

**Directorate of Mental Health, Eastern and Coastal
 Minutes of the Trustwide Drug & Therapeutics Group
 Kent & Medway NHS Partnership Trust**

**Minutes of Meeting held on Tuesday, 2nd August 2022
 Via Lifesize at 2.00 p.m.**

Present		
██████████	██████	Consultant Psychiatrist/Interim Head of Psychiatry Services - Community
██████████	██████	Chief Pharmacist – Deputy Chair
██████████	██████	Prescribing Lead Pharmacist, Clinical Safety Officer
██████████	██████	Consultant Psychiatrist - Open Dialogue/NEK CRHTT (From 3.00 p.m.)
██████████	██████	Lead Pharmacist - Service Development
██████████	██████	Medicines Quality and Safety Officer
██████████	██████	Lead Clinical Pharmacist- Dartford
██████████	██████	Deputy Chief Pharmacist
██████████	██████	Lead Medicines Optimisation Pharmacist (Mental Health). NHS Kent and Medway
██████████	██████	Lead Pharmacist Education and Training
██████████	██████	Associate Director for Medicines Governance and Pharmacy Education For Agenda 08/2022/10
██████████	██████	Lead Governance Pharmacy Technician For Agenda 08/2022/10
██████████	██████	Administrator - Meeting Notes

Apologies		
████████████████████	██████	Consultant Psychiatrist Ashford and Canterbury CMHT

Min. No.		Action
08/2022/01	Minutes of last meeting (Tuesday, 7 th June 2022) The Minutes were accepted as a true record Matters Arising 04/2022/05 Oxygen Policy █████ Actioned - approved just waiting to be published 04/2022/02 Byannli (6-monthly Paliperidone Palmitate Depot) Guidelines - █████ Actioned - agreement should be seen six monthly at least 04/2022/03 Lithium Shared Care update and next steps - █████ On today's Agenda 04/2022/04 Valproate Protocol █████ Actioned - approved and now available online 04/2022/06 Medicines Management Policy	

Chairman – Andrew Ling
 Chief Executive – Helen Greatorex

	<p>██████████ Actioned</p> <p>04/2022/07 Medicines Reconciliation Protocol - ██████████ Actioned ██████████ email protocol to ██████████ (Policy Manager) once changes are made to put on the i-connect and pharmacy guideline page.</p> <p>04/2022/10 UKTIS Position Statement for Librium -Chlordiazepoxide - ██████████ Actioned</p> <p>04/2022/14 Neutralising Monoclonal Antibodies or Antivirals for KMPT In-patients with COVID-19 / How will KMPT patients access these Neutralising Monoclonal Antibodies (NMABS) and Antivirals (Oral and Intravenous)? - ██████████ Actioned</p> <p>██████████ emailed updated guidance to all inpatient Consultants and ward managers to advise of this change.</p> <p>04/2022/15 - Lithium Policy ██████████ to link in with ██████████ (Education and Training Pharmacist) and identify which teams do not have Lithium leads and raise this risk in the community patient safety meetings Actioned - emailed ██████████ asked to link in with ██████████ if required. Nothing heard back - ██████████ to chase up</p> <p>SKB Anti-Psychotic Pathway ██████████ - Ask ██████████ to attend the next D&T Meeting to update.</p> <p>Not actioned. MS attends Anti-Psychotic Pathway meetings</p>	
<p>08/2022/02</p>	<p>Lithium Shared Care Guidance ██████████</p> <p>The Lithium Shared Care Guidance was presented at the KMMOC (Kent and Medway Medicine Optimisation committee) meeting on the 21st of July with a number of GP's attending. The good news is that this guidance has been finally agreed (after 2 years) with one pending change to ensure each CMHT having a generic email address (like we have for Ashford, Canterbury Coastal, Maidstone and Thanet) where the GPs can contact our specialists for advice and support which needs to be meaningful and responsive.</p> <p>██████████ (Head of Service for the CMHT's) has confirmed that each CMHT already has a generic email address which is monitored throughout the day by admin. These details have been added to the Lithium Shared Care Guidelines and now approved. This guidance will now need to go to Clinical cabinet for approval and presented to the Chief Medical officer and once approved would be communicated to primary care. It should then be uploaded to the GP formularies by the end of August as specialist initiation only. It will support the prescribing in primary care and set out parameters for referral back to secondary care.</p> <p>██████████ - Guidance will need to be ratified first. Will go to new Medical</p>	

