

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 12 September 2024 commencing at 10.00 am and finishing at 4.55 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nick Leverton
Councillor Michael O'Connor
Councillor Roz Smith
Councillor Mark Lygo
District Councillor Susanna Pressel
District Councillor Katharine Keats-Rohan
District Cllr Dorothy Walker
District Cllr Ron Batstone

Co-opted Members: Barbara Shaw

Other Members in Attendance: Councillor Damian Haywood

Officers:

Dan Leveson- BOB ICB Director of Place.
Karen Fuller- Director of Adult Social Care.
Ansaf Azhar- Director of Public Health OCC.
Lily O'Connor- Programme Director Urgent and
Emergency Care for Oxfordshire.
Ed Capo-Bianco- Urgent Care, Palliative and End of Life
Care, Cardiovascular Disease Clinical Lead for
Oxfordshire Place in BOB ICB.
Ben Riley-Executive Managing Director for Community,
Primary and Dental Care.
Chris Wright- Assistant Director Partnership
Development (Oxfordshire).
Lola Martos- Head of Older Adult Services at Oxford
Health NHS Foundation Trust.
Manny Jhawar-Gill- Commissioning Manager (Improve
Enable), Adult Social Services, OCC.
Pippa Corner- Deputy Director Commissioning, Adult
Social Services, OCC.
Nicola Leavesley- CEO of Response and current Chair of
the Oxfordshire Mental Health Partnership (OMHP).
Catherine Sage- Oxford Health NHS Foundation Trust.
Julie Dandridge- Head of Primary Care Infrastructure,

Head of Pharmacy, Optometry and Dentistry, Lead for
Primary Care across Oxfordshire, BOB ICB.
Claire Critchley- Medicines Optimisation Lead
Pharmacist.

David Dean- Chief Executive Officer, Community
Pharmacy Thames Valley.

Bhulesh Vadher- Clinical Director of Pharmacy and
Medicines Management, Oxford University NHS Hospital
Trust.

Professor Arjune Sen- Consultant Neurologist, OUH.
Jackie Roberts- Lead Learning Disability Epilepsy
Specialist Nurse, OUH.

Rohini Rattihalli- Consultant Paediatric Medicine, OUH.
Marcus Neale- Epilepsy Specialist Nurse, Oxford
University Hospitals NHS Foundation Trust.
Rustam Rea- Consultant, OUH.

Jane Adcock- Consultant Neurologist, OUH.
Janice Craig- Medicines Optimisation Lead Pharmacist,
NICE Medicines and Prescribing Associate, BOB ICB.

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

60/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

The following members tendered their apologies:
Cllr Paul Barrow, with District Cllr Ron Batstone substituting.
Cllr Freddie van Mierlo, with Cllr Roz Smith substituting.

61/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

Cllr Hanna declared her interest as working for the health charity SUDEP Action.
Cllr Hannaby declared that she was involved with Wantage Community Hospital.
Cllr Haywood declared his interest in working for the NHS.

62/24 MINUTES

(Agenda No. 3)

The minutes of the Committee's meeting on 2 August 2024 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record of proceedings and that the Chair should sign them as such.

63/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

No statements were made at this point.

64/24 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 7)

The Committee had received Acceptances and Responses to recommendations made as part of the following items:

1. GP provision in Oxfordshire (held during the 18 April 2024 HOSC meeting).
2. Integrated Neighbourhood Teams in Oxfordshire (held during the 06 June 2024 HOSC meeting).

The Committee **NOTED** the responses.

65/24 CHAIR'S UPDATE

(Agenda No. 5)

The Committee Chair outlined the following points to update the Committee on developments since the previous meeting:

1. A HOSC report containing recommendations from the Committee on Palliative/End of Life Care, which was discussed during the 06 June 2024 HOSC meeting, had been published in the agenda papers for this meeting.
2. A brief statement from the BOB Integrated Care Board Director of Urgent and Emergency Care for Oxfordshire, which outlined the redesignation of the Urgent care centres on the Horton General Hospital and John Radcliffe hospital sites, was included in the agenda. Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB, explained that this redesignation was primarily for governance and reporting purposes and did not affect the centres' operations or names.
3. The HOSC's Oxford Community Health Hubs Working Group met with senior representatives of Oxford Health NHS Foundation Trust as well as the OCC Cabinet Member for transport to discuss the avenues of transportation and access to the newly developing health hubs for both patients and staff.

