

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

Frimley ICB Medicines Optimisation Group (MOG):

Decision Outcomes

- **SABP shared care documents for ADHD for Children** – These documents have been updated by SABP. **Recommended for approval**
- **Position statement on ADHD diagnosis and management** – This policy sets out the information required from providers of ADHD diagnosis services before prescribing can be transferred to primary care. **Recommended for approval.**
- **Shared care documents for ADHD for private/RTC providers** – These documents have been developed so that there are shared care documents available for patients who attend services that are not provided by our local Trusts. **Recommended for approval**
- **Varenicline available again in the UK** – A generic version of varenicline has been launched in the UK. Now that it is available again the note on the formulary saying that it is unavailable will be removed and cytisinicline will be made non-formulary. **Recommended for approval.**
- **Apomorphine shared care document** – This shared care document has been updated. **Recommended for approval.**
- **Blood glucose test strip formulary** – This document has been updated following a change in availability of the product previously used in maternity. **Recommended for approval.**
- **Adult oral nutritional supplements formulary and supporting guidance documents** – These have been updated with the latest products and guidance. **Recommended for approval.**
- **Paediatric oral nutritional supplements formulary** - This has been updated with the latest products and guidance. **Recommended for approval.**
- **Maxitrol eye ointment formulary extension request** – Maxitrol eye drops are on the formulary already. This request proposed addition of the ointment as well as a lower cost alternative formulation. Agreed that both formulations would be Amber no shared care. **Recommended for approval.**
- **Ryaltris formulary application for allergic rhinitis where alternative treatment options have failed** - This was agreed as Green but with a clear note that OTC products should be tried first and that if the price of Dymista falls then it would be preferred on value grounds over **Ryaltris**. **Recommended for approval.**
- **Etoricoxib formulary extension request for gout** – Proposal to add this indication to the current formulary entry (Amber no shared care). **Recommended for approval.**

Discussions for awareness

- Amiodarone reduction guidance was discussed but it was felt that additional support would be required in the form of Advice and Guidance to allow Primary Care Prescribers to feel confident in stopping amiodarone.
- SERMOG Compact ONS policy was discussed and how it would be publicised and implemented. Plans in place for education session, updates to decision support software and dissemination via newsletters.
- Discussions undertaken on ideas for workplan for 2025/26 and potential savings projects. Data shared and members asked for ideas and comments on suggestions generated by the Medicines Optimisation Team. Ideas to be developed in more detail prior to agreement.

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

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

- Formulary application for Ryaltris (olopatadine/mometasone) as a more cost-effective and more tolerable option to Dymista.(azelastine/fluticasone) – **Approved, to go through MOG (Dymista will remain formulary and first-line choice will be determined by cost analysis upon the release of Dymista generics).**
- Formulary application for Balneum Plus cream (urea 5%/lauromacrogols 3%) as a urea-containing emollient option for dermatology – **Approved for hospital-only use (in line with national guidance against prescribing of OTC products in primary care).**
- Formulary extension for apomorphine pre-diluted solution (APO-go[®] POD) as a replacement for pre-filled syringes (APO-go[®] PFS), which will be discontinued by the manufacturer in April 2025 – **Approved, to go through MOG.**
- Formulary extension for etoricoxib for treatment of acute gout in line with FHFT guidance – **Approved, to go through MOG.**
- Formulary extension for Human Normal Immunoglobulin (SCIg) to include Xembify[®] brand, in line with the latest NHSE commissioning policy and approved indications by the Surrey and Sussex SRIAP. This will diversify SCIg product options and provide contingency during supply issues – **Approved.**
- Formulary extension for oxybutynin tablets as a more cost-effective formulation to the oral liquid which is already on formulary – **Approved.**
- Formulary extension for Maxitrol eye ointment as an alternative formulary to the eye drops which are already formulary and to provide a corticosteroid ointment option for formulary – **Approved.**

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

- TA 1019: Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over.
- TA 1020: Eplontersen for treating hereditary transthyretin-related amyloidosis. Access via national amyloidosis centre.

