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NHS Somerset

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on **Wednesday, 21st January 2026.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead.
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	Daniela Broughton (DB)	Prescribing Technician, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Kyle Hepburn (KH)	West Mendip Representative
	Dr Gareth Jones (GJ)	South Somerset East Rural Representative, LMC Representative
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Melanie Nixon (MN)	Quality Lead (Maternity, Neonatal, Women, Children and Young People), ICB
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Dr Val Sprague (VS)	Bridgwater Representative, LMC Representative
	Dr Rob Tippin (RT)	Mendip Representative, LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Marco Yeung (MY)	Medicines Manager, NHS Somerset
Apologies:	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Yvonne Lamb (YL)	Operations Manager, LPC

1	**APOLOGIES AND INTRODUCTIONS**
	AT welcomed everyone to the Medicines Programme Board. Apologies were received from BC, MH and YL. OD joined the meeting at 9:55am. AP attended the meeting from 10-11am. EK and VS left the meeting at 11am.

2	**REGISTER OF MEMBERS' INTERESTS**
2.1	The Medicines Programme Board received the Register of Members' Interests relevant to its membership.
	The Medicines Programme Board noted the Register of Members' Interests.
3	**DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**
3.1	Under the NHS Somerset's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Medicines Programme Board.
	There were no declarations of interest relating to items on the agenda.
4	**MINUTES OF THE MEETING HELD ON 26th November 2025**
4.1	The Minutes of the meeting held on 26th November were agreed as a correct record.
4.2	**Review of action points**
	All items were either complete or, on the agenda.
5	**Matters Arising**
5.1	**Update - Discontinuation of Levemir insulin**
	Supply Status and Data Monitoring: Marco explained that Levemir supply is being closely monitored using Eclipse live data, with a 90-day and 30-day patient impact snapshot. The anticipated resupply date is 30 January 2026, and recent data shows 364 patients potentially affected in January. Monthly data from ePACT2 is now available to provide further insight into patient impact. **Stakeholder Actions and Flowchart Development:** MY noted that a draft flowchart for the Emergency Department at SFT is under development, with input from David Tang and SG. Follow up with David and ED to finalise the ED flow chart for Levemir and provide feedback to the group. **Action: Marco Yeung** **Local Practice Responses:** RT reported low numbers of affected patients, with most awaiting outpatient diabetic clinic reviews. DD confirmed only 11

	patients in his area, with guidance being followed for timely switching. MT confirmed all is well in Taunton, and SG stated that with 12 months left, there are no major concerns, but monitoring will continue every three months.
5.2	**Proposed scorecard indicators 2026/27**
	SG outlined proposed scorecard indicators for the next financial year, focusing on generic dapagliflozin and switching anticoagulants. **Generic dapagliflozin:** SG described the plan to increase the use of generic dapagliflozin, moving away from empagliflozin to dapagliflozin, with a revised target focusing on oral diabetes drugs rather than all diabetes drugs, as suggested by MY. **Anticoagulant Switching:** SG explained the national plan to switch patients from edoxaban to apixaban and rivaroxaban, aiming to deliver the majority of the £2,000,000 QIPP savings required by finance. The team agreed that the main metric would be the number of patients switched. **Feedback and Next Steps:** SG invited feedback on the proposals, noting that the finalised plans would be brought to the March meeting. No major objections were raised, and the group agreed to continue with the discussed approach.
5.3	**ICB cluster update**
	SG provided an update on the NHS Somerset ICB clustering with Dorset and BSW, detailing leadership appointments, budget uncertainties, voluntary and potential compulsory redundancies, and implications for the medicines management team, with questions from PB and further discussion on patient engagement and future team structure. **Cluster Leadership and Structure:** SG reported that Bernie Marsden will be Chief Medical Officer (CMO) for the cluster, with Somerset retaining several key leadership roles. Six place directors have been appointed. **Redundancy and Budget Process:** SG explained that voluntary redundancy applications have been received, but further staff reductions are needed, raising the possibility of compulsory redundancies. The budget and team structure below director level are still to be finalised, with consultation expected soon. **Medicines Management Team and Patient Engagement:** SG emphasised the importance of maintaining a strong medicines management team and patient engagement, noting Somerset's history of early implementation and clinician support. Peter raised concerns about patient group involvement, and Shaun responded with optimism about continued engagement and adaptation across the cluster.
6	**Items for Approval**
6.1	**BPAS PGDs**

