

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
CORPORATE MEDICINES MANAGEMENT GROUP

Notes of the meeting held on Thursday 7th December 2023 8.30 – 9.30am

Present: Clinical Director of Pharmacy and Medicines Management (Chair), Assistant Director of Finance, Chair of Bro Taf LMC, Lead Pharmacist – Mental Health Clinical Board, Clinical Board Director for Surgery, Lead Pharmacist – Medicines Access, Lead Pharmacist for Children and Women Clinical Board, Clinical Board Director for Mental Health, Medical Director, Lead Pharmacist for Surgery Clinical Board, Pharmacy Nurse Advisor, Clinical Director, Co-Clinical Board Director for Specialist Services, Co-Clinical Board Director for Specialist services, Bro Taf LMC Vice Chair, Lead Pharmacist – Specialist Services Clinical Board, Lead Pharmacist – Medicine Clinical Board, General Manager for Pharmacy & Medicines Management, Principal Pharmacist Medicines Governance, Primary Care Pharmacist – Team Lead for Clinical and Governance Workstream, Clinical Director

Apologies: Lead Pharmacist for Primary, Community and Intermediate Care

1. Welcome and apologies for absence

Principal Pharmacist Medicines Governance, Primary Care Pharmacist – Team Lead for Clinical and Governance Workstream was in attendance in place of Lead Pharmacist for Primary, Community and Intermediate Care

2. Declarations of interest

None

3. Notes of last meeting (2nd Nov 2023)

Accepted as accurate

4. Matters arising

"Specialist prescriber" definition has been drafted by Principal Pharmacist Medicines Governance and Clinical Director for comment by the group. Chair of Bro Taf LMC agreed to discuss with primary care colleagues (using testosterone as an example), to firm up the definition.

5. Financial position – Medicine management

a) Finance position update

Position statement not available as yet. Month 8 position reported yesterday will go to Welsh Government today. Overall position for medicines is £6 million overspend (£5.6 million operational and approximately £400k CRP deficit). As always, the most significant area of deficit sits within PCIC (around £4.8 million). Continuation of overspend within Mental Health (around £200k) with a large element of that being related to ADHD due to medicine price increases. Specialist Services clinical board has overspend

of around £460k, mostly Haematology. Surgery has overspend of £100k with continuation of TPN and CRP deficit. CD&T have reported £160k overspend, but may be offset by WHSSC funding - Assistant Director of Finance will look at having this corrected. Children and Women has overspend of £200k which is a continuation of previous months.

Medicine CB reported underspend, but there are some individual high cost patients and continued cost of infectious diseases – may be possible to fund via wider health protection allocation from WG.

Price and volume increases in PCIC are not to the level anticipated, thanks given to primary care colleagues for supporting.

UHB needs to start to look at medicines savings for next year.

National group offers free analytical support – this has been requested.

b) Corporate medicines sustainability/efficiency 23/24

Action plan to be pulled together around the national work – it will be presented in the Prudent Prescribing update next week and to cMMG next month. Notes from the National meeting will be shared. Clinical Boards need to be fully aware of where they can have impact. Detail is needed in the action plan so that gaps are identified from current position to where we should be. Involvement of a clinician and pharmacist from each clinical board is needed.

6. Items for discussion/ approval

- a)
 - i. Patient Group Directions (PGDs) for the Supply and Administration of Medicines Policy
 - ii. Patient Group Directions (PGDs) Development and Review Procedure
 - iii. CAVUHB template

PGD documents have been drafted by Lead Pharmacist – Medicines Access and shared with the group. The process would provide better governance around PGD development and management than the UHB has currently. Feedback has already been received from stakeholders around the UHB, now looking for corporate MMG sign off in January.

High level overview of the process was given. Two further documents (Terms of Reference of the PGD support team, and Assurance of PGD Governance Checklist) will be shared with the cMMG group following today's meeting. A demonstration of the supporting database will be shared with Clinical Board Pharmacists and colleagues. Members were asked to provide comments on the process and supporting documents.

7. IPDs and pathways

- a. Daridorexant for long term insomnia TA922

Further discussions required regarding appropriate formulary category. Mental Health and Specialist Services involvement needed.

- b. Rimegepant for acute migraine TA919
Approved for General Use but position in pathway needs to be clearly documented.
- c. Ruxolitinib for polycythaemia vera TA921
Approved for implementation – Hospital Only
- d. Lumisiran for primary hyperoxaluria type 1 HST25
Approved for Paediatrics initially – Hospital Only WHSSC funded. For further discussion for adults when the WHSSC commissioning guidance is updated.
- e. Velmanase alfa for alpha-mannosidosis ID800
Approved for implementation – Hospital Only.
- f. Faricimab for visual impairment due to diabetic macular oedema TA799
Approved for implementation – Hospital Only
- g. Faricimab wet age-related macular degeneration TA800
Approved for implementation – Hospital Only
Financial modelling around impact of both faricimab TAs requested
- h. Nintedanib for idiopathic pulmonary fibrosis TA864
Approved for incremental implementation – Hospital Only

8. Formulary update

- a. Tecovirumat for Mpox - SBAR.
CAV – National holding Centre
Supplied free of charge – confirmation required that ongoing stock will also incur no cost
Approved for implementation – Hospital Only
- b. Anthelios sunscreen – SBAR
Approved for implementation – General Use
- c. Formulary additions table
 - i. Lenzetto – added as alternative oestrogen only HRT

9. Other items to note

- a. Lansoprazole in paediatrics guideline update

- b. Health board actions from Transforming Hospital Clinical Pharmacy (RPS) – presented to SLB (update in 6 months)Decarbonisation: inhaler prescribing, use and disposal 2023-2030 – strategy for Wales
- c. AWMSG – COPD Management and prescribing Guideline (update)
- d. NaPSA Safety Alert – Valproate – Actions required by 31st January – group to be reconvened to address these with immediate effect. Barriers to progress to be identified and addressed. Plan needs to be in place before Christmas. All CBs have been made aware.

10. Any other business

AWTTC have been asked by Welsh government to revisit the shared care guidance including national templates. Discussions regarding shared care may need to be paused until the new guidance in September next year.

Lead Pharmacist for Surgery Clinical Board is retiring at the end of the month. Thanks given for all of their work within the surgical area for many years. Advanced Pharmacist Surgical Pre-Operative Assessment and General Surgery Directorate Pharmacist will be taking up the post.

Date of next meeting **Thursday 11th January 2024**, 8.30 – 9.30am via TEAMS – to be confirmed.