Chelsea and Westminster Hospital
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on
Monday 27th October 2025

2. Minutes and Summary Notes from last meeting

This meeting was held via Teams. The Minutes and Summary notes of the Medicines Group Meeting held on 16th June 2025 were approved. The summary notes will be disseminated and published on the Trust intranet. A quarterly summary report will be drafted and forwarded to the Trust Patient Safety Group meeting for inclusion on the agenda in due course.

3. Matters Arising

The Group noted the matters arising from the previous meeting.

4. Business to be transacted by the Medicines Group

4.1 Formulary Applications

Full Applications

- **Ceftaroline Fosamil 600mg Infusion (Zinforo®)**

Requested by: Antimicrobial Stewardship Team
Indication: Treatment of invasive MRSA infections in patients who have failed or intolerant to first (vancomycin +/- linezolid) and second-line (Daptomycin) options
Proposal: Add to the formulary with restricted use on the advice of Micro/ID/AMS Team only
Outcome: Approved for addition to the formulary

Short Applications

- **Nirsevimab 50mg and 100mg pre-filled syringes (Beyfortus®)**

Requested by: Neonatology
Indication: For the prevention of Respiratory Syncytial Virus (RSV) lower respiratory tract disease in:

- Neonates and infants during their first RSV season
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season (see section 5.1).

Beyfortus should be used in accordance with official NHS England recommendations and as per Blueteq requirements.

Evidence supporting its use:
NHS England letter dated 15th July 2025 entitled 'Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season
Outcome: Approved for addition to the formulary

- **Human Normal Immunoglobulin (HNIG) 165mg/ml Injection (Cutaquig®)**

Requested by: Paediatrics
Indication: Measles post-exposure prophylaxis in infants and pregnant women
Proposal: Add to the formulary in place of Hizentra® brand.
CWFT currently holds stock of Hizentra® brand of HNIG for measles post-exposure prophylaxis in immunocompetent infants and pregnant women, administered in the community by the PATCH Nurse Team, where Human Intravenous Immunoglobulin (IVIg) administration is not feasible.

In such cases, intramuscular administration of Subcutaneous Ig is clinically indicated, in accordance with the National Measles Guidelines 2024. Cutaquig® is appropriate for intramuscular administration within this patient cohort and aligns with the recommendations set out in the UKHSA guidance.
Outcome: Approved for addition to the formulary

- **Tociluzumab (Tyenne®)**

Requested by: Rheumatology
Indication: Rheumatoid Arthritis
Proposal: Add to the formulary in line with the Trust decision to switch to the Biosimilar Tyenne® as the biologic of choice for Tocilizumab, replacing the RoActemra brand.
This change is to support the cost effective use of medicines agenda providing savings to the commissioners.
Cost saving: £2k per patient per year.
Outcome: Approved for addition to the formulary

- **Epimax Cream**

Requested: Dermatology
Indication: Dry skin conditions
Proposal Add to the formulary as Epimax is not included on CWFT Formulary but is included on the NWL ICB Formulary to avoid patients having to switch emollients when transitioning between primary and secondary care
Outcome: Approved for addition to the formulary

- **Epimax Ointment**

Requested: Dermatology
Indication: Dry skin conditions
Proposal Add to the formulary as Epimax is not included on CWFT Formulary but is included on the NWL ICB Formulary to avoid patients having to switch emollients when transitioning between primary and secondary care
Outcome: Approved for addition to the formulary

- **Guselkumab 200mg solution for Infusion and 200mg pre-filled pen (Tremfya®)**

Requested by; Gastroenterology
Indication: Ulcerative Colitis
Proposal: Add additional strengths to the formulary to support treatment in line with new Crohn's Disease licensed indication (Guselkumab received NICE approval for both Crohn's Disease and Ulcerative Colitis in August 2025)
Outcome: Approved for addition to the formulary

- **Dantrolene Hemiheptahydrate 120mg solution for injection (Agilus®)**

Requested by: Pharmacy Procurement
Indication: Malignant Hyperthermia Crisis
Proposal: Add to the formulary in light of discontinuation of Dantrium® Intravenous 20mg powder for solution for injection vials.
Outcome: Approved for addition to the formulary

