

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 27th November 2024.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Daniela Broughton (DB)	Prescribing Technician, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Engagement Officer, LPC
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Dr Val Sprague (VS)	Bridgwater Representative
	Dr Rob Tippin (RT)	LMC Representative
	Shona Turnbull-Kirk (ST)	Associate Director for Health Inclusion (On behalf of BC)
	Duncan Whitehead (DW)	Consultant in Renal Medicine
	Victoria Wright (VW)	Transformational Manager for Neighbourhoods
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
	Peter Fee (PF)	Taunton Representative
	Emma Russell (ER)	CLIC Representative
	Zoe Talbot (ZT)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton 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 18th September 2024

- 4.1 The Minutes of the meeting held on 18th September were agreed as a correct record.

4.2 Review of action points

Action 9: AOB: Gender reassignment: Noted that the new NHSE commissioned services have slowly started to get up and running, with a considerable backlog of patients being referred into these services. We continue to receive a number of queries around patients who are in between being taken up by those services, and/or are accessing private services. We continue to support practices in prescribing for those patients where they have been appropriately assessed. ST has passed on positive feedback to Lee Reed regarding how valuable the EDI training was.

5 Matters Arising

5.1 Update on Novo Nordisk UK's diabetes medicines range

Levemir® Penfill® and FlexPen® (insulin detemir), Insulatard® Penfill® (insulin isophane human), and NovoRapid® FlexTouch® (insulin aspart) are being discontinued.

-Noted.

6 Other Issues for Discussion

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

There was a discussion around the 2025/26 prescribing and quality improvement scorecard. Several new indicators were proposed:

- Improving prescribing relating to QRISK
- Cost-effective needles and lancets

- Reviewing blue eclipse alerts

The group agreed they were happy to explore all of these proposed indicators further at the next meeting.

There is a lot of unmet need around not managing patients who have high QRISK scores.

Sometimes the blue eclipse alerts can get overlooked as they are often viewed as being less severe, however they are protective for both the prescriber and the patient. This indicator would be measured by how many alerts are actioned, as opposed to how many appear as with the red and amber alerts. There are high numbers of blue alerts, so it was suggested to start with a low target initially – 15-20%.

We welcome suggestions and ideas for indicators. A final decision will be made at the next meeting.

Suggest ideas for 2025/26 scorecard.

Action: All

6.2 **Actions to take following the emergence of clade 1b mpox cases in the UK 20241108**

National PGD approved, in case we should have an outbreak.

6.3 **Vitamin B12 levels – RUH**

Following publication earlier this year of NICE [NG239] Vitamin B12 deficiency in over 16s: diagnosis and management, it was identified that our Pathology lab method for B12 (Beckman Coulter) is negatively biased compared to the other methods used in the UK. The cut-off of 180 in the NICE guidance is based on these other methods. There have been ongoing discussions around this and RUH have produced some guidance, which the group have accepted. It was noted that this guidance will be updated in the new year.

Adopt the RUH B12 guidance in Somerset.

Action: Shaun Green

6.4 **NHS Somerset - Guideline for the management of cancer-associated venous thromboembolic disease**

This guideline is being updated and will be circulated in the new year when it is complete. There was a discussion around apixaban doses being reduced after six months. This should be on the discharge letter and GPs can contact the Haematologist / Oncologist if clarification is needed.

Concerns were raised about the same-day availability of low molecular weight heparin in the community.

Feedback this back to Emma.

Action: Esther Kubiak

6.5 **Joint working application AZ via Interface**

Victoria Wright, Transformational Manager for Neighbourhoods, presented an overview of the Heart Failure Medicines Optimisation Review Service funded by AstraZeneca and delivered by a team of pharmacists employed by Interface Clinical Services (Interface) working on behalf of AstraZeneca.

