

QUESTIONS FOR TRUST BOARD
08 FEBRUARY 2024

Question from Sal Aziz,
HR and Governance Manager
Patient Volunteer
Member, University Hospitals Sussex NHS Foundation Trust

1. *What has University Hospitals Sussex NHS Foundation Trust done or plan to do to fulfil your general and specific public sector duties, in particular how are you.*
2. *Demonstrating you eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act against disabled people, in particular medical cannabis patients?*
3. *Advancing equality of opportunity between people who share protected characteristics, in particular disabled people and in particular medical cannabis patients, and those who do not?*
4. *Fostering good relations between people who share protected characteristics, in particular disabled people and in particular medical cannabis patients, and those who do not?*
5. *What are the policies and expectations around the self-medication of controlled medication by patients at University Hospitals Sussex NHS Foundation Trust?*
6. *Please can you confirm if there is any restriction to the use of nebulizers on trust premises, including "GMDN 12716" Heated Nebulizers (More commonly known as a dry-herb vaporizer). Where there are any restrictions on the use of nebulisers, please could you confirm and share the policy that restricts this.*

Katie Urch: I can respond to the medical and pharmacy aspects of this question. I would direct the response on eliminating discrimination and promoting equality to David Grantham.

Our prescription use of medical cannabis is led by the national Guidance and technology assessments. Our formulary position mirrors the NG144 (Nov 2019) and the NICE TA's 614, 615 and was an agenda item at the Jan 2020 Medicines Governance Group (minutes attached). In May 2023 cannabidiol for the treatment of seizures due to tuberous sclerosis was added to the formulary in line with NICE TA 873. In summary this is :-

- Nabilone as an add-on treatment for adults with persistent chemotherapy induced N&V despite optimised conventional anti-emetics - hospital only prescribing.
- CBD is not available to treat chronic pain unless part of a clinical trial.
- Cannabidiol (Epidyolex) is available and is being prescribed by our epilepsy specialist neurologists for seizures associated with Dravet Syndrome and Lennox-Gastaut syndrome.
- Sativex for MS was approved as shared care with initiation by a consultant in neuro-rehab medicine / neurology. This is led by SCFT for Sussex patients (we are awaiting an update with respect to commissioning consultant time)
- In May 2023 cannabidiol for the treatment of seizures due to tuberous sclerosis was added to the Sussex Partners formulary in line with NICE TA 873 for prescription by epilepsy specialist neurologists

Before publication of the National Guidance and following the amendment to the Misuse of Drugs Act in Nov 2018, the then 'BSUH Medicines Governance Group' received a request to prescribe medicinal cannabis for chronic pain and fibromyalgia. This was declined and the minutes (April 2019), response and position statement are attached. The current position of UHSussex has not changed and the access to smoking or vaping of cannabis products is being considered under the Smoke Free Policy group.

Dry herb nebulisers are not specifically mentioned by the MGG but guidance was published about complementary medicine 2021. The dry-herb nebulisers are not on formulary as medicinal cannabis in leaf / oil form is not authorised for prescription on the NHS. Our self-administration policy is integrated into the Medicines Management Policy. Controlled Drugs (CD) are excluded from self-administration as the bedside lockers for medicines do not conform to the safe custody requirements of the Misuse of Drugs Act. [9.7.7.4, page 136]. Patient own CD storage in the CD cupboard as per MM policy.

12.9 PATIENT'S OWN CONTROLLED DRUGS

12.9.1 RECIEPT

Patients' own CDs brought into hospital must be counted, recorded in the designated section of the ward Controlled Drugs Record Book and locked in the CD cupboard by a registered nurse/nursing associate/midwife/ODP. This must be checked by a second registered Nurse/nursing associate midwife/ODP or second/third year Student Nurse / Trainee Nursing associate.

7.8 THE USE OF HOMEOPATHIC AND HERBAL THERAPIES FOR INPATIENTS

If a patient wishes to use homeopathic or herbal therapies, the names of the products used must be documented in the health records and added to CMM EPMA. UHSussex is unable to endorse the safe use of homeopathic or herbal therapies and these should not be recommended to patients.

Both of these would apply to medicinal cannabis.

As yet, we have no data on the aerosolised output from dry herb nebulisers and as such could not be considered safe within a public area or ward with other people present. As this product is non formulary and controlled under CD policies the dry herb nebulisers would not be permitted on hospital premises. As more data is published and NHS formulary is revise UHSussex will review any policy in line with national guidance. [Cannabis-based medicinal products \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA696)

Prof C Urch
Chief Medical Officer

David Grantham: In relation to the more general points on how do we ensure equality.

The Trust has an Equality and Inclusion policy outlining its commitment to eliminating discrimination, harassment and victimisation and to achieving equality of opportunity and discouraging unlawful discrimination – whether direct or indirect – against all employees, volunteers, patients and service users, carers, guests and visitors. This is in line with the Public Sector Equality Duty.

We do this through training, reviewing policies and processes against potential discriminatory impact (due regard assessments) and monitoring data to identify inequalities. We monitor equalities data and publish an annual workforce equalities report and other documents accessible at [Equality and diversity - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://www.uhsussex.nhs.uk/equality-and-diversity) to report on our work.

In relation to disability, we offer guaranteed interviews to disabled applicants and are a level 2 ‘two tick’ disability confident employer. We will make reasonable adjustments to support disabled people in employment, or those becoming disabled during their employment.

Being disabled is a ‘protected characteristic’ but being a medical cannabis user or patient is not in itself a protected characteristic. Reasonable adjustments are made to accommodate / support any disability someone may have. In the case of medicinal cannabis use that would be within the scope of the legal restrictions and requirements noted by Prof Urch above which prevent use on hospital premises.

The Trust has a programme of work (a strategic initiative within its Patient First approach) on leadership, culture and OD which incorporates a Board approved EDI plan. This includes nationally mandated NHS ‘high impact actions’ for improving equality. One area has been strengthening and developing our staff networks, including the disability network to give voice to and support staff with disability as a protected characteristic. The Network will be holding a disability conference in March to raise awareness and promote equality of opportunity.

David Grantham
Chief People Officer