NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Integrated Medicines Optimisation Group (IMOG)
Wednesday 6th December 2023 - 2.00pm-4.00pm
CONFIRMED MINUTES

Members:		initials	Quoracy	02.08.2023	06.09.2023	04.10.2023	01.11.2023	06.12.2023
Chair:	Mark Stone	MS	The meeting will be quorate if there at least two GP representatives, two lead provider representatives (UHNM, MPFT and NSCHT) and one ICB pharmacist present.	Y	Y	Y	Y	Y
University Hospitals of North Midlands (UHNM)	[redacted]	[redacted]		Y	Y	A	Y	Y
	[redacted]	[redacted]		X	Y	Y	Y	Y
Midlands Partnership NHS Foundation Trust* (MPFT)	[redacted]	[redacted]		Y	A	Y	A	Y
	[redacted]	[redacted]		X	Y	Y	Y	Y
	[redacted]	[redacted]		X	A	Y	X	Y
North Staffs Combined Healthcare (NSCHT)	[redacted]	[redacted]		Y	Y	Y	Y	Y
	[redacted]	[redacted]		Y	Y	A	Y	A
SSOT ICB Associate Director: Medicines Optimisation	Amin Mitha	AM		Y	Y	Y	Y	Y
SSOT ICB Chief Pharmaceutical Officer	Mark Seaton	MSe			Y	Y	Y	A
Stoke-on-Trent Place/CPL Leads	John Gilby	JG		Y	Y	Y	A	Y
	To be confirmed							
Staffordshire Place*/CPL Leads	Satveer Poonian	SP		Y	Y	Y	Y	Y
	Marianne Holmes	MH		Y	A	A	A	A
Black Country ICB/ICS	[redacted]	[redacted]		Y	Y	A	A	A
Derby and Derbyshire ICB / ICS	[redacted]	[redacted]			X	X	Y	Y
	[redacted]	[redacted]			X	X	A	A
Healthwatch	[redacted]	[redacted]		Y	A	A	X	X
Local Pharmaceutical Committee(s)	[redacted]	[redacted]		Y	A	A	X	X
Local Medical Committee- North Staffordshire	[redacted]	[redacted]		A*	A*	A*	A*	Y
Local Medical Committee-South Staffordshire	[redacted]	[redacted]						Y
Primary Care Nurse Lead	[redacted]	[redacted]		Y	Y	Y	A	A
IMOG Secretariat	Jane Rosam	JR		A	Y	Y	Y	Y
	[redacted]	[redacted]		A	Y	Y	A	Y
	[redacted]	[redacted]		A	Y	Y	Y	Y

In attendance		Initials	6.12.2023
LMC Representative – North Staffordshire	[redacted]	CK	**For LMC**
Senior Medicines Optimisation Pharmacist - SSOTICB	[redacted]	HK	**Items 9 & 16**
Senior Medicines Optimisation Pharmacist - SSOTICB	[redacted]	ED	**Items 11, 15 & 19**
Medicines Optimisation Pharmacist - SSOTICB	[redacted]	EU	**Items 11 & 14**
Medicines Optimisation Pharmacist - SSOTICB	[redacted]	RL	**Item 11**
LMC Representative and GP	[redacted]	MB	**Observer**

**** Abbreviations and their meanings pages 9/10***

1.0	**Welcome** MS welcomed everyone to the meeting and reminded all attendees of the Leadership Compact which had been agreed by all members and should be adhered to throughout the meeting.	
2.0	**Apologies** Apologies were noted as above.	
3.0	**Declarations of Interest and Actions to manage Conflicts.** There were none declared. A full and complete register of declarations for IMOG membership is kept on file with the secretariat.	
4.0	**Quoracy** The meeting was quorate.	
5.0	**Minutes of last meeting: 1st November 2023** A minor typographical error was noted. Once corrected the minutes of the meeting held on 1st November 2023 are **CONFIRMED** as a true and accurate record.	
6.0	**IMOG Action Tracker** **Action 14 - inclisiran update and pilot** - [redacted] provided a verbal update. UHNM are leading a pilot to look at lipid management as a whole and involving primary care. Two PCNs have expressed interest in taking part. Four primary care networks in the most deprived areas of Stoke-on-Trent are involved in the pilot. [redacted] suggested taking inclisiran outside of the IMOG and for the project to be worked up alongside AHSN*. [redacted], the LMC rep for south Staffordshire, asked to be informed of any decisions around inclisiran in primary care. **IMOG agreed action can be closed with the proviso that further updates come back to IMOG in due course.** **Action 13 - high risk medicines shortages** – carry action forward to 10th January 2024 IMOG. **Action 12 – clomifene** – carry action forward to 10th January 2024 IMOG. **Action 11 - Dapagliflozin and Empagliflozin Factsheet** [redacted] reported that more information and a reference to the Derbyshire formulary has been added to the factsheet however the gaps in the clinical care pathways will be dealt with by the system ELF Portfolio leads and the CVD CIG (Clinical Implementation Group). The factsheet will be updated once the group has concluded its work. **IMOG agreed action can be closed**.	

