



## Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Thursday 14.10.2021 (via Microsoft Teams)

### PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
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
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
Lisa Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospital Trust
Melanie Preston (MP)	Assistant Direction of Medicines Optimisation	NHS Fylde Coast CCG's
Helen Sampson (HS)	Senior Medicines Information Pharmacist	NHS Blackpool Teaching Hospitals

### 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
Laura Able (LA)	Physiotherapist	NHS West Lancashire CCG
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2021/147	Welcome & apologies for absence	

	AC welcomed members to the meeting. Laura Able is observing the meeting, Laura has been appointed as the first Contact Practitioner Physiotherapist, West Lancashire CCG. Apologies have been received from Helen Sampson.	
2021/148	<b>Declaration of any other urgent business</b> None.	
2021/149	<b>Declarations of interest</b> None.	
2021/150	<b>Minutes and action sheet from the last meeting 09<sup>th</sup> September 2021</b> The LSCMMG minutes was approved and agreed as a true and accurate record the meeting, the action log was updated during the meeting.	
2021/151	<b>Matters arising (not on the agenda)</b> None.	
<b>NEW MEDICINES REVIEWS</b>		
2021/152	<p><b>Bevespi Aerosphere for COPD</b></p> <p>Bevespi Aerosphere 7.2 µg/5 µg pressurised inhalation, suspension as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD was prioritised for review following identification during the horizon scanning process. An equality impact screen has been carried out which found a potential cross border issue. Bevespi is listed in the In GMMMG COPD guideline, it is not listed in the Pan Mersey guideline. DP discussed GMMMG have incorporated the effect on the carbon footprint for individual inhalers within their guideline. GMMMG forecast using Bevespi for one year would equate to 625 miles using a car, DP queried how LSCMMG could capture environmental impact into guidelines. DP discussed evidence shows a combination inhaler is more effective than individual component inhalers and is clinically reasonable. Five CCGs, three provider trusts and Morecambe Bay LMC responded to the consultation. All responding organisations agreed with the proposed Green RAG rating. LSCMMG discussed the proposed Green RAG rating, LSCMMG members noted providing support for usage and place in therapy needs to be further developed and suggested linking in with the respiratory team. Costs, and carbon footprint to be scoped. LSCMMG also discussed COPD guidance is due to be reviewed and agreed to await the COPD guidance before approving the Green RAG rating. LSCMMG agreed a Grey RAG rating with a statement being added to the LSCMMG website, stating a Grey rating until the COPD guidance is published and place in therapy understood.</p>	<b>DP</b>

	<p><b>Action – Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review.</b></p>	
2021/153	<p><b>Trixeo Aerosphere for COPD</b></p> <p>Trixeo Aerosphere 5µg /7.2µg /160µg pressurised inhalation as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist has been prioritised for review following identification via Horizon scanning. DP discussed Trixeo Aerosphere for COPD is similar to the previously discussed Bevespi Aerosphere for COPD. An Equality impact screen has been carried out which found a potential cross border issue. Trixeo is listed in the In GMMMG COPD guideline, it is not listed in the Pan Mersey guideline. The consultation has been circulated with a proposed Green (restricted) RAG rating. Five CCGs and three provider trusts plus Morecambe Bay LMC and Lancashire Coastal LMC responded to the consultation. Four CCGs and Lancashire Teaching Hospitals Trust agreed with the Green (restricted) proposed RAG rating. One CCG, three provider Trusts and one LMC disagreed with the proposed RAG rating and proposed a Green RAG rating instead. Lancashire Coastal LMC did not feel that enough information was presented to agree on a RAG rating DP discussed the evidence studies found a mixed response. LSCMMG discussed and agreed as COPD guidance is due to be reviewed a Grey RAG rating will be given in the interim with a need to understand further the place in therapy. COPD guidance is due to be reviewed by December 2021.</p> <p><b>Action – Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review.</b></p>	DP
2021/154	<p><b>Ketamine survey results</b></p> <p>The use of ketamine for chronic non-cancer pain within specialist pain services is currently subject to review. The finalised RAG status is to be considered when the review is completed. The CSU were asked 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.</p> <p>From initial communications with clinicians, it appears that ketamine is prescribed mainly from Lancashire Teaching Hospitals. This paper presents the results of a survey of patients treated with oral ketamine for chronic pain conducted by the Specialist Pain team at Lancashire Teaching Hospitals. The survey results provided patient feedback. 32 patients provided feedback to state the use of Ketamine helps relieve chronic pain.</p> <p>LR discussed how the prescribing of oral ketamine sits with the current work priorities as the view is to reduce opioid usage. LR discussed the comments from the patient survey would likely be similar should patients be prescribed other opioids which was looking to be withdrawn. LR advised NICE have stated ketamine should not be initiated for new</p>	

