Minutes of the **Medicines Programme Board** held via Microsoft Teams, on **Wednesday, 24th May 2023.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Sarah Ashe (SA)	Associate Director of Safeguarding (On behalf of Bernice Cooke), NHS Somerset
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	John Digman (JD)	South Somerset West Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Dr Florence Lock (FL)	Public Health Specialty Registrar, Somerset County Council
	Dr Bernie Marden (BM)	Chief Medical Officer, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Andrew Prowse (AP)	
	Emma Russell (ER)	CLIC Representative
	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
	Fivos Valagiannopoulos (FV)	LPC Representative
	Emma Waller (EW)	Yeovil Representative
Apologies:	Peter Berman (PB)	Lay Representative
	Mark Dayer (MD)	Consultant Cardiologist, SomersetFT

1	**APOLOGIES AND INTRODUCTIONS**
	AT welcomed everyone to the Medicines Programme Board. The members of the board send Peter Berman their condolences. 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 26th April 2023**
4.1	The Minutes of the meeting held on 26th April 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	Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms. -Senate council recommendations.
	Public Health hold the remit for addiction service commissioning. Currently no service for addiction to prescribed medications. Primary Care can deal with most patients, however, there needs to be a service for the minority of more complex patients. It is a growing area than needs addressing. SDAS support with the community pain service has been in place since Jan. Evaluation of the service is needed. Helen Spry has communicated this out. The cohort of patients that are homeless or newly released from prison are a hard group to champion. Some PCNs have outreach GPs to access them but others do not. With patients moving between towns a more joined up approach is needed. Raise with PH. **Action: FL** Highlighted senate council recommendations. -Noted
5.2	Interim Clinical Commissioning Policy: Remdesivir and molnupiravir for non-hospitalised patients with COVID-1
	NHSE issued update interim pathway. Fourth line: Molnupiravir (Lagevrio 200mg capsules, Merck Sharp & Dohme Ltd). Initially not recommended by NICE but this is under appeal. Available in wholesalers and able to be prescribed and dispensed. Proposal to add to TLS 'Green Drug'. -MPB Approved

	Add to TLS 'Green Drug'. **Action: ZTW**
5.3	Covid Medicines Pathway
	Previously discussed and approved, however still awaiting a decision from NHSE as to whether it needs to be commissioned separately. The LMC have had some informal correspondence. Expected numbers are very small. The ICB supports primary care to prescribe following the pathway. For patients contraindicated to Paxlovid, Shepton Mallet ambulatory care unit can deliver via IV. Expecting national communications around the involvement of 111 in this new service.
5.4	System Wide Avian Flu Pathway
	-Noted and accepted
6	**Other Issues for Discussion**
6.1	Pharmacy contract changes and requirements for 2023-24
	FV discussed the main pharmacy contract changes and requirements for 2023-24: • 100-hour pharmacies can reduce total weekly hours to no less than 72 subject to requirements. • Core opening hours can be changed to allow for rest breaks. • New mandatory closure guidelines. • Business continuity plan by 31st July. ICB will be able to assess the need for any other opening hours. • Quality scheme -New Medication Service (NMS) -Personalised Asthma Action Plans (PAAP). The LPC are working closely with contractors to try and stabilise community pharmacy while they wait for the new contract to be put in place next year. The ICB will have delegated responsibility of pharmacy contracts in a couple of months. It has been noted that a few community pharmacies have already reduced opening hours to their core 40 hours per week. There is a risk of mismatch between GP practice and community pharmacy opening times. This needs to be looked at across Somerset and is being led by the council. MPB Primary Care members requested that pharmacies plan to open the same hours as their local surgery. A possible option would be a rota between pharmacies in a locality, although additional funding may be required. Request alignment of hours with local surgery opening hours. **Action: FV**
6.2	Delivery plan for recovering access to primary care – May 23
	Main points: • Improving primary care telephone systems to better access. • Expanding community pharmacy to provide a national minor ailments scheme.

	Comments from MPB: • Access is not the issue, capacity is. The practices do not have additional staff, resources, or space. • Some practices have had issues with askmyGP as too many requests. Others use Accurx rather than askmyGP which they feel gives them more control for monitoring workload. TW offered to share more information outside of the meeting to anyone interested. • The older population may need additional support to use the new technologies (many do not have access to a mobile phone). Need to be mindful of vulnerable groups. • Need to keep working on education of the public, self-care agenda and pharmacy first. • The workforce issue in the South-West and rest of country needs addressing. -Noted
6.3	Nitrofurantoin PGD
	The current PGD expires at the end of June. This is an interim version for use until the national PGD is put in place. Updates: • Inclusion criteria aligned with UKHSA 'Diagnosis of urinary tract infections – Quick reference tool for primary care'. • Includes MR capsules, plain tablets & capsules to avoid availability issues. • Further information added around red flags. • Additional action to provide TARGET UTI leaflet to patients. Has been approved by Katie Heard (consultant Antimicrobial Pharmacist). -MPB Approved. For final sign off. **Action: HB**
6.4	Prescribing Leads Feedback
	-Noted
7	**Other Issues for Noting**
7.1	Fluoroquinolone antibiotics: reminder of measures to reduce the risk of long-lasting, disabling and potentially irreversible side effects | European Medicines Agency
	Reminder: Only use as treatment for specific infections with little or no other choice. -Noted Primary Care often get requests from secondary care for prophylaxis use. Share among MSO network and flag internally at trusts. **Action: EK**
8	**Additional Communications for Noting**
8.1	Reducing anticholinergic burden - dementia & bladder drugs – Email from HB – 27/04/23
	-Noted

