Minutes of the **Medicines Programme Board** held via Microsoft Teams, on **Wednesday, 20th May 2026.**

Present:	Shaun Green (SG)	Chair, Chief Pharmacist, NHS Somerset
	Dr Juliet Balfour	GP, NHS Somerset Menopause Service
	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
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Kyle Hepburn (KH)	West Mendip Representative
	Esther Kubiak (EK)	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 Rob Tippin (RT)	Mendip Representative, LMC Representative
	Marco Yeung (MY)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, LPC
Apologies:	Dr Gareth Jones (GJ)	South Somerset East Rural Representative, LMC Representative
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Dr Val Sprague (VS)	Bridgwater Representative, LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset

1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the Medicines Programme Board.

Dr Juliet Balfour was introduced to the group.

Apologies were received from GJ, SM, VS and MT.

PB left the meeting at 10:30am.

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 18th March 2026.

4.1 The Minutes of the meeting held on 18th March were agreed as a correct record.

4.2 Review of action points

All items were either complete or, on the agenda.

Items specifically noted:

An update was noted that use of dupilumab for nasal polyps, previously limited to specialist centres (e.g. Bristol), may be moved to local provision within Somerset, which would improve access and patient pathways; confirmation is awaited.

5 Matters Arising

5.1 ICB cluster update and medicines management team restructure

SG led a discussion on the ongoing ICB clustering process, the anticipated restructure of the medicines optimisation team, and the implications for future commissioning and team size, with contributions from PB, OD and others regarding authority, budget risks, and the impact on workstreams.

Clustering Arrangements Update: SG explained that the ICB is undergoing a major reorganisation, with directors reviewing feedback on the draft structure in May and the final structure to be released on 1st June. The process of filling posts in the new structure will extend to the end of July, after which the three ICBs' medicines optimisation teams will merge into a single, significantly smaller team. This will affect how meetings and workstreams are managed, with further updates expected in July.

Place Director Authority and Budget Risks: PB asked about the authority of place directors and the potential for local variation in commissioning. SG

responded that the changes aim to shift ICBs towards strategic commissioning, with place directors focusing on moving care from acute hospitals to primary care. SG noted the complexity of integrating prescribing budgets into place budgets, highlighting risks and the need for careful management, as well as the historical challenges of budget overspend and risk allocation.

Impact on Medicines Optimisation Workstreams: SG raised concerns that the proposed reduction in team size will limit the ability to maintain current workstreams, expressing hope that feedback on the structure would be considered. The group discussed the challenge of maintaining separate meetings and workstreams with a smaller, unified team, and the need to balance budget control with investment in evidence-based treatments.

5.2 **2025/26 Scorecard Incentive Ranges**

SG described how national lobbying led to a reduction in H2RA prices, resulting in cost savings being achieved early. The group agreed to mark all practices as 'green' on this indicator, as the intended savings were realised.

All practices to be marked green on H2RA indicator.

Action: Ezmerelda White

5.3 **2026/27 Scorecard Update**

Practices are beginning to engage with new indicators, particularly edoxaban and dapagliflozin switching. SG noted some ongoing issues with clinical teams discharging patients on edoxaban, but overall feedback from the prescribing leads conference was positive.

5.4 **British Pregnancy Advisory Service (BPAS) Patient Group Directions (PGDs)**

Four PGDs have been updated:

- Supply of Combined Hormonal Contraceptive (CHC) Vaginal Ring in BPAS clinics
- Supply of Combined Hormonal Contraceptive (CHC) Transdermal Patches in BPAS clinics
- Supply of a combined oral hormonal contraceptive (COC) by in BPAS clinics.
- Administration of intramuscular (IM) medroxyprogesterone acetate (DMPA) injection (150mg/1ml) in BPAS Clinics.

These are minor updates of current BPAS PGDs in use in Somerset and are all based on national PGD templates.

Approved.

Doctor signatory needed for PGDs now AT has left the ICB.

HB to contact Bernie Marden about PGD authorisation going forwards.

Action: Hels Bennett

6 Items for Approval

6.1 Sodium Zirconium Cyclosilicate (Lokelma®) Shared Care Protocol (SCP)

The sodium zirconium cyclosilicate (Lokelma®) SCP has been updated following publication of NICE TA1148, which extends the use of the drug to include patients with serum potassium levels of 5.5 mmol per litre to 6.0 mmol per litre. Criteria is now patients with a serum potassium of at least 5.5mmol/L (was previously 6.0mmol/L).

Approved.

