

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 24th January 2024.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	Daniela Correia (DC)	Senior Clinical Pharmacist, SomersetFT
	Dr David Davies (DD)	West Somerset Representative
	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
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr James Nicholls (JN)	West Mendip Representative
	Andrew Prowse (AP)	Director of Pharmacy, SomersetFT
	Dr Simon Shields (SS)	Consultant Neurologist and Clinical Service Lead, SomersetFT
	Teresa Smith (TS)	Epilepsy Specialist Nurse, SomersetFT
	Imogene Spink (IS)	Clinical Service Manager, SomersetFT
	Dr Val Sprague (VS)	Bridgwater Representative & LMC Representative
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	Mendip Representative & LMC Representative
	Shona Turnbull-Kirk (STK)	Associate Director for Health Inclusion (On behalf of BC)
	Emma Waller (EW)	Yeovil Representative
Apologies:	Bernice Cooke (BC)	Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset
	John Digman (JD)	South Somerset West Representative
	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. Additional guests Daniela Correia, Dr Simon Shields, Teresa Smith and Imogene Spink attended for the Somerset System Valproate Task Force Meeting. 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 29th November 2023

- 4.1 The Minutes of the meeting held on 29th November were agreed as a correct record.

4.2 Action points

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

Discuss requests sent to GPs for letters to allow school children to use the toilet.

Action: OD, RT & VS

Share 'school child medication request' text message with LMC so they can put on their website if appropriate.

Action: PF

5 Matters Arising

- 5.1 Update on Wegovy Pilot

Stephen Rosser did not attend, so no update was given.

Attend February meeting to provide update.

Action: Stephen Rosser

- 5.2 Rimegepant for migraine – Green TLS

NICE approvals for preventing and treating migraine. Discussed with Neurology consultants. Added to TLS 'Green' for both indications.

-MPB approved.

- 5.3 NHS England: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs)

Generic Apixaban is now first line due to the price decrease, as agreed at the November meeting.

-MPB approved.

6 Somerset System Valproate Task Force Meeting

- 6.1 System response to the Valproate alert

- a) Acute provider update and plans
- b) Actions for primary care
- c) Approval of valproate shared care protocol
- d) Action and improvement plan

Welcome to Dr Simon Shields, Teresa Smith, Daniela Correia and Imogene Spink.

- Somerset in a fairly good position with previous work on valproate.
- Discussed within the ICB. MPB have been asked to lead on a system response, with an action plan in place by the end of January.

a) Acute provider update and plans

- Last year the Trust began work with ICB to identify patients prescribed valproate across Somerset. Prescribing is mainly done in primary care, so a letter was sent via the ICB to all GP surgeries in Somerset asking them to refer all valproate patients directly to the trust and to confirm indication. The pharmacy collated this information into a database. The data has been shared with neurology and mental health teams. Review time scales and feasibility are in discussion.
- The mental health team has plans in place to review the cohort of patients within the calendar year. The majority will be stopped or switched to alternative based on patient choice. Patients that continue valproate will stay under the specialist consultant alongside a mental health pharmacist as a second reviewer.
- The neurology team plan to have an appointment with all patients not already in the service. There will be a monthly MDT with TS and a consultant to review cases and decide if valproate should be switched or continued, which also needs to consider patient choice. Valproate is rarely introduced by the neurology team now.
- Workforce issues within the Trust.
- Patients that have had valproate stopped need to be logged within the Trust.
- Mitigating risk for someone becoming pregnant whilst on valproate is important and any decisions to stay on valproate need to be accurately documented.
- Trust accident and emergency department team have not started any patients on valproate.
- Need to include paediatrics in this task force to prevent children being started on valproate. Children are seen by paediatric consultants rather than epilepsy service. Paediatric transition clinic is a good opportunity to look at alternatives for any patients on valproate.
- Some patients may be under a service outside of the Somerset system these need to be identified and followed up.
- Wider discussion with LD teams needed to capture cohort of patients in their service.

b) Actions for Primary Care

- Confirm indication and refer all valproate patients to the Trust for review if not already done so (don't refer twice). Ensure patients coded correctly.

