Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 9th March 2023 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Andy White (AW)	Chief Pharmacist	Lancashire and South Cumbria ICB
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
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley, and South Ribble locality
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Dr Shenaz Ramtoola (ShR)	Consultant Physician	East Lancashire Hospitals NHS Trust
Faye Preston (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
Lindsey Dickinson (LD)	Associate Medical Director for Primary Care	Lancashire and South Cumbria ICB
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwin locality
Nicola Baxter (NB)	Head of Medicines Management	West Lancashire locality
Rebecca Bond (RB)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Vince Goodey (VG)	Assistant Director of Pharmacy	East Lancashire Hospitals NHS Trust

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 Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU
Kate Ward (KW)	Medicines Optimisation in Care Homes Pharmacist	Lancashire and South Cumbria ICB

Please note, there was issues with the digital recording of this meeting. If you feel something has been missed or not noted correctly, please let EB/ BH know, and the document will be amended.

	SUMMARY OF DISCUSSION	ACTION
2023/263	**Welcome & apologies for absence** No apologies were recorded for this meeting.	
2023/264	**Declaration of any other urgent business** Semaglutide. AGR is unable to access the costing template for this drug yet, however he has done an initial cost impact assessment. AC added it is important as this is an item where there will be a lot of patient interest and information will need to go out in a timely manner. It was agreed for a position statement to go out in the interim before LSCMMG are able to make further recommendations until all of the guidance has been released. BH added that currently Saxenda is available through tier three services but there has been issues with commissioning and as it is in tariff is it part of the commissioning service. He felt this needs highlighting fairly quickly to commissioners. AW added that NICE doesn't state Semaglutide needs to go through a tier three or four service. The NICE TA recommends Semaglutide so it needs to be made available but it is important to get it from the right perspectives as Blackpool is the only place that has a tier three service and other areas are not able to refer into it so this is a larger implementation and commissioning issue. This in turn may cause a high amount of pressure to prescribe so putting a statement out is important. AC added adding a statement to a primary care bulletin that goes out to get the information to primary care quickly. **<u>Action</u>** AGR will put together a position statement including what needs to happen. Also, to highlight that there is only a tier three service in Blackpool in the statement.	**AGR**
2023/265	**Declarations of interest** None.	
2023/266	**Minutes and action sheet from the last meeting 9th February 2023** The minutes were agreed and will be uploaded onto the LSCMMG website.	
2023/267	**Matters arising (not on the agenda)** None.	

NEW MEDICINES REVIEWS

	SUMMARY OF DISCUSSION	ACTION
	Melatonin RAG rating DP brought this agenda item for the discussion. Over the years there has been lots of discussions relating to Melatonin and there are different RAG positions for different conditions. When LSCMMG made recommendations to CCGs (prior to recommendations going to the Strategic Commissioning Committee of the ICS), CCGs didn't always agree with the recommended RAG rating which has resulted in a mismatch of RAG positions across	

2023/268	Lancashire and South Cumbria. This paper proposes a rational and workable RAG rating across the region and also aims to improve on the current LSCMMG guidance documents by expanding them to support sleep rather than a control mechanism for who uses what and when. When looking at all of the RAG statuses for this and looking at the equality form it was felt there won't be a cost impact with the proposed changes but there may be some cost movement from secondary care to primary care. This is due to the recommendation to be where there is a positive approval the RAG rating would move to Amber 0 to be initiated by specialists but to continue into primary care, this also means that there isn't a shared care guideline but there is a support document to sit alongside it. The supporting document has been titled 'Management of sleep disorders.' DP acknowledged that the title may not be ideal as this is a document to support melatonin for prescribers for both secondary and those in primary care that may need to continue prescribing. Costing details include the recommendation to use Slenyto [NB – this was an error – Circadin is the most cost-effective option] as it is the cheapest, but it is acknowledged that some patients on PEG feeding and who have difficulty swallowing may need a different preparation. For the consultation it was agreed largely for Amber 0. There were many comments on the detail within the support document, and a few around the RAG status itself. DP felt it wouldn't be possible to answer all of the comments for the supporting document here but ask if the group would support and agree on the Amber 0 RAG status and the team would look to take the comments back to further develop the support document. It was also added there were some comments about including different disorders such as REM sleep disorders (in Alzheimer's) as this has been used previously but not fully supported by a positive RAG rating. DP clarified for the group that the recommendation is for Amber 0 with the support document, but asked the group to determine if both are required now for agreement or could it be split. CM added that she would defer to LD but asked if the responses received were not largely from GPs to which DP agreed they were not largely from GPs. BH added that there were a lot of comments supporting the documents and he questioned if they need to be taken away to the support group. Secondly, he asked how the group felt would be best to get the primary care feedback before it comes back. AC added that there were comments highlighting a split between adults and children. MP added they have a long-standing issue in Fylde Coast with this including Blackpool with its own CAMHS service. They have a slightly different set up and GPs are resistant to take on some of the elements following shared care in terms of completing sleep diaries and other follow-ups. MP said their CAMHS service hadn't seen the paper so will probably have some further comments and added that their response lacked GP input. She also commented that this issue is wider than just the prescribing of melatonin and includes other areas such as sleep management. AC thanked her for her comments and highlighted the need for consistency across the area even if it is implemented by different services. SR added her issue would be the requirements around the reviews and who would be best placed to prescribe and monitor without a clearer picture. LR added some comments largely around ADHD. She asked if there could be some wording added to say management of sleep disorders in children	

