

**Minutes of Pharmacy Group**

**Monday 11 January 2021  
1:30pm – 3.00pm  
via Microsoft Teams**

**Present:**

Jo Behrsin (JB), Clinical Lead, EMNODN, South Hub (Chair)  
 Lucy Stachlow (LS), Advanced Specialist Neonatal Pharmacist, University Hospitals of Leicester  
 Fiona Robertson (FR), Specialist Clinical Pharmacist, Neonatology, Nottingham University Hospitals  
 Demisha Vaghela (DV), Specialist Pharmacist, Paediatrics/Education & Training, Kettering General Hospital  
 Neha Shah (NS), Pharmacist, United Lincolnshire Hospitals  
 Harriet Hughes (HH), Advanced Pharmacist, Women's & Children's, Royal Derby Hospital

**In Attendance:**

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	<b>Subject</b>	<b>Attachment</b>	<b>Action</b>
1.	<b>Apologies for Absence</b> Julie Vanes (QHB), Lucy Pilling (NGH)		
2.	<b>Purpose of Group</b> See group terms of reference.		
3.	<b>Terms of Reference &amp; Chair</b> A copy of the draft terms of reference was circulated.  A handful of changes were suggested; Amend item 3 under core membership to Network admin representation rather than Network management representation.  Wording around obstetric pharmacist attendance to be considered, possibly add introductory line of ad hoc as requested for specific pieces of work for example developing guidelines relevant to that service.  Chair of the group to be either the Network Clinical Lead or another member of the Network Management Team for the time being, whilst the group is fully established.  JB will make the required changes and circulate again on email to the group. The terms of reference will then be presented at		<b>JB LSH</b>

	<p>the EMNODN Clinical Governance Group in April 2021 to be ratified.</p>		
<p>4.</p>	<p><b>Sharing of Good Practice/Changes</b></p> <p>Increase in error rates and incident reporting relating to medications in their unit. Others had also noticed this; one unit is encouraging datixing errors to understand any trends and any ways to improve. Patterns relate to poor prescribing practices, unclear prescriptions, underdosing and administration errors. Another unit reported seeing more minor errors which could be attributed to fewer staff.</p> <p>LS asked if anyone has had to change the level of pharmacist service, all confirmed; officially levels remain the same.</p> <p>FR asked about gentamicin dosing levels; 5mg per kg every 36 hours as per NICE guidance. UHL, KGH and ULHT confirmed.</p> <p>Difference on where babies are given antibiotics. In KGH a neonatal nurse will go to the postnatal ward with a midwife being second checker. All agree it would be good to work out a gold standard Network approach. DV happy to share findings of KGH project with this group.</p> <p>DV asked if nurses record batch numbers of unlicensed drugs in case of recall, for example; caffeine citrate, chlorthiazide suspension.</p> <ul style="list-style-type: none"> <li>• UHL only for PN</li> <li>• ULHT dispensing system requires picking products based on batch numbers so this is recorded however this is only for PN</li> <li>• NUH don't</li> <li>• UHDB manually log unlicensed products on clip board on the unit, although this is not a fool proof system.</li> </ul> <p>FR asked if any units use drug error reduction software on pumps? HH mentioned issues with delays in pumps being updated as they are not wireless, can take up to 18 months to be updated. There are pros and cons to using.</p> <p>LS lead discussions around IV Monographs</p> <ul style="list-style-type: none"> <li>• NUH use Medusa.</li> <li>• Derby have a laminated copy on the unit</li> <li>• KGH use a combination of own and UHL's</li> <li>• UHL electronic system on BadgerNet library</li> <li>• Burton don't use monographs just Medusa and BNF</li> <li>• NUH all electronic available on iPads on unit. NUH guidelines app which is available for anyone to download and use.</li> </ul>		<p>DV</p>

	<p>JB asked if anyone uses BadgerNet prescribing element? LS does have contact with Mark Ainsworth, UHL ANNP in his new role with Data and IT.</p> <ul style="list-style-type: none"> <li>• FR said high level trust looking at electronic prescribing system, but only at very early stages of this</li> <li>• UHL, RDH and KGH confirmed use of prescribing elsewhere in their Trust</li> <li>• DV asked how involved others are with junior doctor training;</li> </ul> <p>Junior Doctor Prescribing Assessments</p> <ul style="list-style-type: none"> <li>• NUH initial 1-hour session on first day of induction. Prescribing competency session on second day running through more how to prescribe on the unit with completion of prescribing competency document meet with them individually after that.</li> <li>• UHL – 2-3 hours session with prescribing assessment which they hand in for marking.</li> <li>• ULHT – 10 questions sent out then a session held where everyone comes together to go through the ideals. NS will provide further feedback on how successful this proves.</li> <li>• RDH hold group session for paediatrics and neonates. Electronic test is currently being looked at for paediatrics.</li> </ul>		
<p><b>5.</b></p>	<p><b>Next Steps</b>  JB asked if there were any projects to pick up and take forward for this group, all agreed on the following;</p> <ol style="list-style-type: none"> <li>1. Regional monograph with a network pharmacist checking process. All to agree 10 common monographs, develop template and bring to next meeting for discussion.</li> <li>2. Shared monographs to be added to next agenda for discussion.</li> <li>3. Take forward project looking at prescribing session for junior doctors.</li> </ol>		<p><b>ALL</b></p>
<p><b>6.</b></p>	<p><b>AOB</b>  None.</p>		
<p><b>7.</b></p>	<p><b>Date/Time of Next Meeting</b>  Tuesday 13 April 2021, 2:30pm – 4:00pm, via Microsoft Teams</p>		