

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 27th September 2023.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	Dr David Davies (DD)	West Somerset Representative
	Mark Dayer (MD)	Consultant Cardiologist, SFT
	John Digman (JD)	South Somerset West Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Peter Fee (PF)	Taunton Representative (On behalf of MT)
	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
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Dr Val Sprague (VS)	Bridgwater Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
	Shona Turnbull-Kirk (STK)	Associate Director for Health Inclusion (On behalf of BC)
	Emma Waller (EW)	Yeovil Representative
	Dr Tom While (TW)	Mendip Representative
Apologies:	Bernice Cooke (BC)	Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Emma Russell (ER)	CLIC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

Shona Turnbull-Kirk, Associate Director for Health Inclusion, on behalf of BC.
Peter Fee, Taunton Representative, on behalf of MT.

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 July 2023

- 4.1 The Minutes of the meeting held on 26th July 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:

- Action 1: Mapping of pharmacy contract changes - This action is now for completion by the primary care team.
- Action 2 and 4: To be carried forward to October.

5 Matters Arising

- 5.1 None this month

6 Other Issues for Discussion

- 6.1 NHS England: National medicines optimisation opportunities 2023/34

MPB discussed the 16 opportunities outlining current Somerset position and identifying further workstreams needed:

1. Addressing problematic polypharmacy: Focus on utilising the Eclipse live tool. PCNs working hard to deliver SMRs despite the number of eligible patients outweighing capacity.
2. Addressing low priority prescribing: Previously completed a lot of work for selfcare agenda, and it remains a scorecard indicator. With the cost-of-living crisis more patients are requesting items to be prescribed. Re-emphasis on NHS policy and certain products not to be prescribed.
3. Improving uptake of the most clinically and cost-effective medicines: Good record in Somerset for implementing on day one of NICE.
4. Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements: Trusts use software to support this workstream and benchmark well. Some off contract purchases occur when there is difficulty obtaining certain medicines due to shortages.
5. Standardising product formulations of aseptically compounded medicines: Two aseptic units in Somerset. Musgrove site being updated to standardise across region. Standardisation does reduce costs.

6. Using best value biological medicines in line with NHS England commissioning recommendations: Trusts are already very good at adopting biosimilars in a prompt timeframe.
7. Addressing inappropriate antidepressant prescribing: Somerset have discussed in the past but not made much progress. This often proves to be a difficult area for prescribers and patients. The medicines management team will discuss further and MPB members are encouraged to make suggestions for improvement.
8. Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips: Already very good with this and have engaged with Interface to support practices that need extra help.
9. Identifying patients with atrial fibrillation and using best value direct-acting oral anticoagulants: Using Eclipse live to support this workstream. Initiating patients on anticoagulation will increase costs but it will save patients from stroke events and so the system from additional costs of dealing with potential events.
10. Identifying patients with hypertension and starting antihypertensives where appropriate: Many national and patient engagement campaigns happening. Patients need advice on wellbeing, diet, and medication for holistic approach.
11. Improving respiratory outcomes while reducing the carbon emissions from inhalers: Working to align patients to one inhaler pathway. Do well as a system with good outcomes around asthma.
12. Improving valproate safety: Somerset are national exemplar in this area with work being done on valproate and other teratogenic medications. Letters have been sent to all GP surgeries to refer all patients (men and women) to SFT for a review. Two thirds have already replied. Individual practices will be chased. Working with neurology and mental health teams to undertake reviews.
Contact Bath and North East Somerset Swindon and Wiltshire ICBs to find out if they are implementing a similar GP patient review process for Somerset patients. **Action: EK**
13. Optimising lipid management for cardiovascular disease prevention: CVD PREVENT data for March shows that the South West has a lot of room for improvement. Heavily involved in this workstream with past scorecard indicator for increasing potency of statins and current indicator to increase use of ezetimibe or new NICE drugs if not tolerated.
14. Reducing course length of antimicrobial prescribing: Benchmarking doesn't consider what condition it is used for. Helen spry leading on this.
15. Reducing opioid use in chronic non-cancer patients: The Somerset position is improving with Helen Spry working on this.
16. Switching intravenous antibiotics to oral: Trusts do this as an ongoing workstream.

