NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Reference: FOI.ICB-2223/248

Subject: BNSSG ICS Regional Medicines Optimisation Committee South West

I can confirm that the ICB ***does hold some of the information requested****; please see responses below:*

QUESTION	RESPONSE
I am writing to request information under the Freedom of Information Act regarding the latest Meeting Minutes of your one committee. Could you please provide the latest meeting minutes for; 1) Regional Medicines Optimisation Committee South West at Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS)? Clarification received 20th March 2023: Could you please send me meeting minutes of both (BNSSG Area Prescribing and Medicine Optimisation Committee (APMOC) minutes & Regional Medicines Optimisation Committee)?	RMOC (Regional Medicines Optimisation Committee) meetings are led by NHS England. We advise you to contact NHS England directly who will hold copies of the minutes. Details of how to contact NHS England can be found via the following link: https://www.england.nhs.uk/contact-us/foi/ Please find enclosed the minutes of the December 2022 meeting of the Area Prescribing and Medicine Optimisation Committee (APMOC). A meeting was held in February 2023 and these minutes will be approved at the next meeting being held on 6th April 2023. Please note: FOI requests and responses are publicly available and therefore, personal information has been redacted. The ICB considers the names included in the enclosed document to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.

The information provided in this response is accurate as of 22 March 2023 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)

Minutes of the meeting held on Thursday 1st December 2022

Time: 1330-1530
Location: Microsoft Teams

Minutes

Present		
xxxx	Deputy Director (Medicines Optimisation) BNSSG ICB Chair	xx
xxxx	GP, Prescribing Lead, BNSSG ICB	xx
xxxx	Director of Pharmacy, UHBW-Bristol	xx
xxxx	High-Cost Drugs Pharmacist NBT	xx
xxxx	Interface Pharmacist, BNSSG ICB	xx
xxxx	Associate Director Medicines Optimisation, BNSSG ICB	xx
xxxx	Head of Medicines Optimisation, Sirona Care & Health	xx
xxxx	Interface Pharmacist, BNSSG ICB	xx
xxxx	Director of Pharmacy, NBT	xx
xxxx	Consultant Pharmacist Rheumatology, NBT	xx
xxxx	Team Administrator, BNSSG ICB	xx
xxxx	Senior Clinical Pharmacist, NMP, Courtside Surgery	xx
xxxx	Principal Medicines Optimisation Pharmacist, BNSSG ICB	xx
xxxx	Principal Medicines Optimisation Pharmacist, BNSSG ICB	xx
xxxx	GP Registrar (Shadowing)	xx
xxxx	Medicines Optimisation Pharmacist BNSSG ICB Respiratory Specialist Pharmacist NBT	xx
xxxx	Principal Medicines Optimisation Pharmacist, BNSSG ICB	xx
xxxx	Team Admin Medicines Optimisation, BNSSG ICB	xx
xxxx	Consultant Acute Medicine NBT	xx
xxxx	Senior Medicine Optimisation Pharmacist- Diabetes Lead, BNSSG ICB	xx
xxxx	Senior Medicine Optimisation Pharmacist, BNSSG ICB	xx
xxxx	Principal Medicines Optimisation Pharmacist, BNSSG ICB	xx
xxxx	Principal Medicines Optimisation Pharmacist, BNSSG ICB	xx
xxxx	Lead Practice Nurse, BNSSG ICB	xx
xxxx	Chemical Pathology Register, UHBW	xx
xxxx	Outpatient Parenteral Antimicrobial Therapy, NBT	xx
Apologies		
xxxx	Interface Pharmacist, BNSSG ICB	xx

Shaping better health

xxxx	Consultant of Rheumatology, NBT	xx
xxxx	Chief Pharmacist, Associate Director Medicine Optimisation, AWP	xx
xxxx	Associate Director of Pharmacy, UHBW-Bristol	xx
xxxx	Clinical Lead Policy Development and Exceptional Funding, BNSSG ICB	xx
xxxx	Associate Director of Pharmacy (Business Planning), NBT	xx
xxxx	Public Health Consultant, Bristol City Council	xx
xxxx	Chief Medical Officer, BNSSG ICB	xx

