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

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead.
	Zoe Baillie (ZB)	Prescribing Technician, NHS Somerset
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Daniela Broughton (DB)	Prescribing Technician, NHS Somerset
	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Dr David Davies (DD)	West Somerset Representative
	Lynette Emsley (LE)	Associate Director of Continuing Healthcare, ICB
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Dr Gareth Jones (GJ)	South Somerset East Rural Representative, LMC Representative
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, LPC
	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 David Tang (DT)	Consultant Emergency Medicine, SFT
	Dr Rob Tippin (RT)	Mendip Representative, LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Marco Yeung (MY)	Medicines Manager, NHS Somerset
Apologies:	Peter Berman (PB)	Lay Representative
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

Apologies were received from PB and BC.

MN (attending on behalf of BC) was introduced to the group.

DT was introduced to the group as an observer.

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 17th September 2025

4.1 The Minutes of the meeting held on 17th September were agreed as a correct record.

4.2 **Review of action points**

Most items were either complete or, on the agenda.

Actions specifically noted:

Action 7: GIRFT: Bridging the interface between primary and secondary care, mental health and community services - AP reported that Andrea Trill will be sending out a survey regarding prescribing for outpatients and will liaise with SG when this is happening.

5 Matters Arising

5.1 **Medicines Management - ICB Cluster arrangements**

Medicines Management Cluster Arrangements and HR Processes: SG provided an update on the Somerset ICB's clustering with Dorset, B&NES, Swindon, and Wiltshire, detailing the HR consultation, director appointments, voluntary redundancy schemes, and the anticipated impact on medicines management teams, with AP and AT seeking clarification on timelines and roles.

- **Cluster Formation and Funding:** SG explained that Somerset will cluster with Dorset, B&NES, Swindon, and Wiltshire, with Treasury

approval for voluntary redundancy funding and systems allowed to overspend this year to facilitate the process.

- **Director Structure and HR Consultation:** The director structure consultation ended, and directors will be appointed within four weeks, aiming for completion by Christmas or early January; subsequent arrangements for teams under new directors will follow.
- **Impact on Medicines Management Teams:** SG noted that the future structure and budget for medicines management teams remain uncertain, with no draft structures or budget details yet, and emphasized the need for proper HR processes across the cluster.
- **Timeline for Lead Pharmacist Role:** AP asked about the timeline for the ICB lead pharmacist role; Shaun responded that it depends on HR processes and director appointments, with a preference for a coordinated approach across the cluster.
- **Budget and Team Size Concerns:** SG expressed concern that a blanket 50% cut to all teams would severely impact Somerset's small team, hoping for proportional budget allocation and ongoing engagement with the process.

-Noted.

5.2 **Update - Discontinuation of Levemir insulin**

Levemir Insulin Discontinuation and Switching Guidance: MY provided a comprehensive update on the discontinuation of Levemir insulin, outlining the national guidance and local actions agreed at the September diabetes stakeholder meeting, with SG and DT contributing to the discussion on ED processes and coordination with trust leads such as Isy Douek.

- **National Discontinuation Timeline:** MY explained that both Levemir Penfill and Cartridges will be discontinued, with stock expected to run out by the end of 2026, giving approximately 12 months for the transition process.
- **Agreed Local Actions:** At the September diabetes stakeholder meeting, Somerset agreed on a system-wide approach: NHS Somerset Foundation Trust will review patients during routine appointments, the insulin pump service will identify and switch backup insulin, and general practices will run searches to identify patients on Levemir for review and potential switching.
- **Specialist Input for Complex Cases:** MY highlighted that for type 1, pregnancy, and paediatric patients, specialist or MDT input is required for switching, while experienced GP practices may handle routine

cases in line with national guidance; complex type 2 cases should be referred as needed.

- **ED Coordination and Stocking:** DT raised questions about ED processes for patients on Levemir, suggesting discharge summaries to GPs and considering stocking alternative insulins; SG advised DT to coordinate with Isy Douek for a trust-wide approach and confirmed that type 1 patients should be seen annually by specialists.
- **Communication and Data Monitoring:** MY reported that prompt communications were sent to stakeholders in September, with baseline figures showing approximately 850 patients in Somerset on Levemir as of August, and ongoing monitoring of progress and subgroup changes.

