POWYS TEACHING HEALTH BOARD

Area Prescribing Group

Minutes of the meeting held on Thursday 21 September 2023 at 10.30 am via Teams

Present:

[redacted] Chief Pharmacist (Chair)
[redacted] Senior Medicines Management Nurse
[redacted] Data Analysist, Medicines Management Team
[redacted] Senior Pharmacist, Governance & Training
[redacted] Senior Pharmacist, High Cost Drugs & Commissioning
[redacted] Senior Technician VBM High Cost Drugs & Commissioning
[redacted] Clinical Pharmacist
[redacted] Pharmacy Technician, Primary Care
[redacted] Pharmacy Technician, Care Home Support

In Attendance:

[redacted] PA to Chief Pharmacist (minute taking)

Item	Note	Action
APG2023 21/09/01	**Welcome and Introduction** No declarations of interest were received. It was noted that the meeting was not quorate, however it was agreed to proceed and ratify decisions outside the meeting where necessary.	
APG2023 21/09/02	**Apologies for absence were received from:** [redacted] Medical Director, PTHB (Chair) [redacted] GP Representative [redacted] Head of Primary Care Medicines Management [redacted] Finance Business Partner [redacted] Senior Nurse NMP Representative [redacted] Clinical Lead for Research & LMC Representative [redacted] Head of Community Services Medicines Management/Pharmacy	
APG2023 21/09/03	**Minutes from the meeting held on 22 June 2023** The minutes of the meeting held on 22 June 2023 were agreed as an accurate record.	
APG2023 21/09/04	**Matters Arising (not otherwise on the agenda):** **4.1 Acetic acid – formulary entry** [redacted] confirmed that acetic acid 3% solution has now been added to the formulary, clearly showing that this is unlicensed and for hospital use only.	**closed**

	4.2 Unlicensed Medicines SOP – cross reference with AWMSG Policy [redacted] confirmed that she has received some comments and will present the document at the December APG meeting. [redacted] suggested that the document be circulated to the MMT members for comment prior to the APG meeting. **4.3 Discretionary Homely Medicines Policy – on website** [redacted] confirmed that this policy had now been published on the Health Board's website. **4.4 Commissioning for quality standards (EP's additions incorporated)** [redacted] confirmed that [redacted] comments had been incorporated and a copy of the document sent to the Commissioning Team for inclusion in provider contracts. [redacted] reported that the quality standards will now be further updated ready for inclusion in 2024/25 contracts. **4.5 Tranexamic acid for post op bleeding following dental surgery – formulary/website** [redacted] confirmed that this has been added to the formulary but there is no link to the protocol. As soon as the protocol has been signed by all signatories, it will be added to the formulary. Post meeting note: action complete **4.6 COVID Therapies – logging data** [redacted] reported that [redacted] had not yet managed to coordinate a meeting with [redacted] and [redacted]. This will be picked up when [redacted] returns from leave. [redacted] confirmed that current logging processes will remain in place at the moment.	[redacted] **Closed** [redacted] **(outside APG)** [redacted] [redacted] [redacted] [redacted] **(outside APG)**
APG2023 21/09/05	**Draft Clinical Guideline – Injectable Iron** [redacted] provided an update on amendments made to the guideline following the last APG. [redacted] had expressed concerns about restricting prescribing to specialist recommendation only. It was agreed that as long as the clinician had the required competencies, prescribing did not need to be restricted to specialists. [redacted] confirmed that a section had been added to the request to use IV iron form to include the rationale for treatment. [redacted] reported that the guideline now states that no aspect of IV iron treatment should be undertaken by OOH services. With regard to the frequency of observations during and immediately after treatment, [redacted] reported that no national guidelines exist but there is a Risk Minimisation step paper which advises observation at baseline, 15 minutes after infusion begins and 30 minutes post-infusion; three sets of observations in total. [redacted] advised that she had made a number of suggested changes to the document and would forward to [redacted] for consideration. [redacted] to forward [redacted] the final document for sending absent APG members for ratification	[redacted]

