

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on  
**Wednesday, 24<sup>th</sup> July 2024.**

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

**1 APOLOGIES AND INTRODUCTIONS**

AT welcomed everyone to the Medicines Programme Board.  
 STK deputising for BC.

**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.

The new declarations of interests register “Civica” was introduced, participants were asked to share their job titles and to access the COI register if they have not already done so.

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

#### **4 MINUTES OF THE MEETING HELD ON 29<sup>th</sup> May 2024**

4.1 The Minutes of the meeting held on 29<sup>th</sup> May were agreed as a correct record.

#### **4.2 Review of action points**

Most items were either complete or, on the agenda.

#### **5 Matters Arising**

##### **5.1 Somerset System Wide Prescribing Formulary**

An update was provided regarding the training for Netformulary, which was completed the previous week.

AZ updated the position on the antimicrobial formulary on the Microguide platform, which will be migrating over to a new app-based platform which enables full documents to be shared within. This will enable access to information for primary care and secondary care antimicrobials on the one place, it was noted that this will work well with the new formulary platform Netformulary which will not host the antimicrobial guidelines.

SM noted the ability to drop documents into Netformulary will be useful for prescribing areas such as SIP feeds which differs between in patient and primary care. Information on safe prescribing in pregnancy and breastfeeding in line with the Somerset Maternity Equity plan will be available on Netformulary, in addition to the ability to note differing traffic light status to given drugs within the platform too. The review will take some months with teamwork between both organisations, further meetings are booked in to continue this work.

##### **5.2 House of Commons, Health and Social Care Committee, Pharmacy, Third Report of Session 2023–24.**

This report was produced in May, the content is very relevant concluding there are problems with community pharmacy funding. Pharmacy and dispensing doctors are often being asked to dispense at a loss at the moment which isn't sustainable. The difficult climate for contractors was noted.

#### **6 Other Issues for Discussion**

##### **6.1 BPAS PGDs x3**

The PGDs were noted and approved for signoff.

**Action: HB and Shelagh Meldrum**

6.2 Policy and Guidance for Joint Working with the Pharmaceutical Industry

The policy was discussed, minor updates noted and the importance of maintaining a transparent and open process when working with the industry was discussed. Some feedback was discussed including clarification to avoid ambiguity to include pharmaceutical and appliance companies, to be fed back to the audit committee before sign-off.

**Action: SG provide feedback on the document.**

### **6.3 Standard sleep letter for melatonin requests**

The Chair stood aside for this item.

The group discussed the sleep letter written by the teams at SFT within CAHMs and paediatrics to share with parents and carers to understand what resources are available and set expectations that melatonin isn't routinely prescribed, has a small evidence-base and requires review and regular breaks in treatment.

The meeting agreed the resources were useful and could be included in the local offer as well as the medicines management website for clinicians to access for patients in primary care enquiring about sleep problems for children. It was agreed that the children with complex needs (who will typically respond to melatonin) need to remain under the care of a specialist.

**Action: SM- provide feedback to the team at SFT.**

### **6.4 Lipid management pathway update**

Minor updates were noted including changes reflected in the NICE guidance update that came in December 2023, slight changes in audit levels and stopping statins 3 months before pregnancy too.

**Action: EK to review and update the formulary to reflect the pathway update.**

## **7 Other Issues for Noting**

### **7.1 NIHR - Nasal sprays reduce symptoms and duration of colds and flu**

The meeting agreed with nasal sprays available as self-care to reduce symptoms and duration of colds and flu should be encouraged to reduce the effects of these viruses, the positive results:

All the groups experienced a reduction in

- The number of days with severe symptoms - down by 25%
- Antibiotic use - down by 25%
- Both nasal sprays shortened the duration of the illness by 20% which resulted in a 20-30% reduction in days off from work.

was noted, the meeting agreed that interventions reducing antimicrobial use is valuable.

**Action: include in the next Self-Care document update Caroline Taylor**

## **8 Additional Communications for Noting**

### **8.1 UTI diagnostics in over 65s and information about vaginal oestrogen therapy – Email from Helen Spry – 17/06/24**

-Noted

### **8.2 New Safety Measures for Topiramate – Email from SG – 20/06/24**

-Noted

- 8.3 Near Patient Testing in General Practice and its potential impact – Email from SG – 25/06/24  
-Noted
- 8.4 Latest DOAC patients with last Hb<9 - investigate for potential GI bleed – Email from SG – 28/06/24  
-Noted
- 8.5 Increased CVD risk in Diabetes patients taking supplementary calcium – Email from SG – 28/06/24  
-Noted
- 8.6 Coloplast ISC Catheter - Speedicath Luja is not a recommend product – Email from SG – 28/06/24  
-Noted
- 8.7 Creon, Nutizym and Pancrex V ongoing SUPPLY ISSUES – Email from SG – 17/07/24  
-Noted
- 8.8 Greener prescribing web page – email from SG - 18/07/24  
-Noted

## 9 Formulary Applications

### 9.1 Dexcom ONE+

It was noted that Dexcom ONE+ is an upgrade to Dexcom ONE.  
Approved to formulary in line with NICE guidance.