- **Nebivolol 2.5mg Tablets**

Requested by: Cardiology
Indication: Hypertension and Heart Failure
Proposal: Add 2.5mg tablet to the formulary to existing strengths (5mg) to support varied dose adjustment
Outcome: Approved for addition to the formulary

NWL ICB JFC Applications

- **Ospemifene 60mg Tablets (Senshio®)**

Proposal: Add to the Trust formulary in line with NWL ICB JFC decision:
Third line option (after a trial of topical oestrogen and moisturisers/ lubricants) for moderate to severe symptomatic vulvar and vaginal atrophy, or where topical oestrogen therapy is contraindicated or impractical, for example, because of a disability as per NICE guidelines for menopause (Amber 3 status).

Outcome: Approved for addition to the formulary

- **Metolozone (Xaqua®) 5mg Tablets**

Proposal: No change to formulary - For noting

Outcome: Noted

NICE TA Applications

- **TA1045 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (05/03/2025)**

Proposal: Add to the formulary in line with NICE TA1045
Outcome: Approved for addition to the formulary

- **TA1062 Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor (12/05/2025)**

Proposal: Add to the formulary in line with NICE TA1062
Outcome: Approved for addition to the formulary

- **TA1066 Somapacitan for treating growth hormone deficiency in people 3 to 17 years (03/06/2025)**

Proposal: Add to the formulary in line with NICE TA1066
Outcome: Approved for addition to the formulary

- **TA1070 Spesolimab for treating generalised pustular psoriasis flare (18/06/2025)**

Proposal: Add to the formulary in line with NICE TA1070
Outcome: Approved for addition to the formulary

- **TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (02/07/2025)**

Proposal: Add to the formulary in line with NICE TA1077
Outcome: Approved for addition to the formulary

- **TA1079 Fruquintinib for previously treated metastatic colorectal cancer (23/07/2025)**

Proposal: Add to the formulary in line with NICE TA1079
Outcome: Approved for addition to the formulary

- **TA1097 Enfortumab vedotin with pembrolizumab for untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable (11/09/2025)**

Proposal: Add to the formulary in line with NICE TA1097
Outcome: Approved for addition to the formulary

Pharmacoeconomic Board Applications

- **Lenalidomide for Follicular Lymphoma**

Approved by Pharmacoeconomic Board on 12/08/2025 - For noting
Outcome: Noted

- **Bendamustine for Hodgkins Disease**

Approved by Pharmacoeconomic Board on 14/08/2025 - For noting
Outcome: Noted

- **Ruxolitinib for Chronic Neutrophilic Leukaemia**

Approved by Pharmacoeconomic Board on 08/09/2025 - For noting
Outcome: Noted

- **Tocilizumab for Thyroid Eye Disease**

Approved by Pharmacoeconomic Board on 08/09/2025 - For noting
Outcome: Noted

- **Tocilizumab for Giant Cell Arthritis**

Approved by Pharmacoeconomic Board on 10/09/2025 - For noting
Outcome: Noted

- **Pomalidomide for Kaposi's Sarcoma with associated Lymphoedema**

Approved by Pharmacoeconomic Board on 17/09/2025 - For noting

Outcome: Noted

Removals

- **Posaconazole 40mg/ml Liquid**

Recent clinical incident: POSCU patient was recommended Posaconazole by GOSH. Dosing was based on tablet formulation. Posoconazole 40mg/ml suspension was supplied and since the tablets and suspension are not equivalent, they received 3-5 x sub therapeutic dose for 72hours before this was identified.
Proposal: Remove from the formulary on account of patient safety
Outcome: Approved for removal from the formulary

- **Buserelin Nasal Spray 150micrograms/metered Spray**
- **Triamcinolone acetonide 10mg/ml and 40mg/ml Injection**
- **Hydrocortisone 25mg in 1ml Injection**
- **Diazepam 2mg/5ml Suspension**
- **Humulin I 100unit/ml Vials**
- **Humulin S 100unit/ml vials**

Proposal: Remove from the formulary as discontinued by the manufacturer
Outcome: Approved for removal from the formulary

