Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 09.09.2021 (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
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Ashley Marsden (AM)	Medicines Information Pharmacist	North West Medicines Information Centre
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Rebecca Bond (RB)	Director of Pharmacy	NHS Blackpool Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Rukaiya Chand (RC)	Prescribing Projects Manager	NHS Blackpool and Fylde and Wyre CCG's
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospital Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	NHS Blackburn with Darwen CCG

IN ATTENDANCE:

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

	SUMMARY OF DISCUSSION	ACTION
2021/125	**Welcome & apologies for absence** AC welcomed members to the group. AC noted apologies for Lisa Rogan, Melanie Preston, and Helen Sampson. Jill Gray has been appointed as a new pharmacist within the Lancashire CSU hub team and is observing the meeting.	
2021/126	**Declaration of any other urgent business** None.	
2021/127	**Declarations of interest** None.	
2021/128	**Minutes and action sheet from the last meeting 08th July 2021** The minutes from the previous meeting were agreed as a true and accurate record of the meeting and agreed as the final version. The action log was updated during the meeting.	
2021/129	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2021/130	**Glycopyrronium for treatment of Hypersalivation in patients with Parkinson's disease** DP stated that Glycopyrronium for treatment of Hypersalivation in patients with Parkinson's disease was prioritised for review following a request by a Parkinson's disease specialist clinician at Blackpool Teaching Hospitals. The equality impact screen found no financial implications but noted NICE estimates that Parkinson's disease has a prevalence of 160 people per 100,000 population. This equates to 2,800 Parkinson's disease patients in Lancashire and South Cumbria. Of those up to 80% are estimated to suffer with excessive drooling of saliva (2,240 patients). As glycopyrronium bromide is a second line treatment option and is not effective in all patients, it anticipated that the number of patients being treated annually will be small. Assuming that 5% of the total eligible patients with symptoms of excessive drooling of saliva were initiated on to glycopyrronium bromide oral solution (112 patients across Lancashire and South Cumbria) the annual cost is estimated to be around £366,464. NICE states that the recommendations in NG 71 Parkinson's Disease in Adults are not anticipated to create a significant impact to NHS resources. Two of eight CCGs, three of five provider trusts responded by the consultation closing date. All provider trust respondents agreed with the draft RAG recommendation of Amber 0 and the two responding CCGs indicated that they may agree with the draft recommendation if additional	

	information was considered. At the meeting MB CCG indicated support for the Amber 0 proposal. Two points raised in the consultation feedback for consideration and responses in italics were: • Why have glycopyrronium tablets not being included as part of the recommendation? *Oral solution was considered against the original submission for the review, but tablets could be added to the draft recommendation* • Why is hyoscine not considered as a similar option, which would be less expensive? *NICE recommendations, consultation feedback and safety data for glycopyrronium demonstrate a favourable safety profile (especially for CNS related adverse events) for glycopyrronium bromide compared to other antimuscarinic treatment options*. LSCMMG members discussed the points raised, CM highlighted the cost difference between glycopyrronium other options and indicated that prioritisation should be considered. The usage was also queried for current practice. It was noted that usage data would be difficult to capture specifically for patients with Parkinson's disease as the drug is used for other conditions. FP noted other CCG' have included other options but noted it should be clinician led to prescribe the most appropriate medicine for each individual patient. LSCMMG members agreed to an Amber 0 RAG rating for Parkinson's disease but agreed to look at widening the scope for other conditions. It was agreed further information on place in therapy is required and is to be discussed at October' LSCMMG meeting. **Action - Engage with specialist nurses to understand further how products for hypersalivation are used. Update to follow at October LSCMMG meeting** **Action - Increase scope of glycopyrronium's use to include hypersalivation for other conditions and re consult.**	**DP** **DP**
2021/131	**Idarucizumab** Idarucizumab (Praxbind®) for adult patients treated with Pradaxa (dabigatran etexilate) when rapid reversal of its anticoagulant effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding. Idarucizumab was prioritised for review following reports of its use in local trusts. An Equality impact screen has been carried out which highlighted the following implications: **Innovation, Need and Equity:** Anticoagulation therapy increases risk of bleeding. Without a reversal agent, the risk of uncontrolled or life-threatening bleeding to those currently taking dabigatran can impact patients' quality of life both physically and mentally. Idarucizumab is the only agent available for the reversal of dabigatran anticoagulation. Other management strategies for patients requiring reversal of dabigatran anticoagulation include a range of	