Other NICE TA/SSC changes to be made on formulary:

- TA 1017: Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer.
- TA 1018: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis
- TA 1021: Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer.
- TA 1022: Bevacizumab gamma for treating wet age-related macular degeneration

Guidelines discussed:

- Updated FHFT Covid-19 guidelines – **Noted, changes required to netFormulary regarding restrictions for some of the treatments.**
- New FHFT insulin self-administration update – **Noted.**

Other Discussions:

- B.Braun noted as additional supplier for parenteral nutrition for the FPH site to supplement demand that original supplier (Baxter) has reduced supply – **Noted.**
- Off-protocol request for continued use of Humira in a patient who was mistakenly started on it and is unwilling to switch to a biosimilar due to their health history – **Approved. (formulary to make clear that bio-originator products are non-formulary for initiation in new patients).**
- Haematology retrospective trust funding for 4 doses of rituximab for cold agglutinin disease where there are no alternative treatments – **Noted.**
- Paediatric long-term non-formulary request for nitrazepam oral liquid for infantile spasms in line with NICE guidance and tertiary centre recommendation (this is an off-label use) – **Approved.**

Frimley Health and Care ICS Pharmacy Digital Strategy Group

Discussions for awareness

- Group membership has expanded (addition of pharmacy technicians- PCN/FHFT/ MO team) ToR need to be updated
- Meeting with EMIS to share some of the digital challenges with the system. Emis looking into functionality of systems – GPs being able to see what prescribed within the community.
- Discussion around identification and management of risks - escalation to either medicines board or digital board. Addition of a risk register to the action log from 2025
- Written Medicine - Contract signed for use in CP across Frimley. Due to initially pilot in HLOW with the Nepalese community in Aldershot. Working with LPC colleagues to develop the SLA. Plan to invite Written Medicines, to a subsequent meeting to share information about the software.

- DMS update was given looking at how we can get Emis implemented within the system. This has been a challenge previously. Shalan Karim, new Chief Pharmacist Information Officer for FHFT, has become a member of the group and will take forward this action.
- Discharge Pathway for Hospital – discussion around this and task and finish group has been created to map out and develop a model discharge process for the system.

Frimley ICS Medicines Safety Group

Discussions for awareness

- Primary care incident involving nasogastric (NG) tube patient discussed. Complex case as patient started on NG feed post stroke in Finland, care provided by GP and due to a fall admitted and sadly died during an inpatient stay in FHFT. Key learning for primary care included: enteral feeds should only be prescribed under the recommendation of a dietitian, if patients are not currently under a dietitian urgently refer, raising awareness of NG feeding risk, very rarely seen in primary care. Actions to mitigate in future reshare dietitian usual and on-call/ out of hours telephone numbers, author an OptimiseRX message to alert clinicians to AMBER status and prescribing under dietitian recommendations only & share event with learning at primary care call.
- System Medicines Safety messages. Work progresses in producing a succinct message 1 minute read. Feedback provided on draft messages presented. Agreed to use NHS Futures platform so that all members of the MSG could be involved in suggesting messages, authoring and commenting on drafts.
- Discharge Medicine Scheme (DMS) an essential service for community pharmacy contractors and was to be provided by all. Under DMS patients were referred to community pharmacy on discharge from hospital with information on changes to medicines following discharge. Numbers slowly increasing, primarily those on dosette boxes. EPIC integration with PharmOutcomes essential to progress this further. To remain on the Meds Safety Group agenda due to medicines discharge key to patient safety.
- Sharing of incidents. Surrey and Borders Partnership Trust presented medicines safety work on promazine vs promethazine. Example of look-alike sound alike (LASA) medicine error. A number of patients prescribed promethazine for anxiety received promazine in error, due to picking errors in dispensing and prescribing systems. Work underway to review identified patients in Frimley. Mitigation: SABP have produced prescribing information which has been shared via GO newsletter and Medicines Optimisation team have activated an Optimise RX message. Further work identified for LASA medicine.
- Update given for community pharmacy LFPSE reporting. From April - October 2024 9 pharmacies reported own errors – amounting to 27 incidents. Types of errors dispensing errors - wrong patient wrong drug, wrong formulation, unclear dose/ strength