Liaise with Isy Douek for a trust-wide approach. **Action: David Tang**

Bring an update to next meeting. **Action: MY**

6 Items for Approval

6.1 Aspirin PGD & patient leaflet

Aspirin PGD Update for Pregnant Patients: HB presented the review and update of the community pharmacy aspirin PGD for pregnant patients at high risk of pre-eclampsia, with input from SG, YL and SM on COVID guidance changes, supply pathways, and training for community pharmacists.

- **PGD Changes and Updates:** HB described updates to the PGD, including allowing supply by trained pharmacy technicians, removing outdated COVID information, and revising exclusion and caution sections to ensure medicine interactions and bleeding risks are checked.
- **Patient Leaflet Revision:** The patient leaflet was updated to remove COVID-19 advice and add contact details for the Somerset maternity advice line.
- **COVID Guidance Rationale:** YL questioned the removal of COVID content; HB clarified that this was due to an update in the RCOG guidance - change in recommendation for those taking prophylactic aspirin to continue (unless maternal platelets are low).
  The PGD and patient leaflet previously advised to discontinue aspirin if Covid infection.
- **Uptake and Safety Net Pathway:** Discussion highlighted the PGD's role as a safety net for patients who missed earlier aspirin supply, with low expected numbers and challenges in engaging maternity services for broader uptake.

- **Community Pharmacist Training:** SM offered to set up training for community pharmacists to improve awareness and confidence in using the PGD, addressing previous incidents and supporting best practice. SM and YL will liaise about this outside of the meeting.

SM and YL arrange training for community pharmacists. **Action: SM & YL**

6.2 **Community Pharmacy Specialist Medicines Service List**

SG led the review of the specialist medicines service list for community pharmacies, discussing changes in commissioned medicines, input from palliative care teams, and antibiotic stock issues, with contributions from YL, RT, GJ, and AP.

- **Service Commissioning and Medicine List Changes:** SG explained that the service, previously commissioned by NHS England, has returned to local commissioning, prompting a review of the medicines list, with additions (e.g. Paxlovid, molnupiravir) and removals (e.g. certain injectable antibiotics).
- **Antibiotic Stocking Challenges:** RT and GJ discussed difficulties in stocking third-generation cephalosporins due to supply constraints and minimum order sizes, with SG agreeing to revisit the list and consider process improvements for emergency access.
- **Palliative Care Team Input:** YL requested confirmation that the list had been reviewed with palliative care teams, noting frequent weekend requests for medicines; SL confirmed that Tess had completed this work.
- **Expansion of Service Coverage:** YL mentioned plans to expand the service from 9 to potentially 30 pharmacies to improve rural access, with SG clarifying that commissioning decisions rest with Tess and the primary care team.
- **Alignment of SOPs and Procedures:** AP noted the need to update internal SOPs for accessing palliative care medicines out of hours, planning to coordinate with the ICB MM team for alignment.

Re-visit the list and consider process improvements for emergency access.

Action: SG

7 Other Issues for Discussion

7.1 **Discontinuation of sotrovimab. Current batch expires in February 2026 and not extending expiry dates.**
-Removal from formulary and decommission service.

Discontinuation of Sotrovimab COVID Treatment: SG announced the discontinuation of sotrovimab due to lack of efficacy against current COVID strains, with AP and MH supporting immediate removal from the treatment pathway and agreeing to communicate changes to relevant clinical teams.

- **Rationale for Discontinuation:** SG explained that sotrovimab is no longer effective due to viral drift and has been discontinued by the manufacturer, with the last batch expiring in February 2026.
- **Approval for Pathway Removal:** AP reported significant unused stock and advocated for immediate decommissioning; MH agreed, noting the need to inform Haematology and Oncology colleagues.
- **Implementation Timeline:** The group agreed to remove sotrovimab from the pathway effective 1st December, with SG to communicate the decision to pathway leads and relevant services.
- **Related Guidance Requests:** SG requested inclusion of SPS guidance on managing COVID in breastfeeding on the pathway, with SG agreeing to discuss further offline.

