Minutes of the **Medicines Programme Board** held via Microsoft Teams, on **Wednesday, 23rd July 2025.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset Clinical Lead for Medicines Management and Evidence Based Interventions
	Peter Berman (PB)	Lay Representative
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset Council
	Dr David Davies (DD)	West Somerset Representative
	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 and MSO, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, CPS
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy - SFT
	Dr Rob Tippin (RT)	LMC and Mendip Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Dr Val Sprague (VS)	Bridgwater 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
	Tess Dawoud (TD)	Community Pharmacy Clinical Lead, ICB
	Maria Heard (MH)	Deputy Director Research and Innovation, ICB
	Carly Jackson (CJ)	Transformation Manager, Neighbourhood Development Team, ICB
	Zoe Baillie (ZB)	Prescribing Technician, NHS Somerset

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

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 21st May 2025

4.1 It was highlighted that some representative's roles were out of date, and an update was received by those present, with appropriate amendments made.
The Minutes of the meeting held on 21st May were agreed as a correct record.

4.2 **Review of action points**

Most items were either complete or, on the agenda.

Actions specifically noted:

OD has plotted on a map, pharmacies who are actively providing the naloxone service- it was noted there isn't great coverage in the West of Somerset, however reported low needs for the service suggests the service coverage seems reasonable. SG noted there is a home delivery service available, YL noted 12 out of 13 PCNs are covered by this service, but Boots haven't signed the contract yet, so this will give better coverage once done.

It was noted that children with chickenpox are being referred into primary care for "diagnosis" because while other services can diagnose, only doctors can complete notification of notifiable diseases.

PQS was noted to be on target and continues to be worked through.

5 Matters Arising

5.1 NetFormulary Update

The board noted that netFormulary is now live and links are on the medicines management ICB page. Subscription to Medicines Complete is required to access the links within netFormulary. EK reminded the board to contact the ICB or SFT emails for any glitches noticed, or any additions to note for editing.

5.2 Progesterone 200mg capsules data
SM shared OpenPrescribing links which highlight no use of Gepretix 200mg capsules yet. Eclipse data shows use of Gepretix 100mg in doses higher than 100mg.

Send out progesterone communications. **Action: SM**

5.3 2025/26 Incentive Scheme

SG proposed to increase from 65p to 75p per patient (pp)max – given low level of achievement in 24/25 that will still be manageable within the budget.
Achievement last year was down on previous years, our budget of a max of 65p pp amounts to a spend of nearly £400k, last year just under £100k was paid out.

This year's scheme has maintained many indicators with few changes. Today's proposal is to increase the max to 75p pp. We should remain within budget and the message of higher results may gain more engagement from some practices. The scheme should pay for itself with quality, safety and cost savings.

The older age of some PCNs making targets more challenging for some practices to achieve was raised, it was clarified that the 20 indicators are varied and individually have targets set per indicator, rather than individual practice targets. It was noted that many indicators are measured per 1000 patients ASTRO PU. ASTRO PU weighting takes into account age and sex of patients to give a fairer weighting rather than pure patient numbers.
Proposed bands:

- The practice achieves a green scorecard rating on 16 or more of the 20 indicators on the ICB overall prescribing scorecard – 75p

or

- The practice achieves a green scorecard rating on 14 or more of the 20 indicators on the ICB overall prescribing scorecard – 65p

or

- The practice achieves a green scorecard rating on 12 or more of the 20 indicators on the ICB overall prescribing scorecard – 50p

or

- The practice achieves a green scorecard rating on 9 or more of the 20 indicators on the ICB overall prescribing scorecard – 30p

or

- The practice achieves a green scorecard rating on 7 or more of the 20 indicators on the ICB overall prescribing scorecard – 15p

New budget proposal was approved by the board

6 Other Issues for Discussion

6.1 CPIP Pathfinder Lipid Protocol

MY presented the community pharmacy independent prescribing pathway on behalf of TD, emphasising the importance of opportunistic hypertension case finding and primary and secondary prevention optimisation on lipid-lowering therapy.

- Introduced the community pharmacy independent prescribing lipid pathway, highlighting its alignment with the hypertension pathfinder protocol approved in March.
- The pathway includes opportunistic CVD case finding and primary and secondary prevention optimisation on lipid-lowering therapy.
- Detailed the clinical protocols for primary prevention with QRISK more than 10%, secondary prevention for patients with a history of CVD, and high cholesterol pathway.
- Practices can proactively identify patients for optimisation and refer them to the pathfinder sites, which include four pharmacies in Somerset.

- Explained the logistics, including issuing prescriptions using CLEO Solo Systems and sharing information through PharmOutcomes and blood logistics via ICE requests.

