Chelsea and Westminster Healthcare Trust Medicines Committee
Summary of Main Points from the Meeting held on the 13th of June 2011

2. Minutes and Summary Notes from last meeting

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

3. Matters Arising

Item 3. April 2011 - Lithium Alert

The Quality Committee (May 2011) concluded that it was happy with mechanisms for ensuring out-of-range lithium results are actioned and suggested that any concerns of the Medicines Committee should be followed up with Dr. Graham Ball.

Item 4 – May 2011

Develop Trust wide guidelines for treatment of Vitamin D deficiency

Paediatric guidelines are available. Adult guideline to be developed jointly between HIV & Medicine, co-ordinated by lead pharmacists.

Item 5- May 2011 - Medicines Policy Section 2. Prescribing Update

This has been updated with amendments and published on the Intranet.

Item 5- May 2011 - Supplementary Chart for EPR Prescribing

The Palliative Care Team has been contacted to establish whether there are plans for training staff on the updated chart.

Item 8- May 2011 - Updating Shared care Guidance for treatment of Alzheimer's disease

C&W are awaiting the CNWL final version then it will be adapted for C&W.

Item 8- May 2011 - Investigate requirement for Finance representative at the Trust Medicines Committee

The Director of Finance could nominate a senior representative who would attend the committee on her behalf and it was suggested that the Medical Director could fulfill the role as a representative for the Trust Executive and for the Director of Finance. The Chairman would write to the Medical Director and the Director of Finance to suggest this approach. The requirement for a patient representative/lay member was also discussed. The Medicines Committee reported to the Trust Quality Committee, which has arrangements in place to consult patient representatives when required. The Committee Secretary would follow up with the Chief Nurse and Director of Patient Experience and Flow.

4. New Medicines Applications

Formulary Applications

- **Romiplostin (in line with NICE Guidance)**

Decision: Approved in line with NICE Guidance. Tariff excluded. Individual Funding Request (IFR) Form required.

An IFR form must be submitted to the North West London IFR panel to request funding for individual patients.

- **Dinoprostone (Propess® Formulation)**

Decision: Approved. In-tariff medicine.

Dinoprostone (Propess®) 10mg vaginal delivery system which was requested for initiation of cervical ripening in primagravida women at term (from the 39th week of gestation). Dinoprostone is already in the formulary as dinoprostone (Prostin®) gel. Dinoprostone (Prostin®) gel needs to be re-administered every 6 hours during the induction process. The advantage of dinoprostone (Propess®) 10mg vaginal delivery system formulation is that it is administered and can be removed when it is no longer needed. This reduces the need for repeated vaginal examinations and delays in the induction process and improves the quality and experience of the process of labour. In some hospitals it is initiated on an out-patient basis. The cost impact and benefits are estimated as follows:

- Increased drug cost of £3,200 per year
- Savings from reduced instrumental vaginal delivery of £32,628 per year
- Other possible savings from reduced LOS if delays in labour are reduced

and

- Increased overall patient satisfaction

- **Monofer IV iron preparation**

Decision: Approved. In-tariff medicine.

In May 2011, Ferinject was approved for addition to the formulary to replace Venofer, as it can be given as a 15 minute infusion and does not require a test dose to be given; reducing the time the patient needs to spend in the Medical Day Unit. Monofer has now come onto the market with a slightly longer infusion time but offering the Trust a saving of £700 on top of the on-going cost savings compared to Ferinject. Venofer is used in renal and paediatric patients so would still be required. Cosmofer is used in obstetrics because of the experience with it in pregnancy and the option of the IM route avoiding patient admission.

5. Reviewed Medicines Policy Sections Approved

- **Proposed standards for the Medicines Policy Audit 2011**

The proposed standards were agreed with the following change - an audit additional standard was added around the destruction of controlled drugs. Concerns were raised about documentation of clopidogrel as part of a patient's medication history as these patients could suffer post-operative complications due to bleeding. It was agreed that this would be investigated outside the scope of the audit.

- **Format of the Medicines Management Annual Report 2010-2011**

The proposed format was agreed. KR suggested adding the Medicines Management Programme of Development.

6. NPSA Alerts –Completed Action Plans

- **NICE TA 219 - Everolimus for the second-line treatment of advanced renal cell carcinoma**

This NICE Guidance is applicable to C&W; however, everolimus is not recommended for the second-line treatment of advanced renal cell carcinoma so no further action is required.

- **NICE TA 220 - Golimumab for the treatment of psoriatic arthritis**

This NICE Guidance is applicable to C&W and requires formulary application.

- **NICE TA 221 - Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura**

This NICE Guidance is applicable to C&W – see formulary application under Agenda Item 4.

7. IVIG Update May 2011

There were 13 IVIG issues in May 2011, with 2 new requests for idiopathic thrombocytopenic purpura - adult (red - selected).A response for funding approval was awaited from the PCTs for grey indications; Opsoclonus-myoclonus syndrome and for progressive midbrain lesion.

8. Items for Noting

The following items were noted by the Committee:

- **Controlled Drug Quarterly Report Quarter 4 2010-2011 & Occurrence Report**

This was noted.

- **Updated List of Non-medical Prescribers**

This was noted. It was suggested that the areas of practice for NMPs should be added.

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

The following papers should be sent to the Trust Executive Team – Clinical Governance Meeting:

- Medicines Committee Summary Notes May 2011
- Controlled Drug Quarterly Report Quarter 4 2010-2011 & Occurrence Report

10. AOB

- Medicines Policy Amendment to Section 8. Administration – minor amendment – this was approved.

Suggested amendment to the wording of 8.3.1 in bold:

Both administrator and the witness must sign the administration record (electronic or paper) or in the patient notes. The administration record must only be signed once the medicine has actually been administered to the patient, i.e. record the time and dose given. The responsibility for the double check will stop at this point. **In the case of IV administration, the double check will stop at the point when initial administration has been witnessed.** The witness's signature……..

Date of the next meeting

Monday 11th of July 2011 8.00 – 9.00 (Boardroom).Closing date for papers: Friday 24th of June 2011