Communicate the decision to pathway leads and relevant services. **Action: SG**

7.2 **Moving towards a single national formulary over the next two years**
Transition to National Medicines Formulary: SG and SM discussed the national initiative to move towards a single medicines formulary over two years, aiming to reduce inequalities and streamline access, with input from GJ and AP on local implications and antibiotic prescribing concerns.

- **National Formulary Initiative:** SM outlined the plan for a single national formulary, intended to reduce postcode lottery effects and duplication, with an estimated two-year implementation period.
- **Local Adaptation and NICE Compliance:** SG assured the board that Somerset approves all NICE-approved drugs and aligns pathways accordingly, noting that some regions restrict NICE implementation, which the national approach aims to address.
- **Antibiotic Prescribing Variability:** GJ raised concerns about regional differences in antibiotic resistance and prescribing; SG acknowledged the need for local flexibility and anticipated further guidance as the initiative progresses.
- **NetFormulary Contract and Feedback:** AP noted Somerset's five-year NetFormulary contract running through 2029, with SG reporting positive feedback and a commitment to maintain it until a superior national system is available.

7.3 **AstraZeneca COPD support for practices**

COPD Practice Support and Interface Projects: SG introduced a COPD medicines optimisation project funded by AstraZeneca and delivered by Interface, with discussion from GJ and RT on company involvement, dispensing practice preferences, and the role of independent contractors.

- **Project Scope and Eligibility:** SG described the project as focused on optimizing COPD medicines, open to practices not supported in the last 12 months, with input from Helen Spry and secondary care respiratory groups.
- **Pharmaceutical Company Involvement:** GJ questioned whether only AstraZeneca is approved; SG clarified that practices can work with any company, and the board reviews projects for formal support but does not restrict contractor choices.
- **Interface Model and Practice Autonomy:** RT explained that Interface pharmacists work with practices to tailor formularies, regardless of funding source, allowing practices to choose preferred products while companies benefit from natural shifts in prescribing.
- **Environmental and Cost Considerations:** SG noted that all triple inhalers are priced equally and highlighted the environmental benefits of moving from two to one inhaler, aligning with local and national priorities.

-Approved.

7.4 **Proposed scorecard indicators 2026/27**

SG presented draft changes to the prescribing scorecard, proposing removal of several indicators and introduction of new ones focused on edoxaban reduction, generic dapagliflozin uptake, and diabetes audit achievement, with feedback from RT, DD, MY, and MT.

- **Indicator Removals and Rationale:** SG proposed removing seven indicators with high engagement or reduced relevance, such as sitagliptin, estriol cream, anticholinergic burden, and mixed inhaler use, shifting them to business-as-usual work streams.
- **Edoxaban and Warfarin Reduction Targets:** New indicators will incentivise practices to reduce edoxaban and warfarin use by 10% increments, with discussion on baseline fairness and phased implementation to avoid penalizing practices that have already made progress.
- **Switching Guidance and Patient Information:** DD asked about preferred alternatives for switching; SG confirmed guidance will favour once-daily options like rivaroxaban unless clinically indicated otherwise.
- **Generic Dapagliflozin Uptake:** SG outlined an indicator to increase generic dapagliflozin use across diabetes, CKD, and heart failure,

including switching from other SGLT2s and gliptins, with MY and MT clarifying target definitions and NICE guidance alignment.

- **Diabetes Audit Achievement:** A new indicator will focus on achieving three main targets in the national diabetes audit, with a proposed 50% achievement rate, combining type 1 and type 2 cohorts.

8 Other Issues for Noting

8.1 **Burden of Infection - Pharmacy First Dashboard Analysis of Consultations**

-Noted.

