

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 18th March 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
	Jennifer Champion (JC)	Senior Clinical Pharmacist Dermatology, SFT
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Kyle Hepburn (KH)	West Mendip 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:	Juliet Barrowman (JB)	Lead Pharmacist Clinical Effectiveness, SFT
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset
	Dr David Davies (DD)	West Somerset Representative
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Dr Gareth Jones (GJ)	South Somerset East Rural Representative, LMC Representative
	Yvonne Lamb (YL)	Operations Manager, LPC

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

Apologies were received from JB, BC, DD, MH, GJ and YL.

JC joined the meeting at 9:30am to present item 10.2. After presenting item 10.2, JC observed item 6.1 and then left the meeting.

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 January 2026.

- 4.1 The Minutes of the meeting held on 21st January were agreed as a correct record.

4.2 Review of action points

All items were either complete or, on the agenda.

Items specifically noted:

SM and Alison Booth are finalising the updated cow's milk protein allergy (CMPA) guidelines, these should be ready by the end of the week.

5 Matters Arising

5.1 ICB cluster update

SG explained the upcoming merger of three ICBs into one, detailing the reduction in staff headcount, voluntary redundancies, and the impact on medicines programme boards, with AT and other board members discussing future meeting arrangements and resource implications.

Staff Reductions and Voluntary Redundancy: SG outlined that the cluster will reduce staff from over 1100 to under 500, with ~250 staff applying for voluntary redundancy and further reductions expected over the next three to six months, including a 45-day response period before finalising the structure. It is a very unsettling time for ICB staff. PB extended his gratitude to the NHS staff.

Impact on Medicines Programme Boards: Medicines programme board meetings will continue for May and July, but after summer, the cluster team will

need to manage meetings across the cluster area, potentially reducing direct support for Somerset GP practices and PCNs due to diminished resources.

Alignment of Medicines Optimisation: SG emphasised the need to align traffic light systems and formularies by April 2027, with collaborative working being a goal, but acknowledged that some work streams may be paused due to limited staff capacity.

Board Member Transitions: Dr Andrew Tresidder announced his departure from the ICB next month, expressing gratitude to the medicines management team and facilitators. The board and the MM team are extremely grateful to Andrew for all of his valuable input and support over the years and he will be missed. He is wished all the best for his next ventures. VS is stepping down from the LMC (will still represent Bridgwater PCN), RT will be the LMC representative going forwards.

5.2 **Update - Discontinuation of Levemir insulin**

MY provided an update on the discontinuation of Levemir insulin, sharing patient numbers, practice-level impacts, and stakeholder feedback, with SG confirming steady progress and ongoing monitoring.

Patient Numbers and Practice Impact: MY reported that in February 2026, 336 patients were still on Levemir, with a median of 5 per practice and maximum of 24 per practice and 60 per PCN, noting that 70% had type 1 diabetes and 20% had type 2.

Stakeholder and DSN Feedback: Practices have proactively reviewed patient cohorts, and the Diabetes Specialist Nurse team continues to identify patients through virtual clinic reviews, prioritising practices with higher caseloads for further support.

Acute Trust and ED Guidance: MY described plans to implement the NHS England 'Getting It Right First Time' flow chart in ED, adding Levemir discontinuation alerts to help identify patients presenting with Levemir products.

Risk Assessment and Monitoring: SG assured the board that progress is steady and there is no significant risk to patients, with ongoing updates to be provided as the transition continues.

5.3 **Low molecular weight heparin in pregnancy**

Discussed the national guidance for low molecular weight heparin in pregnancy, published in the NHSE Maternal care Bundle in January, clarifying suitable traffic light status, referral pathways, and responsibilities, with input on practical implementation and stakeholder concerns.

Guideline Review and Recommendations: SM reviewed the published Maternal Care Bundle, highlighting Inhixa as the preferred LMWH in Somerset, which should be initiated by the "first contact healthcare professional" initiating a 30-day supply at point of contact, with risk being confirmed by the national questionnaire, and referring patients to maternity for ongoing care and the required 4 week review by secondary care (as per the Maternal Care Bundle recommendations.)

Traffic Light Status and Formulary Wording: Clarified that the drug will remain **Amber²**, with a caveat for first contact HCPs to initiate a months supply in line with national guidelines for this specific cohort of patients, not green. This is to prevent confusion, inappropriate referrals back and forth, and unsafe pathways. SM is drafting formulary wording pending referral pathway confirmation, at which point she will update the formulary.

