

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 21st June 2023.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	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
	Mark Dayer (MD)	Consultant Cardiologist, SFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Engagement Officer, LPC
	Dr Florence Lock (FL)	Public Health Specialty Registrar, Somerset County Council
	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
	Mihaela Tirnoveanu (MT)	Taunton Representative
Apologies:	Peter Berman (PB)	Lay Representative
	John Digman (JD)	South Somerset West Representative
	Catriona Ketiar (CK)	Regional Chief Pharmacist, NHS England South West
	Dr James Nicholls (JN)	West Mendip Representative
	Emma Russell (ER)	CLIC Representative
	Dr Rob Tippin (RT)	LMC Representative
	Fivos Valagiannopoulos (FV)	LPC Representative
	Emma Waller (EW)	Yeovil Representative
	Dr Tom While (TW)	Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

YL was welcomed as the LPC representative.

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 24th May 2023**

- 4.1 The Minutes of the meeting held on 24th May were agreed as a correct record.

4.2 **Review of action points**

Most items were either complete or, on the agenda. The following points were specifically noted:

1. Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms - SG & AT have a meeting arranged with Alison Bell to discuss. SG met with Ian Creek and has follow meeting for PCN actions.
2. Pharmacy contract changes and requirements - A pharmacy in Cheddar will be reducing hours in line with the new guidance. YL has asked the NHSE team for mapping of surgery and pharmacy opening hours but not yet received.
Raise at primary care operational meeting mismatch between pharmacy and surgery opening hours. **Action: SM**

5 **Matters Arising**

5.1 **NHS Smoking Cessation Service (SCS)**

LP gave an overview of the new service:

- There will be a launch event on the evening of the 22nd June.
- 26 pharmacies signed up and ready to provide service.
- New specification allows pharmacy technicians to supply.
- Yeovil is the only trust currently able to provide the service.
- Patients that smoke and are admitted as an in-patient into the acute hospital will be initiated on a smoking cessation product. Post-discharge they will receive a follow up from a pharmacy providing the service and will have regular contact for 12 weeks, before they are discharged.
- If a patient normally pays for their prescriptions the normal fees apply.

- Smokefreelife Somerset is a separate council run service and the two services are not to be confused.
- Champix is not currently available. Working to implement a PGD once Champix or generic is available.

5.2 NHS community pharmacy hypertension case-finding advanced service

LP discussed the service:

- Allows pharmacy technicians to take the patients BP.
- Somerset currently delivering an average of 550 a month and hoping to increase.
- There needs to be a robust follow up programme.
- The digital interoperability wasn't in place at launch but is being built, and due to be launch relatively soon.
- With hypertension being one of system priorities it will be useful to expand the service.

6 Other Issues for Discussion

6.1 Pharmacy Quality Scheme (PQS) 23-34 & AMS findings

LP gave an overview:

- PQS forms part of pharmacy contract. It is optional but provides additional funding and is quality marker. This year the scheme has one gateway criteria (complete 15 NMS), and three domains (medicine safety & optimisation, respiratory and antimicrobial stewardship).
 - AMS findings were launched:
 - Over 54,000 pharmacy professionals had completed the AMS & IPC training.
 - 89% of community pharmacies use the checklists for a range of infections and by using the checklist it led to 16,000+ flu vaccines.
 - Checking AMS prescriptions led to over 2700 interventions back to the prescriber.
- Recommendations for community pharmacy from findings:
- Utilise TARGET toolkit resource
 - Promote Flu vaccines

There was concern around pharmacies reducing hours and the availability of palliative care medications out of hours. However, all community pharmacies taking part in the quality scheme are asked to hold certain palliative care medication and they are added to a directory of services.

NHSE commission the specialist medication service, a separate service which has the participating pharmacies hold additional palliative care medications. NHSE are responsible for deciding which drugs are held and if they need to move the service to another pharmacy for cover due to changes in opening hours.

Both St. Margret's Hospice team and Devon Doctors have a WhatsApp group with some of the pharmacies holding the addition palliative care medication which allows them to source stock quickly. It works well and has received good feedback.