	Action 10 - Dapagliflozin- Patient Information leaflet [redacted] reported that Clinicians use the pharmaceutical leaflets to support patients on both medicines and asked if these could be used and uploaded on GP365. **IMOG agreed action can be closed.**	
7.0	**Decision register update** Members **NOTED** the updates provided.	
8.0	**Outstanding Business from the previous meeting:** There was none for this month.	
9.0	**Health Economy NICE Implementation Group (HENIG)** [redacted] presented the item. HENIG Minutes – October 2023 Members **NOTED** the HEING minutes. NHSE Funded - NICE TA summary for January 2024 TA915 Pegunigalsidase alfa for treating Fabry disease. TA921 Ruxolitinib for treating polycythaemia vera. TA917 Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable. **Decision: The IMOG APPROVED RED status for Pegunigalsidase alfa for treating Fabry disease; Ruxolitinib for treating polycythaemia vera and Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable.** Ulcerative colitis updated pathway to include Mirikizumab The pathway promotes evidence-based prescribing alongside nationally approved guidelines, they promote cost effective prescribing in line with recommendations detailed in the respective NICE technology appraisals. Biologics Pathway in Moderate Rheumatoid Arthritis- full review undertaken. The pathway promotes evidence-based prescribing alongside nationally approved guidelines, they promote cost effective prescribing in line with recommendations detailed in the respective NICE technology appraisals. **Decision: The IMOG APPROVED Ulcerative colitis updated pathway to include mirikizumab and Biologics Pathway in Moderate Rheumatoid Arthritis.**	
10.0	**New Medicines Group** Nothing for this month.	
11.0	**Formulary Harmonisation Group (FHG)** [redacted] (chapter 9) and [redacted] (chapter 10) presented the items. **Chapters 14-29** Proposals from the Formulary Harmonisation Group (FHG) meeting September 2023 relating to the review of BNF chapters 14-29 on North Staffordshire and South Staffordshire net. formularies were provided in the papers including border area ratings. [redacted] explained that the first table in the papers was a housekeeping exercise that shows sections that occur on both or either/or of North and South Staffs formularies	

which mainly form links to other external formularies e.g., wound care.

Table 2 listed proposals as discussed at the FHG which were for discussion by IMOG. These were areas from chapter 25 – A2 borderline substances and chapter 28 - specialised infant feeds. [redacted] had concern that if items were removed from formulary such as infant feeds it may be assumed that they could not be used. [redacted] felt that non-drug items are better covered through guidelines rather that formulary items, like infant feeds, wound care etc. [redacted] agreed but said that if these were removed then a note should be added on the formulary directing to specific guidance. [redacted] said that non medicine items are not covered in UHNM pharmacy.

- PKU feeds – propose to remove all individual listings from South Staffs formulary. **AGREED** once passed through governance. [redacted] to in link with a dietician for possible PKU guidance development in the future.
- Nutilis – **AGREED** proposal to move to chapter 9 as [redacted]
- **AGREED** - borderline chapter can be removed from both formularies.
- **AGREED** to remove the infant feeds in the list on net.formulary and link to the infant feed guidelines.

Chapter 9
Proposals from the Formulary Harmonisation Group (FHG) meeting September 2023 relating to the review of BNF chapter 9 on North Staffordshire and South Staffordshire net.formularies were provided in the papers including border area ratings.

There were 5 tables included in the paper and it was table 1 that was intended for IMOG discussion. Tables 2-5 were for information only/housekeeping.

