



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 08.07.2021 (via Microsoft Teams)**

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Vince Goodey (VG)	Assistant Director of Pharmacy	NHS East Lancashire Hospital Trust
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director	NHS Blackpool and Fylde and Wyre CCG's
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Helen Sampson (HS)	Senior Medicines Information Pharmacist	NHS Blackpool Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG
Sonia Ramdour	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (PT)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2021/104	<p>Welcome & apologies for absence</p> <p>AC welcomed members to the group. AC noted apologies for Ashley Marsden.</p>	
2021/105	<p>Declaration of any other urgent business</p> <p>None.</p>	
2021/106	<p>Declarations of any other urgent business</p> <p>None.</p>	
2021/107	<p>Declarations of interest</p> <p>None.</p>	
2021/108	<p>Minutes and action sheet from the last meeting 10th June 2021</p> <p>The minutes was agreed as a true and accurate record of the meeting. The action log was updated during the meeting.</p>	
2021/109	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2021/110	<p>Sodium oxybate for the treatment of narcolepsy with cataplexy in adults</p> <p>DP updated sodium oxybate for the treatment of narcolepsy with cataplexy in adults was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following a request by Greater Preston, Chorley/South Ribble CCGs.</p> <p>An equality impact screen highlighted a potential financial pressure, it can be estimated that approximately 67 patients in Lancashire and South Cumbria may be eligible for treatment with sodium oxybate. 30 days' supply at maximum dose costs £1,080 therefore approval of use in adults could cost up to £880,380 per year in the region if all eligible patients were treated with the drug. The RAG position is currently Black, the requests for the drug use have mainly been for patients previously treated in paediatrics. It was noted the cost would become CCG responsibility at age 19. Patients will need to have their treatment initiated by and remain under the guidance of a consultant physician experienced in the treatment of sleep disorders. GMMMG allow prescribing of sodium oxybate for the treatment of narcolepsy with cataplexy in adult patients and have assigned the drug a Red RAG rating, restricted to use in adult patients who have received and benefited from treatment with sodium oxybate as commissioned by NHS England, i.e. continuing treatment in those >19</p>	

	<p>years old. CM noted GMMMG do not have adult initiation as a service, only continuation from Paediatric services.</p> <p>Pan Mersey have assigned sodium oxybate a red RAG rating when used as a treatment option in narcolepsy with cataplexy in adult patients when recommended by a consultant in a specialist commissioned sleep service. It is listed as a 4th line treatment when used in line with Pan Mersey's Narcolepsy Pathway. DP noted the most significant new data was in relation to the new salt of oxybate. LSCMMG discussed the weight of clinical opinion and widespread usage within NHSE commissioned services prior to commissioning responsibility transferring to CCGs as acceptable rationale for the change of the RAG rating and agreed to change the RAG status to Red. It was noted that the current supply route across Lancashire and South Cumbria is unclear and a robust mechanism for supply would need to be put in place by services. MP reported a clinic in Lancaster is currently prescribing Sodium Oxybate. LSCMMG members agreed to usage of Sodium Oxybate as a last line treatment therapy with 3 monthly reviews, clarification of supply route to be considered by service providers, and to draft the Blueteq form to ensure appropriate supply.</p> <p>Action – Blueteq form to be drafted and supply route to be considered by service providers.</p>	<p>AGR/DP</p>
<p>2021/111</p>	<p>Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication</p> <p>DP discussed Sativex has been reviewed ahead of shared care guidance being developed. An equality impact screen was completed. Assuming a prevalence for MS of 190 cases per 100,000 of population as defined by analysis published by Public Health England, there are an estimated 3,325 cases of MS in Lancashire and South Cumbria. AWMSG used the assumptions that 34% of MS patients had moderate or severe spasticity, 45.9% had used more than two oral medicines to treat spasticity, and that 50% of these patients would be uncontrolled and eligible for Sativex® treatment. This equates to an estimated 260 eligible patients in Lancashire and South Cumbria.</p> <p>The total annual acquisition cost of treating all eligible patients with Sativex® assuming the number of sprays used matches the median number of sprays used in clinical trials is £843,440. This cost does not take into account any potential savings which may arise as a result of reduced care costs compared to standard care as detailed in the CUA submitted to the AWMSG.</p> <p>Sativex® has a Red RAG status in Lancashire and South Cumbria with the majority of prescribing occurring via specialist services at Lancashire Teaching Hospitals. Altering the RAG status to enable prescribing in primary care is not expected to create any service impact above and beyond that expected for other Green/Amber0 medicines supplied in primary care. There is no specific monitoring required for Sativex® outlined in the SPC, however it would be anticipated that specialist services would advise primary care if any monitoring is necessary e.g. in renal or hepatic impairment. Pan Mersey APC have an Amber “patient retained by specialist” RAG for Sativex®. This allows prescribing in primary care</p>	