YL emails out to pharmacies on the specialist medication service every three months to remind them to do stock and date checks and reorder anything necessary. If having issues, please feedback to YL and she will raise with the pharmacy.

6.2 Excess mortality in English regions

This data in the public domain and is being shared to flag some of the reasons for excess deaths in Somerset.

Somerset have put a lot of focus on respiratory, so we are lower than expected for this, however excess deaths in Somerset are higher for the majority of conditions: CVD, heart failure, circulatory. Likely due to the management of long-term conditions and the higher average age in Somerset of 47, compared to the national of 40. HF deaths being driven by lack of medicine optimisation in this group of patients, better management of their other conditions and the need for better cardiac rehab. A lot of investment is needed.

More patient education needed around healthy eating and being more active. The system needs an overall long term condition management plan which focuses on optimising treatments multiple conditions; however this is difficult due to the capacity & workforce issues and the drug costs.

This data has been raised internally at the ICB and MD has sent the data to the HF lead Amy Burchill to raise awareness.

Trusts to raise data internally where appropriate.

Action: AP & MD

It is estimated that Somerset as system exclude 50% of patients from QOF hypertension data, which is a concern. Eclipse however captures all patients even QOF excluded, so gives better data for population health management.

Raise the excess mortality data and QOF exclusion issue with the LMC. **Action: VS**

6.3 Unmet Cardiovascular Disease Need

SG shared eclipse data which can be broken down into individual practices.

From a population health management and a secondary prevention prescribing point of view, we still have many patients being undertreated. When optimising these patients, follow the evidence based and cost-effective pathway (initiate on the most cost effective and titrated up. If these don't work, then patients can move on to the more expensive drugs where NICE approved). Implementation is difficult due to the pressures in primary care.

SG will continue to raise internally at the ICB. The MM team have been tasked to deliver more savings, more quickly so more of our messages will be around cost savings.

MPB discussed the savings that can be made from prescribing generics, and the issues GP are facing with the pharmacies asking for the prescriptions to be switched back to brand. Out-of-stock medications and increasing medication costs are resulting in pharmacies at times, dispensing at a loss, which is why it is being requested. However contractually they need to dispense what is on the prescription. Affected practices can raise with the NHSE pharmacy team.

6.4 MAS PGD Chloramphenicol

The current PGD is expiring next month, this is reviewed and updated version.

Updates:

- Included red flags around eye conditions.
- Excluded patients with glaucoma and dry eyes.
- Included links to NICE CKS for conjunctivitis and blepharitis.

The national minor ailments scheme has not included a draft conjunctivitis PGD. This is because they had concerns that pharmacy might be over treating or missing red flags. With the improvements made to the Somerset PGD we are happy to continue.

-Approved
Get final sign off.

Action: HB

7 Other Issues for Noting

7.1 Clinical commissioning policy: ranibizumab in retinopathy of prematurity
Expanded remit, not on TLS but is in use where appropriate.

-Noted

Add to TLS 'Red drug'.

Pass policy to the maternity group.

Action: ZTW

Action: SM

7.2 Interim specialist service for children and young people with gender incongruence
This has been distributed. It is currently on hold and due to be relaunched in the
autumn. Complex area with safeguarding concerns.

-Noted

7.3 Taking Stock: The experience of medicines optimisation in Integrated Care Systems
Builds on what the Somerset system has tried to do, for example, working
collaboratively. There is only one NHS budget so it needs to be used in the best
possible way for our patients. Somerset formulary decisions are made based on our
population.