	Item	Action
1	**Welcome, Introductions and Apologies** xx opened the meeting; introductions were made, and apologies were noted as above.	
2	**Declarations of Interest** No conflicts of interest were identified.	
3	**Minutes of the Previous Meeting – Thursday 6th October** The minutes of the previous meeting from Thursday 6th October were approved. The minutes can circulate to provider's respective committees.	
4	**Action Log** The outstanding actions were discussed. ***Please refer to the action log for further information.*** **Ref 364 - School Asthma Action Plan- ACTION CLOSED** **Ref 366 - Policy for the Sponsorship of Activities by and Joint Working with the Pharmaceutical Industry – ACTION CLOSED** **Ref 367 - BNSSG guidance on switching between warfarin and DOACs during COVID – ACTION CLOSED** **Ref 368/369 - Menopause/HRT Unscheduled Bleeding Guidance- ACTION ONGOING** **Ref 371 - Healthier Together at Home OPAT New Injectable Medicines Risk Assessment- ACTION CLOSED** **Ref 372 - BNSSG Penicillin Allergy Leaflet** **Ref 375 - Metformin and Vitamin B12 levels review**	
	Decision	
5	**Guideline Tracker – future guidelines to update**	

	Item	Action
	xx explained that two cardiovascular guidelines could be stood down. The first one was the supporting guidance for DOACS in AF which was originally written in 2013. We have met with the anticoagulant pharmacist at UHBW and came to an agreement that we should be encouraging clinicians to use the DOAC decision aid tool and so really this document could now be taken down if agreed by group members. The second one was the FAQs for warfarin for GP's and again, because warfarin isn't initiated all that often that there probably isn't any need for this document either. **The group agreed for the removal of the supporting guidance for DOACS in AF and FAQ for warfarin for GPs from Guideline tracker.**	
5.1	**BNSSG Drug Treatment Pathway for Rheumatoid Arthritis (RA)** xx explained to the group that the Rheumatoid Arthritis pathway have been discussed at BNSSG High-Cost Drugs meeting where feedback was received so that's been incorporated in the current guidance. There is multiple NICE TAs for use in the main inflammatory arthritis conditions. But NICE does not stipulate exactly which drug we should use and there is also some ICB stipulation. So, we have this overarching pathway that outlines all the NICE guidance and a few separate agreements that we have with ourselves. We have a cost comparative tool that's been approved and now being piloted in the SW that was funded by NHS England and we use that to help us make a decision about which is the most appropriate treatment to each step of the pathway. xx also stated that NBT were also asked to provide a patient version of the pathway so the feedback from the High-Cost Drugs meeting was to take out the acronyms and put the drug names in full which we did, and we also decided to take it to our patient representatives group because we wanted to also make it available on our trust website for patients with these conditions. Our patient reps group ironically thought that they didn't want the names in full, they wanted the abbreviations for the drugs. We are receiving feedback from patients' day to day as they are being shown the pathway in clinics. xx clarified with the group that the Pathway for Rheumatoid Arthritis is entirely for secondary care and that will be added to make clear within the pathway. Also, that UHBW Rheumatology leads have approved and have been using the pathway. xx asked if the boxes within the pathway are different colours to the traffic light status so not to confuse clinicians and to add the Healthier Together logo. xx asked that the information which is relevant to primary care colleagues could be sent separately in a newsletter and also added to Remedy and asked xx if updates could be taken to the High-Cost Drugs meeting every three months, xx agreed and also stated will be taking pathway to BNSSG Joint Formulary Group	

	Item	Action
	The group agreed to approve the BNSSG Drug Treatment Pathway for Rheumatoid Arthritis (RA)	
5.2	**Outpatient Parenteral Antimicrobial Therapy Policy** xx explained to the group that the Outpatient Parenteral Antimicrobial Therapy Policy it's a pilot project that was commissioned a year ago by at the time BNSSG CCG which is also now incorporating the virtual wards. We receive patient referrals from GP surgeries and both Acute Trusts and the policy describe clinical responsibility who responsible for the patient., suitability of the patient, what happened when if the patient become unwell whilst in the care of the service, a little bit about intravenous access and how which policy we are using and how we using it. Also includes how clinician can refer to the service and how we look after our patients. MDT officials review weekly or twice weekly with our microbiologist consultant regarding monitoring of those patients. xx confirmed to the group that secondary care has the ability to sign the community charts and if a patient needs weekly blood test the results go back to the referring clinician at NBT. xx also confirmed that the service is seven days a week from 0700 to 1900. xx asked if the term medical team within the policy be changed to clinical and page number be added also to the policy. xx asked xx to make the above changes to the policy and then send the final version to xx for distribution. **The group agreed to approve Outpatient Parenteral Antimicrobial Therapy Policy**	
5.3	**Safer prescribing of Sodium valproate (female patients of childbearing potential) in Primary Care** xx explained to the group the safer prescribing of sodium valproate is a guidance document, which Medicine Optimisation team at BNSSG ICB have produced and we have linked in with NHS Surrey ICB. There was also an ask from the BNSSG Valproate working group to produce this document but have also included Datex reviews and reports which we have received from primary care. The document includes hyperlink and background to the MHRA guidance and on page two there is a flow chart which explains to primary care clinicians what the process is for new and existing patients in relation to prescribing of sodium valproate. xx also explained that NHS England in June 21 sent a letter to valproate patients meds, and it was sent to those aged 12 to 55. But a recent online seminar that we linked into, and which was run by Prescript and Kent ICB talked about a lot of safety work that they're doing with NHS England now, they're actually running a pilot and they've used the age range 10 to 55. xx stated that it feels uncomfortable to be having a conversation with someone under the age of thirteen when they're not even allowed to consent to sex. It was agreed that a safeguarding section needs to be added within the document.	