4. Maternity Update: HOSC had been involved in close and ongoing scrutiny of maternity services. Members would have seen the dossier produced by Keep the Horton General, and the Committee had received a briefing from OUH in July on the state of maternity services and highlighted the issues emerging from the dossier, urging the Trust to have a clear plan and to take adequate measures to address the issues with maternity services. A public meeting on maternity services was scheduled for the next HOSC meeting in November.
5. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Proposed Restructuring: The Chair addressed the proposals for restructuring within the ICB, which was the focus of the HOSC meeting in August. The Committee had expressed concerns about the impact of these proposals on partnership working with local authorities, the NHS, and the voluntary sector. The Chair noted that positive negotiations had been ongoing, but the ICB had not provided a written statement to reassure the Committee.

Stephen Chandler, the Director for People and Transformation, provided further details on the negotiations with the ICB. He mentioned that while there had been positive discussions, no written confirmation of this progress had been received. The Director expressed concerns about the ICB's operating model and the potential impact on local services. He also highlighted the importance of prevention and early intervention, which could be undermined by the proposed changes. The ICB had chosen not to give an update on the state of the proposed changes until after their Board Meeting at the end of September, which would be held in private.

The Committee **NOTED** the Chair's Update.

The Committee **AGREED** the following recommendations:

1. For the Committee to **DELEGATE** to the Health Scrutiny Officer, in consultation with the Chair and Director for People and Transformation, to request a call-in (on behalf of the County Council) from the Secretary of State for Health & Social Care in relation to the BOB ICB proposed operating model.
2. For the Committee to **DELEGATE** to the Health Scrutiny Officer and Chair to communicate to the Chair and CEO of the ICB the decision of HOSC, and to write to all Oxfordshire MPs to offer a briefing and to seek their support for a call-in.

66/24 WARNEFORD PARK HOSPITAL REDEVELOPMENT PROJECT (Agenda No. 6)

The Committee had been closely involved in scrutinising and reviewing the Warneford Park Hospital Redevelopment Project. Oxford Health NHS Foundation Trust had approached the Committee with a view to brief them on the proposals for the redevelopment, as well as to seek endorsement and support for the Trust's bid for government funding to redevelop the hospital.

The Committee **AGREED** the following recommendations:

1. For the Committee to **AGREE** to the HOSC endorsement report. This endorsement report will then be sent to Oxford Health NHS Foundation Trust to support the bid for funding from government to redevelop the hospital.
2. For the Committee to **AGREE** that the Warneford Redevelopment Project does NOT constitute a Substantial Change.

67/24 WINTER PLANNING

(Agenda No. 8)

Lily O'Connor (Programme Director Urgent and Emergency Care for Oxfordshire), Ed Capo-Bianco (Urgent Care, Palliative and End of Life Care, Cardiovascular Disease Clinical Lead for Oxfordshire Place in BOB ICB), Ben Riley (Executive Managing Director for Community, Primary and Dental Care), Sally Steele (Service Manager Hospitals, Adult Social Services), Tamsin Cater (Head of Transfer of Care Hub, OUH), Karen Fuller (Director of Adult Social Care), Ansaf Azhar (Director of Public Health OCC), and Dan Leveson (BOB ICB Director of Place) submitted a report on Winter Planning in Oxfordshire.

The first question from the Committee focused on workforce and funding challenges for the upcoming winter. The Committee asked what measures were being taken to address these challenges in the short term. The BOB ICB Director of Place highlighted that the winter plan was essentially an urgent emergency care plan, with workforce being a significant challenge. The Director of Adult Social Care explained that across the Oxfordshire system, efforts were being made to maximise the workforce, ensuring the right people were in the right place at the right time. She mentioned an ambitious recruitment campaign that had yielded positive results, particularly in recruiting qualified social workers and occupational therapists. Additionally, work was being done with care providers to support hospital discharges and ensure a buoyant home care market.

The Committee then raised concerns about A&E and ambulance handover times. The BOB ICB Director of Place indicated that while the four-hour standard in A&E had been challenging, improvements had been made through partnerships and the establishment of urgent care centres. The performance had improved, with the target for the year being 78%. He also touched on the challenges faced by different trusts and the importance of system-wide collaboration to manage discharges and patient flow.

