

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

Frimley ICB Medicines Optimisation Group (MOG):

Decision Outcomes

- **Actimorph addition to formulary as Green** - Agreement to approve 'green' formulary status and include wording provided in document as additional comments on formulary to show where use would be most appropriate. Include statement 'Not for non-malignant cancer pain'. **Recommended for approval.**
- **Luforbec Maintenance and Reliever Therapy (MART) Action Plan and Aide Memoir** – These documents support patients and prescribers in correct use of Luforbec for MART for asthma. **Recommended for approval.**
- **Rhinitis pathway approval** – This pathway has been developed by FHFT and Frimley ICB and has had input into the recommended medications by MOG. **Recommended for approval.**
- **Atogepant amber without shared care formulary status** – **Recommended for approval.**
- **Sacubitril/valsartan formulary status change from shared care to amber without shared care** – **Recommended for approval.**
- **Update of MOG Position Statement on the use of benzodiazepines hypnotics** - dental procedures, scans, procedures, flying – Addition of the words 'clinical procedures' to cover things such as knee injections where patients might be anxious. **Recommended for approval.**
- **Solifenacin oral 1mg/ml suspension formulation addition to formulary** – This offers a liquid option for people who cannot swallow tablets. **Recommended for approval.**
- **Changes to oral budesonide options on the formulary** - Addition of Budenofalk GR capsules, Budenofalk GR granules and Cortiment prolonged release tablets. Removal of Entocort. These changes align to the licensing and available products on the UK market at present. **Recommended for approval.**
- **Primary Care information on the prescribing of puberty blockers for young people** – Feedback was given on this document that provides updated information on national guidance and regulations relating to the prescribing and supply of puberty blockers for young people. **Recommended for approval.**
- **Topiramate guidance for general practice** – Feedback was given on this document that provides updated information on safe prescribing of topiramate in light of national guidance on risks to pregnancies. **Recommended for approval.**

Discussions for awareness

- Discussion of incidents where two practices have notified FHFT/SABP that they will not be entering into new shared care agreements at the present time as part of the national action being taken. This will create additional work for specialist teams and therefore potentially increase waiting times for patients. It is also less convenient for patients because they will have to travel to hospital sites to obtain their medication and have the recommended monitoring. If more practices join this then the impact on the system will be high

- Discussion about how we can ensure a joined up discussion about medications in pathways that are discussed at Clinical Interface Committee. Invitations have been extended to the Meds Optimisation Prescribing Leads to attend the Clinical Interface Committee meetings.

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

- **Drugs added to formulary and formulary extensions:**

- Pentrox formulary extension for use in OPD/Plastics; it was noted that Pentrox is on formulary for moderate to severe trauma-related pain and this is a licensed use. The only unlicensed use remains for procedural pain in gynaecological outpatient procedures – **No change required for formulary (OPD/Plastics team to create cross-site SOP on Pentrox use).**
- Solifenacin formulary extension for liquid formulation as a more cost-effective option with a better adverse reaction profile compared to oxybutynin – **Approved, awaiting MOG agreement.**
- Peginterferon Alfa 2a (Pegasys) formulary extension for use in myeloproliferative disorders when hydroxycarbamide is either not tolerated or inappropriate due to resistance, in accordance with NSSG protocol – **Approved.**
- The formulary entry for budesonide required updates regarding specific brands and their licensed uses – **Noted, to go through MOG.**

- **Change in colour classification on formulary:**

- Entresto reclassification from amber with shared care to amber without shared care (already approved at MOG August 2024) – **Approved.**

- **NICE TA approvals. All are Hospital-only (RED) medication unless otherwise stated.**

- TA989: Etranacogene sezaparvec for treating moderately severe or severe haemophilia B.
- TA991: Abaloparatid for treating osteoporosis after menopause – **traffic light status to be agreed at MOG.**
- TA993: Burosumab for treating X-linked hypophosphataemia in adults (to be started by specialist centre – awaiting SSC).

- **Other NICE TA changes to be made on formulary:**

- TA990: Tenecteplase for treating acute ischaemic stroke (update with link to TA).
- TA988: Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis (update with link to TA).
- TA992: Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy (update with link to TA).
- TA994: Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy (terminated appraisal, to remain formulary with link to TA).
- TA533 & TA585: New subcutaneous formulation of ocrelizumab (Ocrevus®) which will be available on formulary.

