

NENC Medicines Committee

Minutes of the meeting held on the 20th September 2022, 9-11am

Virtual meeting

Present:

Name	Position	Representing	September
Ewan Maule (EM)	ICB Director of Medicines and Pharmacy	Chair	✓
Janet Walker (JW)	ICB Medical Director representative	ICB Medical directorate (Vice Chair)	✓
Claire Bradford (CB)	ICB Medical Director representative	NTAG (Chair)	✓
Sarrah Seldon (SS)	ICB Community Pharmacy Clinical Lead	NENC Community Pharmacy	✓
Tim Donaldson (TD) (or Chris Williams CW)	Mental Health Trust Chief Pharmacist	NENC Mental Health Trusts	✓ CW
Paul Fieldhouse (PF)	North Cumbria Trust Chief Pharmacist	NENC Acute Trusts	✓
Rosie England (RE)	NEAS Chief Pharmacist	North East Ambulance Service	✓
Julia Young (JY) (or Louise Mason Lodge LML)	ICB Nursing Director	ICB Nursing directorate	✓ JY
David Chandler (DC) (or Charles Welbourn, CW)	ICB Director of Finance	ICB Finance directorate	✓ CW
Lynn Wilson (LW)	ICB Director of Place representative	ICB Place directorate	✓
Ian Morris (IM)	Senior Primary Care Pharmacist	Primary Care Medicines Optimisation Teams	✓
Vacant	NHSE Public Health Commissioning representative		
Claire Jones (CJ)	Public Health Pharmacist	NENC Public Health - Pharmacy	A
Vacant	Social Care representation	NENC Social Care	
Robin Mitchell (RM)	Medical Director, NENC Clinical Network	Strategic Clinical Networks	✓
Will Horsley (WH)	NHSE Specialised Commissioning	Specialised Commissioning	✓
Michele Cossey (MC)	NHSE Regional Chief Pharmacist	NHSE Regional Pharmacy and Medicines	A
Vacant	NICE associate		
Vacant	Lay representative		

Monica Mason	Head of Prescribing Support	Regional Drug and Therapeutics Centre (Professional Secretary)	✓
Gavin Mankin	Principle Pharmacist	Regional Drug and Therapeutics Centre	✓
Dan Newsome	Principle Pharmacist	Regional Drug and Therapeutics Centre	✓

1) Introduction and welcome

The meeting was quorate.

2) Apologies for absence

Apologies were received as detailed above

3) Declarations of Interest

Nil declared

4) Introduction to the role of the NENC Medicines Committee

EM as Chair and Director of Medicines for the ICB presented on the aims of this committee to the membership. He outlined its role in developing and then delivering the Medicines Strategy for the North East and North Cumbria (NENC) and confirmed that this would align with the ICB strategy. There will be a focus on safety, quality, value and clinical governance. EM emphasised that this is not an area prescribing committee, and that it is concerned with medicines use across all sectors of the system.

It was confirmed that a decision on financial delegation is pending and that currently this committee has no delegation other than that assigned to committee individuals. The challenges of system wide medicines optimisation if prescribing budgets responsibilities are at Place were recognised, and future activity that is likely to be delegated to the system were briefly discussed.

It was proposed that the medicines committee would begin with two subgroups; medicines safety and medicines optimisation (through an expanded NTAG remit), and that further subgroups or task and finish groups may be introduced in due course.

Committee members expressed their support to the work of this committee, in particular a single approach for the integrated care system which should support the drive to reduce inequalities in access to medicines and their associated outcomes for the NENC population. They acknowledged that changes in activity are expected, and that the committee may need to revise its terms of reference more frequently to accommodate the changing medicines infrastructures. The call for delegated authority to this committee was repeated, but the committee also discussed the benefit of strong Place based relationships across the ICS.

5) NENC Medicines Committee - Draft Terms of Reference and Membership

The committee were presented with draft terms of reference (ToR) for the medicines committee, which had been developed in consultation with medicines and pharmacy leaders across the system. They set out the aims of as described above, and how these will be met through the strategic role of this committee.

There was comment regarding ICB executive representation on the membership. CW responded that in terms of finance representation, it was expected that he would attend in place of the ICB director of finance.

Again the committee were reminded that confirmation of ICB governance structures and delegation of authority to this committee was awaited, and as such what was proposed within these ToR may change. It had been agreed however that this committee would begin to approve the decisions submitted from its area prescribing committees under the authority of the committee chair (Director of Medicines and Pharmacy) and the ICB executive.

It was noted that delegated authority for financial limits up to £1 million per decision had been requested for Northern Treatment Advisory Group (NTAG) as the medicines optimisation subcommittee, although no upper limit had been set for this committee.

It was proposed that this committee met in the alternate month to NTAG commencing 18th October.

The committee discussed the membership proposed and asked that efforts be made to secure a lay representative at the earliest possibility; EM agreed to take this action forward. The need for greater Provider Trust representation via a seat for the Provider Collaborative, a seat for the commissioning support unit, the Allied Health Professional director and Primary Care Network representation were all raised. It was agreed that the awaited Place-based clinical leadership model may aid the appointment of these positions, along with the development of the subcommittees, and that these ToR would be revisited regularly to accommodate the evolving ICB infrastructures.