- Update on Medicines Safety elements of PMOS. Slow progress being made with reviews to reduce bleeding risks and reduce risks of fall and hospital admissions in frail, elderly patients on sulfonylureas. Practices still had 3 months to complete patient reviews.
- Recent MHRA alerts discussed including, bromocriptine risk of high BP on initiation, insulin pumps and CGM device incidents to be reported via Yellow Card and potential side effects of GLP1s and misuse in weight loss.
- Mental Health MSOs explained to the group their planned actions on the risks of olanzapine injection prescribing following recommendations in the Prevention of Future Death Report (Reg 28).

Frimley ICS Antimicrobial Stewardship Group:

Discussions for Medicines Board Awareness

- Dr Alan Wu, new Consultant Microbiologist (MB) who had taken over as antimicrobial stewardship (AMS) Consultant Lead
- Point prevalence audit work completed. Data collated on 520 patients from 1,000 patient records. Results to be fed into Medicines Board and other committees in coming months.
- Eolas platform received 1,400 hits over 7 months. This compared favourably with Oxford who have been using Eolas for 1.5 years.
- Wexham Park Hospital Metronidazole IVOS switching converted 60% of patients from IV to oral
- Active penicillin relabelling system helped to de-labelled ten out of twelve patients
- Simulated teaching of junior doctor nominated for Guardian Award along with work done by MC/PD with regional group on shorter effective course lengths.
- Regional project re paediatric antibiotic prescribing. Resources had been published and shared with group. Small task and finish group to review how best to use these resources across the ICS.
- EPIC work requested 1 yr ago now being delivered despite ongoing shortage of analysts. World Health Organisation (WHO) defined daily dose (DDD) work and AM reduction kit – requests yet to be delivered.

Pharmacy Workforce Group

Discussions for Awareness

- Successful in National Teach & Treat bid; this programme will run locally in Frimley; utilise Community Pharmacy hub sites with trained DPPs to offer more placements and better access for community pharmacists undertaking the IP qualification
- Early Careers Funding from NHS WTE approved. To be utilised across the system. Regional scoping survey across South East

- Oriel currently open until 1st March for Foundation Pharmacist programmes commencing 2026/27. (Multi-sector programmes no longer mandated, but encouraged)
- Awaiting Frimley specific fill rate data for Oriel 2025/26- 60% across South East as a region
- Running regional Advanced Practice webinars for pharmacists interested in Advanced Practice (likely March 2025)
- Frimley, HIOW & Sussex systems working collaboratively to develop Pharmacy Technician career progression pathways in General Practice

Frimley Community Pharmacy

Discussions for Awareness

- **Budget Impact**
Of great concern. Various surveys carried out over Oct- Dec 24 highlighted the real risk of pharmacy closures, with some pharmacies not surviving this winter without financial support. Lots of personal stories in the press around pharmacy struggles. Independent economic review (economic review of community pharmacy) report is due out soon
- **Pharmacy First**
Currently funded until March 2025. Awaiting to see if PF will be expanded and the funding model extended
- **Long term medicine supply issues**
Still major concern and has been raised as a patient safety risk nationally
- **Workload and workforce**
Challenges are still major pressures for pharmacies
- **Community pharmacy contract**
Negotiations due to resume in Jan. CPCF ended March 24
- **Collective action**
The National Pharmacy Association (NPA) has warned that it will have “little choice but to advise pharmacies to take collective action later this month” if delays to the pharmacy contract negotiations continue. We will be keeping close to this as a system
- **Original Pack dispensing**

Law changed on 1st January to allow community pharmacy to add +10% / -10% quantities to EPS prescriptions. Community pharmacy could always give less but now could give more. If 28 tablets were prescribed but stock came in packs of 30, it was now possible to dispense 30 without the need to open packs and remove tablets. IT systems still need to be updated to allow pharmacy to do this. Proscript and Emis not being updated till May