Stakeholder Concerns and Implementation: Discussed concerns from LMC and SFT colleagues, noting challenges and the need for a medium ground, with ongoing work to expand services and ensure clear responsibilities, the LMNS is working on this pathway with maternity services.

Primary Care and Trust Roles: AP agreed with maintaining amber status, highlighting risks if changed to green, and SM emphasised that urgent initiation should remain with the first contact health care professional be that in ED, maternity or general practice, mirroring antibiotic protocols.

Update formulary when pathway available.

Action: Sam Morris

5.4 **Diabetes care processes indicator**

The 8 care processes were discussed, it was highlighted these are now included in the new QOF which means they will need to be retired from the scorecard. It was agreed the new indicator would involve prescribing preferred denosumab biosimilars.

Update scorecard indicator.

Action: Ezmerelda White

6 Items for Approval

6.1 **DMARD Shared Care Protocol**

HB presented the updated DMARD SCP:

- ❖ Full review & update following publication of new 2025 British Society for Rheumatology (BSR) guideline, which includes recommendation on extending routine monitoring interval for low-risk patients.
- ❖ Updated with reference to 2022 BSR Pregnancy & breastfeeding guidelines and 2025 Global Consensus Statement on the Management of Pregnancy in IBD.
- ❖ Sodium aurothiomalate (Myocrisin[®]) removed as discontinued.
- ❖ New table added for parameters of concern/adverse effects with actions for primary care.

- ❖ MHRA alerts added for relevant drugs.
- ❖ Title updated from *Shared Care Protocol Immunomodulatory therapies in rheumatology /gastroenterology and dermatology conditions* to *Shared Care Protocol for **disease-modifying anti-rheumatic drugs (DMARDs)** in rheumatology/ gastroenterology/ neurology and dermatology conditions*.
- ❖ Updated to ICB format.

Approved.

Upload to website.

Action: Daniela Broughton

RT noted the usefulness of the adverse effects table.

HB explained that Somerset uses a single shared care protocol for all DMARDs, and provided a reminder that primary care can contact specialist teams if they have any concerns/questions regarding a patient on a DMARD.

A coroner's report on methotrexate was highlighted, reinforcing the importance of recognising sore throat as a red flag symptom and strengthening protocol guidance for patient and provider awareness.

Highlight in MM newsletter.

Action: Esther Kubiak

7 Other Issues for Discussion

7.1 Changes to the GP Contract in 2026/27

Changes to the GP contract and QOF were discussed, including new indicators for diabetes, obesity, frailty, and vaccinations, with additional funding and operational adjustments.

Diabetes care processes: As discussed under item 5.4, the diabetes care processes indicator will be removed from the incentive scheme due to its adoption by QOF, and will be replaced with a new indicator around biosimilar denosumab uptake.

Frailty and Obesity Focus: The contract changes include a renewed focus on frailty assessments, exclusion of frail patients from certain indicators, and the transition of obesity management pathways into QOF, with additional funding for wraparound services.

Vaccination Programme Expansion: Changes to QOF and the contract will support improved vaccination uptake, including RSV vaccination for adults over 80 and care home residents, with practices required to ensure eligible patients are offered seasonal and routine vaccinations.

7.2 [NG28] Type 2 diabetes in adults: management

Update: 18 February 2026

Early Adoption of SGLT2 and GLP1: Somerset has already adopted SGLT2 inhibitors as first-line therapy alongside metformin, with NICE

guidance now recommending modified-release metformin and early use of GLP1 agonists, particularly semaglutide.

Patient Tolerance and Initiation Concerns: RT raised concerns about SGLT2 tolerance in patients with high HbA1c, suggesting local guidance to address initiation risks, and SG agreed to discuss this at future meetings.

Pregnancy Planning and Health Gaps: SM highlighted the lack of planning services for patients of childbearing potential, noting risks associated with SGLT2s and GLP1s, and the need for careful management and clear guidance.

Lifestyle and Metabolic Health: Discussed the importance of lifestyle interventions, supporting metabolic health approaches and deprescribing where possible, despite NICE guidance focusing on medication.

8 Other Issues for Noting

8.1 Interim commissioning guidance: Implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity

April 2026: Cohort 2 commences.