8.2	Blood glucose testing recommendations and CGM Carbon Footprint update – Email from SG – 03/05/23
	-Noted
8.3	Updated Infection Management Guidelines – Email from Helen Spry – 09/05/23
	-Noted
8.4	QOF lipid targets – ezetimibe scorecard indicator – Email from SG – 11/05/23
	-Noted
8.5	Deprescribing domperidone – MHRA safety – Email from SG – 15/05/23
	-Noted AP has challenged SFT colleagues working in Gastroenterology and is awaiting a response. Trust teams are very helpful with implementation of safety issues. If practices continue to receive requests, please raise.
8.6	Deprescribing Metoclopramide – MHRA safety alert – Email from SG – 15/05/23
	-Noted
8.7	Advice and referral of patients to self-care – Email from SG – 19/05/23
	-Noted
9	**Formulary Applications**
9.1	Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction – DRAFT guidance
	Previous NICE draft was negative. However NICE have now changed position to positive due to growing evidence base. This will create additional cost pressures. Proposal to make TLS 'Green Drug'. -MPB Approved Add to TSL 'Green Drug' once final NICE tag published. **Action: ZTW**
10	**Reports From Other Meetings**
	Feedback
10.1	**Primary Care Network Feedback**
	Nothing to report
	Summary
10.2	**LPC Report**
	Coved under 6.1.
10.3	**LMC Report**
	Nothing to report
10.4	Somerset NHS Foundation Trust D&TC Meeting – Last meeting 19/05/23

	The NICE Assurance report on drug availability is given at the DTC but it doesn't address issues around access.
10.5	Somerset NHS Foundation Trust Mental Health subgroup – Next meeting 06/06/23
10.6	Somerset NHS Foundation Trust Medicines Governance Committee – Last meeting 17/05/23
	YDH has now fully merged with SFT. This meeting was to approve a suit of joint policies across the Trust. All the policies were approved.
10.7	South West Medication Safety Officer Network Meeting – Next meeting 06/06/23
10.8	Regional Medicines Optimisation Committee South West – Next meeting June 23
	Part 2 – Items for Information or Noting
11	**Current Performance**
11.1	High-cost drug budget exception reporting
	Nothing to note
11.2	**MPB Prescribing Report**
	SG presented the Annual Report which will also go to some of the other ICB internal committees, including the quality committee in June. Discussed: • End of year cumulative GP prescribing spend of £96,674,543 against the budget of £91,722,028 despite the June 22 forecast of £81,962,815. • Financial difficulties outside of the systems control, due to increases in prices of drug costs, drug shortages, price concessions, increasing and ageing population with additional co-morbidities. • Significant identified need and unmet need going forward. • Spend £13/14 million less than similar demographic. Significant amount of savings achieved to reinvest into other services. • Somerset in top 10% for many of the national prescribing indicators. • Achieved savings by prescribing better than the median in many areas. • Need to improve on hypnotic and anxiolytic indicators. • Thanked primary care for continued work on the incentive scorecard. • Katie Heard and Helen spry working on nitrofurantoin overuse. • Successfully switching from Oramorph to Actimorph. Some are struggling to stock Actimorph as they require safe CD storage, and the boxes are very large. Contact Actimorph manufacturer and request boxes are reduced in size. **Action: SM** -Noted BM thanked SG for this useful and valuable report and would like to share more widely.
12	**Rebate Schemes**
12.1	**None this month**

13	**Existing NICE Implementation Assurance**
13.1	Covered during DTC update. Move heading to be covered during the minute discussion.
14	**NICE Technology Appraisals**
14.1	In development - Tirzepatide for treating type 2 diabetes Due to publish: 16 August 23
	Proposal for holding position of TLS 'Not recommended' until published. -MPB Approved. Add to TLS 'Not Recommended' **Action: ZTW**
14.2	[TA881] Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments
	Not recommended by NICE. -Noted Add to TLS 'Not Recommended' **Action: ZTW**
14.3	[TA882] Voclosporin with mycophenolate mofetil for treating lupus nephritis
	This technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal to add to TLS 'Red Drug'. -MPB Approved Add to TLS 'Red Drug' **Action: ZTW**
14.4	[TA883] Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma
	Not recommended by NICE. -Noted Add to TLS 'Not Recommended' **Action: ZTW**
14.5	Terminated appraisal [TA884] Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping
	Terminated appraisal. -Noted Add to TLS 'Not Recommended' **Action: ZTW**
14.6	[TA885] Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer
	This technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal to add to TLS 'Red Drug'. -MPB Approved Add to TLS 'Red Drug' **Action: ZTW**
14.7	[TA886] Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy
	This technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal to add to TLS 'Red Drug'. -MPB Approved