9 Additional Communications for Noting

9.1 All Wales Asthma Guidance - updated 2025 - now on our respiratory webpage – Email from Helen Spry – 18/9/25
Noted

9.2 Optimising COPD Therapy and reducing carbon footprint – Two inhalers into one – Email from SG – 19/9/25
Noted

9.3 DOAC Prescribing - reminder generic Apixaban and Rivaroxaban should be used ahead of branded Edoxaban – Email from SG – 22/9/25
Noted

9.4 New lower prices for generic dapagliflozin – Email from SG – 26/9/25
Noted

9.5 Secondary Prevention of CVD - Latest CVDPrevent – Email from SG – 22/10/25 & CVDPREVENT June 25 data - Improvement Opportunities & Themes – Email from MY – 31/10/25
Noted

9.6 Somerset National Diabetes Audit report - October update – Email from SG – 12/11
Noted

9.7 Diabetes Medicine Optimisation Opportunities – October 2025 Practice Level Data – Email from MY – 12/11
Noted

9.8 Patients with no weight loss or increased weight after 6 months + of GLP1 use – Email from SG – 19/11
Noted

9.9 Updated NICE Sepsis guidelines - Email from Helen Spry – 19/11
Noted

9.10 Do no Harm - Previous GI bleed patients - Email from SG – 20/11

Noted

9.11 For Information and Action: New Strength of Rybelsus® (oral semaglutide) - Risk of Medication Error - Email from MY – 20/11
Noted

9.12 Calculating Kidney Failure Risk - Identifying and coding CKD - starting and maintaining treatment – Email from SG – 25/11
Noted

RT asked if the ICB could issue comms around CKD education. SM will link with the communications team around this. **Action: SM**

10 Formulary Applications

10.1 **Estradot Conti 30/95 & 40/130 micrograms /24 hours Transdermal Patch Both strengths – 8 patches £15.46, 24 patches £44.27**
Me too products
Approved.

Add to formulary as GREEN. **Action: EK**

Add to preferred brands list. **Action: Caroline Taylor**

Add to summary of formulary changes as another option. **Action: DB**

10.2 **DRAFT: GID-NG10336**
Type 2 diabetes in adults: management (medicines update)
Recommend 'early adoption' of the SGLT2 positioning given availability of generic dapagliflozin.
-Approved.

10.3 **Atenza XL - me too methylphenidate brand (bioequivalent to Concerta)**
-Approved virtually prior to this meeting.
-Noted.

Add to preferred brands list. **Action: Caroline Taylor**
Add to summary of formulary changes. **Action: DB**

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

Primary Care and PCN Feedback: GJ, RT, DT, MT, and DD provided updates on local challenges, including extended hours, resource constraints, chronic pain management, heart failure initiatives, and staff turnover, with discussion on social prescribing and pain clinic access.

- **Extended Hours and Resource Pressures:** GJ reported increased pressure from extended online opening hours, leading to greater use of Pharmacy First but highlighting time constraints for scorecard-related medication switches.
- **Structured Medication Reviews and Service Mapping:** RT described ongoing structured medication reviews, development of comprehensive weight management resources, and plans for a heart failure nurse pilot to address high hospital-at-home rates.
- **Chronic Pain and Social Prescribing:** DT and RT discussed challenges with revolving door pain patients, advocating for social prescribing and psychological interventions over repeated clinical referrals, with input from GJ and VS on consistent messaging and pain clinic waiting times.
- **Staff Turnover and Recruitment:** DD and MT reported loss of pharmacy technicians and lead pharmacists in their PCNs, with ongoing redistribution of work and efforts to maintain medication reviews and scorecard compliance.

Summary

11.2 **Community Pharmacy Somerset Report**

Pharmacy First Service Expansion and Antimicrobial Stewardship: SG and YL reported on the expansion of the Pharmacy First service, its impact on antibiotic stewardship, and new offerings such as hypertension checks and contraceptive services, encouraging increased referrals from practices.

- **Antibiotic Supply and Stewardship:** SG shared national data showing well-controlled antibiotic supply under PGDs, alleviating initial concerns about resistance, with YL confirming strict criteria and safe practice.
- **Service Expansion and New Offerings:** YL described the addition of hypertension checks and contraceptive services, including emergency hormonal contraception, now available at all Somerset pharmacies.
- **Referral Uptake and Data Lag:** YL noted increased referrals from practices, with most non-attendance due to uncontactable patients, and explained a three-month data lag in service performance reporting.
- **Encouragement for Practice Engagement:** SG and YL urged practices to continue referring eligible patients to Pharmacy First, emphasizing its value in reducing practice workload and improving patient access.