Other

- **FOC Scheme: Bedaquiline 100mg tablet for the management of MDR-TB**

Proposal: Approve scheme on account of unmet clinical need
Outcome: Approved FOC Scheme for use within the Trust

4.2 Trust Medicines Policy

TMP: Section 6 - Controlled Drugs
Update:

- Addition of Pharmacist and Pharmacy Technician to the list of staff who are authorised to electronically requisition controlled drugs for a ward/department.
- Addition of ordering controlled drugs to be transferred between dispensaries
- Clarification of the documentation required when controlled drugs are wasted

Outcome: Approved

- **TMP: Section 9 - Patient's own medicines**

Routine review and update

- Minor updates for clarity
- Removal of the need to affix sticker on approved PODs

Outcome: Approved

TMP: Section 12 - Destruction and disposal of medicines
Routine review and update

- Clarification of lid colour for sharps bins (blue and purple)
- New section added re destruction of specific drugs (Cytotoxic drugs, cytostatic drugs and monoclonal antibody products) in sharps bin with purple lid
- Added destruction of non-medicinally active infusion fluids e.g. sodium chloride 0.9% and glucose 5%.
- Statement added: Unwanted/Expired Patient's own medicines must not be returned into general pharmacy/ward/department stock for reuse.
- Clarification of the return of medicine stock from Trust (including off-site) premises
- Clarification of the return of vaccine stock from off-site non-Trust premises

Outcome: Approved

TMP: Section 29 - Policy for the provision of additional private care
Routine review and update

- Change of CCG to ICB

Outcome: Approved

TMP: Section 34 - Supply and administration of medicines by Non-registered Healthcare Practitioners
Routine review and update
- Nil changes

Outcome: Approved

TMP: Section 35 - Individual Funding Request Policy
Routine review and update:
- Update to Pharmacoeconomic Board members
- Change of NWL CCG to NWL ICS
- Update to the internet website links

Outcome: Approved

TMP: Section 8 - Administration of medicines
Addition of Operating Theatre Practitioners as a staff group who can administer medicines
Outcome: Approved

TMP: Section 17 - Injectable Medicines Policy
Addition of Operating Theatre Practitioners as a staff group who can administer injectable medicines
Outcome: Approved

TMP: Section 26 - Critical List of omitted and delayed medicines
Update on inclusion of drug examples to the "Chemotherapy" class of drugs on the Critical List of Omitted and Delayed Medicines in response to a clinical incident.
Outcome: Approved

Trust Medicines Policy Audit 2025
Summary
CWH Site
Overall, the results showed that there is excellent compliance with the aspects of the Trust Medicines Policy for the majority of standards that were assessed in this audit.

- Of the 22 standards audited, it was possible to assess compliance to 21 standards. There were no issues made of IV potassium chloride to individual patients highlighted in the audit. A reason for this was due to IV potassium chloride being added to the CD stock list for Antenatal Clinic following the previous audit undertaken in 2023. Ante Natal Clinic was, in previous years, a location which was associated with the highest number of named patient issues of this medication.

- Of the 21 standards where it was possible to undertake an assessment of compliance, 95% (n=20) achieved 90% or greater compliance. A total of 18 (90%) standards scored 100% compliance.

- Of the 20 standards where variance in compliance from the 2023 audit could be assessed, the compliance either increased or remained static for 19 (95%) standards. Where the compliance remained static, 86% (n=12) of these standards continued to have 100% compliance.
- There was one standard relating **to the documentation of destruction of ward CD** that had a decrease in compliance of 8% compared with the 2023 audit results.

Prescribing
Compliance to the prescribing standards remains high when compared with the 2023 audit results, only one standard did not achieve 100% compliance and all standards were recorded >90%. This is a positive outcome as it demonstrates a high level of compliance when electronic prescribing is in place.
As regards the one standard which did not achieve 100% compliance, this related to writing dosage units in full. It was highlighted as part of the audit that a prescription of morphine liquid only detailed "5-10" as the dose without the dosage units included. This is unsafe and ambiguous prescribing, as the dose unit could be interpreted as mg or ml. It was confirmed by the Cerner EPMA Team that when dose ranges are detailed using the Freetext prescribing option, it requires the dosage units to be added by the prescriber manually as this does not populate automatically.

