Minutes of the meeting of
National Medication Safety Advisory Group (NMSAG)
27 November 2019

Location	Eagle Room, Miramar Links Conference Centre, Wellington
EAG Members	Sandra Fielding (Acting Chair), Taimi Allan, John Barnard, Gareth Frew, Margaret Hand, Sharon Kletchko, Lucy McLaren, Bev Nicolls, Rob Ticehurst
Ex officio	Andi Shirtcliffe (MoH), Bryan Simpson (NZF), Janet Mackay (PHARMAC), Joanne Beachman (NZPSHA), Desiree Kunac (NZPhvC), Rommel Anthony (MMDS), Chris James (Medsafe)
Commission staff in attendance	Billy Allan, Caroline Tilah, Jane Lester (minutes)
Apologies	Peter Jansen (ACC), Sunita Goyal (ACC), Michael Tatley (NZPhvC), Susan Melvin, Matt Doogue
Guests	Brendan Ng, Ginette Spence, Jon Herries

The meeting commenced at 9:30 am.

Introduction and matters arising from previous meeting

1. Welcome and karakia

Caroline welcomed everyone and Jane opened the meeting with a karakia.

2. Apologies

Apologies were noted. Beryl Wilkinson has resigned. Apologies for lateness were noted from the Chair due to flight delays. Taimi Allan will join the meeting at 11:30am. Caroline welcomed Rommel Anthony, Medicines Management Digital Services, and the group introduced themselves.

3. Declarations of interest

The group were reminded to raise any conflicts during today's meeting or let Billy or Sandra know of any new relevant conflicts of interest to be recorded. Margaret declared her role on the New Zealand Nurses Organisation Board of Directors, for noting.

4. Minutes from previous meeting September 2019

The minutes were confirmed as an accurate record.

5. Terms of reference (TOR)

The TOR for the group under the new name: National Medication Safety Advisory Group (NMSAG), had been accepted electronically and will be uploaded to the Commission website.

6. Review of actions list

190903 Gabapentinoids (pregabalin and gabapentin) – email to Medsafe from D Woods

Billy provided an update from Medsafe on the response to the email from D Woods raising concerns about the risks of gabapentinoids and their increased use. Under the Misuse of Drugs Act, the Expert Advisory Committee on Drugs (EACD) requires evidence of harm in New Zealand to recommend a medicine be rescheduled. Medsafe have not received any official reports of misuse or harm, so are not planning on any changes.

Considering the high harm risk, the NMSAG considered it important to pursue at least a cautionary approach to minimising that risk. The AG discussed various options for risk minimisation and agreed to keep this as an agenda item for upcoming meetings and discuss further once the Atlas data is available, as this will inform how best to approach minimising the risk.

Action: Billy to add this as an item to 2020 meeting agendas.

190905 Sodium valproate in people of child bearing potential: Cautionary label

A cautionary advisory label from NZ Formulary is still to be progressed by Bryan and Andi; they will provide an update at the next meeting. The FACS group are presenting at today's meeting to discuss how the NMSAG can support or endorse their work.

Action: Bryan and Andi to discuss wording options for a cautionary label.

190907 Terlipressin salt vs base strength description

Medsafe have requested that the manufacturer review their labelling. The manufacturer has resubmitted their application; this has yet to be reviewed by Medsafe.

Action: Rob to provide an update at the next meeting.

190909 Review of the Tall Man lettering list: confirmation of working group membership

Billy provided an update on progress of recruitment for the working group. There has been a delay recruiting a junior doctor as a member. Consultation has now closed. The next steps are to undertake a risk assessment of the suggested look-alike sound-alike name pairs and present this to the working group for review.

190501 Anticoagulants/antiplatelets: To establish an anticoagulant working group to address the high rate of anticoagulant related events

Billy advised that the Commission's medication safety team has met with an advisor from the Health and Disability Commissioner who has also raised concerns about anticoagulant related events. A working group is now to be developed to define the scope of work.

190507 Patient transfers to ARC facilities: To draft survey to ARC stakeholders re current practice

NMSAG members provided feedback and review on the proposed questions, and these have been drafted into a survey aimed at establishing a baseline and adopted for facilities, general practitioners, pharmacies and hospitals. The Commission's ARC programme has a

current survey out for response and were concerned about another survey active at the same time. The medication safety programme team will continue to work with the ARC programme team and potentially present the proposed survey to the ARC leadership group in March.