Clinical Interface Committee

Discussions for Awareness

- **Scabies pathway that was previously deferred due to concerns raised by primary care received support at CIC as these had been addressed**
- **HRT and contraceptive pathways supported by CIC, these did include some medication changes which will work their way through the formulary governance process**
- **Update on Shared Care delivered detailing principles governing when shared care may or may not attract additional funding for primary care.**

Other Decisions / Discussions

NICE TA1026 Tirzepatide for managing overweight and obesity

Finalised guidance produced by NICE however a funding variation has been requested by NHSE and agreed by NICE. Awaiting outcome of NHSE sub stratification and phasing of implementation of this TA.

NHSE Specialised Service Circulars

2755 – Elacestrant for breast cancer required genomic testing on circulating tumour DNA. Services not provided by Genomic Medicine Service but beginning delivery at end of January 2025, so eligible patients could get genomic test prior to receiving it.

2758 – Ubituximab for treating relapsing multiple sclerosis - waiting for NHSE to confirm with St Georges to allow use for Frimley patients

South East Regional Medicines Optimisation Group (SERMOG)

This regional group set up to reduce variation across South east region. Process for the production and adoption of policies from SERMOG was outlined. Can be split broadly into

1. Engagement and Production – when initial terms of reference for items of work agreed and initial policies drafted, stake holder engagement sought from across all 6 ICBs in the southeast region as well as opportunity for attendance at the actual SERMOG meeting itself.
2. Dissemination and Adoption– Once policy decision agreed at SERMOG, ICB ratification and dissemination process follows. Policies to be fed into Medicines Board (MB) with a presumption for them to be ratified unless concerns that
 - a. process not followed, or
 - b. appropriate stakeholders’ views not been input into process.

If Medicines Board decided not to approve a policy, there would be a need to consider whether to develop and approve local policy, and if so, this would go through normal governance process DTC and/or MOG (and through the ICS Medicines Safety Group if any safety issues identified). Expectation would be for policies to be listed for noting and dissemination, not discussion.

Risk Register

4Risk system had undergone some changes and training seminar took place 17th January 2025. Historical risks sitting with the Medicines Board remained on register; none flagged as ‘red’. One new risk yet to be added was potential collective action from community pharmacy.

Medicines Board Annual Report 2024

Summarised work of the Medicines Board and its sub-committees over the 2024 calendar year, will be shared with Executive Quality Board and other relevant committees across Frimley ICS

Aspire Dashboard Proposal

Proposal from Aspire Pharma to support Frimley ICS to develop a dashboard to map prescribing behaviours across the ICS to support uptake of various medicines optimisation initiatives / work programmes. Was highlighted that a number of other dashboards (eg PresQuipp) are available also proposal could not proceed without clarity and confirmation from Aspire that choice of products to be tracked via the dashboard would be under Frimley ICB control and not be used to influence increased use of Aspire pharma products only.

Closed Loop Medicines Zestril app proof of concept pilot proposal

A proposal to recruit a small patient cohort with essential hypertension and allow input of self-administered blood pressure test results into an App developed for use with Zestril® (Lisinopril) tablets. The App is already in use in Norfolk and Waveney ICS. Proposal was not supported at this meeting as impact of this on community Pharmacy needed to be worked through in relation to this being tied to a particular brand of Lisinopril.

Pregnancy Hybrid Closed Loop (HCL) Pathways

The following two pathways for patients that were pregnant or planning pregnancy that brought Frimley ICS into line with NICE TA and NHSE recommendations for HCL were approved:

Pre-conception Pathway – for patients not already on a pump, but taking multi doses of insulin, so would need to be assessed for HCL, or, for patients on a standard insulin pump which was not licenced for use in pregnancy, so would be reviewed to ascertain their wish to go on licenced HCL.

Pathway for HCL in pregnancy- Once pregnancy confirmed, there were three separate options for

- pump naïve patients
- patients not using compatible pump
- patients already using compatible pump