	<p>patients and would therefore discourage prescribing when the current NICE position is to reduce opioid use. CM queried why the usage is mostly in Lancashire Teaching Hospitals Trust. It was noted that this could be related to tertiary services referrals and historic use. It was reported some patients have been prescribed Ketamine for over 10 years. LSCMMG discussed the impact of sudden withdrawal of ketamine which requires monitoring, LSCMMG members agreed this requires clinicians input to review patients. DJ reported clinicians would be in a difficult position if ketamine could not be prescribed for a small cohort of new patients, DJ suggested this is a last line option with auditable data for clinicians. SR supported the use of ketamine for patients who have a benefit of use, and supported suggestion of monitoring to measure outcomes. MP queried the dependence safeguarding aspect for those patients who have been prescribed ketamine for a long period. DJ discussed the number of patients using ketamine is much lower than opiate usage across the patch. LR noted there is ongoing work programmes to reduce opiate use.</p> <p>BH discussed the challenge is ketamine is not routinely used across Lancashire and South Cumbria meaning there is a difference in clinical opinion. LSCMMG discussed that without clear and sufficient evidence it is difficult to agree a position to allow ketamine for new patient initiation.</p> <p>The committee strongly supported a Black position however due to differing clinical opinion LSCMMG agreed to work out a way forward. CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. To be discussed at November LSCMMG meeting.</p> <p><b>Action - CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored.</b></p> <p><b>Action – Ketamine for chronic pain current position to be discussed at November LSCMMG meeting.</b></p>	<p>DP/DJ</p> <p>DP</p>
<p>2021/155</p>	<p><b>Trurapi (insulin aspart)</b></p> <p>Trurapi<sup>®</sup> is a biosimilar preparation of insulin aspart which was launched in the summer of 2021 and has the same licensed indication as the originator product NovoRapid<sup>®</sup>. It is recommended that the LSCMMG website and guideline for antihyperglycaemics in type 2 should be updated to reflect that Trurapi<sup>®</sup> is currently the most cost-effective and therefore preferred product when initiating insulin aspart. DP discussed between August 2020 and July 2021, Lancashire and South Cumbria spent £1,870,000 prescribing NovoRapid<sup>®</sup> FlexPen<sup>®</sup>/FlexTouch<sup>®</sup>/Penfill<sup>®</sup>. Should there be a 100% switch to Trurapi there is potential to save in region around £500,000 and a 25% switch could save £117,000. DP asked the group if the new presentation can be added to the diabetes guideline. LSCMMG members supported the inclusion of Trurapi<sup>®</sup> when the diabetes guideline is updated. SR asked that new initiation and cost savings are monitored.</p>	

	<p>Dr Ramtoola was suggested a contact to assist with the diabetes guideline update.</p> <p><b>Action - Trurapi® to be included within diabetes guideline when due for review.</b></p>	<b>DP</b>
2021/156	<p><b>New medicines work plan</b></p> <p>The workplan considers the medicines which require the development of policy / formulary position statements</p> <p><b>New medicine reviews for November LSCMMG</b></p> <ul style="list-style-type: none"> <li>• Clonidine currently out for consultation</li> </ul> <p><b>New Medicines to be prioritised</b></p> <ul style="list-style-type: none"> <li>• Trimbow NEXThaler for COPD – LSCMMG agreed to await COPD guidance and agreed a grey RAG rating in the interim.</li> <li>• Trimbow MDI for asthma – Agreed to consider with the updated asthma guidance</li> </ul> <p><b>Actions</b></p> <p><b>Trimbow NEXThaler for COPD –await COPD guidance and add a grey RAG rating to web site interim</b></p> <p><b>Trimbow MDI for asthma – consider with the updated asthma guidance</b></p>	
<b>GUIDELINES and INFORMATION LEAFLET</b>		
2021/157	<p><b>Antipsychotic shared care – update</b></p> <p>AGR introduced the paper. However, unfortunately AGR had a poor connection and SR took over presenting the paper.</p> <p>It was noted that at the last meeting it was requested that the evidence for the off-label, non-NICE approved indications would be reviewed and the rationale for the maybe responses to conducting 12-month physical health checks would be assessed. The evidence was presented in the paper for information, it was noted that there was little additional evidence for some of the requested indications but that the definition of psychosis held by NICE may cover some of these, so it may be more appropriate to lists these as NICE approved rather than non-NICE approved indications.</p> <p>SR also informed the group that a meeting was held to discuss the antipsychotic shared care guideline, the meeting was attended by the CSU hub team, GP/CSR CCG and LSCFT.</p> <p>SR highlighted that LSCFT are rolling out an initial response service starting in Pennine which will address GP concern about speed of access to service, direct referrals from patients and carers and a business case is ongoing for transformation of community services. It was noted that in</p>	