	and adults with neurodevelopmental disorders, excluding ADHD. She added this is due to there still being some confusion around the effects of melatonin in ADHD patients, and while melatonin makes a significant difference in some neurodevelopmental disorders, the response in ADHD is minimal. She added the effect was around 20 minutes difference. She added in the chat and raised that NICE surveillance report in 2021 which concluded that results did not demonstrate melatonin had a significantly improved clinical effect with ADHD symptoms. This therefore resulting in NICE not updating their ADHD guidelines to include melatonin for this condition. The group discussed further and resulted in an ask to separate this into conditions, if it's for adults or children and to include what is required for monitoring and prescribing. DP raised concerns for splitting into different conditions as it may come across as instructing prescribers how to prescribe rather than support their prescribing. SR added the need to revisit the evidence to look at additional conditions and add to the workplan, which DP agreed the evidence needs to be reviewed. It was agreed this could not be agreed for the RAG status for Amber 0 also due to the lack of GP input. The leads were asked to take this back out to their areas and get that feedback and send on to DP. **Actions** Leads to send out this information to GPs and getting feedback on proposed RAG status. DP to take back comments received and split into areas of adult and children. To add additional indications on to the workplan and to review the evidence.	**LR,CM,NB, FP, MP** **DP**
2023/269	**Nephrotrans for metabolic acidosis** DP brought this item for discussion. This was requested by specialists Lancashire Teaching Hospital. Nephrotrans is the same as Sodium Hydrogen carbonate capsules but is enteric coated, which means it theoretically reaches the gut intact and produces less CO_2, meaning it could allow more drug absorption compared to standard release formulations. The financial implications show it could be quite expensive; compared to normal capsules it is over double the price. A small number of patients could be eligible, across the border in Pan-Mersey and Manchester, neither have a published RAG rating. Across the country only Leicester could be identified as having the product available for use, they were asked why they chose to use it and they didn't give an evidence-based explanation for their decision to allow use. The CSU team were unable to find evidence that supports its use, and the company were unable to justify why it was better than standard release formulations. Due to this, the recommendation is for a Do Not Prescribe RAG status. Some of the comments in the consultation did support and others did not. DJ added there was a lot of comments from the renal consultants at LTH who would all like it to be agreed for use but accepted the patient numbers were few (around no more than 20 per year). There was one patient	

	admitted with hypokalemia and acidosis due to noncompliance with sodium hydrogen carbonate capsules in standard formulation. AW added the financial implications in the ICB and being mindful that if some beneficial treatments are being questioned due to costs that if there is no evidence of it being beneficial shouldn't be considered. The group agreed on the RAG status of Do Not Prescribe due to lack of evidence and financial implications. DJ will feed this back to clinicians. **Action** RAG recommendation of Do Not Prescribe to be made to the next meeting of the Medicines Policy Subgroup. DJ to feedback discussions and outcome to clinicians.	**DJ**
2023/270	**New Medicines Review Workplan** Two new items have been added to the work plan. One is Obinutuzumab for specific types of vasculitis in kidney disease, this was discussed at the last medicines group at Lancashire Teaching Hospital. The second drug is Sevelamer, this is requested to change the brand on the website so it doesn't specifically read Sevelamer but to have an open rating so alternative salts can be used. There is a supporting document for this change from Lancashire Teaching Hospital Trust which states patients can just be swapped over. DP asked if the group if they wanted to review the document or allow for the change without reviewing it. BH added for clarity the reason they want to use a different salt as the alternative is cheaper than Sevelamer, which gives a cost benefit. The group agreed the change to the website with Sevelamer without reviewing the document. BH asked if the document should be brought back to the next meeting for agreement and then it can put uploaded onto the website with the RAG change. AC agreed this was good for clarity for documents going through the group for information. The group also agreed for Obinutuzumab to be added to the work plan. **Actions** DP to submit the document for Sevelamer change on the website to the next meeting for approval before going onto the website. DP to add Obinutuzumab to the work plan.	**DP** **DP**

