Department of Health & Social Care

Minutes – Advisory Committee on Borderline Substances

16 July 2024 | Department of Health and Social Care, 39 Victoria Street, London

Attendees:

Alison Smith (AS) – Chair
S40 Charlotte Ellerton (CE)
[redacted]
Stuart Lakin (SLk)
[redacted]
Ghazala Yousuf (GY)
Ian White (IW)
Stephen Lewis (SL)
Emily Walters (EW)
Anne Daly (AD)
[redacted]

Apologies:

Amit Arora (AA)
[redacted]
Clare Denning (CD)
Sarah Britton (SB)
Andrea Hilton (AH)
[redacted]

1. **Introductions and apologies**
   There were several apologies, which are listed above. [redacted], Senior Primary Care Pharmacist at NHS South West London ICB and [redacted] from the British Specialist Nutrition Association attended to observe the meeting.

2. **Declaration of interests**
   No new interests had been declared.

3. **Minutes of the 11 and 12 March 2024 meeting**
   The minutes were agreed and ratified.

4. **Business**

S43 **a.** [redacted]

[redacted]

S40 **b. Meeting date for July 2025** [redacted]

The committee agreed to schedule a meeting for 15 July 2025.

c. Changing the way we work [redacted]

At the meetings in November and March, the committee had discussed changing its operating model to be more effective. It had agreed in principle that it should operate to focus more on providing advice to ministers and guidance to the system. However, the committee was not assured by the Secretariat's proposal to stop all applications to make capacity for this work. In March, the Secretariat was asked to further develop the proposal taking views into account.

The Secretariat presented an updated proposal for a hybrid model where the committee would have an advisory function and much-reduced operational function for product reviews. This included:

- abolishing type 3 applications
- lighter-touch type 2 applications
- a more rigorous type 1 process
- disconnecting product reviews from the meeting cycle

However, the Secretariat mentioned that the ACBS should only be prepared to reduce the application process in this way if it can be confident that the advisory function will work efficiently and effectively. Otherwise the system will only benefit manufacturers. The committee agreed with the proposal and the caveat.

❖ As a next step, the Secretariat will work to get buy-in and resource allocation from stakeholders, including the department, NHSE, the BDA and industry etc… This should be aligned to, and considered alongside, work that NHSE is doing on pricing and secondary care procurement model.

5. Product submissions

Product submissions were discussed. A record of this conversation is at appendix B.

6. Application form amendments

The committee reviewed five proposals for amendments to the application form that had been submitted by the British Specialist Nutrition Association. A short summary of the proposal and the committee's decision is in the following table.

No.	Description	Decision
007	The column headers in the Nutritional Profile spreadsheet for section 5.1 can be confusing because the different columns are used for the formulation being applied for type 2 and type 3 applications. Amend the column headers to read 'new	Agreed. Implement change.

	formulation/updated' and 'old formulation/comparator or existing formulation"	
008	Remove the requirement for nutritional information to be completed for each pack size. Instead just present as 100ml and 500ml	Disagree. Information per pack size is useful and avoids having to make calculations for each pack based on 100ml. Do not implement.
009	Amend the table to rectify an error with the vitamin B6 RNI for children and add a column for infant 0-12months.	Agree. Implement change.
010	Remove energy EAR and protein RNI from the Nutritionally Complete Table for section 5.4. BSNA believe that energy and protein should not be a determining factor used in the calculation of Nutritionally Complete Volumes (NCV). Dietitians will calculate these macronutrients based on the patient's individual requirements. As they are individualised, there isn't value in having them including these criteria in the table and may be inefficient.	Not enough time to discuss. Consider at another meeting.
011	Remove requirement for submission of a data card.	The committee was split in their decision. Some understand that the information is already replicated in the application thereby negating the need to have it presented again in the datacard. Others are concerned that the datacard is the official information used by healthcare professional and therefore they feel it should be quality checked. Do not implement, but possibly discuss on another occasion.

7. Submissions processed mid-term

Appendix 2 of the meeting papers provided detail on the submissions processed mid-term. No amendments or comments were raised.

Table of actions

Action	Responsible
S43 ❖ [redacted]	[redacted]
❖ Secretariat to work to get buy-in and resource allocation from stakeholders, including the department, NHSE, the BDA and industry etc… for the newly proposed operating model	BG

Appendix A – Declarations of interest

Name	Name of organisation	Nature of interest

No new interests were declared.