Aims of the project include:

- Identifying patients not on the existing HF register but with codes and/or therapies indicating a likely diagnosis of HF for inclusion in the HF registry where appropriate.
- Identifying cohorts of patients who may benefit from review and optimisation of HF management based on type of HF, patient profiles and current level of HF management.
- Optimising the pharmacological and non-pharmacological management of sub-optimally managed patients, ensuring patients are treated in line with clinical guidelines, standards and/or consensus statements and practice defined treatment pathways.
- There will be training and education for all practices through secondary care and HF champions will be recruited throughout the system to ensure sustainability.

SG will be the sponsor and VW the project manager.

There is a communications plan for the service – it will be presented to the LMC in January and it will be included in the GP bulletin. YL asked if VW could send a snapshot of the plan to the LPC so that they can let community pharmacy know via the LPC bulletin.

Laise with LPC around HF service.

Action: Victoria Wright

The Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry has recently been reviewed and ratified. No particular drug will be prioritised, the decision will be made based on clinical need and guidance.

There will be an increase in prescribing costs with identifying unmet need but we will get much better outcomes for our HF patients and less admissions, etc.

The group recognise the pressures in primary care and are not expecting 100% uptake.

A discussion took place regarding the accuracy of current heart failure diagnoses, specifically, whether individuals labelled as having heart failure truly have the condition. If there is any doubt about the diagnosis then protocol should be followed to verify it, including arranging for additional tests to be conducted if necessary. There was a discussion around sick day rules being reinforced. The ICB have sick day rules cards available to use. RT reported that in their experience, Interface have been very good with reinforcing the sick day rules.

ST queried whether a quality and equality impact assessment had been done. Health Innovation South West are involved and are going to undertake an evaluation of the project, but VW is happy to be linked in with Lee Reed around quality and equality.

Link VW in with Lee Reed.

Action: Shona Turnbull-Kirk

There was a discussion about ensuring that everyone in Somerset has access to exercise and gym memberships. The lack of HF nurses was noted.

Invite VW back to MPB in 3-6 months time to give an update of how things are progressing.
Action: Zoe Talbot

6.6 **Folic acid PGD (Updated)**

The folic acid PGD was due to expire shortly and has been updated. The main change being the ability for Pharmacy Technicians to supply folic acid under the PGD, following the recent legislation change. The group were supportive of suitably trained Pharmacy Technicians using the PGD.

YL reported that the PGD hasn't been utilised much in community pharmacies. Ideally these patients will be under the leadership of a specialist in the maternity service and then prescribing passed on to the GP, however we do know that this is not the case for some patients and ideally some patient groups would start taking the folic acid at least 12 weeks prior to conception, so the PGD is intended as a safety net in community pharmacies who may be able to identify these patients and provide a supply.

The group were happy to approve the PGD.

Sign off PGD. **Action: Hels Bennett & Andrew Tresidder**
Upload signed PGD to website. **Action: Daniela Broughton**
Share PGD with community pharmacy. **Action: Yvonne Lamb**

6.7 **Valproate Shared Care Protocol (Updated)**

Following the recent MHRA alert around the use of valproate in males who father children, this SCP has been updated to now include all patients taking valproate. NICE guidance around the frequency of reviews for different patient groups has been included and it has been clarified that patients should not donate sperm if taking valproate, or for up to three months after.

Approved.

Sign off SCP. **Action: Hels Bennett & Andrew Tresidder**
Upload signed SCP to website. **Action: Daniela Broughton**
Share updated SCP. **Action: Shaun Green**

7 **Other Issues for Noting**

7.1 **NIHR - Frailty: research shows how to improve care**
-Noted.

7.2 **ICB statement on commercial providers of obesity services**
-Noted.

- 7.3 **Live Well in Somerset – Social Prescribing Conference 17.10.2024, Somerset Cricket Club**
AT provided an overview of the conference to the group. There was a discussion around social prescribing across the county.