	off-label treatments (e.g. factor concentrates, tranexamic acid) with limited evidence to support use. DP reported edoxaban would therefore be excluded as there is no reversal agent available. **Financial Implications:** Based on patient numbers submitted by the manufacturer to the SMC, 57 patients would require idarucizumab for its licensed indications. This equates to 18 patients in Lancashire and South Cumbria. Assuming each patient required a single treatment (£2,400) the total spend in Lancashire and South Cumbria would be approximately £43,000. **Equality and Inclusion Issues:** There may be an equality issue for patients who do not wish to receive blood products. DP stated that two of eight CCGs and two of five Acute trusts responded by the closing date. All responding organisations agreed with the draft Red RAG recommendation. LSCMMG members discussed the consultation responses and agreed to a Red RAG rating. AC discussed the importance of reversal agents and the impact of the clinicians. BH suggested that in the recommendation and summary section of the new medicines review, a note is added to advise that NICE recommends andexanet, however this is only recommended for life-threatening or uncontrolled bleeding in the GI tract. FP queried the first line DOAC (edoxaban) treatment has no reversal agent and queried the treatment plan. VG will discuss further internally with haematologist and will provide a response back. AS fed back that the Haematology clinicians' first line treatment for DOAC related bleeds would be plasma products, above andexanet. It was agreed Haematologist feedback is vital. AC asked LSCMMG members to share policies/guidance from the Haematology Service. It was agreed feedback is required from Haematologists to understand if current agents are to be reviewed. **Action – Acute trusts to share Haematology policies/guidance, to understand idarucizumab's place in therapy and to consider edoxaban's place as 1st line for patients with non-valvular AF.** **Action – Summary section and recommendation to be updated to note andexanet is only recommended for GI bleeds** **Action – CSU to contact SPS to understand if a reversal agent for edoxaban is being developed.**	**Acute Trusts** **DP** **DP**
2021/132	**New medicines work plan** The work plan lists all the medicines that have been identified as requiring the development of policy / formulary position statements. **New medicine reviews for October LSCMMG** • Trixeo Aerosphere – formoterol / Glycopyrronium / budesonide	

	• Bevespi Aerosphere – Formoterol / glycopyrronium **New medicines to be prioritised** • Creon Microspheres - LSCMMG discussed this is normally a local decision and will be discussed at local Drugs and Therapeutics committees. DP to contact the specialist services to further understand the request. • Sacubitril valsartan – LSCMMG agreed to add to new medicines work plan • Progesterone (Utrogestan) capsules – Agreed, to be added to the work plan. • Ozurdex (dexamethasone) 700 micrograms intravitreal implant and Uliven (fluocinolone) 190 micrograms intravitreal implant - LSCMMG noted there is potential for significant cost saving, therefore it was agreed to scope cost savings to determine if this is to be added to the work plan. • Botox for hyperhidrosis organic type conditions. LSCMMG agreed to a review but noted the RAG rating would not yet change to Grey.	
GUIDELINES and INFORMATION LEAFLET		
2021/133	**OAB guidance – update** AGR updated the draft LSCMMG pathway was developed by taking account of the draft pathway developed by the specialist team at Blackpool, NICE CG123 and NICE TA290. Following discussions with the specialist before developing the pathway, it was clear that the most important aspect of the pathway was to retain solifenacin as a first line choice. This was present in the draft LSCMMG pathway and formed the basis of the cost savings that the specialist team, and industry representatives, had initially quoted. The second, 4-week, trial of antimuscarinic was included as there was limited evidence in the literature to justify deviating from NICE NG123. Where patients had not tolerated the first line antimuscarinic, these would be eligible to access mirabegron as per NICE TA290 and would not require a second antimuscarinic trial. AGR updated LSCMMG members of the comments received from the specialist following the request from additional information included: • It was felt that the LSCMMG pathway had no reflection of the work put in by the working group and: ‘takes us many steps back to cycling antimuscarinics, using anticholinergics on elderly’. • It was suggested that we should be asking if there is any evidence that changing to a different antimuscarinic when one has failed would be beneficial. • It was indicated that NICE states there is lack of evidence of any difference in clinical effectiveness hence the 2nd drug is chosen on	

