

MB ratified the following approval decisions and noted discussions from its Subcommittees:

Frimley ICB Medicines Optimisation Group (MOG):

- **Care homes good practice guidance for ordering of wound care products** to support appropriate use of dressings in care homes
- **Position statement on Conditions for which over the counter items and other items should not routinely be prescribed in primary care.** This has been updated to reflect updates to national guidance which add more details to when exceptions can be made
- **Removal from the formulary of Calcium & Ergocalciferol tablets** due to it no longer being initiated, the dose of ergocalciferol being sub-therapeutic and recent price rises
- **Home First service support documents:** Home First controlled drug lists; Home First FAQ (links to other documents to be included); Home First Time Sensitive Medicines
- **Position statement on Safe Prescribing of Salbutamol inhalers** to provide guidance to prescribers to support safe prescribing of salbutamol, including recommended quantities and when to review asthma control
- **Good practice guidance for hydration and UTI prevention and treatment in care homes.**
- **Guidance to support reviewing of oral nutritional supplements in care homes.** This document provides guidance on how to review individuals and appropriately prescribe or not prescribe ONS
- **Information update for primary care on gender incongruence** that summarises current guidance and recommendations from NHS England and provides primary care with some contacts for further advice or safeguarding concerns
- **Addition of Benilexa IUD to the formulary as “Green”.** This IUD is a lower cost alternative to Mirena. The group supported addition to the formulary for contraception, heavy menstrual bleeding and endometrial protection during HRT (off license but supported by FSRH)
- **Blood glucose test strip formulary** has been updated to clarify the quantities required when people are also on CGM
- **Add EasyChamber anti-static spacer to the formulary as “Green”.** It is an equivalent spacer to current formulary alternatives but lower cost. Spacers to be listed as “non-formulary”: Able spacer and A2A spacer.
- **Poster summarising formulary inhaler choices for COPD has been updated to align with the current formulary**
- **Changes to inhalers on the formulary following a review** of available products as follows: Soprobec to be added to the formulary as “Green”, Stalpex, Tiogiva, Acopair and Wockair to be listed as “non-formulary”.
- **Addition to the formulary of prazosin for nightmares associated with PTSD (off license) as “Amber without shared care”.** Would be after NICE recommended therapies have been tried first and reserved for a small number of individuals
- **Position statement on Prescribing Following Private Consultations.** This sets out recommendations for when prescribing can be taken on by the NHS and when not. It aligns to historic statements approved in the various Frimley Places.

- **Clinical service provided by Interface Clinical Services and funded by Astra Zeneca.** This service has been offered to the Long-term Conditions Team who would like to offer it to general practices in Frimley ICS. The pharmacists providing the service are independent of Astra Zeneca and will follow our formulary. This will support improvement in management of T2DM
- **Hydrocortisone emergency injection leaflet.** This provides patients with advice on using hydrocortisone in an emergency
- **Moving of dressings ordering to a single service across Frimley.** Currently there are two dressings ordering systems in use in the community in Frimley. By moving to one then we can align formularies, achieve significant savings and provide a consistent high level service

Frimley Health Foundation Trust (FHFT) Drugs and Therapeutic Committee (DTC)

- Drugs added to formulary:
 - Glycopyrronium Liquid- change of strength from the unlicensed 1mg/ 1ml to licensed 1mg/ 5ml and 400microgram/ml formulations
- NICE TA approvals. All are Hospital-only (RED) medication unless otherwise stated.
 - Pembrolizumab for refractory Hodgkin Lymphoma (TA967, and update to TA540)
 - Selinexor for relapsed/ refractory myeloma (TA970)
 - Remdesivir and tixagevimab plus cilgavimab for treating COVID-19 in hospital (TA971- Remdesivir had positive TA, tixagevimab plus cilgavimab is not recommended)
- Guidelines noted / approved
 - Update of Patient leaflet for Hydrocortisone Emergency Kits for Adrenal Crisis- **Approved** (to be sent to MOG for noting)
 - Use of Intravenous Ketamine for Acute Pain Management in Adult Patients in High Dependency Areas- **Approved**
 - Patient Controlled Analgesia (PCA) for Children and Young People- **Approved**
 - Management of Teenage and Adult Patients with Patient Controlled Analgesia (PCA)- **Approved**

Frimley Health and Care ICS Pharmacy Digital Strategy Group

- Learning From Patient Safety Events (LFPSE) interconnectivity with different reporting systems used within ICS unknown or lacking resulting in need for doubly entry of incidents to maximise visibility and learning across system. Issue to be formally raised at ICB digital board. Also, members of Digital Strategy Group and Meds Safety Group to be asked to feedback what reporting systems their organisations use and whether these automate links/ feeds into the LFPSE for purpose of mapping current position
- Pharma Outcomes funding available to purchase system for the ICS. Explored two different deployment scenarios, either integrate into existing clinical systems (Given EPIC build team pressures this seems an unfeasible solution currently) or alternately use of Pharma Outcomes through a separate web based platform that allows referral into community pharmacy work-streams without needing to use NHSmail. Further discussions needed with FHFT Pharmacy team to see if this would be a workable solution.