-Noted.
- 7.4 **Updated recommendations for blood glucose and ketone meters, testing strips and lancets**
-Noted.
- 8 **Additional Communications for Noting**
- 8.1 **Valproate guidance for men – Email from EK – 19/9/24**
-Noted.
- 8.2 **2024 Eclipse reviews of Red and Amber alerts = Bed days saved 3,540 - 'Savings' £1,416,180 – Email from SG – 19/09/24**
-Noted.
- 8.3 **Fluoroquinolones MHRA alert - Important Reminder and link to the patient information leaflet – Email from Helen Spry – 16/10/24**
-Noted.
- 8.4 **Somerset antimicrobial stewardship report - a Thank You – Email from Helen Spry – 17/10/24**
-Noted.
- 8.5 **Scorecard antimicrobial data - August 2024 – Email from Helen Spry – 21/10/24**
-Noted.
- 8.6 **Antibiotic awareness campaign materials for practices for November (WAAW and EAAD) – Email from Helen Spry – 24/10/24**
-Noted.
- 8.7 **Antibiotic resistant infections continue to rise – email from SG – 15/11/24**
-Noted.
- 8.8 **Frailty – Email from SG – 24/10/24**
-Noted.
- 8.9 **Salazopyrin EN update – Email from SG – 29/10/24**
-Noted.
- 8.10 **Patients on aligned inhalers will have lower prescribing costs and less admissions, bed days and mortality - Email from SG – 1/11/24**

-Noted.

8.11 Med Safety week – Email from EK – 4/11/24

-Noted.

8.12 NHS Pathways coding for HbA1c – Email from EK – 7/11/24

-Noted.

8.13 Reminder: Green Bag Scheme – Additional Supplies Available – Email from Daniela Broughton – 7/11/24

-Noted.

8.14 £400k incentive scheme investment per year - Remaining Alogliptin and Linagliptin patients – email from SG – 12/11/24

-Noted.

8.15 Safe prescribing and Monitoring of Mesalazine – Email from SG – 15/11/24

-Noted.

9 Formulary Applications

9.1 Zeyzelf (rivastigmine) twice weekly transdermal patch

The group noted that a formulary application is going to the Trust D&TC for the 4.6mg/24h and 9.5mg/24h strength patches.

The meeting approved as **AMBER³** pending D&TC approval.

Add to TLS as **AMBER³**, pending D&TC approval. **Action: Zoe Talbot**

Add to formulary as second line choice behind current cost effective, twice weekly application patches, for patients who are indicated for once weekly patches. **Action: Esther Kubiak**

9.2 Vaginal prasterone for genitourinary symptoms of menopause

[NG23] Menopause: identification and management has been updated as per agenda item 14.2. The update recommends considering vaginal prasterone for genitourinary symptoms of menopause (GSM) if vaginal oestrogen, or non-hormonal moisturisers or lubricants have been ineffective or are not tolerated.

It was proposed to approve vaginal prasterone as **AMBER¹** for non-breast cancer patients with GSM, who have tried at least two vaginal estrogen preparations over six months and could use prasterone **instead** of vaginal estrogen if the individual found it more beneficial. To review this position in twelve months.

Use in breast-cancer patients needs to be discussed with Oncology.

It was agreed to defer this application until January when it has been discussed at the Trust D&TC.

Bring back to next meeting.

Action: Zoe Talbot

9.3 Sodium Zirconium Cyclosilicate (Lokelma®) for the treatment of persistent hyperkalaemia in adults, SCP

Duncan Whitehead, Acute Physician and Consultant in Renal Medicine attended the meeting to present this formulary application.

Lokelma is currently a **RED** drug, restricted to Trust use only. The discount the Trust was receiving on Lokelma has now been withdrawn. It was proposed to change the TLS from **RED** to **AMBER³**, with a formal shared care protocol in place to support primary care with its use.

Duncan gave an overview of the efficacy and safety profile of Lokelma. It is well tolerated by patients and works rapidly to lower potassium levels. Currently only a small number of patients, approximately 10-15, take Lokelma across Somerset. Duncan anticipates that this may rise to around 50 patients. No additional monitoring is required beyond that which should be done for the patients condition anyway. The renal service can be contacted with any queries via their secretaries or Cinapsis.

Approved.

Add to TLS as **AMBER³**.

Inform primary care.

Add shared care protocol to website.

Action: Zoe Talbot

Action: Shaun Green

Action: Daniela Broughton

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

RT reported GP workforce issues in the Mendip area - local practices seem to be relying heavily on recruitment agencies as they are struggling to recruit GPs.