Controlled Drugs and FP10 (HP) prescription
All standards relating to controlled drugs (CDs) and FP10 (HP) prescription scored 100% except for the standard relating to the documentation of CDs being destroyed on the ward which scored 87%.

On review of the results it was identified that there was variation in how part used vials and large volume CD preparations when destroyed at ward level are documented in the CD register.

The standard relating to requisitions for concentrated IV potassium to named patients could not be audited as there were no issues to individual patients identified in the audit. The reason for this was due to IV potassium chloride being added to the CD stock list for Antenatal Clinic following the previous audit undertaken in 2023. Ante Natal Clinic was, in previous years, a location which was associated with the highest number of named patient issues of this medication.

Medication errors and Missed doses
All medication errors identified during this audit were documented resulting in 100% compliance.

The standard relating to documentation of Missed doses achieved 99%, similar compliance in the 2023 audit.

Audit Actions
Relating to EPMA prescribing
Remind pharmacists of the need to ensure that units are detailed correctly and in full on the electronic prescription when the medicine dose is prescribed using the Freetext option:
- Disseminate information in e-mail to all clinical staff to raise awareness
- Disseminate information in Cerner Friday Tips to raise awareness

Relating to the destruction of controlled drugs
- Remind ward nurses/midwives of the need to ensure that the amount of part-doses of CDs wasted on ward/department are documented with dosage units in the CD stock register.
- Update Section 6 Trust Medicines Policy to more clearly document the correct process for documentation of large volume controlled drug formulations destroyed at ward level

WMUH Site
Overall, the results show that there is excellent compliance with most of the aspects of the Trust Medicines Policy for the majority of standards that were assessed in this audit.

- Of the 22 standards audited, it was possible to assess compliance with 20 standards. The standard relating to requisitions for concentrated IV potassium to named patients could not be audited as there were no issues to individual patients identified in the audit. Additionally, the standard relating to the storage of FP10(HP) prescriptions could not be audited as there are no clinical areas that hold a supply of FP10(HP) prescriptions.

- Of the 20 standards where it was possible to undertake an assessment of compliance, 100% (n=20) achieved 90% or greater compliance. A total of 17 (85%) standards scored 100% compliance.

- Of the 20 standards where variance in compliance from the 2023 audit could be assessed, the compliance either increased or remained static for 18 (90%) standards. Where the compliance remained static, 100% (n = 16) of these standards continued to have 100% compliance.

- There were 2 standards where compliance decreased by 4%.

Prescribing
Compliance with the prescribing standards remains high when compared to the 2023 audit results. Two standards did not achieve 100% compliance, but all other standards recorded compliance rates of over 90%. This is a positive outcome, as it indicates a high level of adherence to standards when electronic prescribing is in place.

Regarding the two standards that did not reach full compliance - one related to the frequency of administration and the other to allergy status - compliance remains high at 96%. Specifically, 4 out of 100 prescriptions (2 from inpatients and 2 from outpatients) were identified where the frequency of one or more medications was prescribed as PRN without a maximum frequency stated. Additionally, 4 out of 100 outpatient prescriptions were found to have 'no allergies recorded' under the allergy status section.

The sample size is relatively large, suggesting that the results obtained have a lower degree of uncertainty.

Controlled Drugs and FP10 (HP) prescription
Compliance with the Controlled Drugs and FP10 (HP) prescription pad standards continued to improve compared to the 2023 audit results, with all standards scoring 100%.

The standard related to requisitions for concentrated IV potassium for named patients could not be audited, as no issues were identified with individual patients in the audit. This clearly demonstrates that all relevant clinical areas now keep IV potassium chloride in stock for use.

Medication errors and Missed doses
The standard relating to documentation of missed doses scored less than 93% compliance in the 2023 audit, however this improved significantly in this audit with a compliance of 99%.

