

**South East London Integrated Medicines Optimisation Committee (SEL IMOC) Meeting
20 July 2023 (Meeting held via MS Teams)
Final Minutes**

1. Welcome, introductions and apologies

The Chair welcomed attendees to the meeting. Apologies and observers were noted.

2. Conflict of interests – declarations and DOI refresh

The Chair asked that any conflicts of interest with the meeting agenda be declared and that any outstanding declarations be returned. No conflicts were raised.

3. Detailed action notes of the last meeting, minutes, and action log:

The notes were accepted as an accurate record of the meeting subject to the correction of minor typographical errors. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. Updated adult oral nutritional supplement (ONS) and cow's milk allergy (CMA) guidance and supporting resources

The authors were in attendance to present this item, regarding the adult oral nutritional supplement (ONS) resources. The lead author explained that the resources, which are appendices to the overarching ONS guidance have been updated with new products, prices and associated RAG rating changes (which helps direct choice of products). A new resource – a quick reference guide for swapping ONS prescription has also been developed following requests from practices. Some minor changes have also been made to the formatting to improve ease of use and an update has also been made to product descriptions for example in light of national guidance on fibre drinks.

The CMA resources, which are appendices to the overarching CMA guidance have also been updated with minor amendments for clarity and formatting and to reflect more up to date information on referral criteria.

In response to a query regarding why the correct products are not used at point of initiation by the hospital, there were assurances that whilst guidance on swaps was aimed mainly at dieticians, there was work to train dieticians to explain to patients that first-line products were not inferior, and to change the patient to these if possible before discharge. A comment was also raised regarding patients with dexterity issues, who may struggle with some of the containers. The presenter clarified that whilst powdered products needing to be made up were not recommended for those with dexterity issues, the Prescribing Support Dieticians would be happy to support and advise on particular cases and if there were a particular group of patients experiencing issues this could be shared with the manufacturers.

The Committee approved by consensus the updated resources for adult ONS and paediatric CMA and approved the new resource for swapping adult ONS prescriptions, pending the check of the links by the authors in the overarching guidance documents.

ACTION: Authors to confirm links in the overarching guidance documents for adult ONS and CMA are correct and reflect all the appendices

5. Updated shared care guideline for the treatment of autoimmune hepatitis, rheumatic diseases and inflammatory bowel disease in paediatrics

The author was in attendance to present this item along with the borough lead supporting the review. The presenter noted that the existing shared care guideline had been due for review and as part of the review, azathioprine had been included for autoimmune hepatitis. This follows previous discussions at the Committee in September 2021 and approval for azathioprine to be granted an Amber 3 “Red Amber Green Grey” (RAGG) category in this setting. The Amber 3 category was pending development of the shared care being presented today. In addition to the new inclusion of azathioprine in AIH, the other changes to the existing document are minor and relate mainly to the use of the new shared care template.

A comment was raised in regards to how often GPs should continue to use blood tests for patients if the tests continued to show normal, and patients with co-morbidities. The presenter clarified that the specialist recommendation was 3-6 monthly monitoring and for patients with co-morbidities, this would be an individual patient level recommendation by the specialist.

Committee members were informed that some comments had been provided before the meeting in relation to formatting, links, wording on clinically significant interactions with hydroxychloroquine and contraindications for effective contraception as well as adjustment to reflect that many patients used digital tools rather than patient monitoring books. These amendments will be made by the author.

Committee members approved the shared care guideline by consensus, pending amendments as per the discussion. Once amended, the document should be progressed for IMOC Chair's ratification.

ACTION: Author to update shared care guideline with amendments, final checked by borough lead and then progressed for IMOC Chair's ratification

6. Updated formulary recommendation 097 - cariprazine for the treatment of schizophrenia in adults

This formulary recommendation has been updated to remove the time limited approval following presentation of outcome data at the May IMOC meeting. The Oxleas member asked the Committee to note that there is now some limited use at Oxleas too – mainly relating to continuations from patients initiated under SLaM. The outcomes for these patients can be shared back with the Committee when the next data report is due in 2 years.

The Committee approved the updated formulary recommendation by consensus.

7. Primary care guidelines sign off process for the SEL Acute Provider Collaborative (APC)

The Acute Provider Collaborative (APC) is a partnership between the local SEL acute Trusts and aims to improve efficiencies and reduce duplication through collaborative working. There are a number of clinical workstreams under the APC, some of which will be developing guidelines for primary care to skill up primary care clinicians and support referral management into secondary care. These guidelines may include medicines related content. To support guideline development, the APC has developed a document to outline the process for approval of APC guidelines. The process includes that the IMOC will be consulted on and approve any medicines related elements in APC guidelines. Committee members raised some comments on the process, and these will be fed back to the document owners.

8. Urology adult primary care guidelines – approval of the medicines content

These are the first set of guidelines developed through the APC and sit under the urology clinical workstream. Colleagues from the APC were in attendance to present the item – the SEL Primary Care GP Lead for Urology and the Programme Manager for Urology and General Surgery. The presenters outlined that work to develop these guidelines started in 2022 and they cover an array of common urological conditions seen in primary care such as male lower urinary tract symptoms (LUTS), prostatitis, erectile dysfunction, female LUTS and female recurrent urinary tract infection.

