

## NENC ICB Medicines Safety Group

Draft Minutes of the meeting held on Thursday, 28<sup>th</sup> September 2023, 1-3pm

Virtual meeting

**Present:**

Name	Position	Representing	September
Ewan Maule (EM)	ICB Director of Medicines and Pharmacy	Acting Chair	✓
Janet Walker (JW)	ICB Medical Director representative	ICB Medical directorate	✓
Jean Golightly (JG)	ICB Nurse Director for responsibility for medicines safety		A
Chris Piercy (CP)	ICB Nurse Director (to replace Jean Golightly)		✓
Catherine Baldrige (CB)	MSO SSTFT, Chair MSO NE Network	Medicines Safety Officer (MSO) Network representative	✓
Wendy Halliburton (WH)	Patient Safety Lead for the AHSN NE)	Academic Health Science Network (AHSN) Patient Safety representative	Apologies
Ruth Ayre (RA)	Lead Clinical Pharmacist (CNTW))	NENC Mental Health Trusts	
Jamie Harris (JH)	Chief Pharmacist CDDFT	NENC Acute Trusts	✓
To be identified	Senior Clinician with safety role responsibility / interest	NENC Acute Trusts	
Dr James Carlton (JC)	GP Prescribing Lead, NENC ICB)	Primary care	Apologies
Helena Gregory (HG)	Medicines Optimisation Lead (Cumbria), NENC ICB	Primary care	✓
Davina Collins (DC)	Head of Nursing, CHOC	OOH's service provider representative	A
Graeme Kirkpatrick (GK)	NHS England, Head of Patient Safety (Advice and Guidance))	NHS England and Improvement Medicines / Patient Safety representative	✓
Tony Jamieson (TJ)	National Clinical Lead for Medicines Safety Improvement	NHS England	✓
Graham Evans (GE)	Executive Chief Digital and Information Officer NENC ICB	ICB	✓
Dr Gareth Coakley (GC)	ICB Clinical Lead role	Primary care	✓
To be identified	Ambulance Service representative (e.g. Consultant Paramedic)	North East Ambulance Service	
To be identified	Public Health Lead / Senior Clinician		
To be identified	Patient Safety Partner		
Mairi Westwater (MW)	Project Manager	NECS	
Paula Russell (PR)	RDC Principal Pharmacist	RDC (Professional Secretary)	✓

## **Introductions and welcome**

EM, as Interim Chair, welcomed members to the meeting. Members introduced themselves and their roles. Hira Singh attended to support discussions for agenda item 5 (PGD Governance) Apologies were received from Dr James Charlton.

## **Update from the ICB Medicines Committee**

EM provided an update on the Medicines Committee discussions about the NHSE Medicines Optimisation Opportunities.

He reported that whilst there is an expectation for the ICB to focus on just five out of sixteen Opportunities, the ICB Medicines Committee decision is to focus on all sixteen, with some metrics to monitor progress. There was a discussion about what metrics might be used, the reporting of progress and performance management.

There was general agreement by the Medicines Committee to continue the focus on valproate safety which is one of the sixteen medicines optimisation opportunities.

PR reported that very few comments received on the draft Terms of Reference (ToR). She noted the comments received from CB which involved minor changes, which will be incorporated into the draft ToR.

Action:

- PR to make the minor changes to the draft Terms of Reference and provide that version to the Medicines Safety Committee.

## **PGD Governance in the NENC ICB**

Hira Singh provided an outline of the PGD governance policy and processes to the group. He reported that in addition ICB-commissioned pharmacy services, optometry and dental have also come under the remit of the ICB medicines optimisation team assigned to provide the governance of PGDs. He demonstrated a PGD tracker to provide assurance of the governance processes for those listed. There was some discussion as to whether this list, based on a response to a request for PGDs in each area within the ICB, was complete. A decision was made to widen the search for PGDs being used, and specifically to ask about OOHs services PGDs. JW and EM both asked about national oversight and if there is any national link where PGDs are written for national organisations but used locally. CB is a member of the National PGD Group (formerly under NICE but now NHSE Specialist Pharmacy Services (SPS)) and confirmed that currently there are no formal requirements for others to feed into that group. She agreed to keep the Medicines Safety Group (MSG) briefed on any national PGD developments from that group.

HS described the agreed actions of the ICB PGD Portfolio Group, including a review of the current ICB PGD Policy. The decision was made that it will be a 'working group' as described in the Medicines Safety Group ToR, which will sit below and report into the ICB Medicines Safety Group (ICB MSG). It will provide assurances that PGD governance processes are being adhered to without the need for process forms to be brought to the Medicines Safety Group. However, EM assured the Group that any PGDs requiring greater discussion will be brought to the Group.

HS asked about additional capacity for ICB authorisation and/or organisational adoption of PGDs, currently limited to EM and the ICB Medical Director. JW agreed with EM's suggestion that it was reasonable to consider the other Medical Directors as ICB authorisation signatories.

The Group noted and accepted the four national immunisation PGDs submitted by Sub ICB Durham Nursing Leads that have been authorised and signed by the ICB authorised signatory on behalf of the ICB, following the ICB PGD governance authorisation process.