GUIDELINES and INFORMATION LEAFLETS		
2023/271	**COPD guideline – update** DP brought this item; the guideline has been updated to bring it up to date with the latest GOLD standards and to update the green inhalers information. This was reviewed with the already established respiratory group and they had lots of comments, then it was sent out for consultation and more comments were sent back. DP has reviewed the comments and felt none were major issues, but the group needed to decide if the document needed to be taken back and reevaluated. ShR commented that it is a lengthy document and asked as this is a medicines group why the documents are not kept just for medicines as guidance for other things is available in other places. She added that she felt the average prescribing clinician isn't going to look at the document as she felt they need something simple that is just 2 sides of A4 paper to only contain the medicines. AC commented that this is something that has been discussed previously at the group and the difficulty is trying to get the balance between being too brief and to detailed in the documents. AC asked the group for their feelings on the size of the document and the comments made by ShR CM added she apologized for the delay, but she had some further comments from her respiratory leads about clarity of the document linking in with the details and ShR's comments. Some comments around possibly splitting the document, and the interpretation of the GOLD standards. MP added that she was not included in the initial discussions in the respiratory group about this (which has now been rectified) so she didn't have sight of it until it went out for consultation. She agreed with CMs comments about issues with the formatting, the level of information included and if links need to be used instead of trying to summarise the information. She added that with the inhalers, once the full guideline is agreed, there was a request to develop a desktop guideline as had previously been done with asthma and she felt that this may work for this, to give clinicians an easy read of the information at the point of prescribing. The group discussed it further and comments agreed with what had been raised earlier in the meeting. It was agreed to take the document back and revisit it to create a desktop guide/ flow chart for ease of access to the information alongside the larger document. **<u>Action</u>** DP and team to revisit the document and create a simplified version like done previously with the asthma inhaler guideline and bring back to the group.	**DP**

2023/272	**Vitamins and minerals position statement – update** AGR brought this item for decision today. The position statement of Vitamins and minerals is recommended to be retired as the content is covered in other documents such as OTC items that should not be routinely prescribed the guidelines for good prescribing in primary care. The group agreed the recommendation and the document can be retired. **Action** The position statement to be retired and removed from the LSCMMG website.	
2023/273	**Antipsychotic shared care guideline – update** AGR brought this guideline for decision today. There are no actual changes to this document other than the date, MP highlighted that I can be difficult to see any minor changes made to documents and asked for them to be made clearer in the future. AC asked for them to be highlighted and AGR agreed this will be done and to add some wording to state no highlighted changes for ease of others reading the document. AW asked if the group were happy with this being a different to the national documents but acknowledged there is no national shared care for antipsychotic medication. SR said she was happy with it as there isn't a national shared care for these drugs and it doesn't look like it will be done any time soon. The document was agreed by the group. **Action** AGR to upload to the website.	**AGR**
2023/274	**Gout guideline – update** AGR brought this guideline for decision today. Paul in the hub team looked at the comments and all have been actioned and the document has been updated. It came back as there were quite a few late comments, but they had already been actioned. The highlighted items in yellow in the document are the amended points. AW asked if a house style could be created to make things more uniform and streamlined for ease of use. BH added that there is a house style of documents that are created by the hub team, however where guidance is produced with a wider working group they tend to alter in format as they often incorporate information wider than just medicines information. This will be considered as guidance is developed to ensure the house style is incorporated wherever possible. The changes were agreed by the group. **Action** AGR to upload to the website.	**AGR**

2023/275	**Cannabis-based medicinal products positions statement – update** AGR brought this guideline for decision today. There have been no further updates to this apart from the Do Not Prescribe. It references the website information instead of making the document wordy. VG added a comment at the beginning of the meeting in the chat asking DJ if they are coordinating the patient registrations through pharmacy or are the specialists handling this independently. He also asked if they formally note registrations at the medicine's safety group. DJ added he was unaware of any changes to this. AGR agreed to add in the information about registering patients and will add a link to this in the document. Once the additions have been made the document is agreed and it doesn't need to come back again. **Action** AGR to make the additions to the document and then to upload to the website.	**AGR**
2023/276	**ADHD shared care guideline – update** AGR brought this guideline for decision today. There has been no changes to the specs of this document. The group discussed the wider issues with ADHD including the good prescribing in primary guidance stating that NHS and private care should be delivered separately and shared care. The document was agreed and the discussions on the wider issues need to be looked at separately and how the issues can be escalated up when people are being asked to prescribe items that are rated as Do Not Prescribe. **Action** AGR to upload to the website.	**AGR**
2023/277	**Guidelines Workplan** AGR updated the group with the work plan. It is very busy with lots to do on it. Somethings have been moved due to other items being finished which were holding certain documents up. The benzodiazepine withdrawal guideline is down for next month's meeting. There are a few large updates due including the Good prescribing in primary care guideline, and a Vitamin D guideline that is not currently on the work plan but is coming to the next meeting. The team are also looking at the PGD guideline which isn't current on the work plan but AGR raised it so the group are aware.	