- Prioritise women as most at risk but need to address issue of males taking valproate.
- Patients taking valproate for epilepsy shouldn't be stopped without specialist review.
- Neurology team are happy for valproate to be stopped if being used for headaches and referred back if headaches reoccur on discontinuation.
- There is a handful of practices with no patients on valproate.
- Potential to be missed if patients are being treated privately.

Raise risk of private patients being missed through the commissioning team.

Action: SG

c) Approval of valproate shared care protocol

Valproate shared care protocol to return to February meeting for approval.

Feedback any comments on the valproate shared care protocol to MM team ready for February meeting.

Action: All

d) Action & Improvement Plan

- Updated MHRA Valproate resources to be shared across Somerset System when available.
- Specialist services will only initiate valproate when no other medication is suitable and only when authorised by 2 specialists.
- Somerset Specialist services will continue recruitment plans in order to fill gaps in existing specialist neurology and epilepsy teams.
- Somerset Valproate shared Care protocol to be produced and implemented.
- Recommendations for existing valproate patients shared with primary care.
- Annual specialist reviews for existing valproate patients to take place in 2024 – women of childbearing age under 55 to be prioritised.
- All system partners will undertake monitoring and audit to ensure compliance with the Valproate alert and ongoing improvement.
- The Somerset Medicines Program Board and system valproate taskforce will oversee the Valproate action and improvement plan.

7 Other Issues for Discussion

7.1 Shortage of GLP-1 receptor agonists

Leading on the National Patient Safety Alert for Shortage of GLP-1 receptor agonists.

This has been communicated out to primary care and specialist teams.

-Noted

7.2 Asthma Inhaler Prescribing Guideline

-MPB Approved.

Add to formulary.

Add to website.

Action: EK

Action: Daniela Broughton

7.3 Somerset Guidance on Anticipatory Prescribing in Renal Failure at End of Life

-MPB Approved

Share in GP bulletin.

Action: EK

8 Other Issues for Noting

8.1 None yet this month

9 Additional Communications for Noting

9.1 CVDPprevent - Bleeding risk of DOAC/NOAC treatment – Email from SG – 30/11/23

-Noted

Discussed at prescribing leads.

9.2 Breast Cancer Risk assessment - anastrozole etc – Email from SG – 07/12/23

-Noted

9.3 Bleeding risk of DOAC/NOAC treatment – Email from SG – 11/12/23

-Noted

9.4 Bempedoic acid alone - None formulary not NICE recommended - switch to Nustendi (ezetimibe+bempedoic acid combination) – Email from SG – 15/01/24

-Noted

9.5 CVDPprevent latest update – Email from SG – 16/01/24

-Noted

9.6 MHRA introduces new restrictions for fluoroquinolone antibiotics - GOV.UK – Email from SG -22/01/24

-Noted

10 Formulary Applications

10.1 Emylif 50mg x 56 (RILUZOLE) orodispersible films (Zambon UK Ltd) - £168.00
Alternative to liquid. 45% saving compared to riluzole 50mg x 56 tablets
£303.23

Proposal to add to formulary.

International shortage and price increases of riluzole.

New product launch of orodispersible films.

-MPB approved

Add to formulary.

Action: EK

10.2 Freestyle Libre 3 Sensor, Abbott
x1 £42.00

Added to drug tariff. They will link to insulin pumps to make hybrid closed loop.

Awaiting formal list of devices (pumps and devices) under national agreement.

If freestyle 3 is on list then proposal to add to formulary.

Maintain as non-formulary until list received.

10.3 MEFLYNATE®XL - methylphenidate hydrochloride m/r hard capsules, Flynn
Pharma Ltd

10mg = £17.50, 20mg = £21.00, 30mg = £24.50, 40mg = £40.40, 60mg = £47.40.

8-hour release formulation.