	cost. It would make sense to try another if the 1st is not tolerated but not because it was ineffective. • The specialist stated that: 'had found different studies show that different antimuscarinics to be more efficacious than the others which is the basis for NICE stating there is lack of evidence to support one over the other. This is why the working group do not support trialling more anticholinergics working in the same mechanism of action'. • It was also noted that Pan Mersey APC, Lothian as well all agree with choose one Antimuscarinic. • The specialist stated their biggest concern was the lack of recognition of the impact on the elderly and the cholinergic burden which is highly evidenced. It was further highlighted that it is not about efficacy of mirabegron in this age group as compared to antimuscarinics. • The specialist concluded that: 'as it stands, there would be no reason to put a pathway forward as we all have access to NICE and could simply hope that clinicians follow this'. AGR asked the group on how best to proceed. RB has been asked on the organisation's behalf, to request removal of the second trial. RC discussed the ask would be for the pathway to state, Solifenacin and oxybutynin patches as treatment option and should treatment fail, Mirabegron would be the next treatment of choice. RB asked regarding the cholinergic burden in the elderly is there a risk specialists won't try the first option. RB noted it would be for those who have a previous unusual treatment background with the hope to eliminate various treatments. LSCMMG members decided that there was not enough evidence to remove the second trial antimuscarinic trial required by NICE completely. AC suggested the wording within the guidance is amended so that clinicians could consider a second trial rather than make this mandatory and circulate for consultation. **Action – Guidance wording to be amending to consider a second trial if tolerated.** **Action – Circulate for consultation.**	**AGR** **AGR**
2021/134	**Shared care monitoring – potential impact of limited availability of blood testing** NHSE have requested that all primary care and community blood testing must be halted until 17 September 2021, except for clinically urgent testing. NHSE have further stated that examples of clinically urgent testing include, among other criteria: • Bloods that are extremely overdue and/or essential for safe prescribing of medication or monitoring of condition	

	NHSE have also published a recommended actions document which includes steps to take in order to reduce non-essential (non-clinically urgent) testing. Options include updating the LSCMMG website, incorporating a statement about the requirement of reduce the volume of testing as per NHSE and link to the SPS drug monitoring tool for information on how to do this safely. Additionally, add a statement to the vitamin D entry reflecting the guidance issued by NHSE. Optionally, guidance could be to change to incorporate these changes, but this approach could take a significant amount of time. SR discussed most organisations have taken decisions; it was noted the original alert suggest supply issues until the 17th September. AC noted as the proposed date of the supply is approaching it was suggested not to take immediate action but asked that AGR links in with Dan Clough who is leading the communications team for the primary care cell. It was noted that Medicine's information can be included within communication to Primary Care.	
2021/135	**RMOC shared care consultations 3 and 4** AGR raised the main points for noting are for hydroxychloroquine in adults and mycophenolate mofetil, the stabilisation period and transfer to primary care timescales differ within RMOC Shared Care. Mycophenolate within RMOC shared care also have differences within the off-label indications which are not clearly defined. SR commented there is large differences within specialist services and queried going forward when RMOC shared care is finalised, would LSCMMG look to adopt all shared care. LSCMMG agreed when the natural life cycle of Shared Care medicines are to be reviewed LSCMMG will review against RMOC Shared guidance against the current shared care guidance but would not look to change all current shared care guidance.	
2021/136	**Environmental impact of guidance policy** AGR discussed NHS England has published guidance for a greener NHS and has asked permission to scope how Medicines Management can improve the environmental impact of medicines. AGR asked that the equality impact screen incorporates a question regarding environmental impact for new medicine reviews, LSCMMG members approved scoping the request. BH noted the NW Coast Clinical Network are carrying out work for MDI's and have been in contact with MP as part of the respiratory network. BH updated there is no indicator for MDIs in ePACT2 dashboards, however there is an indicator in open prescribing but updated it excludes salbutamol. **Action – AGR to scope environmental impact for medicines, to be included within the equality impact screen.**	**AGR**

