

NENC Medicines Subcommittee

Minutes of the meeting held on the 17th October 2023, 9-11am

Virtual meeting

Present:

Name	Position	Representing	Dec	Feb	Apr	Jun	Sep	Oct
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	✓ PF	✓ PF	✓ PF	✓	A	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	✓ JG	A	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	✓	✓	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			✓	✓	A	A
Mary Bewley (MB)	Director of Communications	NHS North East and North Cumbria Integrated Care Board - Comms			✓	A	A	A
Vacant	Lay representative							
Monica Mason (MM)	Head of Prescribing Support	Regional Drug and Therapeutics Centre	✓	✓	✓	✓	✓	✓
Gavin Mankin (GM)	Principal Pharmacist	Regional Drug and Therapeutics Centre	✓	✓	✓	✓	✓	A
Daniel Newsome (DN)	Principal Pharmacist	Regional Drug and Therapeutics Centre (Professional Secretary)					✓	✓

1) Introductions and declarations of interest

Apologies were noted as above. Angela Dixon and Kate Huddart were in attendance for items 4 and 6 respectively.

No declarations of interest were made

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

The minutes were approved as accurate.

The decisions from the September meeting have 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.

EM raised that for item 5, VBCC policy changes, the minutes reflect that the discussion which took place regards CGM only, and not other diabetes devices including insulin pumps and i-port advance which were also being proposed for removal from the VBCC policy. The VBCC steering group will reconsider the request at their next meeting and have requested this action is not taken forward until a position is agreed.

RE is working with the formulary subgroup to incorporate the NEAS formulary into the ICB formulary.

3) Update from ICB executive meeting

Not discussed

4) NEC commissioning recommendation for retinal vascular medicines

Angela Dixon presented a paper detailing the history of the NENC approach to retinal vascular medicines and the rationale for the policy that is currently in place. When this policy was previously discussed at the Medicines Subcommittee there were a series of questions asked regarding the estimated savings from the implementation of the policy, to what extent were these realised, and what barriers prevented this from happening. The committee further sought to understand the financial implications of implementing the National Commissioning Recommendations from 2022.

A process of engagement with secondary care provider organisations has shown that the initial potential savings were estimated to be £43m over 5 years, of which £2-2.2m was actually achieved, due to a series of local and national barriers including; safety and assurance of quality of compounded medicines, issues with the injection frequency, patient and clinician preference as well as a directive from the Chief Pharmaceutical Officer regarding the use of unlicensed medicines.

Medicines subcommittee heard that there are now potential opportunities from the adoption national commissioning recommendations which involve increased use of biosimilar ranibizumab, estimated to be £3m to end of 2024-25 (80% usage), after which biosimilar aflibercept is expected to change the financial picture and clinical pathway. Further savings are associated with the use of faricimab.

The committee agreed with the request to archive the 2017 policy and also that quarterly assurance reporting on the uptake of biosimilar ranibizumab was welcome and would be included in the dashboard.

CW will clarify with FT finance colleagues that the potential savings within trusts have been captured in the projected cost improvement plans for the ICB. It was noted that no acute trust chief pharmacists were present, but that all the trusts this affects had been extensively engaged with and informed prior to the paper coming to the meeting.

Action: Archive the 2017 wAMD policy. Provide quarterly reports on biosimilar uptake to committee as part of the Medicines Optimisation Opportunities dashboard

5) Shared care update: Newcastle Gateshead position

Members of the ICB primary care transformation team were invited to discuss this item but were not able to attend. LW therefore initiated the conversation to state that a PCN in Newcastle is asking for shared care prescribing for ADHD patients to be repatriated to the providers and another group of practices in Gateshead wishes to do likewise for all shared care medicines. This appears to be being proposed for safety reasons, however TD explained that the resources and infrastructure such as electronic patient records and electronic prescribing are not available yet in secondary care and the proposal is in fact more likely to have an adverse impact on patient safety and quality of treatment.

Medicines subcommittee heard that the discussion has come to the meeting not for solutions, these are currently being discussed at a local level with the parties involved, but to obtain input from members regarding their concerns about the situation from a medicines perspective.

It is clear that the issue is longstanding but has crystallised around the supply problems of ADHD medicines, however there are no short-term solutions which can easily be implemented, even if the capacity in secondary care was available to support a repatriation of prescribing. It was recognised this problem currently applies to ADHD and amber shared care medicines but could also be applied to prescribing of medicines outside a shared care arrangement, for example inclisiran.

Medicines committee recognised that the disagreement presents a high risk of patients being unable to obtain their medicines, it could delay the initiation of new patients on shared care medicines or even persuade specialists to prescribe an alternative, potentially less efficacious medicine, all of which has the potential to impact patient health and wellbeing. There is also a high risk that should there be a need to commission a new medicine for shared care prescribing, that this will meet with significant barriers to implementation and present inequalities of access.

Action: EM to communicate the committee's concerns to the ICB executive committee

6) Optimising Antimicrobial use in the North East and North Cumbria ICB

Kate Huddart attended to present a summary of the ongoing work to reduce inappropriate antimicrobial prescribing in the NENC ICB. Despite work such as good rates of IV-oral switching of antibiotics in secondary care and increasing rates of 5 day prescribing in primary care, the NENC ICB remains a high prescriber of antibiotics per head of population and is unlikely to meet the national targets for this financial year.

