NHS North East and North Cumbria

NENC Medicines Committee

Minutes of the meeting held on the 18th October 2022, 9-11am

Virtual meeting

Present:

Name	Position	Representing	September	October
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	✓ TD
Paul Fieldhouse (PF) (or other Acute Trust Chief Pharmacist)	North Cumbria Trust Chief Pharmacist	NENC Acute Trusts	✓	✓ DC
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	✓ JY
Charles Welbourn (CW)	ICB Director of Finance	ICB Finance directorate	✓	✓
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)	Clinical Director, NENC Clinical Network	Strategic Clinical Networks	✓	✓
Will Horsley (WH)	NHSE Specialised Commissioning	Specialised Commissioning	✓	A
Michele Cossey (MC)	NHSE Regional Chief Pharmacist	NHSE Regional Pharmacy and Medicines	A	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	✓	A

1) Introduction and welcome

The meeting was quorate.

2) Apologies for absence

Apologies were received as detailed above. David Campbell attended in place of Paul Fieldhouse

3) Declarations of Interest

Nil declared

4) Minutes of the previous NENC meeting (Sept 22)

The minutes with highlighted amendments were approved.
Action: EM to check with ICB executive where these minutes will be published.

5) Actions from Sept 22 meeting

-EM continues to seek lay representation for this committee, it was suggested by JY that a similar approach to that used by the IFR panel may help.
-It was confirmed that the NTAG ToR had been presented to the ICB executive, but that discussions were ongoing around delegated authority for many committees in the ICB.
-EM will submit the NICE TA decisions presented at the September meeting to the ICB executive, along with this committees' views on item 7.

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

CW explained that the ICB is not delegating any financial responsibility currently. EM as ICB Director of Medicines and Pharmacy carries a delegation of £250K per decision, but it is unlikely that any further delegation will be introduced in this financial year. The committee voiced their concerns that this limit would be exceeded quite quickly, and that this could delay decision making on medicines, including decisions on NICE medicines.

The committee considered the amendments made to the draft terms of reference (ToR) which reflected comments made at the last meeting, and in subsequent emails. The committee approved these ToR for submission to the ICB, noting that the detail on delegated authority would need to be withheld, and all decisions exceeding the financial limit carried by EM would need to be raised to ICB executive.

It was confirmed that the proposed membership was adequate at this stage, but that as these ToR were under regular review any changes in membership could be considered at the same time.

Action: EM to submit ToR to ICB executive.

7) NENC Compliance with NICE Technology Appraisals

The committee considered a paper prepared and submitted to the executive committee by the ICB executive medical director and the director of medicines and pharmacy, which describes the current challenges in complying with NICE technology appraisals for new medicines. It set out illustrative examples and proposes options for addressing these challenges. The committee understood that the executive committee considered these options, and supported the recommendation in the paper to take forward option B; that "NICE TAs are only adopted once accompanied by a system finance commitment, identifying an existing funding source through prioritisation prior to approval, which allow newly approved NICE technologies to be passed through on a cost and volume basis in year".

It was noted by this committee that the ICB executive committee acknowledged that this may mean that NENC are regularly missing the NICE timeframe for implementation, at least initially.

To support this approach it has been requested that the medicines committee lead:

- a review of NENC compliance with NICE technology appraisals from the last three years. This is a potentially significant task and a scoping exercise being led by the RDTC and will be returned to the committee in due course.
- the development of a panel to support finance and commissioning discussions of future NICE decisions. This panel will provide information into NTAG where NICE TAs will be considered centrally and consulted on ICS wide. This should provide medicines committee with all the necessary information to approve whole system adoption, and implementation of NICE approved medicines.

Some members of the committee stated that they were very uncomfortable with this proposal, as it may see patients being delayed access to medicines with a positive NICE TA. The Chair explained that the intention of this proposal was try and improve system wide access to NICE approved medicines more quickly, by ensuring that medicines weren't just added to the formulary, but that they were commissioned equitably across the whole ICB. The committee supported the proposal explaining that a considered, equitable approach was necessary, but raised concern as to who would be accountable if a NICE approved medicine was not made available. It was confirmed that as the ICB is the commissioner they would be accountable. The need to understand the extent to which access to medicines across the system was not currently equitable was fundamental, and that this should be addressed first.
Finance representation explained that it was unclear where the financial risks lay now and for the future, and that robust financial planning was key. Robust horizon scanning processes to prepare for NICE approved medicines, but also other new medicines e.g. biosimilars which would require significant service capacity if access to treatment across the ICB was to be equitable, and planned for.