Audit Actions
Relating to documentation of dose frequency
- Pharmacists to be reminded of the need to ensure that the frequency of administration is specified when medications are prescribed as PRN, and that allergy status is recorded when prescribing on Cerner.
- Disseminate information in e-mail to all clinical staff to raise awareness.
- Disseminate information in Cerner Friday Tips to raise awareness

Outcome: Noted

4.3 Medicines Optimisation
- **Risk Assessment - Potassium chloride oral solution discontinued**

Risk assessment for NICU and SCBU (Cross-Site) relating to the discontinuation of potassium chloride oral solution
Outcome: Noted

- **North West London ICB Pharmacy Optimisation Programme Strategy**

NWL ICB Pharmacy Optimisation Programme Strategy
Outcome: Noted

4.4 NICE Technical Appraisals and Guidance
33 TA appraisals published since previous TMG meeting to September 2025

- **TA1066 Somapacitan for treating growth hormone deficiency in people 3 to 17 years (03/06/2025)**

Formulary status / Action
Not included on the formulary
Application form received - See Section 4.1
- **TA1067 Linzagolix for treating symptoms of endometriosis (04/06/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 50 patients per year
Numbers likely to treat at WMUH site: 70-80 patients per year

- **TA1068 Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy (29/05/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1069 Efgartigimod for treating antibody-positive generalised myasthenia gravis (04/06/2025)**

Formulary status / Action
Nil - Not recommended

- **TA1070 Spesolimab for treating generalised pustular psoriasis flares (18/06/2025)**

Formulary status / Action
Not included on the formulary
Application form received - See Section 4.1

- **TA1071 Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer (19/06/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 1-2 patients per year
Numbers likely to treat at WMUH site: 0 patient per year

- **TA1072 Tislelizumab for treating advanced non-small-cell lung cancer after platinum-based chemotherapy (19/06/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1073 Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies (24/06/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1074 Sparsentan for treating primary IgA nephropathy (25/06/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT (Renal service is under ICHT)

- **TA1075 Dapagliflozin for treating chronic kidney disease (02/07/2025)**

Recommendations
Formulary status / Action
Included on the formulary for another indication
Action: Not applicable to CWFT - Condition not treated at CWFT (Renal service is under ICHT)

- **TA1076 Adagrasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (02/07/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1077 Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over (02/07/2025)**

Formulary status / Action
Not included on the formulary
Application form received - See Section 4.1

- **TA1078 Fosdenopterin for treating molybdenum cofactor deficiency type A (25/06/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1079 Fruquintinib for previously treated metastatic colorectal cancer (23/07/2025)**

Formulary status / Action
Not included on the formulary
Application form received - See Section 4.1

- **TA1080 Mirikizumab for previously treated moderately to severely active Crohn's disease (10/07/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 5 patients per year
Numbers likely to treat at WMUH site: 5 patients per year

- **TA1081 Zanubrutinib for treating relapsed or refractory mantle cell lymphoma (10/07/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 2-3 patients per year
Numbers likely to treat at WMUH site: 2-3 patients per year

- **TA1082 Letermovir for preventing cytomegalovirus infection after a kidney transplant 23/07/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1083 Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 systemic treatment when a stem cell transplant is unsuitable (terminated appraisal) (23/07/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1084 Idecabtagene vicleucel for treating relapsed or refractory multiple myeloma after 2 to 4 treatments (terminated appraisal) (23/07/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1085 Vanzacaftor-tezacaftor-deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over (30/07/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1086 Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence (06/08/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 0 patient per year
Numbers likely to treat at WMUH site: 60 patients per year for 3 years

- **TA1087 Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen (06/08/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1088 Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (13/08/2025)**

Formulary status / Action
Nil - Not recommended

- **TA1089 Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments (13/08/2025)**

Formulary status / Action
Nil - Terminated Appraisal

- **TA1090 Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma (19/08/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1091 Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments (20/08/2025)**

Formulary status / Action
Nil - Not recommended

- **TA1092 Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer (27/08/2025)**

Formulary status / Action
Included on the formulary for another indication
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1093 Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over (28/08/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - Condition not treated at CWFT

- **TA1094 Guselkumab for treating moderately to severely active ulcerative colitis (28/08/2025)**

Recommendations
Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 5 patients per year
Numbers likely to treat at WMUH site: 5 patients per year

