NHS
North East and North Cumbria

NENC Medicines Subcommittee

Minutes of the meeting held on the 20th June 2023, 9-11am

Virtual meeting

Present:

Name	Position	Representing	Sept	Oct	Dec	Feb	Apr	Jun
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	✓	✓
Jean Golightly (JG) (previously Julia Young JY)	ICB Nursing Director	ICB Nursing directorate	✓ JY	✓ JY	✓ JY	✓ JY	✓ JG	A
Charles Welbourn (CW)	ICB Director of Finance	ICB Finance directorate	✓	✓	✓	✓	✓	A
Lynn Wilson (LW)	ICB Director of Place representative	ICB Place directorate	✓	✓	Kirsty Sprudd	✓	✓	Chris Jewitt
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	A
Charntel Clark (CC)	NICE associate	NICE			✓	✓		✓
Dr Fadi Khalil (FK)	GP prescribing lead	Central locality primary care prescribers					✓	✓
Mary Bewley (MB)	Director of Communications	NHS North East and North Cumbria Integrated Care Board - Comms					✓	A
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	✓ GM

1) Introductions and declarations of interest

Apologies were noted as above.

Stuart Brown was welcomed to the meeting to present the Penicillin de-labelling guidance. Kate Huddart was welcomed to the meeting to present item 4.

There were no DOI declared against this meeting agenda. ICB DOI forms have been sent to members, and should be returned to RDTC for collation on the ICB register.

2) Minutes and actions of the previous meeting (Apr 23)

The minutes were approved as accurate.

It was confirmed that the decisions from the April meeting had been taken forward on directors authority, and only the meeting minutes required submission to the executive. These will be submitted after approval at this meeting today.

Updates were given on outstanding actions which included the medicines priorities paper which EM and JW will return to this committee in due course. It was understood that the first meeting of the medicines safety group had been delayed whilst a Chair for this group was agreed. EM agreed to speak to the ICB nursing directors to support this group meeting as soon as possible.

The NENC Commissioning Recommendations for Medical Retinal Vascular Medicines is yet to return to medicines subcommittee since it was agreed at the February meeting that further communications with individual ophthalmology units across the ICB were required. It was understood that the lead for this work was making progress with these discussions and the paper would be submitted to the August meeting.

3) Update from ICB executive meeting

EM updated the committee on discussions with the executive which included the progress being made by the ICB on the access to NICE approved migraine drugs. A paper is being prepared through the medical directorate (RR) for the executive to highlight the need to ensure equitable access to the whole ICB population, and any barriers that need to be considered. There was discussion around the affordability of this proposal for the ICB, and the need to ensure that the ICB is upholding its constitutional responsibilities. The medicines subcommittee asked that this paper be submitted for consideration by this committee as quickly as possible. MM agreed to contact RR to offer support in preparing this paper and to request that the latest draft of this paper comes to the next medicines subcommittee meeting.

Action: MM to contact RR regarding submission of obesity and migraine commissioning papers to medicines subcommittee

4) Medicines governance in the ICB

Kate Huddart presented a paper illustrating the progress made in establishing the new medicine governance structure within the ICS to ensure equity of prescribing decisions across the ICS, improved consistency of prescribing and less duplication of effort. These functions were previously provided by the three area prescribing committees serving the NENC. The paper also reiterated that medicines subcommittee reports into the executive committee, but can approve its recommendations through the authority carried by the individual ICB directors on its membership e.g. through the Director of Pharmacy and Medicines.

Medicines subcommittee reviewed the paper and noted the progress made in development of the medicines governance structure in the ICS. It agreed it would be useful for this information to be shared with relevant stakeholder organisations.
Action: KH to share this summary with the subgroups and localities as necessary

5) NTAG recommendations (May 2023)

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its May meeting. It included ICB commissioned NICE TAs issued in February and March 2023, and additional ICB wide recommendation from NTAG's May 2023 meeting. All the recommendations had been out for 4 weeks consultation on the NTAG website, to gather the views of stakeholders in an effort to support the equitable implementation of decisions across the ICS.
Two NICE TAs from February and March 2023 with a significant financial or commissioning implication were highlighted to the subcommittee as follows:
TA875: Semaglutide for managing overweight and obesity; the committee noted NTAGs recommendation that this formulary decision be deferred until the product is launched in the UK and a price is known, so an accurate local cost impact can be calculated. It is understood that the ICB is considering models of commissioning to enable equitable access to weight management services in the NENC, these will be communicated to NTAG.
TA878: Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19; was recommended for addition to the formulary as RED drugs in this indication with links to TA878. It was acknowledged this may need to be reviewed if CMDU arrangements change. This recommendation is expected to have resource implications at a local level which cannot be outlined due to commercial in confidence data and uncertainty around patient populations. This would be informed by work being done on CMDU provision in the NENC.
TA871: Eptinezumab for preventing migraine is included within the equitable commissioning of migraine services arrangements discussions being led by the ICB executive.
All other NICE TA recommendations were accepted by the subcommittee. The subcommittee also accepted a number of recommendations made by NTAG including updates to local guidelines and assessment of formulary applications whilst the relevant subgroups are established.
Action: NTAG to publish these decisions to the relevant platforms and communicate to ICS stakeholders for implementation.

