

NENC Medicines Subcommittee

Minutes of the meeting held on the 14th September 2023, 3-5pm

Virtual meeting

Present:

Name	Position	Representing	Oct	Dec	Feb	Apr	Jun	Sep
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	✓	✓	A
Tim Donaldson (TD) (or Chris Williams CW)	Mental Health Trust Chief Pharmacist	NENC Mental Health Trusts	✓ TD	✓ 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	✓	A
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	✓ JG	A	A
Charles Welbourn (CW)	ICB Director of Finance	ICB Finance directorate	✓	✓	✓	✓	A	✓
Lynn Wilson (LW)	ICB Director of Place representative	ICB Place directorate	✓	Kirsty Sprud d	✓	✓	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	✓	✓	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				✓	✓	A
Mary Bewley (MB)	Director of Communications	NHS North East and North Cumbria Integrated Care Board - Comms				✓	A	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	✓ GM	✓	✓ GM	✓ GM	✓ GM

1) Introductions and declarations of interest

Apologies were noted as above.

Daniel Newsome was in attendance as part of the handover of the professional secretariat role from Monica Mason.

No declarations of interest were made

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

The minutes were approved as accurate with the amendment of CC being in attendance. It was confirmed that the decisions from the June 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, and that the National MO priorities have now been published and are on the agenda for this meeting.

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. This communication is ongoing, and the paper is expected for the October meeting.

3) Update from ICB executive meeting

EM updated the committee on the ongoing discussions regarding COVID medicines delivery units (CMDUs). An updated piece of NICE technology appraisal guidance was expected to be published on 13th September to clarify the position of Paxlovid (Nirmatrelvir/ritonavir) however this has been unexpectedly delayed. CC was asked to provide feedback.

The commissioning intentions for CMDUs continue to be developed by the ICB to satisfy the recommendations within the relevant NICE TAs, the publication of which has significantly expanded the eligible population.

Action: CC to feedback to EM and the committee on when the updated NICE TA will be available.

4) Elective Recovery Funding Approach 2023/24: Funding of NICE Approved Drugs

CW presented a paper outlining the agreed ICB approach to managing the funding of NICE TAs in-year. This position has been agreed and approved by ICB and Provider Finance teams and is presented to the Medicines Subcommittee for information.

The position makes clear that no extra funding will be provided by the ICB, in-year, for NICE TA medicines provision, this is considered to be included in the baseline allocations to each organisation. Where providers do not believe they can provide access due to financial hardship this should trigger a system discussion to manage the pressure rather than to submit an individual request for extra funding from the ICB.

Although apologies had been received from acute trust Chief Pharmacist representation, TD fed back their concerns that the position taken may cause a conflict between the provider's responsibility to both provide access to treatment and meet their financial obligations and asked if a risk assessment or equality impact analysis had been conducted.

It was highlighted that where this issue arises an internal provider discussion should take place with finance teams who have been involved in the decision-making process to reach the ICB's position.

Moving forwards the planning around funding for NICE TAs will be undertaken collaboratively which should help mitigate some of these pressures. Where there are

barriers to implementation of NICE TAs identified these should be fed into the consultation process.

It was highlighted that the NICE TA compliance audit will be repeated and the outcomes reported to NTAG.

Action: EM agreed to communicate the ICB's decision to trust Chief Pharmacists. GM to repeat the NICE TA compliance audit with acute providers on behalf of NTAG.

5) Value based commissioning group – diabetes position

EM presented a request for the Medicines Subcommittee to approve the removal of continuous glucose monitoring (CGM) from the Value-based Clinical Commissioning (VBCC) policy. The recommendation has been discussed and agreed by the VBCC policy steering group prior to presentation here.

The updates to NICE diabetes guidance that have taken place in 2022 now recommend CGM technology for an expanded patient group, and prior approval is no longer believed to be the appropriate mechanism for managing eligibility for this technology.

The committee heard that many providers use the prior approval ticket (PAT) system as a method of validating prescribing against the VBCC policy and then use the PAT to submit proof of this to commissioners when reimbursement is requested. It was discussed that there is considerable variation in how this process is managed by different providers within the ICS. It was understood a process, led by John Warrington as Chair of the VBCC policy group, is supporting organisations with this change.

The Medicines Subcommittee members supported the recommendation to remove CGM from the VBCC policy but acknowledged that there may be a requirement for some organisations to develop an alternative method of managing reimbursement of CGM from commissioners.

Action: EM to communicate the committee's support for this recommendation to the Chair of the VBCC policy group

6) NTAG recommendations (July 2023)

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its July meeting. It included ICB commissioned NICE TAs issued in April and May 2023, and additional ICB wide recommendation from NTAG's July 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.

All the recommendations were below the threshold of £250k, allowing this committee to approve using the financial authority of the Chair.

