

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 29th November 2023.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Peter Berman (PB)	Lay Representative
	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
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Peter Fee (PF)	Taunton Representative
	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
	Steve Moore (StM)	Medicines Manager, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Stephen Rosser (SR)	Head of Commissioning and Transformation, NHS Somerset
	Emma Russell (ER)	CLIC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Dr Val Sprague (VS)	Bridgwater Representative
	Dr Rob Tippin (RT)	LMC Representative
	Emma Waller (EW)	Yeovil Representative
Apologies:	John Digman (JD)	South Somerset West Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Dr Tom While (TW)	Mendip Representative

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board. Stephen Rosser, Head of Commissioning and Transformation, NHS Somerset and Steve Moore, Medicines Manager, NHS Somerset were introduced to the board. Apologies were provided as above.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Register of Members' Interests was unavailable this month due to changes to the website.

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 25th October 2023**

- 4.1 The Minutes of the meeting held on 25th October 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: Excess mortality in English regions – Close this action.

Action 2: Local mental health team switching to liquids - Locum has moved on so not expecting issues anymore.

5 **Matters Arising**

5.1 **Update on Wegovy Pilot**

SR presented on the Wegovy pilot. SR will attend the January meeting when plans have been considered and made to give more details.

-Noted by MPB

5.2 **Scorecard proposals for 24-25**

SG discussed the potential scorecard proposals. A Mix of safety and saving indicators:

Potential indicators to lose:

1. Ezetimibe
2. Reduction in oral morphine
3. Diabetes 8 care processes
4. Liquid morphine
5. BGT metformin
6. Emollients
7. % 6 month triptorelin

Potential new indicators:

1. Carbon footprint indicator (mix of Vagirux, inhaler refills?)
2. Osteoporosis, osteopenia, or high risk of fracture / Hx of fragility fracture? - % treated with a bone sparing agent
3. Generic sitagliptin - % all gliptins
4. Biosimilar insulins - % semglee & trurapi
5. Doxazocin MR spend per 1000 patients <2

6. Reduction in H2RA prescribing – 20% (£804k annual spend)

7. % Gepretix > 75% of Gepretix + Utrogestan (£100k spend)

Indicators to amend:

1. AMR – Replace trimethoprim in over 75s with 5 day use of doxy and amox 500mg
2. Strengthen pregnancy prevention programme indicator.

MPB comments:

Build a renal function result into the search for gliptins.

For any osteoporosis indicator bisphosphonates holidays should be considered.

Biosimilars are being discussed with the endocrine specialist.

Raise progesterone (Gepretix) prescribing with menopause clinic.

Action: SM

MM team will work towards bringing back more data for next meeting.

For all additional thoughts and suggestions please email the MM team. **Action: All**

5.3 **Mendip HF & other service improvements**

Disparity between in-reach and out-reach services and between Bath, Yeovil and Taunton services, results in inequality across Somerset.

To improve lives of patients and benchmarking in Somerset HF & cardiac rehab needs championing. This will improve quality of life and reduces admissions.

Locations need to be considered.

6 **Other Issues for Discussion**

6.1 Benchmarking data on National metrics

SG presented benchmarking data for some of the 16 national priorities. Somerset is doing well for most. Argued that Somerset are the best in the country for Valproate but data is skewed. Not doing as well on course length of antimicrobial prescribing, which is why the scorecard indicator change has been proposed.

6.2 All Wales COPD management and prescribing guideline

StM presented the All Wales COPD management and prescribing guideline:

- Somerset guidance no longer up to date so has been removed.
- Is a concise summary of current guidance. Clearly sets out the three phenotypes. Supporting notes encompass national guidelines. Easy to follow.
- Somerset agreed with the prescribing guidance, as does Steve Holmes.

Ensure guidance matches with secondary care.

Action: StM

Proposal for adoption in Somerset.

-MPB agreed.

Add to formulary and website once StM has agreed with secondary care.