January 2027: Cohort 3 commences.

Formulary will follow these timelines.

Unsure whether wrap around support has been commissioned from April, SG will communicate when this is known.

9 Additional Communications for Noting

9.1 Accurately recording hospital Red drugs (or private drugs) on EMIS
-Noted.

9.2 Co-codamol 30/500mg shortage until June 2026
-Noted.

9.3 Tirzepatide weight management service Feb 26 update
-Noted.

9.4 Untreated hypothyroidism
-Noted.

9.5 Patients asthma having multiple SABA inhalers in 12m (Several having > 30 salbutamol inhalers in a year)
-Noted.

9.6 For Information & Review: Chronic Kidney Disease Diagnosis Gap and SGLT-2 Optimisation
-Noted.

10 Formulary Applications

10.1 Freestyle Libre® 3 Plus, Abbott

FreeStyle Libre 3 sensors will be phased out in the UK by the end of April 2026 and replaced by FreeStyle Libre 3 Plus.

There was a discussion around a change in traffic light status, proposing a shift from red to amber to facilitate primary care prescribing. Due to training requirements, amber² is appropriate, it was noted this aligns with Dorset's position.

Approved.

Add to formulary as **Amber²**.

Action: Esther Kubiak

10.2 Winlevi® (clascoterone) 10 mg/g cream, Glenmark Pharmaceuticals Europe Ltd.

JC presented the application for Winlevi (clascoterone) cream for acne. There was a discussion around evidence, pathway placement, safety in pregnancy, and guidance for GPs.

Drug Overview and Evidence: JC described Winlevi as a topical anti-androgen suitable for males and females from 12 years old, supported by clinical trials and narrative reviews, with a favourable safety profile and potential to reduce escalation to systemic treatments.

Pathway Placement and GP Guidance: Clarity was requested on where Winlevi fits in the treatment pathway, noting it is not included in NICE guidelines, and JC confirmed it will be added to Primary Care Dermatology Society guidelines, with further pathway guidance to be developed by the Trust.

Safety in Pregnancy and Contraception Advice: SM emphasised the need for clear advice on safety in pregnancy and effective contraception, recommending explicit guidance in the pathway for GPs.

Approved

Add to formulary and TLS **Green**, subject to pathway information.

Action: Esther Kubiak

Add to pregnancy scorecard indicator. **Action: Sam Morris / Ezmerelda White**

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

Mendip: SMRs and deprescribing activities are continuing as usual. Social Prescribing is expanding its 'Live Well with Pain' courses and CBT-i sessions. Sleep Station has been funded internally. Regarding the PCN workforce, a new Admiral dementia nurse has been appointed to support frailty, and part of the frailty team is being restructured to enable more home visits.

West Mendip: SMRs were noted to be of variable quality, with a lack of consistent monitoring across the patch. Deprescribing was reported to be working well in certain areas, particularly in care homes, complex care, and frailty. There is ongoing work with the ICB in relation to the new frailty strategy.

Social prescribing remains part of PCN activity, with practices referring to health coaches. Use of the health connectors space in Mendip was also highlighted.

Workforce was discussed, noting that while roles can generally be filled, this depends on availability, and that funding and capacity are sometimes shifted as needed, though a more structured approach could be beneficial. It was also noted that a revised DES is anticipated, which may offer clearer direction and greater focus.

Nothing to report from the other PCNs.

Summary

11.2 Community Pharmacy Somerset Report

None this month.

11.3 LMC Report

RT relayed LMC feedback, primarily concerning heparin guidance, which was discussed under item 5.3.

11.4 Somerset NHS Foundation Trust D&TC Meeting - Last meeting - Monday 9th March

Winlevi[®] (clascoterone) cream was approved. Discussed under item 10.2.

11.5 Somerset NHS Foundation Trust Mental Health Medicines Group - Last meeting – Tuesday 10th March

The pregnancy prevention programmes were discussed, these are fairly well controlled within the mental health team due to very small numbers. Ongoing discussion is happening with regards to antipsychotic shared care guidelines, with local challenges affecting primary and secondary care.

11.6 Somerset NHS Foundation Trust Medicines Governance Committee - Last meeting – Wednesday 21st January

Nothing to note.

Part 2 – Items for Information or Noting

12 Current Performance

12.1 Medicines Program Board Chief Pharmacist Report

SG presented the financial position and medicines optimisation progress, highlighting break-even status, early adoption of biosimilars, quality improvement workstreams, and engagement with Eclipse alerts, with AT and others acknowledging achievements.

