

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 17th April 2024.

Present:	Hels Bennett (HB) Peter Berman (PB) Bernice Cooke (BC) Dr David Davies (DD) Dr Orla Dunn (OD) Shaun Green (SG) Dr Matthew Hayman (MH) Esther Kubiak (EK) Sam Morris (SM) Andrew Prowse (AP) Emma Russell (ER) Dr Val Sprague (VS) Zoe Talbot-White (ZTW) Dr Rob Tippin (RT) Mihaela Tirnoveanu (MT) Emma Waller (EW)	Medicines Manager, NHS Somerset Lay Representative Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset West Somerset Representative Consultant in Public Health, Somerset County Council Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset Chair of Drugs & Therapeutics Committee, SFT Medicines Manager, NHS Somerset Medicines Manager, NHS Somerset Director of Pharmacy, SFT CLIC Representative Bridgwater Representative Prescribing Technician, NHS Somerset LMC Representative Taunton Representative Yeovil Representative
Apologies:	Yvonne Lamb (YL) Laura Picton (LP) Dr Andrew Tresidder (AT)	Engagement Officer, LPC Community Pharmacy Clinical Lead, NHS Somerset Chair, NHS Somerset GP Patient Safety Lead

1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the Medicines Programme Board.

2 REGISTER OF MEMBERS' INTERESTS

2.1 The Medicines Programme Board received the Register of Members' Interests relevant to its membership.

The Medicines Programme Board noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

3.1 Under the NHS Somerset's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in

question would be chaired by a nominated member of the Medicines Programme Board.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 27th March 2024

4.1 The Minutes of the meeting held on 27th March were agreed as a correct record pending the change of Dr Matthew Haymans job title to Chair of Drugs & Therapeutics Committee, SFT.

4.2 Review of action points

Most items were either complete or, on the agenda.

5 Matters Arising

5.1 Valproate Alert and Action plan implementation update:

- Trust
- PCN
- ICB MSO

Quality and safety of medicines in women that may become pregnant is a scorecard indicator again this year. Somerset has been asked by region to give update of system approach.

Update on ongoing work:

Trust

- The work is ongoing within the neurology & mental health teams. Both are actively working on it. Daniela Correia leading on the work for neurology and Georgina Boon for mental health.
- Patients are being booked in for reviews based on patient lists from GPs.
- Going forward a quarterly update on patients reviewed will be collated to ensure they remain on track.
- All patients should be reviewed by the end of the year. With the medication being stopped or continue with all checks completed and documented and shared with GP.
- No concerns at this stage as trust is on track to meet targets.

Bring data for number of patients reviewed.

Action: AP

ICB

- Working with maternity services
- GPs are keen to support. Shared in GP bulletin.
- Most queries are complex patients.
- Looking at search for patients that haven't been reviewed. Many have been seen but not coded. Coding is important for peace of mind.

PCN

- Audit and identify patients on valproate.
- MT - QI project

- RT – Disjointed due to the mixture of patients treated by SFT, Bristol and RUH. Bristol has been re-starting people and so the patients have been referred back.
- ER – Pharmacy team leading on this in CLIC. Running searches to make sure patients have been reviewed and then re-running the search to pick up any new patients.
- DD – Pharmacy team leading on this workstream. Good understanding of the programme and the need for it.
- EW – No issues so far.

5.2 Smoking cessation
Bring update back to next meeting. **Action: OD**

5.3 Financial position
SG attended a meeting on overall system finances and gave an overview of the position:

- Entering a challenging year for the NHS.
- Prescribing 23/24 year-end will be around £102 million, £12 million less than the average population of our size. Finance committee recognised and congratulated SG on this.
- Challenging savings programme will focus on deprescribing, reducing waste and scorecard measures. Finance have been made aware it is unlikely that we will meet the £5 million of required savings.
- Estimated £10-12 million needed for unmet need in Somerset to ensure best and safest outcome for patients.

-MPB noted

6 Other Issues for Discussion

6.1 NHS England: Network contract directed enhanced service
Discussed the new PCN DES:

- Started in April.
- More patients need to be seen in PCNs than we have resources to deliver.
- The area the ICB has been focusing on is hypertension which fits in CVD prevention and diagnosis. Need to ensure we are working together with other drivers in primary care (QOF, IIF) to ensure alignment.
- PCNs have responsibility for proactive care around frailty, comorbidities, and polypharmacy. Removing harmful medications when no longer required.
- Falls / cognitive decline can be improved by stopping medications rather than introducing new ones.
- Help patients take more control of their health which is not always prescribing. Healthier through lifestyle changes rather than medications.
- Carried out just over 10,000 SMRs last year. Increased number from previous years. Although 10,000 is roughly 10% of all patients that qualify for SMR so still lots of work to be done. Workforce issues are the biggest issue preventing increase of SMR numbers. SMRs need to remain quality over quantity.
- Somerset is an elderly population with Porlock being one of the oldest populations in the country.
- Trust work on medicine reconciliation does not count towards SMR figures but does help the patients by deprescribing unnecessary medications.

- Workforce remains a priority. The Trust is working on increasing the number of pharmacists and pharmacy technicians. GPs need to be encouraged to engage in the programme. There is funding in place.
Reach out if interested in the training programme.

