Minutes of the **Medicines Programme Board** held via Microsoft Teams, on **Wednesday, 26th March 2025.**

Present:	Michelle Allen (MA)	Chief officer, Community Pharmacy Somerset
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Tess Dawoud (TD)	Community Pharmacy Clinical Lead, ICB
	Peter Fee (PF)	Taunton Representative
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, LPC
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Zoe Talbot (ZT)	Prescribing Technician, NHS Somerset
	Dr Rob Tippin (RT)	LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Shona Turnbull-Kirk (ST)	Associate Director for Health Inclusion (On behalf of BC)
	Dr Val Sprague (VS)	Bridgwater Representative
Apologies:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead.
	Peter Berman (PB)	Lay Representative
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Emma Russell (ER)	CLIC Representative
	Emma Waller (EW)	Yeovil Representative

1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the Medicines Programme Board. TD was introduced to the group as the ICB Community Pharmacy Clinical Lead.

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 22nd January 2025

4.1 The Minutes of the meeting held on 22nd January were agreed as a correct record.

4.2 **Review of action points**

Action 7: Prasterone

Wasn't on the DTC agenda as a discussion is planned with oncology before DTC application will be submitted. Update at next meeting.

Action 10: Drug Shortages

No solutions for the national issues. Protocol in place but only as good as the people using it. GPs and pharmacies to continue working together to solve patient issues.

5 Matters Arising

5.1 **Netformulary implementation plan**

Our teams are working collaboratively to complete the chapters.

Red drugs are nearly complete, and Amber drugs will likely to be complete in 2-3 months.

It is unlikely to be finished by the 1st April.

Meet offline to discuss implementation plan and date. **Action: SG & AP**

Add to May meeting agenda. **Action: ZT**

5.2 **Discussion of prescribing and quality improvement scorecard indicators for 2025/26**

- **CVD indicator baseline**

The CVD quality indicator will see us spending more money to improve outcomes for patients. It would use the CVD prevent data (this is public data). To reach achievement practices would need to attain 2/3 of the CVD prevent indicators. The CVD prevent data is 6 months in areas so this may change the timescale for when data is used for the incentive scheme.
-MPB approved

5.3 Implementation of NICE Technology Appraisal for Tirzepatide (Mounjaro®) in Weight Management

SG provided an update on the rollout of weight loss drugs, including the financial allocation from NHS England and the criteria for primary care use. NHSE and NICE have agreed primary care use from the end of June for patients with BMI over 40 and 4 clinical co-morbidities.

NHS England has provided a financial allocation to support the rollout of weight loss drugs, with specific criteria for primary care use.

The criteria for primary care use of tirzepatide include a BMI greater than 40 and four other clinical comorbidities (around 700 eligible patients), with an expected uptake of around 70% in Somerset.

SG highlighted potential challenges, including the capacity of sleep clinics to diagnose obstructive sleep apnoea, which is one of the criteria for eligibility.

It was noted that the specialist weight management service in the trust can prescribe tirzepatide without the primary care restrictions, but the service is already at capacity.

Steven Rosser is leading on implementation plan and group working on the pathway.

Expecting more national information this week.

6 Other Issues for Discussion

6.1 Guideline for the management of rosacea for inclusion in the Somerset Infection Management Guidance
A number of patients are getting repeats with no review or stop date. This is system wide guidance.
-MPB approved

6.2 Update to the Somerset Infection Management Guidance for Management of Recurrent Urinary Tract Infections
Work has been done to ensure guidance is in line with NICE or Somerset based. Somerset has been doing lots of work around:

- Using prophylactics.
- Hydration work and pathways in care homes to ensure patients are hydrated enough.
- Use of estragon in female pop to reduce UTIs.