	<p>Chorley, LSCFT are responsible for writing 250 prescriptions each week for patients that ideally would be under a shared care arrangement.</p> <p>SR asked members if Primary Care could carry out the 12-month physical health checks in the interim if a decision cannot be made. LSCMMG members agreed that this would need further discussion with their respective organisations and could therefore not agree and interim position. LSCMMG required further discussion and information from CCGs to understand the maybe responses to the previous consultation.</p> <p>LSCMMG members discussed the complexities need to be addressed outside of LSCMMG. It was agreed BH and SR will take forward and draft a paper for the Mental Health Board, with a view to bring an update to January LSCMMG meeting. CM agreed to contact the MH lead.</p> <p><b>Action – BH and SR to draft paper for presentation at the Mental Health Board.</b></p> <p><b>Action - Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting.</b></p>	<p><b>BH/SR</b></p> <p><b>LM</b></p>
2021/158	<p><b>Palliative Care LSC Clinical Practice Summary – UPDATE</b></p> <p>AGR discussed an equality impact screen has been carried out which has found no potential implications.</p> <p>AGR discussed, in 2016 Lancashire and South Cumbria joined with Mersey and Cheshire in a new Strategic Clinical Network based around the North West Coast. As a result, a new version of prescribing guidelines around managing common symptoms in a palliative care setting was developed, based on the guidance produced by our neighbouring Northern Strategic Clinical Network's Guidelines (2016) and a Mersey and Cheshire Clinical Practice Summary (2017). These have been reviewed and updated in 2021. All responding organisations supported the draft guidance. Minor revisions to the draft have been suggested in the consultation responses which have been forwarded to the Strategic Clinical Network (SCN) who authored the guidance. LSCMMG members are asked to consider whether they would support the draft once the SCN has actioned the consultation feedback. LSCMMG members approved the guidance and discussed comms should be used to inform prescribers across the patch about the guidance. The final version of guidance will be added to the LSCMMG website upon receipt from the SCN, final timescales are yet to be confirmed, AGR will liaise with the project team and feedback to LSCMMG once finalised.</p> <p><b>Action - Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN.</b></p>	<p><b>AGR</b></p>
2021/159	<p><b>Liothyronine RAG status review – second consultation</b></p> <p>AGR updated the group that the aim of the review was to identify a list of exceptions, when the use of liothyronine is clinically necessary, to the</p>	

	<p>current RAG status. A paper was shared with members which included 8 RAG positions, each had been consulted on.</p> <p>LSCMMG members agreed the points for discussion were extremely complex and time consuming, following extensive discussions it was agreed to defer the discussion pending update and simplification of the RAG positions. BH suggested for the purposes of time the CSU will bring back an update to November' LSCMMG meeting.</p> <p><b>Action – CSU to bring update to November LSCMMG meeting.</b></p>	<b>CSU</b>
2021/160	<p><b>Oxygen for Cluster Headache</b></p> <p>Deferred to November 2021 meeting due to timing.</p>	
2021/161	<p><b>RMOC shared care consultation 5</b></p> <p>Deferred to November 2021 meeting due to timing.</p>	
2021/162	<p><b>Dual RAG ratings on LSCMMG website</b></p> <p>Deferred to November 2021 meeting due to timing.</p>	
2021/163	<p><b>Sativex prescribing information sheet</b></p> <p>Deferred to November 2021 meeting due to timing.</p>	
2021/164	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>Deferred to November 2021 meeting due to timing.</p>	
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2021/165	<p><b>New NICE Technology Appraisal Guidance for Medicines September 2021</b></p> <p><b>TA723</b> Bimekizumab for treating moderate to severe plaque psoriasis. A Blueteq form is already available on the system.</p> <p>The TA was considered and adopted by LSCMMG.</p>	
2021/166	<p><b>New NHS England medicines commissioning policies August 2021</b></p> <p>None for consideration.</p>	
2021/167	<p><b>Regional Medicines Optimisation Committees - Outputs September 2021</b></p>	