190201 Medicine alert groupings

A business case is being developed by NZ Formulary/bpac^{nz} with technical advice from Medsafe; this is expected early in the new year and will be discussed at their next board meeting. Sandra requested an update at the next EAG meeting.

190206 Funding application for a range of oral syringes

The application to the General Managers Planning and Funding was sent to Central TAS. No response has been received. Billy will follow this up. He and other members noted that there seems to be increasing awareness of this issue amongst stakeholders.

7. Presentation: Foetal anticonvulsant syndrome (FACS)

Sandra welcomed Ginette Spence, Project Manager, ACC. The NMSAG asked ACC to attend today to present their work on FACS prevention and to advise the NMSAG how they could best support or endorse this work. Ginette provided some background on the FACS prevention project, which was established after Denise Astill, consumer representative and Executive Officer, FACSNZ (Foetal Anti-Convulsant Syndrome New Zealand), approached ACC to review the number of claims they were receiving relating to injuries from treatment with sodium valproate. Ginette presented a summary of the timeline, current and future work of the project.

A key concern is that despite the information and alerts available, many consumers are not getting the written information. ACC are working with an advisor to investigate behaviour change and how to improve engagement. This is also an area where the NMSAG could assist. Ginette asked the NMSAG to support or endorse their work by:

- publishing a communications piece on the newly revised booklets (due for release in 2020)
- using consistent phrases relating to conversations with patients when disseminating booklets or talking to colleagues
    - If you are not having conversations with your patients including these booklets please start doing so; and
    - If you are having conversations with your patients including these booklets you can improve these by giving each patient a copy of the booklet to take away (unlimited supplies of the free booklets can be ordered by emailing treatmentsafety@acc.co.nz)
- assisting with access to health sector groups such as neurologists and mental health consumers.

Dispensing data shows that there has been a decrease in dispensing from quarter 1 2017 to quarter 3 2019 in the population at risk. ACC hope that the release of the new booklets will continue this reduction. The NMSAG provided suggestions to assist the FACS prevention project:

- data matching the indications for sodium valproate to identify whether the reduction the dispensing data is a result of the prevention work or related to a decrease in the prescribing of sodium valproate for conditions other than epilepsy
- access to electronic alerts, information, and prompts to provide indication at the point of prescribing for general practitioners (ACC noted that work on Conporto was constrained

by limitations in the remit of ACC and funding limitations for both ACC and the Ministry of Health)
- use of online applications and patient portals to flag at risk populations
- distributing electronic guidance or decision support prompts through electronic systems
- working alongside the Ministry of Health on their long-term contraception access work.

Ginette thanked everyone for their time and asked for any further suggestions to be sent to Dee Young.

Action: Bryan to contact ACC to discuss potential electronic guidance.
Action: Jane to provide members with Dee's contact details.

8. Presentation: National Health Information Platform (nHIP)

Sandra welcome Jon Herries, Emerging Health Technology & Innovation, Ministry of Health. The group introduced themselves.

Jon gave a brief summary of his background and presented the work of the emerging health technology team on the national health information platform (nHIP). The aim of the platform is to give consumers, health care providers and planners access to health information across sector systems. Fundamental to that is:
- interoperable applications
- technology that enables accessibility and improve equity
- ensuring that consumers and whānau are at the centre, and in control, of their care
- good commercial frameworks and foundation services
- a secure and trusted digital identity to exist and connect and interpret the data
- sustainable architecture
- enabling innovation.

Data in healthcare has several primary uses including improving equity and identifying areas for improvement through analysis. Technology might allow care to be delivered differently, for example, telehealth or virtual monitoring of patients. The Ministry's role is to provide an environment that is safe for people to use applications in a way that is useful and accessible.

Ministry have been talking to the sector and consumers on what they would like to see first. Medicines are a common theme and a starting point.

Jon presented the work done to prove the concept of the MyMedicines platform; creating and maintain a digital identity and the intricacies of this. He also described some of their learnings and details of the complexity of selecting, interpreting and presenting medicines information to consumers.