-MPB Approved

6.3 Avian Influenza PGD
No commissioned service but would like to get the national PGD signed off so it is in place if needed.
-Approved
To raise potential for service plan if appropriate. **Action: YL**

6.4 PGD MAS 1 Chloramphenicol
PGD for supply in community pharmacy in Somerset

Updated to include supply by registered pharmacy technicians and information on supply in breastfeeding and pregnancy.
-MPB Approved

6.5 Depo-Provera PGD
Updated PGD
-MPB Approved

6.6 EHC PGDs

- Ulipristal
- Levonorgestrel

PGD for supply in community pharmacy in Somerset. Jointly written by ICB and public health.
No longer a maximum age for supply to help reduce the need for abortions.
-MPB Approved
Make public aware of better availability via additional communications. **Action: YL**

7 Other Issues for Noting

7.1 National prescribing needs data
MPB viewed the data.
Somerset is roughly 25% under where it should be. Not about cost is about unmet need.
Higher prescribing needs than anywhere else in South West likely due to the patients being an average of 7 years older than elsewhere.
-Noted

7.2 Over prescribing and polypharmacy guide
This document looks at and addresses overprescribing, SMR's commissioned nationally, eclipse and national alerts incentives for quality and safety of prescribing.
Somerset colleagues have done some great work.
Continue to look at inappropriate prescribing.
-Noted

7.3 EMIS is becoming Optum
EMIS has been taken over by an American company and renamed Optum.
-Noted
Not resulted in any great changes within primary care yet.

7.4 Central Alerting System: Discontinuation Of Promixin (Colistimethate) 1-Million Unit Powder For Nebuliser Solution Unit Dose Vials
This is a red drug in Somerset so won't directly impact primary care.

7.5 Changes to GP contract – Letter
Letter for GP contract changes. Some additional funding found for primary care which is positive. Retiring some of the QOF indicators has been well received.
Additional money for CVD. In Somerset focused on hypertension in last couple of years.

-Noted

8 Additional Communications for Noting

8.1 Tirzepatide for over weight and obesity – update – Email from SG – 22/1/25
-Noted.

8.2 Reminder: Interface Heart Failure Service - Somerset Launch – Email from SG – 27/1/25
-Noted.

8.3 UTI diagnostics in over 65s - How much is your practice spending on inappropriate dipstick testing? (Jan 25 data) – Email from HS – 29/1/25
-Noted.

8.4 Shortage of GLP-1 receptor agonists (semaglutide, dulaglutide, liraglutide, now resolved) – Email from SG – 31/1/25
-Noted.

8.5 PERT UPDATE - Supply of unlicensed PERT preparations – Email from SG – 5/2/25
-Noted.

8.6 Ticagrelor patients exceeding stop date - clinical and medico-legal risks – Email from SG – 17/2/25
-Noted.

8.7 Spring is coming - Hay fever is Self Care – Email from SG – 26/2/25
-Noted.

8.8 Prevention of fragility fractures – Email from SG – 25/3/35
-Noted

9 Formulary Applications

9.1 CGMs
GlucoMen iCan, Freestyle Libre 2 & 3 plus, CareSens Air® Sensor
Discontinued – Freestyle Libre 2 (Need to switch to Freestyle Libre 2 Plus)
Recommended position we would take is that as new CGM's come to market and get approved for use on the drug tariff, we would accept them onto the formulary, and it would be clinical decisions between diabetes teams etc.
-MPB Approve

9.2 Roxadin, 1000 mg/4 ml testosterone undecanoate solution, Galvany Pharma, £65.33 (me too product)
Cost effective product
-MPB Approved
Add to formulary. **Action: EK**
Add to TLS. **Action: ZT**

9.3 Revised SPC: Glucophage SR (metformin) prolonged release tablets
SPC updated with license extension to include use as monotherapy or in combination with other treatment options for ovulation stimulation to support conception in women with polycystic ovary syndrome.
Long standing product new license indication
-MPB Approved
Add to formulary. **Action: EK**
Add to TLS. **Action: ZT**

9.4 Focusim XL modified-release hard capsules, methylphenidate hydrochloride, Strides Pharma UK Ltd (me too product)
10mg x 30 = £16.00, 20mg x 30 =£19.43, 30mg x 30 =£22.91, 40mg x 30 = £38.88
-MPB Approved
Add to formulary. **Action: EK**
Add to TSL. **Action: ZT**

