

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on  
**Wednesday, 22<sup>nd</sup> March 2023.**

Present:	Hels Bennett (HB) Peter Berman (PB) Bernice Cooke (BC)	Medicines Manager, NHS Somerset Lay Representative Deputy Director Nursing and Inclusion, NHS Somerset
	Dr David Davies (DD) John Digman (JD) Shaun Green (SG)	West Somerset Representative South Somerset West Representative Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Esther Kubiak (EK) Sam Morris (SM) Andrew Prowse (AP)	Medicines Manager, NHS Somerset Medicines Manager, NHS Somerset Director of Pharmacy, SomersetFT and Yeovil
	Emma Russell (ER) Dr Val Sprague (VS) Zoe Talbot-White (ZTW) Dr Rob Tippin (RT) Mihaela Tirnoveanu (MT) Fivos Valagiannopoulos (FV) Emma Waller (EW) Dr Tom While (TW)	CLIC Representative Bridgwater Representative Prescribing Technician, NHS Somerset LMC Representative Taunton Representative LPC Representative Yeovil Representative Mendip PCN Representative
Apologies:	Dr Andrew Tresidder (AT)  Dr Mark Dayer (MD) Florence Lock (FL)  Dr James Nicholls (JN)	Chair, NHS Somerset GP Patient Safety Lead Consultant cardiologist Somerset FT Public Health Specialty Registrar, Somerset County Council West Mendip Representative

**1 APOLOGIES AND INTRODUCTIONS**

SG welcomed everyone to the Medicines Programme Board.

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 22<sup>nd</sup> February 2023**

- 4.1 The Minutes of the meeting held on 22<sup>nd</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 NHS Somerset Medicines Programme Board Terms Of Reference**

The Medicines Programme Board Terms of Reference combine the PAMM and SPF TOR to fulfil the requirements of the ICB and system.

Pathways or location will sometimes take patients outside of Somerset for treatment. This can lead to issues with Traffic Light Status differences across boundaries. We have the remit for Somerset patients, wherever they are treated so prescribing needs to follow our TLS position.

MPB has no remit for the pharmacy delegation from NHSE only relevant prescribing or medication decisions.

The draft was sent to all members, comments have been considered and adjustments have been made. This document and will be kept up to date with the anticipated committee name changes. Once agreed it will be updated every two years. Proposal to adopt these as the working TOR and will consider any additional comments or roles and responsibilities.

-Approved

Thanked Sam for her work on these.

##### **5.2 Scorecard Indicators 23/24**

Proposal to retire the Opiates brand indicator and replace with reducing Blood Glucose Test Strips in patients who are just prescribed metformin and/or a gliptin.

-Approved

The prescribing budget for 23/24 is significantly below the request amount. It would not be beneficial to set individual practice budgets for this year. Propose that the 23/24 scheme will be entirely based on scorecard achievement rather than budget.

-Approved

Inform practices of scheme at the start of April.

**Action: SG**

**5.3 Paxlovid**

In February PAMM agreed to change TLS from red to green in line with NICE. Plans to make it available through wholesaler and prescribing and dispensing in primary care has been delayed. Now on hold until tender process sorted.  
-Noted

**5.4 Sativex for spasticity in Multiple Sclerosis - Shared Care Protocol**

The specialist will prescribe a 4-week trial, if successful then a further 2-months' worth will be prescribed, and a request sent to the GP to prescribe. It will only be prescribable for adults 18 and over. Sativex affects hormonal contraceptives for women so alternative method required. Men taking Sativex also need to use contraception. This needs to be emphasised.  
Highlight the need for men to use contraception.

**Action: SG & HB**

-Approved

**5.5 Cenobamate**

Musgrove DTC agreed to allow their epilepsy specialists to initiate Cenobamate due to the capacity issues at regional tertiary centres. All safety issues have been assessed and not significantly different from other epilepsy drugs initiated in acute trusts.

Proposal to change from TLS 'Red - Only initiated in Tertiary Trusts' to 'Amber - Following initiation after MDT in acute trust'.

-Approved

Change TLS from 'Red - Only initiated in Tertiary Trusts' to 'Amber - Following initiation after MDT in acute trust'.

