

NENC Medicines Subcommittee

Minutes of the meeting held on the 12^h February 2024, 10-12am

Virtual meeting

Present:

Name	Position	Representing	Apr	Jun	Sep	Oct	Dec	Feb
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	✓	✓	✓
Tim Donaldson (TD) (or Chris Williams CW)	Mental Health Trust Chief Pharmacist	NENC Mental Health Trusts	✓ TD	✓	✓ TD	✓ TD	✓ CW	✓ CW
Paul Fieldhouse (PF) (or other Acute Trust Chief Pharmacist)	North Cumbria Trust Chief Pharmacist	NENC Acute Trusts	✓ PF	✓	A	A	✓	✓
Rosie England (RE)	NEAS Chief Pharmacist	North East Ambulance Service	✓	✓	✓	✓	✓	✓
Chris Piercy	ICB Nursing Director	ICB Nursing directorate	✓ JG	A	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	✓	✓	✓	✓	A
Vacant	NHSE Public Health Commissioning representative							

Claire Jones (CJ)	Public Health Pharmacist	NENC Public Health - Pharmacy	✓	✓	A	✓	✓ KR	✓ 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	✓	✓	✓
Michele Cossey (MC)	NHSE Regional Chief Pharmacist	NHSE Regional Pharmacy and Medicines	A	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	A
Mary Bewley (MB)	Director of Communications	NHS North East and North Cumbria Integrated Care Board - Comms	✓	A	A	A	A	A
Vacant	Lay representative							
Monica Mason	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.

No declarations of interest were made

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

The minutes were approved as accurate.

The decisions from the December meeting have been taken forward on directors' authority.

The action log was updated

3) NTAG recommendations January 2024

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its January meeting. It included ICB commissioned NICE TAs issued in October and November 2023. 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 recommendations were accepted by the subcommittee, however two recommendations exceeded the threshold of £250k, which means this committee cannot approve them using the financial authority of the Chair and a further submission to the ICB executive committee is required. These were:

- TA922: Daridorexant for treating long-term insomnia. The medicines subcommittee sought further information on the availability of nationally commissioned CBTi and asked for an audit of prescribing to be undertaken to allow a review of the assigned RAG status in 12 months time.
- TA924: Tirzepatide for treating type 2 diabetes.

Action: RDTC to publish the medicines subcommittee decision summary and escalate the relevant recommendations to the ICB Executive Committee for approval

4) NICE TA875: Semaglutide for managing overweight and obesity – formulary update

Medicines subcommittee were informed of assurances from the manufacturer of Wegovy that sufficient stock of this medicine is now available to supply the region's weight management services. The prescribing and dispensing can currently only take place through hospital pharmacy services due to access to a discounted price in line with the NICE recommendations as part of TA875.

The addition of this medicine to formulary was paused in June 2023 because a product was not yet available and to allow the ICB to undertake a review of weight management services and understand the impact of introducing the medicine. It is understood that a weight management strategy is being developed by the ICB but that a decision on the formulary position and RAG status of this medicine should not be postponed further.

Semaglutide as Wegovy is not included on the list high cost drugs which are excluded from the NHS payment scheme and CW confirmed that the supply via weight management services would be considered as already funded through the block contract arrangements with provider trusts.

Action: Amend the ICB formulary entry to RED to include a note that provision through the NHSE pilot schemes should be treated separately.

5) NICE TA943: Hybrid closed loop systems for managing blood glucose in type 1 diabetes

Medicines subcommittee were informed of the work that is being undertaken by the ICB to plan for the implementation of NICE TA943. A working group led by Dr Alex Kent is managing the implementation of this in line with NHSE's 5-year strategy.

NTAG have not made a recommendation on this technology because it has not been considered by the group, owing to the fact that responsibility for implementation of the recommendations is wider than medicines and pharmacy and outside the remit of medicines subcommittee.

Action: None for the medicines subcommittee at this stage, which noted the TA and remain ready to support the ICB implementation plan as necessary.

6) Value-based clinical commissioning policy update – CGM and insulin pumps

Medicines subcommittee agreed with the recommendations from the Value-based Clinical Commissioning Policy Steering group regarding the removal of CGM and insulin pumps. I-port will remain in the policy until the results of an audit into its use will be available in spring 2024. This proposal can now be presented to the ICB executive for approval by the VBCCP steering group

Action: Inform the VBCCP Steering group of medicines subcommittee agreement with the proposal.

