

## NENC Medicines Committee

**Minutes of the meeting held on the 18<sup>th</sup> April 2023, 9-11am**

**Virtual meeting**

**Present:**

Name	Position	Representing	September	October	December	February	April
Ewan Maule (EM)	ICB Director of Medicines and Pharmacy	Chair	✓	✓	✓	✓	A
Janet Walker (JW)	ICB Medical Director representative	ICB Medical directorate (Vice Chair)	✓	✓	✓	✓	✓
Sarrah Seldon (SS)	ICB Community Pharmacy Clinical Lead	NENC Community Pharmacy	✓	✓	✓	A	✓
Tim Donaldson (TD) (or Chris Williams CW)	Mental Health Trust Chief Pharmacist	NENC Mental Health Trusts	✓ CW	✓ TD	✓ TD	✓ TD	✓ TD
Paul Fieldhouse (PF) (or other Acute Trust Chief Pharmacist)	North Cumbria Trust Chief Pharmacist	NENC Acute Trusts	✓	✓ DC	✓ PF	✓ PF	✓ PF
Rosie England (RE)	NEAS Chief Pharmacist	North East Ambulance Service	✓	✓	✓	A	✓
Julia Young (JY) (or Jean Golightly)	ICB Nursing Director	ICB Nursing directorate	✓ JY	✓ JY	✓ JY	✓ JY	✓ JG
Charles Welbourn (CW)	ICB Director of Finance	ICB Finance directorate	✓	✓	✓	✓	✓
Lynn Wilson (LW)	ICB Director of Place representative	ICB Place directorate	✓	✓	Kirsty Sprudd	✓	✓
Ian Morris (IM)	Senior Primary Care Pharmacist	Primary Care Medicines Optimisation Teams	✓	✓	✓	✓	A
Vacant	NHSE Public Health Commissioning representative						

Claire Jones (CJ)	Public Health Pharmacist	NENC Public Health - Pharmacy	A	✓	A	✓	✓
Vacant	Social Care representation	NENC Social Care					
Robin Mitchell (RM)	Clinical Director, NENC Clinical Network	Strategic Clinical Networks	✓	✓	✓	✓	A
Christine Rowlands	Spectrum CIC	Health & Justice			✓	✓	✓
Will Horsley (WH)	NHSE Specialised Commissioning	Specialised Commissioning	✓	A	✓	A	✓
Michele Cossey (MC)	NHSE Regional Chief Pharmacist	NHSE Regional Pharmacy and Medicines	A	A	A	✓	A
Chartnel Clark	NICE associate				✓	✓	
Dr Fadi Khalil	GP prescribing lead	Central locality primary care prescribers					✓
Vacant	Lay representative						
Monica Mason (MM)	Head of Prescribing Support	Regional Drug and Therapeutics Centre (Professional Secretary)	✓	✓	✓	✓	✓
Gavin Mankin (GM) or Dan Newsome (DN)	Principle Pharmacist	Regional Drug and Therapeutics Centre	✓ GM & DN	✓ GM	✓ GM	✓	✓ GM

### 1) Introductions and declarations of interest

Apologies were received as detailed above, the meeting was quorate, and no declarations of interest were received.

Dr Janet Walker chaired the meeting in EM's absence.

The terms of reference for this committee were confirmed as approved by the executive, however the secretariat is seeking clarification on some of the detail, but they will be shared with the committee upon confirmation.

### 2) Minutes of the previous meeting (Feb 23)

The minutes were approved, and the committee updated on any outstanding issues. It was noted that EM is meeting with Trust and ICB finance directors to try and resolve

barriers around block contracts and work back through system wide implementation of TAs that are outstanding, including the current barrier to providing migraine treatments in line with the recent NICE technology appraisals.

### 3) Update from ICB executive meeting (March 23)

It was understood that all decisions submitted to the executive had been approved.

### 4) NTAG recommendations (March 23)

The committee considered the recommendations made by NTAG at their March meeting. The committee was unable to support the recommendation made by NTAG concerning the use of teriparatide outside NICE guidance as per NOGG 2021 guidelines. It asked that further information pertaining to the cost impact and benefit of this use be returned to this committee if this application is to be pursued.

It also confirmed that until the commissioning discussions being led by EM regarding the equitable provision of migraine services were successful, the ICB would not be able to provide eptinezumab in line with NICE TA871. Medicines committee await the outcome of these discussions.

There was a discussion around the need for more detailed presentation of the financial impact of decisions to both this committee, and in turn the executive. It was accepted by the committee that this would require significant resource and that this couldn't be provided from the current support in isolation. However, NTAG will look to improve the information it provides to medicines committee as far as possible within the current resource.

The committee accepted NTAGs recommendation concerning the harmonisation of RAG status across the NENC, however it was explained that this task has been undertaken by a small working group of formulary pharmacists and APC professional secretaries. Query was raised as to the consultation around these recommendations, and it was confirmed that an open ICB wide consultation had not taken place, and that this should be undertaken as part of the formulary development process before these recommendations are taken forward.