The Committee inquired about the confidence in reducing ambulance handover times. The Head of Transfer of Care Hub reiterated that Oxfordshire was performing well in this area, with excellent relationships with the South Central Ambulance Service. She noted that it was rare for ambulance handover delays to exceed 60 minutes, and efforts were being made to further reduce this time.

The Committee asked about the maturity of community services. The Executive Managing Director for Community, Primary and Dental Care reflected on the challenges faced due to stagnant funding despite increasing demands from a

growing and ageing population. To address these challenges, he discussed efforts to streamline and consolidate services, such as implementing a single point of access for planned, urgent, and emergency care. This approach aimed to free up clinical time and improve efficiency, with some success already seen in the planned care sector.

Additionally, the Director mentioned ongoing staffing changes to make services more sustainable, moving away from short-term staffing solutions to long-term employment plans. This shift was expected to reduce costs associated with agency fees and provide more reliable staffing. He also discussed the development of hubs to bring together services from multiple locations, aiming to deliver more care closer to home.

The Committee raised concerns about primary care capacity during the winter. The Cardiovascular Disease Clinical Lead for Oxfordshire Place in BOB ICB acknowledged that GP capacity was stretched, but efforts were being made to manage demand through triage models and the involvement of multidisciplinary teams. Investments in community pharmacies and same-day emergency care units were also supporting primary care capacity.

The Committee asked about the availability of vaccines and the challenges faced in certain areas. The Cardiovascular Disease Clinical Lead for Oxfordshire Place in BOB ICB indicated that the vaccine programme had been commissioned to ensure better alignment and availability, with efforts to address any gaps in provision. The Director for Public Health reported no significant issues with vaccine availability this year, though prioritisation remained necessary. Compared to previous years, there was no notable increase in respiratory illnesses, but they would not be complacent.

The Committee inquired about the capacity for reablement services and the balance between patient flow and personalised care. The Service Manager for Hospitals in Adult Social Services explained that the discharge to assess model had been implemented to ensure decisions were made in patients' homes, allowing for better reablement opportunities. She acknowledged the challenges but emphasised the importance of system-wide collaboration to maximise resources and support patients effectively.

The Committee **AGREED** to delegate to the Health Scrutiny Officer and the Chair to finalise the wording of the recommendations.

68/24 ADULT AND OLDER ADULT MENTAL HEALTH IN OXFORDSHIRE (Agenda No. 9)

Dan Leveson (BOB ICB Place Director for Oxfordshire), Chris Wright (Assistant Director Partnership Development, Oxfordshire), Lola Martos (Head of Older Adult Services at Oxford Health NHS Foundation Trust), Manny Jhavar-Gill (Commissioning Manager, Improve Enable, Adult Social Services, OCC), Pippa Corner (Deputy Director Commissioning, Adult Social Services, OCC), Nicola Leavesley (CEO of Response and current Chair of the Oxfordshire Mental Health Partnership, OMHP), Catherine Sage (Head of Service for Mental Health Urgent Care, Social Care, and Adult Eating Disorder Service, Oxford Health), Jared Fellows

(Health Improvement Practitioner, Public Health, OCC), Karen Fuller (Director of Adult Social Care, OCC), and Ansaf Azhar (Director of Public Health, OCC) presented a report on Adult and Older Adult Mental Health in Oxfordshire.

The Committee first inquired about the adult eating disorder service, specifically the contract between the BOB ICB and other providers covering community eating disorders. They asked about the extent to which these services were dealt with separately or as part of the overall mental health aspect, and the level of specialist provision available. The BOB ICB Place Director for Oxfordshire explained that specialist adult eating disorders services were commissioned on a larger scale through specialist commissioning, with Oxford Health as the lead commissioner. He clarified that the community services were delivered locally and were part of the system they worked on together. The Head of Service for Mental Health Urgent Care added that the regional services primarily included inpatient services and some intensive treatment services to avoid admission or support post-discharge. She mentioned that Oxfordshire had one inpatient service at Cotswold House in the Warneford Hospital and that the community adult eating disorder service covered the entire county.