Inequality of services across county with no HF nurse service in Mendip. YDH model works well, additional funding needed to extend the model across county. Keep raising at PCN level and feed through to ICB. **Action: RT**

- 6.2 CVD Prevent data Regional & ICS Insights | CVDPREVENT
SG presented the data for the Somerset system compared to England and practice level data.

A lot of improvements needed for Somerset to better their benchmarking position. The medicine managers are contacting practices individually to address areas of concern.

- 6.3 DVT pathway (NICE)
Somerset are already following this, so would be pragmatic to add to formulary.
-MPB approved

Add to formulary and website.

Action: EK and SM

MPB raised concern around ability to have the scan within 24 hours for patients in some parts of the county. Would like a service in community hospitals but unsure of viability. In house blood analysers would be an important consideration for any service implemented.

Approach trusts to raise availability issue of ultrasound within 24 hours in the community.

Action: SG

- 6.4 Management of Malignant Fungating Wounds Guidelines from NHS SomersetFT
Small number of patients will get this type of wound when in palliative care. Pathway has been revised to recommend morphine ampules and IntraSite gel mixed by the nurse seeing the patient and applied immediately. The team would like to access prescriptions in primary care.
Find out exact age for classification of children within this document. -MPB approved

Action: SG

Add to formulary and website.

Action: EK and SM

- 6.5 Community Pharmacy Independent Prescriber Pathfinder
SG talked through LP's presentation:
The pathfinder aims to establish framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.
It is a pathfinder for proof of concept. Test and learn rather than a pilot or roll-out for full implementation.
Somerset has been awarded funding for a CVD management model across four sites. Each site will need to have an IP with speciality in CVD. This has been approved by the ICB executive team.
There are various digital and IT considerations that need to be resolved for effective implementation. The risk is patients will assume the IP has access to their complete record which is not the case.
Limited numbers of IPs in community pharmacy however by 2026 all newly qualified pharmacists will be IPs from registration.
The ICB is working with CPS and other groups to ensure governance compliance. Feedback from IPs in community pharmacy is positive and are excited to be able to use their qualifications.
A lot of work to be done before launch.
MPB questioned the ethics of a pharmacist providing this service and then dispensing the prescription they have written. This can be avoided by having double cover on site.

- 6.6 SCP Alfentanil Sept 23 – Updated
Formatted with no significant changes. Link to renal guidance.
-MPB approved.
Add to website. **Action: HB**
For next update review inclusion of pregnant women.
- 6.7 SCP Agomelatine Sept 23 – Updated
Approved by the Mental Health Medicines Group yesterday.
Added sections on monitoring liver function and use in pregnancy and lactation.
-MPB approved.
Add to website. **Action: HB**
- 7 Other Issues for Noting**
- 7.1 NHS England: Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties
-Noted
- 7.2 NHS England: Cannabis-based products for medicinal use (CBPMs)
-Noted
Add to website for reference. **Action: SM**
- 7.3 GOV.UK: Open consultation - Use of exemptions by dental hygienists and dental therapists
-Noted
- 7.4 GOV.UK: Open consultation - Proposal for the use of patient group directions by pharmacy technicians
-Noted
SG has submitted positive feedback on behalf of the Somerset system.
- 7.5 GOV.UK: Policy paper - Major conditions strategy: case for change and our strategic framework
-Noted
- 7.6 GOV.UK: Letter to school leaders on mild illness and school attendance
NHS: Is my child too ill for school?
-Noted
Review resources on our website and anaphylaxis guide to ensure inline with this and LMC position. **Action: SM**
Raise awareness of this to school education team. **Action: OD**
- 7.7 GOV.UK: Open consultation - The licensing of non-surgical cosmetic procedures in England
-Noted
- 8 Additional Communications for Noting**
- 8.1 CVD IIF indicator and scorecard ezetimibe indicator – Email from SG – 31/08/23
-Noted