2021/137	**Review of updated NICE vitamin D guidance** As new advice has been published it was agreed that it would be sensible to incorporate the additional advice and guidance within LSCMMG position statement. The current LSCMMG guideline is not specific to risk or age group and only recommends prescribing for patients with Vitamin D deficiency. LSCMMG agreed to update the position statement as written, it was agreed a full consultation would not be required. LSCMMG members reviewed the changes and agreed as the changes are not significant consultation would not be required and approved the changes. **Action – Amended position statement to be uploaded to the LSCMMG website**	**AGR**
2021/138	**Supplements post bariatric surgery – update** AGR presented the changes within the position statement, AGR noted the changes are significant and there is a requirement to include additional multi vitamins post bariatric surgery. LSCMMG members discussed dieticians are to be included as part of the consultation. **Action - Supplements post bariatric surgery consultation to be circulated.**	**AGR**
2021/139	**Rheumatology High-Cost Drug monitoring** DP discussed the paper proposes an amendment to the Blueteq requirement for ongoing 6 monthly monitoring of rheumatology patients prescribed high-cost drugs after the initial review, usually around 6 months after drug initiation. **Background** In line with relevant NICE Technology Appraisals, LSCMMG has approved three rheumatology high cost drugs guidelines : Rheumatoid Arthritis, Psoriatic Arthritis and Axial Spondyloarthritis. Each pathway has requirements for monitoring initial response at a set time period from initiation. Ongoing monitoring is required to ensure treatment targets are met (such as improvement in DAS score) however there is no set schedule for periodic monitoring within the guidelines or within NICE TAs. Blueteq forms however do have a requirement for monitoring of treatment every 6 months. **Proposed Model** Rheumatology currently review some patients on standard, low cost DMARDs annually with access via an advice line if needed during the year. This Patient Initiated Follow Up (PIFU) system is favoured by consultants from LSCFT, UHMB, BTH and ELTH. If the proposed changes were to be implemented, the Blueteq forms will require an update to change the continuation period to 12 months, all other requirements would remain unchanged.	

	Potential benefits and risks Benefits • It is estimated that extending the review date for stable patients on high cost drugs would release 200-300 appointments per site each year. • The review system via helpline should be more responsive to patients' needs • The increased opportunity to stop or switch patients' treatment should avoid periods of suboptimal therapy. Risks • Extending the review period to 12 months reduces contact with patients. Failing treatment or emergent adverse events may not be notified via a helpline. • The helpline will need to be accounted for – this is an 'unknown quantity' LSCMMG members discussed freeing up appointments and reducing unnecessary appointments would be in the patients best interests whilst creating capacity. AC asked members if patients could come to harm if the review period is extended. DP updated the consultant response is the traditional DMARD requires more monitoring and would therefore still require monitoring for those patients. BH discussed the wording in NICE guidance was unclear and was therefore queried with NICE, NICE have confirmed an initial six-month monitoring period, then moving towards a periodic review. LSCMMG members approved the proposed model.	
2021/140	**Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure** Guidance for the use of SGLT-2 inhibitors in HFrEF was prioritised following the publication of NICE TA 679 (Dapagliflozin in HFrEF) and in response to requests from local clinicians for guidance to support SGLT-2 inhibitor use in HFrEF in primary care. The guidance was produced in collaboration with a group of local cardiology and diabetes specialists. An equality impact screen has been carried out which highlighted the following: NICE estimates that uptake of dapagliflozin in line with NICE recommendations in TA 679 would lead to a cost of £10,000 per 100,000 population. This equates to £175,000 in Lancashire and South Cumbria. Monitoring should be done by the most appropriate team member in either the heart failure MDT or primary care. If adjustments to the diabetes treatment are necessary this should be undertaken in coordination with the diabetes MDT. LSCMMG members discussed a consultation comment which has been raised regarding the responsibility for overall management where there is a cross-over with T2DM patients i.e., adjusting their diabetic medication during stabilisation, if a patient is usually managed in primary care how would the coordination with the diabetes MDT happen, for example HbA1c	

