

SAFETY & QUALITY OF MEDICINES GROUP

Meeting

Thursday 28th April 2005

Time: 9.30am to 14.30pm

Attendees

Gillian Bohm – Chair
 Beth Loe (Project Manager)
 Alison Chandler (GP)
 Avril Lee (Waitemata)
 Elizabeth Plant (Taranaki)
 Emil Schmitt (Otago)
 Peter Black (ADHB)
 David Kibblewhite (Waikato)
 Vicki Culling (Consumer)
 Marilyn Crawley (Waitemata)
 Adam McRae (PHARMAC)
 Peter Moodie (PHARMAC)
 Jane Vella Brincat (Canterbury)

Invited: Tony Fraser (BPAC), Joe Ashgar, (CCDHB), Melissa Witbrock (Otago),
 Simon Ogden (CCDHB)

Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Dwayne Crombie, Gershu Paul, Mary Seddon	
2.	Minutes of meeting 24.2.05	<ul style="list-style-type: none"> Agreed 	
3.	Presentation from BPAC NZ	<ul style="list-style-type: none"> Tony presented information on who BPAC were, their funding sources and their governance structure Gave the background to their current education programmes and the way their programmes are marketed to GP's Produce a range of resources on one subject so that GP's can utilise the one that most suits them Aim is to change prescribing patterns to improve patient care rather than provide education Looking to provide PHO's with clinical governance pack on RSM Produce packs on 4 topics a year, agreed with PHARMAC at start of year and with set outcomes Focus of BPAC is marketing Keen to go into face to face selling Packs sent to community pharmacists and pharmacist facilitators Group could present to BPAC Clinical Advisory group about our objectives and how BPAC could help Should BPAC send packs to secondary care doctors - is it suitable as written for 	<ul style="list-style-type: none"> Discussion re ongoing interactions with BPAC Concerns that they are funded by one organisation and with only one group of people producing information e.g. should external reviewers or writers be involved National facilitators group looking at producing bulletins on new drugs but no funding PHARMAC happy to discuss work plan for BPAC with group in the future (plan finalised for this year) Could the group utilise BPAC pipeline for sending out information to GP's (they maintain up to date mailing list) Agenda item for next meeting

		GP specialist	
	Presentation on UK National Prescribing Centre model (Joe Ashgar)	<ul style="list-style-type: none"> • Power point presentation available • Based on educating from the top down i.e. National Prescribing Centre staff teach training advisors around the country who then teach locally with strict QA in place • Have local meetings for groups eg afternoon or all day meeting rather than lunchtime or after work • Examples of topics; asthma, depression, dyspepsia etc all covered annually • Similar to Australian system (National Prescribing Service) 	<ul style="list-style-type: none"> • What recommendations does group make about increasing NPC type interactions in NZ • Agenda for next meeting particularly promoting interdisciplinary learning
4. vii	Cytotoxics: intrathecal injections	<ul style="list-style-type: none"> • NZHPA SIG group presented draft recommendations and asked that the group should take it on as a discussion document to gain consensus from involved groups eg oncologists, haematologists 	<ul style="list-style-type: none"> • Circulate document to other organisations for comments (Beth) • Group to read and comment (All) • Agenda at next meeting
4.i	Potassium	<ul style="list-style-type: none"> • PHARMAC consultation not sent out because other issues have had priority eg influenza vaccine 	<ul style="list-style-type: none"> • Agenda next meeting
4.ii	Warfarin	<ul style="list-style-type: none"> • Clinical indicators: INR's over 5 seems to be the only workable one • Narratives eg Interactions with a macrolide and with oral antifungal gel, Patient took 3 x 1mg tablets daily until that bottle empty and then started on 5mg tablets and took 3 daily • The red book needs the drug interaction section updating? should PHARMAC produce a red book equivalent • Video funding; PHARMAC\$15000, WDHB \$7500 need another \$7500, approaching ACC • SouthLink just about to roll out a primary care protocol and practice training for warfarin and will hopefully share this • Warfarin training for practice nurses now being done in WDHB because they are often ongoing warfarin managers in a practice • Can the group roll this out nationally i.e. produce a power point presentation with narratives, alert, and bullet points for how to run a warfarin management system • ProCare, Pegasus and Pinnacle all keen on a reporting system to identify patients who haven't attended for requested INR's • 3 Auckland DHB's should shortly agree a joint warfarin protocol 	<ul style="list-style-type: none"> • Develop narratives (Mary, Avril) • Look into other possible funding options for video eg ACC (Beth, Dwayne) • Ask Glaxo if they would update red book (Beth) • Look at preparing a presentation for practice nurses that could be used nationally (Avril)
4.iii	Heparin	<ul style="list-style-type: none"> • Pilot DUE in the Auckland region has identified a lot of system errors. Running a large scale DUE would be difficult because so few patients actually follow the protocol closely 	<ul style="list-style-type: none"> • Report on DUE (Beth) • Joint heparin protocol (Beth) • LMWH in reduced renal function protocol (Peter)