**Action: EK to update formulary  
ZTW to update TLS**

### 9.2 Ryaltris® nasal spray

Ryaltris was discussed as a cost-effective, last line option only when treatment with a steroid nasal spray with an oral antihistamine has failed. Most Dymista prescribing is advised by ENT, but prescribing has continued across primary care. It was agreed this should be taken to the next Trust DTC to update ENT to use instead of less cost-effective options.

**Action: DTC- Andrew Prowse  
Add to formulary and TLS: EK & ZTW**

### 9.3 Tolak 40 mg/g cream

Supply issues with fluorouracil creams was noted. Recommended to add this product to formulary alongside current products, to increase availability of products to use.

**Action: Add to formulary EK**

### 9.4 Lotacryn eye drops

It was noted this latanoprost PF multiuse bottle, will reduce the carbon footprint of single use/ individual unit dose products.

Approved to add to formulary.

**Action: Add to formulary EK**

### **9.5 Loteprednol eye drops**

It was noted that loteprednol eye drops are on the BNSSG formulary. The evidence base supports its use for appropriate patients with uveitis patients- currently complex patients with this condition are being seen in Bristol with a recommendation to use loteprednol eye drops. It was noted, this is currently in application from ophthalmology at the trust. It is currently RED on the TLS.

The meeting approved to move this to AMBER on the TLS.

**Action: Change to AMBER on the TLS- ZTW**

### **9.6 Abrysvo® vaccine**

Noted for formal approval as part of the national programme.

Discussion ensued regarding the need for formal process on national programme vaccines. The meeting agreed to note new vaccines and updates to the programme in the future for formality, but no need to approve to avoid any unnecessary delays.

### **9.7 Aspirin in Pregnancy TLS change for indications.**

To also include as GREEN use in pregnancy in line with national guidelines- for low papp A, those at risk of pre-eclampsia and previously low birthweight for gestational age. Currently aspirin in pregnancy is GREEN to reduce the risk of pre-eclampsia. To ensure timely access and avoidance of delay, the TLS will be updated to reflect all indications for use above as GREEN.

It was noted that maternity is doing a lot of work to increase uptake of prevention medication and are working on signing off a PGD so midwives have access to aspirin when booking in patients, or seeing them after bloods have returned.

TLS update: GREEN for use in pregnancy in line with national guidelines to reduce the risk of pre-eclampsia, people with low PAPP-A, and those with a previous low birthweight for gestational age birth/ at risk of placental dysfunction- 150mg daily from 12 weeks.

Opportunistically, it was also noted that the TLS would be updated to include prescribing for patients diagnosed with Lynch Syndrome in line with NICE.

**Action: update TLS- ZTW**

## **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

Feedback was received from PCNs, themes and challenges included changing workforce- movement and new staff as well as some moving out of area. Current

focuses were discussed including some long-term condition focus and working across PCNs to pool resources.

## **Summary**

### 10.2 **Community Pharmacy Somerset Report**

Community Pharmacy Somerset Feedback

Update on IP pathfinder and pharmacy clinical services, in particular Pharmacy First, hypertension and oral contraception.

**Community Pharmacy Services:** LP provided an update on the progress of community pharmacy services, including the blood pressure case finding service, contraception service, and Pharmacy first, highlighting the high opt-in rates and the need for further development in ambulatory BP monitoring and referrals.

- **Service Opt-in Rates:** LP reported high opt-in rates for community pharmacy services, indicating strong engagement from pharmacies in delivering the blood pressure case finding service, contraception service, and Pharmacy first. This reflects the commitment of community pharmacies to expanding their service offerings and meeting the evolving healthcare needs of the community.
- **Ambulatory BP Monitoring:** The need for further development in ambulatory blood pressure (BP) monitoring was highlighted, with a focus on improving the conversion rate from clinic BP measurements to ambulatory monitoring. This development is crucial for enhancing the accuracy and effectiveness of hypertension management within community pharmacy services.
- **Referral Process Enhancement:** Enhancing the referral process for community pharmacy services was identified as a priority, with the aim of streamlining patient access to these services. Efforts are being made to integrate referrals from general practice and other healthcare settings, thereby facilitating a more coordinated approach to patient care.
- **Independent Prescriber Pathfinder Programme:** LP discussed the Independent Prescriber Pathfinder Programme, focusing on cardiovascular disease and hypertension, and noted the delay in the national prescribing tool. She emphasized the importance of continuing the program and the upskilling of community pharmacists to become independent prescribers adequately upskilled to meet the future demands of prescribing and improving patient outcomes in these critical health areas.

### 10.3 **LMC Report**

Changes in repeat prescription ordering across practices and pharmacies was noted.