9.5 Vivaire® inhaler (beclometasone dipropionate and formoterol fumarate) (me too product)
-MPB Approved
Add to formulary. **Action: EK**

9.6 Gepretix 200mg capsule, Progesterone, Exeltis UK LTD. £7.98 per month.
One capsules, cost effective, carbon friendly.
-MPB Approved
Add to formulary. **Action: EK**

9.7 Trehapan, Trehalose 3% Sodium hyaluronate 0.15% D-panthenol 2%
For approval as Green
-MPB Approved
Add to formulary. **Action: EK**
Add to TSL. **Action: ZT**

9.8 Deflazacort, For Duchenne's Muscular Dystrophy (DMD) 0.9mg/kg/day only
For approval as Amber[2] for Duchenne's Muscular Dystrophy.
-MPB Approved
Add to TLS. **Action: ZT**

10 Reports From Other Meetings
Feedback

10.1 Primary Care Network Feedback

Progress updates on:

- Structured medication reviews (SMR)
- Deprescribing
- Social prescribing options e.g., Pain, sleep etc.
- PCN workforce

DD – West Somerset – Nothing to report.

PF – Taunton – Focus on HF reviews and up skilling team to carry them out and compliment the work interface will be doing. Bring learning into the rest of the team and develop standardised pathway for the rest of the team.

Group still meeting to formalised HF education for champs. Everyone with NHS email can sign up to it to use their videos for training.

VS – Nothing to report.

MT – Nothing to report.

RT – Mendip – Acquired limited version of Sleepstation as a free bolt on service.

Community pharmacy PCN leads – Have a clear focus to meet with surgeries to discuss how relationships can be improved and what support is needed. YL is running drop-in sessions. Local pharmacies are trying to build better connections with the surgeries to utilise the professional network and have better working environment between both.

Share list of the community pharmacy PCN leads. **Action: YL**

Summary

10.2 **Community Pharmacy Somerset Feedback**

10.2a Pharmacy First Data Update

YL provided an update on the Pharmacy First service, highlighting the importance of using the local enhanced services button for referrals to ensure proper documentation and follow-up, and the positive impact on patient care.

YL shared statistics on the number of referrals, noting patterns in service usage and the impact of school holidays on referral numbers.

It was noted the main reasons for referral rejections, including patients being uncontactable, duplicate referrals, and technical issues, and highlighted the need for accurate patient contact information.

The positive impact of the Pharmacy First service on patient care, with many patients receiving appropriate advice and treatment on the same day was highlighted to the board.

10.2b Community Pharmacy Independent Prescribing (CPIP) Pathfinder Programme Update

Update from TD:

- CPIP was launched in 2023. The aim was to enable community pharmacy independent prescribers to prescribe for patients.
- National team allowed pathway and service to be defined locally with funded sites and programme management.
- Somerset commissioned 4 sites for CVD, Boots high street Taunton, Minster Pharmacy Ilminster, Milbourne Port Pharmacy and Penn Hill Pharmacy Yeovil.
- The programme was halted in summer due to workforce issues and halt on recruitment in ICB.
- Now working to get the programme back up and running. Following a service level agreement with clinical model.

- The clinical system was not made available until earlier this year. Delayed due to national procurement. Engagement has been neglected. But now back on track.
- Brought the papers for MPB to review.
- Next steps are progressing clinical support plan and patient engagement. Along with developing an asset register for Ips in community pharmacy.

Comments:

- Each site can go live once they have completed the governance checklist. TD will be supporting kick off visits.
- Look into reasons why pregnancy and breastfeeding patients are excluded.

Get any further comments back to TD by the end of the week. **Action: All**

10.3 **LMC Feedback**
Focusing on the GP contract.

10.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting 21st March
Process seems to be working well, minutes not yet available.

10.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 4th March

Discussed dementia guidance and some audits. Minutes will be shared when available.