Action: EK & StM

6.3 Older people mental health NHS Benchmarking Network data meeting

SM presented older people mental health NHS Benchmarking Network data:

- The network presented the data from ICB's in the South West, not all had shared their data. Somerset had not shared their frailty scoring data.
- Somerset has a high average age with a large population of older people.

- Somerset has an increase in emergency admissions, lengthy hospital stays and re-admissions. Over half of re-admissions are >65 years old and re-admissions within 30 days are around 20%. With hospitals already running at full capacity.
- The system needs to improve coding of frailty patients as well as work on prevention and optimising all of conditions in >65 year olds.
- Somerset data needed for next year to establish benchmarking.

6.4 Under 5's asthma pathway

Pathway put together by the Children and Young People (CYP) team.
Based on standard national guidance.

Recommendations:

- Title change
- Add information about use of spacers and technique.
- Add in links to formulary and respiratory page.
- Include correct Read codes to be used.
- Statement to use the most appropriate low carbon MDI where appropriate.

Feedback necessary changes.

Action: Steve Moore

- 6.5 NPSA alert - Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients
Stepping up pressure on ICBs and Trusts to be safe around valproate prescribing. Somerset are ahead of the curve with this thanks to the scorecard work, work to collect a full list of valproate patients and invites from secondary care for review. The system must ensure all requirements have been met and all patients seen. The alert has been passed to the directors for discussion. The medical leadership team across the system need to lead on this and take responsibility for it while involving the pharmacy teams, rather than pharmacy teams being expected to lead this. Waiting to see system response, then will need to be discussed with LMC and GP practices.
Need to recognise the risk of this alert on the system, there is not enough workforce resources within the system. A managed programme for switching patients could be an option which would help reduce the number of patients on valproate.

7 Other Issues for Noting

- 7.1 Pharmacy First announcement, contraceptive service & hypertension case finding service specs
Nation announcement discussed. Relaunch of the hypertension case finding service and contraceptive services in community pharmacies. Pharmacy first is also building on the minor ailments service to cover several more conditions (Sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women) in the form of PGDs.
- 7.2 Pharmacy reforms to bring new services to the high street
-Noted

8 Additional Communications for Noting

- 8.1 Tirzepatide for treating type 2 diabetes – Email from SG – 27/10/23

- Noted
- 8.2 Scorecard antimicrobial data August 2023 – Email from Helen Spry – 30/10/23
-Noted
- 8.3 Thousands of lives saved by the NHS thanks to rapid rollout of blood thinners –
Email from SG – 02/11/23
-Noted
- 8.4 AF - DOACs - bleeding risk and PPIs – Email from SG – 03/11/23
-Noted
- 8.5 CVD IIF indicator and scorecard ezetimibe indicator – Email from SG – 07/11/23
-Noted
- 8.6 Patient Safety Commissioner calls for new monitoring system for the safe use of the
most potent teratogenic medicines – Email from SG – 15/11/23
-Noted
- 8.7 UTI diagnostics in over 65s (World antibiotic awareness week) and information about
vaginal oestrogen therapy – Email from Helen Spry – 16/11/23
-Noted
- 8.8 Prescribing over-the-counter medicines in nurseries and schools – Email from SG –
21/11/23
-Noted
Create an AccuRX text and share with SG to share with other practices. **Action: PF**
- 8.9 Improving coding accuracy, disease prevalence and QOF income- Email from SG –
21/11/23
-Noted
- 8.10 Anastrozole for primary prevention of breast cancer – Email from SG – 24/11/23
-Noted
MPB discussed where this work would sit. Raised that primary care is not skilled at
working out cancer risk so shouldn't be involved.
Ask for LMC response and bring back to January meeting. **Action: RT & VS**
- 8.11 EMA update on Topiramate- harmful medications in pregnancy – Email from Sam
Morris – 27/11/23
-Noted
- 8.12 Duration of therapy review – Lyme cycline – Email from Helen Spry – 27/11/23

-Noted

- 8.13 Reminder - off license Ondansetron use - informed consent – Email from SG - 28/11/23

-Noted

MD to talk to gastroenterology. Leave as 'Amber' in TLS but make 'Red' if not on specific pathway.

