

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 22th January 2025.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead.
	Sarah Ashe (SA)	Associate Director Safeguarding, MH, LD, Autism, NHS Somerset
	Dr Juliet Balfour (JB)	GP and BMS registered menopause specialist.
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Peter Fee (PF)	Taunton Representative
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Zoe Talbot (ZT)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
	Mihaela Tirnovanu (MT)	Taunton Representative
	Shona Turnbull-Kirk (ST)	Associate Director for Health Inclusion (On behalf of BC)
Apologies:	Michelle Allen (MA)	Chief officer, Community Pharmacy Somerset
	Peter Berman (PB)	Lay Representative
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, LPC
	Emma Russell (ER)	CLIC Representative
	Dr Val Sprague (VS)	Bridgwater Representative
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

2 REGISTER OF MEMBERS' INTERESTS

Members reminded to keep the register details up to date.

- 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 November 2024

4.1 The Minutes of the meeting held on 27th November were agreed as a correct record.

4.2 Review of action points

Action 8: Methotrexate

YL - Action complete. It will feature it as a recurring item once every quarter. The pharmacies check if patients have their books on them, they are to remind patients the importance of carrying their books and all pharmacies were informed how to order replacement books if needed.

5 Matters Arising

5.1 Discussion of prescribing and quality improvement scorecard indicators for 2025/26

- **80% of all vaginal estriol as 15g 0.1%**

Estriol 0.01% switch to estriol 1mg/g. Significant cost difference between the two, with a potential to save hundreds of thousands of pounds. They are different strengths but deliver the same amount of active ingredient to the patient. The preferred product has a smaller administered dose and smaller packaging, better for the patient and the environment. Target is set at 80% with several practices already achieving.

Other indicator ideas will come to March meeting. Don't want to duplicate QOF so will wait to see their indicators.

Bring back final version for March agenda.

Action: ZT

5.2

Lipid guidelines

Miscommunication issue with the Somerset lipid guidelines being posted on TeamNet before it was aligned with NICE guidance or had followed due process for approval. The team that posted the guidelines apologised for the oversight and have since reviewed and updated to match NICE and formulary position. This isn't the first instance of items being put on TeamNet without approval or review process in place which is of concern.

- Unsure of the usage of TeamNet in primary care as seems to be differing views. National framework doesn't cover pregnancy and breastfeeding, particularly with familial hypercholesterolaemia.
Feedback to Alex. **Action: SM**
- 5.3 **NHS Somerset - Guideline for the management of cancer-associated venous thromboembolic disease**
This came to January MPB. It has been amended to make it clearer that the GP can sign post to the trust if needed.
-MPB Approved
Add to website. **Action: SM**
- 6 **Other Issues for Discussion**
- 6.1 **Treatment breaks – Prescqipp**
Useful reference document. Prescqipp maintain responsibility to review the document. Proposal to adopt as a system.
Conversations around treatment breaks should be had at the time of first prescribing.
Concern around the lack of a system wide log to highlight when to restart a medication on a treatment break.
-MPB approved
Add to website. **Action: SM**
- 6.2 **Nystatin PGD for MAS**
PGD to allow GPHC registered pharmacists and pharmacy technicians to provide nystatin for oral thrush or if a patient presents with a prescription for currently unavailable oral miconazole gel.
This allows us to maintain a local somerset scheme in addition to national pharmacy first PGDs to address a national gap.
-MPB approved
Get final sign off. **Action: HB**
- 6.3 **Topiramate SCP**
A new shared care protocol for topiramate, similar to the valproate protocol, to ensure safety in women who could become pregnant by way of ensuring PPP. It also acknowledges that some patients will be started in primary care with no specialist involvement, so the prescriber takes responsibility. When there is difficulty engaging with a patient the discussion of risks should be clearly documented and referred to specialist.
-MPB Approved.
Share with relevant specialists for feedback. **Action: HB**
- 7 **Other Issues for Noting**
- 7.1 **None this month**
- 8 **Additional Communications for Noting**
- 8.1 **NEW NICE Asthma guidance – Email from SG – 28/11/24**
-Noted.

- 8.2 Tirzepatide FAQs for ICBs and Patients: For Circulation to ICBs and Trusts and Primary Care – Email from SG – 6/12/24
-Noted.
- 8.3 Duration of therapy review – Lyme cycline – Email from Helen Spry – 9/12/24
-Noted.
- 8.4 Gliptins including Linagliptin no better than placebo for reducing CV and Kidney events diabetes contacts – Email from SG – 19/12/24
-Noted.
- 8.5 Salamol and Airomir situation – Email from SG – 9/1/25
-Noted.
- 8.6 PERT supply issues local mitigation plan – Email from EK – 10/1/25
-Noted.