6) Penicillin Allergy Assessment - Oral Challenge in Secondary Care

Stuart Brown presented a paper which explained that a label of penicillin allergy is carried by approximately 5.9% of the population and a penicillin allergy label can be associated with increased morbidity, increased length of stay, greater healthcare costs and increased rates of MRSA, C diff and VRE.
Guidance had been prepared by the NENC antimicrobial stewardship subgroup of the antimicrobial resistance group to support the 'non-specialist' in de-labelling penicillin allergy in low risk patients within secondary care. Patients can be either de-labelled on

the information provided by the patient only or following a direct oral challenge. The guidance provides supporting materials to allow safe de-labelling of patients. During its development input had been sought from immunology, infectious disease consultants, microbiologists and antimicrobial pharmacists.

The committee was asked to approve this guidance for use across NENC secondary care, it is understood that primary care guidance is in development and will return to the committee in due course for approval. MM explained that NTAG would support the authors through the development process which would include a 4 week open consultation.

The committee reviewed the guidance, there was a request that the MHRA patient infographic on managing anaphylaxis be included. It was suggested communication with primary care including community pharmacy should explain that this guidance is being rolled out in secondary care, so that they are aware how the allergy status of some of their patients may change.
It was felt that some of the language in the patient information leaflet may be too complex, and comms support should be engaged to ensure the content was appropriate for the population.
SB accepted these suggestions and will make the necessary changes. EM asked whether this guidance could be shared with the regional or national team and will enquire within his networks.

No financial impact was included in the paper, but it is expected that Trusts will implement this guidance within current resources.

The committee approved this guidance pending the changes discussed above.

Action: SB to amend as discussed and following comms approval to return the guidance to NTAG for publication and communication.

7) Further extension of the UTI PGD

SS requested the committee to approve the extension of the expiry date of the Patient Group Direction (PGD) for the supply of nitrofurantoin for uncomplicated urinary tract infections by community pharmacists, from the 30th June 2023 to 31st March 2024.
The committee understood that the ICB Executive Committee approved the business case for the UTI PGD service in February 2023 and work is underway to commission the recurrent service. However, there has been an announcement regarding an upcoming national 'Pharmacy First' service to allow community pharmacists to manage and treat seven common conditions, including urinary tract infections. The national service specification and PGD is currently being developed and it is not yet possible to assess how the potential introduction of the national service will affect the North East and North Cumbria UTI PGD service. Once the national service specification and PGD is published, a full review of the North East and North Cumbria UTI PGD will be undertaken.

The committee accepted that this extension was within the three years guided by NICE, and that it had the support of the regional AMR pharmacist. There was a query on the descriptive terminology of urine used, and SS confirmed that the SIGN guidance was reflected.

The committee supported this request.

Action: SS to amend the PGD expiry date as approved by the committee and provide the PGD to RDTC for NTAG publication and communication.

8) Future supply arrangements for COVID-19 antiviral meds in the NENC

EM provided the committee with an update on arrangements for future CMDU service provision. It is understood there is a clinical reference group developing this model, and it is expected that this will see a move away from provision by secondary care as appropriate, but through a specialist service so these would remain as red drugs.

There were concerns that current NHSE communication would direct patients to GP practices, 111 or hospital when a patient tests positive, and EM agreed to discuss this with regional colleagues in the first instance.

PF asked if the proposed model could be seen by the medicines subcommittee, EM responded that executive need to approve it in September so it may need to be shared with this committee by email in the interim.

Action: EM to take forward comments from this committee to the relevant sectors and share the proposed model with medicines subcommittee by email.

9) NENC formulary progress report

IM gave a verbal update on the progress of the NENC formulary, explaining that the Netformulary platform is currently being populated and some professional secretaries and formulary pharmacists can log on to the platform to view this content. A consultation on the RAG definitions and classifications of the master drug list is currently open, closing in a few days.

It is planned that the formulary group will maintain the formulary after its launch, which is expected to be in July. The committee requested that a report be returned to its next meeting detailing the processes of development and the governance underpinning the formulary ahead of its launch. EM commented that the formulary launch could proceed under the direction of the formulary chair, although it was noted that the formulary group was not yet fully established.

Action: IM to return a report to medicines subcommittee detailing the processes of development and the governance underpinning the formulary ahead of its launch.

10) Reports from associated committees and subgroups

The committee noted the minutes of the APC meetings, these are expected to be the last APC meetings, and the minutes from NTAG.

11) AOB

Nothing raised

Date and time of next meeting: 15th August 2023 9-11am