

Minutes of Pharmacy Group

Wednesday 24 January 2024
12:00pm – 12:30pm
via Microsoft Teams

Present:

Jane Gill (JG), Clinical Lead, EMNODN, South Hub (Chair)
Neha Shah (NS), Advanced Specialist Clinical Pharmacist, Woman and Children, ULHT
Lucy Stachow (LS), Advanced Specialist Neonatal Pharmacist, UHL
Sarah Pilling (SP), Lead Pharmacist, Paediatrics, NGH
Choi Wai In (CW), Pharmacist, NGH
Susan Chisela (SC), Practice Development Nurse

In Attendance:

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

| | Subject | Attachment | Action |
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| 1. | Apologies for Absence Anneli Wynn-Davies (EMNODN), Julie Vanes (QHB), Sarah Joanna Hurcombe (RDH), Demisha Vaghela (KGH) | | |
| 2. | Disclosures of Conflicts of Interest None | | |
| 3. | Minutes from the Previous Meeting The minutes from the October meeting were still in draft form and will be circulated once they are finalised. | | |
| 4. | Matters Arising In a recent GIRFT meeting were asked to check that every unit in the network has a safeguard against lipid infusion. JG asked if all knew about. SP confirmed in NGH they do. Lucy confirmed in UHL do. NS confirmed ULHT use premade licensed bags that they use and have max mls per kilo per hour they can infuse. JG can say have discussed at this meeting and have safeguards in place at the units that were present and will check other units at the next meeting. An action part of GIRFT – implementing standardised PN across the network, this will be a job for a network pharmacist to work with Katie Hay the Network Dietitian about some guidance from a network perspective. JG thinks all are now buying PN in so about as standard as going to get it. The draft Network Prostin guideline was circulated before Christmas for comments, nothing received but Lucy thought | | |

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| | <p>NUH may want to make some changes. It will be resent to Adriece in NUH and will go to the Clinical Governance Group in a couple of weeks to be ratified.</p> <p>SP asked where the monographs will be stored. JG confirmed they will be made available on the Network website once ratified.</p> <p>SP suggested it makes more sense for these monographs to come from tertiary centres in the first instance. JG most of drugs come from tertiary centres but it is about getting harmony between UHL and NUH which is the challenge.</p> <p>JG to send and copy SC in on UHL Gaviscon flowchart. SP also has guidance if it would be useful to share. NUH don't treat reflux with medicine but use positioning, gravity feeds, more frequent feeds etc. SC suggested focussing teaching of positioning as a treatment.</p> <p>JG to ask Adriece to share the NUH reflux guideline.</p> | | <p>JG</p> <p>JG</p> |
| 5. | GIRFT Report and Actions Covered in other items. | | |
| 6. | Network Pharmacist Update No update. | | |
| 7. | Monograph - Prostin Covered in matters arising. | | |
| 8. | <p>Electronic Prescribing ULHT rolling out electronic prescribing in adults, but the system chosen is only suitable for adults. Not even close to looking at electronic prescribing for neonates or paediatrics.</p> <p>UHL using Nervecentre, but not rolled out to paediatrics. LS believes there have been conversations that it is not suitable for neonates and so looking at alternatives.</p> <p>NGH – No electronic prescribing systems thought the hospital not even in adults.</p> | | |
| 9. | <p>Significant Incidents & Shared Learning An incident of a baby given early dose of Bexsero was shared. To help avoid this in UHLT they use a pre-printed separate drug chart which is updated every year as the schedule is changed. NS to send to LSH for sharing with the group.</p> | | NS |
| 10. | <p>AOB SP asked about nursing assistants applying simple preparations/giving very basic Dalavit. SC thought staying away from this. JG this is a hot topic and are probably already at the limit of what we can ask non reg staff to do. SC will do</p> | | SC |

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| | <p>some digging, and asked SP to share what is being done in adult outpatients at NGH. JG also suggested Judith Foxon asking at the National Lead Nurse Group, are there units across the country that allow nursing associates to give PDGs.</p> <p>UHL have a list of single check drugs. LS will send to LSH to circulate.</p> <p>SP asked Folic acid for AVO incompatibility what dosages do all use. ULHT use .25mg per kg. UHL use 1mg flat dose.</p> <p>LS asked if others use peripheral inotropes. SP hardly ever see inotropes prescribed in NGH. NS do see it at ULHT but get a line in as soon as. LS MPPG advice from December use set concentration based on weight so that would be a step towards becoming more familiar with changing rate not concentration based on different weights. Maybe worth asking NUH. LS will look more into.</p> <p>SP NGH have an infusions calculations spreadsheet, where input weight and gives resus fluid, resus meds etc, but heard from Wendy Copson that is classed as medical equipment. JG explained this did come up in the national GIRFT action plan and asked that network pharmacists explore use of standardised calculators across Neonatal Networks, it does specifically mention working with MHRA.</p> <p>SP Benchmarking exercise, gaps in resources. Significantly down on pharmacist, is there any more news on this. JG now have money for a network pharmacist which has come nationally, strongly suspect that the next thing will be national money for a unit pharmacist, can't see this coming before April.</p> | | <p>SP</p> <p>LS</p> <p>LS</p> |
| <p>11.</p> | <p>Date/Time of Next Meeting Dates still TBC</p> | | |