9 Formulary Applications

- 9.1 Vaginal prasterone for genitourinary symptoms of menopause
Prasterone has been approved for the treatment of vulvar and vaginal atrophy in postmenopausal women (Also known as Genitourinary Syndrome of Menopause, or GSM) who are having moderate to severe symptoms as second line treatment after failed local estrogen treatment, after an adequate trial of local estrogen, having trialled at least 2 vaginal estrogen preparations over 6 months. Prasterone is used instead of local estrogen. Patients may re-trial local estrogen after 6-12 months treatment with prasterone. Where local estrogen treatment is then successful, this will need to be continued usually long term. Initially this will be AMBER1- may be initiated by GPs on the advice of a specialist, including the Somerset Menopause Service or relevant trust specialty, this will be reviewed in the future to move to GREEN.

The board also agreed prasterone could be initiated in patients with a history of cancer off-label who are suffering severe GSM who are taking aromatase inhibitors where lubricants and vaginal moisturisers alone are inadequate, under the advice of a specialist only. This cohort of patients cannot use local vaginal estrogen. This indication will be AMBER 1 on the advice of a specialist including the Somerset Menopause service or relevant trust specialist after an individual risk benefit discussion has been had with the patient. Subject to oncology feedback and approval at the next SFT DTC for patients taking aromatase inhibitors.

Liaise with the trust oncology colleagues and DTC.
Add to formulary.
Add to TLS.

Action: Juliet Balfour
Action: EK
Action: ZT

- 9.2 Domnisol (calcifediol monohydrate) 266 micrograms soft capsules, Flynn Pharma Ltd
Domnisol for treatment of vitamin D deficiency as an acute course, before patients move onto self-care. Or it may be used alongside calcium when in combination with bone-sparing agents. Vitamin D including Domnisol is not approved for

- maintenance therapy in Somerset in accordance with NHSE guidance NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care
-MPB approved.
Add to formulary. **Action: EK**
Add to TLS 'Amber1'. **Action: ZT**
- 9.3 Flomister 137 micrograms / 50 micrograms per actuation nasal spray, suspension (£12.58)
Switch Dymista patients to Flomister to save 15% ~£10K.
-MPB approved.
Add to formulary. **Action: EK**
Add to TLS 'Green'. **Action: ZT**
- 10 Reports From Other Meetings Feedback**
- 10.1 Primary Care Network Feedback
Progress updates on:
- Structured medication reviews (SMR)
 - Deprescribing
 - Social prescribing options e.g., Pain, sleep etc.
 - PCN workforce
- DD is pleased with the level of staffing in the area and believes most positions are filled.
RT also believed staffing issues are improving in the area.
Nothing to report from the other PCNs.
- Summary**
- 10.2 **Community Pharmacy Somerset Feedback**
YL sent apologies.
- 10.3 **LMC Feedback**
Nothing to report
- 10.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting 03/12/24
Approved domnisol, rivastigmine twice weekly patches and some red drugs.
Have an active program of early biosimilar switching.
- 10.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 10/12/24
Discussed CQC national work on improving safety in MH systems.
Valproate reviews being done but not coded appropriately so work is being done to correct that. Drafted a letter to GPs. Emailed LMC for support with the letter.
Rapid tranquilisation policy will be going to the governance team.

10.6 **Somerset NHS Foundation Trust Medicines Governance Committee – Last meeting 14/1/25**

There will be a valproate closing report at next meeting to confirm review rate. And will move to BAU if complete.

Medicine shortages are the main issue being managed as the list continues to grow.

Part 2 – Items for Information or Noting

11 Current Performance

11.1 Verbal update

- Somerset is overspending significantly versus the budget. However we are 1 of 2 out of 42 spending less on primary care prescribing.
- Doing well on cost saving, need to improve on unmet need. Delicate balance needs to be achieved.
- Underspending on high-cost drugs due to early adoption of biosimilars.
- Overall financial position is precarious.

12 Rebate Schemes

12.1 Orobalin 1 mg film-coated tablets, Northumbria Pharma Ltd, Commence date: TBC
-Noted

13 NICE Technology Appraisals

13.1 [TA1020] Eplontersen for treating hereditary transthyretin-related amyloidosis

Commissioner	NHS England
Provider	National Amyloidosis Centre

-MPB approved

Add to TLS **Red** drug.

Action: ZT

13.2 [TA1022] Bevacizumab gamma for treating wet age-related macular degeneration

Commissioner(s)	Integrated care boards
Provider(s)	NHS hospital trusts

-MPB approved

Add to TLS **Red** drug.

Action: ZT

13.3 [TA1021] Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer

Commissioner(s)	NHS England
Provider(s)	Secondary care providers

-MPB approved

Add to TLS **Red** drug.

Action: ZT

13.4 [TA1024] Toripalimab with chemotherapy for untreated advanced oesophageal squamous cell cancer
Terminated appraisal

Add to TLS 'Not recommended'.

