

Notes From Nottingham and Nottinghamshire ICS NatPSA Sodium Valproate Stakeholders Meeting

Wednesday 17th April 2024
9.30am – 10.30am via MS Teams

Present: -

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

No.	Item	Action
1.	Welcome, Introductions & Apologies ICB welcomed everyone to the meeting and apologies were received.	
2.	Minutes of the Last Meeting Following amendments to attendees' work organisations, the notes were recorded as an accurate record of the meeting.	
3.	Government Letter – New regulatory measures for the oversight of prescribing to both new and existing female patients A copy of the letter was circulated prior to the meeting. ICB advised that the letter was received on 21st February 2024 raising awareness of the new regulating measures. National Response Regarding Second Signatories ICB advised NHSE has circulated a Q&A sheet of some of the common queries he has been receiving with regards to the implementation of the NatPSA alert which came out in November 2023. This document is available on the NHS Futures website. NHSE responded to an email from ICB to answer the query around whether somebody should be allowed to be the second signatory if they are under clinical management of the primary signatory. He responded to say 'Being under clinical management of the initiating specialist is fine, I think, as long as the initiating specialist does not have the power to dismiss the countersigning specialist from their employment.' He also went on to say 'In the end every provider can only do the best they can with the resources it has available. There is no new money coming so everyone is having to take pragmatic approaches. I think we will have many different interpretations of the guidance, but as long as patient choice and safety are achieved that is the most important thing.'	

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	Consultant advised that the British Paediatric Neurology Association (BPNA) have produced a document around second signatories which is to be followed when working with children.	
4.	Establishment of Primary Care Task & Finish Group ICB advised of encouraging GPs to use snomed codes. ICB and PICS have met and have progressed in compiling a Q&A document for use within primary care, which they hope to circulate a draft for comments to all members of the group following this meeting. The guidance does stipulate that there are no clear exemptions in the requirement for clinicians to complete an ARAF form for any patient of child-bearing age, unless they are clearly documented as post-menopausal or had a hysterectomy. Otherwise, the ARAF must be completed for all patients even if it means completing only step 1 annually. It is important for primary care clinicians to have sight of the ARAF form. Sodium Valproate is an Amber 1 medication for female patients and therefore an annual specialist review is undertaken in most cases. If a patient has been clinically assessed on an individual basis as being exempt (1.E. other than hysterectomy or post-menopausal) because they're highly unlikely to become pregnant, then step 1 of the ARAF form should be completed as part of this annual review each time, with an explanation of why this patient does not need a fully completed ARAF form. Update on ICB SOP - ICB advised that work is taking place on SOP to ensure it is fit for purpose and new read codes are added. Digital teams are updating consultation templates on SystmOne and EMIS. There will be specific templates to use within neurology and adult mental health. Update on SystmOne and EMIS searches - ICB advised searches on the system are being looked at, and they will be double checking searches from 2018. The new searches will be available via F12, and the MOT will load the searches for EMIS practices. There is also a need to remove all the old material from the systems. Support to practices will be required to show them the new searches and templates. Consultant reported that ARAF forms in the new version do not have a signatory for exception by the patient. They showed concern around bureaucracy that may stop a patient receiving valproate as this would cause a risk. PICS asked if the SOP would emphasise that valproate must not be stopped even if the updated ARAF is not achieved for whatever reason. Neurologists at NUH have asked to see the SOP.	
5.	Organisational Feedback NUH – advised that NUH have been looking at manually searching for valproate patients on the system. Data sharing between NUH and primary care is still being addressed. GPs need to be sure as to where to find documents easily and electronically. SFHT Children & Young People – advised that SFHT are working following the new guidance and using the new forms. Double signatory allows 2 consultants to sign from the same team, and a copy of the form will be sent with a clinic letter to primary care, and the patient will also receive a copy of the form.	

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	A discussion took place around contraception and contraception choices. Paediatrics rely on patients themselves advising consultants of their contraception choice. Neurology and Epilepsy specialists need to understand that adequate contraception is imperative. It was agreed for a section on contraception be added to the SOP. The SOP to be circulated to MO GP leads for input and comments. NHCT – advised that their comms had been updated and refreshed comms sent out to all prescribers. They spoke of a gap in patients who have been referred out to primary care and the need to get them back within NHCT. NHCT are trying to determine what the cohort of male patients will be, and what time capacity will be needed to complete forms with the second signatory and how much increased workload this will cause. A second opinion of treating a T3 patient regarding second signatory is still needed, even when they are not a new patient. Consultant spoke of it taking approximately 30 minutes to complete an ARAF, and that is with both signatories being in the room. ICB suggested that additional implications regarding workforce should go through contracting. Prescribers need to know exactly what needs to be carried out once a patient is invited in for a review. DBH – advised that South Yorkshire have developed an action plan outlining roles and responsibilities in relation to children and young people. DBH neurology patients are seen in Sheffield. ICB asked if we need to connect with someone in Sheffield neurology and ask if they would like to join this group? General practice advised of a new epilepsy specialist nurse in the Bassetlaw area, who would be good to connect with. ICB to liaise with GP to attend the next meeting of paediatric nurses in the area and give an update to them on sodium valproate.	
6.	Agreement of Next Steps ICB spoke of the following to be actioned:- • Need to connect with ICS nurses paediatric group to update them on sodium valproate. • To agree a set of FAQ along with updated SOP. • Data sharing – figures for NHCT and the need for the right people to develop resources. • Information for GPs, secondary care and patients to be aligned. • Automated templates. ICB advised how grateful she was for the good progress on action plans. It was suggested an update from adult neurology would be welcomed and NUH agreed to liaise with them and possibly invite someone to attend the next meeting of the group. Happy to share any documents with South Yorkshire adult neurology and ask them if we can have sight of their documents to check we all have the same information.	

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	ICBB thanked everyone for attending the meeting. It was agreed to hold the next meeting in approximately 8 weeks' time.	
	Date of next meeting Wednesday 19 th June 2024 – 9.30am – 11.30am.	