The recent STOMP meeting was held separately to the SFT MH meeting, It was noted that epileptic LD patients who are stable with no recent epilepsy plan are not able to access day care centres or similar care facilities due to no recent epilepsy plan. Neurology has a capacity issues risk with one of their key nurses retiring, Will Barnard informed.

10.6 **Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting 5th March
Minutes not yet available-

Part 2 – Items for Information or Noting

11 Current Performance

11.1 Prescribing Report – March 25

SG gave an update on the current situation:

- As a system Somerset have managed to balance the budget and are forecast to end the year roughly on target.
- Stock shortages have had a large financial impact.
- 42 systems nationally and Somerset are the 8th lowest prescribing spend despite much higher prescribing needs. This is a good position to be in.
- Somerset want to increase the better outcomes for patients by optimising medications. This focus won't change despite significant financial pressures.
- Aligning 25/26 indicators.
- Despite all the issues in healthcare there remains good engagement.

-Noted

11.2 NHS Somerset Financial position communication from Jonathan 4/2/25

Significant financial pressures on managing budget

-Noted

12 Rebate Schemes

12.1 Edoxaban rebate

The national scheme is being stopped from end of this month. It will be continued locally.

-Noted

13 NICE Technology Appraisals

13.1 [TA1034] Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours

Commissioner(s)	NHS England
Provider(s)	Secondary care − acute

-MPB approved

Add to TLS Red drug. **Action: ZT**

13.2 [TA1032] Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer

Terminated appraisal

Add to TLS 'Not recommended'. **Action: ZT**

13.3 [TA1035] Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease

Commissioner(s)	NHS England
Provider(s)	Secondary care − acute

-MPB approved

Add to TLS Red drug. **Action: ZT**

13.4 [TA1036] Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment

Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts

-MPB approved

Add to TLS Red drug. **Action: ZT**

13.5 [TA1037] Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer

Commissioner	NHS England
Providers	NHS hospital trusts

-MPB approved

Add to TLS Red drug. **Action: ZT**

13.6 [TA1040] Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy

Commissioner(s)	NHS England
Provider(s)	Secondary care - acute

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.7 [TA1039] Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over

Commissioner	NHS England
Providers	NHS hospital trusts

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.8 [TA1038] Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over

Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.9 [TA1033] Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over
Not recommended by NICE.
Add to TLS 'Not recommended'. **Action: ZT**

13.10 [TA1046] Zolbetuximab with chemotherapy for untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma
Not recommended by NICE.
Add to TLS 'Not recommended'. **Action: ZT**

13.11 [TA1047] Atezolizumab for untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable
NICE terminated appraisal.
Add to TLS 'Not recommended'. **Action: ZT**

13.12 [TA1045] 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites

Commissioner(s)	Integrated care boards
Provider(s)	NHS hospital trusts and primary care providers

-MPB approved
Add to TLS Amber[2] drug. **Action: ZT**

13.13 [TA1043] Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection

Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.14 [TA1044] Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over

Commissioner(s)	NHS England
Provider(s)	Secondary care - acute. Limited to authorised providers only

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.15 [TA1041] Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer

Commissioner	NHS England
Providers	NHS hospital trusts

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.16 [TA1042] Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer

Commissioner	NHS England
Providers	NHS hospital trusts

-MPB approved
Add to TLS Red drug. **Action: ZT**

13.17a DRAFT NICE TA - Molnupiravir for treating COVID-19
Noted-

13.17b Draft COVID MEDs pathway – Molnupiravir
The current pathway includes Paxlovid has number of drug interactions, whereas Molnupiravir does not. NICE have included Molnupiravir in their draft guidance, and if they maintain that position, it will need to be included into the COVID pathway so GPs can prescribe it in primary care. Currently only about 4 or 5 practices prescribe covid treatment, the rest refer their patients to the commissioned service, which is currently available through 111. The service will be out for re-procurement next Autumn.

The final NICE TA is expected in April. Preliminary approval is requested and will need to build Molnupiravir into the treatment pathway. AP will need to Review how this applies for inpatients with Covid.