The Committee then asked about the engagement of older adults, specifically those over 65, in the design and commissioning of older adult mental health services. The Head of Older Adult Services emphasised the importance of engaging service users and carers through active groups and working closely with the voluntary sector. She acknowledged the difficulties faced by older adults to have their voices heard, and this concern was always at the forefront of the service's efforts. The BOB ICB Place Director for Oxfordshire added that Oxford Health had a long history of person-centred, goals-based care, and that patient feedback was integral to service design. The Assistant Director of Partnership Development at Oxford Health highlighted their strategic initiative to increase patient involvement in care, surpassing their 80% target with 88% of service users reporting participation. This approach aimed to enhance patients' experiences and inform service delivery and commissioning decisions. Additionally, they planned to consolidate services for older adults and eating disorders under a single contract to offer a broader range of interventions. Patient surveys and external reviews were conducted to understand current service perceptions and identify gaps and challenges.

The Committee raised the issue of loneliness among older adults and asked about measures being taken to address this. The BOB ICB Place Director for Oxfordshire acknowledged the challenge, citing factors like rurality and transient populations. He highlighted various initiatives, such as the Move Together programme and Integrated Neighbourhood Teams, aimed at bringing people together and fostering community engagement. The Director for Public Health also mentioned the establishment of community hubs funded by Community Capacity Grants. He highlighted the Mental Health Prevention Concordat, a quarterly partnership focusing on enablers like green spaces, voluntary sector resources, and addressing different settings such as residential care and maternity. The approach aimed to systematically bring partners together to enhance mental health services, ensuring no one was overlooked, and to build workforce confidence in providing better mental health support.

The Committee asked about the extent of research collaboration with academic and voluntary sectors to improve mental health services. The CEO of Response and current Chair of Oxfordshire Mental Health Partnership (OMHP) expressed the need for more research and understanding, particularly in providing holistic services and prevention work. She noted the challenges of funding and resources but emphasised the sector's commitment to engaging communities and delivering flexible services.

The Committee inquired about the outcomes-based contract, which was coming to an end in March next year. They asked about its success, future plans, and evaluation methods. The BOB ICB Place Director for Oxfordshire explained that the outcomes-based contract was a pioneering model that linked payments to outcomes, although measuring outcomes had proven challenging. He mentioned that the contract had evolved over time, with a focus on delivering better value care through integrated pathways.

The Committee then turned to specific issues around suicide prevention and workforce support. They asked about the influence of the 2023 National Suicide Prevention Strategy on local efforts, stakeholder input, and training for professionals. The Health Improvement Practitioner explained that the local strategy was being refreshed to align with national priorities, with a focus on high-risk groups and targeted training. He reported that local suicide statistics and risk factors in Oxfordshire were consistent with national trends, with drugs, alcohol, relationship breakdowns, and bereavement being the leading risk factors for men. The male-to-female suicide ratio in Oxfordshire was lower than the national average, with 60% male and 40% female. At the end of the previous year, Oxfordshire Mind was commissioned to deliver a suicide prevention and mental health training programme, which began in January. This programme targeted key groups identified in national strategies, such as middle-aged men, pregnant women and new mothers.

The Committee also asked about the transition between different mental health services and the potential risks involved. The Head of Service for Mental Health Urgent Care acknowledged the challenges but assured that mechanisms were in place to ensure smooth transitions and minimise risks. She highlighted the importance of maintaining patient history and effective communication among professionals.

Finally, the Committee addressed the issue of detentions under Section 136 and the high rate of admissions to adult acute psychiatric beds in Oxfordshire. The Head of Service for Mental Health Urgent Care attributed this to the lack of a countywide crisis resolution home treatment team, which was a known gap in provision. She mentioned ongoing plans to establish such a team and improve crisis care.

The Committee **AGREED** to delegate to the Health Scrutiny Officer and the Chair to finalise the wording of the recommendations.

69/24 MEDICINE SHORTAGES

(Agenda No. 11)

Julie Dandridge (Head of Primary Care Infrastructure and Pharmacy), Claire Critchley (Medicines Optimisation Lead Pharmacist), David Dean (Chief Executive Officer for Community Pharmacy Thames Valley), Bhulesh Vadher (Clinical Director of Pharmacy and Medicines Management at Oxford University NHS Hospital Trust), and Rustam Rea (Consultant at Oxford University NHS Hospital Trust) and Leyla Hannbeck (CEO of the Independent Pharmacies Association) attended to speak on the issue of Medicine Shortages.