7) NENC compliance with ICB commissioned NICE technology appraised treatments

The report presented to medicines subcommittee aimed to provide further information the NENC ICS compliance with NICE technology appraisal medicines and highlight where there may be barriers to implementation and inequitable access. This entailed a review of the update of ICB-commissioned NICE TA medicines in the last 3 years and follows a report presented to this committee in December 2022.

In the 4 years to 31st August 2023 there have been a total of 63 ICB-commissioned NICE TAs, of these NENC ICS is only partially compliant or non-compliant with 11. 2 TAs (at the time of writing the report) for which one or more providers could not offer access due to unavailability of the drug or service were; TA875 (Semaglutide for obesity) and TA769 (Palforzia for peanut allergy).

The ICS is only partially compliant with some other TAs, including the migraine monoclonal antibody therapies, due to a lack of commissioned services in some providers and, for other providers, an issue with block contracts and new cohorts of patients not being funded. Funding to primary care providers for the administration of inclisiran has been cited as a barrier to equitable access, and has been raised through LMC meetings in the region.

These barriers to access create or maintain healthcare inequality and the medicines subcommittee is keen to address the issues. Where funding in secondary care providers has been cited, EM and CW have agreed to discuss this with individual providers.

The re-audit also shows that the ICB is now compliant with an additional 17 TAs to which the system could not offer equitable access during the original audit in 2022.

It was raised that the forming ICS Clinical Effectiveness Committee is well placed to receive this report once it is up and running.

Action: The Medicines Subcommittee noted the contents of the report and the assurance it provides and will share with the ICS Clinical Effectiveness Committee when it begins meeting. EM and CW will seek individual conversations with providers regarding the funding issues raised through the report.

8) NENC ICB Medicines Optimisation priorities

This item was deferred to a future meeting to give opportunity for further discussion

9) Community Pharmacy update – Pharmacy first

SS provided a verbal update on the work undertaken and progress with the implementation of the Pharmacy First scheme across the ICS. 95% of pharmacy contractors have opted to provide the service and there is a plan to support the remainder to achieve readiness to provide the service through training of staff. Comms to the system has focussed on the impact on GP services through the referral process and the use of IT systems. LPCs are also holding drop-in webinars for practice staff to further embed new working practices.

Medicines Subcommittee heard that the evaluation of and data reporting for the service will be done through NHS futures, so the question regarding linking of datasets for antimicrobial stewardship purposes was raised. SS agreed to liaise with Kate Huddart as the antimicrobial stewardship lead for the ICB.

10) Proposal for provision of sotrovimab to renal transplant patients

Medicines subcommittee approved the recommendations that IV sotrovimab should be available to the small number of eligible renal transplant patients via their specialist centre. Local urgent and emergency services will be instructed to ensure any Covid-19 positive patient with a kidney transplant will be directed to their specialist centre. And a reduced dose of Paxlovid will be offered to eligible CKD patients in line with the Liverpool Covid-19 guidance via the ICB's commissioned service for oral therapies.

There is ongoing work with the ICB's primary care commissioning and contracting teams to facilitate longer term CMDU arrangements.

11) Medicines Subcommittee terms of reference

An updated ToR was approved by Medicines Subcommittee, this will be submitted to the ICB executive for approval

Action: DN to submit ToR to ICB executive

12) Response to consultation on primary care incentive schemes

A single response was received so this will now be shared for wider comment within the ICB prior to the submission deadline.

13) Optimising antimicrobial use in NENC ICS – assurance report

An updated report detailing the ICB's performance against current antimicrobial stewardship targets was received by the committee.

Primary care antimicrobial prescribing remains higher than national targets but a focus on appropriate use of a 5-day course length will continue. Secondary care reduction in the use of broad-spectrum antibiotics and IV-oral switching shows some of the best rates in the country. Antibiotic items per appointment data is now available nationally and suggests that the ICB has a higher level of appointments compared to other regions which is leading to higher prescribing levels, however NENC prescribers are in-line with other areas for the proportion of prescribing undertaken.

14) Communication from Subgroups

Received for information

15) AOB

No items were raised

Date and time of next meeting: Monday 8th April 2024 10-12pm