Bring back proposal to strengthen TLS position in January. Add to agenda.

Action: ZTW

9 Formulary Applications

9.1 Able™ & A2A™ Spacer

Cost effective valved holding chambers. The A2A™ is a collapsible version, pocket-sized when collapsed for increased portability and discreetness. Great for children and patients on the go. The plume shaped chamber of 210ml helps to minimise drug loss. Made using Silver Ion technology which inhibits microbial growth.

Able spacer £4.39, with small mask £7.16, with medium mask £7.16

A2A spacer £4.15, with small mask £6.68 , with medium mask £6.68

Proposal to add to formulary.

-MPB Approved

Add to formulary.

Action: EK

9.2 Tirzepatide for weight loss.

NICE due to publish guidance in March 2024.

Proposal for holding position of TLS 'Not recommended' for weight loss.

– MPB agreed

Add to TLS 'Not recommended'.

Action: ZTW

9.3 Generic Apixaban

Cost effective compared to brand

2.5mg x 60 = £16.19, 5mg x 60 = £15.73

Proposal to add to formulary first line on the proviso that the CAT M prices drop in January.

-MPB agreed.

Add to formulary first line if price drops.

Action: EK

9.4 Rimegepant for treating migraine

Proposal for TLS 'Green' (awaiting feedback from specialist).

Must approve in line with NICE.

-MPB agreed.

Add to TLS 'Green'.

Action: ZTW

- 9.5 MHRA authorises enzyme inhibitor Anastrozole to prevent breast cancer in post-menopausal women
Discussed 8.10

10 Reports From Other Meetings

Feedback

10.1 Primary Care Network Feedback

Progress updates on:

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

DD – Patients being discharged from secondary care with oral morphine are still being given oramorph rather than actimorph, which is causing issues with patients. Prescriptions for controlled drugs in secondary care tend to cause discharge delays. Acitmorph has not had a formulary application in the trust. Use of a schedule 2 drug would cause financial and logistical pressure so secondary care continue to prescribe oramorph.

Summary

10.2 Community Pharmacy Somerset Report

YL – Pharmacy first service update as per 7.1

10.3 LMC Report

None

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting TBC

10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Next meeting 5/12/23

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

10.7 Regional Medicines Optimisation Committee South West – Next meeting 18/12/23

Part 2 – Items for Information or Noting

11 Current Performance

11.1 High-cost drug budget exception reporting

None this month.

11.2 July Scorecard Trend

-Noted

11.3 November prescribing report

SG presented the report:

- Financial issues and cost pressures increasing due to unavailable medicines.

- Allocated budget is not enough for the end of year forecast. Somerset is not the only system under pressure, it is a nationwide issue.
- Large area of expected growth - diabetes.
- Our joined up approach in Somerset helps us benchmark well against peers.
- Use of Eclipse is preventing admissions.

-Noted

12 Rebate Schemes

12.1 None this month

13 NICE Technology Appraisals

13.1 Update - [TA274] Ranibizumab for treating diabetic macular oedema
-Noted

13.2 [TA929] Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
Positive appraisal. Commissioned by integrated care boards. Providers are NHS hospital trusts and primary care. Proposal TSL 'Green'
-MPB Agreed.
Add to TLS 'Green'. **Action: ZTW**

13.3 [TA928] Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine
Not recommended by NICE.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**

13.4 [TA930] Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments
Not recommended by NICE.
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**

13.5 [TA931] Zanubrutinib for treating chronic lymphocytic leukaemia
Positive appraisal. The technology is commissioned by NHS England. Providers are NHS hospital trusts. Proposal TSL 'Red'.
-MPB agreed.
Add to TLS 'Red'. **Action: ZTW**