	<p>Director around 18th August 2022. Once approved will go back to [REDACTED] to be disseminated through KMPT.</p> <p>At the KMMOC meeting there was a lot of discussion about the referral process back to KMPT via the Duty team which some GP's felt wasn't working as some said it was difficult to get through to CMHT's via the phone. In the future [REDACTED] has said that GP's should escalate these kinds of issues [REDACTED] which [REDACTED] can then look into with relevant senior management team.</p> <p>[REDACTED] has reiterated to the committee members it absolutely vital we get lithium shared care right to ensure our GP's are supported and continue to improve the way we work together. A lot of shared care is just about communication and team working.</p> <p>Action: The Lithium Shared Guidance has been shared with the non-medical prescribers and [REDACTED] has requested that [REDACTED] please shares with our Consultants</p> <p>Thanks given to [REDACTED] for their hard work on getting this guidance</p> <p>[REDACTED] - Importance that a timely response is given to queries from GP around the shared care.</p> <p>Action: [REDACTED] to add in next Medicines Matters Newsletter that the Lithium Shared Care Guidance has been approved?</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>08/2022/03</p>	<p>Clozapine Policy [REDACTED]</p> <p>The policy has been updated again to make sure that each clozapine clinic has a system in place to ensure that plasma level results are followed up within two weeks from when the sample was taken. This recommendation has come from a recent SI [REDACTED]</p> <p>[REDACTED]</p> <p>Clozapine assays are widely used to support the management of patients prescribed Clozapine. The measurement of medication concentrations is helpful in identifying uncertain drug adherence, suboptimal tolerability, non-response at therapeutic doses, or pharmacokinetic drug-drug interactions.</p> <p>Another change to the policy is after another SI [REDACTED]</p> <p>[REDACTED] Guidance for the acute trust updated to ensure they inform liaison</p>	<p>[REDACTED]</p>

	<p>positivity team when markers of infection are in the amber or red range</p> <p>█ - How can this be followed up – are there any guidelines for clinicians on what to do with regards to high clozapine plasma levels and when they should be repeated.</p> <p>█ – The clozapine policy was updated a while ago with these details and guidance can be found in appendix 15 of the policy.</p> <p>█ - Issue plasma level results are chased up at the next clinic appointment. Therefore, couldn't be repeated until next appointment so it is essential that each clozapine clinic has a system in place to ensure that plasma level results are followed up within two weeks from when the sample was taken.</p> <p>█ enquired how frequent should plasma levels be checked? █ advised one month after medication initiated when on stable dose, then annually.</p> <p>Updated guidelines for pharmacy staff managing clozapine for patients admitted to acute hospitals (in appendix 22 of the clozapine policy) needs to be shared with all the acute trusts.</p> <p>Action: █ share with all the medicine safety officers in the Acute Trusts</p> <p>Action: █ take to the next Trust Wide Patient Safety and Mortality Group meeting for ratification.</p>	<p>█</p> <p>█</p>
<p>08/2022/04</p>	<p>West and East Kent Inpatient Rehabilitation Service Protocol for the Administration of Medications where there is no clinical room █</p> <p>This protocol was specifically written for only Newhaven Lodge and the Grove where they administer medications in their office due to there being no designated clinical room. This was picked up as a concern in the CQC inspection in 2019 and hence the protocol.</p> <p>The document has been reviewed again after another CQC visit with █ (Deputy Head of Nursing, CRCG Specialist Services) leading on this with the managers at the Gove and Newhaven lodge to make sure it is still fit for purpose.</p> <p>For now, this protocol will provide interim patient safety / privacy measure for patients in rehab at Newhaven Lodge and The Grove, but ultimately the objective and requirement is for a clinical room for both sites, so as to provide dignity and respect for those receiving treatment and using the service. There are currently discussions with the Estates and Capital Development team to look at ways they can establish a suitable clinical room space within Newhaven Lodge and Grove.</p> <p>█ - Point No. 9 of Protocol, both Units active with eMeds. It is important for users to log off of the eMeds system after completing the current administrations. The system should never be left logged on and unattended.</p> <p>Action: █ add this wording to the guidance as it needs to be forwarded to the CQC urgently. Once this change is made the document is approved.</p>	<p>█</p>