Actions:

- HS and team to ask about PGDs being used by Out of Hours Service Providers and to look for other ICB-commissioned services using PGDs and add any found to the PGD Tracker.
- ICB PGD Portfolio Group is to report into Medicines Safety Group as a working group as per MSG Terms of Reference.
- CB agreed to provide any feedback she thinks is relevant to the group from the National PGD Group.
- EM and JW to discuss and confirm if other ICB Medical Directors could become ICB PGD Authorisation signatories.

### **National Medicines Safety Improvement Programme (MedSIP) - reduce inappropriate use of high dose opiates for non-cancer pain**

TJ provided a slide deck in advance of the meeting summarising the key topics and work being done as part of the MedSIP Programme. He spoke about the power of leadership locally in medicines safety and praised the early response and ongoing work being done in the region to reduce prescribing of opioids for chronic non-cancer pain. TJ said that chronic pain is a 'societal issue that requires communities and neighbourhoods to help the cultural shift' and provided examples of this from other regions.

HG provided an update on the NENC Clinical Pain Network. The Network, which has only met twice, is keen to involve wider stakeholders and include people with lived experience. It is looking to learn and share from what is happening across the ICB Footprint.

There was a discussion about maintaining momentum and CP provided some relevant and useful learning from the AMR Programme.

### **Medicines in pregnancy – Valproate**

HG presented a short slide set outlining the findings of the Use of Valproate in People of Childbearing potential across NENC Phase 2 - Valproate Data Corroboration Report. The report noted that there was a lack of awareness of the correct coding. HG's final slide posed questions which led to a discussion of the findings. HG suggested some possible 'quick wins' to share across the system:

- clarity and awareness of the correct coding and
- the [NHS Valproate bipolar and epilepsy decision support tools](#) designed to support shared decision making between people and a clinician.
- IT systems to enable better process of ARAF forms.

PR made the group aware that Humber and North Yorkshire ICB have agreed to use a Shared Care Protocol based on the version currently paused by NHSE. This was noted and led to a good discussion. On the advice of TJ, the group decided not to pursue with a Shared Care Protocol (SCP) at this time. The reasons for this decision included:

- A proportion of patients receiving valproate for both mental health and epilepsy are not addressed by the SCP and TJ is not aware of anywhere where there is a pathway for dual indications.
- There are issues with the ARAF and the varied quality of those discussions.

- Most ICBs are tackling the reliability of the Pregnancy Prevention Programme (PPP) before tackling the clinical considerations.

EM summarised that NENC has a risk associated with the prescribing of valproate to women of childbearing potential. This exercise has quantified the risk and done some work to understand the risk in terms of numbers and impact. It is important to do the things that we can do. It is also important to communicate that this is an exercise in risk reduction and that no amount of work can totally remove this risk.

EM welcomed GE's offer to link in with the process 'when the time is right'.

Actions:

- HG and her team to continue with the work plan in place and to also include the RDTC valproate prescribing metrics PR provided.
- TJ to share the useful learning he mentioned on valproate safety work being done elsewhere in England.

### **Transfer of care – care homes and wider**

Deferred due to change of Nurse Director.

Action:

- PR to discuss with EM the future of this topic as one of the three key priorities for the Group.

### **MSO update**

CB spoke about the ongoing work and topics raised at the MSO group meetings. She reported that propranolol overdose had been raised and there was some work being done including a learning document which she agreed to share with the Group. The Group noted this and agreed it was worth keeping an eye on but there was no action as yet for the Group.

CB noted that it was the MSO Group that had initially raised the issues relating to valproate and ARAFs in the region. It was agreed that the minutes of the ICB Medicines Safety Group be shared with the MSO Network.

HG has reviewed NHS England publication 'Delivery of quality functions in ICSs' and will provide an update in November.

Actions:

- HG to provide an update on 'Delivery of quality functions in ICSs' at the November meeting.
- CB to share the propranolol learning document from the MSO Network.

### **Patient Safety Strategy implementation update**

WH was not at the meeting, so the update was deferred to November.

### **NENC ICB Medicines Safety Work Stream update**

HG reported on new portfolio working arrangements. Once they have developed processes to support this work, they will be brought to the group for discussion and approval.

### **National update**

GK outlined the work being done by his team, looking at new and emerging patient safety issues, resulting in national Patient Safety Alerts or work with partner organisations such the Royal

Colleges and providing input into their guidance documents. GK provided an update on current work streams. EM thanks GK and TJ for the national updates but expressed hope that the Group is also a useful touch point for GK and TJ. TJ confirmed that hearing the Group discussions was very helpful.

### **Alerts**

PR circulated a draft proposed spreadsheet to capture medicines safety alerts and notifications, their recommended actions, progress made against them and any mitigations, with the aim of providing assurances or highlighting areas of concern. GK provided very useful feedback and PR is to liaise with GK to make the suggested changes. HG confirmed that her team will take on the task of maintaining it once finalised.

#### Action

- PR to liaise with GK to make suggested changes to draft spreadsheet.

### **AOB**

Medicines Safety links provided for information on the agenda were noted.

- Slide set from SPS Medication Safety Update for the Monthly MSO Webinar
- AMR update provided to the MSO Network by Prof Philip Howard, NEY Antimicrobial Stewardship Lead.

**Date and time of next meeting: Thursday 23<sup>rd</sup> November 2023, 13:00-15:00**