



# Minutes of the **Medicines Programme Board** held via Microsoft Teams, on Wednesday, 27<sup>th</sup> March 2024.

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

# 1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the Medicines Programme Board. Dr Matthew Hayman was introduced to the group. Apologies were provided as above.

### 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 28<sup>th</sup> February 2024

4.1 The Minutes of the meeting held on 28<sup>th</sup> February 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 Financial position

SG present the financial position:

- Not recommending setting practice level financial budgets again this year due to continued difficult position and significant pressure on GP prescribing costs.
- Overall the ICB is balancing it's budget.
- For 2024/25 there is a smaller budget than last year. This is a risk to the system SG has fed this back.
- Somerset GP's already spend £12 million less per year than the national average, despite having demographic population that has more need than the average.
- GPs retain clinical freedom to prescribe.

# 6 Other Issues for Discussion

- 6.1 ADHD Shared Care Protocol HB highlighted the changes:
  - Formatting updates.
  - Addition of guanfacine. Once shared care protocol agreed this medication will move from Red to Amber in the TLS as agreed at MPB July 2023.
  - Stock availability links.
  - Taken out brand names and signposting to formulary (easier to update).
  - National template and NICE reviewed to ensure up to date.
  - Table added to support monitoring.
  - Minor additions on pregnancy and maintaining hydration in warm weather.

Capacity in to monitor to gold standard in primary care and secondary care is limited. The addition of guanfacine to the SPC has changed the monitoring frequency.

-MPB Approved

Add to website.

# Action: Daniela Broughton

Update Guanfacine TLS entry to Amber. Update formulary for Guanfacine. Update neurodivergence page. Feedback monitoring changes to LMC.

7 Other Issues for Noting

7.1 -NHS England: Clinical Policy: Puberty suppressing hormones
-Prescribing of Gender Affirming Hormones (masculinising or feminising hormones) as part of the Children and Young People's Gender Service (england.nhs.uk)
-Puberty suppressing hormones (PSH) for children and young people who have gender incongruence / gender dysphoria (england.nhs.uk)
Gender prescribing and national position updates.
This is a national service being commissioned. As an ICB we support national position.
-Noted
Add to gender page on website.

### 8 Additional Communications for Noting

- 8.1 Latest opioid prescribing data and information about GetUBetter Email from Helen Spry – 28/02/24
   -Noted
- 8.2 Valproate shared care protocol Email from SG 28/02/24 -Noted
- 8.3 NICE B12 guidance Email from SG 07/03/24 -Noted
- 8.4 Prescribing of expensive brands Email from SG 07/03/24 -Noted
- 8.5 Amlodipine/Diltiazem and Simvastatin 40mg reducing risk and optimising outcomes
   Email from SG 08/03/24
   -Noted
- 8.6 Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care Email from SG 12/03/24
   -Noted
- 8.7 Polypharmacy Action Learning Set Training Email from SG 15/03/24 -Noted
- 8.8 Optimising Esomeprazole therapy reducing side effects and carbon footprint Email from SG – 18/03/24
   -Noted

Action: ZTW Action: EK Action: SM Action: RT

- 8.9 GLP1 MSN update /HCL update and PCDS updated guidance following terzepatide kwikpen availability Email from SG 19/03/24
   -Noted
- 8.10 Scorecard antimicrobial data 12 months to January 2024 Email from Helen Spry 25/03/24
   -Noted

# 9 Formulary Applications

- 9.1 Cytisine 1.5mg tablets (Consilient Health Ltd) for Smoking cessation Dr Florence Lock presented data on Cytisine:
  - POM to aid with smoking cessation. Similar mode of action to Varenicline.
  - NICE, updated Tabacco guidance to include that it is comparable to other items currently used.
  - £115 per 25-day course, tapering schedule comes in one box and is cost effective. The shorter course doesn't match the current 12-week support in the stop smoking service so this needs to be addressed.
  - The contraindications and cautions will limit use as could the complex dosing schedule.
  - Currently available to buy online, by prescribing it should limit potentially unsafe usage.
  - Proposal as a Green drug smoke free somerset service for PGD in local pharmacy and allow GP prescribing. Working with LMC.
  - Linked with Martin Shaw at the Trust for use with inpatients. Will be going to DTC.

-MPB Approved Green. Add to TLS Green.

# Action: **ZTW**

- 9.2 Xonvea (Exeltis UK Ltd), 10 mg doxylamine succinate and 10 mg pyridoxine hydrochloride
  - This came to PAMM (Predecessor to MPB) and was initially rejected due to limited evidence, however is being used for certain patients.
  - It is the only licensed medication for nausea and vomiting in pregnancy.
  - Approve to formulary add to pathway for certain patients.
  - Add to formulary as an additional option alongside established therapies for patients where this may reduce the need to use alternatives which have higher side effects, e.g. constipation.
  - Updated RCOG Green-Top Guideline on The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum -Noted

# -Approved

Add to formulary. Update pregnancy page. Action: EK Action: SM

9.3 Acepiro® 600 mg effervescent tablets Cost effective brand 30 effervescent tablets = £4.40 -Approved Add to formulary.

9.4 Licensed ivermectin tablets
3mg x 4 tab = £49.20
Not yet in drug tariff.
-MPB approved in advance of drug tariff entry.
Add to formulary once in drug tariff.

