

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on  
**Wednesday, 18<sup>th</sup> September 2024.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Michelle Allen (MA)	Chief officer, Community Pharmacy Somerset
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	Dr David Davies (DD)	West Somerset Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Engagement Officer, LPC
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Emma Russell (ER)	CLIC Representative
	Dr Val Sprague (VS)	Bridgwater Representative
	Caroline Taylor	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton 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
	Peter Fee (PF)	Taunton Representative
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Zoe Talbot-White (ZTW)	Prescribing Technician, NHS Somerset

**1 APOLOGIES AND INTRODUCTIONS**

AT welcomed everyone to the Medicines Programme Board.

**2 REGISTER OF MEMBERS' INTERESTS**

Members reminded to keep the register details up to date.

**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 24<sup>th</sup> July 2024**

4.1 The Minutes of the meeting held on 24<sup>th</sup> July were agreed as a correct record.

#### **4.2 Review of action points**

##### **Action 1: Smoking cessation**

Varenicline has returned to market. The PGD currently being updated, likely to be ready in October. PGD includes criteria on asking patients if they are pregnant or breast-feeding but doesn't include asking patients if they are using contraception. YL offered to discuss this issue outside of this meeting.

Cytisine 1% uptake because of exclusion

Issue raised that Smokefreelife Somerset services are rejecting GP referrals due to the unavailability of medication. More recruitment is underway for staffing this service.

##### **Action 4: Policy and Guidance for Joint Working with the Pharmaceutical Industry**

Policy updated and communicated to the ICB.

##### **Action 8: Ryaltris<sup>®</sup> nasal spray**

Take to next Trust DTC to update ENT to use as an alternative to less cost-effective options. **Action: AP**

### **5 Matters Arising**

#### **5.1 Biosimilar Ustekinumab - update from trust**

Patient switches to ustekinumab commenced in August. Process managed by the homecare company followed up with a telephone call and letter.

In the last few days manufacturer has run out of stock, hopefully this is a short-term issue.

AP was congratulated on the implementation of this work.

#### **5.2 Generic rivaroxaban**

Adopted as first line due to significant drop in price, alongside generic apixaban. Committee members in agreement.

**Update formulary**

**Action: EK**

## **6 Other Issues for Discussion**

### **6.1 Antipsychotics SCP v3.0 Sept 2024 FINAL**

- There have been no changes to the responsibilities or monitoring requirements
- The shared care guidance has been reviewed and updated to NHS Somerset ICB formatting.
- Title of Table 1 shortened to 'Monitoring requirements'
- Added a link re: delay to LPS coming into force
- Further info & links added to the pregnancy and breastfeeding section
- Added info & link to Oliver McGowan training
- Updated link to the new Lester tool 2023

Secondary Care were reminded of their monitoring responsibilities.

-Approved

Final version is now available on NHS Somerset website.

### **6.2 BPAS PGDs x 10**

Seven PGDs for the administration and / or supply of contraceptives, three on administration and / or supply of antibiotics.

Nothing significant to raise.

-Approved.

## **7 Other Issues for Noting**

### **7.1 NIHR - ADHD digital test approved for use by the NHS**

After successful trials by the NIHR, the NHS is now using a digital test to speed up the diagnosis of attention-deficit hyperactivity disorder (ADHD) in children.

In July 2024, NICE issued draft guidance approving the use of the QbTest by psychiatrists and specialist children's doctors to help diagnose ADHD in children and young people. The computerised test improves and speeds up assessments when used alongside existing methods and could save the NHS money.

Discussion ensued:

Increasing numbers of patients are being referred, with the potential to increase if the QbTest is adopted.

GPs asked to prescribe for patient who has been seen privately and diagnosed by a non-psychiatrist. If the prescriber is unsure of the qualifications of the person making the diagnosis the GP can decline to prescribe, it was noted that the NICE guidelines approve diagnosis can be carried out by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

Use of private providers is high, once patients become unable to afford to continue this route there is no specialist involved, information is available on the website to guide discussions and encourage referral into NHS services. It was also noted that patients are referred into the NHS Right to Choose services.