13.18 DRAFT NICE TA - Relugolix–estradiol–norethisterone for treating symptoms of endometriosis
First daily treatment for patients that have tried all other options.
Bring back to May meeting. **Action: ZT**

14 **NICE Clinical Guidance**

14.1 [NG248] Gambling-related harms: identification, assessment and management
-Noted
Naltrexone to remain as a Red drug for addiction services.

14.2 [NG217] Epilepsies in children, young people and adults

Recommendations have been updated following publication of the latest Medicines and Healthcare products Regulatory Agency (MHRA) guidance on the use of valproate, valproate use in people younger than 55 years, valproate use in men, and the use of topiramate.

-Noted

14.3 [NG209] Tobacco: preventing uptake, promoting quitting and treating dependence
We reviewed the evidence for cytisinicline (sometimes referred to as cytisine) and have made new and updated recommendations in the section on stop-smoking interventions.
-Noted.

14.4 [NG101] Early and locally advanced breast cancer: diagnosis and management
We reviewed the evidence and made new or updated recommendations on identifying, managing and reducing risk of lymphoedema.
This guideline updates and replaces NICE guideline CG80 and the section on lymphoedema in NICE guideline CG81 (both 2009). It also updates and replaces NICE technology appraisal guidance 107, 108, 109 and 112 (2006) and NICE evidence summary ES15 (2017).
-Noted

14.5 [CG81] Advanced breast cancer: diagnosis and treatment
For new and updated guidance on identifying and managing lymphoedema, see recommendations on managing local treatment complications in the NICE guideline on early and locally advanced breast cancer: diagnosis and management, which have updated and replaced the recommendations on lymphoedema in this guideline.
This guideline has partially been updated by NICE guideline NG101 (2025 update). It also updates and replaces NICE technology appraisal guidance TA62 (2003), TA54 (2002) and TA30 (2001).
-Noted

15 Medicines Safety Summary

15.1 **ICB Medicines Safety update**

EK provided a medicines safety update:

- MHRA:
  - Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): review by two specialists is required for initiating valproate but not for male patients already taking valproate
  - Prolonged-release opioids: Removal of indication for relief of post-operative pain
- Trust and primary care valproate update
- Primary care Topiramate update
- SPS Drug shortages:
  -Memantine 5mg orodispersible SF tabs
  -Catephen 10% ointment, Efudix 5% cream, Zyclara 3.5% cream
  -Quetiapine MR
  -Cefalexin 125/5 SF oral susp
- EMA - Medicines containing semaglutide: PRAC investigating risk of rare eye condition
- Prevention of future deaths reports

-Noted

16 Risk Review and Management

16.1 **General Risk and Management**

Not discussed this month

17 Any Other Business

17.1 NHSE - Staffing reductions

Announcement that there will be 50% cuts at ICB level. This has caused uncertainty and worry. The medicine management team will continue with our work programme and supporting practices.

7.2 Wiltshire community partnership alert

ST informed the group of the Wiltshire community partnership alert regarding suspected contaminated vapes in schools.

-Noted

7.3 Inclisiran usage in primary care

There might be upcoming funding for inclisiran usage in primary care.

Awaiting national position. There will be local discussions awaiting copy of national document. It is already being discussed by the LMC.
Formulary position would be green.

7.4 YDH electronic prescribing

YDH has gone live with electronic prescribing across the whole site. It has been challenging but has gone well. Both acute sites and the community hospitals now use the same system with Mental Health due to follow by the end of the year.

7.5 Upgrade to discharge system and letter.

These improvements should start to be seen in primary care. Any problems please feedback to AP.

DMS service to start at Musgrove in the autumn.

Screening of discharge prescriptions at Musgrove to begin in September.

To discuss the possibility of community pharmacies receiving a copy of patient discharges in the interim. **Action: YL & AP**

7.6 MPB meeting length
AP has asked if MPB can be shortened. This will need some thought and consideration as the majority of time is spent discussing important and relevant information.

DATE OF NEXT MEETING
Wednesday 21st May 2025
Wednesday 23rd July 2025
Wednesday 24th September 2025
Wednesday 26th November 2025