	monitoring every 3-6 months and ongoing dose adjustments. LSCMMG agreed this would be for specialist GPs to pick up and agreed local discussions need to take place within organisations. Feedback to be provided at October LSCMMG meeting. LSCMMG members approved the Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure guideline but agreed it is not yet ready for recommendation. **Action – Organisations to discuss use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure, MDT and HbA1c monitoring. Feedback at October LSCMMG meeting.**	**All**
2021/141	**LSCMMG – Guidelines Work Plan update** AGR discussed the guidelines workplan. It was discussed the andexanet protocol framework will be removed as previously discussed under agenda item 2021/131. A NICE TA fast track is due to be published for Bimekizumab psoriasis. It was noted a Blueteq form will need to be created. AGR will create the Blueteq form ahead of October's LSCMMG and will report the NICE TA at October's LSCMMG meeting. LSCMMG members approved the request to draft the Blueteq form in advance of the October meeting.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/142	**New NICE Technology Appraisal Guidance for Medicines July and August 2021** **TA715** Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs. The Blueteq forms have been updated. **TA718** Ixekizumab for treating axial spondyloarthritis. The Blueteq form will be updated and added to the LSCMMG website 10.09.2021 **TA719** Secukinumab for treating non-radiographic axial spondyloarthritis. AGR discussed for noting this is cost neutral and should therefore have no cost implications.	
2021/143	**New NHS England medicines commissioning policies August 2021** None for consideration.	
2021/144	**Regional Medicines Optimisation Committees - Outputs July and August 2021** Previously discussed under agenda item 2021/135.	

2021/145	**Evidence reviews published by SMC or AWMSG August 2021** DP updated for information Inclisiran (Leqvio®) is accepted for restricted use within NHSScotland. LSCMMG noted and agreed to await NICE publication.	
ITEMS FOR INFORMATION		
2021/146	**Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes July 2021** The minutes have been circulated for information	

Date and time of next meeting

The next meeting will take place on

Thursday 14th October 2021

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
09.09.2021

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 09.09.2021
ACTION SHEET FROM THE MEETING 13th August 2020				

2020/091	**Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions** BH to raise with Rebecca Higgs, Out of Hospital Cell. **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. **October 2020 update:** Action deferred to November. **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. **April 2021 update:** Remains paused **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. **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. **July 2021 update:** JCVI pneumococcal subcommittee contacted; DP awaiting reply. **September 2021 update:** JCVI response still awaited.	**BH/DP**	**13.08.2020**	**Paused**

ACTION SHEET FROM THE MEETING 10th September 2020				
2020/111	**Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions** **November 202 update:** Consultation form amended. Actioned and closed. Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine. **October 2020 update**: Awaiting feedback, ongoing. **November 2020 update:** Engagement ongoing. **April 2021 update:** Remains paused. **May 2021 update:** AC RSV virus is to be more prevalent next year and links in with the ongoing work with Peter Tinson **June 2021 update:** Discussions ongoing with clinicians. **July 2021 update:** Ongoing. **September 2021 update:** It was agreed to remove this action from the action log as no requests have been received and clinicians have fed back they do not wish to progress at this stage.	**DP**	**Closed**	**10.09.2020**