- 8.2 Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects – Email from SG – 31/08/23
-Noted
- 8.3 Wegovy Launch - Semaglutide for Obesity – Email from SG – 04/09/23
-Noted
- 8.4 Resources to help patients participate in Structured Medication Reviews – Email from SG – 11/09/23
-Noted
- 8.5 Reminder Approval of joint working via Interface – Email from SG – 14/09/23
-Noted
- 8.6 Reminder of COVID meds pathway – Email from SG – 14/09/23
-Noted
- 8.7 RE: Supporting Valproate ALL patients- ACTION by 29th September – Email from Sam Morris – 14/09/23
-Noted
- 8.8 Relaunch of Somerset Green Bag Scheme – Email from SG – 19/09/23
-Noted
- 8.9 Doxycycline prescriptions - how many do you prescribe? – Email from Helen Spry – 19/09/23
-Noted
- 8.10 Evidence based and Cost Effective respiratory prescribing (Campona DPI and BibecfoMDI inhalers) – Email from SG – 20/09/23
-Noted

9 Formulary Applications

- 9.1 Sucralfate 1g/5ml oral suspension sugar free x 200ml = £174.65 (Licenced)
Sucralfate 1g tablets x 40 = £95.99 (Unlicenced)
Proposal to add both to TLS as 'Amber' on advice of specialist.
-MPB Approved
Add to TLS Amber. **Action: ZTW**
- 9.2 GelX Oral Spray, Galen Ltd
100ml = £49.21
Indicated for the treatment and prevention of oral mucositis
-MPB Approved
Add to formulary. **Action: EK**

- 9.3 Enoxaparin – For Venous Thromboembolism prophylaxis (VTE) in pregnancy (unlicensed use) or post-natally in accordance with RCOG guidance. Currently ‘Amber’ TLS.
Proposal to retire the shared care protocol and move to ‘Amber with no shared care protocol’
-MBP Approved.
Update TLS. **Action: ZTW**
- 9.4 Soolantra, topical ivermectin off license use for scabies, second line.
10mg/g cream 45g = £27.43
Proposal to add as second line (first line - permethrin & third line – oral ivermectin)
-MPB Approved
Add to Somerset infection management guidance. **Action: HS**
Add to formulary. **Action: EK**
- 9.5 Affenid XL tablets, Methylphenidate, Zentiva
18mg x 30 = £10.90, 27mg x 30 = £12.87, 36mg x 30 = £14.85, 54mg x 30 = £25.75.
Bioequivalent to relevant strengths of Concerta® XL prolonged-release tablets (12h).
-MPB Approved
Add to formulary. **Action: EK**
Add to TLS Amber. **Action: ZTW**
- 9.6 Metyrol XL capsules, Methylphenidate, Zentiva
10mg x 30 = £17.94, 20mg x 30 = £21.54, 30mg x 30 = £25.12, 40mg x 30 = £43.07, 60mg x 30 = £50.24.
Bioequivalent to relevant strengths of Ritalin® XL modified-release hard capsules (8-10h).
-MPB Approved
Add to formulary. **Action: EK**
Add to TLS Amber. **Action: ZTW**

N.B Medikinet XL 5mg not currently on formulary, but 8-hour release profile and low strength may be clinically suitable for children with ADHD who have comorbidities including autism, who may be sensitive to stimulants, may only need 5mg of the XL preparation.

10 Reports From Other Meetings Feedback

10.1 Primary Care Network Feedback

PCNs have been working on the valproate referrals to SFT.

Summary

10.2 Community Pharmacy Somerset Report

Working closely with community pharmacy to support the many changes in opening hours, ownership, and closures.

10.3 LMC Report

Nothing to note

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting 29/09/23

- 10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Last meeting 26/09/23
SM attended the meeting yesterday, agenda items discussed included:
-ADHD shared care protocol, with review of inclusion of guanfacine, which has been approved as AMBER pending SCP update, currently CAHMS have reviewed and they are awaiting the new psychiatrist for the Adult ADHD service to start to review for adults. Preferred brands are being reviewed as well, to ensure all updates are included in the single review. Trust guidance on preferred brands will be shared prior to this to avoid inappropriate prescribing.
-The melatonin workstream, with positive plans within CAHMs to get the service pathway planned and reviewed. they will update in the future with progress of changes.
-Valproate was discussed, with a positive 43 responses from primary care RE patients taking valproate needing review by MH or neuro, the team will collate a list of practices who have not yet responded for a targeted gentle nudge.
- 10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Next meeting TBC
- 10.7 South West Medication Safety Officer Network Meeting – Next meeting 12/10/23
- 10.8 Regional Medicines Optimisation Committee South West – Last meeting 18/09/23
AT attended, agenda items discussed:
- Pharmacogenomics
 - NHS England Medicines Optimisation opportunities 23/24 and Medicines Value
 - Independent prescribing community pharmacy pathfinders – governance and assurances processes
 - South West NHS England update – Regional aseptic risk strategy