Nothing to report from the other PCNs.

Summary

10.2 Community Pharmacy Somerset Feedback

YL shared the Pharmacy First dashboard with the group. This showed the number of referrals sent and those rejected, as well as information on the

clinical pathways, consultation outcomes and pharmacy response times. CPS have started working with Urgent Treatment Centres.

10.3 LMC Feedback

VS reported that the LMC are supporting practices with collective action, which is building at pace. Many practices are looking to stop work which is not funded.

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting 03/12/24

10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Next meeting 10/12/24

10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Last meeting 05/11/24

The NHS Somerset guideline for the management of cancer-associated venous thromboembolic disease (as per agenda item 6.4) was discussed. They also looked at methotrexate use across the Trust in accordance with the NPSA alert. They are unsure how widely the methotrexate booklet is used across the region. Agreed there is some work to do with the ICB and PCNs around methotrexate use.

Part 2 – Items for Information or Noting

11 Current Performance

11.1 CVD Prevent Update

SG shared benchmarking data with the group. There are a lot of areas within this where Somerset could perform better. We are expecting a national 10 year CVD plan to come out and this is an area we will be looking to improve on with regards to medicines optimisation.

12 Rebate Schemes

12.1 Invita D3 800 unit capsules, Consillient Health Ltd, Commence date: 01/12/24

-Noted.

12.2 Nutramigen Puramino, RB UK Commercial Ltd, Commence date: 01/12/24

-Noted.

13 NICE Technology Appraisals

13.1 [TA1008] Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments

Commissioned by NHSE. Providers are Secondary care – acute.

-MPB agreed.

Add to TLS **RED** drug.

Action: Zoe Talbot

- 13.2 **[TA1009] Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension**
 Ophthalmology services for people with primary open-angle glaucoma or ocular hypertension are commissioned by integrated care boards.
 Providers are NHS hospital trusts and primary care providers.
 -MPB agreed.
 Add to TLS **AMBER¹** **Action: Zoe Talbot**
- 13.3 **[TA1011] Belzutifan for treating tumours associated with von Hippel-Lindau disease**
 Commissioned by NHSE. Providers are Secondary care – acute.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.4 **[TA1013] Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia**
 Commissioned by NHSE. Providers are NHS hospital trusts.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.5 **[TA1010] Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria**
 Commissioned by NHSE. Providers are NHS hospital trusts.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.6 **[TA1012] Avapritinib for treating advanced systemic mastocytosis**
 Commissioned by NHSE. Providers are NHS hospital trusts.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.7 **[TA1015] Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments**
 Commissioned by NHSE. Providers are Secondary care – acute.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.8 **[TA1014] Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer**
 Commissioned by NHSE. Providers are NHS hospital trusts.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.9 **[TA1016] Elafibranor for previously treated primary biliary cholangitis**
 Commissioned by NHSE. Providers are NHS hospital trusts.
 -MPB agreed.
 Add to TLS **RED** drug. **Action: Zoe Talbot**

- 13.10 **[TA1019] Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over**
Commissioned by NHSE specialised commissioning. Providers: Care for people with PNH in the UK is managed by the National PHS Service.
-MPB agreed.
Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.11 **[TA1018] Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis**
Commissioned by NHSE. Providers are Secondary care – acute.
-MPB agreed.
Add to TLS **RED** drug. **Action: Zoe Talbot**
- 13.12 **[TA1017] Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer**
Commissioned by NHSE. Providers are NHS hospital trusts.
-MPB agreed.
Add to TLS **RED** drug. **Action: Zoe Talbot**
- 14 **NICE Clinical Guidance**
- 14.1 **[NG148] Acute kidney injury: prevention, detection and management**
Reviewed: 16/10/24 made new & updated recommendations on assessing risk factors for AKI in adults having iodine-based contrast media.
This guideline updates and replaces NICE guideline CG169 (August 2013).
-Noted.
- 14.2 **[NG23] Menopause: identification and management**
Reviewed: 7/11/24
New recommendations on:
- managing genitourinary symptoms associated with the menopause
 - the effects of hormone replacement therapy on specific health outcomes (including breast, endometrial and ovarian cancer, cardiovascular disease, dementia and life expectancy)
 - cognitive behavioural therapy to manage menopause-associated symptoms.
- Also updated some recommendations for style and consistency, or to reflect current practice.
-Noted.
- 14.3 **[NG73] Endometriosis: diagnosis and management**
Reviewed: 11/11/24
Made new or updated recommendations on diagnosis & updated recommendations on symptoms and signs and information and support without an evidence review.
-Noted.