The guidelines were circulated for consultation with the IMOC last year and since then, as the approval process has developed, the guidelines have also been circulated for broader consultation to all GP practices in SEL and the Local Medical Committee (LMC). A number of the guidelines contain medication related advice and the medicines content within the guidelines for erectile dysfunction and female LUTS will result in the existing IMOC guidance for these conditions being retired as the content has moved into these broader APC guidelines.

It was noted that several comments from the IMOC team had been shared with the authors prior to the meeting – these included some specific clinical and formulary related comments.

There was a detailed discussion on how the guidelines would be made accessible. The presenters confirmed the guidelines would be uploaded by each borough to GP systems and there is a plan to use webinars and the GP Bulletin to promote the guidelines and integrate into GP systems. There was strong feedback from Committee members that there needed to be a central website or repository to access the guidelines. Members also raised concerns that the strategy to upload separately in each borough is high risk in terms of version control. The links to the BNF were also discussed and Committee members agreed that the SEL Joint Medicines formulary should be the key link in the guidelines.

Members agreed that the guidelines could not be approved given a number of amendments were needed. Additionally, clarity is needed on how the guidelines will be hosted centrally and made more widely accessible, acknowledging that this may not be in the remit of the presenters to solve. The guideline will need to be presented back to the Committee once these issues have been resolved, including hosting of APC guidelines centrally.

ACTION: Guidelines be presented back to the Committee once the queries have been addressed and a solution for hosting the guidance centrally has been agreed

9. Five year forward plan for Medicines Optimisation and Pharmacy in SEL: Transforming and Integrating Medicines Optimisation (TIMO)

The author introduced this plan, which has been developed in response to the broader ICS strategy. The ICS strategy sets out joint priorities across the healthcare system over the next 5 years. This plan for medicines optimisation is one of the enabler functions for the broader ICS strategy. The forward plan for Medicines Optimisation reflects the role of medicines as a golden thread through much of the work in the ICS. Six priority actions have been identified for medicines optimisation within our collaborative programme of work, with a move towards the patient-clinician experience rather than cost of a treatment only. There will be opportunities for everyone to be involved with workshops being planned in the Autumn, facilitated by the local Health Innovation Network. The plan will be reviewed annually.

The Committee noted the breadth of opportunity the plan provided and welcomed its development.

10. Draft pan-London interface prescribing policy

This policy is being led and coordinated by the London Procurement Partnership (LPP) through a short life working group that has representation from all London ICS areas. The draft policy has been circulated for consultation across London ICS areas and in SEL it has been consulted on through the IMOC and the Integrated Pharmacy Stakeholder Group (IPSG). Members were thanked for their contributions to the consultation. A significant number of comments have been received and these will be shared back with the LPP in time for this week's deadline.

11. Updated Clinical Effectiveness South East London (CESEL) Chronic Kidney Disease (CKD) Guide – medicines section

The author and borough lead supporting the review were in attendance to present the updated CKD guide. The guide has been updated to incorporate the recent NICE technology Appraisal (TA) for finerenone in stage 3 & 4 CKD in people with Type 2 diabetes. It was confirmed that only the medicines section of the guide – including the treatment pathway have been updated. It is being proposed that finerenone is given an Amber 2 category in SEL following discussion with specialists.

It was noted that feedback had been received through the diabetes sub-group leads prior to the IMOC meeting. The feedback from the diabetes sub-group leads will be incorporated within the guide.

There was concern that patients may not be appropriately stabilised before transferring to primary care. Committee members therefore suggested a 6-month period of prescribing by the specialist team would be appropriate initially to account for complex cases, although the titration itself is expected to last one month. This could be reviewed once there was more experience of using finerenone, after 18 months.

With respect to the financial implications, it was noted that there is a NICE resource impact statement that states the resource impact is not expected to be significant. Part of the cost of treatment with finerenone is expected to be offset by savings and benefits.

The Committee approved the updated CKD Guide by consensus pending amendments as discussed and to incorporate feedback from the diabetes sub-group leads. The Committee also approved by consensus an Amber 2 category for finerenone, with the initial 6 months prescribing from the specialist team. This arrangement can be reviewed in 18 months. The amendments will be approved through Chair's action.

ACTION: Feedback from diabetes sub-group leads to be incorporated within the guide

ACTION: Guide to be updated and returned to the IMOC team to progress for IMOC Chair's ratification.

ACTION: Amber 2 RAGG category and initial 6 months prescribing from specialist team to be added to the SEL JMF

ACTION: Arrangements for transfer of finerenone at 6 months to be reviewed in 18 months

11 Standing items

- Formulary submissions tracker

Noted.

- NICE Technology Appraisal Guidance Summary – ICS attributed medicines & NHSE/I attributed medicines
 - The summary was noted and Red, Amber, Green, Grey (RAGG) categories were agreed by consensus.
- **For Information only pack**

Noted. This is the first time this pack has been included for the IMOC meeting. The documents enclosed include notes and minutes from the IMOC's complementary groups (the Integrated Pharmacy Stakeholder Group and the Medicines Value Group). These packs will be included as required for future IMOC meetings.

Any Other Business

The Chair informed the Committee that this was the last meeting for one of the lead formulary pharmacists, who is moving onto a new role. Committee members thanked them for their contributions and wished them well for the future.

IMOC dates for next 3 months

Date	Time	Venue
17 th August 2023	2:00pm – 4:30pm	MS Teams
21 st September 2023	2:00pm – 4:30pm	Hybrid – MS Teams/in person
19 th October 2023	2:00pm – 4:40pm	Hybrid – MS Teams/in person