SECONDARY CARE ITEMS FOR CONSIDERATION		
2023/278	**Managing convulsive (tonic-clonic) status epilepticus (adults) guideline** DP brought this item for discussion today; the guideline was produced by the Lancashire and South Cumbria Neurology Network which is based at Lancashire Teaching Hospitals Trust. They produced this new status guideline in collaboration with all the other local hospital trusts through various committees. They engaged with the hub team and asked if they could host it on the LSCMMG website and make it a Lancashire and South Cumbria document. It was sent out in advance of the meeting for members ask requested at the last meeting, with the request that it is adopted and hosted on the website. DP asked the group if they felt it needs to be reviewed as he felt it had already been done by the Neurology Network but wanted the group's view on this. AC added that he didn't feel it need to be reviewed but it is important that the evidence is known to see if it is supported, and then going through the processes that it would go through here or if it needs to go through a different process. AC asked if DJ if the document had gone through a similar progress or different to what this group does. DJ added that it went through the initial local group in 2021 and since then there has been a NICE update so he was unsure if the document shared in this group was the most up to date version. One controversial thing at the time it was initially put through was that Keppra was not licensed to be used in status, but they were trying to align with other neuro centers also. He felt it is a good move to bring this document here and put the governance around it and the robust practices of the group. He added that there may need to be a cross check to ensure the references and information is up to date. He added they would welcome other views from other clinicians from other areas. AC added it was good for the equity of the patients as its OK to say to have an inpatient neurology review but if someone is on leave this won't happen in some areas, so it is good to have it here for the sense check. LR added that she felt it was done by the right people being the specialists but asked if there could be some emphasis added to some parts around things like Levetiracetam and the switching from Keppra work that is ongoing and reference that on page 11. Similar to this to emphasize the ongoing work with the prevent program and Valproate. LR added the document felt a little disjointed from the primary and secondary care perspective. VG added he echoed LR's comments but added with the pregnancy prevention it needs to be tempered with the knowledge that this document is going to be used in an acute setting and not necessarily about using it as ongoing therapy. He added the authors involved in the document gave him confidence that it is suitable for application across the patch and was an excellent example of collaborative working. AC added he would caution it as things have come through previously from clinicians in one field, they put something together, there isn't always evidence that comes back, so some of the big discussions that have been had in this group over a longer period of time the specialists have got	

	together and decided this is the route to take. He felt the evidence still needs to be included even if it's from a group of learned individuals, and that he didn't feel it was a robust medicine review form his experiences. SR added she had done some reading about the Pabrinex recommendation, this guidance says that is someone is hypoglycemic and alcohol dependent you give both glucose and Pabrinex not just one or the other. This is because glucose infusion increases the risk of Encephalopathy. SR felt the wording needed to be changed to show can use both not just one or the other when the patients in hypoglycemic and alcohol dependent. AC agreed this was a good call by SR. AC asked if the group wanted to endorse it or if not, how would it need to go out for consultation. AW asked if this is intended for inpatient care instead of community care is there a need for community involvement in the discussions. AC added the document needs to guide clinicians in ED not necessarily just neurology. VG asked if it would be useful to send to internal D&T and secondary care for a little bit of scrutiny. It was agreed for this to get produced and to go out to each acute trust lead to take back for further discussions and consultation would then feedback any comments to AGR or DP. BH added once the trusts have done a sense check the hub team would then go through it to ensure any comments don't conflict with any outstanding guidance. AC agreed this would be a good step like is done with other documents. **Action** DP to prepare the document to be sent out to acute trust leads for them to feed back to him or AGR any comments. Then bring back to the group.	**DP**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2023/279	**New NICE Technology Appraisal Guidance for Medicines February 2023** There were two NICE TAs at this meeting. The first one was: TA861 – Upadacitinib for treating active non-radiographic axial spondyloarthritis. The estimated cost impact for this is about £44,000 per annum across Lancashire and South Cumbria. It is a RED drug and a Blueteq form is done and on the system. TA863 – Somatrogon for treating growth disturbance in people 3 years and over. NICE have said it sits with secondary care so is a RED drug. NICE didn't include a costing template with this, there was just a costing statement. The general approach is £9,000 per 100,00 per population so the team have estimated the cost impact of £162,000 annual cost impact but without the template they can't get a more accurate number. Blueteq form is done and on the system as this one was a 30-day implementation TA. The total cost impact is vague between £44,000 to £206,000.	