- **TA1095 Guselkumab for previously treated moderately to severely active Crohn's disease (28/08/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: 5 patients per year
Numbers likely to treat at WMUH site: 5 patients per year

- **TA1096 Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis (03/09/2025)**

Formulary status / Action
Not included on the formulary
Action: Not applicable to CWFT - CWFT is not a commissioned site

- **TA1097 Enfortumab vedotin with pembrolizumab for untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable (11/09/2025)**

Formulary status / Action
Not included on the formulary
Application form received - See Section 4.1

- **TA1098 Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable (24/09/2025)**

Formulary status / Action
Included on the formulary for another indication
Numbers likely to treat at CWH site: __ patients per year
Numbers likely to treat at WMUH site: __ patients per year

b) NICE Highly Specialised Technology Appraisals published since last meeting
0 HST appraisal published since previous TMG meeting to September 2025

4.5 Items for noting

- **Quarterly Controlled Drug Summary Report - Q4 2024/25**

Quarterly Controlled Drug Summary Report for Q4 2024/25
Outcome: Noted

- **Quarterly Controlled Drugs Accountable Officer Report - Q4 2024/25**

Quarterly CD Accountable Officer Report for Q4 2024/25
Outcome: Noted

- **Medication Safety Bulletin: Time critical medicines**

Medication Safety Bulletin relating to Time critical medicines
Outcome: Noted

- **Medication Safety Bulletin: Cerner**

Medication Safety Bulletin relating to Cerner
Outcome: Noted

- **Medication Safety Bulletin: Opioid Safety**

Medication Safety Bulletin relating to Opioid Safety
Outcome: Noted

- **Medication Safety Bulletin: World Patient Safety Day 2025**

Medication Safety Bulletin relating to **World Patient Safety Day 2025**
Outcome: Noted

- **Medication Safety Bulletin: World Thrombosis Day 2025**

Medication Safety Bulletin relating to **World Thrombosis Day 2025**
Outcome: Noted

- **MHRA Drug Safety Round-up - June 2025**

MHRA round-up for June 2025

- **MHRA Drug Safety Round-up - July 2025**

MHRA round-up for July 2025
Outcome: Noted

- **MHRA Drug Safety Round-up - August 2025**

MHRA round-up for August 2025
Outcome: Noted

- **MHRA Drug Safety Round-up - September 2025**

MHRA round-up for September 2025
Outcome: Noted

4.6 Meeting minutes for noting

- **Trust Medicines Group Terms of Reference - June 2025**

Trust Medicines Group - Terms of Reference - June 2025
Outcome: Noted

- **NWL ICB Joint Formulary Committee Meeting Minutes - January 2025**

Minutes from NWL ICB Joint Formulary Committee Meeting held January 2025
Outcome: Noted

- **NWL ICB Joint Formulary Committee Meeting Minutes - March 2025**

Minutes from NWL ICB Joint Formulary Committee Meeting held March 2025
Outcome: Noted

- **Antibiotic Steering Group Meeting Minutes - January 2025**

Minutes from Antibiotic Steering Group Meeting held January 2025
Outcome: Noted

- **Medicines Optimisation Steering Group Action Log - April 2025**

Action Log from Medicines Optimisation Steering Group held April 2025
Outcome: Noted

- **Medication Safety Group meeting minutes - February 2025**

Minutes from Medication Safety Group Meeting held February 2025
Outcome: Noted

- **Medication Safety Group meeting minutes - April 2025**

Minutes from Medication Safety Group Meeting held April 2025
Outcome: Noted

5. Any other business

- **Trust Medicines Policy: Section 22 - Non-Medical Prescribing: Expiry date extended by 6 months**

Trust Medicines Policy: Section 22 - Non-Medical Prescribing: Expiry date has been extended by 6 months via Chair's Action with approval from Chief Pharmacist
Outcome: Noted

- **Trust Non-Medical Prescribing Lead has been appointed**

New Trust Non-Medical Prescribing Lead has been appointed.
Outcome: Noted

6. Date of next meeting
Meetings Dates for 2025

Date:

- **8th December 2025**

Time: 8am-9am
Location: via Teams