**Action: ZTW**

**6 Other Issues for Discussion**

**6.1 National primary care clinical pathway for constipation in children**

Useful pathway for dis-impaction for children from potty training age and over. Under this age, the pathway needs careful utilisation. It doesn't include assessment of milk transfer or oral function, including increasing breastfeeds (where an infant is breastfed), it doesn't consider weaning onto solids or potty training as significant

events or issues such as reflux being treated by constipating medication such as infant Gaviscon. The recommendations particularly for babies under one month is problematic.

Collate feedback from MMT, MPB, HVs and acute trust paediatricians and send to national programme. **Action: SM**

Bring back to next meeting.

**6.2 NICE Quality Standards – Diabetes**

This is a National focus. Statements have been updated.

-Noted the statements.

**6.3 Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care & Somerset Opioids Data**

National document raising national concern around patients dependent or addicted to prescribed medication. Sets out a framework for the ICB to take forward. This has been raised with Somerset ICB directorate team.

Work will continue focus on prescribing and support aspects. Somerset is making some progress. Certain patients can be difficult to engage with stabilising or reducing requests. A service is due to be launched in primary care to help support this.

A gap in the commissioning of SDAS means they only focus on illicit drugs not prescribed. And they won't accept patients that need a reduction rather than a complete stop. However more patients dying from overdose of prescribed drugs than illicit, and Somerset is the highest in region.

Share data with MPB.

**Action: SG**

Keep on agenda for discussion.

**7 Other Issues for Noting**

**7.1 Revised biosimilar guidance for information**

Biosimilars are adopted very quickly across the Somerset system and there is good uptake. There are no concerns as Somerset is one of the best in the region. Adopting biosimilars as quickly as possible releases NHS funding for other treatments.

Andrew Prowse was thanked for his role in this.

-Noted

**7.2 BMJ article – Methenamine is as effective as antibiotics at preventing urinary tract infections**

This is a good news story from the BMJ. Somerset were early adopters and have some of the highest use per population. Methenamine is expensive but we invest to save.

-Noted

**8 Additional Communications for Noting**

**8.1 Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms – Email from SG – 02/03/23**

-Noted

- 8.2 Oral Nutrition – Email from SG – 03/03/23  
-Noted
- 8.3 Co-beneldopa / Madopar prescriptions - special container status – Email from SG – 06/03/23  
-Noted
- 8.4 HRT Prescribing from April 2023 – Email from SG – 07/03/23  
Specific medications included are listed in the drug tariff.  
Current advice is to put HRT on separate prescription to reduce payment issues. Has been raised with EMIS.  
-Noted
- 8.5 Why our aligning inhalers workstream remains a priority for 2023 – Email from SG – 07/03/23  
-Noted
- 8.6 UK guidelines for the management of contacts of invasive group A streptococcus (iGAS) infection in community settings – Email from SG – 10/03/23  
-Noted  
Prophylactic prescribing for outbreaks is not within GP contract, the system should be commissioning a service to prescribe for 'contact' patients.  
Raise commissioning gap with infection control team. **Action: BC**
- 8.7 Change to Formulary Status Liothyronine CAPSULES only – Email from SG – 14/03/23  
-Noted
- 8.8 Primary Care ability to prescribe Paxlovid (Nirmatrelvir plus ritonavir) for specific high risk COVID positive patients – Email from SG – 13/03/23  
-Noted
- 9 Formulary Applications**
- 9.1 Finerenone for the use in CKD due to type 2 diabetes  
Proposal to make TLS **Amber**, to be initiated by or on the advice of a specialist, without shared care. Subject to NICE approval tomorrow.  
Large cohort of patients will fit these criteria, with large cost implications. Having pathway discussions with renal and diabetes teams.  
-Approved subject to NICE.  
Continue pathway discussions.  
Add to TLS '**Amber**'. **Action: SG**  
**Action: ZTW**
- 9.2 Ciprofloxacin 0.3% / Dexamethasone 0.1% ear drops

Musgrove DTC approved. Should reduce unnecessary use of gentamicin drops. Can be used with perforated ear drums unlike the others on formulary.

-Approved

Add to formulary.

**Action: EK**

Add to infections guidance.

**Action: Helen Spry**

9.3 Relugolix/estradiol-norethisterone acetate

Currently TLS **Red**, proposal to change to **Amber**.

Small numbers with no safety reasons to keep as red. Has contraceptive effect so doesn't need duplication of oral hormonal contraceptive.

-Approved

Change TLS from '**Red**' to '**Amber**'.

**Action: ZTW**

9.4 BIMI 0.3 mg/ml eye drops (Bimatoprost), Zakłady Farmaceutyczne POLPHARMA S.A.

BIMI is a sterile solution that does not contain any preservatives.