It was noted that-
1) the Somerset Formulary link will need updating to the new netFormulary link,
2) the addition of covering contraception needs for patients of childbearing potential who are initiated on lipid lowering therapy.
3) LDL target adjusted from 1.8 to 2 in line with NICE guidance

MPB approved the lipid protocol with the three edits suggested.

Share feedback with TD and recommended amendments. **Action: MY**

6.2 NHS: FIT FOR THE FUTURE 10 Year Health Plan for England Executive Summary
SG highlighted:

- The focus on cardiovascular disease and community pharmacy clinical services in the NHS 10-year plan, emphasising the potential growth of AI and genomic medicine.
- The NHS 10-year plan's focus on improving cardiovascular disease outcomes through primary and secondary prevention.
- The plan emphasises expanding community pharmacy clinical services to provide more patient care closer to home.
- The potential growth of AI and genomic medicine, predicting significant advancements in these areas over the next decade.
- That the plan's aim to shift more care into primary care settings, supported by additional resources to avoid overpromising and underdelivering.

6.3 NHS England: Commissioning recommendations following the second national assessment of blood glucose and ketone meters, testing strips and lancets
-Noted

6.4 Workforce and patient safety: electronic communications on patient discharge from acute hospitals
SG discussed:

- The importance of accurate and timely discharge communications for improved patient outcomes.
- the ongoing work focused on enhancing electronic patient records to streamline discharge processes and ensure better information flow between primary and secondary care.
- The national safety report highlighting incidents related to poor discharge communications and underscoring the importance of this work.

AP mentioned that the trust is updating its discharge processes and aligning MPH to YDH's system to improve quality and consistency across the sites.

6.5 Safe prescribing in Dementia

- RT raised concerns about the continuation and discontinuation of donepezil and the need for better management of dementia medications in primary care as well as diagnosis and general dementia management.
- Many frailty doctors and nurses recommend not stopping it until the last minute due to ongoing benefits and risk of decline if stopped.
- The Amber 3 status of donepezil was questioned, and if it should be downgraded to Amber 2 or Amber 1 to improve access and management in primary care.
- SG highlighted that NICE guidelines allow GPs / nurses with specialist knowledge to diagnose dementia, this doesn't have to be in a trust. The historical position locally was for the need of a commissioned service to support this work.
- MH emphasised the importance of deprescribing medications that worsen dementia symptoms, such as anticholinergic drugs, and ensuring holistic patient reviews.
- MPB members discussed the need for a holistic approach to dementia care, considering factors like hearing loss, menopause, B12 deficiency, unmet needs and other comorbidities that affect cognitive function.

Discuss with the LMC the possibility of changing the traffic light classification for dementia medications from Amber 3 to Amber 2 and explore the potential for a trial in Mendip. **Action: RT & SG**

7 Other Issues for Noting

7.1 Dr Penny Dash's review of patient safety across the health and care landscape in England
The report overview was shared and noted by the board.

7.2 Finance slides for QIPP
The Somerset position was highlighted during the meeting, the ongoing hard work was celebrated recognising Somersets strong position in prescribing safely, effectively, and avoiding inappropriate prescribing. The cost of improving prescribing for unmet need was also discussed.

8 Additional Communications for Noting

8.1 Initial statin nonacceptance (in diabetes) was associated with a 50% greater risk of experiencing an adverse cardiovascular outcome- Email from SG – 18/6/25
-Noted

8.2 Gabapentinoids and associated risks – Email from EK & HS – 18/6
-Noted

8.3 Primary Care prescribing of Tirzepatide- Email from SG – 26/6
-Noted

8.4 Referral form for Wraparound Tirzepatide support - Email from SG – 26/6
-Noted

8.5 Switch Dymista and generic fluticasone propionate 50micrograms/dose / Azelastine 137micrograms to FLOMISTER - Email from SG – 1/7
-Noted

8.6 New NHS Somerset formulary - Email from EK – 1/7
-Noted

8.7 Shortage of bumetanide 1mg tablets national patient safety alert - Email from SG – 4/7
-Noted

8.8 Reminder to switch Gepretix and Utrogestan 100mg to generic Progesterone micronised 100mg capsules – Email from SG - 9/7
-Noted

8.9 Why cardiovascular disease prevention should be prioritised – Email from SG – 17/7
-Noted

9 Formulary Applications

9.1 GlucoMen iCan x 1 £37.25 (CGM)
This is a replacement product. Original product to be discontinued.
MPB agreed.

Add to formulary. **Action: EK**
Add to TLS Green. **Action: ZB**

9.2 Add the updated HF treatment algorithm to the formulary

NG106 Chronic heart failure in adults: diagnosis and management
NG106 draft update due to be published in September.

PF presented the HF treatment algorithm for primary care. Clinical governance for this document will sit under Dr Amy Burchell and the HF service. There is ongoing work in Somerset to make sure legacy patients are getting optimal treatment. Once NICE has published NG106 the pathway will be checked to ensure alignment and it will be brought back to MPB.