Action: ZT

13.5 [TA1023] Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments

	Commissioner(s)	NHS England
	Provider(s)	Secondary care – acute
	-MPB approved Add to TLS Red drug.	
	Action: ZT	
13.6	[TA1025] Ublituximab for treating relapsing multiple sclerosis	
	Commissioner(s)	NHS England
	Provider(s)	Secondary care – acute
	-MPB approved Add to TLS Red drug.	
	Action: ZT	
13.7	[TA1026] Tirzepatide for managing overweight and obesity	
	Commissioner(s)	Integrated care boards
	Provider(s)	Specialist and non-specialist weight management services
	NHS England implementation plan •within 3 months for everyone accessing specialist weight management services at that time, and subsequently •from 6 months to support a phased introduction of delivery to other eligible cohorts. NHS England will make available to ICBs an interim commissioning policy outlining how patient cohorts should be prioritised and the service models that are recommended during this initial implementation within 4 weeks of final guidance publication. The Medicines programme board agreed to follow the national implementation plan. Keeping tirzepatide as RED for specialist services. GREEN for primary care as previously approved for diabetes (TA924) agreed October 2023. Add to TLS.	
	Action: ZT	
13.8	[TA1027] Tebentafusp for treating advanced uveal melanoma	
	Commissioner	NHS England
	Provider	NHS hospital trusts
	-MPB approved Add to TLS Red drug.	
	Action: ZT	
13.9	[TA697] Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban This technology is commissioned by integrated care systems (ICSs)/ clinical commissioning groups (CCGs). Providers are NHS hospital trusts. -MPB approved Add to TLS Red drug.	
	Action: ZT	
13.10	[TA1030] Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer	
	Commissioner(s)	NHS England
	Provider(s)	NHS Hospital trusts
	-MPB approved Add to TLS Red drug.	
	Action: ZT	

- 13.11 [TA1029] Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage
Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZT**
- 13.12 [TA1028] Bimekizumab for treating moderate to severe hidradenitis suppurativa
Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZT**
- 13.13 [TA1031] Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over
- | | |
|------------------------|---------------------|
| Commissioner(s) | NHS England |
| Provider(s) | NHS hospital trusts |
- MPB approved
Add to TLS **Red** drug. **Action: ZT**
- 14 **NICE Clinical Guidance**
- 14.1 New [NG244] Asthma pathway (BTS, NICE, SIGN)
-Noted
- 14.2 New [NG245] Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN)
-Noted
Remove the salmeterol inhalers from the recommended products in the cost-effective inhalers list. **Action: SG**
Consider the impact of aligning inhaler targets for the next year and review the logistics of measuring it. **Action: SG**
- 14.3 Update [NG112] Urinary tract infection (recurrent): antimicrobial prescribing
Dec 24 reviewed the evidence and made new recommendations on methenamine hippurate as a preventative treatment. Amended existing recommendations on referral and seeking specialist advice, oestrogen for prevention, and choice of antibiotic or antiseptic prophylaxis.
-Noted
Somerset is ahead of the curve with the inclusion of methenamine in the guidelines.
- 14.4 New [NG246] Overweight and obesity management
-Noted
- 14.5 New [NG247] Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years
-Noted
Removed public health 11. Advised to access BUMPS and UKDILAS. Updated high risk categories for folic acid 5mg, obesity has been removed.
Information about doing a less of weighing and being more pragmatic in about weight in pregnancy.

15 **Medicines Safety Summary**

15.1 ICB Medicines Safety update

EK provided a medicines safety update:

- Serious shortage protocols
 - Estradot®, Cefalexin, Creon®
- NPSA
 - Shortage of Pancreatic enzyme replacement therapy (PERT) - Additional actions
- SFT & GP Valproate update
- PSA
 - Never events report
 - Discontinuation of Isophane insulin, human (Insulatard) Penfill 100units/ml suspension for injection 3ml cartridges
- Class 2 medicines recalls
 - Labetalol 200mg (Tillomed)
 - Mysimba (naltrexone/bupropion)
- Courts and tribunals

-Noted

Believe we are underestimating amount of harm caused by drug shortages. We would advise community pharmacy and patients to work together to address any shortages. Professionals have a responsibility to ensure patients have a supply of drugs that could cause significant harm if stopped.

Discuss additional communications.

Ensure ICB drug shortage protocol is up to date.

Action: SG & EK

Action: SM

16 Risk Review and Management

16.1 General Risk and Management

ICB: Potential of risk if prescribing budget is lowered.

Trusts: Nothing to raise

17 Any Other Business

17.1 Joint formulary

Work on the new joint formulary continues with the hope of launching from April.

DATE OF NEXT MEETING

Wednesday 26th March 2025

Wednesday 21st May 2025

Wednesday 23rd July 2025

Wednesday 24th September 2025

Wednesday 26th November 2025