

POWYS TEACHING HEALTH BOARD

Area Prescribing Group

Minutes of the meeting held on Thursday 22 June 2023
at 10.30 am via Teams

Present:

[REDACTED] Medical Director, Powys Health Board (Chair)
 [REDACTED] Chief Pharmacist
 [REDACTED] Senior Medicines Management Nurse
 [REDACTED] Data Analyst, Medicines Management Team
 [REDACTED] Senior Nurse NMP Representative
 [REDACTED] Clinical Lead for Research & LMC Representative
 [REDACTED] Head of Community Services Medicines Management/Pharmacy
 [REDACTED] Senior Pharmacist, Governance & Training
 [REDACTED] Finance Business Partner
 [REDACTED] Head of Primary Care Medicines Management
 [REDACTED] Senior Pharmacist, High Cost Drugs & Commissioning

In Attendance:

[REDACTED] PA to Chief Pharmacist (minute taking)
 [REDACTED] Senior Technician VBM High Cost Drugs & Commissioning

Item	Note	Action
APG2023 22/06/01	<p>Welcome and Introduction</p> <p>[REDACTED] welcomed everyone to the meeting. [REDACTED] and [REDACTED] introduced themselves as they are new members of the APG.</p> <p>No declarations of interest were received.</p>	
APG2023 22/06/02	<p>Apologies for absence were received from:</p> <p>[REDACTED], GP Cluster Representative [REDACTED], Consultant Physician, PTHB [REDACTED] Assistant Director of Finance [REDACTED], Consultant in Public Health [REDACTED] Clinical Nurse Specialist, Mental Health</p>	
APG2023 22/06/03	<p>Minutes from the meeting held on 9 March 2023</p> <p>The minutes of the meeting held on 9 March 2023 were agreed as an accurate record.</p>	
APG2023 22/06/04	<p>Matters Arising (not otherwise on the agenda):</p> <p>4.1 NMP Workshop Feedback</p> <p>[REDACTED] reported that the follow-up workshop was currently on hold. Work is ongoing to ensure that all NMPs have a scope of practice in place and that their prescribing</p>	

	<p>responsibilities are reflected in their job descriptions. Work is also being undertaken to review prescribing data to get a better understanding of current prescribing practice. A further progress report will be provided at the September meeting.</p> <p>4.2 Maternity Aromatherapy Update Deferred to September meeting.</p> <p>4.3 Mental Health Services – aromatherapy Deferred to September meeting.</p> <p>4.4 Antipsychotic Prescribing Toolkit for Dementia █ reported that this is an action from December 2022’s meeting and that it has now been actioned - the links to the toolkits are on our website.</p> <p>4.5 VTE Clinical Guidelines & Risk Assessment – Access to Pneumatic Compression</p> <p>█ reported that when the APG met in March, █ questioned when pneumatic compression was going to be made available. █ reported that she had not yet had the opportunity to take the question to the VTE risk assessment group, but agreed to do so as soon as possible.</p> <p>█ asked about the position of the VTE assessment tool – █ confirmed that the tool could be agreed outside the APG meeting and then taken to the September APG for information..</p> <p>4.6 Clinical guidelines on Weight Adjusted dosing of oral paracetamol in adults</p> <p>█ reported that this guideline is now on the website and has been circulated to clinicians. █ confirmed that the information has also been embedded in the health board’s formulary.</p> <p>4.7 Acetic acid for use in gastroscopy – formulary update</p> <p>█ confirmed that this unlicensed product will be added to the formulary, however the process of adding an unlicensed product is not straightforward and therefore contact had been made with the national team and another health board to get their advice. As soon as the process is understood, acetic acid will be added.</p>	<p>█</p> <p>█</p> <p>█</p> <p>Closed</p> <p>█</p> <p>All</p> <p>Closed</p> <p>█</p>
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	<p>4.8 Methenamine Hippurate Treatment Pathway</p> <p>A paper 'Management of Catheter Associated Urinary Tract Infection (CAUTI) and position of drug treatment was received. Concerns were expressed about the resistance rate and it was agreed for [REDACTED] to discuss this further outside the meeting before adding to the formulary.</p> <p>A paper on the management of UTIs would be made available for the September meeting.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>APG2023 22/06/05</p>	<p>Unlicensed Medicines Policy</p> <p>[REDACTED] gave an overview of the AWMSG 'Understanding Unlicensed Medicines' document which had been shared for information.</p> <p>[REDACTED] had already prepared a document on processing unlicensed medicines use in PTHB, this will now be cross referenced with the AWMSG document.</p> <p>[REDACTED] confirmed that a bilingual Patient Information Leaflet on the use of unlicensed medicines is available on our website.</p>	<p>[REDACTED]</p>
<p>APG2023 22/06/06</p>	<p>Discretionary Homely Medicines Policy</p> <p>[REDACTED] advised that there was an urgent need to make this updated policy available to health board staff. Implementation of the policy will be supported by training that will be provided by the Medicines Management Team.</p> <p>[REDACTED] questioned how quickly the ESR training would be put in place. [REDACTED] confirmed that the training will be expedited and made available to staff as soon as the policy is approved.</p> <p>[REDACTED] advised that she had previously made comments on the document, that had now been incorporated; however there are a number of additional comments/questions that need to be considered:</p> <ul style="list-style-type: none"> • Page 7: there is a reference to page 11 – should this be removed? • Page 8: How will patients treated under this protocol be identified to support an efficient audit process. Who will be responsible for undertaking the audits? • Page 12: Under cautions – change to moderate renal impairment as severe renal impairment and all patients with liver impairment/disease are excluded from treatment under the protocol. • Page 18: under cautions, refer to Sick Day Guidance, our nursing staff should be aware of this guidance and know when to raise questions with clinicians. <p>[REDACTED] also flagged that although Gaviscon Advance is not a first line treatment in our formulary, it has been included in this</p>	