Cost effective brand. Supply issues with certain ADHD medication. This brand is currently available.

-MPB approved

Add to formulary.

Action: EK

Add to ADHD shared care protocol with differentiation between 8 & 12 hour brands.

Action: HB

11 Reports From Other Meetings

Feedback

11.1 Primary Care Network Feedback

Progress updates on:

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

EW

- SMRs continuing with care homes.
- Launching project to link with community pharmacies.
- Reviewing house bound patients and blister pack users with the occupational therapists with hope of improving compliance.
- Three GPAs training within PCN.
- Clinical investigation hub is providing more immunisations and due to start providing even more.

VS

- Problems with memory clinic advise to patients around B12. SG is aware and has advised memory clinic they shouldn't be making recommendations to primary care without prior approval through MPB. NICE will issue B12 guidance within the next 6 weeks.

DD

- SMRs continue at pace.
- Social prescribing through living better system health coaches. PCN thought process distracted due to practice suspension.
- Discussed the developing situation at Minehead Medical Centre.

JN

- Work on SMRs.
- Social prescribing being done through the hub with health connectors.

PF

- Working on recruiting, another pharmacy technician will be joining soon.
- Moving over to using Eclipse for the SMRs.
- New complex care nurse to oversee care homes.

RT

- Progressing with SMRs and care home workstreams.
- Short of pharmacy staff.
- Have a social prescriber on the pharmacy team which means a direct link from SMRs to social prescribing.

- One of the oldest structured social prescribing services in the country with health connectors.
- Ongoing recruitment for PCN workforce.

Summary

11.2 Community Pharmacy Somerset Report

YV gave an update on the launch of Pharmacy first.
Working hard to get pharmacists ready for launch, with otoscope training, supporting reading PDGs and service specifications.
Posters, social med etc have been produced to support the launch.
Service can be done via walk-ins and GP referral.

11.3 LMC Report

Nothing to note

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

11.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Last meeting 5/12/23

Discussion around following items:

- Valproate (discussed in 6.1).
- The shared care protocol for ADHD is being reviewed at the end of month.
- A guide for managing behavioural and psychological symptoms in dementia is being looked at. Already have the antipsychotics SCP.
- Presentation on metformin and weight management. Using off label for patients gaining weight from the use of antipsychotics. Formal application is going to DTC.

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

11.7 Regional Medicines Optimisation Committee South West – Next meeting TBC

Part 2 – Items for Information or Noting

12 Current Performance

12.1 High-cost drug budget exception reporting

Somerset benchmarks as the best system in the region for early adoption and management of biosimilar drugs. MPB give their thanks to Andrew Prowse and his team at the trust for their work on this.

13 Rebate Schemes

13.1 None this month

14 NICE Technology Appraisals

14.1 [TA934] Foslevodopa–foscarbidopa for treating advanced Parkinson’s with motor symptoms
Commissioned by NHS England. Providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved

- Add to TLS 'Red drug'. **Action: ZTW**
- 14.2 [TA933] Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies
NICE Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.3 [TA936] Idecabtagene vicleucel for treating relapsed and refractory multiple myeloma after 3 or more treatments
NICE Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.4 [TA935] Secukinumab for treating moderate to severe hidradenitis suppurativa
Commissioned by NHS England. Providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved
Add to TLS 'Red drug'. **Action: ZTW**
- 14.5 [TA938] Dupilumab for treating eosinophilic oesophagitis in people 12 years and over
NICE Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.6 [TA939] Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer
Commissioned by NHS England, providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved
Add to TLS 'Red drug'. **Action: ZTW**
- 14.7 [TA755] Risdiplam for treating spinal muscular atrophy
Update noted.
- 14.8 [TA943] Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes
NICE guidance has been released but awaiting formal list of devices. NHSE have requested a 5 year implementation period.
Somerset don't currently commission hybrid closed loops so policy will be changed once device list has been produced.
Bring back to MPB when formal list has been produced. **Action: ZTW**
- 14.9 [TA942] Empagliflozin for treating chronic kidney disease
Commissioned by integrated care systems/clinical commissioning groups.
Providers are primary care services, NHS hospital trusts and tertiary care services.
Proposal Green drug
-MPB approved
Add to TLS 'Green drug'. **Action: ZTW**