The Head of Primary Care Infrastructure and Pharmacy highlighted the multifaceted root causes of medicine shortages and the significant impact on patients and healthcare providers. She noted the anxiety patients face when their usual medications are unavailable and the challenges for pharmacists and clinicians in managing these shortages.

The Committee inquired about the main complexities causing medicine shortages. They asked about the international context of manufacturing capacity and whether the impacts of this had now been addressed. The CEO of the Independent Pharmacies Association responded, explaining that global manufacturing capacity issues, dependency on raw materials from countries like China and India, and geopolitical factors contributed to the problem. She also mentioned the impact of Brexit and the UK's pricing strategies, which make it less attractive for manufacturers to supply medicines to the UK. She highlighted the increased demand for certain medications, such as HRT and ADHD treatments, which exacerbated the shortages.

The Committee then asked how NHS contracts and pricing strategies impacted medicine availability. The Chief Executive Officer for Community Pharmacy Thames Valley explained that the national contract for community pharmacies had remained unchanged for several years, creating financial pressures that had led to pharmacies closing. He noted that the contract drove down prices, discouraging manufacturers from supplying the UK market and causing pharmacies to dispense many items at a loss.

The Committee sought clarification on distribution issues contributing to shortages and whether these issues were national or local in scope and what measures could be taken to address them. The Clinical Director of Pharmacy and Medicines Management at Oxford University NHS Hospital Trust explained that the distribution network itself was not the problem; rather, it was the availability of stock from wholesalers and manufacturers. He described the sophisticated systems in place within hospital pharmacies to manage stock and share resources regionally, contrasting this with the less coordinated systems in community pharmacies.

The Committee asked about the impact of medicine shortages on individual patients, particularly those with conditions requiring specific medications. The Clinical Director of Pharmacy and Medicines Management at Oxford University NHS Hospital Trust provided examples of how shortages forced the use of alternative or unlicensed products, which could lead to further shortages. He emphasised the randomness of these shortages and the various factors that could cause them, such as

manufacturing issues or supply chain disruptions. The CEO of the Independent Pharmacies Association explained that while national protocols, such as the serious shortages protocol, allowed pharmacists to switch medicines during shortages, high demand still led to product shortages, as seen with antibiotics and Hormone Replacement Therapy (HRT) medicines. Despite pharmacists' extensive knowledge, they were unable to make simple prescription changes without prescriber approval, which added to the workload of healthcare professionals and caused delays for patients. The CEO advocated for regulatory changes to allow pharmacists to make minor remedial prescriptions, such as substituting different dosages of the same medicine, to improve efficiency.

The Committee raised concerns about the impact on patients with "cliff edge" conditions, where the absence of medication could be life-threatening. The Medicines Optimisation Lead Pharmacist explained the national and local mitigations in place, including systems to manage shortages and ensure alternative medications are available. She noted that while stockpiling was not done locally, there were national reserves for critical medications. Various systems were implemented locally to address shortages, including providing information on alternative medicines, although this could lead to further shortages. Collaboration between primary and secondary care was essential, with efforts to import supplies locally when necessary.

The Committee asked whether the issue of medicine shortages had impacted the workload of the clinical side of the NHS, and if this was being monitored. They also inquired about the global vulnerability to supply chain issues, and whether production could be brought into the UK to improve resilience. The Clinical Director of Pharmacy and Medicines Management noted that the UK's pharmaceutical industry had been offshored over the years, making it challenging to bring manufacturing back. He suggested that while it would be beneficial to increase local production, it was not entirely within the government's control. The Consultant at OUH highlighted the increased clinical and pharmacy burdens due to drug shortages, which necessitated additional resources and adjustments in patient care, particularly in managing diabetes medication.

The Committee questioned the communication and coordination efforts between Community Pharmacies to mitigate the risks associated with medicine shortages. The Chief Executive Officer for Community Pharmacy Thames Valley explained that pharmacies across BOB frequently shared stock via messaging groups to ensure patients received their medications. However, this practice added to pharmacists' workload, with each spending about a day a week locating stock.