	<p>■ reported that haematology, gastroenterology and cardiology had been consulted on the document.</p> <p>■ highlighted concerns that although a small number of clinicians may be happy to prescribe and administer IV iron in our community hospitals, other clinicians may not have the required competencies but may feel pressurized into prescribing and administering. The competency of the nursing staff was also questioned.</p> <p>■ recognised the benefit of providing care closer to home and, with appropriate support and training, this is the sort of service that we would expect to see being delivered in our community hospitals.</p> <p>The Policy was not approved and the following actions need to be undertaken:-</p> <p>Action required:</p> <ul style="list-style-type: none"> - Guideline to include information about who can make the decision to use IV iron. It was confirmed that this decision is usually made by a specialist – it was agreed that this should be added to the document. - A request was made to include information about the expected frequency of ‘specialist’ follow-up. - Details of the training requirements of individuals involved in the prescribing, administration and monitoring of IV iron to be included in the guideline. <p>It was agreed that the guideline would be brought back to the next meeting.</p>	<p>■</p>
<p>APG2023 22/06/09</p>	<p>Commissioning for Quality standards (for inclusion in provider contracts)</p> <p>■ shared the Commissioning for Quality Standards that will feed into the Long Term Agreements (LTAs) held with providers. The document sets out our expectations around medicines management / pharmacy and will be used with both the English and Welsh providers. Once agreed, these standards will be embedded into the LTAs and short meetings will be set up with providers. ■ advised that English providers will be very familiar with the quality standards, as similar documents have been used by English commissioners for many years. The paper was agreed subject to the additions that ■ agreed to send to ■ after the meeting.</p> <p>Action: ■ would meet outside the meeting.</p>	<p>■</p>

APG202 22/06/10	Formulary Application Prescribing of Bladder Instillations in Primary Care Deferred to September	■■■
APG2022 22/06/11	Unlicensed Medicine Applications: Topical Tranexamic Acid for post-operative bleeding following dental surgery ■■■ gave an oversight of the paper and the consultation she had undertaken. Discussion took place and it was recognised that the evidence base supporting this treatment was limited. It was recognised that the use of topical tranexamic acid in this was routine and accepted practice. It was agreed that the risks associated with its use were low. ■■■ agreed that it was reasonable to support the request but requested regular audit of its use in clinical practice. Protocol for the use of Tranexamic Acid for post-operative bleeding following dental surgery This protocol was approved subject to amending the audit to clinical audit.	■■■ ■■■
APG2023 22/06/12	COVID therapies: Molnupiravir and Remdesivir ■■■ reported that following the closure of the National Antiviral Service (NAVS) on 1 st May, HBs had been required to take on this service, providing triage and supplying drugs where appropriate. ■■■ confirmed that the health board is currently offering access to Paxlovid (oral) and sotrovimab (IV). ■■■ reported that the decision on whether health boards add molnupiravir and remdesivir to their COVID treatment pathways required a local decision. This decision was made outside the APG as a decision was required at the beginning of May and could not wait until today's meeting. ■■■ confirmed that following discussion with ■■■, it was agreed that neither molnupiravir nor remdesivir would be included in the treatment pathway at the current time. The rationale for this decision: <ol style="list-style-type: none"> 1. Treatment will be provided in line with NICE TA878, which does not include either of these treatment options. 2. Neither molnupiravir nor remdesivir were recommended in the Final Draft Guidance: https://www.nice.org.uk/guidance/gid-ta11297/documents/final-appraisal-determination-document 3. An appeal is underway and the outcome is required to determine the place of these treatment options. 4. NICE NG 191 is a clinical guideline and therefore the health board is not mandated to implement in full, as 	■■■