- Given difficulty of engaging EPIC to improve integration of community pharmacy services and their increasing role in patient management suggest the need for integration of community pharmacy teams be formally raised with ICB digital board for consideration of formal noting as a risk

Frimley ICS Medicines Safety Group

- **Update on implementation of valproate national patient safety alert**

- Formulary status of valproate being reviewed- as above
- Commissioning work to understand needs of population, including those most at risk of health inequalities – including connected care searches and production of valproate patient database
- Determining local pathways of care for women and girls – conversation underway with provider organisations (paediatric and sexual health services, FHFT neurology) and awaiting meetings with 2 MH trust to be scheduled.
- Communication of action and improvement plan
- Locally adapted guidance from regional guidance document to be uploaded onto Frimley ICS website
- SE Region looking to produce digital annual risk acknowledgement form (ARAF) – NHSE South East region making slow progress. Three hospitals in the region in place to support and pilot digital ARAF when ready.

- **Presentation and discussion of safety elements for 24-25 PMOS**

- **3 PMOS elements relating to safety**

- Quality improvement project around sulfonylureas, as agreed at previous Medicines Safety group meeting.
- Reducing risk of GI bleeds in patients prescribed medication known to increase bleed events based on NHSE prescribing indicators re what to do to reduce medication errors, promote safer use of medicines and reduce risk of hospital admissions. This would involve providing searches to identify patient cohorts, reviewing patients re appropriateness of therapy, checking whether gastro protection at right dose.
- LFPSE reporting – practices to be asked to report minimum of two incidents per quarter rather than five across the year to try to encourage this practice to be embedded and to avoid last minute rush to comply with reporting targets before the deadline.

- **Increasing reporting of medication incidents to LFPSE in Primary Care**

- Total number of Frimley ICB incidents submitted to LFPSE in last 12 months: 192
- Common themes include prescribing errors, unclear documentation/communication, discharge errors and medicines reconciliation

- From February 2024, a new LFPSE update will give NHS England regional teams and ICBs additional access to LFPSE patient safety event data for organisations within their commissioned area, to enable them to offer further support to improve patient safety.

- **Clozapine update**

- Discussion of Protocol developed following local gut hypomotility incident. Form to be shared with Clozapine Task Group for comments.
- Reminder and instructions how to include clozapine (and all hospital-only drugs) to be included in GP medication records to be highlighted in next Prescribing Newsletter – actioned April 2024

- **Learning From Medicines Incidents and Serious Incidents- Upper GI bleed with naproxen**

- Discussion of a patient admitted to Wexham Park Hospital with upper GI bleed and melaena after being prescribed naproxen (low dose) for rib pain.
- It was confirmed that several safety alerts featured on OptimiseRx relating to naproxen (and NSAIDs generally) in the over 65s, and those patients with kidney disease, including messages to consider prescribing gastro protection and not recommended in HF patients. – this issue is part of PMOS 24-25 safety element
- MSO raising with LPC colleagues what could have been done in the community pharmacy to prevent incident

- **MHRA and Patient Safety Alerts- The MSG meeting documents and discusses the latest alerts and decides whether a system wide action is required for each alert**

[Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome \(PRES\) and reversible cerebral vasoconstriction syndrome \(RCVS\) - GOV.UK \(www.gov.uk\)](#) There were fewer than 100 pseudoephedrine prescriptions including combination products in the previous year showing in Open Prescribing. Incidents relating to those were very few. To be followed up with LPC colleagues.

[Codeine linctus \(codeine oral solutions\): reclassification to prescription-only medicine - GOV.UK \(www.gov.uk\)](#) Actions on this can be retired as the potential for abuse greatly reduced with classification changing to POM.

[Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials](#) This new alert superseded original one to flag that supply problems not as bad as originally anticipated. 2.5mg and 5mg supply had improved and there would be limited supply for 2.5mg dose from mid-April to late June 2024 and the 5mg dose would remain available (though manufacturer would be unable to support increase in demand). Unlicensed supply was available.