<p>08/2022/05</p>	<p>Lithium Policy [REDACTED] - Trust wide</p> <p>Due to the hot weather we need to make sure our lithium patients are drinking plenty of fluids to reduce the risk of lithium toxicity. We recommend at least 8 glasses of water a day which has been added to the lithium policy. A poster has also been developed in appendix 8 to provide hot weather advice to patients on lithium.</p> <p>Our lithium patients on the inpatient wards have been counselled by the pharmacy team and the deputy head of nursing has emailed all the service managers in each CMHT to share this with the lithium leads in each CMHT and ensure patients are adequately counselled.</p> <p>The poster which provides hot weather advice to patients on lithium needs to be shared with Primary Care colleagues for clients in Primary Care settings.</p> <p>Action: [REDACTED] take to the next Trust Wide Patient Safety and Mortality Group meeting for ratification. Once approved to forward the poster to [REDACTED] for dissemination to primary care colleagues.</p> <p>[REDACTED] - Need to gather information of named person/Lithium Lead for each CMHT</p> <p>[REDACTED] - emailed [REDACTED] a few weeks ago, but nothing back yet. To email again for all Lithium Leads, if not will be added to Trust Risk Register. [REDACTED] to copy in [REDACTED] to the email.</p> <p>[REDACTED] - Team should have established Lead in each CMHT.</p> <p>[REDACTED] - Each CMHT Service Manager to nominate a member of staff as Lithium Lead. Must be suitably qualified.</p>	<p>[REDACTED]</p> <p>[REDACTED] to lead on this, copying [REDACTED] into emails</p>
<p>08/2022/06</p>	<p>SOP for maintaining Controlled Drug [REDACTED] Records and SOP for disposal of CDs [REDACTED]</p> <p>The CD disposal SOP has a new appendix 1 which has a procedure for denaturing the different dosage forms. It follows Royal Pharmaceutical Society guidance on the methods of destruction/denaturing CDs and meets the requirements of the Misuse of Drugs Regulations 2001 and the health and safety needs of people undertaking the role.</p> <p>[REDACTED] (medicine safety officer) to liaise with all the lead pharmacists to ensure the brief summary of the procedures relating to Controlled Drugs (CDs) and CD registers in appendix 1 is stuck inside the CD register on all the units. It gives examples of good practice. i.e. what to do in the event of a discrepancy being found and how to correct errors in the register i.e. NO crossing out or Tippex®</p> <p>Approved</p> <p>Action: [REDACTED] to put these documents on the pharmacy homepage on i-connect.</p>	<p>[REDACTED]</p>

08/2022/07

Haloperidol 500microgram prescribing and cost - verbal update

[REDACTED]

[REDACTED]	[REDACTED]
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Group to consider whether Trust should be thinking of using haloperidol liquid for those patients on low doses?

[REDACTED] has checked [REDACTED] and it is not only the older adult teams that are using the low dose haloperidol tablets, so are the younger adult services.

Should we be encouraging staff to think about haloperidol liquid as alternate to haloperidol tablets?





[REDACTED] queried if this data was from across the Trust or in certain areas? [REDACTED] from memory, this was across the board. Some were FP10s following inpatient admission, some was outpatient prescribing. There is not a single area that could be targeted.

Action: [REDACTED] be put in Medication Matters Newsletter [REDACTED] if it was possible to put on the trust formulary to consider liquid if they are on low dose haloperidol [REDACTED] advised could take tablets off formulary but would not get message across.

[REDACTED]

	<p>█ stated this has been discussed at ICB, and it would be difficult if patient is for example on 2mg.</p> <p>█ - Pharmacy could perhaps train doctors. Patients on long term 0.5mg a day, highlight in meetings to consider liquid as opposed to tablets.</p> <p>Action: █ email all locality lead pharmacists to consider liquid haloperidol for patients prescribed low dose haloperidol on the inpatient wards.</p>	█
08/2022/08	<p>Reducing Carbon Footprint of Inhaler Prescribing - verbal update █</p> <p>The NHS aims to be the worlds' first net carbon zero health service and has set two targets:</p> <ul style="list-style-type: none"> • For the emissions the NHS controls directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032; • For the emissions the NHS can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039. <p>3% of the carbon footprint attributed to the NHS as a whole, comes from the use of metered dose inhalers (MDI).</p> <p>The Greener Practice document outlines recommended actions that we could take. █ who is leading this work jointly █ to see how our Trust can support with this work in the ICS. We discussed the obstacles at KMPT to switch patients to dry powder inhalers as first choice (when clinically appropriate) without specialist respiratory input. However, our Trust can support with the following actions:</p> <p>KMPT pharmacy team could consider focusing on action three on page three; If salbutamol metered dose inhalers are needed for an individual then chose brand and regime with care to minimise carbon footprint. This will involve prescribing Salamol brand for our clients. (Salamol inhalers contains the same medicine (salbutamol) and are the same type of inhaler as Ventolin inhalers but they have a lower carbon footprint.) The Carbon emission of Salbutamol inhalers varies from brand to brand. Ventolin® inhalers produce approx. 28kgCO₂e per inhaler, whereas Salamol® inhalers only produce approx. 10kgCO₂e per inhaler.)</p> <ul style="list-style-type: none"> • Making sure all stock salbutamol on the wards is the Salamol brand • Documenting this purposeful brand switch on the EDN so the GP is aware • Discussing the change with the client along with an explanation of the different impacts that Ventolin and Salamol have on carbon emissions – regional leaflet could be offered if required plus documenting this consultation on EDN • Collecting data locally on how many brand switches KMPT have made and how many consultations (and inhaler 	