Action: All

7 Other Issues for Noting

7.1 None yet this month

8 Additional Communications for Noting

8.1 Cytisine for smoking cessation – Email from SG – 02/04/24
-Noted

8.2 March 24 Lipid management pathway v7 – Email from SG – 03/04/24
-Noted

8.3 New Sitagliptin indicator 2024 -25 – Email from SG – 10/04/24
-Noted

8.4 Pivmecillinam doses – Email from Helen Spry – 09/04/24
-Noted

8.5 Anticoagulation: Safety issues GI bleeds: Apixaban, Edoxaban, Rivaroxaban or Dabigatran detected with anaemia (Hb<9) - [120 Patients returned] – Email from SG – 12/04/24
-Noted

8.6 Risks and Benefits of DOACs - reducing GI bleeds – Email from SG – 16/04/24
-Noted

9 Formulary Applications

9.1 Decom ONE+, £24.97 per sensor, will be added to the Drug Tariff from 1st May, 2024
-MPB approved
Add to formulary.

Action: EK

9.2 FreeStyle Libre 2 Plus, £37.50 per sensor, to be used as part of the FreeStyle Libre 2 system, as a replacement for the FreeStyle Libre 2 sensor
-MPB approved
Add to formulary.

Action: EK

10 Reports From Other Meetings

Feedback

10.1 Primary Care Network Feedback

Progress updates on:

- Structured medication reviews
- Deprescribing

- Social prescribing options e.g., Pain, sleep etc.
- PCN workforce

RT – The PCN has applied to be learning organisation.

ER – The PCN has been looking at the DES and how to move forwards. They are also advertising for pharmacists and technicians.

Summary

10.2 Community Pharmacy Somerset Report

There has been a number of closures across Somerset. This is putting more pressure on the other pharmacies in the locality. There have been new applications to fill some of the gaps. The pharmacy needs assessment is used to identify needs not currently covered. Community pharmacy was on 5-year investment scheme that ended in April. Last year impacted largely due to inflationary issues.

Larger pharmacy chains have looked at business models and made changes. Discussions around contracts are happening nationally. Like rest of NHS there is no additional funding. It is a difficult time for all.

Pharmacy first service is having a positive impact with 53 active GP referrers to date.

10.3 LMC Report

Nothing to report this month

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting TBC

10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Next meeting 11/06/24

10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Next meeting TBC

Part 2 – Items for Information or Noting

11 Current Performance

11.1 Scorecard Trend

None this month

12 Rebate Schemes

12.1

None this month

13 NICE Technology Appraisals

13.1 [TA960] Satalizumab for preventing relapses in neuromyelitis optica spectrum disorders

Terminated appraisal

Add to TLS not recommended.

Action: ZTW

13.2 [TA959] Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

-MPB approved

Add to TLS red drug. **Action: ZTW**

13.3 [TA958] Ritlecitinib for treating severe alopecia areata in people 12 years and over
 This technology is commissioned by Integrated Care Boards. Providers are NHS hospital trusts.
 -MPB approved
 Add to TLS red drug. **Action: ZTW**

13.4 [TA965] Human alpha1-proteinase inhibitor for treating emphysema
 Terminated appraisal
 Add to TLS not recommended. **Action: ZTW**

13.5 [TA962] Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy
 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
 -MPB approved
 Add to TLS red drug. **Action: ZTW**

13.6 [TA961] Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease
 Terminated appraisal
 Add to TLS not recommended. **Action: ZTW**

13.7 [TA963] Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
 -MPB approved
 Add to TLS red drug. **Action: ZTW**

13.8 [TA964] Cabozantinib with nivolumab for untreated advanced renal cell carcinoma
 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
 -MPB approved
 Add to TLS red drug. **Action: ZTW**

14 System NICE Implementation Risks

14.1 ICB & Trusts
 SG has made the risk and quality teams aware of the NICE TAGs not yet implemented.
 Despite NICE approval and funding for ICB / NHS England commissioned drugs the service implementation issues remain. The migraine service does not have the capacity to see patients for access to the specialist drugs. Very few if any systems have a service in place for the peanut allergy drug which is a NICE approved therapy with no pathway. Risk around some pathways having long wait times for example obesity and specialist lipid management services. All risk patient harm.

		Raises the question of how as system do we identify and raise through appropriate route. Trust governance team has NICE TA implementation report. AP is happy for SG to share this report with MPB. Bring report to next MPB meeting.	Action: SG
14.2	NICE guidance implementation position Links to 14.1		
15	NICE Clinical Guidance		
15.1	[NG137] Twin and triplet pregnancy In April 2024, we reviewed the evidence and made new and updated recommendations on screening for and preventing preterm birth. Share guideline with the maternity and women's health group.		Action: SM
15.2	[NG73] Endometriosis: diagnosis and management In April 2024, we reviewed the evidence and made new and updated recommendations on treatment of endometriosis when fertility is a priority. Share guideline with the maternity and women's health group.		Action: SM
16	Medicines Safety Summary		
16.1	Prevention of future deaths <ul style="list-style-type: none"> Methadone and benzodiazepine intoxication 06/03/2024 Fluoxetine, dihydrocodeine and cocaine ingestion (14/3/24) Pain relief given by paramedics (19/3/24) Morphine toxicity (19/3/24) -Noted Patients on opiates are high risk and may benefit from an SMR.		
17	Risk Review and Management		
17.1	Trusts. ICB. None this month		
18	Any Other Business		
18.1	Thank you to Dr James Nicholls and John Digman Dr James Nicholls and John Digman have both stepped down as PCN representatives. James was a long-standing member and John had been attending for just over a year, both have been thanked for their contributions and input over their time on the committee. MPB wish to thank James and John and wish them well.		
18.2	Members needed for West Mendip and South Somerset West Send out invitation for membership.		Action: AT
18.3	MPB meeting frequency AP queried if MPB needed to be held every month or if it could be bi-monthly. Currently MPB doesn't meet in August or December. May need to be a change of membership structure to align with the four areas.		

Discuss meeting frequency.

Action: AT & SG

DATE OF NEXT MEETINGS

29th May 2024 (SIMO following)

26th June 2024

24th July 2024 (SIMO following)

25th September 2024 (SIMO following)

23rd October 2024

27th November 2024 (SIMO following)