	DP discussed the Regional Medicines Optimisation Committees have been circulated for information and noting. No immediate action is required.	
2021/168	<b>Evidence reviews published by SMC or AWMSG September 2021</b> DP discussed the Evidence reviews published by SMC or AWMSG have been circulated for information and noting. No immediate action is required.	
<b>ITEMS FOR INFORMATION</b>		
2021/169	<b>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes July 2021</b> No minutes circulated.	
2021/170	<b>Tracking costs of LSMMG Commissioning Positions</b> To be updated and discussed at November' LSCMMG meeting.	

**Date and time of next meeting**

The next meeting will take place on  
Thursday 11<sup>th</sup> November 2021  
9.30am – 11.30am  
Microsoft Teams

**ACTION SHEET FROM THE  
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP  
14.10.2021**

<b>MINUTE NUMBER</b>	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>DATE</b>	<b>STATUS AT 14.10.2021</b>
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> August 2020</b>				

2020/091	<p><b>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</b></p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p><b>September 2020 update:</b> BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p><b>October 2020 update:</b> Action deferred to November.</p> <p><b>November 2020 update:</b> Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p><b>April 2021 update:</b> Remains paused.</p> <p><b>May 2021 update:</b> AC noted discussions took place at the regional clinical cell. AC updated it has been noted RSV will be more prevalent next year. Peter Tinson is currently scoping the quality contract and is looking at a tiered system.</p> <p><b>June 2021 update:</b> DP to raise Via RMOC as it is felt that a commissioned service is required, to facilitate this nationally would require addition to the Green Book.</p> <p><b>July 2021 update:</b> JCVI pneumococcal subcommittee contacted; DP awaiting reply.</p> <p><b>September 2021 update:</b> JCVI response still awaited.</p> <p><b>October 2021:</b> Remain paused.</p>	BH/DP	13.08.2020	Paused
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<p>2021/080</p>	<p><b>NICE atrial fibrillation guidance</b></p> <p>NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</p> <p><b>June 2021 update:</b> DP looking to identify leads in the various trusts.</p> <p><b>July 2021 update:</b> DP updated on engagement. Blackpool Hospital feel they have implemented the guideline and anticoag service happy to change over. Further detail needed. LTH have responded, nothing yet from ELHT and UHMB. EMIS template in primary care requires an update. LR has TTR data, average TTR is 71% across all settings. Clinical view required across the health economy. Impact needs to be known for finance.</p> <p>LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required.</p> <p><b>September 2021 update:</b> BH and AC agreed to develop a paper to discuss at SLE for an ICS approach. Cost of drug growth is to be scoped.</p> <p><b>October 2021 update:</b> Reviewed NOAC usage since new NICE NOAC guidance, the graph has stayed on the same incline going up and has not caused significant change.</p> <p>SLE paper started to be drafted, become aware of national discussions on NOACs. May be a national rebate being published.</p> <p>Agreed to await publication. To be reviewed at the November meeting to see if timescales have been identified.</p>	<p>DP/BH</p>	<p>Open</p>	<p>13.05.2021</p>
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<b>ACTION SHEET FROM THE MEETING 10<sup>th</sup> June 2021</b>				
<b>2021/098</b>	<p><b>Oxygen for cluster headaches pathway</b></p> <p>Oxygen for cluster headaches pathway to be circulated for consultation.</p> <p><b>July 2021 update:</b> Circulated for consultation, to be discussed at the September LSCMMG.</p> <p><b>September 2021 update:</b> Due to capacity on the agenda, rescheduled to October's meeting for discussion.</p> <p><b>October 2021 update:</b> Item 2021/160 deferred, agenda item for November</p>	<b>AGR</b>	<b>Closed</b>	<b>10.06.2021</b>
<b>ACTION SHEET FROM THE MEETING 08<sup>th</sup> July 2021</b>				
<b>2021/110</b>	<p><b>Sodium Oxybate</b></p> <p>Blueteq form to be drafted and supply route to be considered by service providers.</p> <p><b>September 2021 update:</b> Position approved at September SCC. Blueteq form has been drafted and is available on the system.</p> <p><b>October 2021 update:</b> Actioned and closed.</p>	<b>AGR/DP</b>	<b>Closed</b>	<b>08.07.2021</b>