	<p>long as there is a clear rationale for not implementing.</p> <p>■ confirmed that if the appeal that NICE has received from the manufacturers is successful, our pathway will be revised accordingly.</p> <p>■ reported that, to date, 15 patients have been assessed for treatment via our pathway. Paxlovid has been provided to 5 patients and 1 patient has accessed sotrovimab via MIU. Other patients assessed against our pathway were either excluded as they did not require treatment or they declined the offer of treatment.</p> <p>■ thanked the ■ for taking this extra work on and asked what system was being used to record the information. ■ confirmed that an anti-viral spreadsheet was being used to record this information and GP practices were notified if a patient accessed treatment via the pathway.</p> <p>■ suggested that ■ be contacted to see if there are any other systems in place for logging the data. ■</p>	
<p>APG2023 22/06/13</p>	<p>Finance: Efficiency Plan 2023/24</p> <p>■ reported that the Medicines Management/Pharmacy Team has developed its efficiency plan for 2023/24 and this is being closely monitored. Members of the team are also encouraged to feed any efficiency ideas, no matter how small, into the ideas spreadsheet.</p> <p>■ reported that senior members of the medicines management team meet on a regular basis to discuss progress against the plan and consider ideas added to the ideas spreadsheet.</p> <p>■ highlighted that although the potential savings are huge, there are many challenges to overcome to realise these savings.</p> <p>■ advised that many aspects of the efficiency plan are dependent on other teams in the organisation e.g. support from Estates is required to release the savings associated with medical gases and support from the Resus Committee is required to release savings relating to resus/emergency boxes.</p> <p>■ confirmed that MMT achieved savings of 808k last year, which is by far the most significant saving made by any team. ■ reported the challenges faced by price concessions towards the end of 2022/23.</p> <p>■ reported that the team's target for 2023/34 is 506k before any adjustments for overspend. ■ advised that the ambition of the team is to achieve over the £506k target.</p>	

	<p>■ questioned the ability to move money between budgets to incentivise clinicians to invest time in cost saving initiatives. ■ stressed that although the medicines management efficiency plan aims to release money, the reality is that with all of the pressures on the prescribing budget, the plan ensures that the medicines management budgets do not overspend rather than releasing money that could be invested in other areas.</p> <p>■ confirmed that the health board is keen to hear about any potential invest to save initiatives and the Executive Team will try to support initiatives if they believe the outcome will reap real benefits in the longer term.</p> <p>■ reported that SPIRA will soon include benchmarking data (primary care prescribing) that will allow health boards to compare their spend across BNF areas with other health boards. This will be a valuable tool that will support us to prioritise areas for review.</p> <p>Blueteq/High Cost Drug (HCD) list</p> <p>■ reported that national work is ongoing to support the implementation of Blueteq and a nationally agreed HCD list. ■ highlighted the challenges faced due to the varying degrees of support, particularly for Blueteq, across health boards.</p> <p>Value Based Prescribing – Presentation to VBHC Opportunities Subgroup 25/5/23</p> <p>■ reported that she had delivered a presentation to the VBHC Opportunities Subgroup in May 2023. The presentation ‘Value based prescribing – optimal prescribing for higher health gain’ highlighting the scope of work being undertaken by the MMT and demonstrated how value based work is embedded in every aspect of the work that the team does. The presentation was really well received.</p>	
<p>APG2023 22/06/14</p>	<p>Procedure for managing and supporting staff following a medication error & supervised practice form Deferred to September</p>	
<p>APG2023 22/06/15</p>	<p>Clozapine and point of care testing - SBAR Deferred to September</p>	
<p>APG2023 22/06/16</p>	<p>Electronic Prescribing and Medicines Administration (EPMA) update</p> <p>■ reported that the project team is currently in the ‘discovery phase’ to get a good understanding of current systems and processes that are in place. ■ explained that this will give the health board an opportunity to challenge, and where appropriate, change current working practice.</p>	