The Somerset adult ADHD services are losing some of their professionals.

Resource available on the [NHS Somerset website](#):  
Guidance for prescribers when patients access both NHS and private services

-Noted

## 7.2 **Drug Alert - Contaminated SPICE in Exeter**

The committee felt the sharing of these alerts here is useful.

OD: Public Health to request summary of cascades to note at MPB

Turning Point has commissioned Somerset pharmacy quick intervention naloxone supply scheme to encourage people at risk of witnessing or experiencing an opioid overdose to carry naloxone.

-Noted

**ACTION: Public Health to share the cascade summaries monthly / when available as a standing item.**

**Action: OD**

## 7.3 **Scabies Outbreak Treatment pathway**

Pathway mainly for use by care homes.

PCN teams are involved and will liaise with homes around outbreaks and any stock supply issues.

The Infection Prevention Control team are informed of outbreaks.

To be shared with community pharmacy when published for information.

-Approved

Action: pass on to CPS for sharing when available.

**Action: SM & YL**

## 7.4 **MHRA approves GLP-1 receptor agonist semaglutide to reduce risk of serious heart problems in obese or overweight adults**

Proposal for Not recommended - non-formulary. Await outcome of NICE TA.

-Agreed

Add to TLS Not recommended - non-formulary for this indication.

**Action: ZTW**

## 7.5 **Original Pack Dispensing (OPD)**

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) (No. 2) Regulations 2024.

Legislation will allow certain prescriptions 10% adjustment allowing to default to original pack size.

Discussion ensued:

- will help when items are being dispensed by robots
- positive in some instances
- concern about items where course lengths shouldn't be adjusted i.e. antibiotics, prednisolone
- MMT Scorecard – complicates / did we give out the correct quantity

Members asked to feedback any further issues.

**To add additional advice in the next MMT newsletter**

**Action: Shaun Green**

**8 Additional Communications for Noting**

-None this month

**9 Formulary Applications**

-None this month

**10 Reports From Other Meetings  
Feedback**

**10.1 Primary Care Network Feedback**

Progress updates on:

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

Bridgewater no longer have an in-house pharmacist.

Taunton Central: SMRs in care homes and practices. Looking to recruit more technicians.

ER (CLIC): SMRs mainly in care homes, opiates deprescribing, women's health, continuing with health checks.

EW (Yeovil PCN): care homes, spirometry, no technicians within the PCN.

RT (Mendip/LMC): similar things to the other PCNs. Finding that increasing number of external agencies say PCN pharmacists will do this work.

EW enquired who is the community pharmacy PCN lead.

**Summary**

**10.2 Community Pharmacy Somerset Feedback**

SG has asked for an update on behalf of Community Pharmacy Somerset (former LPC) on the proposed new Yeovil Urgent treatment Centre and existing sites and whether they will have the ability to electronically refer eligible patients into community pharmacy for the Pharmacy First and other services.

Pharmacy service numbers have significantly dropped (by 50%), this could be due to some surgeries changing their triage system.

YL offered to share the figures with practices, and happy to look through any rejections.

CPS are keen to increase the uptake of the Pharmacy Contraceptive Service and Pharmacy First. A reminder to practices that the preferred referral route is electronically, this ensures a robust audit trail.

Concern raised around pharmacy closures. A new pharmacy has opened in Glastonbury, also new contracts going through the system.

**10.3 LMC Feedback**

Nothing particular to note.

SG politely reminded GPs as a collective action that Eclipse Live remain switched on in all practices.

**10.4 Somerset NHS Foundation Trust D&TC Meeting** – Last meeting 03/09/24

From the draft minutes, a few key items to flag:

- Low dose edoxaban use off label for low body weight / renal. Signposted clinician to low dose apixaban
- Guanfacine was noted and agreed as per SCG

**10.5 Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 10/09/24

-Nothing to note

**10.6 Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting 10/07/24

- Update around valproate, good progress in mental health
- Looking at topiramate workstream
- CQC inspections flagged / looking at medicines' storage particularly at Musgrove site

**Part 2 – Items for Information or Noting**

**11 Current Performance**

**11.1 MPB Prescribing report Sept '24**

Somerset ICB is currently ranked as the second highest performing ICB against the reported 12 of 16 national medicine optimisation metrics. Workstreams are in place to ensure continued improvement in all areas including those where Somerset is currently not in the top quartile of systems.