The Medicines Optimisation Lead Pharmacist described the various communication channels used to keep healthcare providers informed, including regular updates on the ICB and OUH websites and newsletters. She acknowledged the challenges of keeping information current due to the rapidly changing situation.

The Committee **AGREED** to delegate to the Health Scrutiny Officer and the Chair to finalise the wording of the recommendations.

70/24 EPILEPSY SERVICES UPDATE

(Agenda No. 12)

Professor Arjune Sen (Consultant Neurologist, OUH), Jackie Roberts (Lead Learning Disability Epilepsy Specialist Nurse, OUH), Rohini Rattihalli (Consultant Paediatric Medicine, OUH), Marcus Neale (Epilepsy Specialist Nurse, OUH), Rustam Rea (Consultant, OUH), Jane Adcock (Consultant Neurologist, OUH), and Janice Craig (Medicines Optimisation Lead Pharmacist, NICE Medicines and Prescribing Associate, BOB ICB), Rachael Corser (Chief Nurse, BOB ICB) and Sarah Fishburn (Senior Clinical Quality Improvement Manager, NHS England) attended to speak on the topic of epilepsy services.

The Chair invited registered speaker Kristi McDonald to address the Committee.

Kristi McDonald shared her personal experience with epilepsy and the impact of the new regulations on her life. She highlighted the severe neglect and ignorance faced by epilepsy patients. She described the complexities of living with epilepsy, the mental health impacts, and the recent tightening of policies on sodium valproate and topiramate. She criticised the policy for stripping away patient involvement and breaching reproductive rights, sharing examples of how the policy had negatively affected other patients.

The Committee then asked the Consultant Neurologist to introduce the epilepsy team and provide an overview of the service. The Consultant Neurologist explained the unpredictability of epilepsy, the associated comorbidities, and the socioeconomic impact. He highlighted the significant demand on the service, the shortage of specialist nurses and neurologists, and the long waiting times for patients. He also discussed the impact of the Medicines and Healthcare products Regulatory Agency (MHRA) regulations on the service, including the need for additional patient appointments and the challenges of implementing the new guidelines.

The Committee asked why the Oxfordshire epilepsy team was significantly under-resourced compared to other areas with similar populations, and what the historical context and funding situation behind this disparity were. The Epilepsy Specialist Nurse reflected on the increasing complexities in neurology since the late 1990s. Despite prioritising patient care, the nurse highlighted the difficulties in sustaining services due to insufficient resources, staffing, and funding, especially when national programmes lacked additional support.

The Committee inquired about the rise in demand for services for patients with learning disabilities and epilepsy. The Lead Learning Disability Epilepsy Specialist Nurse had been working closely with Oxford Health and Oxford University Hospitals to streamline services for patients in Oxfordshire. There were two learning disability teams, each with experienced Band 6 and Band 7 nurses. These teams primarily supported individuals with epilepsy and other health conditions, ensuring medication compliance and addressing potential risks like SUDEP. A significant focus was on the transition from children's to adult services, with efforts to facilitate smooth transitions through transition clinics.

The Committee asked the Consultant Paediatrician about the complexities of managing epilepsy in children, particularly those with learning disabilities. The Consultant Paediatrician discussed the need for personalised risk-benefit assessments and the lack of a national framework to guide these decisions.

The Committee asked the Medicines Optimisation Lead Pharmacist about the regional approach to the MHRA regulations and the evidence of harm caused by the policy. The Senior Clinical Quality Improvement Manager at NHS England discussed the longstanding awareness of risks associated with sodium valproate and the subsequent conversations with the MHRA following the first alert last year. Concerns were raised by clinicians and service users about the impact on medication choices and family planning. The MHRA focused on drug safety, stating that while they regulate medication, it is the NHS's responsibility to implement these regulations.

The Committee then asked about the potential for improving services and NHS performance on epilepsy. The Epilepsy Specialist Nurse discussed the setup of a satellite clinic in Brackley, which reduced travel times for patients significantly.

The Committee **AGREED** to delegate to the Health Scrutiny Officer and the Chair to finalise the wording of the recommendations.

71/24 FORWARD WORK PLAN

(Agenda No. 13)

The Committee **AGREED** the proposed forward work plan.

72/24 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 14)

The Committee **NOTED** the progress made against agreed actions and recommendations

..... in the Chair

Date of signing