Upload to website. **Action: Daniela Broughton**

7 Other Issues for Discussion

7.1 Levemir update

MY provided an update on the discontinuation of Levemir®, including prescribing trends, practice-level data, and ongoing communication with stakeholders, with discussion on the division of responsibility between primary and secondary care.

Practices are asked to identify patients currently prescribed Levemir® and notify them that they will be changed to an alternative soon, referring any type 1 patients not engaged with secondary care.

Noted that national and regional stakeholders are concerned about potential supply issues with alternative insulins, prompting increased communication efforts. Practices are encouraged to seek support from diabetes specialist nurses for complex cases.

8 Other Issues for Noting

8.1 Community Pharmacy Independent Prescriber PathFinder Programme Evaluation and Closure Report

Although the number of patients seen through the Somerset pathway was small, the programme demonstrated proof of concept.
It was highlighted that future neighbourhood health models must involve all primary care contractors, not only GP practices, particularly in relation to preventative care and improving patient outcomes.
Pharmacists emphasised that they should not be viewed as substitutes for GPs, but as professionals with a distinct skill set. From summer onwards, all newly qualified pharmacists will qualify as independent prescribers, creating increasing demand within the profession to utilise these skills within safely commissioned services. Concern was expressed that, without changes to commissioning arrangements or the community pharmacy contract, there is a risk that this expanded workforce capability will not be fully utilised.

Findings have been shared with the national team. Discussions are ongoing between the national programme team and Community Pharmacy England regarding future contractual arrangements for community pharmacy independent prescribing services. Further developments are expected following the summer.

9 Additional Communications for Noting

9.1 Improving CKD outcomes - Deprescribing NSAIDs - initiating statins and Dapagliflozin - LUCID platform on eclipse NHSPathways – Emails from SG 24/04/26
Local Chronic Kidney Disease (CKD) work continues to focus on prevention and reducing progression, including medicines optimisation (e.g. reducing unnecessary NSAIDs, use of SGLT2 inhibitors) and improving cardiovascular risk management. A recent regional meeting attended highlighted wider themes around the importance of diagnosis, risk stratification, and patient communication. Locally, tools such as Eclipse and the kidney failure risk equation are being used to support identification and patient discussions.

-Noted.

9.2 For information & Review: Diabetes Medicine Optimisation Opportunities - April 2026 – Email from MY 22/04/26
-Noted.

9.3 For Review and Action: CVDPREVENT Dec 25 data - Improvement Opportunities – Email from MY 27/04/26
Ongoing work to improve outcomes in diabetes and cardiovascular disease (CVD) was noted, including regular communications and use of CVD Prevent data to support optimisation of care. CVD remains a key priority ahead of the forthcoming national framework, with continued focus on preventative care despite potential future workforce constraints.

-Noted.

9.4 Optimising medication in heart failure – Email from SG 28/04/26
Further work is required in heart failure to ensure accurate coding and optimise treatment in line with updated NICE guidance, including appropriate prescribing and deprescribing.

-Noted.

9.5 Inappropriate dual therapy - Doxazosin and Tamsulosin Please deprescribe one – Email from SG 07/05/26
-Noted.

10 Formulary Applications

10.1 **Nalvee® (dydrogesterone) 10mg film-coated tablets, Gedeon Richter (UK) Ltd.**

Dydrogesterone was described as a well-tolerated progestogen, offering an alternative for women who are sensitive to other options, with fewer side effects and less problematic bleeding reported. The committee approved its addition as a green drug, aligning with neighbouring ICB formularies, and noted its reported inclusion on the HRT prepayment certificate list.

Add to Formulary Green drug. **Action: EK**

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

PCN updates highlighted ongoing recruitment alongside variable workforce capacity. ARRS funding pressures differed between PCNs, although concerns have been raised that overall funding is insufficient to recruit and maintain adequate staffing. Uneven distribution of pharmacy staff and resources across PCNs was noted, as well as practical barriers to staff working across organisations due to system access issues, despite ongoing service development in some areas.

Summary

11.2 Community Pharmacy Somerset Report

Community pharmacy developments were noted, including ongoing CPD sessions for practices promoting services (e.g. Pharmacy First, contraception, hypertension), with increased referrals and activity seen where delivered. A pilot cancer self-referral pathway is in development across 30 pharmacies covering all PCNs (initially focused on suspected bowel cancer, lung cancer, and postmenopausal bleeding presentations), with plans for data collection via a web portal and PharmOutcomes. The Discharge Medicines Service (DMS) rollout is underway from Musgrove, with referrals beginning and full implementation expected later in the year, and pharmacies reporting they are receiving and managing these appropriately.

YL to share communications on the CPD sessions and cancer self-referral pilot via LMC and SG to raise practice awareness.

