

**AGENDA ITEM**

2.2.4

**QUALITY & SAFETY COMMITTEE**

**MEDICINES MANAGEMENT DIRECTORATE AND MEDICINES  
MANAGEMENT AND EXPENDITURE COMMITTEE (MMEC) REPORT**

**Date of meeting**

9 August 2021

**FOI Status**

Open/Public

**If closed please indicate  
reason**

Not Applicable - Public Report

**Prepared by**

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Management

**Presented by**

Executive Medical Director

**Approving Executive Sponsor**

Executive Medical Director

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including  
receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

MMEC

Medicines Management and Expenditure Committee

RGH

Royal Glamorgan Hospital

POW

Princess of Wales Hospital

PCH

Prince Charles Hospital

ICU

Intensive Care Unit

IMTP

Integrated Medium Term Plan

WAST	Welsh Ambulance Services NHS Trust
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## 1. SITUATION/BACKGROUND

- 1.1 The following report provides an update and summary of key issues from the Medicines Management Directorate and the CTMUHB MMEC.
- 1.2 The Medicines Management Directorate is responsible for the delivery of all pharmacy services within the acute & community hospitals and primary care sectors, the oversight of the governance of medicines across the UHB, the management of the primary care prescribing and the NICE/AWMSG approved drug budgets and the commissioning and monitoring of the independent contractor community pharmacy services
- 1.3 The MMEC is the key forum underpinning the governance and assurance frameworks for all the processes involving medicines within Cwm Taf Morgannwg University Health Board (CTMUHB).
- 1.4 The MMEC reports to the CTMUHB Quality & Safety Committee.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 2.1 **The Medicines Management Directorate currently has four risks scoring 15 on the risk register:**

#### Pharmacy workforce education and development

There are significant changes planned by Health Education Improvement Wales (HEIW) in the training of pharmacists and pharmacy technicians which will have impacts within the managed sector on the capacity to train more pre-foundation pharmacists, a reduction in junior pharmacists to provide direct clinical pharmacy services to acute wards and the changes required to meet the new training standards.

Mitigation: The pre-foundation pharmacist numbers have been agreed to increase with a temporary increase in funding from HEIW for 2 years and supplemented by the directorate staffing budget, plans will need to be developed for when this funding ceases. The foundation changes will result in a 30% reduction in funding from HEIW which will impact the junior pharmacist pool available to provide clinical ward services, this has been delayed until 2022. Plans will be developed and risks escalated to the executives and ILG Directors. The changes to the pharmacy technician training are still awaited and will be assessed when known.

#### ICU pharmacist resources



RGH, POW and PCH do not currently meet the ICU standards for the hours of available and dedicated pharmacist time per ICU patient. Additional investment is required in pharmacist and technician resources.

Mitigation: During the COVID response, pharmacist time was redirected from other clinical areas and training provided to upskill to provide an ICU clinical pharmacy service. This has now been withdrawn as the other clinical services restart. The ILG teams have been made aware and it has been included in the ICU arm of the PCH improvement Programme. Workforce and financial resources were included in the IMTP.

#### Wholesaler Dealer Authority (WDA)

CTMUHB does not hold a WDA, which allows the supply and sale of medicines to outside organisations which include GP practices and WAST. The COVID-19 vaccine programme has severely tested the ability of the Health Board to respond to the supply of vaccines to GP practices in a flexible and agile way while meeting the legislative and regulatory requirements of the MHRA.

Mitigation: A WDA is required to be in place to assure safe, legal and timely supplies of vaccines and medicines to our partner organisations. This will require investment of time and resources to develop the MHRA required governance and assurance frameworks as well as the resources for storage and supply of these products. A pharmacy WDA working group is submitting a case to the Vaccine Board and progressing a WDA submission to the MHRA planned for September 2021 and it is hoped the MHRA will inspect in the autumn. Indicative costs have been included in the IMTP.

#### Medicines Storage Temperatures

The medicines storage rooms on the wards in PCH are above the recommended 25C for significant periods throughout the year, this is outside the licence requirements of the majority of the medicines stored there and could cause undetected changes to the medicines.

