Only one standard regarding the duration of administration of vinca alkaloids was not met. 63% of the observed doses were administered more than 10 minutes. However, this was found to have no adverse effects on the patients' health or the risk of maladministration. The committee noted and agreed the recommendations.

- **Audit 3 - A re-audit assessing adherence to NPSA guidance regarding the safer measurement and administration of oral liquid medicines**

The results showed an improvement from the audit undertaken in February 2009. The committee reviewed the results and recommendations. It was highlighted one ward (Josephine Barnes) did not have oral/enteral syringes available. The enteral feeding policy is awaiting approval from the Quality committee.

- **Audit 4 - Cancer NICE Technology Appraisals (TAs) at Chelsea & Westminster Hospital NHS Foundation Trust. January 2011**

The audit determined that all NICE TAs were implemented, however from the documentation in the notes and clinic letters, it could not be proven that all of the required NICE criteria had been met as expected. The committee commented that the term 'notes' should be defined e.g. communication notes, patient notes, MDT proformas. The committee added that a template to include criteria for each TA may help meet the required documentation for analysis at a later date. The committee highlighted that discussions with clinicians/nurse specialists may help obtain necessary information.

7. March 2011 Trusts Progress – Specific Medicines Related CQUIN targets

The committee noted the reports on Trust progress with specific medicines related CQUIN targets.

- **Medicines Reconciliation at admission – March 2011**

The Trust achieved the stretch objectives in Q2 (74% in September 2010), Q3 (73% in December 2010) and Q4 (79% in March 2011) with a value of £180,000. The stretch target for Q4 is 70%.

- **Indication and duration on discharge prescriptions for antibiotics and hospital initiated PPIs – March 2011**

In March 2011, the Trust achieved 100% of hospital initiated PPI prescriptions with indication and duration documented at discharge. The average of January to March 2011 CQUIN is 95%. Therefore, the Trust has achieved the stretch target for this CQUIN (95%). In March 2011, the Trust achieved 97% for documentation of indication and duration of antibiotic prescriptions on discharge summaries. The average of January to March 2011 CQUIN is 97%. Therefore, the Trust has achieved the stretch target for this CQUIN (95%).

8. NICE Guidance

- **TA214 – Bevacizumab in combination with a taxane as first treatment for people with metastatic breast cancer**

The committee noted the above NICE technology appraisal guidance which is not applicable to C&W.

9. IVIG Update

- **IVIG requests March 2011**

The Committee approved the IVIG requests for March 2011.

- **Tetanus immunisation and treatment for adults and children with tetanus-prone and clean wounds**

The committee approved the use of human normal immunoglobulin:

- Subgam® (immunoglobulin for subcutaneous use) recommended for prophylaxis
- Vigam® (immunoglobulin for intravenous use) recommended for treatment of clinical tetanus

for the above indications when tetanus immunoglobulin cannot be sourced, as advised by the Health Protection Agency.

10. Papers to go to the Trust Executive Clinical Governance Committee

The following papers should be sent to the Trust Quality Committee:

- Medicines Committee Summary Notes March 2011

Date of the next meeting

Monday 9th May 2011, 8.00 – 9.00, Boardroom. Closing date for papers: Friday 22nd of April 2011