

Notes From Nottingham and Nottinghamshire ICS NatPSA Sodium Valproate Stakeholders Meeting

Wednesday 24th January 2024

9am – 10.10am via MS Teams

Present:

NHS Nottingham & Nottinghamshire ICB
Nottingham University Hospitals
Nottinghamshire Healthcare Trust
Primary Integrated Community Services
Sherwood Forest Hospitals Trust
General Practice

No.	Item	Action
1.	Welcome, Introductions & Apologies ICB welcomed everyone to the meeting. Apologies were received.	
2.	Minutes of the Last Meeting Held on 10th January 2024 The notes were recorded as an accurate record of the meeting. Matters Arising – ICB spoke of the on-going commitment for the ICB to update any documents, policies, statements, and guidelines. All organisations to share any operational plans. ICB reported that the APC are waiting to carry out any updates including the shared care protocol which will be updated following the national guidelines. ICB stated the need to escalate to NHSE any plans for a national database, especially to help with any cross boundary patients.	
3.	National Documents update National documents prior to the meeting for information. ICB talked through the ARAFs, posters for Community Pharmacies, and patient information leaflets. The group addressed the female RAF and noted the second signatory space for the counter-signing specialist. Consultants stated that there will be an impact for teams to try and achieve needs appropriately and still there is a vagueness around co-signatories and adequate previous medications and some groups are addressing who should/could be a co-signatory. The BPA is preparing a document to help who a second signatory can be in practice.	

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	It was noted that RAFs can take up to half an hour to fill in appropriately. Delivering this will impact additional workload and skill-mix, and will there be any additional funding. Commissioning and contracting need to be aware of this and it be worked through. ICB suggested some further follow up meetings of this group to discuss how organisations are finding using the new documents. ICB highlighted on the female RAF there is no space to document what contraception the patient is taking, and how effective it is. This will cause an additional task for a pharmacist to find out if the patient has effective contraception in place. The clinician who prescribes sodium valproate and will carry out reviews should always ensure effective contraception is in place. It was agreed that this be fed up to the national team as a suggestion to improve the form. As a group our voices and concerns need to be logged. ICB stated that other organisations would surely have the same concerns as ours, and contraception must be in place before sodium valproate is prescribed. ICB happy to collate and escalate any concerns around the ARAFs and have contact details with the MHRA. All initial thoughts and comments to be sent to them. Advised that GPs do lots of contraception prescribing. GPs trust what patients tell them they are using. Effective education is needed for male patients around contraception, and also for clinicians. ICB asked if it had been trialled to have 1 clinic. Patient would see neurologist, and then a sexual health professional would be available to support them to get effective contraception there and then. Consultant advised that education is needed around evidence based around recommendations to help us all make good, informed decisions. In practice the patient is asked to start effective contraception before valproate is prescribed. Reported that the Paediatric Association is looking to advise on who a specialist is and this will need to be added to the adult guidance also.	
4.	Organisational Feedback, Considerations & Actions SFHT & NUH – advised that the joint action plan had been submitted to ICB. SFHT and NUH being in a good place ready for the end of January 2024. The neurology department will advise of anything they are unsure of. ICB thanked acute Trusts for a comprehensive action plan. Advised discussions are still taking place around what a database should look like. NHCT – advised that a few meetings had taken place within the pharmacy team. A further meeting is arranged for 26th January 2024 with pharmacy, medics, and senior nursing staff to iron out the finer points around the second signatory. The main challenge is around engagement with other disciplines and the need to forge ahead.	

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	DBH – reported that the Medicines Operational Programme Board in South Yorkshire is gathering feedback from stakeholders regarding putting together a plan. ICB asked to continue contact with South Yorkshire, and an action taken to see what work Doncaster and Bassetlaw are doing. Primary Care & Linked Stakeholders - Working on threading new read codes into templates. Nottingham West PCN are trying to identify patients, especially males. Nottingham City PCN reported they are looking at what actions will need to be carried out in primary care. ICB stated the need to link up with community pharmacy and add them into future plans. Consultant spoke of there being a big risk of males taking valproate choosing to stop taking it due to the possible complex was of getting a prescription from a GP or pharmacist who may refuse the prescription request as they cannot evidence ARAF and would need assurance that patient can still get valproate to control their seizures as well as their life.	
5.	Agreement of Next Steps ICB spoke of the possibility of a separate sub-group for primary care, PCN and community pharmacy colleagues. Often issues come in between patients appointments/reviews, and we need to ensure services are accessible for any valproate prescribing issues. Back-up from specialists is a potential need to help keep patients safe moving forward. Agreed patients must not be kept ‘hanging,’ and they cannot stop taking valproate. All patients whilst waiting for their review must receive information to help and advise them especially around contraception. ICB reported that documents will need to be updated to support primary care. Agreed to update templates with read codes. SOP needs updating to include male patients. NHCT spoke of the pharmacy advice line, and how it would struggle to add valproate as accessibility to expertise would be needed. ICB stated the need to be sighted on issues, needs and queries that need to be put in place. Accessibility to expertise is needed especially if a pharmacist or GP will not prescribe. ICB summarised:- • Good progress with action plans, ready for submission at the end of January 2024. • Database – sharing of patient information. • Second signatory – work on-going – risk to patient if process is not managed properly. • Primary care – sodium valproate response group. • Flag commissioning and contracting implications. • ICB to collate any initial thoughts and feedback to both regional and national teams on ARAFs. The need for accessible, specialist advice and expertise needed.	

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6.	Any Other Business ICB felt it was worthwhile continuing with this group, and a further follow-up meeting will be arranged for March 2024. Primary care group meeting will be arranged as soon as possible. This cohort of patients will be challenging, and specific guidance will be needed to ensure the prescribing of sodium valproate continues. Sound support for the worse patients will be required. Everyone thanked for attending the meeting.	
	Date of next meeting Wednesday 13th March 2024.	