It was agreed that this medicines committee supported by NTAG will make all efforts to ensure timely access to NICE approved medicines, however it was accepted that equitable, system wide access to these medicines for patients will now take precedence over the NICE timeframe. It was stressed that very clear governance was essential, and there were concerns as to what would constitute the panel, and if legal advice had been sought. It was clarified that the panel would not be decision-making but would gather and provide the necessary information (financial, safety, clinical effectiveness and barriers to equitable access) to support decision-making by NTAG and this medicines committee, and in turn the ICB executive.

The Chair proposed that all of the issues and suggestions raised by this committee be formulated into a paper to be presented to the ICB, to include the form and function of the proposed panel. This paper would be shared with this committee by email prior to ICB submission.

Action: EM/RDTC To prepare paper detailing the conversation above and share with committee ahead of ICB submission

8) Area Prescribing Committees of the NENC ICS: Decisions for ratification
No APC decisions had been submitted to this committee for ratification

9) NENC Medicines priorities: charter
A draft charter was presented to the committee, which attempts to capture the challenges and activity of the NENC medicines committee. It aims to couple the national and locally agreed priorities and initiatives and highlight the identified benefits this focussed activity will bring to the NENC integrated care system and its population.

It was recommended that the priorities set out in this draft require shaping by the pharmacy and medicines system, and that system wide consultation should follow. The charter will include the top priorities, recognising that there will be additional priorities and activity that this committee will need to address.

The committee agreed that the charter captured much of what the system was trying to do to improve population health. There were some suggested amendments to reflect the infrastructure of medicines groups within the ICS going forward, that the charter emphasises that medicines be seen as an investment rather than a cost, and that relationships between systems be promoted. It was requested that the work around learning disabilities being undertaken through the STOMP/STAMP programmes be incorporated. DC asked that there be a focus on the patient in this charter, and that this be through the addition of the personalised care agenda.

It was agreed that a 6-week system wide consultation be undertaken, and the committee recommended organisations and groups who would be useful in this consultation e.g. NE population health and prevention board, Healthwatch.

There followed a discussion around the professional and clinical leadership review, which is currently being consulted on, and how this may reshape the membership of this committee. JW shared that it was her understanding that there was no intention to reduce clinical involvement, but the way it will be delivered may be different. DC raised concerns made by North of Tyne APC regarding the possibility of losing clinical input, particularly at Place level. EM emphasised that collaborative working on the medicines agenda was better in the NENC than in other areas, and it was very important that we didn't lose these relationships, and that it was essential that skills and expertise in these areas are retained.

Action: RDTC to make suggested amendments to charter, and open for a 6-week system wide consultation. CJ to make the population health and prevention board aware of this consultation, and to provide a link to OHID data leads.

10) NENC Shared Care working group – progress report

The committee were updated on the progress of this work, which aims to implement the national shared care protocols across the NENC. It was acknowledged that through this work the differences in commissioning of and access to shared care medicines across the NENC will be uncovered, and the barriers or enablers identified. The committee asked for a timeframe for this work to be completed, and a clearer specification of what would be undertaken.

There was some concern raised that this workstream could involve a lot of resource, but also that all sectors i.e. mental health needed to be included. GM responded to say that the group membership had been widened for future meetings, and also that system level data could be shared with this committee to outline the current commissioning arrangements across the ICB. This in turn would enable this committee to steer the

working group to an achievable, timely outcome, and to seek confirmation from the ICB as to their intention to move to an ICB commissioned shared care model.

Action: working group to return to this committee a report on current shared care commissioning arrangements in place across the NENC

11) NENC formulary working group – progress report

The committee were updated on the progress of this work stream, which aims to support the development of a single NENC formulary. The committee was asked to support the role of NTAG in the managed entry of NICE TAs at system level from November, and in assessing formulary applications from January.

The committee welcomed and supported these timeframes, and asked when a single, NENC wide formulary would be achieved. There was discussion around existing formulary support versus future support, but it was expected that the same resource would be carried over to support a system wide formulary, rather than three separate formularies.

A costed plan for the launch of the NENC formulary and its ongoing maintenance was requested by this committee to return to the December meeting.

12) RMOC update

There is currently no NEY RMOC in place.

13) AOB

RDTC to check availability of committee members for the next meeting on the 20th December.

Date and time of next meeting: 20th December 2022 9-11am, thereafter this group will meet on alternate months