The committee supported these terms of reference which will be taken forward by the Chair for ICB approval.

Action: EM to seek a lay member for this committee, and then take forward the ToR for ICB approval after the October medicines committee meeting. This will give the committee additional opportunity to comment on the ToR ahead of ICB submission.

Post meeting note: a final version of the terms of reference will be brought to the October meeting following receipt of some further comments received by email post-meeting.

6) NENC Medicines Optimisation Subcommittee (NTAG) – Draft terms of reference and membership and work plan

The committee were presented with the interim terms of reference (ToR) and work plan for the NENC Medicines Optimisation Subcommittee. It was heard that this subcommittee has been built on the firm foundations laid in place by the Northern Treatment Advisory Group NTAG, which founded in 2008 and this name will be retained. Through consultation with medicines and pharmacy colleagues across the ICS, its remit has been widened to support

the medicines optimisation agenda, and it will advise the Medicines Committee on the optimal and safe use of medicines for the benefit of the NENC population.

NTAG will liaise closely with the three area prescribing systems currently in place across the ICS and will support the move to single ICB-wide decisions over time. Currently recommendations with a financial implication above £250k made by this subcommittee will only be advisory as delegated authority as discussed above to the committee is awaited.

The committee were reminded that these ToR have been developed as an interim measure and will be further developed as the ICB develops and the future medicines optimisation landscape is defined. These terms are deemed necessary to support the proposed work plan also presented.

The committee supported this proposal, and accepted Dr Claire Bradford as the new NTAG Chair. The value of the APCs, particularly in the role of implementation of ICS wide decisions was reiterated, particularly noting the large size of this ICS. The RDTC confirmed their support to NTAG.

Action: EM to communicate to the ICB the details of NTAG as a subcommittee of the Medicines Committee

7. Area Prescribing Committees of the NENC ICS: Decisions for ratification

The committee received in the recent decisions from the three area prescribing committees of the ICS; County Durham & Tees Valley APC; North of Tyne, Gateshead & North Cumbria APC; and South Tyneside & Sunderland APC. Those decisions exceeding the previous delegated authority of the APCs (NICE TA791, TA805 and TA807) were discussed in more detail.

Concerns were raised in relation to the wider impact of implementing these decisions, and how this could lead to inequity in access to medicines for patients if not properly planned for. The pressure placed on different parts of the system were discussed, and how a different approach was needed to assess system wide implementation within current budgets and whilst recognising the impact of NICE timeframes. EM referred to a paper recently submitted to the ICB executive, describing the current challenges the ICS faces in complying with NICE technology appraisals (TAs). This paper covered the issues raised by this committee, and also proposes a new process for the adoption of NICE TAs across the ICS to overcome these issues. This paper will be brought to the October Medicines Committee meeting for discussion.

It was agreed that the Chair would communicate the decisions made by the APCs to the ICB as ICS medicines decisions, whilst this committee awaits delegated authority. It was agreed that a move to a single ICS wide decision-making process for medicines was sensible, and it was confirmed that NTAG are working towards this with the APCs. Support was offered by members to this committee, NTAG and its stakeholders in a drive to ensure the equitable and affordable implementation of medicines decisions, including NICE decisions across the system.

Action: EM to raise the above APC decisions to the ICB, and to submit the paper on NENC compliance with NICE Tas to the October Medicines Committee meeting.

8. NENC Shared Care Working Group – Update

The committee heard that the RDTC have been asked to lead on a NENC working group to look at implementation and adoption of the 18 national shared care protocols (published by NHSE in July) consistently across the ICS. The group will first meet mid-September to understand any barriers to ICS wide commissioning and implementation e.g.

- Current commissioning arrangements in place across the ICS
- Specialist service design and capacity requirements
- Resource implications in both primary care and specialist clinics
- Compatibility with current digital communication methods

The group understood that there is variation in the commissioning of shared care of medicines across the NENC currently, and that this piece would report on those.

The committee supported this work, a progress report will return to this committee later in the year.

9. NENC Formulary Working Group – Update

It was explained that there are currently three formularies in the NENC; County Durham & Tees Valley, North of Tyne, Gateshead & North Cumbria and South Tyneside & Sunderland. A working group has been formed to explore merging the three existing formularies into one NENC formulary. The possible benefits of a single ICS wide formulary included a reduction in duplication of effort in decision making, and a reduction in inappropriate variation in prescribing and decision making. **The committee asked that this working group engaged an integrated, system wide approach to this work, to ensure that all aspects of a move to a single ICS wide formulary are considered.**

The committee supported this work, which may extend to providers such as ambulance services in the future. A progress report will return to this committee later in the year.

10. Regional Medicines Optimisation Committee (RMOC) - Update

The regional chief pharmacist was not in attendance at the meeting to provide an update, but the Chair shared details of a survey looking into the usefulness of RMOCs.

11) Standing items for information only

11.1 NTAG minutes from July 2022 were provided for information only.

Date and time of next meeting: 18th October 2022 9-11am, thereafter this group will meet on alternate months