Chelsea and Westminster Hospital NHS Foundation Trust Medicines Committee

Summary Notes from the Meeting held on the 8th of November 2010

2. Minutes and Summary Notes from the October meeting

The Minutes and Summary notes were approved with a minor amendment to the minutes.

3. Matters Arising

- An The **Individual Funding Request for rituximab in SCLE** was not approved by NHS Westminster as it was unclear whether the patient had been treated previously with methotrexate and would receive a trial of methotrexate
- It was clarified that **Guidance Note 14 did not require documentation of consent for the unlicensed use of a licensed medicine.**
- The **Medicines Policy Audit 2010** and the **Medicines Policy Annual Report 2009-10** had been taken to the Trust Quality Committee, where a number of changes had been requested. A summary report from each document would be taken to the Trust Assurance Committee on the 26th of November:

❖ **Medicines Policy Audit 2010** – more was needed about completing recommendations from previous audits, commentary on C&W performance against the national observatory and firming up details of NMAC actions around nursing/midwifery reminders.

❖ **Medicines Policy Annual Report 2009-10** – add details of HIV Drugs sub-committee, add confirmation of compliance with CQC assessment.

- **Double checking by Anaesthetists**- The study by Everly et al *Confirming the drugs administered during anaesthesia: a feasibility study in the pilot National Health Service sites, UK* **(**British Journal of Anaesthesia (105(3) 289-96, September 2010) had been published. The Medicines Committee had agreed to review the Trust policy of exempting double checking of medications by anaesthetists after publication of this NPSA feasibility study. Although second-person checking and electronic bar code confirmation were considered to improve medication safety, the study concluded that a significant impact on the existing working practices of the anaesthetist and issues related to resource and cultural change would need to be addressed before two-person confirmation can be introduced in the NHS. The electronic confirmation was more feasible, but the technological aspects of integration into operating theatre environment required further attention. The study did not address how these required changes to practice should be addressed in the paradigm of anaesthetists practice. This topic will be addressed by joint working group, the Safe Anaesthesia Liaison Group (SALG), a joint working group between the Royal College of Anaesthetists (RCA) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) with a view to issuing some professional guidance. The Medicines Committee consensus was that it would be appropriate to wait for SALG to issue guidance before agreeing a Trust approach. The Chairman would write to the SALG working group to enquire when the guidance would be expected.

4. New Medicines Applications

Formulary Application - Palivizumab for RSV prophylaxis

Decision: Treatment Guidance Updated **Licensed Indication:** Yes **Tariff excluded: P**reapproved for treatment according to guidance.

There has been a change to the JCVI recommendations detailing which infants should receive palivizumab immunisation. This was issued on the 08/10/2010 and DH letter indicates that this guidance applies from October 2010. The current approval criteria had been agreed with commissioners and were more restrictive than the superseded JCVI guidance. The new JCVI guidance was more restrictive than the old, however if adopted it would still mean that C&W would be likely to treat 8 more babies for the season compared to the current approval criteria. The cost per course per child was £6k approximately; this could be reduced by vial sharing if more than one child could be dosed on the same day. The request approved by the committee and the PCT representative agreed that palivizumab would be preapproved for funding according to the guidance.

5. Medicines Policy Updates

The committee reviewed and approved 2 updates to the medicines policy. These changes will be incorporated into Lastword training for nurses.

- ***Section 4 - Safe Storage of Medicines***

This Section was reviewed as it had reached its expiry; it has also been updated in light of the NPSA alert on vaccines storage.

- ***Section 8 - Administration***

This section has been updated in light of recommendations from the Trust Medicines Policy Audit 2010 to:

1. Reinforce documentation of self administration documentation using the facility on Lastword.
2. Change guidance regarding labelling of IVs if the preparation is pre-mixed and all information is on the manufacturers label
3. Describe how to document part doses.

6. Quarter 2 Trust progress against CQUIN targets: Proton Pump Inhibitors, Antibiotics

- **Quarter 2 Trust Progress – CQUIN Targets for PPIs and Antibiotics**

The committee noted performance with recording of indication and duration on discharge prescriptions for PPI and Antibiotics for October 2010. The Trust achieved the stretch target of 95% for antibiotics, and the standard target of 80% for hospital initiated PPIs. As an ongoing reminder, ALL hospital initiated PPIs and ALL antibiotics MUST contain an indication and duration for the GP either written in the WP box or in the DSUM text. If this is not present in the DSUM text, pharmacists MUST write the information in the WP box when screening the prescription.

The medical Director emphasised the importance of driving down the incidence of Clostridium difficile diarrhoea to reduce mortality and length of stay. Taking an acid suppressant is a known risk factor for developing C difficile diarrhoea, with the risk increasing with the level of acid suppression. In an audit of C difficile diarrhoea PPI cases for Q1 and Q2, 50% of patients were prescribed a PPI. 10 out of 20 cases were taking a hospital initiated PPI according to guideline; however some of the 10 community initiated PPI C difficile cases were taking a PPI for unknown reasons.

A strategy for reducing unnecessary prescribing was agreed as follows and supported by the PCT representative:

- Ensure the need for PPI is reviewed at Preoperative Assessment Clinic
- Develop a prompt on the electronic prescribing system to prompt review of PPI indication and duration at point of prescribing
- Develop a checklist for review of PPI indication and duration at admission together with Medicine Directorate

7. NICE Guidance

Lead clinicians were nominated at Trust Quality Committee and the guidance will be forwarded to them for implementation and reporting on compliance.

- TA201 – Asthma in Children - omalizumab

Noted – omalizumab is not recommended in children - no further action is required.

- TA202 – Chronic Lymphocytic Leulaemia – ofatumumab

Noted – ofatumumab is not recommended so no further action is required

- TA203 – Diabetes Mellitus (type 2) – liraglutide

The Diabetes Lead commented that the NICE Guidance was very restrictive as it only allowed liraglutide to be continued after 6 months if patients met the criteria for both weight loss and glucose reduction.

- TA204 – Osteoporotic Fractures – denosumab

Noted – Prof. M Callan had confirmed that she would be making an application to the Medicines Committee.

- TA205 – Thrombocytopaenia Purpura – eltrombopag

Noted– eltrombopag is not recommended so no further action is required

- TA206 – Lymphoma (non-Hodgkins) – bendamustine (terminated appraisal)

Noted– bendamustine is not recommended so no further action is required

- TA207 – Mantle cell lymohoma (relapsed) – tensirolimus (terminated appraisal)

Noted– tensirolimus is not recommended so no further action is required.

8. IVIG Update

The committee approved 16 issues in October 2010 for 7 patients; one of these was for a new ex-panel request for a myasthenia gravis (blue) indication.

9. Items for noting

The committee noted the following items:

- Action Plan for NPSA Alert /2010/RRR013 – Safer administration of insulin

Noted. MF agreed to be Trust Lead Clinician.

- Updated North West London Red List October 2010
- List of Non-medical Prescribers October 2010
- Non –medical Prescribing Audit Report March 2010

10. Papers to go to the Trust Executive Quality Committee

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

- Medicines Committee Summary Notes October 2010

11. Date of the next meeting

Monday December 13th 2010 8.00 – 9.00 Trust Board Room. Closing date for papers: Friday November 19th 2010