The report details the governance arrangement for antimicrobial prescribing whereby the antimicrobial resistance (AMR) working group reports to the AMR and HCAI subcommittee and into this group.

Practice level reporting aims to support NENC ICB practices to apply principles of appropriate prescribing and show where there is work to be done or if further support and education is required.

Work is also ongoing in secondary care organisations to reduce the use of broad spectrum antibiotic prescribing and to maximise the appropriate IV to oral switching.

Pharmacy, optometry and dentistry prescribing of antimicrobials now falls under the remit of the ICB but data is not readily available for all these services as yet. There is activity however from community pharmacy including the use of PGDs for uncomplicated UTIs as well as support for the think pharmacy first to help patients manage conditions without seeking a prescription from their GP.

Medicines committee accepted the assurance report and the summary of the governance arrangements and ongoing work to address unwarranted variation in this area of prescribing

Action: None

7) National medicines optimisation opportunities and the RDTTC dashboard

The committee reinforced the decision from the last meeting to work towards all 16 opportunities, rather than selecting 5 as proposed by NHSE regionally/nationally. This is because work was progressing for all of them anyway, but also because the metrics associated with these are not clear yet and the implication of selecting 5 isn't yet defined. MM attended to present the draft dashboard produced by the RDTTC which aims to provide data to benchmark the Northern England ICBs against each of the 16 national medicines optimisation opportunities.

It has been produced in recognition of a national version being available at some point in 2023, however a date for publication of this is yet to be confirmed. As a result the RDTTC have used as many national metrics as possible, but where these are not yet available, have developed local versions which they believe best meets the needs of the NENC ICB and its population. The version presented did not include secondary care data, but subsequent versions will now that this has been received.

The data shows the NENC ICB is performing well on areas such as the use of low cost blood glucose test strips, atrial fibrillation, hypertension, lipid management and IV to oral switching of antibiotics. The ICB performs less well against its peers on polypharmacy in which it is higher than England average, low priority prescribing as defined by NHSE guidance, the uptake of NICE medicines and prescribing of antidepressants.

Medicines subcommittee welcomed the dashboard and the opportunity to direct some work into the subgroups of medicines committee. They recognised the priority work that is polypharmacy and deprescribing and that a strategic plan to address this is being developed by Juliet Fletcher within the ICB. The committee requested a more detailed version of the data, for subsequent meetings, at which a different priority areas can be examined, to facilitate discussion of what actions may be required to tackle the issue, which can then be directed to the appropriate group for implementation.

Action: A plan for the breakdown of the data for the key areas above was requested for subsequent meetings will be produced. This should include polypharmacy, prescribing of antidepressants and uptake of NICE medicines as a minimum.

8) COVID Medicines supply update

EM provided a verbal summary of the work undertaken to transfer the prescribing of COVID medicines to a new provider. From the 1st October 2023 all current CMDU services were stood down with the exception of the North Cumbria service which will continue. The new provider, Local Care Direct based in a GP federation in Yorkshire, will take on this work and will supply medicines to patients via community pharmacy services in NENC. Some initial issues with sourcing of stock and ensuring this is received by the patients have dissipated and as of week commencing 16th October no new problems have been reported.

It was recognised that access to IV sotrovimab is inconsistent and work is ongoing to rectify this and ensure the ICB is compliant with the NICE TA.

Primary care can expect to receive communication from the ICB on referral pathways in the near future.

Medicines subcommittee also heard that the anticipated update to the partial TA878 is not now expected until the end of November due to the need for a further public consultation from NICE.

Action: None

9) NTAG recommendations (September 2023)

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its September meeting. It included ICB commissioned NICE TAs issued in June and July 2023, and additional ICB wide recommendation from NTAG's September 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 of the recommendations were above the threshold of £250k, which means this committee cannot approve using the financial authority of the Chair. These are:

TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction and TA906: Rimegepant for preventing migraine. These will be submitted to ICB executive committee for approval.

All other NICE TA recommendations were accepted by the subcommittee. The subcommittee also accepted a number of requests to host guidance that has been recommended by NTAG for hosting on the website

Action: DN will submit TA902 and TA906 to executive committee for approval. NTAG to publish these decisions to the relevant platforms and communicate to ICS stakeholders for implementation..

10) Medicines Safety Group terms of reference

A final version of the terms of reference of the medicines safety group were presented for approval. These have been developed by the group and aim to capture the function and reporting mechanism for this group.

Medicines subcommittee approved the terms of reference for publication to NTAG website

Action: publish to NTAG website.

11) Future meeting arrangements

A discussion was held on the most suitable meeting dates going forward. Tuesdays are no longer available for this meeting and the priority is to rearrange the December date, currently set at 19th December.

No decision was reached so the best dates will be sought by email following the meeting

Action: DN to facilitate the selection of a new meeting date to replace 19th December.

12) Communication from Subgroups

Received for information

Action: None

13) AOB

Two items were raised by the chair for discussion:

- I. The ICB's guidance for managing the shortage of ADHD medicines was communicated to stakeholders w/c 9th October. This includes guidance for primary and secondary care services developed by TEWV and CNTW trusts in conjunction with the ICB as well as information for patients and carers. Medicines subcommittee noted the documents and thanked those involved for their hard work and rapid response.
- II. JW that this will be her last medicines subcommittee meeting, after the end of November she will no longer be in her current role. The chair and members thanked her for her service to the committee and to medicines optimisation over many years and confirmed that her expertise and experience will be greatly missed.

Date and time of next meeting: TBC