- **Guidelines discussed:**

- NICE QS119: Anaphylaxis, minor changes to quality statements – **Noted, to go through all the speciality clinical governance.**
- NICE DG59: CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack – **Noted, discussions are underway with FHFT stroke team regarding the implementation of this.**

- **Other Discussions:**

- Compassionate use of elafibranor for primary biliary cholangitis (unlicensed) via early access scheme for a patient cohort – **Noted, to go to MOB for approval.**

- Compassionate use of brentuximab for relapsed AITCL (CD30+) – **Approved for the individual case, patient cohort to go through MOB for approval.**
- Retrospective trust funding approving for a patient on Rituximab for Raynaud’s associated with Scleroderma (one-off supply) – **Approved.**
- Discussion on decision by Southeast Regional MOG against Dual Biologic use, along with the gastroenterology team’s response to this which narrows their ask to a specific Crohn’s patient cohort – **Noted.**
- New cross-site SACT patient information booklet – **Noted (out of hours helpline to be included in final version).**
- Immunology SOP on administration of subcutaneous immunotherapy and Alutard multi-patient vial sharing (which was approved at DTC June 2024) – **Noted.**
- MOG feedback on Atogepant; formulary status agreed as amber without shared care but awaiting migraine treatment pathway/guidance from neurology team (NICE TA released in May 2024) – **Noted, added to formulary.**

Frimley Health and Care ICS Pharmacy Digital Strategy Group

Discussions for awareness

- Looking at the membership of the group to ensure it is representative. Have a EOI being pulled together. Looking to ‘recruit’ a pharmacy technician
- Discussed how to manage risk identified and how/ when to escalate to medicines board for addition to 4Risk
- CLEO solo contract signed for IP pathfinder programme- meeting was held on 18th Sept for all systems for a Q+A with CLEO and demo of the system
- PharmOutcomes (PO)- have been discussing the benefits of the PO system being used in the Trust to support the DMS service. Looking at the stand alone platform (integration into EPIC [hospital system] will be more of a challenge for various reasons).
- EMIS Pinnacle email notifications from community pharmacy to general practice- National team are leading on this as a national issue. Backlog of post event messages from CP to GP that were not sent to practices that had not verified their email. Affected pharmacies are due to be told shortly, where they will need to action all post event consultations notes retrospectively and inform the GP if any issues identified (i.e. raised BP reading)
- System is exploring using Written medicines translated labels in community pharmacy and the Trust. Potential to use pharmacies in Aldershot for the Nepalese community as a pilot. As such written medicines are translating labels into Nepalese
- Microguide is being retired (digital platform that SCAN and Frimley antibiotic guidelines are held on) Its moving to a platform called ‘EOLAS (launching in September 2024)

Frimley ICS Medicines Safety Group

Decision Outcomes

- **Terms of Reference** – Reviewed and updated

Discussions for awareness

- Plan to return to CIC in October to discuss sodium valproate shared care document.
- Plan for primary care audit of clozapine prescribing in October
- Plan for primary care audit of valproate in December/ January

- Work underway with Oxford HIN to scope a pilot bio-psycho-social model for supporting patients living with chronic pain in Frimley. Suggestions chronic pain café and directory of services for chronic pain
- System wide Safety Messages communication plan in later stages of development
- Discussion of recent discharge events have identified practices not using EPICARE link, plan to promote
- Nos of patients prescribed SU and co-prescribed drugs that can cause gastric bleeds reducing (PMOS Safety element)
- Nos of prescribing/ medicine events reported via LFPSE by practices increasing (PMOS Safety element)
- Regulation 28 report shared with Medicines Safety Group for comments and information.
- Discharge Medicines Service, current barriers to further uptake discussed against the backdrop of example discharge incidents in Frimley would have been prevented if community pharmacy had access to discharge letters. Plan to keep DMS on the Med Safety agenda, as an area of risk.
- Valproate implementation group : collective action risk for Valproate SC. Topiramate Safety Notice, comms drafted for General practice.

Frimley ICS Antimicrobial Stewardship Group:

Discussions for Medicines Board Awareness

- Microguide™ migrated to Eolas™ without apparent incident (16/09).
- Pilot beta-lactam de-labelling study started in FPH (16/09)
- New microbiologist started at FPH. Hopefully a positive impact on AMS. AMS pharmacists still being pulled to help with patient flow which impacts their time.
- Audits agreed at HASG-1) metronidazole IVOS (recent audit showed 40% of patients could be switched). 2) antimicrobial redundancy in particular around metronidazole again. 3) Emphasis on co-amoxiclav & piperacillin-tazobactam and carbapenem usage.
- 'Boots on the ground' rounds happening in WPH once weekly comprising an F2 and an AMS pharmacist and a microbiologist when able to join.
- Consultant microbiologist now joining diabetic foot round ONCE weekly.
- Possible introduction of ARK onto Epic® to attempt to examine the psychology behind prescribing and influence that.
- Regional AMS meeting (involving pharmacists and IC nurses) to look at ways of reducing GNBSIs, CDIs and SSTIs.
- Planning for WAAW.
- Drug builds on Epic® much improved as is data extraction but could be improved if more analysts available.
- SCAN MicroGuide™ moving to Eolas™. SCAN producing comms for ICBS. Plan to action in September
- Primary care Scabies pathway has been blocked by LMC. To go back to FHFT to discuss ivermectin prescribing. Meeting planned.
- TARGET training ran in August all practice ICP Champions invited to attend.
- Continue to offer TARGET training to practices
- Working with SE Region on Paediatric AMS project – task and finish group. High rates of AB prescribing in children compared to other systems
- % 5 day amoxicillin 500mg capsule courses continue to remain above regional average (65.3 %)

- Practice PMOS scheme, Audits of treatment of UTI prescribing in over 65s started by practices, links into higher rates of e coli bacteraemia infections and work being done by ICP and Hydration project
- Total prescribing of antibiotic items per STAR-PU in primary care. Rolling 12 month to August rate 0.913 (Target 0.817)
- Broad spectrum as a proportion of total antibiotic prescribing in primary care rolling 12 month percentage 7.9%(Target below 10%)

Frimley ICS Pharmacy Workforce Group

Decision outcomes

- **A Frimley Pharmacy Workforce Driver summary was agreed.** This sets out the key pharmacy workforce priorities for the next year and we will focus our projects on these areas.