Spend looking good, spending less than the same period last year.

Congratulations given on the achievements listed in the report.  
AT also thanked the trust for their part / work in helping achieve this.

**12 Rebate Schemes**

**12.1 Staladex<sup>®</sup>, Aspire Pharma Ltd**

Commenced 01/08/24

-Noted

**13 NICE Technology Appraisals**

**13.1 [TA990] Tenecteplase for treating acute ischaemic stroke**

Commissioned by ICB. Providers are NHS hospital trusts.

-MPB agreed

Add to TLS Red drug

Action: ZTW

**13.2 [TA989] Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B**

Commissioned by NHS England. Providers are NHS hospital trusts.

- MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.3 **[TA988] Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis**  
Commissioned by NHS England. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.4 **[TA992] Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy**  
Add to TLS 'Not recommended' Action: ZTW
- 13.5 **[TA993] Burosumab for treating X-linked hypophosphataemia in adults**  
Commissioners NHS England. Providers Secondary care/tertiary care  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.6 **[TA991] Abaloparatide for treating osteoporosis after menopause**  
Commissioned by ICB. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.7 **[TA 994] Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy**  
Terminated appraisal  
Add to TLS 'Not recommended'. Action: ZTW
- 13.8 **[TA996] Linzagolix for treating moderate to severe symptoms of uterine fibroids**  
Commissioned by ICB. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Amber drug Action: ZTW
- 13.9 **[TA995] Relugolix for treating hormone-sensitive prostate cancer**  
Commissioned by ICB. Providers are Primary care / Secondary care - acute.  
-MPB agreed  
Add to TLS Amber<sup>1,2 or3?</sup> Drug? Action: ZTW
- 13.10 **[TA998] Risankizumab for treating moderately to severely active ulcerative colitis**  
Commissioned by ICB. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.11 **Update - [TA737] Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer**  
August 2024: Recommendation 1.1 was updated and partially replaced by [NICE technology appraisal guidance on pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated](#)

advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma (TA997). Because HER2-negative locally advanced unresectable or metastatic gastro-oesophageal junction adenocarcinoma is now covered by the new recommendation in TA997, this indication has been removed from the recommendation in this guidance.

-Noted

- 13.12 **[TA997] Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma**  
Commissioned by NHS England. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.13 **[TA999] Vibegron for treating symptoms of overactive bladder syndrome**  
Commissioned by ICB. Providers are GPs and NHS hospital trusts.  
-MPB agreed  
Add to TLS Green drug Action: ZTW  
Add to formulary, with NICE criteria once product launched in UK Action: EK
- 13.14 **[TA1001] Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment**  
Commissioned by NHS England. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.15 **[TA1000] Iptacopan for treating paroxysmal nocturnal haemoglobinuria**  
Commissioned by NHS England. The National PNH Service is funded by NHS England as a highly specialised service to treat PNH. The service consists of 2 centres, with one based at St James' University Hospital in Leeds and the other based in King's College Hospital in London. People with PNH will be cared for and supported by one of these centres.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.16 **[TA1005] Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement**  
Commissioned by NHS England. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.17 **[TA1004] Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion**  
Commissioned by ICB. Providers are NHS hospital trusts.  
-MPB agreed  
Add to TLS Red drug Action: ZTW
- 13.18 **[TA1003] Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over**  
Commissioned by NHS England. Providers are Authorised treatment centres.  
-MPB agreed  
Add to TLS Red drug Action: ZTW