	Add to TLS ‘Red Drug’ **Action: ZTW**
14.8	[TA887] Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer
	This technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal to add to TLS ‘Red Drug’. -MPB Approved Add to TLS ‘Red Drug’ **Action: ZTW**
14.9	[TA888] Risankizumab for previously treated moderately to severely active Crohn's disease
	This technology is commissioned by integrated care boards. Providers are NHS hospital trusts. Proposal to add to TLS ‘Red Drug’. -MPB Approved Add to TLS ‘Red Drug’ **Action: ZTW**
14.10	[TA889] Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma
	Terminated appraisal. -Noted Add to TLS ‘Not Recommended’ **Action: ZTW**
14.11	[TA890] Difelikefalin for treating pruritus in people having haemodialysis
	This technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal to add to TLS ‘Red Drug’. -MPB Approved Add to TLS ‘Red Drug’ **Action: ZTW**
15	**NICE Clinical Guidance**
15.1	Update [CG104] Metastatic malignant disease of unknown primary origin in adults: diagnosis and management
	-Noted
15.2	Update [NG18] Diabetes (type 1 and type 2) in children and young people: diagnosis and management
	New recommendations on blood glucose monitoring and management for children and young people with type 2 diabetes. 1.3.38 Offer real-time continuous glucose monitoring (rtCGM) to children and young people with type 2 diabetes if any of the following apply. They: • have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot engage in monitoring their glucose levels by capillary blood glucose monitoring • would otherwise be advised to self-monitor at least 8 times a day • have recurrent or severe hypoglycaemia. [2023]

	1.3.39 Consider rtCGM for children and young people with type 2 diabetes who are on insulin therapy. [2023] 1.3.40 Consider intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') for children and young people with type 2 diabetes aged 4 years and over who are on insulin therapy if: • rtCGM is contraindicated for them or • they express a clear preference for isCGM. Proposal to update formulary & CGM policy to be in line with new guidance. -MPB Approved Update formulary, TLS & CGM policy. **Action: EK, ZTW & Steve Moore**
15.3	Update [NG198] Acne vulgaris: management
	-Noted
15.4	[NG232] Head injury: assessment and early management
	-Noted
16	**Risk Review and Management**
16.1	Standing item
	None this month
17	**Safety Items, NPSA Alerts and Signals**
17.1	MHRA Drug Safety Update April
	• Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality • Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions • Isotretinoin (Roaccutane▼): new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years -Noted
17.2	**NIHR evidence**
	• Antipsychotics are increasingly prescribed to children and teenagers • How to reduce medications for people with multiple long-term conditions -Noted
17.3	CAS and NPSA
	• Influenza Season 2022/23: ending the prescribing and supply of antiviral medicines in primary care • Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure -Noted

17.4	MPB Safety Summary May 23
	-Noted
18	**Any Other Business**
18.1	MAR charts for palliative meds in nursing homes/stickers for such charts/whether they are required
	Prepopulate stickers for MAR charts were trialled but this was stopped. It was felt they were unsafe due to ease of possible errors (stickers had to be crossed out which may not occur). One solution offered was the use of stamps for drug name which required thought and additional information to be added. A MAR chart is not a prescription and GPs only need to be involved with palliative care MAR charts. HB attends End of Life Care Board they are discussing the issue of patients being discharge without medication or a MAR chart.
18.2	Administration of vitamin injections in beauty salons
	FL highlighted the potential issue of administration of vitamin injections in beauty salons. Vitamin B complex regimes are being offered which are not consistent with any medical guidance. Concerns around health and safety, lack of training to administer an injection, risk of anaphylaxis and adverse reactions, potential illegal use of a license medicine. Last year the CQC investigated the use of Kenalog for allergies by unregistered providers. Discuss outside of meeting. **Action: FL & LP** Botox is a POM so cannot be advertised. Although a prescription needs to be completed by a clinician the administration can be performed by anyone. Prescriptions are often done with limited contact with the patient. Often a private prescription by prescribing clinics affiliated with a Botox clinic. If the products being used are not manufactured as a medication but instead as a vitamin or supplement, then they are not regulated in same way and have no quality or safety standards associated. Many will be using overseas health food supplement injections rather than a prescription only medication (POM). If they do claim medical benefits it becomes a medical product and needs to be treated as such.
	DATE OF NEXT MEETINGS
	21st June 2023
	26th July 2023 (SIMO following)
	27th September 2023 (SIMO following)
	25th October
	29th November 2023 (SIMO following)