- NaCl (sodium chloride) – used for fluid maintenance in paediatrics – Following discussion it was **AGREED** that the item is brought back to IMOG once it has been established what this is used for in paediatrics to then define a RAG rating. **ACTION** [redacted]
- Osvaren – [redacted] stated that vitamins included on the formulary should be prescribed for medical purposes only and not a deficiency due to diet. **AMBER I - AGREED** for hyperphosphatemia only and in line with other phosphate binders. [redacted] felt that clarify was needed as to whether renal dieticians are using Osvaren. **ACTION: [redacted] to pick up with lead dietician at each of our 3 Trusts and [redacted] said that she would check the pharmacy computer systems to see if it was being prescribed.**
- Vitamin A and D – Proposed as **GREEN**. [redacted] commented that patients with osteoporosis need sufficient calcium and vitamin D to treat that medical condition. Vitamin D deficiency should be treated as self-care. Vitamin A necessary for Cystic Fibrosis patients. [redacted] suggested listing the Vit D products available or create a set of guidelines, as there were so many now. [redacted] confirmed that the Team were looking at writing vitamin D guidelines. Bariatric patients to be considered when reviewing. Up-to-date guidance would be appreciated by GPs. [redacted] to contact [redacted], MPFT for input. **AGREED - GREY** with the comment for existing patients only, not for any new patients.
- Nicotinamide – **AGREED** to remove.
- Alphatocopherol - **AGREED GREY** for existing patients only, not for any new patients. Noted in CF, Parovit CF is used in preference
- Penicillamine – to confirm use in Wilson's disease with UHNM and RWT to determine RAG rating discussion. UHDB have it under shared care. **ACTION for UHNM/ICB to bring back to next IMOG.**
- Nutilitis – **AGREED** in chapter 9 now **AMBER R.**

	• Vitamin B, vitamin B compound strong, vitamin capsules – proposed **GREEN** however, following discussion around the general need to prescribe multi-vitamins **AGREED - GREY.** Table 5 listed all ONS feeds currently on net.formulary. Discussions took place with the Lead Dietitian at MPFT. Some of the list was out of date and there were potentially better options to recommend/use. ONS guidelines are under review currently so agreed to **remove all ONS products and link to the existing ONS guidelines** and add agreed wording to link to the guidelines, as per dietician discussions. [redacted] asked for clearer clarify for gluten free foods which are **GREEN** on the formulary, but for under 18's ONLY. [redacted] said this can be labelled clearer. **Chapter 10** Proposals from the Formulary Harmonisation Group (FHG) meeting in September 2023 relating to the review of BNF chapter 10 on the North Staffordshire and South Staffordshire net. formularies were provided in the papers including border area ratings. Table 2 was the main area for discussion. • Mefenamic acid – **AGREED GREEN**, but ibuprofen first line before use of mefenamic acid which has no superiority over others and to note the high cost of mefenamic acid. [redacted] noted that some patients may react better to one NASID than the another. • Febuxostat – Proposed **GREEN** - Query from [redacted] if this was NICE compliant – [redacted] to check and advise Chair of the status. *Post meeting action: febuxostat is NICE compliant and* [redacted] *confirmed with* [redacted]. [redacted] *happy to* ***APPROVE GREEN.*** • Diclofenac – **AGREED GREEN** and **NOTED** that that paediatrics entry is now merged with adults. NOTE to add 'used in breastfeeding' in the actual drug monograph for net.formulary. • Nabumetone – **AGREED NOT TO REMOVE** from North Staffordshire formulary, as per the FHG proposal, as this is the only NSAID effective for 24 hours. Also**, AGREED to add as GREEN** on south Staffordshire formulary. Items listed in summary which were for information: Diazepam for MSK – query from [redacted] was it was an appropriate place to list. [redacted] said that diazepam was listed a few times in net.formulary due to differing indications which was found necessary due to the way net.formulary presents drugs as per old BNF chapter. Kenalog for hay fever – [redacted] to establish if this is appropriately listed at the request of [redacted] **Decision: IMOG AGREED formulary status above.**	[redacted] [redacted]
12.0	**ESCA Task and Finish Groups** Nothing for this month.	
13.0	**Medicines Safety Group update** There were no updates this month.	
14.0	**Formulary discussion and audit results / Fluoxetine for children and adolescents**	