Part 2 – Items for Information or Noting

11 Current Performance

- 11.1 High-cost drug budget exception reporting
Nothing to note
- 11.2 September Prescribing Report
SG presented September prescribing report:
- No individual practice budgets set for this year. Considerable overspend of budget has been forecast and is on risk register.
 - GP prescribing costs are increasing due to the increase in drug costs combined with growing demand to address unmet prescribing need as our population ages and develops more co-morbidities (Somerset average age is 7 years older than the UK average). Price concession increased due to generic supply issues with no additional funding to offset.
 - NHS England Medicines Optimisation Executive Group has identified and agreed 16 national medicines optimisation opportunities for 23/24. Somerset have been working on most areas and benchmark well.
 - Work on green carbon footprint strategy objectives remains import.

- Workforce issues remain as a constraint to implementation of medicine optimisation strategies.
- Scorecard progress has been limited.
- Eclipse identifies biggest prescribing savings. Famotidine issue flagged and discussed with trusts and primary care. Alternatives may be better for certain patients.
- During the first 4 months of 2023 Eclipse Live identified 1436 patients with Critical admission avoidance Red alerts, of which 1090 (75.9%) were shown as reviewed. Somerset benchmarks well on most national safety metrics, but some improvements required. Unsafe Polypharmacy and over prescribing of hypnotics, anti-psychotics and opioid and other analgesics remains an area of focus.
- CVD PREVENT highlights disease prevalence and a data deep dive shows the South West region being bottom on most CVD indicators and Somerset ICB with a mixed performance in region.
- A recent update to the ICB website has caused disruption to several medicines optimisation web pages, we are working to correct these.

-Noted

11.3 June Scorecard Trend

-Noted

11.4 July Green Scorecard Trend

-Noted

12 Rebate Schemes

12.1 None this month

13 NICE Technology Appraisals

13.1 [TA911] Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

Positive appraisal.

Proposal Red drug.

MPB agreed.

Add to TLS 'Red'.

Action: ZTW

13.2 [TA912] Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease
This technology is commissioned by NHS England. Providers are NHS hospital trusts.

Positive appraisal.

Proposal Red drug.

MPB agreed.

Add to TLS 'Red'.

Action: ZTW

13.3 [TA875] Semaglutide for managing overweight and obesity
updated recommendation 1.1 to refer to the company's commercial arrangement. We also updated section 2 to include the list price of semaglutide and to refer to the commercial arrangement.

- Noted remains Red drug.
- 13.4 [TA913] Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy
This technology is commissioned by NHS England. Providers are specialist cardiac centres.
Positive appraisal.
Proposal Red drug.
MPB agreed.
Add to TLS 'Red'. **Action: ZTW**
- 13.5 [ID3938] Tirzepatide for treating type 2 diabetes.
For information. This has received a positive appraisal in the draft guidance. Awaiting final TA and information on drug availability. Will be on MPB agenda when final NICE TA published.
-Noted
- 13.6 [HST28] Birch bark extract for treating epidermolysis bullosa
Commissioned by NHS England.
Positive appraisal.
Proposal Red drug.
MPB agreed.
Add to TLS 'Red'. **Action: ZTW**
- 13.7 [TA914] Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency
Commissioned by NHS England. Providers are NHS hospital trusts.
Positive appraisal.
Proposal Red drug.
MPB agreed.
Add to TLS 'Red'. **Action: ZTW**
- 14 **System NICE Implementation Risks**
- 14.1 ICB & Trusts
NICE guidance is creating issues around capacity to implement within most specialities. Some drugs are very involved and have intensive monitoring regimes / need for genetic testing. It is not just an issue in Somerset. Any implementation issues need flagging to the ICB.
- 15 **NICE Clinical Guidance**
- 15.1 [NG122] Lung cancer: diagnosis and management
Updated the systemic anti-cancer therapy treatment pathways for advanced non-small-cell lung cancer.
-Noted
- 15.2 [CG189] Obesity: identification, assessment and management
Update - Reviewed the evidence on bariatric surgery for people living with overweight and obesity and updated the recommendations on surgical interventions.
-Noted