ACTION SHEET FROM THE MEETING 11th February 2021				
2021/021	**Dymista** DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG. AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran. **March 2021 update:** Meeting to be arranged. **April 2021 update**: LM to enquire if a meeting has been arranged by Sandra Lishman. **May 2021 update:** Ongoing, meeting to be organised. No new information received. **June 2021 update:** Ongoing, meeting to be organised. **July 2021 update**: Ongoing, meeting in diary. **September 2021 update:** JDC and AC to meet informally	**DP** **AC**	**Closed** **Open**	**11.02.2021** **11.02.2021**

ACTION SHEET FROM THE MEETING 08th April 2021				
	Adult headache guideline consultation and oxygen for cluster headache AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance. **June 2021 update:** ongoing **September 2021 update:** Consultation to be circulated	**AGR**	**Open**	**08.04.2021**
2021/059	**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. **May 2021 update:** Work ongoing, to be discussed at June LSCMMG meeting. **June 2021 update:** agenda item. Headache consultation will be circulated in June. **July 2021 update:** Consultation has been circulated.	**AGR/BH**	**Closed**	**08.04.2021**

ACTION SHEET FROM THE MEETING 13th May 2021				
2021/073	**Ketamine for chronic noncancer pain** IV Ketamine to be given a Black RAG rating for chronic pain **September:** Approved at SCC. 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. **June 2021 update:** See agenda item 2021/091 for wider discussion. Change May LSMMG minutes to state Grey RAG rating for new patients. **July 2021 update:** DP looking to arrange meeting. DJ will assist with clinician engagement to progress. **September 2021 update:** DP to present plan back at October LSCMMG meeting including timescales.	**DP** **DP**	**Closed** **Open**	**13.05.2021** **13.05.2021**

2021/079	**Liothyronine RAG status review – update** Meeting to be organised to discuss impact of RAG positions within Morecambe Bay. Liothyronine positions to be finalised based on comments from the working group. **June Update** Queries and concerns have been raised by LTH to BH relating to Liothyronine. 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. AC agreed a full consultation will be required to take place for the new RAG positions. MP suggested adding a comment to consultations stating that RAG positions may be subject to change following discussion at LSCMMG. Clarity for recommendation wording. **July 2021 update:** Consultation circulated end of July for discussion at September LSCMMG meeting. **September 2021 update**: The CSU met with MB health economy and agreed actions to	**BH/AS/LM** **AGR**	**Closed** **Closed**	**13.05.2021** **13.05.2021**

	progress. Consultation has been circulated.			
2021/080	**NICE atrial fibrillation guidance** NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline. **June 2021 update:** DP looking to identify leads in the various trusts. **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. LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required. **September 2021 update:** BH and AC agreed to develop a paper to discuss at SLE for an ICS approach. Cost of drug growth is to be scoped.	**DP/BH**	**Open**	**13.05.2021**

ACTION SHEET FROM THE MEETING 10th June 2021				
2021/091	**Matters arising** May LSCMMG minutes to be amended to advise of Grey RAG rating for Ketamine for chronic noncancer pain, for new patients. **July 2021 update**: Actioned and closed. LSCMMG to find a route to engage with expert patients. **July 2021 update:** Ongoing. **September 2021 update:** BH has discussed with Jeremy Scholey. Jeremy fed back there is challenges with patient representatives as they can feedback personal views rather than group representation. It was noted there are a number of patient group that represent areas such as cardiovascular. It was agreed, patient rep groups would be considered at the drafting stage and included in consultations as appropriate and a question will be added to consultation forms to check what local engagement with patient groups has taken place.	**Closed** **Closed**	**LM** **BH**	**10.06.2021** **10.06.2021**
2021/093	**Zonisamide (Zonegran®) for migraine prophylaxis** Additional information to be added to note periodic reviews are carried out by the consultant. **July 2021 update:** Awaiting ratification by the July the Strategic Commissioning Committee. **September 2021 update:** Ratified at SCC.	**DP**	**Closed**	**10.06.2021**