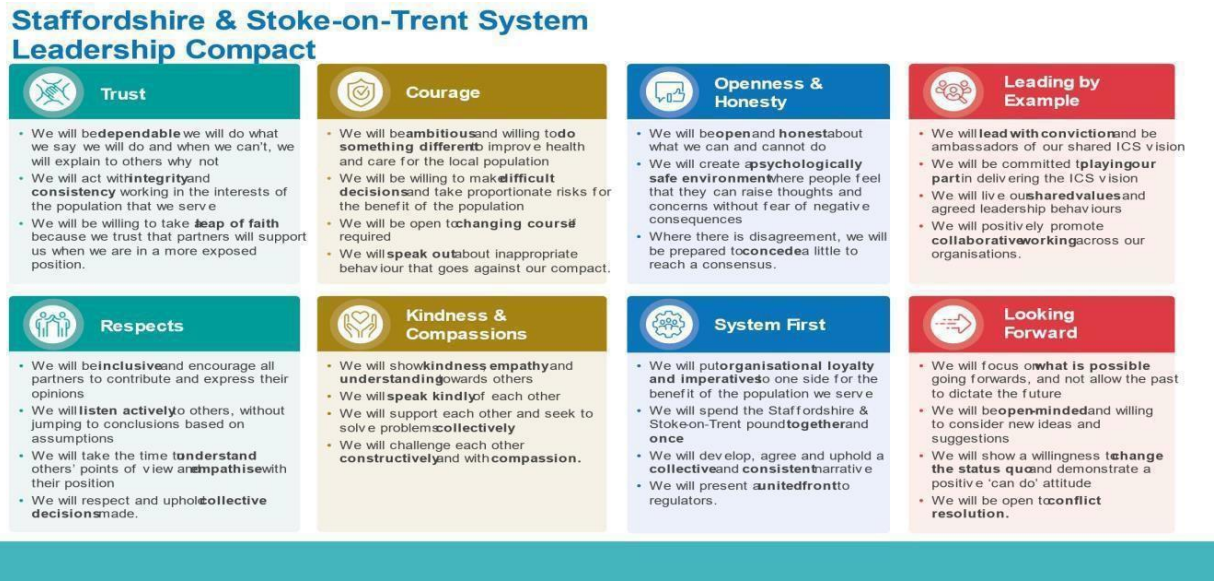
	[redacted] and [redacted] presented the item. The item was in two parts, the first was a presentation of audit findings and the second part was a request from a primary care clinician to review the RAG rating. Fluoxetine for children and adolescents was discussed at IMOG during 2022 following an ESCA harmonisation process by the interface Mental Health ESCA Task and Finish Group. Before harmonisation, the South Staffordshire Formulary, had an ESCA status for this medicine for this cohort of patients and in North Staffordshire Formulary, there wasn't a separate entry for fluoxetine prescribing in children and adolescents. Individualised patient information to support care was provided by CAMHS to Primary Care in the form of outpatient correspondence. IMOG agreed to move from an ESCA to an **AMBER I** status on the grounds that complex drug monitoring is not required. There was a further acknowledgment that whilst the medicine does not require complex drug shared care, robust shared clinical care between the patient & their carer; the specialist and the General Practitioner is required. Concerns had been raised around some gaps with shared clinical care were raised by GP IMOG members and IMOG requested a small-scale audit was undertaken to review care. [redacted] shared the findings of the small-scale audit with IMOG. NICE Clinical Guideline 134 was utilised to develop the audit and was meant to provide a snapshot of care for children or adolescents prescribed fluoxetine for moderate to severe depression under the care of CAMHS. Only six audit forms were returned completed from primary care and significant data was missing and therefore no firm conclusions could be reached. The ICB had received a request from [redacted], PCN Clinical Director in North Staffordshire to review the **AMBER I** status of the medicine with a view to moving to **GREEN** in order to allow General Practice to initiate the medicine whilst awaiting referral to CAHMHS, due to lengthy waiting list concerns. This was supported by [redacted] ICB CPL Strategic Lead who unfortunately didn't make the meeting today. [redacted] confirmed via email correspondence shared on the IMOG report that he was aware of the lengthy waiting times to be seen in CAMHS and has asked the IMOG to review the **AMBER I** status and consider a **GREEN** formulary rating. [redacted] asked the membership to consider their primary function of the IMOG which is to support medicines governance and medicines safety and that of the patient when considering the request. The group were also asked to review the NICE Clinical Guideline 134 regarding the place in therapy for fluoxetine following a MDT* review if the child or young person's depression is not responding to psychological therapy. [redacted] had received concerns from [redacted] who felt that it was not safe to reconsider the formulary status where there are capacity concerns within the care pathway and the pressure on commissioned services should be the highlighted. [redacted] was concerned that whilst some PCNs may have a Mental Health Practitioner able to support with right expertise regarding CYP moderate to severe depression, others will not and the CAMHS team solely provide the support. [redacted] stated the view that the status of the medicine should not be changed based on the provision of the service. [redacted] agreed and expressed concern regarding prescribing this medicine for this age group without specialist support. [redacted] asked the group to consider any consequences if the medicine was prescribed off-label for the younger age group and a child came to harm where knowingly the IMOG changed a status which is inconsistent with the care pathway outlined in the NICE clinical guidelines.	