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

Nothing to report this month

### Summary

### 10.2 Community Pharmacy Somerset Report

YL & LP discussed:

- Changes to pharmacy contractors and closures, currently 92 community pharmacies.
- Pharmacy first service use and outcomes are positive.
- Hypertension service use benchmarks well compared to the rest of region.
- So far 9 pharmacies signed up to deliver the contraception service.
- Flu vaccines and LFT service on going.
- IP pathfinder has encountered some issues and Somerset are wating for the digital tools before implementation.

# 10.3 LMC Report

Nothing to report this month

# 10.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting March AP discussed:

- Welcome to Dr Matt Hayman the D&TC chair.
- Approved melatonin as a Red drug for three formulations. Working on robust pathway before application to change TLS.
- Clinical effectiveness pharmacist starting, part of their role will be to lead on formulary management for the trust, working closely with the ICB medicines management team.
- Donna Yell is looking into possibility of a joint formulary platform across the system.

# 10.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 12/03/24

SM discussed:

Action: EK

- Valproate.
- ADHD SCP well received.
- Discussed rapid tranquilisation policy. Highlighted Oliver McGowan training. No 7-day LD service across either trust site.
- Clozapine policy.
- Anticholinergic burden of antipsychotics.

# 10.6 **Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting March

AP discussed:

- Extending roles of nursing associates to administer IV drugs. Approved as committee with training and competency checks.
- Mock CQC inspections found estate issues particularly around the security and storage of medication. Upgrading treatment rooms, CCTV and air con to be compliant.

### Part 2 – Items for Information or Noting

### 11 Current Performance

11.1 Scorecard Trend December 23 -Noted

Making progress. December has seen Somerset move to Green overall on the antimicrobial indicators.

### 12 Rebate Schemes

12.1 None this month

# 13 NICE Technology Appraisals

13.1 [TA954] Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
 This technology is commissioned by NHS England. Providers are NHS hospital trusts.
 Add to TLS 'Pod Drug'

Add to TLS 'Red Drug'.

### Action: ZTW

13.2 [TA955] Dupilumab for treating moderate to severe prurigo nodularis Not recommended by NICE. Add to TLS 'Not recommended'.

#### Action: **ZTW**

- 13.3 [TA953] Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema.
   Treatments for people with diabetic macular oedema are commissioned by integrated care boards. Providers are NHS hospital trusts.
   Add to TLS 'Red Drug'.
- 13.4 Update [TA878] Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19

In March 2024: after a partial review of this guidance, we updated the recommendation on nirmatrelvir plus ritonavir to include additional groups eligible for treatment removed the recommendation on casirivimab plus imdevimab because the conditional marketing authorisation for casirivimab plus imdevimab was withdrawn. Community pharm will be able to issue tests to wider cohorts from 1<sup>st</sup> April.

-Noted Already in the TLS.

 13.5 [TA957] Momelotinib for treating myelofibrosis-related splenomegaly or symptoms This technology is commissioned by NHS England. Providers are NHS hospital trusts.
 Add to TLS 'Red Drug'.

### 14 System NICE Implementation Risks

- 14.1 ICB & Trusts None this month
- 14.2 NICE guidance implementation position Raised within ICB risk relating to inability to implement some of the NICE appraisals. Medications can be put on formulary however patients can't access unless there is investment in correct teams and resources. SG is in discussions around how to phrase the risk correctly and next steps.

### 15 NICE Clinical Guidance

15.1 [NG239] Vitamin B12 deficiency in over 16s: diagnosis and management Capacity and workforce issues in primary care to manage the additional monitoring requirements.

Add NICE recommendations to guidance. Action: EK Aware the pathology lab has been using different levels to NICE. Hopefully they will revise to be in line with NICE guidance.

- 15.2 Update [NG122] Lung cancer: diagnosis and management -Noted
- 15.3 Update [NG191] COVID-19 rapid guideline: managing COVID-19 In March 2024, in the section on therapeutics, we updated recommendations on nirmaltrevir and retonavir, sotrovimab, casirivimab and imdevimab, and tocilizumab in line with updated NICE technology appraisal guidance on nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (TA878). -Noted
- 15.4 [NG240] Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management -Noted
- 15.5 Update [NG195] Neonatal infection: antibiotics for prevention and treatment In March 2024, new recommendations for newborn babies with suspected or confirmed bacterial meningitis.
   -Noted
- 15.6 Update [NG51] Suspected sepsis: recognition, diagnosis and early management In March 2024, we replaced a recommendation on contraindications to lumbar puncture -Noted

15.7 [NG241] Ovarian cancer: identifying and managing familial and genetic risk SG has appropriately raised. -Noted

### 16 Medicines Safety Summary

16.1 None this month

### 17 Risk Review and Management

17.1 Trusts. ICB. Discussed financial risks 5.1. Reduced for this year. Risks may grow again in April.

### 18 Any Other Business

18.1 Formulary applications Work on a joint formulary application form to be used at both DTC and MPB.

Action: EK & Donna Yell

### DATE OF NEXT MEETINGS

17<sup>th</sup> April 2024
29<sup>th</sup> May 2024 (SIMO following)
26<sup>th</sup> June 2024
24<sup>th</sup> July 2024 (SIMO following)
25<sup>th</sup> September 2024 (SIMO following)
23<sup>rd</sup> October 2024
27<sup>th</sup> November 2024 (SIMO following)