2023/280	**New NHS England medicines commissioning policies February 2023** Nothing urgent to consider, not on the agenda.	
2023/281	**Regional Medicines Optimisation Committees – Outputs for February 2023** None.	
2023/282	**Evidence reviews published by SMC or AWMSG February 2023** None.	
ITEMS FOR INFORMATION		
2023/283	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee 26th January 2023** The minutes were not available to circulate with the agenda, they will be considered at a subsequent meeting.	
2023/284	**LSCMMG cost pressures log** This item was discussed in other items and was felt it did not require further discussion today due to timing.	
2023/285	**LSCMMG MAS Formulary** JL brought this item today as part of her new role in the ICS as Clinical Lead for Community Pharmacy integration. There is a proposal for a minor ailments scheme across the ICB, which is an up-to-date extension of the scheme currently running in Central Lancashire. The business case is going to the primary care contracting group on the 14th March and the objective of the scheme is to alleviate the pressures in the system that are particularly seen in winter. The hope is to get this scheme up and running before next winter. JL said they are seeing lots of patients not going to the most appropriate service that they should do for the minor ailments service so the pressure has been put on GPs to give them the prescriptions for free, and when patients can't get an appointment for weeks, they are presenting at urgent care centers. It is important to be mindful of the economic situation currently and patients are having to make difficult decisions on what things they can afford and that includes medication. There is also the community pharmacy consultation service where the GP can refer patients to community pharmacy but that doesn't give any provision for a product or treatment. When the patient can't afford it they are going back to the GP so they can get it on a free prescription. The aim to stop patients going back to GP means that the formulary needs to tick all of the boxes, so this one has been developed by looking what was there in the Central Lancashire scheme. Then what is currently in the Morecambe Bay children scheme, and then by looking at the Scottish formulary as both Scotland and Wales both have a national minor ailments scheme. It has also then been checked against clinical knowledge summaries which is where community pharmacists are expected to get guidance from. JL acknowledged that the formulary list is quite long but added that it needs to be lengthy to include items for when other items may not be in stock, and the problem that could cause the patients to the GP if they can't get an item that week. She asked for expertise from the group and guidance on other formularies and cost pressures. The hope is for the scheme to go live in	

	April so with this she asked the group for approval at this meeting for the scheme and asked for support to do this. LR raised that the comments she has received from her clinicians is that they don't want a walk-in minor ailments service. They said that they don't feel it would relieve any pressures within the system, and that they feel that PGDs are the way to go. She added they would be in support of the GP CPCS service as currently pharmacists can't issue the product at the end of a consultation. She then gave some background to the feedback as East Lancashire had a minor ailments scheme previously and that was decommissioned around 10 years ago in line with NHS England's self-care policy and have spent the years promoting this and this new proposed scheme felt like a step backwards and conflicts what NHS England have in their self-care policy. She also added the list proposed here would have significant cost implications as their previous much reduced and closely monitored scheme cost in the region of £314,00 annually just in East Lancashire. LR ended that in the current state she didn't feel it was something the ICB can afford. While she understands the current cost of living crisis, a lot of GPs are working with their patients when they know they are struggling to help them managing things on an individual patient by patient basis. CM added that central didn't decommission the previous scheme as they had very good implementation of the self-care policy and the minor ailments scheme ran alongside it. The scheme offered a way of directing patients to the right place to receive treatment and training patients to go to the right place at the right time. In the formulary proposed there is quite a lot of additions in comparison to central's formulary and this does have a cost implication. CM's view is she would support a rationalized formulary and that need to be in terms of the choice for each indication, so is there one of each that is cost effective as a whole range for each indication is not really cost effective. AC added that it won't be possible for it to be ratified today as there are concerns with the costing and as AW had mentioned earlier in the meeting about cost pressures, and this doesn't feel right to be signing up to. While recognizing that if it saves cost by people not presenting to the wrong place that would be a benefit but without the detail, it wouldn't be supported. AW added in the chat the treatment cost up to be neutral with the removing of the GP appointment. LR added that cost of over-the-counter products for East Lancashire with their slimmed down list was £314,000 per annum, and lots of that was things such as liquid paracetamol not necessarily the high-end products. AC concluded that from the medicines side the formulary is felt to be too wide, which JL stated earlier is due to covering a range of products for availability. But the group still feels that there is too many items and that needs to be rationalized. JL added there is a range of sizes added as well, and that the emollient section could be reduced. Also adding if patients are given a choice as they won't be having all the creams on there. JL asked for people to put forward people she could work with who have the expertise of medicines optimization and finance who could work with her on the formulary it would be helpful. In the chat function AW asked BH if the CSU could put together some data on OTCs against this formulary to see the current spend and agree to monitor. FP added that the CSU should have this data for her area in the self-care spreadsheet. AW added that Lindsey Dickenson would be good for JL to link in with.	

