

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on  
**Wednesday, 25<sup>th</sup> October 2023.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Peter Berman (PB)	Lay Representative
	John Digman (JD)	South Somerset West Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Lynnette Emsley (LE)	Associate Director of Continuing Healthcare Services, (on behalf of Bernice Cooke)
	Peter Fee (PF)	Taunton Representative (On behalf of MT)
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
	Antony Zorzi	Associate Director of Pharmacy, SFT
Apologies:	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Bernice Cooke (BC)	Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Mark Dayer (MD)	Consultant Cardiologist, SFT
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Engagement Officer, LPC
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Emma Russell (ER)	CLIC Representative
	Dr Val Sprague (VS)	Bridgwater Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton 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
	Dr James Nicholls (JN)	West Mendip Representative

**1 APOLOGIES AND INTRODUCTIONS**

AT welcomed everyone to the Medicines Programme Board.  
 AT welcomed Antony Zorzi, Associate Director of Pharmacy, SFT  
 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 27<sup>th</sup> September 2023**

- 4.1 The Minutes of the meeting held on 27<sup>th</sup> September 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 & 2: Local mental health team switching to liquids, and Excess mortality in English regions Deferred to November**

**Action 4: DVT pathway (NICE)**

**Action 8: GOV.UK: Letter to school leaders on mild illness and school attendance  
NHS: Is my child too ill for school?**

Taken to the vulnerable learners' team who lead on school attendance.

MPB felt the letter requires further discussion & input. Would be helpful to include some examples.

Needs to be a consistent message e.g., your child CAN come into school with this condition.

Instances of mistranslation when the schools have asked GPs for documentation rather than 'school must document' on child's records noted.

### 5 **Matters Arising**

#### 5.1 **HF service improvements**

Inequalities with the system across Somerset, highlighting problems in the Mendip area.

Previously, advantage of Heart Failure nurses but they no longer exist.

Additional national funding & reduction in waiting time needed for this growing condition.

**Mendip area PCNs to raise through their clinical directors**      **Action: Rob Tippin**  
**Raise with the Cardiovascular board**      **Action: Orla Dunn**

**5.2 National medicines optimisation opportunities 23/24- progress vs 16 medicines optimisation priorities**

Document viewed & SG gave a brief description of the 16 priorities.

NHS Somerset MMT have been carrying out these for many years.

For several areas NHS Somerset are the best or amongst best in the region / country.

Somerset has highest prevalence in the country for atrial fibrillation & hypertension. Along with lower levels for achieving the targets.

Discussed the problems pharmacies are facing storing Actimorph orodispersible tablets sugar free. The large boxes take up too much room.

JD shared that an agreement set up between practice & local pharmacy to stock a box of 5mg & 10mg for practicability.

**Raise again with the manufacturer storage issues relating to size of box**

**Action: Sam Morris**

Antidepressants: looking to take this large workstream forward in 2024/25. Involves tapering patients slowly requiring a long engagement.

Antimicrobial stewardship: reminding prescribers the course length for doxycycline. Somerset has one of the lowest trimethoprim resistance levels in the country

The Chair thanked the trusts for being very good at adhering to good processes.

**6 Other Issues for Discussion**

**6.1 Scorecard proposals for 24-25**

Possibility of linking in with Quality and Outcomes Framework (QOF)

**MPB members to generate proposals for 2024-25 Scorecard, bring back for discussion in November & January meetings**

**Action: All**

**6.2 Pharmacy Lateral Flow Test (LFT) service**

Community pharmacy new advanced service, anticipated most pharmacies will sign up to.

Pharmacies will check the eligibility for supply of LFTs. The service has no requirement to deliver to housebound which is not ideal.

Patients registered with Dispensing Doctors will have to travel a number of miles, which increases the carbon footprint to access services.

### 6.3 **Famciclovir- recommendation to make non-formulary.**

Issue raised after primary care patient identified receiving famciclovir as prophylaxis for shingles. Transpired, this was a miscommunication / misunderstanding between Dermatology department, Bristol and patients' practice.