-Noted

8 Additional Communications for Noting

8.1 Clinical Practice Research Datalink – Email from SG – 23/05/23

-Noted

8.2 Bath and shower emollients non formulary – Email from SG – 07/06/23 & 25/05/23

-Noted

8.3 Clinician and patient information resources for Dapagliflozin – Email SG – 02/06/23

-Noted

8.4 DPIA for Prescribing Services Limited (Eclipse) – Email from Steve Moore – 06/06/23

-Noted

8.5 Prescribing inhalers by brand – Email from SG – 09/06/23

-Noted

8.6 Medications to avoid in pregnancy- Scorecard indicator information – Email from Sam
Morris – 12/06/23

-Noted

8.7 Withdrawal of Emerade - Responding to MHRA alerts – Email from SG – 20/06/23

-Noted

9 Formulary Applications

9.1 Campona Airmaster, Salmeterol/ Fluticasone DPI, Activase Pharmaceuticals Limited

50mcg/500mcg – 60 dose - £9.95, 50mcg/250mcg – 60 dose - £8.95, 50mcg/100mcg – 60 dose - £7.95

-Approved

Add to formulary.

Add to inhaler Venn diagram.

Add to cost effective brands list.

Action: EK

Action: Caroline Taylor

Action: Ezmerelda White

- 9.2 Trurapi insulin aspart, 100units/ml solution for injection, Sanofi
Potential to save ~£250k if we switched to Trurapi.
3ml cartridges x5 - £19.82, 10ml vials x1 - £11.97, 3ml pre-filled Solostar pens x5 - £21.42
-Approved
Add to formulary. **Action: EK**
- 9.3 High fluoride toothpaste for head and neck cancer patients
Proposal to support prescribing in primary care as an exception for this cohort of patients.
-approved
Add to formulary. **Action: EK**

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

None this month.

Summary

10.2 LPC Report

YL feedback:

The large amount of out-of-stock medications is impacting on pharmacy and GP time.

Case finding for hypertension - Working on a new IT platform to improve communications back to practices.

GPCPS training for staff needing a refresher or missed last time will take place on 13th July.

10.3 LMC Report

None this month.

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting 21/07/23

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Last meeting 06/06/23

SM gave overview of discussion:

- Licensed sertraline - Not in yet in the Drug Tariff. It needs to be mixed with large volume of water so MM team will look at appropriateness for specials guidance once in the DT.
- Melatonin – Do not yet have the assurances needed. Waiting for information on reviews for within the trust for these patients.
- Agomelatine – Shared Care Protocol due to be reviewed.
- Sodium valproate

- Being taken by around 160 female patients in the Somerset system.
- There is ongoing safety data emerging from the manufacturer. Newest data is around men fathering children and taking sodium valproate in the three months prior to conception.
- Update on MHRA review into safe use of valproate: No one should stop taking valproate without advice from their healthcare professional.
- It was proposed that the trust put together a working group to review as a system involving neurology and mental health. This will be discussed at the next meeting.

MPB discussed the barriers involved in secondary care being able to capture a complete list of patients taking sodium valproate. Often secondary care will have recommended primary care initiate and so it will not be recorded on their system. There are significant risks involved with these patients not being on a register held within secondary care, as the specialists are responsible for a yearly review as part of the Pregnancy Prevention Programme.

Add to trust risk register.

Action: AP

Trusts need to implement a pathway for patients to be referred from primary care for annual review and share with primary care so they can identify and refer these patients.

Ask Neurology and Mental Health to design a process for holding a complete patient list alongside a pathway to refer patients to secondary care for annual review. Once established, send a letter to primary care so they can identify patients and send data back to secondary care to invite for review.

Action: AP

- 10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Next meeting TBC
- 10.7 South West Medication Safety Officer Network Meeting – Last meeting 06/06/23
 - Genomics coming soon so be prepared!
 - Insulin safety:
 - Units abbreviated causing errors.
 - Lipohypertrophy impair insulin absorption.
 - Risk of severe harm and death due to withdrawing insulin from pen devices (patient safety alert 2016)
 - Sick day rules (increase in hospital admissions with DKA in diabetics taking SGLT2 with D&V).

