

AGENDA ITEM

3.2.4

QUALITY & SAFETY COMMITTEE

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

Date of meeting

22 November 2021

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

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Presented by

Executive Medical Director

Approving Executive Sponsor

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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

CTMUHB Cwm Taf Morgannwg UHB

NICE National Institute for Health and Care Excellence

AWMSG All Wales Medicines Strategy Group

HEIW Health Education and Improvement Wales

ILG Integrated Locality Group

ICU Intensive Care Unit

RGH Royal Glamorgan Hospital

POW Princess of Wales Hospital

PCH Prince Charles Hospital

IMTP Integrated Medium Term Plan

WDA Wholesaler Dealer Authority

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 – RR 3638

There are significant changes planned by 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. 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.

Update: discussion with HEIW have resulted in a delay to the financial changes until 2024, which will allow the service related impact to be better transitioned into the planning cycle.

ICU pharmacist resources – RR 4590

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.

Update: Discussions are ongoing with ILGs so that pharmacy resource costs are included in any new business cases e.g. PACU and progress can be made to meeting the standards.

Wholesaler Dealer Authority (WDA) – RR 3161

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 21 and it is hoped the MHRA will inspect in the autumn. Indicative costs have been included in the IMTP.

Update: This plan is on target, the Licence application will be submitted to the MHRA in November 21 with expected MHRA inspection to follow.

Medicines Storage Temperatures – RR 3072

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.

Update: Discussions with estates are required to get advice on options other than air-conditioning which would not be aligned to our sustainability agenda, this is being progressed

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.

There is significant on-going work on harmonising medicines related policies and procedures across CTMUHB. Pharmacist resource has been prioritised to progress this as part of governance, this includes a new Maternity and neonatal lead pharmacist who will focus on this area as part of their role in this speciality.

2.3 **Medicines Management and Community Pharmacy Workforce**

Medicines management is experiencing similar workforce issues to other directorates. This is across all sectors including independent contractors in community pharmacy.

Acute shortages are the main issue, the access to locums is increasingly difficult within the constraints of direct engagement. This is being mitigated with the need to recruit more fixed term staff as a longer term cover solution.

Fixed term posts to match non-recurrent funding models is unsustainable. There is a highly competitive recruitment market so the ability to recruit is diminishing and difficulties in retaining staff. The financial risks of recruiting permanent posts versus the clinical risks of not providing services e.g the winter plan, need further thought.

Business continuity plans are being implemented in response to acute staffing shortages.

Community pharmacy is reporting increasing levels of escalation – currently 22 pharmacies reporting at L3 (+1) and 1 currently at L4. Due to increase in number of staff self-isolating, with increased stress

and fatigue amongst colleagues. Pharmacies are reporting increased challenge in securing locum pharmacists. This is causing a disruption to service provision with some closures for part days.

The Health Board has an escalation warning system and will provide communication to the locality and patients.

The Clinical Director and head of Medicines Management retired at the end of October, the replacement has not yet been recruited. This post undertakes a number of regulatory and statutory roles on behalf of the Health Board. An interim arrangement has been put in place until there is a substantive appointment, which will negatively impact on the capacity of the Medicines Management senior team during this time.

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.
- Workforce shortages

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	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
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	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
Resource (Capital/Revenue £/Workforce) implications / Impact	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
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

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