Practices asked to review prescribing. MMT recommend patients have the reason for existing famciclovir treatment and duration of that treatment e.g., is it within licensed indications reviewed.

MPB agreed that famciclovir is not a cost-effective use of NHS resources, to make non-formulary

Update TLS and formulary to non-formulary

Action: ZTW and EK

### 6.4 **Dicycloverine- recommendation to make non-formulary.**

Dicycloverine 10mg tablets 100 £212.26

Dicycloverine 10mg/5ml oral solution 120 ml £174.13

MMT recommend patients are reviewed.

MPB agreed that dicycloverine is not a cost-effective use of NHS resources, to make non formulary.

Update TLS and formulary as non-formulary

Action: ZTW and EK

### 6.5 **Aspirin PGD- update for December 2023 with patient information leaflet in one page and A5 folding format.**

- Reviewed against national aspirin PGD template published Feb 2022.

Significant changes:

- Inclusion criteria updated from 17+ to 16+ years.
- 'First pregnancy' changed to 'nulliparity' in risk factors list.
- Added caution - Current uncontrolled or severe asthma (Asthma triggered by aspirin or NSAIDs already an exclusion)
- Added reference to Folic acid PGD
- Updated to NHS Somerset ICB format

Aspirin can be initiated at 12 weeks

This PGD is a continuation of the safety net for eligible patients so there is no delay in initiation at 12 weeks, parents cannot purchase over the counter as it is an off-label indication in pregnancy. GPs to continue prescribing in line with NICE guidance.

MPB were happy to accept the updates.

## Sign off PGD and update LMNS

Action: HB and SM

### 7 Other Issues for Noting

#### 7.1 NHS England: Medication safety management

Whole section recently updated around medication safety which is included in the MMT Autumn Newsletter.

-Noted

#### 7.2 Glibenclamide - update Traffic lights System as a RED drug for diabetic patients with rare genetic condition only responsive to glibenclamide.

Add to TLS as **RED** drug for diabetic patients with rare genetic condition only responsive to glibenclamide. Action: ZTW

### 8 Additional Communications for Noting

#### 8.1 National Patient Safety Alert - ADHD medication – Email sent by SG – 28/09/23

Advice & guidance sent out by the MMT produced by SFT specialists and MMT team. Most patients will have gone through a pathway & shouldn't be referred back into specialist services.

Trusts have ceased requests of new shared care to be taken up by primary care until supplies are stable again.

-Noted

#### 8.2 All valproate containing products reclassified as special containers from October 2023 – Email sent by SG – 29/09/23

-Noted

#### 8.3 Colesevelam - special container quantity - multiples of 180 only – Email sent by SG – 03/10/23

-Noted

#### 8.4 Stopping over medication of people with a learning disability and autistic people – Email sent by SG – 06/10/23

-Noted

#### 8.5 Resources to support patients having a Structured Medication Review – Email sent by SG – 10/10/23

Shared with teams carrying out SMRs

-Noted

#### 8.6 Opportunity to use cost effective inhalers – Email sent by Steve Moore – 10/10/23

-Noted

8.7 **Somerset National Diabetes Audit results - current in year position and benefits of SGLT2s vs Gliptins** – Email sent by SG – 13/10/23  
-Noted

8.8 **Bempedoic acid alone - NNT 63 over 41 months** (£143,201.52 - without national commercial arrangement) – Email sent by SG – 17/10/23  
-Noted

## 9 **Formulary Applications**

9.1 **Aklief 50 microgram/g cream, trifarotene**, Galderma (U.K) Ltd indicated for the cutaneous treatment of Acne Vulgaris of the face and/or the trunk in patients from 12 years of age and older, when many comedones, papules and pustules are present. 75g = £27.75

Evidence based. Appropriate as MPH will be using

Agreed

**Add to formulary**

**Action: EK**

**Add to TLS Green**

**Action: ZTW**

**Review current NHS Somerset dermatology web page**

**Action: SM**

9.2 **Gepretix 100mg capsules, progesterone**, Exeltis UK Ltd. Pack Size: 30 Price: £4.62 (cost effective)

Gepretix 100 is a micronised progesterone/ body similar progesterone, indicated for adjunctive use with an oestrogen in post-menopausal women with an intact uterus, as hormone replacement therapy (HRT).

