

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 29th May 2024.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Peter Berman (PB)	Lay Representative
	Lynette Emsley (LE)	Nursing Representative
	Peter Fee (PF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Michael Lennox (ML)	CPS Representative
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
Apologies:	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Bernice Cooke (BC)	Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Engagement Officer, CPS Representative
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	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.
 LE 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.

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

4 MINUTES OF THE MEETING HELD ON 17th April 2024

4.1 The Minutes of the meeting held on 17th 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 Valproate Alert and Action plan implementation update:

- Trust
- PCN
- ICB MSO

SFT are keeping registers of patients.

Waiting for figures for Bristol patients.

Make sure patients in primary care are coded correctly.

The Trust is on schedule to have completed reviews by the end of December. They are meeting monthly to discuss progress. The hope is to stop valproate for most mental health patients, but it could be more difficult for neurology patients.

Future workstreams will include reviews for men on valproate and other teratogenic drugs i.e. Topiramate. Somerset are already ahead of the curve with this due to our safety and scorecard work.

-MPB noted

5.2 Somerset System Wide Prescribing Formulary Options Appraisal

Donna Yell created this document and AP presented:

- Discussing with SG and the MM team to create a system wide formulary website.
- Legacy position is that YDH, Musgrove & ICB all have a formulary on different platforms.
- Ideal position is to have all three on one platform that can be viewed by the trusts, ICB and GPs etc.
- DY looked at different options and platforms and is recommending Net formulary to host Somerset. Currently used by Dorset and many other systems.
- SFT to procure the formulary and own jointly with the ICB.

- Agreement from Dorset to use their format and edit into a Somerset version.
- A lot of work has gone into all three currently used sites however a one system approach will work best to bring everything together, making the system safer and more cost effective.
- The platform will be visible to all including RUH and Bristol.
- Would be helpful to future proof the formulary by including access for community pharmacy.

-MPB approved.

MPB gave thanks to Donna Yell.

- 5.3 System wide formulary application form
DTC currently have a robust formulary application process in place. Trying to align formulary applications for MPB to have a similar process across the system for governance.

-MPB approved.

- 5.4 Court of Appeal dismisses Bayer's appeal in relation to its Xarelto dosage regimen patent in the UK

- Brought to raise awareness that other companies can now launch generic rivaroxaban, so the price should start to drop. Good news for NHS overall as the price drops.
- Generic apixaban is currently first line. Once rivaroxaban price drops further discussion is needed further on formulary positioning of DOACs.
Bring back as agenda item to next MPB.

Action: ZTW

-MPB noted

- 5.5 Somerset Local Drug Information Update
-Overdose harm reduction
-Synthetic opioids and their response to naloxone
-System reporting form
OD sent through this information. It is coming through the public health route. Needs an internal process for information being sent out to primary care.

There is a Somerset CD local intelligence network, and unsure if the public health information is being sent to that network. Emergency departments and community pharmacy also need to be included in distribution of this information.

Clarify dissemination pathways at the next meeting.

Action: OD

- 5.6 **Meeting frequency-**
Proposal to trial two monthly to end of year:
May, July, September, November, (Jan, March) recurring.
Suggested at the last meeting. To trial two monthly meetings for the rest of the year, with email verification process for anything needing urgent MPB approval (NICE MHRA guidance).

Some concerns over fullness of agendas but should allow easier recruitment and better attendance.

-MPB approved trial

ML is leaving Somerset LPC in June. Hope they will retain commitment to support MPB. MPB wished ML good luck.

6 Other Issues for Discussion

6.1 BMS - Management of unscheduled bleeding on hormone replacement therapy (HRT)

BMS Guideline Management of unscheduled bleeding HRT April 2024

RCGP endorses Joint Guideline on management of unscheduled bleeding on HRT -BMS

SM presented the pathways. Comprehensive information and highlights unlicensed options. Worked closely with menopause service and the gynaecology service at SFT to change the pathway so patients aren't rejected.

There is also a workstream with the Council and the Women's Health hubs to increase the uptake and availability/ accessibility of IUDs across the Somerset system.

Will be updating the information on our website.

Proposal to adopt all the recommendations in in this national guideline.

-MPB approved.

Add to formulary and website.

Action: SM

6.2 Somerset guideline for recurrent UTI

Helen Spry has been working with consultants across the system including Juliet Balfour from the menopause service for guidance on prophylactic prescribing for recurrent UTIs.

Changes highlighted in yellow.

Proposal to adopt and share with primary care.

-MPB approved

Share and add to website.

Action: SM

Information about interstitial cystitis would be useful. Feedback to Helen Spry.

Action: SM

6.3 4 x MSK FCP PGDs

Updated PGDs with no major changes.

-MPB approved

Get final sign off.

Action: HB

7 Other Issues for Noting

7.1 CVD prevent December data.

New data for information

Data is being produced on quarterly basis. PCNs and practices are looking at the data and how they can improve. It can also be viewed by the public.