Comments from MPB:
The HF pathway needs to include information regarding sick day rules.
Education around HF in primary care needs to be increased.
Consider commissioning gaps for IV iron.

Add sick day rule guidance to the heart failure protocol document and include relevant links for Somerset End of Life website and sick day rule cards. **Action: PF**

Bring HF pathway to MPB once updated and NICE NG106 published. **Action: PF**

10 Reports From Other Meetings

Feedback

10.1 **Primary Care Network Feedback**

Progress updates on:

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

DD discussed the impact of the recent coach crash in West Somerset, the profound effects on Dunster surgery colleagues and their families was shared. DD highlighted the significant community and emergency services response at the time and subsequently, including the ICB lead that has been taken. DD emphasised the need for personalised and timely mental health support and resources for affected families and colleagues.

The board passed on their thoughts and sympathies to those affected and acknowledged the impact of this tragedy on the community and Somerset.

PF PCN is focusing on patients on sub-optimal HF treatment.

RT PCN is trialling a pancreatic screening tool trial and the frailty team working on project for over 75 enhanced health checks.

Summary

10.2 **Community Pharmacy Somerset Report**

YL presented the performance of community pharmacies, highlighting the need for better engagement and utilisation of services. The number of blood pressure checks, ABPMs, and contraception services provided were noted.

YL highlighted the Pharmacy First referrals, noting that Park Medical Centre was a top performer, overall engagement needed improvement. The leaderboard showed pharmacy performances relative to other PCNs, indicating areas for improvement in service utilisation.

Engage with Mendip PCN to improve the utilisation of the Pharmacy First service and address the low engagement from certain practices. **Action: YL & RT**

10.3 **LMC Report**

Mounjaro is being actively discussed.

10.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting 13th June (Next meeting – 19th September)

Discussed:

- Netformulary progress
- Approved removal of Vivomixx/VSL -has been non formulary in the ICB since removed from the drug tariff. Use at SFT has now stopped and it has been disabled on EPMA, clinicians have been informed.
- Approved Phenol 7% (change from Phenol 5%) -Phenol 7% is now being used instead of Phenol 5%.

- Approved Two monthly Aripiprazole injections -Request from the lead Mental Health Pharmacist as this extends the treatment options for patients. This has been added as a new presentation of an existing drug.

10.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 10th June – Cancelled
Nothing to note

10.6 **Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting 14th May (Next meeting – 30th July)
Discussed:

- Medicines shortage report
- Valproate prescribing in patients of childbearing potential - Agreed to not bring back to MGC, specialities are aware of what is required, and all practical work has been done to address the issue.
- Non-Medical Prescribing (NMP) Audit
- Controlled Drug (CD) Audit Report
- Clinical Audit: Reducing Overdose Risk with IV Midazolam
- some excellent work reviewing oxycodone modified release (MR) oral preparations in post operative pain for paediatric orthopaedic patients.

Part 2 – Items for Information or Noting

11 Current Performance

11.1 No report this month

12 Rebate Schemes

12.1 None yet this month

13 NICE Technology Appraisals

13.1 TA1064 Dostarlimab with platinum-based chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
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: ZB**

13.2 TA1065 Nivolumab plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
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: ZB**

13.3 TA1068 Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy

NICE terminated appraisal.

Add to NetFormulary ‘Not recommended’ drug. **Action: EK**
Add to TLS ‘Not recommended’ drug. **Action: ZB**

13.4 TA1066 Somapacitan for treating growth hormone deficiency in people 3 to 17 years
Commissioned by ICB, provided by primary and secondary care.
To be Red in Somerset as with all growth hormone drugs.

MPB Agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

13.5 TA1069 Efgartigimod for treating antibody-positive generalised myasthenia gravis
Not recommended by NICE.

Add to NetFormulary ‘Not recommended’ drug. **Action: EK**
Add to TLS ‘Not recommended’ drug. **Action: ZB**

13.6 TA1067 Linzagolix for treating symptoms of endometriosis
Commissioned by ICB, provided by primary and secondary care.
Amber2.
MPB Agreed.

Add to NetFormulary Amber2 drug. **Action: EK**
Add to TLS Amber2 drug. **Action: ZB**

13.7 TA1070 Spesolimab for treating generalised pustular psoriasis flares
Commissioned by NHS England, provided by Secondary care – Acute and tertiary.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

13.8 TA1072 Tislelizumab for treating advanced non-small-cell lung cancer after platinum-based chemotherapy
NICE terminated appraisal.