Financial Status and Rebates: SG reported a forecast outturn of £104 million, with rebates for tirzepatide and flu vaccines ensuring a break-even position, and noted the impact of price concessions and medicine shortages, particularly aspirin.

Medicines Optimisation Achievements: Somerset leads in early adoption of generic sitagliptin and dapagliflozin, with high engagement in Eclipse alerts and quality improvement scorecard indicators, including asthma and COPD management.

Deprescribing and Safety Initiatives: Workstreams focus on deprescribing, reducing inappropriate polypharmacy, and improving safety for frail elderly, with structured medication reviews and targeted indicators for CVD, diabetes, and respiratory conditions.

Cluster Arrangements and Incentive Schemes: SG discussed future alignment of incentive schemes across the cluster, noting differences in funding and priorities, and the intention to harmonise these post-merger.

-Noted.

12.2 Scorecard Trend

-Noted.

13 Rebate Schemes

13.1 None this month.

14 NICE Technology Appraisals

14.1 [TA1122] Amivantamab with lazertinib for untreated EGFR mutation-positive advanced non-small-cell lung cancer - New

Published: 21 January 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to NetFormulary Red drug.

Add to TLS Red drug.

Action: DY

Action: DB

14.2 [TA1123] Depemokimab for treating chronic rhinosinusitis with nasal polyps in adults - New

Published: 22 January 2026

Terminated appraisal.

Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended drug. Action: DY
Add to TLS Not Recommended drug. Action: DB

14.3 **[TA972] Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over - Update**
Update: 27 January 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended drug. Action: DY
Add to TLS Not Recommended drug. Action: DB

14.4 **[TA1124] Concizumab for treating haemophilia A or B in people 12 years and over with factor inhibitors - Update**
Published: 27 January 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended. Action: DY
Add to TLS Not Recommended. Action: DB

14.5 **[TA1125] Pembrolizumab with pemetrexed and platinum-based chemotherapy for untreated unresectable advanced malignant pleural mesothelioma**
Published: 27 January 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended. Action: DY
Add to TLS Not Recommended. Action: DB

14.6 **[TA1126] Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy - New**
Published: 28 January 2026

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
- 14.7 **[TA1128] Targeted-release budesonide for treating primary IgA nephropathy - New**
Published: 04 February 2026
- 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: DB
- 14.8 **[TA1129] Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy - New**
Published: 12 February 2026
- Commissioned by NHSE, 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 **[TA1130] Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer - New**
Published: 11 February 2026
- Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.
- Add to NetFormulary Red drug. Action: DY
Add to TLS Red drug. Action: DB
- 14.10 **[TA1131] Obinutuzumab with mycophenolate mofetil for treating lupus nephritis - New**
Published: 12 February 2026
- Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.
- Add to NetFormulary Red drug. Action: DY
Add to TLS Red drug. Action: DB
- 14.11 **[TA1132] Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years**

Published: 17 February 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended.
Add to TLS Not Recommended.

Action: DY
Action: DB

14.12 **[TA1133] Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma - New**
Published: 18 February 2026

Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug.
Add to TLS Red drug.

Action: DY
Action: DB

14.13 **[TA1134] Dupilumab for treating severe chronic rhinosinusitis with nasal polyps**
Published: 18 February 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended.
Add to TLS Not Recommended.

Action: DY
Action: DB

14.14 **[TA1135] Baloxavir marboxil for treating and preventing influenza in children 1 to 11 years**
Published: 19 February 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to NetFormulary Not Recommended.
Add to TLS Not Recommended.

Action: DY
Action: DB

14.15 **[TA1136] Bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer - New**
Published: 25 February 2026

Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug.
Add to TLS Red drug.

Action: DY
Action: DB

14.16 **[TA1137] Canagliflozin for treating type 2 diabetes in people 10 to 17 years**

Published: 25 February 2026

Terminated appraisal.
Not Recommended.
MPB Agreed.

Add to NetFormulary Not Recommended.
Add to TLS Not Recommended.

Action: DY
Action: DB

14.17 **[TA1056] Molnupiravir for treating COVID-19**

Update: 26 February 2026

Removed sotrovimab from recommendation 1.1. This is because GlaxoSmithKline has discontinued manufacturing, supply, distribution and marketing of sotrovimab in the UK. The 'why the committee made these recommendations' section and committee discussion section have also been amended to reflect the updated recommendation.

