Minutes of Pharmacy Group

Tuesday 23 November 2021
2:30pm – 4:00pm
via Microsoft Teams

Present:
Jane Gill (JG), Clinical Lead, EMNODN, South Hub (Chair)
Kevin Inglesant (KI), Pharmacist, King's Mill Hospital, Mansfield
Neha Shah (NS), Advanced Specialist Clinical Pharmacist, Woman and Children, ULHT
Demisha Vaghela (DV), Specialist Pharmacist, Paediatrics/Education & Training, KGH

In Attendance:
Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	**Apologies for Absence** Adriece Al Rifai (NUH), Sarah Pilling (NGH)		
2.	**Disclosures of Conflicts of Interest** None		
3.	**Minutes from the Previous Meeting** The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	
4.	**Matters Arising** Creation of prostin monograph around common infusions. Double check that SP hasn't already started on anything and if not LSH to share cardiology one for comments. Lucy should be able to get a copy Adding electrolytes to glucose bags, Derby have own aseptic unit making their own medicines. Switching between continuous and bolus Vancomycin. AR was going to circulate monographs they use at NUH.		**LSH**
5.	**Meeting Frequency** Those present would like to group to remain quarterly. A Tuesday or Thursday afternoon is best.		

6.	**Monograph - Prostin** Would be good to have something really straight forward as a guide. It was agreed sensible to circulate a copy of the East Midlands Cardiac monograph as a starting point.		
7.	**Prescribing Session for Junior Doctors** **7.1 Dashboard of Training** Induction for junior doctors discussed previously. DV has prescribing assessment and also presentation done when they rotate. There is also a sim session which DV attends and gives individuals feedback on at the end. KI liked the sim idea and would like to implement something similar at KMH. NS hoping to roll out 8 scenarios on a rolling rotation every Thursday, from easy to hard, getting more complex as the weeks go on. Aim is for doctors to prescribe and then nurses to practise withdrawing or checking. Hoping to roll out in the next month so happy to feedback how that goes. All to share what they are currently doing in terms of induction and ongoing training to set up a repository.		**ALL**
8.	**36 Hourly Gentamicin Administration and Levels** Ask others if anyone managing to not take this level?		
9.	**IV Fluids/Electrolytes** Adriece and Lucy were going to share the Nottingham and Leicester ways of doing however neither were present. JG suggested all sharing an example of how they would prescribe a bag of 10% with 4mmols of sodium and 2 mmols of potassium so that we could see what it looks like in different places and decide if there is a best method.		**ALL**
10.	**Significant Incidents & Shared Learning** NS – work on streaming handover process. No set protocol to define type of error, and what the action plan should be. Does anyone have an SOP for dealing with different types of errors? DV no SOP but explained that in KGH errors are datixed and discussed every Friday and decide on the actions, PDN usually discusses with the individual. Major errors are taken to grand round for discussion. In UHL all get datixed. Nursing staff asked for reflections and if there's a certain amount at their appraisal they may get asked to redo their competency. From a doctor point of view if minor the governance lead will speak to them. If it's something more significant that gets sent to their education supervisor.		

	KI unaware of the process at KMH as dealt with independently of KI. KI will speak with Ward Manager. NS shared details of a recent incident and will share any findings/learning from the investigation once it's ready. KI explained an incident where a baby was discharged home on sodium chloride supplements and Sytron and because sytron label said sodium feredetate mum get confused between the two and gave the sodium chloride dose of sodium feredetate.		**KI** **NS**
11.	**AOB** Couple of questions received on email. How much Ben Pen people are using? NGH wanted to know if people are using 50 per kilo or 25 per kilo and if using 50 per kilo do you infuse or bolus it? ULHT 50 per kilo given as slow bolus KGH 25 per kilo, 12 hourly, if CRP above certain number increase to 50 per kilo, 12 hourly, bolus KMH 50 per kilo, 12 hourly, slow bolus. PDM flagged recently as per NICE should be doing 25 per kilo and then using TDS if baby is unwell. UHL 25 per kilo. BD and TDS discussion. All to go back and look at NICE and BNF guidance. NGH wondered if anyone had sourced a supply of 0.5% chlorhexidine and if so where from? No one present uses.		**ALL**
12.	**Date/Time of Next Meeting** Monday 13 June 2022, 2:30pm – 4:30pm via Microsoft Teams		