MM team will continue to work with CVD working group and particular practices that are outliers.

Somerset has the highest sign-up rate of community pharmacies in the Southwest for the hypertension case finding service. Awaiting data from NHS England.

-Noted

- 7.2 NHS England: How to improve care related processes in general practice.
Resources available for use

-Noted

8 Additional Communications for Noting

- 8.1 Hay Fever Season - Self-care – Email from SG – 19/04/24

-Noted

- 8.2 Scorecard antimicrobial data – 12 months to February 2024 – Email from Helen Spry – 24/04/24

-Noted

- 8.3 End of Flu season - antiviral prescribing for Flu no longer allowed – Email from SG – 02/05/24

-Noted

- 8.4 Montelukast: Reminder of the risk of neuropsychiatric reactions – Email from SG – 03/05/24

-Noted

- 8.5 Finasteride: reminder of the risk of psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment) – Email from SG – 03/05/24

-Noted

- 8.6 How to improve care related processes in general practice – Email from SG – 09/05/24

-Noted

9 Formulary Applications

- 9.1 **Bempedoic Acid**- solo treatment for patients intolerant to statins and ezetimibe- Alex Bickerton

Alex Bickerton has requested TLS status of bempedoic acid as mono therapy changes from Red to Amber for patients intolerant of the ezetimibe element of the combination drug.

Only for patients that have been through pathway and tried all other alternatives and on advice of specialist.

-MPB approved.

Add to TLS 'AMBER on advice of specialist'.

Action: 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

Somerset do not recommend pharmacies requesting prescriptions from practices this has been the long-standing position. Good communications needed with patients to make sure they aware of the timescale and when things will change as we don't want patients left without medication.

Management of repeats is for practices but doesn't create a workload change for primary care as they are already processing requests.

Summary

10.2 **Community Pharmacy Somerset Report**

- It is a difficult time for patient care. One of the biggest changes Somerset pharmacies have faced. Most closures and changes of ownership seem to be complete and the pharmacies that have changed hands are up and running.
- 87% of GP practices have used pharmacy first in meaningful way since launch. Contract team to better raise awareness of resources.
- Oral contraception support service and have 40% of pharmacies in Somerset have signed up to the oral contraception support service.
- Raised question of governance around TeamNet but it doesn't fall under this committees remit.

10.3 **LMC Report**

Nothing to report this month.

SM gave thanks to the LMC representation at various meetings which has been very useful.

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

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 10/7/24

Part 2 – Items for Information or Noting

11 **Current Performance**

11.1 February Scorecard Trend

Making progress on most indicators despite some being clinically challenging and large workload. Thank you to all for their work on this.

-MPB noted

12 **Rebate Schemes**

12.1 FreeStyle Libre 2Plus, Abbott. Commence date: TBC

-Noted

13 NICE Technology Appraisals

13.1 Terminated appraisal [TA968]

Melphalan flufenamide with dexamethasone for treating relapsed or refractory multiple myeloma

NICE terminated appraisal.

-MPB agreed.

Add to TLS Not recommended.

Action: ZTW

13.2 Terminated appraisal [TA969] Gefapixant for treating refractory or unexplained chronic cough

NICE terminated appraisal.

-MPB agreed.

Add to TLS Not recommended.

Action: ZTW

13.3 Update [TA540] Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma

May 2024, recommendation 1.2 was updated and replaced by NICE technology appraisal guidance on pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over.

-MPB noted

13.4 New [TA967] Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over

This technology is 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

13.5 New [TA971] Remdesivir and tixagevimab plus cilgavimab for treating COVID-19

Remdesivir for treating COVID-19

Proposal to add to TLS Red drug.

-MPB agreed.

Add to TLS Red drug.

Action: ZTW

Tixagevimab plus cilgavimab for treating COVID-19

Not recommended by NICE

-MPB agreed.

Add to TLS not recommended.

Action: ZTW

13.6 New [TA970] Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments

This technology is 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 **Terminated appraisal** [TA966] Pembrolizumab with gemcitabine and cisplatin for untreated advanced biliary tract cancer
NICE terminated appraisal.
-MPB agreed.
Add to TLS Not recommended. **Action: ZTW**
- 13.8 **New** [TA975] Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under
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**
- 13.9 **New** [TA974] Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma
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 **New** [TA973] Atogepant for preventing migraine
Commissioned by ICB. Providers are NHS hospital trusts.
PAS scheme withdrawn so proposal to add to TLS Green drug.
-MPB agreed.
Add to TLS Green drug. **Action: ZTW**
- 13.11 **Terminated appraisal** [TA972] Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over
NICE terminated appraisal.
-MPB agreed.
Add to TLS Not recommended. **Action: ZTW**
- 13.12 **Update** [TA312] Alemtuzumab for treating highly active relapsing–remitting multiple sclerosis
May 2024: The wording in recommendation 1.1 has been updated to address concerns raised by the clinical community and company that the previously used definition of rapidly evolving severe multiple sclerosis (RES) was overly restrictive. This is because the requirement for 2 MRI scans places significant burden on a limited diagnostic and monitoring resource. The wording has now been changed to better reflect clinical practice.
-MPB noted.
- 13.13 **Update** [TA616] Cladribine for treating relapsing–remitting multiple sclerosis
May 2024: The wording in recommendation 1.1 has been updated to address concerns raised by the clinical community and company that the previously used definition of rapidly evolving severe multiple sclerosis (RES) was overly restrictive. This is because the requirement for 2 MRI scans places significant burden on a limited diagnostic and monitoring resource. The wording has now been changed to better reflect clinical practice.
-MPB noted.
- 13.14 **Update** [TA127] Natalizumab for the treatment of adults with highly active relapsing–remitting multiple sclerosis

