

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 10th October 2024 (via Microsoft Teams)

PRESENT:

Dr Elizabeth Macphie (EM)	Consultant Rheumatologist (Chair)	Lancashire and South Cumbria Foundation Trust
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
James Baker (JB)	Deputy Director of Pharmacy	Blackpool Teaching Hospitals
Lucy Dickinson (LD)	Finance Manager for Primary Care	Lancashire and South Cumbria ICB
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	East Lancashire and Blackburn with Darwen Locality
Melanie Preston (MP)	Head of Medicines Optimisation	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Clare Moss (CM)	Head of Medicines Management	NHS Lancashire and South Cumbria ICB (Central locality)
Roger Scott (RS)	LMC GP Representative	Morecambe Bay
Dr Hanadi Sari-Kouzel (HSK)	Rheumatology Consultant	Blackpool Teaching Hospital
Dr Shenaz Ramtoola (DSR)	Consultant Physician	East Lancashire Hospitals NHS Trust
Mubasher Ali (MA)	Chief Executive	Community Pharmacy Lancashire & South Cumbria
Emma Coupe (EC)	Assistant Directory of Pharmacy	East Lancashire Hospitals NHS Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Daivd Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Rebecca Greenwood (RG) (Minutes)	Senior Medicines Commissioning Technician	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2024/199	<p>Welcome & apologies for absence</p> <p>Apologies received from Sonia Ramdour, and Andrew White. Dr Elizabeth Macphie attended to chair the meeting on behalf of Andrew White. Lindsay Dickinson declined the meeting invitation.</p> <p>Noted that some apologies may have been sent to Emily who is on leave.</p>	
2024/200	<p>Declaration of any other urgent business</p> <p>Nothing raised.</p>	
2024/201	<p>Declarations of interest (DOI)</p> <p>DSR Stated longstanding declarations of interest: Lily, Novo and AZ. Suggested going forward DOI should be recorded routinely and only new declarations verbalised each meeting. This was agreed</p> <p>No new declarations of interest pertinent to the agenda were made.</p> <p>Actions:</p> <p>Amend minutes to state any new DOI pertinent to the agenda. BH suggest using the ICB DOI process once the list of attendees is approved.</p>	BH
2024/202	<p>Minutes and action sheet from the last meeting 12th September 2024</p> <p>DJ raised Alteplase for stroke – highlighted that this will be brought back to a subsequent meeting.</p> <p>Raised that incorrect initials were used on September minutes for Dr Hanadi Sari-Kouzel, the same initials were also used for Dr Shenaz Ramtoola.</p> <p>EM suggested using a table for agreed core attendees with attendance. This was agreed to be incorporated as part of the updated ToR processes.</p> <p>Actions:</p> <p>The minutes were approved following:</p> <p>Highlighting that alteplase will be brought back to a subsequent meeting.</p> <p>Amendment of Dr Hanadi Sari-Kouzel and Dr Shenaz Ramtoola’s initials and that the alteplase guidance will come back to a future meeting.</p>	BH
2024/203	<p>Matters arising (not on the agenda)</p> <p>Nothing raised.</p>	
NEW MEDICINES REVIEWS		
	Terms of reference LSCMMG:	

<p>2024/204</p>	<p>DSR raised inconsistent wording/ terminology around guidelines and care pathways, EM agreed terminology needs updating and suggested 'pathways and guidance'. DSR questioned if LSCMMG should be producing guidance documents if we can adopt national, for example NICE or other national guidance instead. EM explained the use of pathways to help clinicians with how to use the national/NICE guidance and aid with signposting. LR seconded EM adding pathways needed in terms of providing clarity around 1st/2nd lines. CM supported EM and LR comments – primary care clinicians need pathways/ guidance to help aid discussions to understand where things fit in treatment, knowing when to prescribe after trying non drug treatments is important. FP suggests LSCMMG produce "prescribing pathway support resource" to link to national guidelines in that area. RS – useful within pathways to have boxes about where to refer into as this can vary across region and highlights gaps and discrepancies.</p> <p>MP raised environmental impact factors.</p> <p>DJ asked if place in therapy is needed to be reported into IMOC. FP/DHSK, EM asked for clarity around CRG/CEG. BH – highlighted that wherever there is a commissioning pathway implication it will be reported into CRG/CEG. EM asked if there was any clinical input at ICB Execs, BH hopes AW will be present.</p> <p>EM added a standardised pathway/guidance format wherever possible would be beneficial</p> <p>BH hopes to take an action out of here to approve final draft to then go to IMOC end of month. No disagreement.</p> <p>DSR voiced concerned there isn't sufficient clinical representation on LSCMMG. EM questioned if that is because of clinicians having the time and comes back to a record of attendance, clarified the TOR doesn't cause this. LR reiterated EM adding the consultation process goes to all specialist directorates so have the opportunity to feedback, highlighted the gaps from primary care are something we need to strengthen.</p> <p>CM – commented in chat: As Head of Medicines we have always tried to gather thoughts of prescribers through the consultation process and bring these to the group.</p> <p>RS – Unsure on his voting right within LSCMMG.</p> <p>DSR/DHSK – should voting be weighted, needs clarifying in TOR, or should we remove voting from TOR if it has only happened once.</p> <p>BH – we do need to tweak wording around deputies and strengthen wording around deputy chair. Clinical engagement is vital, should help if we add front sheet with who is attending meetings over time.</p> <p>DJ – need to think about cost savings/ pressures in addition to clinical accountability. LR agreed.</p> <p>MA - don't think it's always a necessity to have clinicians here to ensure its appropriate for supply.</p> <p>Actions:</p> <p>BH to add appropriate wording in relation to the environmental impacts raised by MP.</p> <p>Error on 1.2 to be amended to report into IMOC.</p>	
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	<p>To amend the terminology in relation to pathways and guidance.</p> <p>Flowchart on TOR to be updated to reflect the discussion around how LSCMMG feeds into CRG (not a solid line)</p> <p>Clarity needed around description of voting in TOR.</p> <p>Wording around deputies, and deputy chair needs tweaking.</p> <p>The amended ToR will be circulated with the draft minutes then taken to IMOC alongside the IMOC ToR at the end of the month.</p>	BH
2024/205	<p>Fludrocortisone 50µg tablets Minor update:</p> <p>No comments received, agreed to update the formulary adding Fludrocortisone 50µg tablets.</p>	DP
2024/206	<p>New Medicines Review Workplan</p> <p>No comments, agree to adopt.</p>	DP
2024/207	<p>New NICE Technology Appraisal Guidance for Medicines September 2024</p> <p>NICE TA999 Vibegron – Proposed Green RAG rating – For treating symptoms of overactive bladder syndrome.</p> <p>LR Expressed that Mirabegron should be first line due to being cost effective. BH noted NICE recommends most cost-effective item first. Agreement providing NICE wording added to the formulary entry.</p> <p>NICE TA1004 Faricimab - Proposed Red RAG rating – for treating visual impairment caused by macular oedema after retinal vein occlusion.</p> <p>No comments, agree to adopt.</p> <p>Action:</p> <p>The NICE TAs above will be submitted to the next CRG for support then ratified through ICB Execs meeting.</p>	BH
FORMULARY UPDATES		
2024/208	<p>Formulary update:</p> <p>DSR congratulated the team that have worked on the formulary and noted how well it has progressed in a short space of time.</p> <p>Agreed to the new timeline and plan to publish all sections by the end of November 2024.</p>	
2024/209	<p>Formulary Changes since last LSCMMG:</p> <p>BH reiterated the change log will be updated one week after LSCMMG, it is a rolling 12 months document and sent out with minutes and published on LSCMMG and NetFormulary websites.</p>	
	Community Urgent Eye Service IP Formulary:	

