

## NENC Medicines Subcommittee

Minutes of the meeting held on the 4<sup>th</sup> December 2023, 9-11am

Virtual meeting

**Present:**

| Name   | Position  | Representing                              | Feb  | Apr  | Jun          | Sep  | Oct  | Dec  |
|--|---|---|------|------|--------------|------|------|------|
| Ewan Maule (EM)  | ICB Director of Medicines and Pharmacy                        | Chair                                     | ✓    | A    | ✓            | ✓    | ✓    | ✓    |
| Dr Chris Jewitt  | Newcastle Gateshead Locality prescribing Lead & Chair of NTAG | NTAG                                      |      |      |              |      |      | ✓    |
| 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 | ✓ CW |
| Paul Fieldhouse (PF) (or other Acute Trust Chief Pharmacist) | North Cumbria Trust Chief Pharmacist                          | NENC Acute Trusts                         | ✓ PF | ✓ PF | ✓            | A    | A    | ✓    |
| Rosie England (RE)   | NEAS Chief Pharmacist   | North East Ambulance Service              | A    | ✓    | ✓            | ✓    | ✓    | ✓    |
| Chris Piercy   | ICB Nursing Director  | ICB Nursing directorate                   | ✓ JY | ✓ JG | A            | 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                     | ✓    | ✓    | 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 | ✓ | ✓ KR |
| Vacant              | Social Care representation               | NENC Social Care   |   |   |   |   |   |      |
| Robin Mitchell (RM) | Clinical Director, NENC Clinical Network | Strategic Clinical Networks                                    | ✓ | A | ✓ | ✓ | A | A    |
| Christine Rowlands  | Spectrum CIC                             | Health & Justice   | ✓ | ✓ | ✓ | ✓ | ✓ | A    |
| 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 | A    |
| Mary Bewley (MB)    | Director of Communications               | NHS North East and North Cumbria Integrated Care Board - Comms |   | ✓ | A | A | A | A    |
| Vacant              | Lay representative                       |  |   |   |   |   |   |      |
| 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. Will Smith and Vijayaraman Arutchelvam were in attendance for item 3 and Monica Mason and Helena Nettleton for item 4.

No declarations of interest were made

### 2) Minutes and actions of the previous meeting (October 23)

The minutes were approved as accurate.

The decisions from the October meeting have been taken forward on directors' authority, with the exception of TA902 (dapagliflozin) and 906 (Rimegepant). These were submitted to ICB executive committee and approved in November 2023.

The action log was updated

### 3) NENC Wegovy prescribing pilot.

Will Smith and Vijayaraman Arutchelvam were in attendance to present this item and take questions from members.

A summary of the progress made by the ICB in securing NHSE funding for a pilot scheme to undertake prescribing of semaglutide (Wegovy) for weight loss was provided. To date the ICB have approved early plans for 1000 patients to receive the medicine through one of two models; using specialist initiation and transfer of prescribing to primary care via a shared care arrangement or using a primary care initiated model.

Currently the project team is collecting expressions of interest from providers to take part and the next phase will involve a more detailed service model proposal to NHSE.

There is no action at present for Medicines Subcommittee as the NHSE scheme has sourced and funded sufficient semaglutide for the pilot schemes and prescribing will not impact the ICB medicines budget.

Members queried the governance and controls of the scheme, in relation to ensuring that specialist monitoring informs suitability of ongoing prescribing and the prevention of diversion of medicines, as well as what behavioural change support was included for enrolled patients. It was confirmed that many of these issues have been identified in the planning stage but ongoing engagement aims to pick up these risks and develop mitigations as the project continues to progress to implementation, which is expected in Q4 2023-24.

It was highlighted that discussion of this project within the ICB has shown that there is a requirement for an obesity strategy to tackle obesity as both a preventable and a treatable condition.

A request for an update to medicines subcommittee in Summer 2024 was agreed.

**Action:** Update to return to medicines subcommittee in June 2024

### 4) National Medicines Optimisation Opportunities – NENC priorities

Following the October meeting a dashboard has been published by NHSE to support the choice of priorities that ICBs are again being asked to make. This is ostensibly to inform NHSE of what ICBs are collectively working on and understand the requirements to undertake the work at system level.

It is proposed that the ICB adopts 5 priorities, informed by their relative performance against NHSE-chosen metrics, which have an appropriate balance of safety, quality and financial impact. For this reason opioids, valproate, polypharmacy, secondary care medicines framework and blood glucose tests strips have been selected. It was pointed out that should the NHSE dashboard be updated to include performance on antidepressant prescribing (currently only supports data for 9 of 16 topics) then the NENC ICB performance is likely to be a national outlier based on data published by RDTC. The

committee recognised that importance of undertaking this work, but feedback from GP colleagues show this would be difficult to implement without greater investment in non-pharmacological treatment options and is therefore a broader action than what medicines and pharmacy alone can deliver. There was also some concern that the identified opportunity communicated to ICBs within the secondary care medicines framework topic was unrealistic and that work is required to understand the true opportunity rather than discounting it entirely.