-Noted.

14.18 **[TA878] Nirmatrelvir plus ritonavir and tocilizumab for treating COVID-19**

Update: 26 February 2026

Removed the recommendation on sotrovimab. This is because GlaxoSmithKline has discontinued manufacturing, supply, distribution and marketing of sotrovimab in the UK. The 'why the committee made these recommendations' section and committee discussion section have also been amended to reflect the updated recommendation.

Also included information in section 1 explaining why the recommendation on casirivimab plus imdevimab was removed in March 2024.

-Noted.

14.19 **[TA1138] Durvalumab with gemcitabine and cisplatin for neoadjuvant treatment then alone for adjuvant treatment of muscle-invasive bladder cancer**

Published: 02 March 2026

Commissioned by NHSE, provided by NHS hospital trusts.
Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug.
Add to TLS Red drug.

Action: DY
Action: DB

14.20 **[TA1139] Epcoritamab for treating relapsed or refractory follicular lymphoma after 2 or more lines of systemic treatment**

Published: 11 March 2026

Commissioned by NHSE, provided by NHS hospital trusts.
Commissioned by NHSE, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

Add to NetFormulary Red drug.
Add to TLS Red drug.

Action: DY
Action: DB

14.21 **[TA1140] Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over**

Published: 17 March 2026

Commissioned by ICB, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

N.B. Women of childbearing potential need to use effective contraception during treatment and for four weeks after discontinuation of treatment.

Add to NetFormulary Red drug.
Add to TLS Red drug.
Add to scorecard pregnancy indicator.

Action: DY
Action: DB
Action: SM / Ezmerelda White

14.22 **[TA1141] Nivolumab with chemotherapy for untreated unresectable or metastatic urothelial cancer**

Published: 17 March 2026

Terminated appraisal.
Not Recommended.
MPB Agreed.

Add to NetFormulary Not Recommended.
Add to TLS Not Recommended.

Action: DY
Action: DB

15 **NICE Clinical Guidance**
15.1 **[NG24] Blood transfusion**

Update: 26 February 2026

Reviewed the evidence and made new recommendations on using tranexamic acid during surgery.

-Noted.

15.2 **[NG136] Hypertension in adults: diagnosis and management**

Update: 26 February 2026

Added recommendation 1.2.11 to offer advice on healthy living to people who have raised blood pressure but have not been diagnosed with hypertension.

-Noted.

16 **Medicines Safety Summary**

16.1 **ICB Medicines Safety update**

EK summarised recent safety communications, including MHRA warnings, drug shortages, coroner's reports, and dispensing errors, with input from the group on practical implications and actions for maternity and pharmacy teams.

MHRA and GPhC Warnings: Highlighted MHRA warnings about emollient fire risks, falsified weight loss medications, statin muscle symptoms, and ocular toxicity, as well as GPhC alerts on methotrexate dispensing errors and propranolol toxicity.

Drug Shortages and Alternatives: Shortages of diamorphine, co-codamol, and aspirin were discussed. Morphine sulphate was recommended as an alternative to diamorphine, while switching from co-codamol to separate paracetamol and codeine was suggested to allow greater flexibility and easier tapering. Noted the aspirin shortage has resulted in increased costs.

Coroner's Reports and Red Flag Symptoms: Summarised coroner's reports on prescription collection failures, drug interactions, falls, and medication errors, reinforcing the importance of risk assessments, bone-sparing agents, and red flag symptom awareness.

Dispensing Errors and Pharmacy Actions: Dispensing errors such as spironolactone supplied instead of sitagliptin and hydrocortisone dilution risks were raised, with emphasis on clear instructions and training for patients and pharmacy teams.

16.2 **Urgent Field Safety Notice: FreeStyle Libre 3 and FreeStyle Libre 3 Plus Sensors**

-Noted.

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 Maternity PGD Alignment Issue

MN highlighted ongoing difficulties aligning the maternity PGD for aspirin in pregnancy with Somerset and national guidance, noting lack of progress and the need for baseline assessment and approval.

DATE OF NEXT MEETINGS

Wednesday 20th May 2026

Wednesday 15th July 2026

Wednesday 23rd September 2026

Wednesday 18th November 2026