	<p>technique checks if possible) are made over a locally agreed timeframe</p> <p>Action four should also be considered at KMPT. Ensuring patients are counselled to return all used or unwanted inhalers to community pharmacies or dispensaries for disposal by incineration or re-cycling</p> <p>If we agree to this proposal [redacted] will develop some suggested comms for our pharmacy team and medical team for their information and will discuss with our ICS sustainability comms team the possibility of creating a specific salbutamol Patient information leaflet to give to clients</p> <p>Action: [redacted] put a one-page document together for next D&T meeting to highlight the issue with Ventolin Inhalers and involving patients in the switching process to Salamol brand. Also counselling patients to return used inhalers to community pharmacies rather than put in household bins.</p> <p>[redacted] with the above and forward to [redacted] for comments.</p> <p>[redacted] Lead pharmacist working on Asthma Guidance - looking at more carbon friendly inhalers. Would be good to liaise with KMPT on this.</p> <p>[redacted] Some of our pharmacists would welcome help with Primary Care lead pharmacist on this.</p> <p>[redacted] will ink his Pharmacy Lead in with [redacted] to support.</p>	[redacted]
08/2022/09	<p>Medicine Management Report and Quality Digest Summary [redacted]</p> <p>Report already sent out Covered April and May. Next one out next month.</p> <p>Points to note:</p> <ul style="list-style-type: none"> • eMeds has now successfully been rolled out to the Trust. It is now available on all rehabilitation wards at present, with plans to continue across the rest of the Trust over the coming year. • The number of medication incidents reported has continued to slowly increase over the last couple of months. • There are a number of areas where the temperature of the medication fridge has exceeded the recommended maximum temperature, no medication has had to be disposed. Staff are reminded to act upon high temperatures as soon as they are recorded. • There was a lack of monitoring carried out following rapid tranquilisation. • There was an improvement across the care groups in the number of standards that were met. <p>Medicines Management Audit - added Rehab to this audit. [redacted] suggestion to have signs in the wards saying where emergency drug cupboard is to help with supply issues out of hours.</p> <p>[redacted] a poster on each ward listing contents of drugs and where nearest emergency drug cupboard is.</p> <p>[redacted] - Will let staff know</p>	

	<p>█ - Poster has all controlled drugs listed and where emergency drug cupboard is.</p> <p>Controlled drugs - increase in number of incidents regarding recording.</p> <p>█ - Controlled drug training available but staff not turning up</p> <p>█ - We need to speak to the nurses on the ground to find out what issues are.</p> <p>█ has spoken to Groups regarding these incidents - time it takes for investigation to take place. Going to go to Quality Meeting for Core Care Group █ so hoping to go to a later meeting with █ Need staff to let █ know what issue is.</p> <p>Action: █ to discuss at the next Trust Wide Patient Safety Meeting to highlight these incidents.</p>	█
08/2022/10	<p>Medicines Optimisation Governance discussion █ (NHS Kent and Medway Clinical Commissioning Group)</p> <p>To present governance review structure going forward. Presentation Slides attached.</p> <p>█ advised feedback welcomed through generic email.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Governance Review Proposal V4.0 Draft </div> <div style="text-align: center;">  IMOSG Terms of Reference V1.0 Draft </div> <div style="text-align: center;">  IMOC Terms of Reference V3.0 Draft </div> </div> <div style="text-align: center; margin-top: 10px;">  IMO-FWG Terms of Reference V1.0 Draft </div> <p>█ was thanked for her Presentation. Agreed it will take time to understand Structure.</p>	
08/2022/11	<p>A novel Artificial Intelligence (AI) based tool to assess anticholinergic burden: a survey. (AA-22-0172-R1). Journal: Age and Aging. █</p> <p>█</p> <p>Many medications possess anticholinergic activity. Their use is associated with a number of serious adverse effects including cognitive effects. The cumulative anticholinergic effect of medications as assessed by tools such as the anticholinergic burden scale (AchB) can identify people particularly at risk of anticholinergic side-effects. Currently, more than 20 tools are available for clinicians to use, but there is no consensus on the most appropriate tool.</p> <p>There is a need for an anticholinergic burden calculator to assess the anticholinergic burden of medications. Tools such as the IACT</p>	