	Item	Action
	The group agreed the Safer prescribing of Sodium valproate (female patients of childbearing potential) in Primary Care once changes have been made. **ACTION: xx to make the requested changes within the Safer prescribing of Sodium valproate (female patients of childbearing potential) in Primary Care document.**	
5.4 **5.5** **5.6**	**Inhaled Steroid Step-down Protocol in COPD Updated** **Children and Young People Asthma Guideline 2022- Updated** **Asthma Adult Guideline 2022- Updated** xx explained there hasn't been any changes of the clinical information within all three guidelines. The steroid step-down protocol needed a review because it has been two years since we looked at it and the guideline has just been updated to include our current inhalers and also my COPD app**.** The Children and Young People Asthma guidance is more of an interim update because we agreed that we wouldn't do any new clinical guidance for asthma until the joint NICE BTS guideline is published at the end of 2023. xx has used the same approved wording that we have on the COPD guideline and the little car icons to just highlight the differences between dry powder and meter dose inhalers. The Adult Asthma Guideline xx has removed Flutiform and Salbutamol MDI which have the highest carbon footprint and replaced with Combisal and Airomir inhalers. The guideline also includes environmental considerations, DPI suitability and car icons representing inhaler carbon footprint. After discussions, the group asked if xx could change the colour of the car icons so the guideline can be easily read by colleagues who are colour blind. **The group agreed Inhaled Steroid Step-down Protocol in COPD.** **The group agreed Children and Young People Asthma Guideline 2022-Update** **The group agreed Asthma Adult Guideline 2022- Update** **ACTION: xx to make the requested changes within the Asthma Adult Guideline 2022.**	
5.7	**Vitamin D Patient Information Leaflet (PIL)**	

	Item	Action
	xx explained to the group that the Vitamin D Patient Information Leaflet and at the bottom of the document xx has updated the links embedded and are now more specific to vitamin D. The wording has been changed to levels instead on vitamin D deficiency to make it easier for patients to read. **The group agreed to approve the Vitamin D Patient Information Leaflet (PIL)**	
5.8	**Prescribing of Home Oxygen in People who smoke.** xx explained that the Prescribing of Home Oxygen in People who smoke document came to APMOC in October, there is a joint home oxygen service across the Southwest and seven ICB's. The lead Commissioner produces this document, who's NHS Devon and it's a policy around patients who smoke and prescribe home oxygen because of the risks. It has been shared with NBT, UHBW, Sirona lead and there was only one comment around the length of time someone should be stopped smoking post discharge, which was xx has updated in the policy. **The group agreed to approve the Prescribing of Home Oxygen in People who smoke document.**	
5.9	**Management of Hypertriglyceridemia in Primary Care- xxxx Chemical Pathology Specialty Registrar, Clinical Biochemistry, UHBW** xx explained to the group that as part of an ongoing review of the information that we have currently in BNSSG on lipid management, one of the documents that we're lacking was guidance for primary care and the management of hypertriglyceridemia which can be used as a reference. Patients who have presented with hypertriglyceridemia and triglycerides about five is what we take to be quite significant and needs reviewing within the Lipid Clinic. xx asked what if there was a delay to the patient being seen in the lipid clinic? xx replied there is contact numbers within the guidance for the lipid clinic so we will still be able to give advice over the phone, there's always a clinician that would be able to get back to them within 24 hours. After discussion within the group, it was agreed that xx would make the following changes to the guidance: • List of references to be added to guidance • Specify the initial blood test - fasting or non-fasting • Simplify the triglycerides greater than 20 or more persistent than 10 • Add information regarding process for patient between 1.8 and 4.9 • Add information regarding management of secondary causes.	