	AC asked the group to give any further recommendations of people to support JL with this and if there was any further feedback to send it to JL within two weeks. AC asked for JL and EB to put something out to members as some people have had to leave before the end of the meeting, so all members are informed on decisions. **Action** JL to liaise with EB to get an email out to members detailing discussions on this item as some members had to leave before the discussion.	**JL/EB**
2023/286	**Developing a single joint formulary for Lancashire and South Cumbria** This item was discussed initially under the action log with action 2023/262 and continued throughout the meeting. AW discussed in that going forward with the plans for a single formulary it would be good to have a mapping of what is already out there. There is an East Lancashire formulary, which is public facing, there is also a net formulary for Lancashire Teaching Hospitals and asked if there were any others. It was also added as to what formatting is used to put the formulary on the website as there are around 4,000 pages of information and how would that be managed. Net formulary, while isn't the most modern, is cheap and user friendly so could be used to house the formulary information. AC added this would be part of the wider work for the formulary across the ICB. The idea of using this plan to add the East Lancashire formulary onto the LSCMMG website could work well and would give people access to it while the work for a system wide one is ongoing. BH added there is also the issue of aligning RAG status definitions and colors across the Northwest and that discussions have been had with Mersey to try and get consistency. BH asked if AW could be the link in with Greater Manchester for this purpose. In the chat other members listed what formulary items they have in their areas, FP added that UMBHT has a formulary on net formular which is also public facing. CM said that central Lancashire is joint with LTH with net formulary and will also be public facing. SR added that LSCFT have a psychotropic medicine formulary which should mirror LSCMMG recommendations, LSCFT wound care and incontinence formulary, they follow the national antimicrobial guidance in majority but do also have a dental antimicrobial formulary. At the end of the meeting the group returned to this item and BH added that the ask is to pull together a working group that would oversee the Lancashire single formulary, and they would like to get members from primary and secondary care and also the likes of LSCFT. If people could send expressions of interest to BH for this. To clarify this is to set up an initial review of the chapters and where there is consistency to adopt them and where there isn't to look at how to move forward. The group will be to just look at how this group will work and do the job and get the framework sorted. CM added that Nicola Schaffel would be good to support, and MP added they have done something similar in Fylde and Wyre and Blackpool so would be able to offer support. BH added that he had had discussions with AW about definitions for consistent RAG ratings, BH has spoken to Mersey and said for now to ignore the colors and try to get the consistent definitions then once that is done, we can revisit the colors. AC asked EB/BH to put together an email detailing this to members that had to leave before the end of this item. **Action**	**EB/BH**

	EB/BH to send an email detailing the ask for volunteers for the single formulary working group.	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 13th April 2023

9.30am – 11.30am

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES
MANAGEMENT GROUP 09.03.2023

ACTION SHEET FROM THE MEETING 13th October 2022				
2022/164	**Nutritional Supplements Post Bariatric Surgery – Post Private Surgery** CSU to put wider work onto the work plan about reviewing the information we currently have in documents and look whether they need to be refreshed or have a stand-alone policy position relating to private treatment. **November 2022 update:** AGR will contact LMC regarding this item. **December 2022 update:** AGR has met with LMC, now awaiting their further feedback. **January 2023 update:** AGR still awaiting feedback from the LMC, AGR will chase. **February 2023 update:** AGR still needs to chase, will bring back to the next meeting. **March 2023 update:** AGR is struggling to engage. AGR to link in with LD for her to support.	**CSU** **AGR** **AGR** **AGR** **AGR/LD**	**Closed** **Closed** **Closed** **Closed** **Open**	**13.10.2022** **10.11.2022** **08.12.2022** **12.01.2023** **09.02.2023** **09.03.2023**
ACTION SHEET FROM THE MEETING 10th November 2022				
2022/180	**Keppra Position Statement** **February 2023 update:** DJ updated from neurology, the summary being that they support the prescribing of generics but not for switching patients already on Keppra. Patient anxieties around switching is acknowledged, but due to costing the switch needs to happen. The group thanks the neurology services for their input and AC is going to raise up to Jerry Skills and Medical Directors. **March 2023 update:** AC will link in with Mark Brady as Jerry is now on leave, AC will also bring in DJ into the discussions.	**AC** **AC/DJ**	**Open** **Open**	**09.02.2023** **09.03.2023**