	- covering email will advise that if no comments are received by the date indicated it will be taken as they are content with the document.	[redacted]
APG2023 21/09/06	**Formulary:** **Draft Formulary Guideline** [redacted] presented the process for adding, amending and deleting items in the formulary. She confirmed that the Formulary Working Group will be formalised and become a sub-group of the APG. It was agreed that 'grey' will be removed from the traffic light classification – [redacted] confirmed that no formulary drugs are currently classified as 'grey'. [redacted] agreed to circulate the final version to members of the MMT for comment. [redacted] briefly summarised the new forms that have been developed: • Formulary Application Form • Prescriber Communication Form • Formulary Amendment Form It was agreed that Section D of the formulary application form should be amended to provide two options – health board or WHSSC funded. **Prescriber Communication Form** [redacted] reported that this form has been prepared to allow primary care clinicians to report requests to prescribe, received from secondary care, that they consider inappropriate. The intention is that a copy of the form is sent to the requesting clinician and to the MMT. [redacted] advised that acute providers treat in line with their policies and formularies, not ours. Agreed that an additional box be added to include 'recommend to the Health Board that this be considered for addition to the formulary'. [redacted] suggested that comments on the updated form are obtained from [redacted] before the form is put into use. **Formulary Amendment Form** The aim of this form is to support simple changes to the formulary e.g. change to formulation, brand or formulary classification. [redacted] confirmed that if the change results in a cost pressure, then a new formulary application form would need to be submitted. [redacted] suggested that a timescale for response to new formulary applications and formulary amendments should be included in the forms to help manage expectations. [redacted] confirmed that the Formulary Working Group will have a standing item on the APG agenda moving forward.	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

	Dexcom One Formulary Application [redacted] presented an application for Dexcom One (real time glucose monitoring) received from [redacted] DSN. [redacted] reported that currently we only have Freestyle Libre 2 (intermittent glucose monitoring) in Powys. [redacted] reported that NICE guidelines for Type 1 and 2 diabetes support a choice of real time and intermittent glucose monitoring systems. The Children & Young People guideline supports real time glucose monitoring in children with Type 1 diabetes. [redacted] confirmed that this will be an alternative to Freestyle Libre and that the cost of the two devices are the same. [redacted] asked whether the introduction of Dexcom One may address a currently unmet need and therefore potentially present a cost pressure. [redacted]suggested that the NICE costing template is used to understand the NICE predicted costs to allow comparison with the current level of spend. [redacted] confirmed that she had no objections to this application as it is supported by NICE clinical guidelines. Members noted that health boards are not mandated to implement NICE clinical guidelines, although a clear rationale, supported by a robust decision-making process would be required to go against any NICE recommendation. It was agreed that a 'green' status recommendation would be made to members absent from the meeting. [redacted] requested that an audit of real time and intermitted blood glucose monitoring is undertaken within the next 12 months. **Action: [redacted] to check costings and then forward to absent APG members for final decision (indicating that this was supported at today's meeting).**	[redacted] [redacted]
APG2023 21/09/07	**Draft SOP to support the administration of Ongavia® (biosimilar ranibizumab) in PTHB ophthalmology clinics** [redacted] presented a draft SOP to support the switch from Lucentis® to Ongavia® (biosimilar ranibizumab). Lucentis®, previously used in PTHB ophthalmology clinics, was available in pre-filled syringes, however Ongavia® requires individual doses to be drawn up from single use vials for each patient. The switch to Ongavia® will release significant financial efficiencies. [redacted] reported that WG is pushing health boards to ensure that the most cost-effective biosimilar products are used at all times. [redacted] confirmed that the ophthalmology team has recently provided a suite of SOPs and believed that this SOP could be added as an appendix, allowing for similar documents to be prepared as and when more cost-effective biosimilar products are made available.	

	[redacted] confirmed that she had already included [redacted] comments in the document and no further comments were offered. Members present were happy to support [redacted] proposal. **SBAR – Preparation of Ongavia® by Optometrists** [redacted] advised that PTHB Age Related Macular Degeneration clinics use optometrists to prepare and administer intravitreal injections. Medicines legislation is silent on optometrists preparing medicines for administration. There are no issues with optometrists administering intravitreal injections as this is supported by a prescription from an Ophthalmologist. This issue has come to light since the switch from Lucentis® to Ongavia® was initiated. Lucentis® was administered from a pre-filled syringe and therefore did not require any preparation. Ongavia® has to be drawn up from a single use vial (containing more than a single dose). [redacted] advised that the SBAR includes a risk assessment of the process, details of training requirements and competency assessments. The clinics are currently supported by two very experienced optometrists. The Consultant Ophthalmologists have agreed to supervise the optometrists preparing 20 Ongavia® injections before they can do this independently. If the Optometrists were stopped from preparing Ongavia® injections, it would result in: - **reduced capacity in the intravitreal injection service** - **reduced efficiency of the process** [redacted] summarised the position and advised that legislation allows doctors, nurses or pharmacists to prepare medicines for administration. Pharmacists are able to supervise other healthcare professionals preparing medicines for administration. The law is silent on optometrists preparing medicines for administration. The health board does not have sufficient pharmacist capacity to supervise optometrists preparing medicines for administration. A decision is required from both the APG and Executive Team regarding the preparation of Ongavia® by optometrists to allow a continued seamless and efficient intravitreal injection service. It was noted that it was not an option to continue with the use of Lucentis® due to the financial implications. Members present were happy to support the SBAR with the addition of the above statement and for the Executive Team to make the final decision. **Action: [redacted] to update document and send to [redacted] who will ask [redacted] to take to Executive Team for final decision**. **Risk Assessment – switch from Lucentis® to Ongavia®** [redacted] presented the risk assessment for the switch from Lucentis® to Ongavia®. This has been prepared using the	[redacted] [redacted]