	<p>█ advised that a SharePoint site is being set up to support improved access to information about the work being undertaken. It was recognised that not everyone finds SharePoint easy to use/access and therefore alternative methods of getting information to staff, and ensuring that they are taken on the journey and feel engaged in the EPMA work, will be investigated.</p> <p>█ confirmed that a business case will need to be completed and approved by WG to allow the implementation of EPMA to progress.</p> <p>The priority for the first phase of EPMA implementation will be the health boards inpatient wards.</p>	
<p>APG2023 22/06/17</p>	<p>Intervention Tool Deferred to the next meeting where an update will be provided on the themes emerging and the resulting actions. █ to be invited to the next meeting.</p> <p>█ reported that █ has been awarded 2nd prize for his poster presentation at the YCC Wales Patient Safety Day earlier this week. Congratulations were extended to █ on this great achievement.</p>	<p>█</p>

<p>APG2023 22/06/18</p>	<p>Primary Care Data: National Prescribing Indicators & Primary Care KPI data</p> <p>■ gave a brief overview of the National Prescribing Indicators and confirmed that there are significant opportunities for improvement across a wide range of indicators.</p> <p>■ confirmed that monthly data showing practice level performance against a number of key performance indicators, including the NPIs, is being sent to practices.</p> <p>■ highlighted the concerns associated with antimicrobial prescribing, particularly the 4C antimicrobials. Audits have been undertaken in two thirds of the practices to-date. This work is being picked up by the Antimicrobial Stewardship (AMS) Group and a highlight report is provided to the health board's IPC meeting.</p>	
<p>APG2023 22/06/19</p>	<p>Primary Care Guidelines: Bisphosphonate Prescribing Guidance</p> <p>■ presented the bisphosphonate deprescribing guidance which has already been issued to practices and published on the health board's website. ■ explained that the guidance has been adapted from the PrescQIPP resource.</p> <p>The guidance was approved for use subject to 'T' score under describing and contradictions being amended to read for review in 6 years not 10 years.</p> <p>Action: ■ to amend the guidance as approved above. ■</p> <p>Vitamin D Prescribing Guidance</p> <p>■ confirmed that this guidance is not yet ready for consideration by the APG, but will be presented at the September meeting ■</p>	
<p>APG2023 22/06/20</p>	<p>Shared Care Protocols Prescribing Guideline</p> <p>National Shared Care Agreements (England)</p> <p>■ discussed the work going on in England to bring some consistency to Shared Care Agreements. This work is being undertaken by the Regional Medicines Optimisation Committee (RMOC) and organisations are being encouraged to adopt the RMOC shared care agreements. Given the health boards relationship with English providers, it was agreed that it made sense for Powys to adopt appropriate shared care agreements, for any services provided directly to patients by the health board. It was acknowledged that the Shropshire/Telford & Wrekin Medicines decision making committee planned to adopt the national shared care agreements with minimal amendments. The value of encouraging Welsh providers to adopt the</p>	

RMOC shared care agreements was recognised. ■ agreed to work with other health boards to progress this work.

■ requested that the LMC was engaged in discussions about shared care agreements and expressed concerns about secondary care work being ‘dumped’ on GPs.

■ agreed that engagement with the LMC was important and confirmed that ■ had worked with the LMC on shared care agreements in the past. ■ has now left Powys and so ■ would pick this up.

■ offered reassurance that shared care agreements are not intended to ‘dump’ work on primary care clinicians. The intention is to bring care closer to the patient’s home for medicines that are considered appropriate for shared responsibility between the secondary care clinician and the primary care clinician.

■ also confirmed that the Quality Standards for Medicines Management, that were discussed earlier in the agenda, have a section on shared care agreements. This makes it clear to providers that they are required to send a copy of the shared care agreement to the primary care clinician and invite the clinician to participate in shared care. Under no circumstances should the secondary care provider assume that the primary care clinician is happy to participate in shared care in the absence of explicit agreement.

■ also reported that where secondary care providers report challenges with primary care clinicians to participate in shared care, the medicines management team would work with primary care clinicians would work with clinicians to understand the barriers, recognising the benefits of providing care closer to home where appropriate and possible.

PTHB Methylphenidate SLA (paediatric)

■ reported that she had been made aware of a shared care agreement that was being used by CAMHS that is need of review. It is not clear that the MMT was aware of this document.

It was agreed that the document would be reviewed and brought to the APG in September.

Melatonin Prescribing Guideline

■ confirmed that this is in draft but has not yet been out for consultation. ■ will continue to work with ■ and will bring the guideline to the next meeting.