Action: Yvonne Lamb / Shaun Green / Rop Tippin

11.3 LMC Report

Collective action is ongoing in relation to data sharing, as part of a rolling programme that will continue to expand into additional areas.

11.4 **Somerset NHS Foundation Trust D&TC Meeting** - Next meeting – 8th June

11.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** - Next meeting – 16th June
Electronic prescribing is being rolled out to mental health services using the same system as acute trusts, with additional work underway around depots and clozapine.

11.6 **Somerset NHS Foundation Trust Medicines Governance Committee** - Last meeting – 19th May
Nothing to report.

Part 2 – Items for Information or Noting

12 Current Performance

12.1 **February Scorecard Trend**

Latest scorecard trends show strong performance in antimicrobial prescribing, with system-level targets achieved and additional funding secured for leadership. Continued progress in deprescribing and medicines safety was noted, including reductions in inappropriate antipsychotic use in dementia and learning disability, lowering anticholinergic burden, reduced opiate, hypnotic and anxiolytic prescribing, and strong engagement with safety initiatives (including pregnancy risk and Eclipse alert reviews). Cost-saving measures (including prescribing changes such as generic switching and reduced OTC prescribing) have delivered financial benefits across practices. Ongoing challenges remain in inhaler use, CVD prevention, and diabetes care processes, with continued focus on improving outcomes.

-Noted.

13 Rebate Schemes

13.1 Bibecfo® (beclometasone with formoterol) 100/6 and 200/6 micrograms per actuation pressurised inhalation solution, Cipla (EU) Limited.

- Start date: TBC

-Noted.

14 NICE Technology Appraisals

14.1 **[TA1142]: Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils**
Published: 21 January 2026

Commissioned by ICB, provided by NHS Hospital trusts and primary care.

NICE approval for dupilumab in COPD was supported, to be implemented as a red drug via trust pathways. It is for patients with raised eosinophils whose COPD remains uncontrolled despite optimised inhaled therapy. Demand is expected to be high, raising concerns about service capacity, referral volumes,

and delivery (including homecare arrangements). Pathway development is required, and treatment should be stopped at 12 months if ineffective.

Add to Formulary Red drug. **Action: DY**

14.2 **[TA1143]: Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause**
Published: 31 March 2026

Commissioned by ICB, provided by primary care and secondary care providers.

Dr Juliet Balfour, GP, NHS Somerset Menopause Service, outlined NICE TA1143 for fezolinetant and led the discussion. The committee approved fezolinetant as a green drug for moderate to severe vasomotor symptoms where HRT is unsuitable. It should not be prescribed in combination with HRT and requires liver function monitoring prior to initiation, monthly for the first 3 months, and periodically thereafter, including if symptoms suggest liver injury. Use in patients with a history of oestrogen-dependent cancers is off-label and should be based on individual risk assessment and clinician judgement, who may wish to contact the menopause service for advice and guidance. Practices may consider broader baseline blood tests where appropriate, and treatment may support deprescribing of alternative therapies (e.g. SSRIs, gabapentinoids such as pregabalin, and other off-label agents used for vasomotor symptom control).

Add to Formulary Green drug. **Action: EK**

14.3 **[TA1144]: Subcutaneous spesolimab 1-ml formulation for preventing generalised pustular psoriasis flares in people 12 years and over**
Update: 08 April 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to Formulary Not Recommended drug. **Action: DY**

14.4 **[TA1145]: Pembrolizumab for neoadjuvant and adjuvant treatment of resectable locally advanced head and neck squamous cell carcinoma**
Published: 21 April 2026

Commissioned by NHS England, provided by NHS Hospital trusts.
Red drug.
MPB Agreed.

Add to Formulary Red drug. **Action: DY**

14.5 **[TA1146]: Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more kinase inhibitors**
Published: 28 April 2026

Commissioned by NHS England, provided by NHS Hospital trusts.
Red drug.
MPB Agreed.

Add to Formulary Red drug. **Action: DY**

14.6 **[TA1148]: Sodium zirconium cyclosilicate for treating hyperkalaemia**
Published: 29 April 2026

Commissioned by ICB, provided by NHS Hospital trusts and primary care.
Amber[3] drug.
MPB Agreed.

Add to Formulary Amber[3] drug. **Action: EK**

SPC has been updated; discussed under item 6.1.

14.7 **[TA1147]: Vorasidenib for treating astrocytoma or oligodendroglioma with IDH1 or IDH2 mutations after surgery in people 12 years and over**
Published: 29 April 2026

Commissioned by NHS England, provided by NHS Hospital trusts.
Red drug.
MPB Agreed.