This appears in the November 2023 DT, not yet showing on EMIS WEB

**Add to formulary & update TLS**

**Action: EK & ZTW**

9.3 [GID-TA10835] Tirzepatide

**Expected to be published October 25<sup>th</sup>.**

Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:

- triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and
- they have a body mass index (BMI) of 35 kg/m<sup>2</sup> or more, and specific psychological or other medical problems associated with obesity, or
- they have a BMI of less than 35 kg/m<sup>2</sup>, and:
  - insulin therapy would have significant occupational implications, or
  - weight loss would benefit other significant obesity-related complications.

Use lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.

Moved to agenda item 13.12 for discussion as NICE published that morning.

## 10 **Reports From Other Meetings**

### **Feedback**

10.1 **Primary Care Network Feedback**

Progress updates on requested:

- Structured medication reviews
- Deprescribing
- Social prescribing options e.g., Pain, sleep etc.
- PCN workforce

JD: Feedback from PCNs keeping our eye on priorities, rethink as a team how are we going to approach this. Ensure the eclipse alerts are being looked at, practices in locality have a plan in place for this.

PF: working on recruitment, very busy with high demand, working with social prescribers.

### **Summary**

#### **10.2 Community Pharmacy Somerset Report**

Laura gave a brief update including:

Business as usual, working to maximise CPCS referrals

Working with general practice to improve hypertension case finding

Funding for four pharmacy sites for the Pharmacy Pathfinder, expressions of interest have gone out which is open until 5<sup>th</sup> November, by mid-November we should be in a position to coproduce the service specification.

-Noted

#### **10.3 LMC Report**

- Nothing to report

#### **10.4 Somerset NHS Foundation Trust D&TC Meeting – Last meeting 29/09/23**

SG was present at the meeting, notable items include:

- IFR process was discussed.
- Adex Gel was approved as a steroid free topical emollient with anti-inflammatory action, this is not a cost-effective option for routine use in primary care.  
Other cost-effective emollients should be used before Adex
- Aklief Gel was approved as a new topical retinoid cream- on agenda today at MPB
- Glibenclamide was agreed for use for a particular patient group with a gene mutation.

#### **10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Next meeting 05/12/23**

#### **10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Next meeting TBC**

#### **10.7 South West Medication Safety Officer Network Meeting – Last meeting 12/10/23 EPMA discussions software issues**

- 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
  - Southwest 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**

Return for November.

**11.2 Scorecard Trend**

Return for November

**12 Rebate Schemes**

12.1 None this month

**13 NICE Technology Appraisals**

**13.1 [TA916] Bimekizumab for treating active psoriatic arthritis**

Commissioned by integrated care boards. Providers are NHS hospital trusts.  
Positive appraisal.  
Proposal Red drug.  
MPB agreed.  
Add to TLS 'Red'

**Action: ZTW**

**13.2 [TA915] Pegunigalsidase alfa for treating Fabry disease**

Commissioned by NHS England. Providers are NHS hospital trusts.  
Positive appraisal.  
Proposal Red drug.  
MPB agreed.  
Add to TLS 'Red'

**Action: ZTW**

**13.3 [TA918] Bimekizumab for treating axial spondyloarthritis**

Commissioned by integrated care boards. Providers are NHS hospital trusts.  
Positive appraisal.  
Proposal Red drug.  
MPB agreed.  
Add to TLS 'Red'

**Action: ZTW**

**13.4 [TA927] Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments**

Commissioned by NHS England. Providers are NHS hospital trusts.  
Positive appraisal.  
Proposal Red drug.



MPB agreed.  
Add to TLS 'Red'.

**Action: ZTW**

13.5 **[TA922] Daridorexant for treating long-term insomnia**

Commissioned by integrated care boards. Providers are NHS primary care services, expected to be mainly GPs.