	<p>following specialist recommendation. The patient is not discharged from specialist care. GMMM do not have a position outlined for Sativex®. The majority of responses from the consultation supported an Amber 0 RAG status. Comments were also received from a specialist which noted agreement to Amber 0 recommendation, as there really is no specific monitoring needed after titration. One CCG commented, titration should be issued by acute trust and assessed as effective before handover to GP and need patient reviews on regular basis, with an information sheet advising when to refer back for review if needed. CM suggested a prescribing information leaflet would help clinicians within Primary Care. LR and MP also discussed there would be a need to understand Primary Care's responsibility. The SPC advises treatment must be initiated and supervised by a physician with expertise and could be a potential barrier, it was agreed a prescribing information sheet could enable this.</p> <p>LR raised a concern that the drug will add additional costs and at a time when the ICS is expecting cost savings. LR asked members if it would be useful to capture costings for medicines, including cost shifting across the health economy to gain a full financial overview. MP suggested the cost pressures are calculated at ICS level and not separately as Primary care and Secondary Care. It was agreed the costs should be reviewed regularly, BH noted the full patient pathway needs to be clear. LSCMMG agreed to an Amber 0 RAG rating with ongoing prescribing guidance to be developed. Costs to be captured and monitored for those drugs which are not within current prescribing budgets.</p> <p>Action – Cost pressures of decisions to be captured and regularly reported to LSCMMG for any new medicines policy positions.</p> <p>Action – Prescribing information to be developed for Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication.</p>	<p>BH/DP</p> <p>AGR/DP</p>
<p>2021/112</p>	<p>New medicines workplan</p> <p>The work plan lists all the medicines that have been identified to the CSU as requiring the development of policy / formulary position statements</p> <p>New Medicine Reviews for September LSCMMG meeting</p> <ul style="list-style-type: none"> • Glycopyrronium - Hypersalivation in patients with Parkinson's Disease. • Idarucizumab - Reversal of the anticoagulant effect of dabigatran. <p>DP updated a late request has been received to review clonidine for vasomotor symptoms associated with menopause, BH suggested this fits with the menopause guideline which is currently on the workplan. It was agreed an evidence review will take place for clonidine alongside testosterone and development of the menopause guideline. Clonidine will be added to the new medicines workplan.</p> <p>Action – Clonidine to be reviewed alongside the menopause guideline and testosterone review.</p>	<p>DP</p>

GUIDELINES and INFORMATION LEAFLET

Antipsychotic Shared Care guidance – second consultation and update to the first consultation

AGR confirmed that it had been requested that additional, off-label and newly licensed, indications for second generation antipsychotics be added to the LSCMMG antipsychotic shared care guideline.

LSCMMG requested that NICE approved off label and newly licensed indications should initially be circulated for consultation, with those indications not approved by NICE to follow. This consultation is the second of two and lists off label, non-NICE approved indications only.

The paper has been split into three sections.

Off label indications

AGR stated that six organisations responded, one provider trust and five CCGs. The provider and one CCG agreed with all recommendations. Four CCGs disagreed with all the recommendations.

SR noted NICE clinician guideline states the term Psychosis would include schizophrenia, Schizoaffective Disorder, schizophreniform disorder, and delusional disorder and sections on first episode psychosis This should have been circulated in the NICE approved indications.

2021/113

AGR asked members if they would want to re review the indications with Adults and children's being reviewed separately as had been agreed for the initial consultation. SR queried if there is a principle that if it is included in NICE there would be a willingness to incorporate into shared care.

MP discussed there was no evidence to make an informed decision and low level number. CH discussed evidence is available for first episode psychosis. CM raised it was unclear what the CCG would be agreeing too. AGR discussed the consultation was to agree if the indications are to be included within Shared Care.