	HB presented six British Pregnancy Advisory Service (BPAS) PGDs requiring approval for use in the BPAS commissioned service in Somerset. Four PGDs for contraception are already in use, they are due to expire and have been reviewed and updated. The two new PGDs are for emergency contraception. All the PGDs are based on the national PGD templates. The ICB safeguarding team has reviewed the BPAS safeguarding policies. SM and HB clarified that BPAS do not provide a stand-alone emergency contraception service in Somerset. All PGDs approved. For organisational sign-off. **Action: HB**
7	**Other Issues for Discussion**
7.1	**NHS England: The Maternal Care Bundle** ❖ Low molecular weight heparin in pregnancy – Move from amber to green?
	Maternal Care Bundle and VTE Prophylaxis Pathways: SM led a discussion on the NHS England maternal care bundle, focusing on VTE risk and early identification in pregnancy, and proposals to move low molecular weight heparin to green status for specific indications. **Maternal Mortality and VTE Risk:** SM presented data showing thromboembolism as a leading cause of maternal death particularly in the first trimester, emphasising the need for early VTE prophylaxis and improved risk assessment, especially for high-risk pregnancies. **Questionnaire and Pathway Issues:** RT raised concerns about the quoted questionnaire in the NHSE publication, with the link to the questionnaire on the vascular learning website being broken, SM committed to investigating and resolving the issue as already planned. **Amber to Green Drug Status Proposal:** SM and SG proposed moving LMWH namely enoxaparin to green status for specific patient groups, ensuring clear guidance that initiation should occur in secondary care when possible, with primary care starting treatment only when necessary. **Implementation and Communication:** The group agreed to proceed with the pathway change, pending pragmatic information and clear criteria agreed across system partners, with SM taking actions to raise the need to update the self-referral page on BadgerNet and improve communication between maternity and primary care teams. Add to March MPB agenda. **Action: Daniela Broughton**

	Raise the need to update the self-referral page on BadgerNet and improve communication between maternity and primary care teams. **Action: Sam Morris**
8	**Other Issues for Noting**
8.1	**Oral Morphine Equivalent Reduction**
	Opioid Reduction and Pain Management Initiatives: SM and SG discussed updated opioid dosing guidance, the importance of reducing long-term opioid use, and ongoing support for practices, referencing national and local successes and the role of pain cafes and social prescribers. **Updated Opioid Dosing Guidance:** SM explained that the recommended maximum daily dose for oral morphine equivalents has been reduced from 120mg to 90mg, with a target of 50mg, based on evidence of increased risk and reduced benefit at higher doses. **Practice Support and Patient Education:** SG described ongoing efforts to support practices in caring for patients with complex pain management needs, monitoring prescription frequency, and promoting opioid reduction through education and pain cafes, noting that guidance now aligns with established clinical practice. -Noted.
8.2	**The 2025 British Society for Rheumatology guideline for the prescription and monitoring of conventional synthetic disease-modifying anti-rheumatic drugs**
	SG and HB updated the group on new British Society for Rheumatology guidance for DMARD monitoring. HB reported that the new guidance allows for increased monitoring intervals for stable, low-risk patients, with secondary care teams making eligibility decisions. The shared care protocol is being updated and will be presented at the next MPB meeting. Add DMARD SCP to March agenda. **Action: Daniela Broughton**
9	**Additional Communications for Noting**
9.1	**Diabetes Medicine Optimisation Opportunities – Dec 2025 Practice Level Data** – email from MY 19/12/25
	Noted
9.2	**UTI diagnostics in over 65s - How much is your practice spending on inappropriate dipstick testing? (Dec 25 data)** – email from HS 30/12/25
	-Noted.

9.3	**Patient Safety Alert - Check patients who may be incorrectly coded with penicillamine allergy as opposed to penicillin allergy** – email from SG 26/11/25
	-Noted.
9.4	**Salmeterol containing inhalers** – email from SG 27/11/25
	-Noted.
9.5	**Carbon footprint savings - cost effective 2 into 1 medicines - Tamsulosin 400microgram / Dutasteride 500microgram capsules** – email from SG 28/11/25
	-Noted.
9.6	**Eclipse alerts - Where to find blue alerts if you have Practice level access to NHSPathways.org** – email from HS 29/11/25
	-Noted.
9.7	**£500,000 Funding available** – email from SG 04/12/25
	-Noted.
9.8	**26/27 draft scorecard indicator - increasing generic dapagliflozin use** – email from SG 10/12/25
	-Noted.
9.9	**NOGG guidance and concerns about 'drug holidays' stopping bone sparing agents** – email from SG 15/12/25
	-Noted.
9.10	**Switch to ROXADIN - Testosterone injections** – email from SG 29/12/25
	-Noted.
9.11	**Patients on MART therapy continuing to order salbutamol** – email from HS 07/01/26
	-Noted.
9.12	**Patient resources: Calculating Kidney Failure Risk - Identifying and coding CKD - starting and maintaining treatment** – emails from SG 25/11/25 & 08/01/26
	-Noted.
9.13	**Reminder: Levemir® (Insulin Detemir) Discontinuation – Patient Review Required**
	-Noted.
10	**Formulary Applications**
10.1	**Accu-Chek® SmartGuide**
	Approved.