	NPSA20 risk assessment template tool. Second point refers to use of unlabelled bolus syringes and infusions. Ongovia® will be drawn up from the vial into an unlabeled syringe. The template states that we should be labelling any syringes that leave the hands of the practitioner once prepared before injecting into the patient. It has been confirmed that the syringe will not be leaving the hands of the injector - once prepared it be administered immediately. Each dose will be prepared alongside the patient, in the same room. [redacted] confirmed that no other medication is being handled or drawn up. It was noted that if the syringe were to be labelled, this would add another step to the process and potentially increase the risk of the contents of the syringe becoming contaminated. [redacted] asked about the storage and disposal of the vial and [redacted] confirmed that they are single use vials and are not stored. It was noted that competencies were covered in the document and members present agreed that if someone has not injected for a period of six months then their competency should be reassessed. [redacted] would obtain the views of the Optometrists on this addition. The completed SBAR would then need to be sent to [redacted] for escalation to the Medical Director and the executive team approval.	[redacted] [redacted]
APG2023 22/06/08	**Clozapine and Point of Care Testing – SBAR** [redacted] presented an SBAR that had been written by [redacted] (Mental Health Pharmacist, ABUHB) in collaboration with staff from The Hazels in Llandrindod Wells. The SBAR outlined a proposal to change the way that PTHB clozapine clinics are run. Currently patients have to attend clinic for blood tests and then return to collect their medicines at a later date. The proposal is to install a point of care testing analyser (PocHi) in the clinic that will allow blood results to be reported in minutes.and to improve patient experience and reduce staff time,. It is proposed that NHH dispenses the clozapine in advance of the blood test results being known. [redacted] confirmed that at the time that the clozapine is dispensed, the previous blood result will still be valid, although it will not be valid for the full duration of the supply being made. The dispensed clozapine will be quarantined by the clinic until the blood result covering the full supply of is known. The medication would only be released from quarantine by the clozapine nurse after a 'permitting' result had been obtained. Implementation of the proposal will reduce the risk of inadvertent treatment breaks caused by delays in supply of medication (if more than 48 hours of treatment is missed, a re-titration process is required as an inpatient on a MH ward plus associated risk of relapse in psychosis). [redacted] reported that [redacted], Clinical Director, is supportive of this proposal. APG members confirmed that they supported the proposal. [redacted] stressed the need for a robust clinic SOP and staff training to ensure that inadvertent supplies are not made. [redacted] requested clarification on what happens to the pre-dispensed supply of clozapine if the blood results are 'red' and they cannot receive the clozapine.	[redacted]

	Agreed in principle by the members present but the SOP must be brought to the APG for approval. The clozapine dispensing service provided by [redacted] was discussed – it was confirmed that this service would not be affected by the proposed change, however questions were asked about why two different services were in place in Powys. **Action:** • **[redacted] and [redacted] to look into patient numbers, locations and what SOPs exist in both areas.** • **[redacted]– share proposal with absent members of the APG for comments before final approval is granted.**	**APG** [redacted] [redacted] [redacted]
APG202 21/09/09	**PGD Update** [redacted] provided a verbal update on the progress made with PGD development and governance. It was reported that the PGD sub-group has produced a checklist for use by managers responsible for authorizing staff to use PGDs. It is hoped that this will strengthen governance arrangements. [redacted] advised that an All Wales PGD Advisory Group has been established to support the development of PGDs on a Once for Wales basis. [redacted] is the PTHB rep on this group. [redacted] provided an update on the progress made with the PGD audit programme and confirmed that audit data is now being requested for PGDs that are due to expire in March 2024. [redacted] acknowledged the significant progress that had been made by [redacted] and other members of the team to transform the management and governance of PGDs.	
APG2022 21/09/10	**NMP Update** [redacted] provided a brief update on NMP applications and the move to ensure that they are in line with service needs, rather than individual training desires. It was confirmed that there is no dedicated funding available to incentivise GPs to undertake the role of assessor/supervisor. [redacted] reported that additional V150 training places have been made available. [redacted] advised that she is working closely with [redacted], Primary and Community Care Academy Manager, on an NMP event. A follow-up workshop is planned for 7 November 2023 (tbc). [redacted] asked for [redacted] to be included in the invitation. **Action:** [redacted]	 [redacted]
APG2023 21/09/11	**Medicines Safety Officer Update:** **World Patient Safety Day (17th September)** [redacted] reported that although [redacted] had provided the health board's Comms Team with information to promote	