SR noted NICE states the right of patient choice, which could make it difficult to review each individual drug separately as they are grouped together within NICE guidance. CM noted this is becoming increasingly complex and discussed GP's taking individual stance whether they are comfortable to pick up prescribing.

12-month physical health checks conducted in primary care

LSCFT have proposed that physical health checks for those receiving antipsychotics, in accordance with the LSCMMG antipsychotic shared care agreement, at 12-months post initiation are conducted by primary care, freeing up capacity for the specialist service.

	<p>Six organisations responded by the deadline, one provider trust agreed, 4 organisations responded maybe, if further information was received and one organisation disagreed.</p> <p>SR discussed LSCFT are rolling out an initial response service starting in Pennine which will address GP concern about speed of access into service, direct referrals from patients and carers and a business case is ongoing for transfer of community services. LSCMMG agreed further information is required for physical health checks, to understand the maybe responses.</p> <p>First antipsychotic shared care consultation – amendment to indications</p> <p>LSCMMG members agreed to look at the NICE approved shared care indications again as part of a wider review of the antipsychotic shared care document.</p> <p>Action – Further detail required for physical health checks, to understand the maybe responses.</p> <p>Action – conduct a wider review of the antipsychotic shared care document, including the evidence for the proposed new indications.</p>	<p>AGR</p> <p>AGR</p>
2021/114	<p>Ciclosporin SCG: addition of urticaria and angioedema</p> <p>It was requested that chronic spontaneous urticaria and angioedema are added to the ciclosporin shared care guideline. The request was received from Lancashire Teaching Hospitals. LSCMMG agreed that the evidence should be reviewed before deciding on inclusion in the guideline, the group reviewed this at the May meeting. It was also decided that the evidence would be circulated and members consulted on adding the indication to the guideline. AGR discussed one trust and five CCGs responded by the closing date. The trust agreed with inclusion and the five CCGs disagreed.</p> <p>Additional comments submitted</p> <ul style="list-style-type: none"> • BSAIC guideline is NICE accredited • Little evidence • Unlicensed • No national guidance <p>LSCMMG discussed the responses and evidence, it was agreed there was not a compelling case to incorporate chronic spontaneous urticaria and angioedema into the ciclosporin shared care guideline.</p>	
2021/115	<p>RMOC shared care – second consultation</p> <p>AGR discussed there are similarities and differences between the RMOC draft shared care documents and the current LSCMMG documents. It is</p>	