Tranche one (18 months duration) concentrates on consumer services providing access to basic health information relating to their care and wellbeing - 'Information for me and about me'. The focus will be on medicines, demographic, immunisation and allergy/ADR information.

Tranche two will be provider services - 'The information I need and where I need it'. The Ministry will help people plug into the system, the intention is not to rewrite all the apps. The intent is to have two funding streams: one to do the work, and one to support the sector to do what they need to do to become joined up.

The next steps for 2020 are to work with the Department of Internal Affairs and the Social Investment Agency during development and engage with consumers to build and maintain trust and work through consent and delegation issues. nHIP aim to be open and transparent and meet the principles of the data protection use policy that Social Investment Agency has developed.

There is a sector advisory panel informing the programme. The programme business case is being worked up. This will be high level and describes that data sets will be chosen that allow the programme to provide the necessary services. It should be known round February if medicines are definitely in at the initial stage and what aspects of medicines will be included.

Jon invited the NMSAG to participate in and share the QR code for a survey they are running till 20 December. The aim of the survey is to understand where there are gaps in training for data and digital skills and capability in the health sector.

Sandra thanked Jon for his presentation.

9. Video presentations: the inpatient experience survey: Improving the provision of medicines side effect information to patients, using low-cost, co-designed nudge interventions (link)

Billy presented three short videos on developing nudge interventions to improve patient experiences. In response to the low-scoring question on the provision of medicines side effects[1] in the national adult inpatient experience survey, the Commission worked with three DHBs to develop nudge interventions to encourage the transfer of information on the potential side effects of medicines:

- Pre-discharge home safe checklist
- Redesign of the transfer of care documentation (discharge summary)
- A post-discharge telephone call to the patient from a hospital staff member to explain their medication side-effects.

The videos were created to detail the projects developed as part of these co-design projects.

10. Presentation: Medication error related calls to New Zealand's National Poisons Centre (NPC)

Desiree Kunac presented her research on a project with the national poisons centre (NPC). The project aims were to determine the nature and characteristics of NPC 'therapeutic error' calls to help identify priority areas for prevention; and, to establish collaboration between NPC and the pharmacovigilance centre (NZPhvC) to inform medicines safety in New Zealand. Desiree presented her preliminary findings for the 12-month period (September 2017 to August 2018).

The collaboration between the organisations has worked well. The calls to NPC are a great source of information relating to medication error particularly in the residential setting. The NZPhvC will continue to collaborate with NPC and, with some simple enhancements to the

[1] Did a member of staff tell you about medication side effects to watch for when you went home? With response options: Yes, completely; Yes, to some extent; No; I did not need an explanation; N/A.

NPC database, there are opportunities to analyse other areas. The NMSAG agreed this was an interesting opportunity and discussed application in the hospital and other sectors.

Chris noted this was a timely presentation as Medsafe recently organised a cross-sector stakeholder meeting to discuss reducing errors and serious harm relating to paracetamol. Medsafe are working with the Health Research Council to fund further research into how and what to communicate to whānau/parents/consumers about the safe use of paracetamol.

Medsafe are also seeking comment on 'proposed changes to paracetamol warning and advisory statements'. Chris asked the NMSAG to respond to the consultation. The consultation closes 31 January 2020.

Action: NMSAG to provide comments directly to Billy for incorporation into NMSAG's response to Medsafe's consultation on paracetamol labelling (link).

11. Compounding working group

The compounding working group are reviewing a new set of batch sheets for medicines suggested by the sector. They also aim to align with the pharmaceutical schedule and ensure that the national standardised formulations are subsidised.

12. National Medication Chart review

Billy presented proposed changes at the last meeting. Feedback from the meeting and the sector has been considered and the working group will review this in the near future.

Billy also advised that Hutt Valley DHB and Nelson Marlborough DHB have developed a community medication chart. The NMSAG members were all interested in receiving an electronic copy; Billy will provide this. This is also available in hard copy from the same printer as the national inpatient charts. There will be a media release around this shortly.

Action: Billy to circulate a copy of the community medication chart to NMSAG members.

13. Meeting dates for 2020

26 February
27 May
26 August
25 November

Dates taken as read. No discussion held.

Meeting closed at 2:20 pm with a karakia from Margaret.