Add to NetFormulary ‘Not recommended’ drug. **Action: EK**
Add to TLS ‘Not recommended’ drug. **Action: ZB**

13.9 TA1071 Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer
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: ZB**

13.10 TA1073 Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies
Commissioned by NHS England / integrated care Boards, provided by Haemophilia Comprehensive Care Centres.
Red drug.
MPB agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

13.11 TA1074 Sparsentan for treating primary IgA nephropathy
Commissioned by ICB, provided by NHS Hospital Trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

13.12 TA1078 Fosdenopterin for treating molybdenum cofactor deficiency type A
NICE terminated appraisal.

Add to NetFormulary 'Not recommended' drug. **Action: EK**
Add to TLS 'Not recommended' drug. **Action: ZB**

13.13 TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over
Commissioned by Integrated Care Boards (adults) / NHS England (adolescents), provided by secondary care – acute.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

13.14 TA1076 Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
NICE terminated appraisal.

Add to NetFormulary 'Not recommended' drug. **Action: EK**
Add to TLS 'Not recommended' drug. **Action: ZB**

13.15 TA1075 Dapagliflozin for treating chronic kidney disease
Commissioned by Integrated care boards, provided by NHS hospital trusts, primary care providers and tertiary care services.
Green drug.
MPB agreed.

Add to NetFormulary Green drug. **Action: EK**
Add to TLS Green drug. **Action: ZB**

13.16 TA1081 Zanubrutinib for treating relapsed or refractory mantle cell lymphoma
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: ZB**

13.17 TA1080 Mirikizumab for treating moderately to severely active Crohn's disease
Commissioned by integrated care boards, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug. **Action: DY**
Add to TLS Red drug. **Action: ZB**

14 NICE Clinical Guidance

14.1 NG140 Abortion care– Updated 27 May
Updated the recommendations on the use of anti-D prophylaxis to refer to existing World Health Organization guidance, as this reflects current practice. Antimicrobial recommendations were also noted.
-Noted

14.2 CG150 Headaches in over 12s: diagnosis and management – Updated 03 June
Changed the strength of recommendations on migraine prevention to make the use of topiramate or propranolol a 'consider' recommendation alongside amitriptyline, to better reflect the balance between the benefits and harms associated with the 3 medicines.
-Noted

14.3 NG192 Caesarean birth -Updated 10 June
Deleted recommendation 1.4.33 on oxytocin and replaced it with a link to a recommendation on carbetocin in NICE's guideline on intrapartum care.
-Noted

14.4 NG235 Intrapartum care -Updated 18 June
Updated and made new recommendations on fluid balance, bladder care and hyponatraemia during labour.
-Noted

15 Medicines Safety Summary

15.1 ICB Medicines Safety update
EK provided updates on medication safety, including shortages, and various MHRA alerts including:

- SPS medication safety updates
- NPSA – CAS: Shortage of Bumetanide 1mg tabs
- Eclipse
- Medicine supply information: Abidec

- MHRA DSU: Kaftrio, Thiopurines and intrahepatic cholestasis of pregnancy, Valproate, IXCHIQ Chikungunya vaccine, GLP-1 and dual GIP/GLP-1 receptor agonists
- EMA – PRAC
- BMJ – Oral contraceptives case study
- FSRH - desogestrel and risk of intracranial meningioma
- EMC – revised SPC for Senokot
- Prevention of future death reports
- Valproate & Topiramate data
- Datix

-Noted

SM highlighted recent communications with the MHRA regarding their recent guidance published to not use GLP-1 medications and tirzepatide in pregnancy and lactation. Unfortunately, this guidance doesn't reflect the evidence for use in lactation, and it is understood, the publication came before consultation with the Safer Medicines in Pregnancy and Lactation Consortium run by the MHRA. It was noted that while the evidence base does not suggest a blanket approach to not using these medications in lactation, clinicians won't go against MHRA guidance and there is a risk to increasing health inequalities and future obesity if breastfeeding is prematurely ended.
The recent SmPC update for Senokot in pregnancy and lactation was also discussed, SM highlighted that stimulant laxatives have historically not been used during pregnancy anyway, but the presence of the metabolite rhein in human milk is not a safety concern, off-label use in lactation where indicated is considered compatible with breastfeeding if preferred alternatives aren't suitable and a reminder to use expert and evidence based resources including UKDILAS was given.

16 Risk Review and Management

16.1 **General Risk and Management**

-Trusts
-ICB
No new risks were discussed.

16.2 **System NICE Implementation Risks**

-ICB & Trusts
-NICE guidance implementation position
No new risks were discussed.

17 Any Other Business

17.1 Public Health Alerts

OD summarised recent public health alerts related to drug overdoses and the importance of timely communication and response. It was agreed to only bring local alerts for future meetings, not national alerts as these are reportedly cascading well now.

17.2 Thank you to Peter Fee

This will be Peter Fee's last MPB meeting. The board thanked Peter for his contributions and wish him well.

DATE OF NEXT MEETINGS
17th September 2024
27th November 2024