	<p>expected that the group would want to submit a joint consultation response.</p> <p>RMOC have stated that relevant subject matter experts will be invited to each meeting to ensure the content of shared care protocols is clinically appropriate. The group will meet monthly, with topics prioritised. RMOC have stated that all topics will cover adults only, unless otherwise specified. RMOC will send draft shared care guidelines for a national six-week consultation following the working group meeting. Deadline for comments 15th July 2021</p> <p>LR discussed some of the RMOC indications have been useful and discussed positive feedback has been given. It was noted the Lancashire and South Cumbria Shared care guidelines are similar clinically to RMOC but Lancashire and South Cumbria Shared Care guidelines responsibilities are more defined than RMOC'. BH discussed Narcolepsy is included within RMOC shared Care Guidance, which is not within local shared care guidelines, BH suggested LSCMMG consider this going forward. It was discussed amongst members that the RMOC guidance is advisory and not mandatory.</p> <p>LSCMMG shared care Secondary care: More detailed, particularly on patient assessment. Both documents recommend transfer to primary care should be considered when the patients is stable or optimised. LSCMMG document contains information for dealing with children and adolescents.</p> <p>Primary care: Respond to request for shared care in 28days.</p> <p>RMOC draft shared care Secondary care: More concise, brevity may be of benefit here 12 bullet points in the RMOC vs. almost two pages and 25 points for the LSCMMG documents.</p> <p>Primary care: Respond to request for shared care in 14days.</p> <p>LSCMMG members also discussed the response time for shared care was felt to be short at 14 days and in practice responses are often not received following requests for practices to take over responsibility, therefore it is unclear if Primary Care have agreed to take on shared care. SR discussed the lack of response could lead to a clinical risk of duplicate prescribing for Primary and Secondary care. Members from CCG organisations discussed if a request is made with a 14 day response this cannot be done via the formal route and would need to be done on an individual case by case basis. AGR will submit LSCMMG's comments on behalf of the group by the closing date 15th July 2021.</p> <p>Action – AGR to draft comments on behalf of LSCMMG members and send to RMOC by 15th July 2021.</p>	<p style="text-align: right;">AGR</p>
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2021/116	<p>Menopause guidance – scope</p> <p>AGR updated testosterone will be included with a the new medicine review taking place to assess the evidence, a request for a menopause guideline was received from Morecambe Bay which is already on the current workplan but had been deferred due to COVID.</p> <p>Further requests have now been received, this has resulted in resuming the review, particularly with a focus on testosterone for loss of libido in menopausal woman.</p> <p>AGR noted there is a MHRA safety alert around HRT, which has also triggered the urgency of the review. NICE has replaced the recommendation on breast cancer with a link to MHRA HRT risk and benefits. Costs and pathways have been scoped, AGR noted Hull have developed a comprehensive guideline that can act as a starting point for the guidance. It was found 1.34million spend in 2019-2020 this spend has already reduced slightly in the last financial year. LSCMMG agreed to develop the guideline</p> <p>Action – AGR to develop menopause guidance</p>	AGR
2021/117	<p>Review of updated NICE vitamin D guidance</p> <p>AGR reported there has been a request to look at the rapid review for NICE Vitamin D guidance published in December, which links to the national osteoporosis guideline.</p> <p>AGR discussed there has been new advice published and therefore it would be sensible to incorporate the additional advice and guidance with LSCMMG’ position statement. SR queried if this update relates to inpatients who may be inpatients for a length of time, AGR updated it does not cover inpatients.</p> <p>AGR also noted the changes would not impact the current RAG position. The rapid review for vitamin D was due to COVID. LSCMMG’ current guideline is not specific to risk or age group and is only prescribed for patients with Vitamin D deficiency. LSCMMG agreed to update the position statement and present at September LSCMMG, it was agreed a full consultation would not be required.</p> <p>Action – AGR to update guideline and bring back to September LSCMMG meeting</p>	AGR
2021/118	<p>Supplements post bariatric surgery – update</p> <p>The Supplements for post bariatric surgery was updated in 2020, a query has been received from a practice pharmacist to ask if the current LSCMMG guidance needs to be changed given the recent publication of the British Obesity and Metabolic society guidance.</p> <p>AGR has reviewed the British Obesity and Metabolic Surgery Society guidance which recommends that postoperative care of people following malabsorptive procedures (BPD/DS) should remain with specialist centres.</p>	

	<p>Additionally, advice for patients to receive copper and zinc specifically following restrictive procedures had changed.</p> <p>AGR discussed given the new information this could potentially alter the RAG rating and advised LSCMMG members this may require a full consultation, AGR also suggested engaging with bariatric services. LR queried if the guidance stipulates a supplement must be prescribed or refers to self-care.</p> <p>LSCMMG agreed to review the new guidance and assess how this affects the current LSCMMG guidance. AGR will bring back the updated guideline to September LSCMMG meeting.</p> <p>Action – AGR to review the British Obesity and Metabolic Surgery Society guidance against the current LSCMMG guidance, updated guidance to be discussed at September LSCMMG meeting.</p>	AGR
2021/119	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR discussed the Workplan is currently on target and has been updated. There has been a request for Nice Technology Appraisal’s published over summer for moderate RA, the request is to look at the TA and develop Blueteq forms ahead of the next LSCMMG meeting in September. It is expected that the NICE TA for moderate RA is imminent and could have an impact on patients, concerns have been raised at patient interest groups.</p> <p>LSCMMG members discussed bringing forward the access to medicines, BH noted if the pathway is unclear this could lead to further queries. DP discussed as moderate RA is treatable with biologics and other high cost drugs, patients with other conditions can meet the DAS score thresholds. Clinicians are concerned there could be interest from patients who don’t have Synovitis involvement, a DAS score could be enough to qualify for the drugs. LSCMMG agreed to engage with the RA alliance following the NICE TA publication, the impact will be scoped and a decision will be made on progression in advance of the September meeting, following engagement with the RA alliance.</p> <p>Cinacalcet has been requested for shared care, AGR updated this is an NHS England drug and asked if members are facing any issues with cinacalcet, no members reported any issues with cinacalcet. AGR will advise the requestor to contact NHS England, given the commissioning arrangements.</p> <p>AGR asked the group if palliative care medicines, following the update to the palliative care guideline, can be added to the website or to consult on each indication. LR discussed supply issues can mean there needs to be some flexibility with medicines which can be offered. CM suggested there are a few key drugs which need further information. AGR suggested a palliative care section is added to LSCMMG website with a disclaimer highlighting that other products may be required depending on availability issues. LR noted treatment will differ within settings and needs to be considered.</p>	