TA871: Eptinezumab for preventing migraine was deferred from the Jun meeting, pending a decision on the allocation of funding. The ICB decision that was discussed in item 4 has now removed this barrier, however because this wasn't tabled for the meeting, approval will be sought from members via email following this meeting.

All other NICE TA recommendations were accepted by the subcommittee. The subcommittee also accepted a request to maintain the NTAG position statement on CGM eligibility, this updated position will be published to the NTAG website.

Action: NTAG to publish these decisions to the relevant platforms and communicate to ICS stakeholders for implementation. GM to seek approval for TA871 via email.

7) NEC commissioning recommendation for retinal vascular medicines

This item was deferred to the October meeting.

8) NENC formulary launch report

IM provided the committee with an update on the development and publication of the ICB formulary.

The process has taken up to 12 months and the publication of the formulary in July is thanks to the work done by formulary pharmacists and APC professional secretariat as well as NECS. This has included preparatory work to agree recommended RAG statuses, which then underwent a month-long public consultation. During this time the netFormulary site was populated, using the North of Tyne APC formulary as a template, and finally the consultation comments were addressed and the formulary published. Some minor issues regarding populating some strengths, formulations of medicines and local exceptions to decisions are ongoing and will be managed by the formulary sub-group in future.

RE requested how feasible it would be to include NEAS' formulary within the ICB formulary and that this may be of benefit to their prescribers. IM agreed this could be an option and the formulary sub-group should consider the request in the first instance.

GM noted that the South Tyneside and Sunderland APC formulary page was still live and suggested that this should be switched off. IM agreed to communicate this to the site administrator.

The medicines subcommittee thanked those involved for their work to advance the formulary to its current state and offered their continued support the formulary sub-group with its work to maintain the site going forward.

Action: None

9) National medicines optimisation opportunities and regional framework for medicines optimisation

MM and EM attended a North East and North Yorkshire region event to discuss the implementation of the National medicines optimisation opportunities hosted by NE & NY NHSE Regional Chief Pharmacist. ICBs appear to be able to use their own judgement on the selection of 5 of 16 priorities on which they should focus. EM indicated that all 16 priorities are valuable and are being worked on in the ICS in some form, therefore it is reasonable to pursue all of them.

Medicines committee members commented that maintaining an awareness of progress against all indicators would be of value since all include a degree of medicines safety, quality, and financial rationale for implementation.

MM shared on screen the progress that RDTC are making in their development of a dashboard to support ICBs with their selection of and monitoring of performance against the 16 priority areas. This has been developed at the request of the NHSE Regional Chief Pharmacists, despite the knowledge that some form of dashboard is expected from the NHSE medicines policy team in Autumn 2023. Members liked the layout and clarity of the

RDTTC dashboard and requested that development continue and it is formally presented at the October medicines subcommittee meeting to enable members to examine the data. MM explained that there are no metrics available for some indicators and the RDTTC team are creating their own as appropriate with expert input. The committee agreed that a locally developed dashboard and metrics has benefits in allowing the region to measure indicators in a way that is both more specific and which should be more applicable to local populations than those developed by the national team.

Action: RDTTC to continue to develop the dashboard for presentation at the October meeting.

10) NHSE Free of charge (FOC) medicines schemes – National policy recommendations for local Systems

DN presented a series of national commissioning policy recommendations regarding free of charge (FOC) medicines schemes.

The national policy recommendation document seeks to define FOC schemes and outline the risks associated with their use and advises ICBs to apply a governance process to their implementation. Prior to the formation of ICBs the risks associated with these schemes sat mostly with provider trust organisations, however, now that providers are a formal part of the ICS, with the corresponding funding arrangements, those are now also ICB risks.

The committee noted that FOC schemes typically are used for high-cost, tariff-excluded medicines but could also be applied to other products and services such as nutritional feeds, dressings, stoma and catheters. Some arrangements with pharmaceutical companies that organisations have entered into include free stock, training, staff and ancillary products which may then be subject to withdrawal or threat of withdrawal at short notice due to being supplied outside any contractual terms. Feedback from those with experience in acute trusts and primary care contracting suggests that there are likely to be many of these schemes currently in operation and having a stock-take across the ICS may highlight some issues that the ICB may wish to explore further.

The medicines committee agreed that any new FOC schemes or similar non-contractual provision of services or products should be subject to an ICB process that will be developed. They also agreed that those already established should be collated and, if necessary, subject to review.

The policy recommendations were accepted pending the input of acute trust Chief Pharmacists who were not present at the meeting.

Action: EM to contact provider Chief Pharmacists to request their feedback on the policy and to signal that a request for information is likely to follow.

11) AOB

Nothing raised

Date and time of next meeting: 17th October 2023 9-11am