13.6 Terminated appraisal - [TA932] Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable
NICE terminated appraisal
-Noted
Add to TLS 'Not recommended'. **Action: ZTW**

14 System NICE Implementation Risks

14.1 **ICB & Trusts**
Nothing to note

- 14.2 **NICE guidance implementation position**
- **Template for Quality Lead/Service Lead or Clinical Group Review of new NICE Guideline**
- Noted
- 15 NICE Clinical Guidance**
- 15.1 Update - [CG98] Jaundice in newborn babies under 28 days
 Oct 23, updated recommendations on looking for jaundice to highlight that skin pigmentation changes may be harder to see in darker skin and managing prolonged jaundice to advise that urine culture should only be considered if there is clinical suspicion of urinary tract infection.
 -Noted
- 15.2 Update - [CG191] Pneumonia in adults: diagnosis and management
 Oct 23, replaced the recommendation on lower respiratory tract infection with a link to NICE's guideline on suspected acute respiratory infection in over 16s (ARI). Updated the recommendations on severity assessment outside hospital in line with the ARI guideline
 -Noted
- 15.3 Update - [NG237] Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management
 Nov 23, temporarily withdrew recommendation 1.3.2. Reviewing the wording to clarify the intention of the recommendation.
 -Noted
- 15.4 Update – [CG164] Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer
 Nov 23, removed the off-label warning for anastrozole in recommendations on chemoprevention for women at moderate or high risk of breast cancer, in line with the MHRA licence variation.
 -Noted
- 15.5 Update – [NG237] Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management
 Nov 23, amended guidance to clarify that the threshold for treatment or referral for further assessment may be lower for people with an acute respiratory infection who are more likely to have a poor outcome.
 -Noted
- 15.6 Update – [NG136] Hypertension in adults: diagnosis and management
 Nov 23, updated guidance on measuring and managing postural hypotension. Added tables to the section on monitoring treatment and blood pressure targets to summarise blood pressure targets in this guideline and guidelines on type 1 diabetes and chronic kidney disease.
 -Noted

- 15.7 Update – [CG109] Transient loss of consciousness ('blackouts') in over 16s
Nov 23, amended guidance on assessment and referral for suspected postural hypotension.
-Noted

16 Medicines Safety Summary

16.1 Regional MSO – 11/01/24 MHRA

- Isotretinoin introduction of new safety measures, including additional oversight of the initiation of treatment for patients under 18 years of age.
- MedSafetyWeek November 2023: your Yellow Card report helps to improve patient safety
- Valproate: dispense full packs of valproate-containing medicines

Prevention of future deaths report

- Allergy to Ceftriaxone
- Zopiclone
- Clozapine

Shortages

- Bumetanide 1mg and 5mg tablets
- Exenatide (Byetta) 10microgram/0.04ml solution for injection
- Methylphenidate (Equasym XL) modified release capsules
- Lisdexamfetamine (Elvanse) capsules

Guanfacine (Intuniv) modified-release tablets

-Noted

Send list of dispensing practices to RT.

Action: SM

Set up dispensing practice group to discuss full pack valproate dispensing, other safety issues and sharing of AccuRX messages etc.

Action: RT

17 Risk Review and Management

None this month

18 Any Other Business

18.1 Dr Tom While standing down

The medicines programme board would like to send their thanks to TW for his contributions, insights, and support which have been much appreciated during his time on the board. AT has already sent his thanks to TW on behalf of MPB.

18.2 Mark Dayer standing down

The medicines programme board would like to send their thanks to MD for his contributions to the meetings, Somerset CCG and NHS Somerset over the years. Send thanks to MD on behalf of MPB.

Action: AT

18.3 Wegovy

PF – Patients are reporting that weight management services are making recommendations to prescribe Wegovy, however there is none available. They shouldn't be recommending it as it isn't available. Other drugs are available and are 'Red drugs' only to be prescribed by the service. SG is happy to raise if specific instances. Wegovy pilot discussed 5.1.

DATE OF NEXT MEETINGS

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)