	<p>A request has been received from the Gender identity clinic for the trans female prescribing information sheet, to add triptorelin. AGR noted this would be in line with Leuprorelin, LSCMMG agreed to the request.</p> <p>Action – AGR to update the trans female prescribing information sheet to include triptorelin and Decapeptyl treatment options.</p>	AGR
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/120	<p>New NICE Technology Appraisal Guidance for Medicines June 2021</p> <p>The paper summarises NICE Technology Appraisals published in and proposes traffic light status for Lancashire. LSCMMG are to note;</p> <p>TA711 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs. NICE do not expect a cost impact, the CSU will review the pathway and Blueteq from.</p> <p>TA708 Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis. NICE do not expect a cost impact.</p>	
2021/121	<p>New NHS England medicines commissioning policies June 2021</p> <p>Nothing urgent to consider.</p>	
2021/122	<p>Regional Medicines Optimisation Committees - Outputs June 2021</p> <p>Discussed under agenda item 2021/115.</p>	
2021/123	<p>Evidence reviews published by SMC or AWMSG June 2021</p> <p>LSCMMG is asked to review the guidance published by SMC and AWMSG and to decide an action for each of the published medications.</p> <p>SMC2353 5-aminolevulinic acid (Alacare) 5-aminolevulinic acid (Alacare®) is accepted for use within NHS Scotland. LSCMMG does not currently have a position, DP asked members if this should be added to the new medicines workplan. LSCMMG agreed to add to the new medicine workplan for review.</p> <p>Action - 5-aminolevulinic acid (Alacare®) to be added to the new medicines work plan for review.</p> <p>SMC2352 Vigabatrin (Kigabeg®) is accepted for restricted use within NHS Scotland.</p>	DP

	<p>Indication under review: In infants and children from 1 month to less than 7 years of age for: treatment in monotherapy of infantile spasms (West's syndrome). LSCMMG did not prioritise review and agreed to wait for a request to be received.</p>	
ITEMS FOR INFORMATION		
2021/124	<p>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes No meeting took place.</p>	

Date and time of next meeting
The next meeting will take place on
Thursday 09th September 2021
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
08.07.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 08.07.2021
ACTION SHEET FROM THE MEETING 13th August 2020				
2020/091	<p>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p>September 2020 update: BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p>October 2020 update: Action deferred to November.</p> <p>November 2020 update: Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p>April 2021 update: Remains paused</p> <p>May 2021 update: AC noted discussions took place at the regional clinical cell. AC updated it has been noted RSV will be more prevalent next year. Peter Tinson is currently scoping the quality contract and is looking at a tiered system.</p> <p>June 2021 update: DP to raise Via RMOC as it is felt that a commissioned service is required, to facilitate this nationally would require addition to the Green Book.</p> <p>July 2021 update: JCVI pneumococcal subcommittee contacted; DP awaiting reply.</p>	BH/DP	13.08.2020	Paused

ACTION SHEET FROM THE MEETING 10th September 2020

<p>2020/111</p>	<p>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</p> <p>November 202 update: Consultation form amended. Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p>October 2020 update: Awaiting feedback, ongoing.</p> <p>November 2020 update: Engagement ongoing.</p> <p>April 2021 update: Remains paused.</p> <p>May 2021 update: AC RSV virus is to be more prevalent next year and links in with the ongoing work with Peter Tinson</p> <p>June 2021 update: Discussions ongoing with clinicians.</p> <p>July 2021 update: Ongoing.</p>	<p>DP</p>	<p>Paused</p>	<p>10.09.2020</p>
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ACTION SHEET FROM THE MEETING 11th March 2021