	Item	Action
	xx explained to xx that when the above changes have been made, please send the final version to xx so can distribute to the group for final sign off. Once the group is happy, we will upload to the various platforms and disseminate to general practice. **ACTION: xx to made requested changed within the Management of Hypertriglyceridemia in Primary Care guidance.** **ACTION: xx to send the final version Management of Hypertriglyceridemia in Primary Care for virtual sign off.**	
	Strategic	
6	**Anticoagulant Guidelines- Update** **Please read agenda item 5- Guideline Tracker for update**	
7	**System Dossett Box** xx has spoken to xxxx Chief Medical Officer at NBT and the care hotel project lead and there are no plans for patients to be discharged on dossett box. There are delays with patient being discharged at weekends due to place of care. xx explained that there is a pathway being developed by Sirona which has been requested by secondary care colleagues and in discussions with hospital pharmacy teams.	
8	**Edoxaban prescribing** xx explained that quite a bit of time was spent developing the DOAC decision aids and patients should be switched to edoxaban and having listened to some of the concerns from haematologists and cardiologists, we looked at how we could make it both safe and financially cost effective. So, we developed new guidelines which are robust because they look at a patient's risk and their kidney function and then you follow a pathway which is prescribing edoxaban but for some patients who have for example low GFR, it's still sticking with apixaban. xx stated that awareness and more education needs to be facilitated which NBT can help with and investigate why some patients are being discharged on apixaban. xx also suggested that a reminder to junior doctors would be beneficial, and xx offered to attend hospitals within the trust and speak to junior doctors within their inductions.	
9	**CMDU- Update** xx updated the group that the below NICE TA is about the treatment available for patients in the community with Covid who high risk of hospitalization. Currently we are getting them free of charge from national stock but there will be a cost to our local systems moving forward from April 2023. Any feedback to be sent to xx.	

	Item	Action
	NICE Consultation- Link below **https://www.nice.org.uk/guidance/indevelopment/gid-ta10936**	
10	**Blood Glucose Management in Type 2 Diabetes guideline- Update** xx explained that this item was brought to APMOC in October, NICE updated the guidelines and suggested for duel first line initiation for SGLT2 inhibitor for patients with established cardiovascular disease and heart failure. This would result in a significant cost pressure, so we suggested at the last meeting in October another option as other areas in the country have done, of approving funding for those with established cardiovascular disease and a heart failure only at the current time. Xx explained we are doing further work with the Population Health team around assessing the affordability across the ICS. An updated statement has been included in the guideline If at any point during the patient's journey they go on to develop chronic heart failure or established cardiovascular disease edition of the SGLT 2 and limited with proven cardiovascular benefits should be included. xx explained that the guideline has been signed off virtually at the Diabetes and Devices subgroup. It has also been discussed at the Diabetes Programme Board which no objections so bringing to APMOC for final review and then will be discussed at BNSSG Formulary Group. xx also stated that there will be some lunch and learn sessions at the training hub in January. xx stated that we can send comms out via GP bulletin and promote the training. **The group agreed to approve the Blood Glucose Management in Type 2 Diabetes guideline.**	
11	**Virtual Wards/ HT@Home Update** **To be discussed at February meeting but programme is moving forward at pace.**	
	Groups Reporting to APMOC	
12	**STP Medicines Safety/Quality Group** xx explained to the group that at the last meeting we did quality schedule feedback from all the different providers, which was really helpful and Sirona will be presenting their feedback at the next meeting. There's been a query regarding hydroxychloroquine as there was guidance from the Royal College of Ophthalmology that's suggested that patients need to have retinopathy screen the guidance is from December 2020, they suggest that high risk patients should have a review and if not high risk then it should be every 5 years. xx has contacted Bristol Eye Hospital and	

	Item	Action
	they have stated that they don't have capacity to review patients that are high risk each year and that they do it five years. So, we are just reviewing that at the moment and probably will go on the risk register. xx added that NBT have hydroxychloroquine retinal screening guideline within rheumatology that we've agreed with Bristol Eye Hospital on the grounds of what the RMOC guidance said and what their capacity allows.	
13	**BNSSG Joint Formulary Group** xx explained to the group that Melatonin discussions are ongoing.	
14	**STP High-Cost Drugs** At the last meeting group members were Horizon Scanning and the final draft will be distributed in the next week.	
	Finance	
15	• **Current Position** • **Horizon Scanning (To Follow)** • **Savings 2023/2024** xx explained we need to flag to system Directors of Finance large areas of growth within secondary and primary care which we are doing through High-Cost Drugs group but to make sure we are all aware.	
	Standing Items	
16	**New / Updated NICE Guidance** **Osteoarthritis in over 16s: diagnosis and management** xx explained need to review the new NICE guidance for Osteoarthritis in over 16 and need to filter through the BNSSG MSK Programme Board. xx explained that she is currently writing a textbook chapter regarding this at the moment and is linking in with lead physio and will also link in with Medicines Optimisation team for further conservations. **Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management**	
17	**Minutes**	
17.1	**Minutes from latest - Quality Medicines & Safety Group**	
17.2	**Minutes from latest – Joint Formulary Group**	
17.3	**Minutes from latest – High-Cost Drugs Meeting**	
18	**Any Other Business**	

	Item	Action
	Date of next meeting: Thursday 9th February 1400-1600	

Xxxx
Administration December 2022