	World Patient Safety Day, it wasn't sent out. [redacted] advised that the National Patient Safey Week in November provides another opportunity to use this information - confirmation will be obtained from Comms to ensure that the information is disseminated this time. [redacted] confirmed that posters have been laminated and sent out to all wards to support patient safety initiatives. [redacted] advised she had met the Ward Manager on Llewllyn Ward, Bronllys Hospital earlier this week to promote the Yellow Card reporting and this had been well received and merchandise welcomed. [redacted] will be promoting this in the Care Homes too and [redacted] on the wards for the Community Services teams. **Alerts Management SOP** [redacted] presented the alerts management SOP which outlines the medicines management teams processes for managing a range of alerts. [redacted] advised that the Medical Director would be the responsible executive. [redacted] reported that the SOP includes monitoring compliance with SOPs by all primary care contractors. However [redacted] Dental Director and [redacted], Optometry Adviser have confirmed that neither the dental contract nor the optometry contract include a requirement to manage alerts. [redacted] confirmed community pharmacy processes for managing alerts are checked during contract monitoring visits. It was agreed that this should be included in the SOP. [redacted] confirmed that Care Inspectorate Wales is responsible for ensuring that care homes have processes in place for managing alerts. [redacted] confirmed that lost prescription alerts fall outside this SOP as they will be covered in the Controlled Stationery Management Guideline that is currently being developed. **Medicines Safety Group** [redacted] confirmed that a Medicines Safety Group will be established as a sub-group of the APG. Terms of reference will be developed. The group will focus on patient and medicines safety and national alerts. Processes will be put in place to ensure that learning is shared across the organisation. The group will have primary care representation, Medicines Management Nurse [redacted] [redacted]i [redacted] [redacted] [redacted] and it was suggested a patient representative might be helpful. [redacted] agreed to share a terms of reference from a previous organisation. The plan is to hold the first meeting in late October/early November. **SPS Update** This update was embedded into the agenda and received for information.	[redacted] [redacted] [redacted] [redacted] [redacted]
APG2023 21/09/12	**NICE:** The following items were embedded into the agenda and received for information. • NICE to stop supplying print copies of the BNF/BNFc	

	• Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (updated guidance) and visual summary published. • NICE consultation: Cardiovascular disease: risk assessment and reduction, including lipid modification - Escalation of Therapy (22nd Sept – 5th Oct) It was noted that [redacted] and [redacted] are now our PrescQIPP champions and will provide updates at future meetings • CKS – What's new	[redacted]
APG2023 21/09/13	**Items for information:** The following items were embedded into the agenda and received for information: • MHRA: Codeine linctus. • All Wales Paediatric asthma management and prescribing guidelines • National Prescribing Indicator Specifications • All Wales Headache Toolkit • Proposal for the use of patient group directions by pharmacy technicians [redacted] confirmed that this was a very welcome development and the health board has supported this via the national consultation. **VTE Risk Assessment** [redacted] confirmed that the VTE Risk Assessment form had now been approved and that we need to ensure that it is now being used routinely. [redacted] questioned whether there was any update in access to pneumatic compression. [redacted] confirmed that we are still waiting for an update from [redacted] who was taking this to the VTE group. **Critical time medicines** Received for information but it was confirmed that this had not yet been flagged to the nursing teams on the wards and [redacted] suggested that this be adopted for use in Powys with the logo and date and sent on to the wards. [redacted] to pick this up on her return from leave. **Parkinson's Excellence Network** – Time Critical Medication on time, every time. Ten recommendations for your hospital. Received for information.	[redacted] [redacted]
APG2023 21/09/14	**Any other business** No items.	

APG2023 21/09/15	**Date of Next Meeting** Thursday 14 Dec 2023 10.30am – 12.30 pm Thursday 21 Mar 2024 10.30am – 12.30 pm	**ALL**