



## **Regional Medicines Optimisation Committee (RMOC)**

### **Access to pan-regional antidotes and other rarely used medicines**

#### **Position Statement**

The Regional Medicines Optimisation Committee (London) reviewed issues pertaining to access to pan-regional antidotes and other rarely used medicines (RUMs). This topic had come to the RMOC from the Medicines Optimisation Priorities Panel, who were in turn responding to a request from the NHS pharmacy procurement community for advice in this area.

The committee endorsed the view proffered in the submission that timely access to both antidotes and RUMs may be vital for patient care, and that the RMOC has an important role to play in ensuring such.

The committee considered that there are differing circumstances of use of the two groups of medicines put forward: antidotes being used primarily in emergency departments; whilst RUMs are used across disparate care settings. Hence the committee considered that assurance in relation to access to each group should be addressed as two distinct components. The first component relates to existing Royal College of Emergency Medicine (RCEM) and National Poison Information Service (NPIS) advice on access to antidotes, in particular the specific guidance on drugs to be held within Trusts and those suitable for pan-regional holding. The second component relates to work that should be undertaken to ensure access to other rarely used medicines, for which currently there is no standard definition, nationally agreed list, or unified approach.

The advice of the RMOC to NHS Trusts and commissioners on this issue is thus:

1. Organisations should ensure they are aware of existing publications and NHS England advice on access to antidotes in the emergency department. Useful publications include the [RCEM/NPIS advice](#); [previous advice from the CPhO and National Clinical Director for Urgent Care](#); a [2012 audit against the RCEM/NPIS advice](#); and a [follow-up audit conducted in 2014](#).
2. Organisations should be aware that a future national audit of compliance against the RCEM/NPIS advice is planned during the autumn of 2018, and that the RMOC will receive the results of this work.
3. In preparation for the above audit, provider organisations should review their stockholdings against the existing RCEM/NPIS advice. With particular reference to pan-regional antidotes, Trusts should pursue collaborative arrangements, such that access to these medicines within the required 4-hour time-frame can be assured. Such collaborative arrangements will vary by geography, but may include provider Trusts working with ambulance trusts; with emergency preparedness, resilience, and response teams; and with other provider Trusts within STPs. Regional procurement pharmacists should facilitate and support such work.

With respect to other rarely used medicines, NHS Trusts and commissioners are not required to take specific action on this issue at this point, beyond their normal assurance processes. However, the committee and the RMOC system nationally will work with the Specialist Pharmacy Service to develop a plan that answers questions such as:

1. How a standardised definition of what a rarely used medicine is could be achieved?
2. How, with appropriate clinical input, a standardised national list of English RUM medicines could be determined?
3. How standardised procurement, availability, and (where necessary) commissioning arrangements could be achieved?
4. How audit and monitoring of adherence against the standardised national list could be undertaken and reported?

The RMOC will make this planning document available by 4 July 2018