Positive appraisal

Proposal Green drug

MPB agreed

Add to TLS 'Green' and formulary.

Latest position ICB is no longer extending the contract for Sleepstation, the contract is up later this year. This service has been popular and practices are keen on a suitable alternative.

To add any further sleep hygiene resources to the MMT website management Hypnotics and anxiolytics page if not already there. **Action: AT & SM**

**MPB approved Daridorexant as a Green Drug for patients with long term insomnia considerably affecting daytime functioning as per NICE criteria below.**

1.1 Daridorexant is recommended for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:

- cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or
- CBTi is not available or is unsuitable.

1.2 The length of treatment should be as short as possible.

1.2 Treatment with daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assess whether it is still working at regular intervals.

**Action: ZTW & EK**

13.6 **[TA921] Ruxolitinib for treating polycythaemia vera**

Commissioned by NHS England. Providers are NHS hospital trusts.

Positive appraisal.

Proposal Red drug.

MPB agreed.

Add to TLS 'Red'

**Action: ZTW**

13.7 **[TA920] Tofacitinib for treating active ankylosing spondylitis**

Commissioned by integrated care boards. Providers are NHS hospital trusts.

Positive appraisal.

Proposal Red drug.

MPB agreed.

Add to TLS 'Red'.

**Action: ZTW**

- 13.8 **[TA919] Rimegepant for treating migraine**  
 Commissioned by integrated care boards. Providers are NHS hospital trusts or primary care practitioners.  
 Positive appraisal.  
 Proposal to approve as Green the committee requested feedback from specialists before agreeing green as prophylaxis indication is amber.  
**SG to ask specialists what their experience is with this. Bring back to Novembers meeting** **Action: SG**
- 13.9 **[TA923] Tabelecleucel for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus (terminated appraisal)**  
**Add to TLS Terminated appraisal** **Action: ZTW**
- 13.10 **[TA926] Baricitinib for treating severe alopecia areata**  
 Negative appraisal – not recommended  
**Add to TLS Not Recommended** **Action: ZTW**
- 13.11 **[TA925] Mirikizumab for treating moderately to severely active ulcerative colitis**  
 Commissioned by integrated care boards. Providers are NHS hospital trusts.  
 Positive Appraisal  
 MPB agreed.  
**Add to TLS 'Red'** **Action: ZTW**
- 13.12 **[TA924] Tirzepatide for treating type 2 diabetes**  
 For clarity this isn't for weight loss  
 Commissioned by integrated care boards. Providers are NHS hospital trusts.  
 Positive Appraisal  
 MPB Agreed  
**Add to TLS 'Green' drug- awaiting commercial availability.** **Action: ZTW**  
 Although approved by NICE and added to formulary by the MPB this week, currently Tirzepatide is not yet commercially available in the UK
- 13.13 **[TA917] Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable**  
 Commissioned by NHS England. Providers are NHS hospital trusts.  
 Positive Appraisal  
 MPB agreed.  
**Add to TLS 'Red'** **Action: ZTW**
- 14 **System NICE Implementation Risks**  
 14.1 **ICB & Trusts**

Palforzia update – for discussion

-For peanut allergies, services not being developed to provide them so currently not available.

14.2 **NICE guidance implementation position**

- NG50 Cirrhosis SFT position
- NICE TA implementation issues SFT

-Noted, MPB considered if the quality team have or are looking to provide something for primary care commissioning gaps.

15 **NICE Clinical Guidance**

15.1 **[NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation.**

Updated the guideline to reflect changes to best practice and service organisation

Update

-Noted

15.2 **[NG148] Acute kidney injury: prevention, detection and management**

Amended recommendations on offering iodine-based contrast media to adults to clarify that, for non-emergency imaging, an estimated glomerular filtration rate (eGFR) measurement is only needed if the person is at increased risk of kidney injury.