- **Coroners Report [Susan Gladstone: Prevention of future deaths report - Courts and Tribunals Judiciary](#) Tramadol and warfarin**

The coroner's report flagged this little-known interaction between tramadol and warfarin when lady was prescribed this combination. Now prominence given in BNF, and awareness raised via the Prescribing Newsletter in March 2024. This interaction is now noted as 'severe' in the BNF, the manufacturers SPC and there is a warning pop up message if the two are co-prescribed in EMIS.

Frimley ICS Antimicrobial Safety Group:

- **National AMR 5 Year Plan papers reviewed.** Will set direction for future work
- **Workforce Challenge.** National Shortage of Microbiologists and Antimicrobial Pharmacists mean need to be realistic about which work to pursue and what outcomes are achievable.
- **EPIC Data.** Reporting of antimicrobial usage via the EPIC EHR system becoming clearer

Frimley ICS Pharmacy Workforce Group

- There were national changes in Foundation Pharmacist recruitment, with mandated use of Oriel. Oriel applications have been completed. While there has been an increase in numbers, there remains the challenge of filling vacancies in Frimley to augment the number of trainees in the region. Oriel for 25/26 is closed. From 26/27 cross-sector placements will become mandatory so need to begin to form partnerships early across the system for cross-sector working. Will need engagement from all sectors.
- Workforce team is reviewing Pharmacy Workforce Race Equality Standard report and data and reviewing next steps. Discussing with EDI leads and the EDI teams at the trust.
- Engaging in a joint collaborative project with Surrey Heartlands ICB to develop and grow DPPs. In April 2024, a joint focus group was convened to gather insights into the challenges encountered by DPPs and explore avenues for support from the ICB. We will examine the outcomes at the individual system level and devise plan.
- Roll out Frimley DPP initiative- funding for backfill of training of DPPs
- The exploration of new roles within pharmacy teams, such as Consultant Pharmacists and Science & Manufacturing Technicians, has been brought up by pharmacy teams and in workforce meetings. In discussions with trust about how to create Consultant Pharmacist posts. Have had discussions with trust about future of Science & Manufacturing Technicians and who's remit this will fall under.
- Frimley general practice pathway has been discussed at workforce group. To develop general practice pathway for pharmacy technicians in collaboration with HIOW and Sussex ICB.

Frimley Community Pharmacy

- **Investment in digital. Frimley still waiting for GP Connect (Records update and access) - National roll out**
- **SE Region, Discharge Medicine Service meeting on 4th June- representation from across most Trust in SE to share DMS best practice to improve this essential pharmacy service**
- **Training planned in East Berkshire for pharmacy contraception service to increase pharmacy sign up to the service**
- **Using the summer months to get pharmacy first to where we need it to be ahead of winter- clean up the referral processes, ensure we have referrals from all GP surgeries, reduce the rejection rate and improve the overall patient experience**
- **Starting discussions with UCC/ ED lead around referring into pharmacy first (winter planning plan)**
- **Working with analytics to look at pharmacy first reporting**

- Pharmacy First data for Pharmacy First GP referrals ONLY. Still waiting on national data to understand impact of the walk-in element and 111 referrals

Place	Number of referrals to date	Referrals/1000 population
NEHF	4203	18.7
Slough	3026	17.3
Bracknell Forest	1126	9.7
Surrey Heath	783	8.2
RBWM	750	4.2

Other Decisions / Discussions

Hybrid Closed Loop system pathway

Following NHSE funding variation there is a 5 year implementation period for this technology within the NHS. Frimley system will be prioritising children and young people, people planning pregnancy people with high uncontrolled HBA1c (over 69s). Anyone over 58 qualifies under the NICE criteria, our focus will be on on over 69s in years one and two, then move to lower age categories subsequently.

Regional Priorities Joint Working arrangements

SE Regional Policy Development Governance Group has been convened to steer collaborative policy setting work across the South East region. It will be directing the work of the South East Medicines Optimisation Group SEMOG which has its first meeting scheduled in July and the South East Regional Priorities Committee which has its first meeting scheduled in August. An initial list of items for its work programme are in the process of being scored by the various ICBs across the region and it would welcome any suggestions of additional items of work for it to consider

Medicines Optimisation Opportunities

16 areas had been flagged nationally for local systems to review and select 5 to prioritise. Many of these 16 we have already done or are doing work on, the 5 that have been specifically selected for local prioritisation are:

Reducing course length of antimicrobial prescribing

Improving Valproate safety

Identifying patients with hypertension and starting antihypertensives where appropriate

Using best value biologic medicines in line with NHSEngland commissioning recommendations

Addressing problematic polypharmacy