11.3 **LMC Report**

Nothing to note.

11.4 **Somerset NHS Foundation Trust D&TC Meeting** – Last meeting – 19th September
Next meeting - Friday 15th December
MH gave a brief update highlighting some Oncology approvals which have now been added to the formulary.

11.5 **Somerset NHS Foundation Trust Mental Health Medicines Group** – Last meeting 9th September – No minutes yet – Next meeting 2nd December

11.6 **Somerset NHS Foundation Trust Medicines Governance Committee** – Last meeting – 19th November (September minutes attached)
MH noted there were no major updates. The minutes from the most meeting in November have not yet been received so will be discussed at the next MPB.

Part 2 – Items for Information or Noting

12 Current Performance

12.1 **Medicines Program Board Chief Pharmacist Report**

SG provided an update to MPB on the current medicines management position in Somerset. It was highlighted that Somerset are performing strongly from a financial point of view compared to other systems, with potentially a £3m overspend which has been raised as a risk. The team has been balancing cost savings and improving unmet need with national challenges such as supply issues and drug costs. Somerset continues to work ahead of the curve, being proactive system leaders to achieve the best possible outcomes for our population despite ongoing pressures.

13 Rebate Schemes

13.1 None yet this month

14 NICE Technology Appraisals

14.1 **TA1098 Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable**
Commissioned by NHS England, provided by secondary care – acute.
Red drug.
MPB Agreed.

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

14.2 **TA1100 Mirabegron for treating neurogenic detrusor overactivity in people 3 to 17 years**
NICE Terminated appraisal.
Not recommended.

MPB Agreed.

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

14.3 **TA1099 Durvalumab for treating limited-stage small-cell lung cancer after platinum-based chemoradiotherapy**
Commissioned by NHS England, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

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

14.4 **TA1101 Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over**
Commissioned by NHS England, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

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

14.5 **TA937 Targeted-release budesonide for treating primary IgA nephropathy**
Changed the unit for urine protein-to-creatinine ratio to mg/mmol from g/g.
Noted

14.6 **TA1074 Sparsentan for treating primary IgA nephropathy**
Changed the unit for urine protein-to-creatinine ratio to mg/mmol from g/g.
Noted

14.7 **TA1103 Lorlatinib for ALK-positive advanced non-small-cell lung cancer that has not been treated with an ALK inhibitor**
Commissioned by NHS England, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

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

14.8 **TA1105 Clascoterone for treating acne vulgaris in people 12 years and over**
NICE Terminated appraisal.
Not recommended.
MPB Agreed.

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

14.9 **TA1104 Sarilumab for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years**
NICE Terminated appraisal.
Not recommended.
MPB Agreed.

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

14.10 **TA1102 Iptacopan for treating complement 3 glomerulopathy**
NICE Terminated appraisal.
Not recommended.
MPB Agreed.

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

14.11 **TA1108 Cemiplimab with platinum-based chemotherapy for untreated advanced 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: DB**

14.12 **TA1107 Delgocitinib for treating moderate to severe chronic hand eczema**
Commissioned by ICBs, provided by NHS hospital trusts.
Red drug.
MPB Agreed.

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

14.13 **TA1106 Cabotegravir for preventing HIV-1 in adults and young people**
Commissioned by NHS England, provided by Sexual health service providers.
Red drug.
MPB Agreed.

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

14.14 **TA1109 Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer**
Commissioned by NHS England, provided by secondary care – acute.
Red drug.
MPB Agreed.

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

14.15 **TA1111 Nintedanib for treating fibrosing interstitial lung disease in people 6 to 17 years**
NICE Terminated appraisal.
Not recommended.
MPB Agreed.

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

14.16 **TA1112 Trastuzumab deruxtecan for treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments**
NICE Terminated appraisal.
Not recommended.
MPB Agreed.
Add to NetFormulary Not recommended drug. **Action: EK**
Add to TLS Not recommended. **Action: DB**

14.17 **TA1110 Abiraterone (originator and generics) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer**
Commissioned by NHS England, provided by secondary care – acute.
Red drug.
MPB Agreed.

