

Chelsea and Westminster Hospital NHS Foundation Trust Medicines Committee
Summary of Main Points from the Meeting held on the 9th of May 2011

2. Minutes and Summary Notes from last meeting

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

3. Matters Arising

- **Saccharomyces boulardii**

Saccharomyces boulardii is only indicated in the Trust in combination with vancomycin as part of a weaning course for recurrent clostridium difficile infection (CDI). Any use outside of this is considered inappropriate (includes its use to prevent CDI and antibiotic associated diarrhoea, where there is little evidence for use of Saccharomyces boulardii). This topic was discussed and agreed at the last Trust Antimicrobial Steering Group

4. Formulary Applications

- **Prucalopride**

Decision: Approved. In-tariff Medicine

The committee approved a request to use prucalopride for symptomatic treatment of chronic constipation in women in whom laxatives fail to provide adequate relief, as recommended by NICE technology appraisal guidance 211. It should be restricted to prescribing by a gastroenterologist.

Unlicensed or Off-Label Requests

- **Rivaroxaban**

Decision: Approved. In-tariff Medicine

The committee agreed to the off-license use of rivaroxaban for a specific patient with recurrent VTEs who is allergic to warfarin and acenocoumarol. The committee noted that the use of LMWH was not appropriate as the patient has osteoporosis and a needle phobia.

- **Colecalciferol injection 300,000units/ml**

Decision: Approved. In-tariff Medicine

The committee agreed to the use of colecalciferol 300,000units/ml injection in Paediatrics. The committee recommended that a Trust guideline for the treatment of vitamin D deficiency should be developed for uniform prescribing. The North West London Medicines Information group and K&C PCT have guidance on vitamin D deficiency.

5. Medicines Policy Updates

- **Section 2 - Prescribing**

The committee approved the amendment to the current version to reflect CQC standards for prescribing and to reflect changes in the PCT structure.

- **Supplementary Chart for EPR Prescribing**

The committee approved the supplementary chart for EPR prescribing, which has been updated with changes requested by the Palliative Care team to improve prescribing and administration of medicines in syringe drivers. Palliative Care would be requested to provide education and training on the updated supplementary chart.

6. Audit reports

The Antimicrobial Pharmacists undertake and support regular audits within the Trust focusing on antimicrobial prescribing. 2 audits with recommendations for action were fed back to the Antimicrobial Steering Group and tabled at the Medicines Committee.

- **An audit of adherence of outpatient antimicrobial prescribing to trust antimicrobial guidelines**

138 outpatient prescriptions for antibiotics were audited over a three day period. The overall adherence to trust guidelines for choice of antibiotics on adult prescriptions was 57% and on paediatric prescriptions was 58%. During the audit period, 30 prescriptions for co-amoxiclav were received, of these 27% were in line with guidelines, 67% were not in line with guidelines and 7% were for indications of which there are no Trust guidelines. The committee noted the recommendations.

- **Audit of the timing of antibiotic administration in the treatment of sepsis**

20 patients were audited over a two and a half week period. 100% of patients (n=3) with severe sepsis received their first dose of antibiotic within 1 hour of presentation of symptoms to the doctor. 71% of all other sepsis patients received their first dose of antibiotics within 3 hours of presentation of symptoms to the doctor. Where

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the first dose was administered in the Emergency Department (ED), compliance was 100%. The audit highlights delayed administration of antibiotics on AAU. Improvements were suggested such as updating ED proforma to include medications, so that in the transfer of care between ED and AAU, antibiotics are administered promptly. The committee noted the recommendations.

7. Individual Funding Requests – Process for 2011-2012

Decision: Approved

The committee approved the updated process for requesting funding for tariff excluded medicines in light of the changes to the national tariff exclusion for 2011-12 and the changes within the PCT structures. North West London has a single individual funding request (IFR) panel which came into effect on 1st April 2011. The INWL PCT representative on the panel confirmed that an IFR answer would be given within 10 working days for urgent requests. The committee noted the updated table of PbR excluded drugs 2011-12 which required minor changes.

8. NICE Guidance

- **TA 217 – Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (review)**

The committee noted the above NICE technology appraisal guidance. The shared care guidance for donepezil, galantamine, rivastigmine and memantine requires updating; this will be lead by Jo Webster/AMC.

- **TA218 – Azacitidine for the treatment of myelodysplastic syndromes, chronic myelomonocytic leukaemia and acute myeloid leukaemia**

The committee noted the above NICE technology appraisal guidance. Azacitidine is already approved for addition to the Formulary and the approval will be updated to reflect NICE guidance; this will be led by Dr Francis Matthey.

9. IVIG Update

- **IVIG requests April 2011**

The Committee approved the IVIG requests for March 2011.

- **London Specialised Commissioning Group for Immunoglobulins – reporting requirements**

Immunotherapies are high cost low volume services that are deemed to be best commissioned via a more centralised arrangement. The London Specialised Commissioning Group (LSCG) will commission immunoglobulin during 2011-12. Monthly reports on patient level data from provider trusts are required to validate payment of invoices, in addition to updating the National Immunoglobulin Database. The committee noted the new reporting arrangements.

10. Items for noting

- **NHS K&C Launch of Medicines Management QIPP initiatives for 2011/12**

The committee noted the above item. Each PCT has identified several areas of prescribing from which significant efficiencies may be made, of which one is the cost effective use of drugs affecting the angiotensin renin system (ACEIs and A2RAs). PCTs will be encouraging the cost-effective use of generic losartan (which also lowers uric acid). The Medicine Directorate will be consulted before developing guidelines recommending generic Losartan as first line when initiating an A2RA. K&C and Westminster PCT will shortly be conducting pilot work on A2RAs.

- **HIV Drugs Sub-committee Minutes March 2011**

The committee noted the above item. The use of FP10s was highlighted and must be accounted for, especially at off-site clinics. The Consortium discussed how savings on drug budgets could be achieved and targets for prescribing

- **Updated Membership /Terms of Reference**

The committee noted the above item. The requirement for Finance representation at the Medicines committee would be investigated by the committee secretary.

11. 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 April 2011

Date of the next meeting

Monday 13th of June 2011 8.00 – 9.00 (Boardroom). Closing date for papers: Friday 27th of May 2011