

NENC Medicines Subcommittee

Minutes of the meeting held on the 8th April 2024, 10-12am

Virtual meeting

Present:

Name	Position	Representing	Jun	Sep	Oct	Dec	Feb	Apr
Ewan Maule (EM)	ICB Director of Medicines and Pharmacy	Chair	✓	✓	✓	✓	✓	✓
Dr Chris Jewitt	Newcastle Gateshead Locality prescribing Lead & Chair of NTAG	NTAG				✓	✓	A (MG)
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	✓ CW	✓ CW	✓ TD
Paul Fieldhouse (PF) (or other Acute Trust Chief Pharmacist)	North Cumbria Trust Chief Pharmacist	NENC Acute Trusts	✓	A	A	✓	✓	✓
Rosie England (RE)	NEAS Chief Pharmacist	North East Ambulance Service	✓	✓	✓	✓	✓	✓
Chris Piercy	ICB Nursing Director	ICB Nursing directorate	A	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	✓	✓	✓	✓	A
Ian Morris (IM)	Senior Primary Care Pharmacist	Primary Care Medicines Optimisation Teams	✓	✓	✓	✓	A	A
Vacant	NHSE Public Health Commissioning representative							

Kurt Russell (KR)	Public Health Pharmacist	NENC Public Health - Pharmacy	✓ CJ	A	✓ CJ	✓	✓	✓
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	A
Charntel Clark (CC)	NICE associate	NICE	✓	✓	✓	✓	✓	✓
Dr Fadi Khalil (FK)	GP prescribing lead	Central locality primary care prescribers	✓	A	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	A
Vacant	Lay representative							
Monica Mason	Head of Prescribing Support	Regional Drug and Therapeutics Centre	✓	✓	✓	✓	✓	A
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 (February 24)

The minutes were approved as accurate.

The decisions from the February meeting have been taken forward on directors' authority or where over the threshold, submitted for approval by the ICB executive committee.

The action log was updated

3) NTAG recommendations March 2024

A paper was presented to the medicines subcommittee detailing the recommendations made by NTAG at its March meeting. It included ICB commissioned NICE TAs issued in December 2023 and January 2024. 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 one recommendation 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. This was:

- TA942: Empagliflozin for treating chronic kidney disease - Empagliflozin is a further SGLT2 inhibitor treatment option for most of the population covered by the recommendation.
 - The additional drug cost per 100,000 population is around £27,000
 - The total resource impact, including the cost of uACR testing, is estimated at no cost in year 1, increasing to £5,000 per 100,000 population in year 2 and £27,000 per 100,000 population in year 5. This estimate does not include the resource impact of any differences in clinical outcomes as a result of implementation of the guidance

A discussion took place about the consequences of amending the RAG status of a medicine to shared care following consideration of denosumab recommendation, including a review of where the decisions on shared care are made. Medicines subcommittee heard there is significant work in progress in this area including a group looking at the commissioning and funding for shared care and the formulary sub-group are working on standardising the criteria for each RAG status across the ICB. A request to consider the wider system implications of shared care was made and to consider how the newly formed ICB Clinical Effectiveness Committee can support this workstream. A strategic discussion will be therefore be convened to discuss further in the coming weeks.

Action: RDTC to publish the medicines subcommittee decision summary and escalate the relevant recommendations to the ICB Executive Committee for approval
Arrange a strategic meeting with interested parties from medicines subcommittee and key system representatives to further discuss system-wide shared care implications

4) NENC ICB Assurance report – drugs of low clinical value

A report on the prescribing of products listed in NHSE's guidance on items which should not routinely be prescribed in primary care was presented. It shows that the NENC ICB spent £3.8m on these products, a decrease of 1.7% from the previous 12 months. This is similar to the England average per head of population. There remains significant

variation in prescribing rates across the NENC ICB localities both in terms of spend on each group of items but also in total. This ranges from £844 per 1000 patients in Newcastle Gateshead to £1510 per 1000 patients in Tees Valley. The work done to date by locality MO teams was summarised, for many of which this has been a focus for many years since the guidance was published and challenges are reported, particularly with respect to lidocaine patches prescribed in secondary care. Medicines subcommittee were asked to consider authorising the development of a “do not prescribe” (DNP) list to show primary care that deprescribing of these items is supported by the ICB.

The committee acknowledged the effort that has gone into reducing prescribing of these products so far but noted the predicted deficit the ICB is facing and requested that this opportunity is maximised. It was recognised that some items are easier to deprescribe than others and varying levels of engagement and negotiation with patients and secondary care services are required.

Medicines subcommittee accepted the report and approved the recommendation for the development of a DNP list. They asked that consideration is given to both the resource required to deprescribe and also the inclusion of other medicines that have a reason for inclusion due to safety, lack of evidence or where more cost-effective options exist.

Action: The formulary working group will be requested to take forward the development of a DNP list.

The assurance report will be adapted for submission to the clinical effectiveness committee for consideration.

5) Update on the NENC ICS weight management services pilot scheme

Will Smith attended to provide an update on the work that the ICB are undertaking within the NHSE weight management pilot. The initial bid was to provide access to semaglutide but it was acknowledged that other medicines were in the pipeline and could also be included. NHSE has recently sought input from ICBs on the proposed NICE TA for tirzepatide for weight management, the publication of which has been delayed until June. This means that the pilot services in NENC are also delayed, likely until August or September 2024 to enable the services to be designed to include access to tirzepatide once NICE finalise the guidance.

Action: None for the medicines subcommittee at this stage, but they asked to be updated closer to the service launch

6) Communication from Subgroups

Received for information

7) AOB

GM notified the committee that approval for two 30-day TAs was given by The ICB Director of Medicines and Pharmacy. This was for TA953; fluocinolone for chronic diabetic macular oedema and TA956; etrasimod for ulcerative colitis.

A second piece of AOB was discussed, which was the ICS response to medicines shortages, which the frequency and impact of are causing issues. An example is the salbutamol nebulas shortage which is forcing providers to order unlicensed products from abroad at extra cost which is not funded. It was also noted that the resource cost of staff time was not being captured and is significant. EM responded to explain the triage system in place within the ICB, and all shortages are considered but not all reach the threshold for action. The feedback was that any process needs to be responsive to prevent the different providers duplicating effort in mitigating the impact of shortages. This process will continue to evolve and welcomes feedback and input from all sectors in order to improve.

Mental health providers are concerned that there as yet has not been adequate planning for the introduction of the pipeline injectable medicines for Alzheimer's disease. The annual horizon scanning identified 3 medicines which could be NICE approved within the next few years, the first of which is lecanemab, and it is expected as early as July 2024. A detailed piece of work to lay out the potential impact and preparation the system must undertake to prepare for the introduction of these agents was requested. This should include the financial, and pathway implications and start to explore options for diagnostics, administration of the medicine and funding. Medicines subcommittee agreed to begin this piece of work.

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