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

15 **NICE Clinical Guidance**

15.1 **Update - CG57 Atopic eczema in under 12s: diagnosis and management**
-Noted.

15.2 **Update - NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV**
-Noted.

15.3 **New - NG252 Rehabilitation for chronic neurological disorders including acquired brain injury**
-Noted.

15.4 **Update - NG229 Fetal monitoring in labour**
-Noted.

15.5 **Update - NG235 Intrapartum care**
-Noted.

15.6 **New - NG254 Suspected sepsis in under 16s: recognition, diagnosis and early management**
-MM team guidance has been updated.
-Noted

15.7 **New - NG253 Suspected sepsis in people aged 16 or over: recognition, assessment and early management**
-MM team guidance has been updated.
-Noted.

15.8 **New - NG255 Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management**
-MM team guidance has been updated.
-Noted.

16 Medicines Safety Summary

16.1 **ICB Medicines Safety update**

EK presented recent medication safety alerts, risk minimisation measures, drug shortages, and prevention of future death reports, highlighting issues with propranolol prescribing, allergy documentation, discharge communication, and monitoring requirements for high-risk drugs. Recent medication safety incidents, including incorrect dosing, prescribing errors, and issues with discharge summaries, highlighting the involvement of district nurse teams, GPs, and hospital staff in identifying and addressing these problems. Updates included:

- SPS Medicine safety update
- NPSA - Harm from incorrect recording of a penicillin allergy as a penicillamine allergy
- Drug shortages and discontinuations
  -Estradiol (Progynova® TS)
  -Levemir® (insulin detemir)
  -Pancreatic enzyme replacement therapies
  -Prescribing available HRT products
  -Prescribing available medicines to treat ADHD
  -Propranolol 80mg and 160mg modified release capsules
  -Co-trimoxazole
  -Ibandronic acid 150mg tablets
  -Repaglinide 500microgram,1mg and 2mg tablets
- Serious Shortage Protocols
  -Cefalexin oral suspensions sugar free further extended
  -Estradot® patches further extended
- HSSIB
  -Medication related harm
  -Online prescribing: challenges and opportunities to improve patient safety
- MHRA DSU
  -MHRA confirms taking paracetamol during pregnancy remains safe and there is no evidence it causes autism in children

- EMA
  -PRAC starts safety review of levamisole
- Prevention of Future Deaths Reports
- Valproate and Topiramate data
- NICE CG150 Headaches in over 12s: diagnosis and management: Visual summary on prophylactic treatment of migraine with or without aura
- Lynch syndrome
- Eclipse data
- Datix data
- NHS BSA
  -Medicines Safety Epact patient harms Dashboard Specification November 2025

-Noted.

17 Risk Review and Management

17.1 **General Risk and Management**

-Trusts
-ICB
AT and SG reviewed whether any issues discussed required escalation to the risk register, concluding that all items were being managed and no escalation was necessary.

SG confirmed that none of the medication safety incidents or prescribing issues discussed warranted addition to the risk register, as they were considered work in progress and under appropriate management.

18 Any Other Business

18.1 **Prescribing of Soma Erect Devices and Consumables**

GJ raised concerns about requests from the Urology team to prescribe soma erect devices, related consumables, and training.

SG clarified the current prescribing arrangements and the challenges in providing initial device supply and patient education. SG explained that historical arrangements for hospital supply have lapsed, and primary care is currently expected to prescribe when requested. SG agreed that ideally the hospital would provide initial supply and training but acknowledged that this is not currently in place. SG agreed to pragmatic prescribing of maintenance consumables, emphasising the need for a streamlined process.

RT noted that requests from the north of the county are redirected accordingly, clarifying local prescribing practices.

DATE OF NEXT MEETINGS

Wednesday 21st January 2026
Wednesday 18th March 2026
Wednesday 20th May 2026
Wednesday 15th July 2026
Wednesday 23rd September 2026
Wednesday 18th November 2026