

Notes From Nottingham and Nottinghamshire ICS NatPSA Sodium Valproate Stakeholders Meeting

Wednesday 10th January 2024
11.00am – 12 noon via MS Teams

Present:

NHS Nottingham & Nottinghamshire ICB
Nottingham University Hospitals
Nottinghamshire Healthcare Trust
Sherwood Forest Hospitals Trust
General Practice
Primary Integrated Community Services
Eastwood Primary Care Centre

No.	Item	Action
1.	Welcome, Introductions & Apologies ICB welcomed everyone to the meeting and apologies were received.	
2.	Minutes of the Last Meeting Held on 13th December 2023 The notes were recorded as an accurate record of the meeting.	
3.	Organisational Feedback ICB advised that though we are still awaiting national guidance on ARAF forms and comms, this meeting is a chance for organisations to give an update on any work they are doing. Organisations are encouraged to share any information, challenges, engagement, protocols and documents. NUH – asked if there would be a national database, or is a local one to be compiled? NUH have considered the use of Bluteq, but primary care are unable to access. ICB highlighted that having a local system in place would implicate across boundaries as nationally clinical responsibilities lie with organisations. There is a need for a joined up inter-operable local system. Clinical responsibility currently lies with individual organisations. NUH see patients from different areas, not just Nottinghamshire, and clinicians will need to have access to ARAF and be aware of patients prescribed sodium valproate. Will the database also document patient reviews? ICB spoke of us needing to work on what our way forward may be on this, and to link in with XXXXXX to see what is happening nationally. SFHT – reported that SFHT have an SLA with NUH in regard to neurology. NUH host clinics at SFHT. Epilepsy nurses seem to know who patients are, but unsure if they have a database that they work with. Epilepsy nurses are well provisioned, but not all NUH patients are under an epilepsy nurse. The implications of the valproate alert are widely known.	

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	NHCT – advised that NHCT have not discussed a database but have plans to bring together a special interest group to sketch together a plan and look at the management of valproate. Comms are due to be sent out by the end of this week. DBH – reported that following the last meeting of the group meeting dialogue had commenced in South Yorkshire, with talk of a meeting to be convened. No meeting date has yet come forward. Stated that work in Nottinghamshire seems further advanced than in South Yorkshire. ICB advised that it may be possible to use eHealthscope data to populate a local database. We would need to address information governance and seek regional and national advice.	
4.	Clinical Management V Line Management ICB spoke of many MNPs in the system who could possibly be the second signatory on ARAF for valproate to help relieve pressure from consultants. ICB spoke of line management of a nurse is under a matron and the clinical management is under a consultant. Where would this put an individual as the advice that has already come through states that the person who is the second signatory should not be in direct line management of the first signatory. NUH reported that NUH clinicians had raised would the second signatory be influenced by the first signatory? SFH spoke of hoping this would be managed within clinics, but it could be subjective. MDT discussions on second signatory are to be held. There needs to be a mechanism to be able to challenge the first signatory. ICB spoke of needing to look internally at our system levels and NUH stated he was going to liaise with UCL and other organisations on what they are considering. ICB advised that we need to document in our action plans any identified issues and show plans on how we plan to work through them.	
5.	Data Sharing Platforms for ARAF ICB advised that there are different platforms used within NHCT and NUH. We need to see how each Trust send out their discharge information and what platforms primary care clinicians will need to access to see forms that are in place so that they can go through primary care protocols to check patients meet PPP requirements. NHCT discharge information does not end on Care Centric, and this is being looked at. ICB asked who we could liaise with at NUH to discuss this issue, and it was suggested a letter to Julie Armitage might help obtain an update. NHCT discharge letters are emailed out to GP practices, but not centrally visible on Care Centric.	
6.	Read Codes in Primary Care ICB announced that clinical read codes are now available. Templates in primary care do not yet have these read codes embedded, and we are looking to update this. Active patient reviews will need to take place within primary care, and some patients will need to be filtered back into secondary care via the referral process and in accordance	

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	with timelines agreed in the standard operating procedures. Timelines have been agreed with both NUH and SFHT for high-risk patients to be seen as soon as possible. ICB stated that national read codes must be used and accuracy with coding must be consistent and followed.	
7.	Agreement of Next Steps & Submission of Organisational Plans ICB agreed to make any updates to APC documents. The documents will need to go to an APC meeting as soon as possible. Risks and escalations – Need to flag up possible database issues through our regional and national patient safety leads for some support and risks within individual organisations to address. ICB asked for all organisations action plans to be shared with them, so that when the ICB do the valproate return at the end of January 2024 we can enclose everything to show that all organisations are actively working on this. NUH enquired as to whether there would be any ICS funding to help with all the patient reviews that will need to be carried out. ICB reported that it would be helpful for all organisations to keep open dialogue with them. Conversation must keep happening.	
	Date of next meeting Wednesday 24th January 2024 – 9am - 10.50am	