	<p>potentially could meet this demand due its ability to assign scores to current and new medications appearing on the market based both on their chemical structure and reported adverse pharmacological effects.</p> <p>Working with ██████ for a year now. █████ sent tool to all for feedback. Survey carried out and published recently.</p> <p>██████ writing “guidance on the use of medication for the management of behaviour that challenges in dementia” - is there a particular on-line anticholinergic tool we should be using?</p> <p>████ - Hoping this tool will be available to KMPT in the future. In the meantime, we should be using the ACB calculator to measure anticholinergic burden.</p> <p>████ - to add the ACB calculator tool to the guidance he is writing.</p>	
<p>08/2022/12</p>	<p>Medicationmatters - June Newsletter ██████</p> <p>Last one came out in June and next due in August. This Medicationmatters newsletter is also distributed to all Consultant. The June edition included:</p> <ul style="list-style-type: none"> • Prescribing medications in pregnancy • Training on Therapeutic Drug Monitoring of Clozapine • What to do when Medication incidents that happen outside the trust • Being more vigilant with regards to the time interval between PRN medicines. • Cost differences between branded medicines and generic medicines • Informing staff where the emergency drug cupboards are. 	
<p>08/2022/13</p>	<p>eMeds - verbal update ██████</p> <p>eMeds is now live on all the rehab units.</p> <p>Forensic wards put back until beginning of September now.</p> <p>Feedback from all the rehab units currently using eMeds is largely positive.</p> <p>████ has managed to make eMeds training mandatory for trainee intake doctors - part of induction for all new doctors</p> <p>████ confirmed he had done the training and found it very thorough and praised the e-Meds team.</p>	

08/2022/14

Any Other Business (AOB)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

AOB 2 – Blood Tests and GP Prescribing [REDACTED]

[REDACTED] raised issues regarding GPs sending letters refusing to prescribe medication after bloods done by the CRHTT. GPs are stating that deficiencies highlighted or require further investigation should be managed by the CRHTT.

An example of this is the GP refusing to prescribe accordingly for low folate levels. [REDACTED] met with some GPs to try and have this resolved to no avail.

[REDACTED] – mentioned she has looked into this previously and prescribing by the Trust in these instances is not appropriate. The group agreed with this sentiment. This is the responsibility of the GP as any abnormalities may require further investigation before prescribing.

Action: [REDACTED] to look into this. Also asked [REDACTED] give names of the GPs refusing to take on this responsibility. [REDACTED] confirmed he will liaise with [REDACTED] to have this issue addressed.

	<p>AOB 3 – Discharge Medicines Services SOP/Changes to DMS SOP ■■■</p> <p>■■■ – discussed changes to Discharge Medicines Services SOP, sent out to the Group prior to the meeting requesting virtual approval.</p> <p>■■■ asked the Group to feedback to J■■■ by end of the week with the final document to be uploaded onto the pharmacy page ■■■</p> <p>■■■ to send to ■■■ for the updated SOP to be published on i-connect</p> <p>AOB 4 – BMJ Best Practice Tool and RiO Integration ■■■</p> <p>■■■ – informed the Group that she has received a request to have BMJ Best Practice Tool integrated into RiO. Advised that this has to be brought to the Group first to be reviewed and ratified.</p> <p>■■■ – advised for it to be brought to the next meeting; ■■■ advised she had asked them to bring it to this meeting but did not receive any response but provided assurances that it will not be integrated until it comes through the Group.</p>	
<p>Future Meetings</p>	<p>All via Lifesize, starting at 2.00 p.m. Tuesday, 4th October Tuesday, 6th December</p>	