### 10.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting 04/06/24 Noted

10.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 11/06/24  
Noted

10.6 **Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting 10/7/24  
Noted

## **Part 2 – Items for Information or Noting**

### **11 Current Performance**

11.1 MPB Annual report 23-24

The report was noted and identified as an inspirational report this year, reflecting on what we have achieved, the importance to share the work of medicines management amongst all the new colleagues across the organisation was noted to ensure focus is maintained on quality and safety, not just finance.

Good progress against the scorecard was noted as well as the ICB benchmarking high in national medicines optimisation priorities out of the 42 ICBs. The chief pharmacist has also now been given the SRO role for antimicrobial prescribing stewardship which our team do a significant amount of work on each year beyond the national indicators.

Congratulations was given for the leadership and hard work put into the successful medicine's optimisation work done across Somerset.

### **12 Rebate Schemes**

12.1 None for July

### **13 NICE Technology Appraisals**

13.1 **Terminated appraisal** - [TA978] Zanubrutinib with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments  
NICE terminated appraisal.

-MPB agreed.

Add to TLS Not recommended.

**Action: ZTW**

13.2 [TA977] Dabrafenib with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over

Commissioned by NHS England. Providers are NHS hospital trusts.

Commissioned by NHS England. Providers are NHS hospital trusts.

Proposal to add to TLS Red drug.

-MPB agreed.

Add to TLS Red drug.

**Action: ZTW**

13.3 **Terminated appraisal** – [TA976] Trastuzumab deruxtecan for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy  
NICE terminated appraisal.

-MPB agreed.

Add to TLS Not recommended.

**Action: ZTW**

13.4 **Terminated appraisal** – [TA980] Nivolumab for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over

- NICE terminated appraisal.  
-MPB agreed.  
Add to TLS Not recommended. **Action: ZTW**
- 13.5 [TA979] Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Proposal to add to TLS Red drug.  
-MPB agreed.  
Add to TLS Red drug. **Action: ZTW**
- 13.6 [TA983] Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Proposal to add to TLS Red drug.  
-MPB agreed.  
Add to TLS Red drug. **Action: ZTW**
- 13.7 [TA981] Voxelotor for treating haemolytic anaemia caused by sickle cell disease  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Proposal to add to TLS Red drug.  
-MPB agreed.  
Add to TLS Red drug. **Action: ZTW**
- 13.8 **Terminated appraisal** – [TA982] Baricitinib for treating juvenile idiopathic arthritis in people 2 years and over  
NICE terminated appraisal.  
-MPB agreed.  
Add to TLS Not recommended. **Action: ZTW**
- 13.9 [TA984] Tafamidis for treating transthyretin amyloidosis with cardiomyopathy  
Commissioned by NHS England. Providers are NHS Hospital trusts.  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Proposal to add to TLS Red drug.  
-MPB agreed.  
Add to TLS Red drug. **Action: ZTW**
- 13.10 [TA688] Selective internal radiation therapies for treating hepatocellular carcinoma  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Commissioned by NHS England. Providers are NHS hospital trusts.  
Proposal to add to TLS Red drug.  
-MPB agreed.  
Add to TLS Red drug. **Action: ZTW**
- 13.11 [TA985] Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma



- Commissioned by NHS England. Providers are NHS hospital trusts.  
 Commissioned by NHS England. Providers are NHS hospital trusts.  
 Proposal to add to TLS Red drug.  
 -MPB agreed.  
 Add to TLS Red drug. **Action: ZTW**
- 13.12 **Terminated appraisal** – [TA987] Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma  
 NICE terminated appraisal.  
 -MPB agreed.  
 Add to TLS Not recommended. **Action: ZTW**
- 13.13 [TA986] Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over  
 Commissioned by ICB/ NHS England. Providers are NHS hospital trusts.  
 Commissioned by NHS England. Providers are NHS hospital trusts.  
 Proposal to add to TLS Red drug.  
 -MPB agreed.  
 Add to TLS Red drug. **Action: ZTW**
- 14 **NICE Clinical Guidance**  
 14.1 None for July
- 15 **Medicines Safety Summary**  
 15.1 ICB Medicines Safety update was noted:  
 NPSA
  - Limited supplies of PERT
  - Valproate
  - Topiramate
 MHRA
  - Topical steroids – new labelling
 Serious shortage protocols
  - Added to ICB rick register
  - Clomethiazole
  - Imiquimod
  - Co-trimoxazole
  - Erythromycin
 Prevention of future death report
  - Digoxin & clarithromycin
  - Morphine & zopiclone
 SPS shortages
  - Diazepam 2mg/5ml oral solution
 Methylphenidate p/r tabs
- 16 **Risk Review and Management**  
 16.1 **General Risk and Management**  
 -Trusts  
 -ICB

- 16.2 **System NICE Implementation Risks**  
-ICB & Trusts  
-NICE guidance implementation position

17 **Any Other Business**

- 17.1 **Civica – Declarations of interest**  
Noted as discussed at the beginning of the meeting

**DATE OF NEXT MEETINGS**

18<sup>th</sup> September 2024

27<sup>th</sup> November 2024 (SIMO following)