- 13.19 **[TA1002] Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over**  
 Commissioned by NHS England. Providers are NHS tertiary centres where patients have other HoFH treatments.  
 -MPB agreed  
 Add to TLS Red drug Action: ZTW
- 13.20 **[TA1006] - Empagliflozin for treating type 2 diabetes in people 10 to 17 years**  
 Terminated appraisal  
 Add to TLS 'Not recommended' Action: ZTW
- 13.21 **[TA1007] Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer**  
 Commissioned by NHS England. Providers are NHS hospital trusts.  
 -MPB agreed  
 Add to TLS Red drug Action: ZTW
- 14 **NICE Clinical Guidance**
- 14.1 **[NG242] Diabetic retinopathy: management and monitoring\_- New**  
**This guideline covers managing and monitoring diabetic retinopathy in people under the care of hospital eye services. This includes non-proliferative and proliferative diabetic retinopathy, and diabetic macular oedema.**  
 Raising awareness.  
 Guidance recommendation around appropriateness of initiating a fibrate raised by SG with A. Bickerton, Consultant in Diabetes, Endocrinology and Lipids, SomersetFT
- 14.2 **[NG243] Adrenal insufficiency: identification and management\_- New**  
**This guideline covers identifying and managing adrenal insufficiency (hypoadrenalism) in babies, children, young people and adults. It aims to improve the treatment of primary, secondary and tertiary adrenal insufficiency, and the prevention and management of adrenal crisis.**  
 Raise awareness with trust. Action: AP
- 14.3 **[DG59] CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack**  
 Included as agenda item as an interesting sign of things to come.  
 Discussions on-going around securing funding around this.  
 -Noted
- 15 **Medicines Safety Summary**
- 15.1 **ICB Medicines Safety update**  
 Slides shared and update given by EK
- Yellow Card Biobank: call to contribute to study of genetic links to side effects. The Yellow Card Biobank forms part of a long-term vision for more personalised medicine approaches. By collecting biological samples from patients who have experienced suspected side effects, the Yellow Card Biobank aims to create a rich

resource of genetic information that could help researchers to determine whether a suspected side effect was caused by a specific genetic trait. Ultimately it is hoped this would support the development of pharmacogenetic testing strategies.

- MHRA advises men taking valproate and their partners to use effective contraception.

Information on how practices should record and codes that can be used on the GP clinical system to show that the patient has been informed about the paternal risks.

**15.2 MHRA Drug Safety Update: Valproate use in men**  
**Valproate use in men: as a precaution, men and their partners should use effective contraception**

-Discussed under item 15.1

**15.3 General Practice Responses to Paternal valproate risk**

Shared by NHS England  
Inequalities in the gender

**16 Risk Review and Management**

**16.1 General Risk and Management**

Trusts: Medicine shortages  
ICB: Nothing to raise

**16.2 System NICE Implementation Risks**

-ICB & Trusts  
-NICE guidance implementation position

**17 Any Other Business**

**17.1** Raised by VS: GP's being asked to prescribe off licence for gender reassignment by Tavistock Hospital in London.

The practice have received a 15-page shared care agreement drawn up by an endocrinologist which they feel is complicated.

SM shared that there are NHS commissioned resources available on the ICB website (shared) and the SCG is intentionally detailed to give full, accurate and useful information enabling the shared care to take place and be as straightforward as possible.

The NHS Somerset website Gender Identity page contains links and resources for gender dysphoria, Trans, non-binary and LGBT+. Along with details on Primary Care responsibilities.

We do support practices to support their patients who are accessing NHS commissioned gender services.

It was highlighted that EDI training is available from Lee Reed, the ICB Equality, Diversity and Inclusion Lead Officer for practices who want to understand how to support their trans patients, was shared with the group.

Positive feedback was received from 2 PCNs about this training they have taken part in.

**Action: Feedback positive feedback to Lee Reed- STK  
Connect LR with the practice to take up this training- SM**

OD enquired if the drug alerts are cascaded to GP practices, homeless, CPS.

It was noted that Health Care Assistants previously trained in smoking cessation roles. Bridgewater refer over to the hub at Victoria Park. LMC newsletter comes out every week.

**DATE OF NEXT MEETING**

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