- 10.8 Regional Medicines Optimisation Committee South West – Next meeting 21/06/23

Part 2 – Items for Information or Noting

11 Current Performance

- 11.1 High-cost drug budget exception reporting
There has been no data since trust merger but AP not aware of any current issues.
- 11.2 March Green Scorecard Trend

- Noted
- 11.3 March Scorecard Trend
-Noted
- 12 Rebate Schemes**
- 12.1 None this month
- 13 System NICE Implementation Risks**
- 13.1 ICB & Trusts
None this month
- 14 NICE Technology Appraisals**
- 14.1 [TA891] Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia
These technologies are 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**
- 14.2 [TA892] Mosunetuzumab for treating relapsed or refractory follicular lymphoma
Not recommended by NICE.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.3 [TA893] Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over
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 [TA894] Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma
Not recommended by NICE.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.5 [TA895] Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy
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**
- 14.6 [TA896] Bulevirtide for treating chronic hepatitis D
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 [TA897] Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
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 [TA898] Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
Dabrafenib and trametinib are 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 [TA899] Esketamine for treating major depressive disorder in adults at imminent risk of suicide
NICE terminated Appraisal.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.10 [TA900] Tixagevimab plus cilgavimab for preventing COVID-19
Not recommended by NICE.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.11 [TA901] Cemiplimab for treating recurrent or metastatic cervical cancer
NICE terminated Appraisal.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.12 [TA902] Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
This technology is commissioned by integrated care boards. Providers are NHS hospital trusts. NICE published final tag today. It was discussed and approved subject to final NICE tag publication at May MPB.
-Approved
Add to TLS 'Green Drug'. **Action: ZTW**
- 14.13 [TA903] Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive 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**
- 14.14 [TA904] Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial 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**

- 14.15 [TA905] Upadacitinib 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**

15 NICE Clinical Guidance

- 15.1 Update - [CG57] Atopic eczema in under 12s: diagnosis and management
1.5.1.11 Do not offer emollient bath additives to children with atopic eczema. [2023]
Communications have been sent out and Somerset guidance is up to date.
-Noted
- 15.2 Update – [NG101] Early and locally advanced breast cancer: diagnosis and management
updated the recommendations on dose fractionation for external beam radiotherapy.
We also updated some recommendations for style and consistency, or to reflect current practice.
-Noted
- 15.3 Update – [NG192] Caesarean birth
Updated the recommendations on maternal choice for caesarean birth.
-Noted

16 Medicines Safety Summary

16.1

NPSA

- Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure.
-Noted
- Shortage of pyridostigmine 60mg tablets
-Noted

MHRA

- Adrenaline Auto-Injectors guidance: with video and infographic showing the correct use of your Adrenaline Auto-Injector.
 - Added to NHS Somerset Website – Allergies
-Noted
- Direct-acting oral anticoagulants: paediatric formulations and reminder of dose adjustments in patients with renal impairment.
 - See PDF AF Emis tool
-Noted
- Glucose solutions: recommendations to minimise the risks associated with the accidental use of glucose solutions instead of saline solutions in arterial lines.
-Noted
- Febuxostat: updated advice for the treatment of patients with a history of major cardiovascular disease. Use with caution in patients with pre-existing major cardiovascular disease, particularly, in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy. -12 in Somerset.

-Noted

NIHR

- How to keep prescribing safe over the longer-term.
-Noted
- How to reduce medications for people with multiple long-term conditions.
-Noted
- Antibiotic review kit changed prescribing behaviour and was linked to a reduction in antibiotic use.
-Noted
- How can mental healthcare services meet the needs of people from ethnically diverse groups?
-Noted

EMA

- Fluoroquinolone antibiotics: reminder of measures to reduce the risk of long-lasting, disabling and potentially irreversible side effects.
-Noted

SPS Shortages

- Shortage of Glucagon 1mg powder for injection kit
-Noted
- Shortage of Micronised Progesterone (Utrogestan) 100mg capsules
-Noted

17 Risk Review and Management

Financial risk around prescribing budget has been raised to 20 on the risk register. The medicines management team are looking into other methods to support practices.

18 Any Other Business

18.1 Thank you to Dr Florence Lock

The Chair and Board thanked Florence for her attendance and contributions to MPB over the past eight months and wished her well for the future.

DATE OF NEXT MEETINGS

26th July 2023 (SIMO following)

27th September 2023 (SIMO following)

25th October

29th November 2023 (SIMO following)