3ml = £8.33, 9ml = £21.87

Cost effective brand.

Current shortage of Monopost (latanprost PF) – advice needs to be sought from specialist before switching.

-Approved

Share specialist switch guidance sent to ER.

**Action: SG**

Add to formulary.

**Action: EK**

## 10 Reports From Other Meetings Feedback

### 10.1 Primary Care Network Feedback

Sedgemoor PCN have been given the responsibility of setting up respiratory hub. A pilot, for a separate hub prescribing code is being discussed. If successful, this could be rolled out to other PCNs. SG will keep MPB updated.

### Summary

### 10.2 LPC Report

FV gave an update:

- LPC is working closely with YDH on the National Smoking service hoping to launch in May. Musgrove hospital site still not active in DMS.
- GPCPCS is averaging 1250 per month. LPC have asked the pharmacies to cleanse down the PharmOutcomes system before the end of March. This will mean the practices may get an influx of "dropped referrals" (duplicated or test referrals and patients that did not attend). Please reassure the practices that it is not because pharmacies have not actioned them.
- Dexcom One transmitters are now in the drug tariff but not yet on EMIS for prescribing.

- Practices and pharmacies are increasing WhatsApp usage to identify stock issues, which still seem to be a constant issue. They are working closely with each other to resolve.
- Lloyds in Sainsburys due to close end of April, Tesco Glastonbury in August. Some Lloyd's pharmacies have or are in the process of changing ownership. LPC is working closely will all new owners to minimise disruption to patients.

### 10.3 **LMC Report**

The LMC are currently discussing Paxlovid and the commissioning responsibilities and pathways.

### 10.4 **YDH Medicines Committee meeting – Last meeting 09/03/23**

Discussed monthly error reporting. SHS practices feed into a different system than other practices. Linked Dave Donaldson with EK to pick up and discuss monitoring of PSIRF.

From April for SFT (and YDH): The Drugs & Therapeutics Committee will report into the Medicines Governance Committee and the Mental Health DTC will be renamed the Mental Health medicines group reporting in to the MGC. MPB to decide which minutes they would like to review.

### 10.5 **Somerset NHS Foundation Trust D&TC – Last meeting 24/02/23**

Nothing to note

### 10.6 **Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 07/03/23**

Discussed:

- The melatonin audit. Recommended it stays as TLS Red until they can provide assurances that they have capacity to review patients.
- The POMH-UK audit. We are best in region, but still have some patients being reinitiated on sodium valproate, so we could be better.
- The clinical management of patients with substance use disorders. Is a large piece of work that has been shared with EK, Helen Spry and the pain team. The pathway should benefit our patients without to much impact on primary care prescribing.

### 10.7 **South West Medication Safety Officer Network Meeting – Last meeting 07/03/23**

EK presented an update from the Regional MSO meeting.

Shared specific focuses with other areas, many of which we are already working on:

- Reduction in drugs dependence.
- Teratogenic monitoring.
- Opiate reduction.
- Oromorph reduction due to high alcohol and sugar content and related Fatalities.
- Other areas starting to use eclipse as it has many advantages, such as quality improvement, focus on prevention, assurance, patient safety.

### 10.8 **Regional Medicines Optimisation Committee South West – Last meeting 13/03/23**

- Urinary Tract Infections in community pharmacy pathway:

Regional team would like an audit trail of outcomes. There has been push back as the amount prescribed via the minor ailments scheme is minimal compared to other services. It is not in service spec but region are requesting it as a formal requirement.

- Winter pressures impact on antibiotic consumption and HCAI-CDI risk: Huge impact of ABX prescribing due to strep A. Potential consequences of that (C Diff). Devon went up by 30,000 items in one month.
- Aseptics – an update on regional strategy  
Pace of new drugs is going to increase and additional capacity within aseptic suits will be needed. Developing strategy for the three systems (Cornwall, Devon and Somerset) to achieve more resilient model.