	[redacted] pointed out that the original discussion was comprehensive when IMOG agreed **AMBER I** status and the reasons for doing so had not changed. [redacted] appreciated the concern raised by [redacted] but asked the group to look at the robust governance process undertaken concerning the harmonisation of the formulary status. Whilst everyone recognises the pressure on her services, the group needed to separate this with what is the safe approach regarding this medicine. **Decision: IMOG AGREED that fluoxetine in children and adolescents remains AMBER I.** **Action: [redacted] to be notified of the decision.**	[redacted]
15.0	**Revised DLCV Policy and tadalafil** [redacted] and [redacted] presented the item. NHS England had updated their guidance on "items which should not be routinely prescribed in primary care" originally published 30th November 2017. A subsequent review has been undertaken to revise the ICB Drugs of Limited Clinical value policy in line with the recent publication. Details of changes made to the ICB policy can be found on page 3 of the policy which is included in the papers. It should be noted that these changes do not affect the clinical essence of the document for the medications contained, except for tadalafil, which has been removed from the guidance by NHS England and thus removed from the ICB policy. A full review on the recommended formulary classification originally made for each drug (that was agreed at IMOG - 5th April 2023) has also taken place. The only medication requiring a formulary review was tadalafil once daily preparations. Daily tadalafil is sometimes suggested for patients who have both lower urinary tracts symptoms (LUTS) / benign prostatic hyperplasia (BPH) and erectile dysfunction (ED) – recommended dose is 5mg daily. In relation to ED use alone, it is the "as required basis" used as an alternative to sildenafil. The ED clinic is assessable if patients have had treatment for prostate or bladder cancer where the treatment has caused the issue. UHNM advise that there is no general ED clinic for non-cancer patients within urology. North Staffordshire and South Staffordshire formularies – currently **GREEN** -10mg and 20mg when required preparations only (second line). Daily preparations are not included. Adhering to recommendations on the Staffordshire formularies of "not to usually exceed 8 tablets a month for the PRN version, except where a patient has been seen by a specialist in erectile dysfunction who is recommending a more frequent usage". Boarder area ratings were provided in the paper and [redacted] asked the group to review and agree daily tadalafil 2.5mg and 5mg rating on the Staffordshire formularies. [redacted] suggested that as 2.5mg is the more expensive version then it would make sense to use 5mg daily as **GREEN** on the formulary if appropriate. [redacted] wasn't sure if the tablets could be halved but it was a suggestion. [redacted] said that there were already a lot of patients on this and were providing evidence that more than 8 tablets a month were necessary.	