2022/182	**ONS Guidance – Update** AGR to follow up with formal letter to procurement. **December 2022 update:** Ongoing, will bring back to January. **January 2023 update:** On the agenda, closed. AGR to make the amendments to the document and then get it uploaded onto the website. **February 2023 update:** Letter has been drafted, AGR to get BH to check the document before it goes forward. **March 2023 update:** BH still needs to finish checking document before it goes to procurement. Will go out before the next meeting. AGR has also linked in with the community dieticians at LSCFT and they are keen to support with the procurement.	**AGR** **AGR** **AGR** **AGR** **AGR/BH** **AGR/BH**	**Closed** **Closed** **Closed** **Closed** **Closed** **Open**	**10.11.2022** **08.12.2022** **12.01.2023** **12.01.2023** **09.02.2023** **09/03/2023**
ACTION SHEET FROM THE MEETING 8th December 2022				
2022/207	**Sodium zirconium cyclosilicate – update** AGR and LR to link in and discuss clinician concerns. **January 2023 update:** LR and AGR still need to link in due to people being on leave over the festive period. **February 2023 update:** AGR met with East Lancashire and updated the group. The evidence is not great with a lack of outcomes data. It was proposed to do an updated review including the pressure on primary care and bring back to a later meeting. This was agreed and AGR will bring back to a future meeting. **March 2023 update:** Smaller evidence review will come to April's meeting.	**AGR/LR** **AGR/LR** **AGR** **AGR**	**Closed** **Closed** **Closed** **Open**	**08.12.2022** **12.01.2023** **09.02.2023** **09/03/2023**
ACTION SHEET FROM THE MEETING 12th January 2023				

2023/226	**Menopause guidance – Update** AGR to change patches to the first choice in the document instead of oral. **February 2023 update:** AGR has made the amendments and is waiting for BH to look over the document to send over to Kath Gulson. Once ready, AGR to include Kath Gulson and community pharmacy in the circulation of the document. Still awaiting final checks before send out. **March 2023 update:** BH and AGR to meet to finalize before sending Kath Gulson. LD to also support bringing someone from primary care to this group.	**AGR** **AGR** **AGR** **AGR/BH**	**Closed** **Closed** **Closed** **Open**	**12.01.2023** **12.01.2023** **09.02.2023** **09/03/2023**
ACTION SHEET FROM THE MEETING 9th February 2023				
2023/227	**Out of Area Position Statement** AW to share this document with colleagues and to check with Cheshire and Mersey and Greater Manchester to see if it is possible for a whole Northwest approach. **February 2023 update:** After conversations in the group, it was requested to look into the whole ICB approach. This item to stay open to await further information on a system wide approach approval. **March 2023 update:** No progress but ongoing work across the region, close on the LSCMMG work plan.	**AW** **AW/AGR** **AW/AGR**	**Open** **Open** **Closed**	**12.01.2023** **09.02.2023** **09.03.2023**
2023/243	**AOB** BH to get the data of patients using the 1g tablet of Metformin by practice and send out to leads. **March 2023 update:** BH sent information out, the price did drop in March so the cost pressure has decreased however still significant, Closed.	**BH** **BH**	**Open** **Closed**	**09.02.2023** **09/03/2023**
	Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg soft capsules (Bijuve®) HRT			

2023/244	Leads to take this discussion to their places and find out if prescribers are happy with the amendment to the status only and feedback to DP. **March 2023 update:** This was difficult to approve due to recent changes in response to formation of the ICB. DP to link in with LR around what was required of this as she wasn't present for this original item.	**CM, NB, MP, LR, FP** **DP/LR**	**Open** **Open**	**09.02.2023** **09.03.2023**
2023/246	**Tolvaptan for treatment of hyponatremia in adults, secondary to the syndrome of inappropriate antidiuretic hormone secretion (SIADH)** Prepare paper for Medicines Policy Subgroup on the 16th February with Red RAG recommendation for ratification. **March 2023 update:** On website, closed.	**DP** **DP**	**Open** **Closed**	**09.02.2023** **09.03.2023**
2023/247	**New Medicines Review workplan** EB/BH to add a section to the agenda for secondary care items. **March 2023 update:** Added in the agenda, closed.	**BH/EB** **BH/EB**	**Open** **Closed**	**09.02.2023** **09.03.2023**
	DP to bring the guidance to a future meeting. **March 2023 update:** On this meeting agenda, closed.	**DP** **DP**	**Open** **Closed**	**09.02.2023** **09.03.2023**
	DP to add Budesonide to the work plan. **March 2023 update:** On the workplan, closed.	**DP** **DP**	**Open** **Closed**	**09.02.2023** **09.03.2023**
2023/248	**Lithium SCG – Update** AGR to make the amendments to the document, then it will be uploaded. **March 2023 update:** On the website, closed.	**AGR** **AGR**	**Closed** **Closed**	**09.02.2023** **09.03.2023**
2023/253	**Update to the guideline for antihyperglycaemic therapy in adults with type 2 diabetes** DP to remove Insuman from the guideline and add information about the competitor Humulin 3.	**DP**	**Open**	**09.02.2023**