Update

-Noted

15.3 **[NG235] Intrapartum care**

This guideline covers the care of women and their babies during labour and immediately after birth. It focuses on women who give birth between 37 and 42 weeks of pregnancy ('term'). The guideline helps women to make informed choices about where to have their baby and about their care in labour. It also aims to reduce variation in aspects of care.

New

Pain relief information, section on using inclusive language

-Noted

15.4 **[CG122] Ovarian cancer: recognition and initial management**

Updated recommendations on suspected cancer pathway referrals from primary care in line with NHS England's standard on faster diagnosis of cancer.

-Noted

15.5 **[CG148] Urinary incontinence in neurological disease: assessment and management**

Updated the recommendation on suspected cancer pathway referral for possible bladder cancer in line with NHS England's standard on faster diagnosis of cancer.

-Noted

15.6 **[NG98] Hearing loss in adults: assessment and management**

Updated the recommendation on considering suspected cancer pathway referral for adults of Chinese or south-east Asian family origin with hearing loss and a middle ear

effusion not associated with an upper respiratory tract infection in line with NHS England's standard on faster diagnosis of cancer.

-Noted

15.7 **[NG127] Suspected neurological conditions: recognition and referral**

Updated recommendations on suspected cancer pathway referrals for facial pain, gait unsteadiness and single limb weakness or hemiparesis in line with NHS England's standard on faster diagnosis of cancer.

-Noted

15.8 **[NG12] Suspected cancer: recognition and referral**

Updated recommendations on suspected cancer pathway referrals in line with NHS England's standard on faster diagnosis of cancer.

Noted the endometrial cancer section in post-menopausal people, NICE does not require HRT to stop, currently referrals are not accepted until HRT is stopped for 6 weeks, this is on the risk register and being managed by the women and children's team. MPB do not support the requirement to stop HRT to access referral pathways in line with NICE.

-Noted

15.9 **[NG145] Thyroid disease: assessment and management**

Updated recommendations on investigating suspected thyroid dysfunction to highlight the potential for biotin in dietary supplements to affect the results of thyroid function tests.

The visual summary will go onto the NHS Somerset MMT website

-Noted

15.10 **[NG236] Stroke rehabilitation in adults**

This guideline covers rehabilitation after stroke for over 16s. It aims to ensure people are assessed for common problems and conditions linked to stroke, and get the care and therapy they need. It includes recommendations on the organisation and delivery of rehabilitation in hospital and the community.

New

-Noted

**16 Medicines Safety Summary**

16.1 DTB BMJ:

- Managing drugs with anticholinergic activity

Prevention of future deaths report:

- Fluoxetine toxicity causing arrhythmia.

MHRA:

- Statins: very infrequent reports of myasthenia gravis
- Fluoroquinolone antibiotics: suicidal thoughts and behaviour

Shortages:

- Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets-

Guidance has been provided by the Medicines management Team written by the ADHD teams and ICB- The ADHD SCG is under review as planned.

- Shortage of Bumetanide 1mg and 5mg tablets January 5<sup>th</sup> new pts shouldn't be initiated on this.

Regional MSO meeting:

- ePMA discussions

Referral into Bath RUH and Avon and Wiltshire Mental Health acute services for patients taking valproate for pregnancy prevention programme. They do not have a specific contact so practices to refer in via usual process.

-Noted

## **17 Risk Review and Management**

ICB Medicines Management risk register - unable to table- review in November.

Nothing to be escalated from today.

## **18 Any Other Business**

- 18.1 Highlighted that the community pharmacy health check programmes are going really well.

### **DATE OF NEXT MEETINGS**

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

24<sup>th</sup> January 2024 (SIMO following)

28<sup>th</sup> February 2024

27<sup>th</sup> March 2024 (SIMO following)

24<sup>th</sup> April 2024

22<sup>nd</sup> May 2024 (SIMO following)

26<sup>th</sup> June 2024

24<sup>th</sup> July 2024 (SIMO following)

25<sup>th</sup> September 2024 (SIMO following)

23<sup>rd</sup> October 2024

27<sup>th</sup> November 2024 (SIMO following)