2021/098	**Oxygen for cluster headaches pathway** Oxygen for cluster headaches pathway to be circulated for consultation. **July 2021 update:** Circulated for consultation, to be discussed at the September LSCMMG. **September 2021 update:** Due to capacity on the agenda, rescheduled to October's meeting for discussion.	**AGR**	**Open**	**10.06.2021**
2021/100	**New NICE Technology Appraisal Guidance for Medicines May 2021** **TA697** CSU to monitor andexanet activity on a quarterly basis. July 2021 update: actioned and closed. Acute trusts and LTH to develop Andexanet guidance. **July 2021 update:** ongoing. **September 2021 update:** Blackpool guideline being adopted by local health economies.	**CSU** **Acute Trusts/LTH**	**Closed** **Closed**	**10.06.2021** **10.06.2021**

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 **September 2021 update:** Position approved at September SCC. Blueteq form has been drafted and is available on the system.	**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. **September 2021 update:** Report has been developed, report to be discussed at October's LSCMMG meeting. 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. **September 2021 update:** Prescribing information in the process of being drafted and will be brought back to a subsequent LSCMMG.	**BH/DP** **DP/AG**	**Open** **Open**	**08.07.2021** **08.07.2021**

2021/112	**New medicines workplan** Clonidine to be included within the menopause guideline and testosterone review. **September 2021 update:** Actioned and closed	**DP**	**Closed**	**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. **September 2021 update:** AGR will schedule this to be updated for October's LSCMMG meeting.	**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 15th July 2021. **September 2021 update:** No comments but hub teams comments submitted. Included within the papers for review. Discussed under agenda item 2021/135 Closed.	**AGR**	**Closed**	**08.07.2021**
2021/116	**Menopause guidance – scope** AGR to develop menopause guidance. **September 2021 update:** New medicine review and guidance is in progress. Expected November 2021.	**AGR**	**Closed**	**08.07.2021**

2021/117	**Review of updated NICE vitamin D guidance** AGR to update guideline and bring back to September LSCMMG meeting. **September 2021 update:** Agenda item, closed.	**AGR**	**Closed**	**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. **September 2021 update**: Agenda item, closed.	**AGR**	**Closed**	**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. **September 2021 update:** Actioned and closed.	**AGR**	**Closed**	**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. **September 2021 update:** Not added to workplan as in tariff and will be used as part of one-off treatment at hospital trust. MB added to formulary.	**DP**	**Closed**	**08.07.2021**

ACTION SHEET FROM THE MEETING 09th September				
2021/130	**Glycopyrronium Hypersalivation** Engage with specialist nurses to understand further how the products are used. Update to follow at October LSMMG meeting Increase scope of glycopyrronium's use for hypersalivation for other conditions and re consult.	**CSU** **CSU**	**Open** **Open**	**09.09.2021** **09.09.2021**
2021/131	**Idarucizumab** Acute trusts to share Haematology policies/guidance to understand idarucizumab's place in therapy. Summary section and recommendation to be updated to note andexanet is only recommended for GI bleeds CSU to contact SBS to understand if a reversal agent for edoxaban is being developed.	**Acute Trusts** **DP** **CSU**	**Open** **Open** **Open**	**09.09.2021** **09.09.2021** **09.09.2021**
2021/133	**OAB guidance – update** Guidance wording to be amending to consider a second trial if tolerated. Circulate for consultation.	**AGR** **AGR**	**Open** **Open**	**09.09.2021** **09.09.2021**
2021/136	**Environmental impact of guidance policy** AGR to scope environmental impact for medicines, to be included within the equality impact screen	**AGR**	**Open**	**09.09.2021**

2021/138	**Supplements post bariatric surgery – update** Supplements post bariatric surgery consultation to be circulated	**AGR**	**Open**	**09.09.2021**
2021/140	**Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure** Organisations to discuss use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure, MDT and HbA1c monitoring. Feedback at October LSCMMG meeting.	**All**	**Open**	**09.09.2021**