<p>2021/038</p>	<p>Lyumjev for diabetes</p> <p>DP to engage with the diabetes group and consultation regarding the benefit and place in therapy for Lyumjev. DP to feedback to LSCMMG members.</p> <p>April 2021 update: A full response is yet to be received. To be discussed at May LSCMMG meeting following full response.</p> <p>May 2021 update: LSCMMG agreed addition on formulary. RAG status and diabetes guideline to be consistent with new RAG rating.</p> <p>June 2021 update: LSCMMG agreed to add Lyumjev into the hyperglycaemia guideline. Action to be closed at August LSCMMG meeting when incorporated within guideline.</p> <p>July 2021 update: Actioned and closed.</p>	<p>DP</p>	<p>Closed</p>	<p>11.03.2021</p>
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ACTION SHEET FROM THE MEETING 08th April 2021				
2021/059	<p>Adult headache guideline consultation and oxygen for cluster headache</p> <p>AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance.</p> <p>June 2021 update: ongoing</p> <p>Oxygen for Cluster Headache BH agreed for pathways to be drafted and brought back to May LSCMMG for further discussion to include first presentation and subsequent presentations.</p> <p>May 2021 update: Work ongoing, to be discussed at June LSCMMG meeting.</p> <p>June 2021 update: agenda item. Headache consultation will be circulated in June.</p> <p>July 2021 update: Consultation has been circulated.</p>	AGR	Open	08.04.2021
		AGR/BH	Closed	08.04.2021

ACTION SHEET FROM THE MEETING 13th May 2021				
2021/073	<p>Ketamine for chronic noncancer pain</p> <p>IV Ketamine to be given a Black RAG rating for chronic pain</p>	DP	Open	13.05.2021
	<p>September strategic commissioning committee</p> <p>CSU to engage with the pain specialists across the ICS to understand the differences in practice across the footprint and how to facilitate a managed review of patients currently prescribed oral ketamine for chronic noncancer pain. Update to be brought back to June LSCMMG meeting.</p> <p>June 2021 update: See agenda item 2021/091 for wider discussion. Change May LSMMG minutes to state Grey RAG rating for new patients.</p> <p>July 2021 update: DP looking to arrange meeting. DJ will assist with clinician engagement to progress.</p>	DP	Open	13.05.2021
2021/074	<p>Wound Care formulary update</p> <p>BH to discuss Wound Care dressings and wider Primary Care, Secondary Care collaborative ICS procurement at May's SLOG meeting.</p> <p>June 2021 update: Deferred due to urgent matters being discussed at SLOG, to be discussed at a future meeting.</p> <p>July 2021 update: Discussing at SLOG 08.07.2021. Progressing via SLOG.</p>	BH	Closed	13.05.2021

2021/077	<p>Erectile dysfunction guideline</p> <p>Commissioning provision for consumables and appliances to be discussed at May's SLOG meeting, with a view to provide feedback at June LSCMMG meeting.</p>	BH	Closed	13.05.2021
	<p>June 2021 update: Deferred due to urgent matters being discussed at SLOG, to be discussed at a future meeting. Guideline to be amended as above and added to the website.</p> <p>June 2021 update: Actioned and closed.</p> <p>July 2021 update: Actioned and Closed.</p>	AGR	Closed	13.05.2021

2021/079	<p>Liothyronine RAG status review – update</p> <p>Meeting to be organised to discuss impact of RAG positions within Morecambe Bay.</p>	BH/AS/LM	Closed	13.05.2021
	<p>Liothyronine positions to be finalised based on comments from the working group.</p> <p>June Update Queries and concerns have been raised by LTH to BH relating to Liothyronine.</p> <p>Concerned that the RAG positions when consulted implied prescribing in primary care. LSCMMG agreed patient cohort prescribing would be black for new and red for existing (based on small patient numbers identified in prescribing data). BH has responded to Judith with the rationale of position and that patient numbers have been reviewed and that the RAG position has been consulted with the liothyronine working group. BH asked LSMMG if they are happy with the process which was followed. Discussions took place regarding the RAG positions and how they were agreed.</p> <p>AC agreed a full consultation will be required to take place for the new RAG positions.</p> <p>MP suggested adding a comment to consultations stating that RAG positions may be subject to change following discussion at LSCMMG. Clarity for recommendation wording.</p> <p>July 2021 update: Consultation circulated end of July for discussion at September LSCMMG meeting.</p>	AGR	Open	13.05.2021