	[redacted] noticed that the new national guidance document now includes 'prescribe only if no alternative intervention is available' for many DLCV, which appears to be a get out clause. [redacted] feels this makes the policy worthless. [redacted] agreed and said we should localise our guidance to suit. **Decision: IMOG AGREED further discussion to be taken outside of this meeting.**	
16.0	**Abatacept without Methotrexate Policy - Biologics Pathway in Severe Rheumatoid Arthritis** [redacted] presented the item. Abatacept has a marketing authorisation for use in combination with methotrexate for the treatment of adults with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other DMARDs including one or more TNFα inhibitor therapies. NICE has summarised its recommendations in positive NICE TA375 and TA195. The Rheumatology department at requested to submit evidence concerning the clinical benefit of abatacept as monotherapy or with an DMARD* for a patient who is unable to tolerate methotrexate or where methotrexate is contraindicated. The Clinical Priorities Advisory Group (CPAG) reviewed the evidence base submitted and scored the intervention for this particular cohort within the margin for commissioning with restricted criteria agreed with the clinicians within the context of the clinical pathway (provided). The policy was provided with the papers in respect to the use of abatacept without methotrexate, defining the scope of intended use with robust inclusion, exclusion and stopping criteria. Based on the approval of the policy, an updated Severe Rheumatoid pathway has also been co-produced to reflect the use of Abatacept without methotrexate for this cohort of patients. Note the Prescriber has the responsibility to ensure that Blueteq* forms are completed so it can be audited in the future. Given the fact that Abatacept is licensed to use with methotrexate, it's going to be used off label and the decision of shared care should be made between the clinician and the patient. [redacted] noted that methotrexate would need to sit on the left-hand side of the pathway. **Decision: IMOG APPROVED the Policy for the use of abatacept without methotrexate for the treatment of rheumatoid arthritis outside the scope of NICE (TA195 and TA375) and Biologics Pathway in Severe Rheumatoid Arthritis with the addition methotrexate in the left left-hand side of the pathway.**	
17.0	**JAPC - Confirmed Minutes and bulletin August 2023** IMOG **NOTED** the minutes and bulletin.	
18.0	**Black Country IMOG Minutes –** Nothing for this month.	
19.0	**Any Other Business** <u>Dienogest</u> [redacted] raised the item. There were quite a few queries coming into the Medicines Query inbox as primary care are being asked to prescribe Dienogest for endometriosis by secondary care colleagues.	

	To update the IMOG ED has spoken to [redacted] (UHNM Interface Pharmacist) and [redacted] has confirmed this medicine is currently going through a New Medicines Group application. Depending on the formulary status IMOG may see this come through for discussion in the future. **IMOG NOTED the item.**	
	The meeting closed at 15.51	
	Date of next meeting Wednesday 10th January 2024, 2.00-4.00pm via MS Teams	
	Meeting effectiveness: Have we upheld the behaviours agreed in the Leadership Compact? Any learning and how we can improve going forward?	**Y** **Y**

NHS Staffordshire and Stoke-on-Trent Integrated Care Board



ADHD= Attention-deficit/hyperactivity disorder
APC/G = Area Prescribing Committee/Group
ESCA = effective shared care agreement
RAG = red, amber, green
I = Initiate
R = Recommend
RMOC = Regional Medicines Optimisation Committee
STAC = Staffordshire thrombosis & anticoagulation centre
QRISK = a prediction algorithm for cardiovascular disease
LTC = Long Term Conditions
CVD – cardiovascular disease
AST = aspartate transaminase
ALT = alanine transaminase
FHG = Formulary Harmonisation Group
BMI = Body Mass Index
NICE = National Institute for Health & Care Excellence
HENIG = Health Economy NICE Implementation Group
ICB = Integrated Care Board
MO = Medicines Optimisation
BNF = British National Formulary
UHNM = University Hospital North Midlands
MPFT = Midlands Partnership Foundation Trust
NSCHT = North Staffs Combined Healthcare Trust
GL = glucagon-like peptide
NYHA = New York Heart Association
IV =intravenous
ACEi = Angiotensin-converting enzyme inhibitors
JAPC = Joint Area Prescribing Committee
SPC = Suprapubic Catheter
Mims = Monthly Index of Medical Specialties
SRO = Senior Responsible Officer
DMH = Douglas Macmillan Hospice
F&P = Finance & Performance Committee

CGRP = Calcitonin Gene-Related Peptide
HFpEF = Heart Failure with Preserved Ejection Fraction
LVEF = Left ventricular ejection fraction
HF = Heart Failure
MDT – Multi Disciplinary Team
PSDs = patent specific directions
LMC = Local Medical Committee
NEDs = Non-Executive Directors
SHINE = a nurse led service providing advice, education, assessment and treatment for patients with heart failure
ELF = End of life, long term conditions & Frailty
TA= Technology Appraisal
BNP = a blood protein B-type natriuretic peptide (BNP) and N-terminal-pro-BNP (NT-pro-BNP).
pMDI = pressurized metered dose inhaler
ACS = acute coronary syndromes
NPSA = national patient safety alert
CYP = children and young people's portfolio
PCN DES = primary care network direct enhanced service
AHSN = Academic Health Science Network
NaCl* = sodium chloride oral solution
DMARD = disease-modifying anti-rheumatic drug
Blueteq = a web-based software system for the approval and management of high cost medicines across a range of healthcare conditions