2024/210	<p>BH Queried how supply is sourced. LR clarified via prescribing, raised that it won't be possible to see data via epact but we could obtain information from the service contract with what is being prescribed. BH/LR agreed there is no expectation to set up any monitoring. EM asked if Ophthalmology has been informed, LR explained this is a merge of legacy services into the one service so Ophthalmology were informed in the process.</p> <p>Action: Formulary agreed, to be added to NetFormulary website.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2024/211	<p>Atrial Fibrillation: Pathway for the prevention of stroke and systemic embolism in AF in the absence of valvular heart disease - Minor change.</p> <p>DSR/DJ/LR all asked questions around dosing and terminology of first line and patient specific factors.</p> <p>DP provided clarity by sharing all information in pathway – everyone satisfied with proposed wording.</p> <p>Action: Amendments Agreed – Revised AF pathway to be uploaded to LSCMMG web site</p>	DP
2024/212	<p>Guidelines workplan:</p> <p>BH gave an update on Daridorexant prescribing data; 30 items prescribed in the latest month. Suggested the position statement wouldn't add much value in addition to NICE guidance. DJ queried if prescribing would continue to be monitored in case of rapid increase in items. BH clarified data would be monitored and if there were a sudden increase something will be brought back to LSCMMG. Agreement with no current need to produce Daridorexant position statement.</p> <p>DSR suggested renaming title to 'Prescribing support resource' instead of 'Guideline workplan' – agreed.</p> <p>BH – Domperidone might not make it to November meeting due to workload.</p> <p>No objections to current guideline workplan.</p> <p>Action: Section to be renamed to 'Pathways and Guidance'</p>	BH
NATIONAL DECISIONS FOR IMPLEMENTATION		
2024/213	<p>New NHS England Medicines Commissioning Policies September 2024</p> <p>Nothing to discuss.</p>	
2024/214	<p>Regional Medicines Optimisation Committees – Outputs September 2024</p>	

	Nothing to discuss.	
2024/215	<p>Evidence Reviews Published by SMC or AWMSG September 2024</p> <p>DP raised process issue with cancer drugs - how to ensure we align with cancer groups/ reviewing drugs, is there any other established groups we aren't aware of or linking in with that we need to? DJ raised that the medicines don't fit the pathway and thought we were already looking at the issue. LR suggested a Pharmacist from BH team could sit on the cancer group. BH added we don't know what other groups there are, so will have discussions offline and work out the best way of joining up processes.</p> <p>Actions:</p> <p>DP/BH to have discussions with cancer group to work out best way of joining up processes and aligning.</p>	DP/BH
ITEMS FOR INFORMATION		
2024/216	<p>LSCMMG Cost Pressures Log</p> <p>This will be circulated with the minutes from today's meeting.</p>	
2024/217	<p>Formulary update: Solifenacin/Tamsulosin (Vesomni®)</p> <p>AB – ELHT are in agreement. DHSK – asked for clarity around new or existing patients and if stating 'do not prescribe' terminology is needed to avoid confusing around switching. CM expressed importance in correct terminology going forward due to impact on Optimize RX messages. EM agreed that there is a need for some agreed wording going forward as it could become a future problem. DP clarified there isn't an ask to switch existing patients over but it has potential to be a project for medicines optimisation.</p> <p>Action:</p> <p>Agreed as 'do not prescribe'. To formulate standardised terminology to add to formulary.</p>	BH/DP
2024/218	<p>AOB/ Items for escalation</p> <p>Nothing to discuss.</p>	
<p>DATE AND TIME OF NEXT MEETING</p> <p>The next meeting will take place on</p> <p>Thursday 14th November 2024</p> <p>9.30 – 11.30</p> <p style="text-align: center;">Microsoft Teams</p>		