Discussions for Awareness

- Our project to increase the number of Designated Prescribing Practitioners in Frimley continues. We have funded back-fill for the training and are putting in place mentors for new DPPs.
- Plans are in place for promotion of MPharm placements in primary care given that we currently have low numbers of these. This will include case studies demonstrating the benefits.
- A record number of Foundation Trainee Pharmacist placements are on offer in Frimley for 2025/26 (60 places)

Frimley Community Pharmacy

Discussions for Awareness

- **Frimley's IP pathfinder sites- 2/3 have had a pharmacy visit ahead of 'go live' and are ready. Hoping sites will be 'first of type' to test CLEO SOLO EPS system.**
- **Interviewing for CP PCN Engagement Lead role- 5 leads, one per place. Aim is to be the advocate for CP within PCNs to drive governance and take up of CP services. LCS service spec is under review to finalise in the next week.**
- **In the process of employing a community pharmacy integration project manager to support with the IP pathfinder predominantly as well as PCARP requirements.**
- **Final report of Lord Darzi's review of the NHS in England- recognised the huge potential of community pharmacy in expanding the clinical role of pharmacists but equally the growing concern for community pharmacy's funding was also recognised.**
- **Pharmacy First threshold for clinical pathway consultations was adjusted by NHS England for August from 20 to 15. No further adjustments have been made, therefore the Pharmacy First threshold has increased to 20 clinical pathway consultations for September. This poses a real risk. We had a few pharmacies in Frimley that did not meet the minimum threshold of 5 clinical pathway consultations by 31st March. NHS England will be drawing back the £2k set up fee from these pharmacies. Motivation to deliver the service and financial impact (there is a monthly £1k fee to claim if threshold is met) could factor in pharmacies opting out of delivering Pharmacy First - impact on capacity and access.**
- **End of August 24, Community Pharmacy England released a national report confirming the severe financial pressures putting community pharmacies at risk of closure, impacting patient care and access to services. The [Pharmacy Pressures Survey 2024: Funding and Profitability Report](#) sets out what pharmacy owners and**

their teams have said about the extent of the challenges they face each day. E.g. the report raised that most pharmacy owners (94%) reported that they have seen significant increases in costs, with almost two-thirds (64%) saying they are operating at a loss.

- The National Pharmaceutical Association ran a second Day of Action on the 19th of September, this was to highlight to the public and media the current situation within community pharmacy. It was symbolic so there was no disruption to dispensing and service provision.
- PERT shortages are leading to locally commissioned services or provision of stock in other ICB's, question on whether Frimley ICB will be taking similar actions.

Other Decisions / Discussions

Elafibrinor Free Of Charge Scheme

Request was for approval for the free of charge scheme for the use of Elafibrinor in Primary Biliary cholangitis (PBC). The scheme met the strict NHSE guidelines about when to engage with the pharmaceutical industry on free of charge schemes and addressed an unmet clinical need. Subject to confirmation from Ipsen of their funding commitments to enrolled patients in either the case of them falling outside NICE TA criteria or the product receiving a negative NICE TA Medicines Board supported FHFT in taking up the scheme.

South East Regional Medicines Optimisation Group (SERMOG) Policy recommendations

SERMOG-01 Dual Biologic Therapy for Inflammatory Bowel Disease in Adults.

This policy recommendation does not support routine commissioning of dual biologic therapy in management of IBD. Following confirmation that there had been engagement with local clinicians and this policy would be reviewed if fresh evidence is presented the Medicines Board adopted the policy for use within Frimley ICS

NHSE Clinical Commissioning Pharmacist Update

Presentation from our FHFT embedded Clinical Commissioning Pharmacist (CCP) set outlining:

- Role and responsibilities as an embedded Clinical Commissioning Pharmacist (CCP) at district general hospital (DGH)
- Specialised services
- Projects that the CCP working on
- How savings would be attributed to either Trust budget (where blocks contracting in place) or to the regional commissioning team (where cost & volume charging arrangements in place)

Gynaecology / Womens Health Update at Clinical Interface Committee

Presented updated Adult Female Incontinence pathway and updated Vaginal Prolapse pathway, whilst pathways were broadly supported they included a number of additions to the drug formulary which will require applications to be submitted and approved by MOG/DTC before these pathways can be implemented