		<p>enough</p> <ul style="list-style-type: none"> • Writing up results from pilot DUE • Looking at writing a joint protocol with a joint administration chart for the 3 Auckland DHB's once the warfarin protocol agreed • LMWH protocol for patient's with reduced renal function: monitoring with anti Xa activity not a reasonable possibility because not all labs will do it and not done routinely. Can write a protocol based on reduced dosage combined with anti Xa monitoring 	
4.iv	Diltiazem	<ul style="list-style-type: none"> • Response to 2y care consultation good, valid points about wording to ensure clarity • 1y care consultation response from Pharmaceutical Society but not from RCGP yet, raised issues about another computer system that might have problems • Peter keen to add in "other computer systems" after MedTech • Letter and alert sent to MedTech for their comments and information • Need narratives to go with covering letter • Funding to send out to all GP's and community pharmacists in colour • Medsafe has mailing list for all community pharmacists • BPAC has up to date mailing list for GP's 	<ul style="list-style-type: none"> • Talk to MedTech re alert going out (Beth) • Make changes to alert and put in pdf format (Beth/PHARMAC) • Narratives (Beth/Mary) • Funding (Dwayne)
4.v	Insulin	<ul style="list-style-type: none"> • Looked at community pharmacy responses but not completed looking at responses from all groups 	<ul style="list-style-type: none"> • Agenda next meeting (Avril/Beth)
4.vi	Morphine	<ul style="list-style-type: none"> • Local feedback from Canterbury and Otago needs to be incorporated into draft 	<ul style="list-style-type: none"> • Incorporate feedback and send out to group with deadline for comments (Jane/Beth)
4.viii	Intravenous Infusions	<ul style="list-style-type: none"> • Work in progress 	<ul style="list-style-type: none"> • Write discussion document (Marilyn, Emil)
4.ix	Good Prescribing Practice	<ul style="list-style-type: none"> • Re-worked draft approved by group except for minor points • Send for consultation to college of GP's, PTC's, Facilitators group, Pharmaceutical Society, Pharmacy Managers Group • Once published need a mechanism in place so that all new doctors receive it 	<ul style="list-style-type: none"> • Incorporate feedback from meeting into alert (Marilyn) • Take to Pharmacy Managers Group for consultation (Marilyn, Elizabeth) • Send out for general consultation (Beth) • Talk to Medical Council about new doctors (Beth)
5.i	Strategy document	<ul style="list-style-type: none"> • Sent out for consultation • Need contacts at colleges • PHARMAC would like the wording on page 14 under 10 Community/Hospital interface objectives changed 	<ul style="list-style-type: none"> • Adam to provide list of college contacts, send out for consultation (Beth) • When consultation process complete revisit page 14 (Adam)
5.ii	PHARMAC letter to CEO's re Pharmaceutical	<ul style="list-style-type: none"> • Discussion that PHARMAC had sent different letters to the chairs of PTC's and 	

	assessment	<p>CEO's</p> <ul style="list-style-type: none"> • PHARMAC view that it was non-threatening and that the proposal was only asking for opinions 	
6.	Information Technology	<ul style="list-style-type: none"> • To be discussed at next meeting 	<ul style="list-style-type: none"> • Prepare document for discussion(Marilyn, Emil, Elizabeth)
7.	Newsletter	<ul style="list-style-type: none"> • Any item for inclusion please let Beth know, to be published bimonthly 	<ul style="list-style-type: none"> • Deadline for items June 10th
8.	Most effective method of information sharing	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Agenda next meeting for Beth to feedback (Beth)
9.	Accreditation	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Agenda next meeting for Gillian to feedback (Gillian)
	Date of next meeting	<ul style="list-style-type: none"> • 30th June Auckland (Centra Auckland Airport) 	