**Action:** MM to submit those decisions approved to executive as confirmed necessary (*post meeting note: it was confirmed since the meeting that the decisions made by the medicines committee can be approved on medicines committee ICB directors' authority and would not require submission to the executive for approval*).

### 5) Medicines Safety group: terms of reference

HG presented draft terms of reference (ToR) for the medicines safety subgroup of the medicines committee. The committee accepted that these ToR were likely to require amendment in the coming months as the governance structures of the ICB further develop, but they were accepted as an interim measure with a review date to be added. Clarification was obtained from CJ around public health representation. The first meeting of this group will be scheduled for the end of May, beginning of June as per the membership structure specified in the ToR.

**Action:** HG to liaise with the professional secretariat support for the medicines safety subgroup to commence in May/June as per ToR.

## **6) Highlight report: Methotrexate 10mg tablet prescribing**

HG provided a report highlighting prescribing of Methotrexate 10mg tablets in provider trusts and primary care across the ICB, the actions taken to date, future opportunities and next steps. One Trust queried this report explaining that the data had been picked up incorrectly, and that they could assure the committee there was no methotrexate 10mg prescribing within their organisation. The committee supported the actions being taken to remove any remaining methotrexate 10mg prescribing across NENC, and some additional comments were taken in by HG to support further discussions with the medicine safety officer network and the future NENC medicines safety group. The medicines safety group will provide a future update to the medicines committee as deemed necessary by the group.

## **7) NENC Medicines Committee priorities on a page (charter)**

The committee considered a summary of priorities prepared to capture the challenges and activity of the NENC medicines committee and its groups. This summary, previously presented to the committee as a charter, attempts to couple national and locally agreed priorities and initiatives, and highlighted the identified benefits this focussed activity will bring to the NENC integrated care system and its population.

Since the last meeting this summary had been opened for a NENC wide consultation, and comments and further conversations had been undertaken which were now reflected in the version before this committee.

The committee accepted the priorities identified and applauded the focus on improving population health, and the drive to tackle health inequalities across the system. It was recognised that there will be additional unplanned activity that this committee will need to address, and that all of this will be expected to be delivered within current funding allocations. It was suggested that the actions around addressing the work force challenges would be beyond the remit of this committee and that their inclusion be reconsidered.

It was emphasised that the need for a clear implementation plan and a timeframe for review of these priorities was needed, and it was agreed that the chairs would meet separately to return this following discussion with system leads.

**Action:** JW and EM to return a timeframe for implementation and review of these priorities to the committee in due course.

## **8) NENC shared care working group update**

GM provided a progress update on the NENC workstream looking at implementation of the national shared care guidelines. He explained that the final meeting of the working group had been held, and this workstream will now transfer over to the NENC medicines guidelines group.

The committee approved the template for green plus information leaflets, and those agents identified as requiring a leaflet.

The list of agents that were expected to require a shared care status were also presented, however it was noted that this list had not yet undergone an ICB wide consultation. It was expected that this would happen as part of the formulary development process, however as IM was not present to confirm it was agreed that he would be contacted after the meeting. Committee members raised concerns about the move to a single ICB wide “amber” list too quickly, or without full consideration of the impact this would have across the sectors. All of these points should be captured through consultation and should be discussed ahead of the formulary going live. It was suggested that it may be necessary that the formulary reflects the different positions across the ICS currently, with an intention to work towards a unified decision over time.

The committee confirmed that each shared care protocol being submitted to the committee for approval, should be accompanied with an ICB implementation plan.

**Action:** MM to communicate the discussions above regarding the ICB formulary development process and the need for consultation to IM. GM to relay the outcomes of the discussions concerning shared care protocols and their implementation in his handover to the medicine guidelines group.

#### **9) NENC formulary progress report**

Unfortunately, IM was unable to attend the meeting but the committee considered the progress and agreed actions from the ICB formulary working group report. The committee raised concern that the report did not provide any timeframe for the launch of the formulary, nor did it provide any assurance to the committee of the process of development. It was agreed that JW and EM as chairs of the committee would meet with IM to understand these.

**Action:** JW, EM to discuss with IM ahead of the next medicines committee meeting.

#### **10) Introduction to pharmacogenomics**

Emma Groves (NEY pharmacogenomics lead pharmacist) provided the committee with an introduction to pharmacogenomics and the medicines optimisation agenda. There was discussion around how MHRA alerts and NICE decisions relating to genomic medicines, are reported into the current medicine governance of the ICB. It was agreed that the chairs of the medicines committee and its subgroups would meet with Emma when the groups were established in the coming months, to further integrate pharmacogenomics into medicines optimisation across the NENC.

#### **11) AOB**

Nothing raised

**Date and time of next meeting: 20<sup>th</sup> June 2023 9-11am**