Following a good discussion in which the views of secondary care acute chief pharmacists were taken into account, the five priorities which the NENC ICB will feed back to NHSE are:

- Reducing opioid use in chronic non-cancer pain
- Improving valproate safety
- Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements
- Addressing problematic polypharmacy
- Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips

## 5) County Durham Lipid project report

A report produced by the MO team shows the progress made in a project running in County Durham to optimise the lipid management of patients at high risk of CVD. It was initially discussed at the February 2023 Medicines Subcommittee meeting. 6 months into the work and 3758 new patients have been reviewed and 460 had a new prescription for lipid lowering therapy (LLT) issued. A further 5633 patients already taking LLT were reviewed and of these 2164 had their LLT optimised. The impact on prescribing data shows an increase of 48k items and £611,444 YTD, which is generally in line with England growth in this area. The price concessions granted for atorvastatin during 2023 will have had a significant impact on this figure. The project is scheduled to run for a further 9 months.

Medicines subcommittee members raised questions regarding the authorisation of this and similar projects, which seek to implement NICE guidance but at a rate that may not have been considered when the guidance was published and the recommendations within it approved.

**Action:** Medicines subcommittee noted the progress of the work to date.

## 6) CKD/T2DM Pilot Gateshead

The committee considered a request for approval for a pilot piece of work seeking to case find and optimise treatment for patients at risk of CKD. The work is a joint project involving Astra Zeneca and the NENC Renal Network, delivered by Pharmicus staff in a number of practices in the Gateshead locality. There is no funding from the ICB, other than the associated prescribing costs, which should be in line with NICE TAs, instead it comes from Astra Zeneca and the NHSE Renal Network.

NTAG have discussed at length at their November meeting and agreed the project was clinically and operationally sound, but had a number of concerns regarding the potential for exacerbating health inequalities and the ability to scale this up across a whole ICB footprint.

Medicines subcommittee recognise the points raised by NTAG and wanted to add their own comments about the use of the ICB pharmacist workforce and what this says about the ICB priorities, particularly if exploring how to roll this out in the future. There was some support from the committee for the work, SGLT2 inhibitors are NICE approved and are cost-effective, and some areas have struggled to implement NICE guidance so would welcome work to speed up implementation. The committee reflected that it would be helpful to have an ICB process on managing these projects and find a way to engage with Pharma at an earlier stage to seek to align projects to ICB priorities. It was stated that providing explicit ICB approval for this project brings certain risks, therefore the existence of the project was acknowledged by medicines subcommittee which requested to receive a progress report at 6 months.

**Action: The project was acknowledged and a report will be requested at 6 months of implementation.**

#### **7) Diabetes Devices - proposal from VBC steering group**

This item was deferred to a future meeting. The VBC steering group are yet to meet and finalise their recommendations.

**Action:** DN to liaise with VBC steering group

#### **8) NTAG recommendations (September 2023)**

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its November meeting. It included ICB commissioned NICE TAs issued in August and September 2023, and a significant number of 30-day TAs from October which have already received sign-off by the ICB Director of Medicines, as well as additional ICB wide recommendation from NTAG's November 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, which means this committee can approve using the financial authority of the Chair and no further submission to the ICB executive committee is required.

All recommendations were accepted by the subcommittee

**Action:** NTAG to publish decisions to the relevant platforms and communicate to ICS stakeholders for implementation..

#### **9) Specialised Commissioning update**

Will Horsley provided an update on NHSE specialised commissioning activities which included a summary of spend on HCDs, which excluding cancer drugs fund, is £151m across all acute trusts YTD. Historically QIPP performance by the North East and

Yorkshire region has been strong, and is on target for a £15m saving by the end of 2023-24, but this has been hindered by the removal of regular regional procurement network meetings which helped support the drive for efficiencies. There are actions still to undertake in some trusts with moving to fingolimod and lenalidomide biosimilars as well as a focus on the reduction of wasted chemotherapy doses.

ICBs in the North East and Yorkshire region have requested a delay to the implementation of the delegation of Specialised Commissioning services to ICBs, which is scheduled for April 2024. NHSE are yet to formally decide if this process should be delayed for all ICBs, however whatever is decided nationally, medicines budgets would not be moving in 2024.

#### **10) Future meeting arrangements**

Medicines subcommittee agreed to continue with the first Monday of alternate months, starting February 2024, but adjust the time of the meeting to 10-12pm

**Action:** DN to communicate meeting dates to members for 2024

#### **11) Communication from Subgroups**

Received for information

#### **12) AOB**

One item was raised by the chair for discussion:

The MHRA has published [further regulatory measures regarding the prescribing of valproate medicines](#) on 28<sup>th</sup> November 2023. This requires two specialists to be involved in the decision to initiate valproate for new patients aged under 55 years and an updated annual risk acknowledgement form to be completed for women of childbearing potential. The action for ICBs is to be completed by 31<sup>st</sup> January 2024 and requires a designated group to undertake specific actions around local guidance, audit and understanding the needs of the local population. The ICB is working on implementing these actions recognising that there is a need to draw on expertise wider than medicines and pharmacy and EM will provide an update at the February meeting.

**Date and time of next meeting: Monday 5<sup>th</sup> February 2024**