15 Medicines Safety Summary
15.1 ICB Medicines Safety update

EK provided a medicines safety update:

- Valproate safety work is moving in the right direction. The number of patients prescribed valproate / valproic acid in the last 150 days has fallen steeply, there has been an 84% reduction in exposed pregnancies. PPCs are being completed and patients are being appropriately coded.
- Prevention of future death reports:
 - There was a discussion around a tragic incident in another area involving a husband and wife who both had physical health conditions, cognitive impairment and both had their medication in dosset boxes. The wife sadly passed away after accidentally taking the husband's medication instead of her own for several days. Evidence was given at the inquest that there was no guidance or policy in place for pharmacists to follow when issuing medication to patients with cognitive impairments, or if there was, it was not well disseminated among the pharmacist population. The two patients' dosset boxes were identical to each other except for a small label with small type with the relevant patient's name. Dosset boxes of different colours or labels with different colours were not routinely given to elderly or cognitively impaired patients living at the same address.
GP members reported that dosset boxes are an ongoing issue, particularly as carers often refuse to administer medication from a dosset box.
 - Another tragic case from another area was discussed where a patient was found unresponsive and toxicology showed high and fatal levels of Zomorph and pregabalin in his system. These were prescribed for pain, despite the patient having a history of addiction to heroin, which he had overcome. The risks of treating a patient with a former opioid addiction with opioids are significant and there needs to be a very well thought out rationale with careful monitoring to avoid increasing the chances of a patient relapsing into addiction through GP prescribed medication and it is essential that GPs consider this when prescribing.
- #MedSafetyWeek has been promoted
- EMA: Review of medicines containing finasteride and dutasteride started. An eclipse search has been set up to facilitate practices to identify patients being prescribed Finasteride and antidepressant or antipsychotic.
- EMA: Risk of medication errors due to change of dosing syringe for Keppra and Levetiracetam UCB oral solution.

- NPSA: Kay-Cee-L[®] has been discontinued. A reminder has been sent out that Sando-K[®] remains available and can support a full increase in demand.
- NPSA: Methotrexate – alert highlighted, very occasionally problems with taking the medication can cause serious harm and even death. Give patients who are taking oral methotrexate the core patient information leaflet and monitoring document. This is an **AMBER³** drug so not initiated in primary care.

Find out if pharmacies are checking booklets and send a reminder in next LPC newsletter. **Action: Yvonne Lamb**

- MHRA: GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse.
- MHRA: Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme.
- MHRA: Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation.

16 Risk Review and Management

16.1 General Risk and Management

ICB: Nothing to raise

Trusts: AP reported that the Trust are seeing a lot of GP surgeries declining shared care within the system, and also in Dorset, as part of the collective action and that this is having an impact on Specialist teams within the Trusts supporting those patients and is a concern. He will check that this is recorded on the risk register at the Trust.

SG advised that there is the potential that we may also start to see some collective action from community pharmacies going forwards.

-Noted.

17 Any Other Business

17.1 Procedure for the management of commissioner patient access schemes by Somerset ICB (Update)

This policy has been updated. Draft brought to MPB for comments.

-MPB approved.

Pass back to audit committee.

Action: Shaun Green

17.2 SIDER / Black Pear

We are looking to do a piece of quality improvement work, where red and amber Eclipse alerts automatically moved into the shared care record, which potentially saves people having to go into Eclipse to spot them. Some communications around this will come out in due course.

DATE OF NEXT MEETING

Wednesday 22nd January 2025