	Add to formulary as GREEN. **Action: EK** Add to summary of formulary changes. **Action: DB**
10.2	**Arize® rice protein infant formula, Abbott**
	£15.25 per 400g tin Proposed second line eHF For the dietary management of cow's milk protein allergy and other conditions where an extensively hydrolysed formula is indicated. All prescriptions should be endorsed ACBS. Approved. Add to formulary as GREEN. **Action: EK** Add to summary of formulary changes. **Action: DB** Add to CMPA formula guidelines. **Action: SM**
10.3	**EURneffy® (adrenaline) 2mg nasal spray, solution in single-dose container, ALK-Abello Ltd**
	£182.10 (2 x unit doses) Higher cost than adrenaline auto-injectors, but longer shelf-life. Approved, for patients with confirmed needle phobia Add to formulary as GREEN. **Action: EK** Add to summary of formulary changes. **Action: DB**
10.4	**Biosimilar denosumab**
	It was agreed that new biosimilar denosumab brands will be accepted as they launch, with assessment to determine preferred brands for cost-effectiveness and guidance to prescribe by brand rather than generically for safety. Agreed. Add biosimilar denosumab to formulary with note to follow current local guidance on preferred brands. **Action: Esther Kubiak**
11	**Reports From Other Meetings**
	Feedback
11.1	**Primary Care Network Feedback**
	Progress updates on: • Structured medication reviews • Deprescribing • Social prescribing options e.g., Pain, sleep etc. • PCN workforce
	PCNs reported a recurring theme of difficulties with the recruitment and retention of Pharmacy Technicians. Staff departures have resulted in

	reductions in productivity. The group agreed that Pharmacy Technicians are a highly valuable part of the workforce; however, ongoing recruitment challenges mean that practices are often required to train individuals from scratch, which is a lengthy process. Rural and other hard-to-recruit areas are particularly affected. It was suggested that centralised training across PCNs and the ICB could help address current capacity challenges. It was noted that workforce development is increasingly being viewed as a provider responsibility, although work is underway to better link and align training programmes. There was discussion around the need for more equitable pay, as many practices are offering salaries that are not competitive. This makes recruitment challenging, as Pharmacy Technicians would often face a pay reduction when moving from other sectors into primary care. ARRS funding alone was felt to be insufficient, and practices are not consistently supplementing this funding to improve salary offers.
	Summary
11.2	**Community Pharmacy Somerset Report**
	No CPS representative present at this meeting. It was reported that Somerset LPC is considering closer collaboration with Dorset and Avon LPCs due to ICB clustering. The resolution of issues with certain pharmacies not meeting contractual requirements was highlighted.
11.3	**LMC Report**
	RT relayed LMC questions about Repatha, with SG confirming its amber status and noting that previous decisions remain in place.
11.4	**Somerset NHS Foundation Trust D&TC Meeting** – Last meeting - Friday 15th December
	Nothing noted.
11.5	**Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 2nd December – Minutes received
	New clozapine guidelines were discussed. There was a discussion around antipsychotics and the interface between primary and secondary care, with challenges caused by IT. There are ongoing discussions outside of that meeting. It was highlighted that red drugs listed on EMIS as hospital issue fall off Summary Care Records and SIDER after 12 months. Template letters were discussed in the meeting highlighting the need to re-add these after annual follow-ups.