Mitigation: Advice has been provided to the ward areas, fans were installed but do not reduce temperatures. Air conditioning is the only option to reduce the ambient temperature to below 25C, a statement of Need will be submitted to the capital group on behalf of the ILG.

## **2.2 MMEC as part of CTMUHB Governance and Integrated Locality Group (ILG) Structures**

The MMEC has continued to meet and function, however, further development is required of the clinical policies group and the resulting role and function of the MMEC.

It is proposed to focus the MMEC on governance of medicines related standards, prescribing indicators and audit, providing relevant

information to the ILG Directors as part of the Medicines Management holding to account corporate function.

In the interim, the MMEC continues to provide a procedure and guideline scrutiny and governance approval process.

### **2.3 Access to Medicines Management Policies, Procedures and Guidelines**

Sharepoint currently houses these documents, approximately 48% require review by the relevant clinical directorate.

The search function on the front page of Share Point is not always directing users to the appropriate documents. It has on occasion directed users to documents that should have been archived.

Bridgend Locality access the Swansea Bay UHB (SBUHB) clinical document system "COIN" which houses legacy Abertawe Bro Morgannwg UHB (ABMUHB) documents, but will be inaccessible to CTMUHB staff in the future.

This poses a number of governance risks to the Health Board.

#### **Mitigation**

A review of all documents on the MMEC page has been undertaken. Any documents that are no longer relevant/required have been archived. Directorate clinical leads are being contacted and asked to confirm whether their documents are still required and if so, what the timeline for review and update will be. This review has been extended to include the corresponding Bridgend documents. This will ensure all clinical policies and procedures are relevant for the new organisation.

A recommendation at a recent MMEC meeting was that a Health Board wide clinical guidance and document storage, management and control system is required which provides mobile access to support clinical near patient access and use.

This issue has been raised with the new Clinical Policies Group and the Assistant Medical Director (AMD) for Quality.

### **2.4 Medicines Shortages**

The UK continues to experience a high number of medicines shortages. In addition the COVID pandemic has adversely affected the supply chains and the full impact of the European Union (EU) exit deal could further adversely affect medicines supplies.

There have been no reported clinical incidents due to medicines shortages.

CTMUHB have maintained medicines supplies and are continuing to closely monitor this situation.

### **Mitigation**

The Department of Health and Social Care (DHSC) are responsible for ensuring the continuity of supply of medicines in the UK and has longstanding arrangements for dealing with medicines shortages. To strengthen the existing arrangements in Wales, the Medicines Shortage Advisory Group Wales (WMSAG) was established in February 2019. This group provides clinical advice on medicines shortages to the Chief Pharmaceutical Officer, who where appropriate, will then issue a letter with recommendations to NHS Wales. CTMUHB Medicines Management teams are alerted to these shortages directly from both the DHSC and from the WMSAG.

CTMUHB has established processes for responding to the shortage alerts and will continue to follow the advice of the Medicines Shortage Advisory Group Wales.

The Medicines Governance Team (MMPU) coordinate the dissemination of all information and actions on medicines shortages across the Health Board to both Primary and Secondary Care and also to Community Pharmacy teams. The information is cascaded out and targeted as appropriate, is available on the Medicines Management Page on Share Point and the Primary Care Portal and News Items are also generated for the medicines shortages that affect multiple clinical areas e.g. Clexane shortage.

### **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- The impact on clinical pharmacy ward services of the changes to the pharmacy staff education and training models and associated funding from HEIW.
- The lack of ICU pharmacist time to meet recognised standards
- The lack of a WDA to supply vaccines that meets legal requirements
- The risk of inappropriate medicines storage temperatures.

### **4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The MMEC is the key forum underpinning the governance and assurance frameworks for all the processes involving medicines within Cwm Taf Morgannwg University Health Board



<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>Equality impact assessment completed</b>	Yes
<b>Legal implications / impact</b>	Yes (Include further detail below)
	There is a need for a WDA to meet the Vaccine supply requirements of our population and meet the MHRA legal requirements for supply of medicines
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Capital and revenue resources will be required to meet the WDA requirements. Revenue and workforce resources will be required to offset the reduction in HEIW funding and meet the ICU staffing standards and capital resources to support the control of temperature to meet medicines storage standards
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

## 5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the report