Add to Formulary Red drug. **Action: DY**

14.8 **[TA1149]: Belantamab mafodotin with bortezomib and dexamethasone for previously treated multiple myeloma**
Published: 30 April 2026

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

Add to Formulary Red drug. **Action: DY**

14.9 **[TA1150] Encorafenib with binimetinib for treating BRAF V600E mutation-positive advanced non-small-cell lung cancer**
Published: 06 May 2026

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

Add to Formulary Red drug. **Action: DY**

14.10 **[TA1151] Inebilizumab for treating immunoglobulin G4-related disease**
Published: 06 May 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to Formulary Not Recommended drug. **Action: DY**

14.11 **[TA1152]: Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity**
Published: 07 May 2026

Commissioned by ICB, provided by NHS Hospital trusts and primary care.

NICE approves injectable semaglutide for adults with established cardiovascular disease and BMI ≥27, creating a large eligible cohort with expected financial impact but clear outcome benefits. The Board agreed to implement as per guidance, including continuing beyond the 2-year obesity pathway where patients meet CVD criteria to avoid inappropriate discontinuation. Pathway alignment is needed between cardiology, primary care, and obesity services, with increased demand anticipated and prescribing practicalities noted (weekly dosing; 1 pen = 1 month).

Add to Formulary Green drug. **Action: EK**

14.12 **[TA1153]: Zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment**
Published: 07 May 2026

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

Add to Formulary Red drug. **Action: DY**

14.13 **[TA1154]: Oxybutynin hydrochloride for managing neurogenic detrusor overactivity in people 6 years and over with spinal cord injury or spina bifida**
Published: 07 May 2026

Terminated appraisal.
Not Recommended.
MPB agreed.

Add to Formulary Not Recommended. **Action: DY**

15 **NICE Clinical Guidance**

15.1 **[NG256] Kidney cancer: diagnosis and management - New**
Published: 19 March 2026

-Noted.

15.2 **[NG229]: Fetal monitoring in labour – Update**
Update: 25 March 2026

-Noted.

15.3 **[NG257]: Fertility problems: assessment and treatment - New**
Published: 31 March 2026
Replaces NICE [CG156]

It was noted that current commissioning does not fully align with NICE guidance, as only one cycle is funded compared to the recommended three, alongside additional areas of potential non-compliance following recent updates. The established position is that the fertility policy will not be reviewed by individual ICBs in isolation but instead through a coordinated approach across the three merging ICBs. The existing policies will be reviewed collectively as part of the clustering process, with the aim of developing a single, consistent policy for the merged organisation. It was acknowledged that some related issues, including medicines, sit within specialist services, and that a formal review of the guidance will take place in due course.

15.4 **[NG12]: Suspected cancer: recognition and referral – Update**
Update: 15 April 2026

-Noted.

15.5 **[CG122]: Ovarian cancer: recognition and initial management - Update**
Update: 15 April 2026

-Noted.

15.6 **[NG23]: Menopause: identification and management - Update**
Update: 15 April 2026

-Noted.

15.7 **[NG198]: Acne vulgaris: management**
Update: 30 April 2026

-Noted.

15.8 **[NG195]: Neonatal infection: antibiotics for prevention and treatment**
Update: 13 May 2026.

-Noted.

16 Medicines Safety Summary

16.1 **ICB Medicines Safety update**

EK presented recent safety alerts, medication supply issues, and coroner's reports, highlighting risks associated with specific drugs, the importance of medication reviews and communication between primary and secondary care.

Recent Safety Alerts: Summarised MHRA alerts on finasteride, dutasteride, and nasal decongestants, and discussed the implementation of Eclipse alerts to identify at-risk patients. Also noted supply issues with several medications and the importance of reviewing repeat prescriptions.

Coroner's Reports and Learning Points: A series of coroner's reports were reviewed, covering incidents such as falls in patients on anticoagulants, medication errors due to poor communication and risks associated with ADHD medication and benzodiazepines. The group discussed the need for improved communication, medication reviews, and safety assessments on home environments.

Ongoing Monitoring and Alerts: Highlighted ongoing monitoring of valproate and topiramate in pregnancy, the importance of referrals to secondary care, and the use of Eclipse to track compliance with safety protocols. The group was reminded of the need to act on alerts and support prescribers in managing risk.

17 Risk Review and Management

17.1 **General Risk and Management**

-Trusts
-ICB

No new risks identified at this meeting.

18 Any Other Business

18.1 None this month.

DATE OF NEXT MEETINGS

Wednesday 22nd July 2026
Wednesday 23rd September 2026
Wednesday 18th November 2026