## **11 Current Performance**

### **11.1 Prescribing Update**

SG gave an update of the March position:

- January data has shown a worsened position. Recommendation for budget for coming year was not accepted so not reasonable to set practice budgets.
- Pressures of supply issues affecting all, especially patients.
- ICB has submitted interest to NHSE to participate in community pharmacy independent prescribing pathfinder.
- Doing well in many national benchmarking indicators but worse on national average for dependence causing drugs
- Participation in regional work to facilitate approval and uptake of Rt-CGM is going well.
- EMIS to continue with QRISK until June 2024. They have been asked to restart the batch facility they have stopped.
- Doing exemplar work in teratogenic medication in patients not receiving appropriate contraception.
- Working to reduce 7-day prescriptions to 5-day for amoxicillin.
- Early adopters of switch from liquid morphine to Acitmorph, making good progress.
- GP contract changes with IIF workstreams and QOF.

-Noted

### **11.2 December 22 Scorecard Primary Care Network Trend**

-Noted

Some conflicting guidance coming from the Mendip PCN DGH, as patients being discharged with osteopenia not on a bone sparing agent, only calcium & Vitamin D. Copy SG into correspondence.

Make Somerset position clear via communications.

**Action: TW**

**Action: SG**

### **11.3 December 22 Green Trend**

-Noted

Comments and indicator suggestions welcomed.

### **11.4 High-cost drug budget exception reporting**

The high-cost drugs budget for 2022/23 has performed within the parameters of the indicative budget within the 'block contract' arrangement with providers. Nationally the 2023-34 planning guidance indicates a return to a hybrid PBR and pass through



mechanism. A recommendation of 13% growth in the high-cost budget has been passed forward to finance planning teams.

## **12 Rebate Schemes**

12.1 None this month

## **13 Existing NICE Implementation Assurance**

13.1 None this month

## **14 NICE Technology Appraisals**

14.1 [TA870] Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

Positive appraisal. Commissioned by NHS England. Providers are NHS hospital trusts.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

14.2 [TA871] Eptinezumab for preventing migraine

Positive appraisal. Commissioned by integrated care boards. Providers are NHS hospital trusts. The payment mechanism is determined by the responsible commissioner and depends on the technology being classified as high cost.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

14.3 [TA872] Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

Positive appraisal. Commissioned by NHS England. Providers are NHS hospital trusts.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

14.4 [TA873] Cannabidiol for treating seizures caused by tuberous sclerosis complex

Positive appraisal. Commissioned by NHS England. Providers are NHS hospital trusts. The payment mechanism is determined by the responsible commissioner and depends on the technology being classified as high cost.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

14.5 [TA874] Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma

Positive appraisal. Commissioned by NHS England. Providers are NHS hospital trusts.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

14.6 [TA875] Semaglutide for managing overweight and obesity

Positive appraisal. This technology is commissioned by Integrated care systems. Providers are NHS hospital trusts and primary care.

NICE have approved this however is not yet available to prescribe and there is currently no confirmed UK launch date. Once launched it will be a Red drug for specialist use only.

-Noted

Add to TLS 'Red'.

**Action: ZTW**

Send out position statement to practices following meeting.

**Action: SG**

## **15 NICE Clinical Guidance**

### **15.1 Update - [NG122] Lung cancer: diagnosis and management**

Added the NICE technology appraisal guidance on mobocertinib to the systemic anti-cancer therapy treatment pathways for advanced non-small-cell lung cancer

-Noted

## **16 Risk Review and Management**

### **16.1 Prescribing Budget Overspend**

Reduce the risk score for Cenobamate.

**Action: Steve Moore**

## **17 Safety Items, NPSA Alerts and Signals**

### **17.1 MHRA Drug Safety Update**

March: Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure

-Noted

## **18 Any Other Business**

### **18.1 Pharmacy closures**

The Pharmaceutical Needs Assessment (PNA) is done by the county council and gets approval through the Health and Well-being board. They are kept up to date with all the closures and owner changes.

PNA normally done every three years with the next due in 2025 but given the number of upcoming planned closures, the PNA will need to be looked at sooner to assess possible gaps. There is a contractual ability to flag an unexpected need not covered in the PNA.

PSNC have requested change of core opening hours from 40 to 30. This is a concern as less community pharmacy hours will undoubtedly lead to more demand in primary care, MIUs or A&Es. With additional risk for patients not being able to obtain a prescription if attending a practice with longer opening longer hours than nearest pharmacies.

### **DATE OF NEXT MEETINGS**

26<sup>th</sup> April 2023

24<sup>th</sup> May 2023 (SIMO following)

21<sup>st</sup> June 2023

26<sup>th</sup> July 2023 (SIMO following)

27<sup>th</sup> September 2023 (SIMO following)

25<sup>th</sup> October

29<sup>th</sup> November 2023 (SIMO following)