	<p>National work associated with Shared Care Agreements from Private Providers</p> <p>█ reported that an increasing number of patients are consulting private providers and then expecting the NHS primary care clinicians to accept responsibility for ongoing prescribing, without any support from the specialist service. This is something that causes considerable anxiety and creates additional work for primary care clinicians.</p> <p>█ confirmed that national work to provide guidance to clinicians was ongoing, and guidance will be made available, potentially via the 'prescribing dilemmas' document, in due course.</p>	<p>September</p> <p>█</p>
<p>APG2023 22/06/21</p>	<p>NICE Associates update: Resource planner</p> <p>█ made members aware of the NICE resource planner that will be used by the MMT to horizon scan. The resource planner will also be of value to other teams across the organisation. Members were encouraged to take a look at the planner.</p> <p>Cost saving guidance</p> <p>█ confirmed that this guidance is used to inform our savings plan. Awareness of the cost saving guidance has also been raised through the Value Based Healthcare meetings.</p> <p>█ reported that the shared learning/case studies resource that had previously been available on the NICE website is going to be relaunched imminently. The MMT will review this resource to establish whether there is anything that we could implement locally.</p> <p>█ made members aware that the Cardiovascular disease: risk assessment and reduction, including lipid modification - Escalation of Therapy – consultation is now open until 5th July. It was agreed that █ would collate responses on behalf of the health board. The consultation can be accessed via: https://www.nice.org.uk/guidance/indevelopment/gid-ng10368</p>	<p>ALL</p> <p>ALL</p> <p>ALL █</p>
<p>APG2023 22/06/22</p>	<p>PrescQIPP update: Improving Medicines and Polypharmacy Appropriateness Clinical Tool (IMPACT)</p> <p>This resource identifies clinical and deprescribing priorities and provides recommendations/ considerations for appropriately continuing or stopping medicines.</p>	

	<p>Links to PrescQIPP and other deprescribing algorithms are included where available and the tool will be regularly updated as new algorithms become available.</p> <p>Links to the following were circulated with the agenda but where was insufficient time to discuss them at the meeting.</p> <p>The following resources were shared for information:</p> <ul style="list-style-type: none"> • Multi-compartment compliance aids • Empowering patients to manage their repeat prescriptions • Blood glucose and ketone test meters (England) <p><u>Apixaban patent</u></p> <p>█ reported that the patent on apixaban is due to expire in 2026 but this has been challenged in the UK High Court. Generic versions have been launched, however as BMS-Pfizer has challenge the High Court ruling. Significant savings will be available to the NHS once generic versions are available, but we don't currently know when this is likely to be. This is included in our savings plan.</p>	
<p>APG2023 22/06/23</p>	<p>PSN 055 Audits</p> <ul style="list-style-type: none"> • Ambient temperature storage issues – Brynheulog Ward, Newtown <p>█ reported that the temperature in ambient temperature storage areas on Brynheulog Ward is a concern. Although a refurbishment is planned (date unknown), the room is very small and particularly hot. A request has been made to allow the ward to keep the treatment room door unlocked and open during hot weather. █ advised that she would need assurance that all medicines are stored securely in the treatment room, before this can be considered. A recent visit to Brecon Hospital had highlighted concerns about prescription only medicines being left on the side in an unlocked treatment room. █ also pointed out that processes are now in place to track room temperatures and, where appropriate, adjust expiry dates on medicines that have been exposed to temperatures in excess of 25 degrees. Although this is not ideal, it does mean that the security of medicines held in the treatment room are not compromised. █ confirmed that CCTV is in operation on the ward but she will consider the risks again.</p> <p>█ advised that ambient temperatures in excess of 25 degrees have been reported on multiple sites. MMT investigate each report and establish whether steps can be taken to bring the temperature down. It was acknowledged that the age and state of parts of the Powys estate presented challenges like this. █ asked which forum this information is reported to. █ confirmed that these issues are escalated through the risk register and that they were</p>	

	<p>also highlighted in the Medicine Management Assurance Report that was presented to execs and PEQS in July 2022.</p> <p>Action: ██████ to discuss next week</p>	
	The following agenda items were not considered due to lack of the time.	
APG2023 22/06/24	Medicines Safety Officer Update Deferred	
APG2023 22/06/25	Patient Group Directions Update Deferred	
APG2023 22/06/26	<p>National Resources (for information/action):</p> <ul style="list-style-type: none"> • Polypharmacy in Older People: A Guide for Healthcare Professionals (for information) • NHS Wales Pain Guidelines • National Respiratory Toolkit – Healthboard Report – April 2023 • PTHB Respiratory Toolkit Healthboard Report – March 2023 • Optimising pharmacy services at hospital discharge to improve patient flow • Goal Five of Six Goals for Urgent and Emergency Care updated <p>Deferred</p>	
APG2023 22/07/28	<p>Date of Next Meeting</p> <p>Thursday 21 September 10.30 am – 12.30 pm</p> <p>Thursday 14 Dec 10.30 am – 12.30 pm</p>	ALL