	Raise awareness in the MM newsletter about the need to ensure hospital-issued drugs are safely and accurately documented in EMIS, considering that some may disappear from records after a set period. **Action: Esther Kubiak**
11.6	**Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting – 21st January – Minutes to follow
	Part 2 – Items for Information or Noting
12	**Current Performance**
12.1	**Medicines Program Board Chief Pharmacist Report**
	SG provided a verbal update to MPB on the current medicines management position in Somerset. **Prescribing Spend and Incentive Scheme:** SG reported that spend is on target, with a challenging budget for next year (£2m less than this year) and a focus on achieving scorecard indicators. Additional funding for the incentive scheme is being considered. Recent data shows mixed progress. -Noted.
12.2	**Scorecard Trend**
	-Noted.
13	**Rebate Schemes**
13.1	**Junod® (Denosumab) 60mg solution for injection in a prefilled syringe, Gedeon Richter UK Limited**
	Start date: 01/01/2026 -Noted.
13.2	**Zadenvi® (Denosumab) 60mg solution for injection a pre-filled syringe, Zentiva Pharma UK Ltd**
	Start date: TBC -Noted.
14	**NICE Technology Appraisals**
14.1	**[TA1113] Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma - New**
	Commissioned by NHS England, provided by secondary care – acute. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.2	**[TA1114] Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments - New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed.

	Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.3	**[TA1115] Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy - New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.4	**[TA1116] Obecabtagene autoleucel for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia – New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.5	**[TA1117] Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency - New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.6	**[TA118] Entrectinib for treating NTRK fusion-positive solid tumours in people 12 years and over - NICE Terminated appraisal**
	NICE Terminated appraisal. Not recommended. MPB Agreed. Add to NetFormulary Not recommended drug. **Action: EK** Add to TLS Not recommended. **Action: DB**
14.7	**[TA119] Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia - New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**

14.8	**[TA1120] Avelumab with axitinib for untreated advanced renal cell carcinoma – New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
14.9	**[TA1121] Acoramidis for treating transthyretin amyloidosis with cardiomyopathy - New**
	Commissioned by NHS England, provided by NHS hospital trusts. Red drug. MPB Agreed. Add to NetFormulary Red drug. **Action: DY** Add to TLS Red drug. **Action: DB**
15	**NICE Clinical Guidance**
15.1	**[CG89] Child maltreatment: when to suspect maltreatment in under 18s – Update**
	Update: 03 December 2025 Added a definition of independently mobile in the context of recommendations 1.1.2, 1.1.5 and 1.1.6. -Noted.
15.2	**[NG246] Overweight and obesity management – Update**
	Update: 08 January 2026 Amended recommendations 1.10.5, 1.10.10 and 1.10.11 and the corresponding rationale sections to clarify that height-to-weight ratios should only be used to classify the degree of central adiposity in children and young people aged 5 years and over. -Noted.
15.3	**[NG12] Suspected cancer: recognition and referral - Update**
	Update: 12 January 2026 Removed an incorrect recommendation on blood tests for myeloma. -Noted.
16	**Medicines Safety Summary**
16.1	**ICB Medicines Safety update**
	EK presented a comprehensive medication safety update.

	Harm from incorrect recording of a penicillin allergy as penicillamine allergy - Alert: Reported that the trust has successfully identified and confirmed correct penicillin allergies in patients wrongly coded with penicillamine allergy using electronic prescribing records. Work continues with ongoing communication updates to general practice for record amendment. DD queried how practice reviews are tracked, EK clarified that the Eclipse search is used for monitoring, with SG adding that reminders will be sent as needed. **Valproate and Other Safety Alerts:** Highlighted the need for effective contraception education for male patients on valproate, changes in Keppra dosing, carbamazepine liquid recommendations, and warnings for other drugs such as Mounjaro and semaglutide. **Drug Shortages and Prescribing Guidance:** Discussed ongoing shortages of propranolol and co-codamol, recommending review and deprescribing for anxiety and chronic pain, and switching to separate paracetamol and codeine for flexibility and safety. **Coroners Reports and Risk Assessments:** Summarised recent coroners reports highlighting the importance of fracture risk assessment, bone sparing agents, and careful dosing of paracetamol in frail patients, with examples of adverse outcomes due to missed assessments.
17	**Risk Review and Management**
17.1	**General Risk and Management** -Trusts -ICB
	The team reviewed prescribing spend and capacity risks, noting no new risks identified at this meeting.
18	**Any Other Business**
18.1	**Metabolic Health Presentation Access**
	The group praised Dr Campbell Murdoch's metabolic health presentation from the most recent Prescribing Leads Conference. Include a link to the slides in the next MM newsletter. **Action: Esther Kubiak**
18.2	**Trust implementation of aflibercept**
	SFT have done an excellent job with adopting biosimilar aflibercept, they were the first Trust in Europe to do so, so well done to them.
	DATE OF NEXT MEETINGS
	Wednesday 18th March 2026
	Wednesday 20th May 2026
	Wednesday 15th July 2026
	Wednesday 23rd September 2026
	Wednesday 18th November 2026