May 2024: The wording in recommendation 1.1 has been updated to address concerns raised by the clinical community and company that the previously used definition of rapidly evolving severe multiple sclerosis (RES) was overly restrictive. This is because the requirement for 2 MRI scans places significant burden on a limited diagnostic and monitoring resource. The wording has now been changed to better reflect clinical practice.

-MPB noted

13.15 **Update [TA283]** Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion

May 2024: The wording of the recommendation describing the patient access scheme (see section 1.1) and in section 2.4 has been updated to include procurement information about ranibizumab biosimilars.

-MPB noted

13.16 **Update [TA155]** Ranibizumab and pegaptanib for the treatment of age-related macular degeneration

May 2024: The wording of the recommendation describing the patient access scheme (see section 1.1) and in section 3.4 has been updated to include procurement information about ranibizumab biosimilars.

-MPB noted

13.17 **Update [TA298]** Ranibizumab for treating choroidal neovascularisation associated with pathological myopia

May 2024: The wording of the recommendation describing the patient access scheme (see section 1.1), and in sections 2.2 and 2.4, has been updated to include procurement information about ranibizumab biosimilars.

-MPB noted

14 **NICE Clinical Guidance**

14.1 **Update [NG191]** COVID-19 rapid guideline: managing COVID-19

In **May 2024**, we updated the guidance on remdesivir and added a new recommendation on tixagevimab plus cilgavimab in line with NICE's technology appraisal guidance on remdesivir and tixagevimab plus cilgavimab for treating COVID-19.

-MPB noted

15 **Medicines Safety Summary**

15.1 ICB Medicines Safety update

- Next MSO regional meeting will be 20/06/2024
- MHRA
 - o Finasteride- reminder of the risk of psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment)
 - o Montelukast: Reminder of the risk of neuropsychiatric reactions
 - o Epimax Ointment, Epimax Paraffin Free Ointment and Epimax Original Cream
- Shortages
 - o Lisdexamfetamine (Elvanse) All ADHD service providers can recommence initiating new and deferred patients on Elvanse® and Elvanse® Adult capsules and should consider utilising the 30mg, 50mg & 70mg titration schedule, where possible.
 - o Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) 5 pre-filled disposable injection

- Shortage of GLP-1 receptor agonists (semaglutide, dulaglutide, liraglutide, exenatide)
- Salbutamol 2.5mg/2.5ml & 5mg/2.5ml nebuliser liquid unit dose vials
- NPSA Alerts
 - Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients- update
- Prevention of future death report
 - Numbers of serious and fatal issues with propranolol on the rise
 - Propranolol toxicity

Updating emollient quick reference guide with a column of any know sensitisers and links to the web formulary.

Add emollient guide to the newsletter.

Action: EK

More items to note:

Creon shortage - GPs asked not to prescribed more than one month supply.

Community pharmacy asked not to dispense more than one month supply.

Clarithromycin suspension shortage.

MNS notifications frequency is accelerating.

Share risk score of red drugs with medicine supply notifications with EK to add to ICB risk register.

Action: AP

-MPB noted

16 Risk Review and Management

16.1 General Risk and Management

-Trusts

-ICB

Community pharmacy risk - House of Commons, Health and Social Care Committee, Pharmacy, Third Report of Session 2023–24.

Add to agenda for next meeting.

Action: ZTW

Supply issues with increased medicine supply notifications.

Add to risk register.

Action: EK

16.2 System NICE Implementation Risks

-ICB & Trusts

-NICE guidance implementation position

Looked document from trust on position of NICE implementation.

-Noted

17 Any Other Business

17.1 Lokelma

MH informed the group that there will likely be a shared care request for lokelma submitted to MPB later this year. It will be for use in patients with CKD 3 and above but not on dialysis. There is already several ICBs using it for this indication.

17.2 Thank you

MPB gave thanks to ML for all his help and support and contributions over the past many years.

MPB also gave thanks also to LP for her input and contributions over during her time the ICB.

They will be a loss to the Somerset system.

DATE OF NEXT MEETINGS

24th July 2024 (SIMO following)

25th September 2024 (SIMO following)

27th November 2024 (SIMO following)