- 15.3 [NG158] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing
Updated recommendations on the use of Wells score and D-dimer in the diagnostic pathways for pulmonary embolism and deep vein thrombosis, following a review of the evidence for people with COVID-19. We also clarified the recommendation on the use of the pulmonary embolism rule-out criteria (PERC).
-Noted
- 15.4 [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management
Update – Reviewed the evidence and made new and updated recommendations on medical management of miscarriage.
-Noted
Trusts are reviewing this.
- 15.5 [NG12] Suspected cancer: recognition and referral
Updated recommendations on colorectal cancer in line with NICE’s diagnostic guidance on quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care.
-Noted
- 15.6 [NG233] Otitis media with effusion in under 12s
New – This guideline covers identifying and managing otitis media with effusion (OME), also known as ‘glue ear’, in children younger than 12 years. It aims to improve hearing and quality of life in children with OME.
Policy forum will review this.
-Noted
- 15.7 [NG234] Spinal metastases and metastatic spinal cord compression
New - This guideline covers recognition, referral, investigation and management of spinal metastases and metastatic spinal cord compression (MSCC). It is also relevant for direct malignant infiltration of the spine and associated cord compression. It aims to improve early diagnosis and treatment to prevent neurological injury and improve prognosis.
-Noted
- 15.8 [NG192] Caesarean birth
Updated the recommendations on the use of neuraxial opioids for postoperative pain relief, and monitoring for women and pregnant people who have had neuraxial opioids.
-Noted
- 15.9 [NG50] Cirrhosis in over 16s: assessment and management
Update – Made new or updated recommendations on safe prescribing and use of carvedilol and propranolol in people with cirrhosis, detecting and preventing bleeding from medium or large varices, preventing spontaneous bacterial peritonitis, and primary prevention of decompensation.
-Noted
Trusts to review.

Action: AP

16 Medicines Safety Summary

16.1

- EMA review of data on paternal exposure to valproate
-Noted
- MHRA reinforces anaphylaxis emergency guidance as hospital admissions rise
-Noted
- MHRA Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects.
-Noted.
HS has looked at all antimicrobial indications for fluoroquinolones on Somerset guidance.
- Methotrexate: advise patients to take precautions in the sun to avoid photosensitivity reactions
-Noted

Shortages:

- Permethrin 5% cream
- Tegretol (carbamazepine) 100mg tablets
- Phenytoin sodium 100mg capsules (Accord)
- Jext 300 micrograms/0.3ml (1 in 1,000) solution for injection auto-injectors
- Estradiol (FemSeven) 75micrograms/24hours and 100micrograms/24hours transdermal patches
- Estradiol valerate 1mg/ Medroxyprogesterone acetate 5mg (Indivina) tablets.
Midazolam (Epistatus) 2.5mg/0.25ml and 10mg/1ml oromucosal solution pre-filled oral syringes
-Noted

17 Risk Review and Management

MPB viewed the Medicines management risk register.

Historically most of the risks have been financial. Want to look at and record any implementation risks.

Bring any implementation risks to next MPB.

Action: AP & MD

18 Any Other Business

18.1

Plymouth University

SG attended the Official Launch of the new University of Bath, MPharm Pharmacy degree at the University of Plymouth. Students that qualify in South West may stay and work here, lessening our workforce issues.

DATE OF NEXT MEETINGS

25th October 2023

29th November 2023 (SIMO following)

24th January 2024 (SIMO following)

28th February 2024

27th March 2024 (SIMO following)

24th April 2024
22nd May 2024 (SIMO following)
26th June 2024
24th July 2024 (SIMO following)
25th September 2024 (SIMO following)
23rd October 2024
27th November 2024 (SIMO following)