	March 2023 update: Removed and uploaded, closed.	**DP**	**Closed**	**09.03.2023**
2023/256	**New NICE Technology Appraisal Guidance for Medicines January 2023** AGR to bring more accurate figure to the next meeting. **March 2023 update:** NICE estimate the cost to be £8,000 per 100,000, the cost impact will be updated to include costing of around £144,000 for this.	**AGR** **AGR**	**Closed** **Closed**	**09.02.2023** **09.03.2023**
2023/261	**Cost Pressures Log** BH to add agreed wording around Keppra and the feedback from Neurologists. **March 2023 update:** This was updated, closed.	**BH** **BH**	**Open** **Closed**	**09.02.2023** **09.03.2023**
2023/262	**Close Down of ELMMB website** The team will work on a paper about the process of moving things from the ELMMB website to LSCMMH website. **March 2023 update:** There is a paper being developed around the formulary, but BH and the team need to meet with LR. LR and her team are working through documents, priority is to move the formulary. They are categorizing guidelines to either superseded guidelines, easily updated guidelines and another that would be better done across the ICB. LR added there is a plan to put in place a ghost site on the website, so the documents are still there but a disclaimer to state there has been updated clinical guidance and signpost to the new site.	**BH** **BH/LR**	**Open** **Open**	**09.02.2023** **09.03.2023**
ACTION SHEET FROM THE MEETING 9th March 2023				
2023/264	**Declaration of any other urgent business – Semaglutide** AGR will put together a position statement including what needs to happen. Also so highlight that there is only a tier three service in Blackpool in the statement.	**AGR**	**Open**	**09.03.2023**
2023/268	**Melatonin RAG rating** Leads to send out this information to GPs and			

	getting feedback on proposed RAG status. DP to take back comments received and split into areas of adult and children. To add additional indications on to the workplan and to review the evidence.	**LR,CM,NB, FP, MP** **DP**	**Open** **Open**	**09.03.2023** **09.03.2023**
2023/269	**Nephrotrans for metabolic acidosis** DJ to feedback discussions and outcome to clinicians.	**DJ**	**Open**	**09.03.2023**
2023/670	**New Medicines Review Workplan** DP to submit the document for Sevelamer change on the website to the next meeting for approval before going onto the website. DP to add Obinutuzumab to the work plan.	**DP** **DP**	**Open** **Open**	**09.03.2023** **09.03.2023**
2023/271	**COPD guideline – update** DP and team to revisit the document and create a simplified version like done previously with the asthma inhaler guideline and bring back to the group.	**DP**	**Open**	**09.03.2023**
2023/272	**Vitamins and minerals position statement – update** The position statement to be retired and removed from the LSCMMG website.	**AGR**	**Open**	**09.03.2023**
2023/273	**Antipsychotic shared care guideline – update** AGR to upload to the website.	**AGR**	**Open**	**09.03.2023**
2023/274	**Gout guideline – update** AGR to upload to the website.	**AGR**	**Open**	**09.03.2023**
2023/275	**Cannabis-based medicinal products positions statement – update** AGR to make the additions to the document and then to upload to the website.	**AGR**	**Open**	**09.03.2023**
2023/276	**ADHD shared care guideline – update** AGR to upload to the website.	**AGR**	**Open**	**09.03.2023**
2023/278	**Managing convulsive (tonic-clonic) status epilepticus (adults) guideline**			

	DP to prepare the document to be sent out to acute trust leads for them to feed back to him or AGR any comments. Then bring back to the group.	**DP**	**Open**	**09.03.2023**
2023/285	**LSCMMG MAS Formulary** JL to liaise with EB to get an email out to members detailing discussions on this item as some members had to leave before the discussion.	**JL/EB**	**Open**	**09.03.2023**
2023/286	**Developing a single joint formulary for Lancashire and South Cumbria** EB/BH to send an email detailing the ask for volunteers for the single formulary working group.	**EB/BH**	**Open**	**09.03.2023**