- 14.10 [TA941] Ravulizumab for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder
NICE Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.11 [TA940] Ravulizumab for treating generalised myasthenia gravis
NICE Terminated appraisal
Add to TLS 'Not recommended'. **Action: ZTW**
- 14.12 [TA937] Targeted-release budesonide for treating primary IgA nephropathy
Commissioned by integrated care boards. Providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved
Add to TLS 'Red drug'. **Action: ZTW**
- 14.13 [TA944] Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer
Commissioned by NHS England. Providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved
Add to TLS 'Red drug'. **Action: ZTW**
- 14.14 [TA946] Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer
Commissioned by NHS England, providers are NHS hospital trusts.
Proposal Red drug.
-MPB approved
Add to TLS 'Red drug'. **Action: ZTW**
- 15 System NICE Implementation Risks**
- 15.1 ICB & Trusts
Nothing to note
- 15.2 NICE guidance implementation position
Nothing to note
- 16 NICE Clinical Guidance**
- 16.1 Update [NG191] COVID-19 rapid guideline: managing COVID-19
Paxlovid will be recommended for a wider cohort of patients. Extended implementation period of three months for some patient cohorts and one year for other patient cohorts.
-Noted
- 16.2 Update [NG198] Acne vulgaris: management
Dec 23, clarified recommendations on oral isotretinoin treatment in line with the 23 MHRA advice on the introduction of new safety measures.
-Noted
- 16.3 NEW [NG238] Cardiovascular disease: risk assessment and reduction, including lipid modification

QOF and NICE lipid target discrepancy.

-Noted

16.4 Update [CG185] Bipolar disorder: assessment and management
Dec 23: Amended recommendations in line with the latest MHRA guidance on the use of valproate.

-Noted

16.5 Update [NG101] Early and locally advanced breast cancer: diagnosis and management

Jan 24: reviewed the evidence and updated the recommendations on further surgery after breast-conserving surgery. Also updated some recommendations for style and consistency, or to reflect current practice.

-Noted

17 Medicines Safety Summary

17.1 MHRA

- Aripiprazole – Risk of pathological gambling
- Vitamin B12 – Advise patients with known cobalt allergy to be vigilant for sensitivity reactions

NPSA

- Valproate
- Potential contamination of some carbomer-containing lubricating eye products
- Potential for inappropriate dosing of insulin when switching insulin degludec products
- Shortage of GLP-1 receptor agonists

Shortages

- Permethrin 5% cream
- GLP-1 receptor agonists
- Lisdexamfetamine

Prevention of future death reports

- Cyclizine toxicity
- Propranolol overdose
- Pregabalin overdose
- Warfarin & Tramadol
- Serotonin Syndrome
- Oxycodone & Pregabalin toxicity

-Noted

18 Risk Review and Management

Trusts & ICB

Main risk is budgets and spend. SG met with finance to discuss position. There needs to be continued focus on cost effectiveness.

-Noted

19 Any Other Business

19.1 MMR immunisations

Media coverage of measles. No cases in Somerset to date but the South West is seeing increasing levels in more urban cities. Overall Somerset measles vaccination rates are reasonable however there are some low spots in vaccination uptake around Frome, Glastonbury and Bridgwater so these are the most at risk areas.

About a quarter of adult cases are health care workers which reflects the risk of exposure. Community pharmacy colleagues are at risk due to pressures in the rest of the system and lack of effective PPE. Ask pharmacy networks to remind staff to double check their vaccination history. Many people especially aged late 20s-early 30s may not realise if they are not fully vaccinated and be unaware of their risk.

Work is being done to raise awareness of the importance of the vaccines.

DATE OF NEXT MEETINGS

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)