2021/080	<p>NICE atrial fibrillation guidance</p> <p>NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</p> <p>June 2021 update: DP looking to identify leads in the various trusts.</p> <p>July 2021 update: DP updated on engagement. Blackpool Hospital feel they have implemented the guideline and anticoag service happy to change over. Further detail needed. LTH have responded, nothing yet from ELHT and UHMB. EMIS template in primary care requires an update. LR has TTR data, average TTR is 71% across all settings. Clinical view required across the health economy. Impact needs to be known for finance.</p> <p>LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required.</p>	DP/BH	Open	13.05.2021
ACTION SHEET FROM THE MEETING 10th June 2021				
2021/091	<p>Matters arising</p> <p>May LSCMMG minutes to be amended to advise of Grey RAG rating for Ketamine for chronic noncancer pain, for new patients.</p> <p>July 2021 update: Actioned and closed.</p> <p>LSCMMG to find a route to engage with expert patients.</p> <p>July 2021 update: Ongoing.</p>	Closed	LM	10.06.2021
		Open	BH	10.06.2021

<p>2021/092</p>	<p>Alkindi as Replacement Therapy of Adrenal Insufficiency in Infants, Children and Adolescents</p> <p>LSCMMG to engage with specialist paediatric endocrinologists to understand the patient pathway relating to stabilisation and dose changes.</p> <p>July 2021 update: DP discussed with Manchester specialist. Feedback primary care do take up prescribing and responsibility when stable. Very young patients handled by hospital team.</p>	<p>Closed</p>	<p>LSCMMG</p>	<p>10.06.2021</p>
<p>2021/093</p>	<p>Zonisamide (Zonegran®) for migraine prophylaxis</p> <p>Additional information to be added to note periodic reviews are carried out by the consultant.</p> <p>July 2021 update: Awaiting ratification by the July the Strategic Commissioning Committee.</p>	<p>DP</p>	<p>Open</p>	<p>10.06.2021</p>
<p>2021/095</p>	<p>Antipsychotic Shared Care guidance</p> <p>AGR to split adult and children into age appropriate categories, note the agreed indications and bring back an update at July LSCMMG meeting.</p> <p>July 2021 update: Agenda item for discussion closed.</p>	<p>AGR</p>	<p>Closed</p>	<p>10.06.2021</p>
<p>2021/096</p>	<p>RMOC Shared Care</p> <p>AGR to share consultation response with RMOC by the 11th June 2021.</p> <p>July 2021 update: Agenda item for discussion closed.</p>	<p>AGR</p>	<p>Closed</p>	<p>10.06.2021</p>

ACTION SHEET FROM THE MEETING 08th July 2021				
2021/110	Sodium Oxybate Blueteq form to be drafted and supply route to be considered by service providers	AGR/DP	Open	08.07.2021
2021/111	Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication			
	Cost pressures of decisions to be captured and regularly reported to LSCMMG for any new medicines policy positions.	BH/DP	Open	08.07.2021
	Prescribing information to be developed for Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication.	DP/AG	Open	08.07.2021
2021/112	New medicines workplan Clonidine to be included within the menopause guideline and testosterone review.	DP	Open	08.07.2021
2021/113	Antipsychotic Shared Care guidance – second consultation and update to the first			
	Further detail required for physical health checks, to understand the maybe responses. Conduct a wider review of the antipsychotic shared care document, including the evidence for the proposed new indications.	AGR AGR	Open Open	08.07.2021 08.07.2021

2021/115	RMOC shared care – second consultation AGR to draft comments on behalf of LSCMMG members and send to RMOC by 15 th July 2021.	AGR	Open	08.07.2021
2021/116	Menopause guidance – scope AGR to develop menopause guidance.	AGR	Open	08.07.2021
2021/117	Review of updated NICE vitamin D guidance AGR to update guideline and bring back to September LSCMMG meeting.	AGR	Open	08.07.2021
2021/118	Supplements post bariatric surgery – update AGR to review the British Obesity and Metabolic society guidance against the current LSCMMG guidance, updated guidance to be discussed at September LSCMMG meeting.	AGR	Open	08.07.2021
2021/119	LSCMMG – Guidelines Work Plan update AGR to update the trans female prescribing information sheet to include triptorelin and Decapeptyl treatment options.	AGR	Open	08.07.2021
2021/123	Evidence reviews published by SMC or AWMSG June 2021 5-aminolevulinic acid (Alacare®) to be added to the new medicines work plan for review.	DP	Open	08.07.2021