2021/113	<p><b>Antipsychotic Shared Care guidance – second consultation and update to the first</b></p> <p>Further detail required for physical health checks, to understand the maybe responses.</p>	AGR	Closed	08.07.2021
	<p>Conduct a wider review of the antipsychotic shared care document, including the evidence for the proposed new indications.</p> <p><b>September 2021 update:</b> AGR will schedule this to be updated for October's LSCMMG meeting.</p> <p><b>October 2021 update:</b> discussed under agenda item 2021/157, closed.</p>	AGR	Closed	08.07.2021
<b>ACTION SHEET FROM THE MEETING 09<sup>th</sup> September</b>				
2021/130	<p><b>Glycopyrronium Hypersalivation</b></p> <p>Engage with specialist nurses to understand further how the products are used. Update to follow at October LSMMG meeting.</p>	CSU	Open	09.09.2021
	<p>Increase scope of glycopyrronium's use for hypersalivation for other conditions and re consult.</p> <p><b>October 2021 update:</b> Feedback from specialist received, would only consider prescribing oral treatment for patients with drooling where this has an impact on their QoL. NICE guidance would be followed. Wide review of use in other indications being drafted by PT. DP to circulate place in therapy and bring back to the next meeting.</p>	CSU	Open	09.09.2021

<b>2021/131</b>	<b>Idarucizumab</b>			
	Acute trusts to share Haematology policies/guidance to understand idarucizumab's place in therapy.	<b>Acute Trusts</b>	<b>Closed</b>	<b>09.09.2021</b>
	BTH have protocol, include consultant haematologist. LTH are drafting protocol.	<b>DP</b>	<b>Closed</b>	<b>09.09.2021</b>
	Summary section and recommendation to be updated to note andexanet is only recommended for GI bleeds.	<b>CSU</b>	<b>Closed</b>	<b>09.09.2021</b>
	CSU to contact SBS to understand if a reversal agent for edoxaban is being developed.			
	<b>October 2021 update:</b> Confirmed 2022/23 proposed launch of andexanet for reversal of edoxaban.			
<b>2021/133</b>	<b>OAB guidance – update</b>			
	Guidance wording to be amending to consider a second trial if tolerated.	<b>AGR</b>	<b>Closed</b>	<b>09.09.2021</b>
	Circulate for consultation.	<b>AGR</b>	<b>Open</b>	<b>09.09.2021</b>
	<b>October 2021 update:</b> Actioned and closed.			

<p><b>2021/136</b></p>	<p><b>Environmental impact of guidance policy</b></p> <p>AGR to scope environmental impact for medicines, to be included within the equality impact screen.</p> <p><b>October 2021 update:</b> Ongoing. Respiratory board, AC updated there is a colleague AGR could link in with, AC has shared contact details with AGR. Environmental impact to be added to the equality impact screen.</p>	<p><b>AGR</b></p>	<p><b>Open</b></p>	<p><b>09.09.2021</b></p>
<p><b>2021/138</b></p>	<p><b>Supplements post bariatric surgery – update</b></p> <p>Supplements post bariatric surgery consultation to be circulated.</p> <p><b>October 2021 update:</b> To be circulated end of October 2021.</p>	<p><b>AGR</b></p>	<p><b>Open</b></p>	<p><b>09.09.2021</b></p>

2021/140	<p><b>Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure</b></p> <p>Organisations to discuss use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure, MDT and HbA1c monitoring. Feedback at October LSCMMG meeting.</p> <p><b>October 2021 update:</b> Two responses received, both in agreement. Suggestion:</p> <p>“In T2DM, adjustments to the diabetes treatment should be in coordination with the diabetes MDT.”</p> <p>changed to</p> <p>“In T2DM, adjustments to the diabetes treatment (if required) should be in coordination with the practice team or diabetes MDT (if under intermediate secondary care).”</p> <p>Suggestion to be shared with diabetes group</p>	All	Open	09.09.2021
<b>ACTION SHEET FROM THE MEETING 14<sup>th</sup> October</b>				
2021/152	<p><b>Bevespi Aerosphere for COPD</b></p> <p>Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review.</p>	DP	Open	14.10.2021
2021/153	<p><b>Trixeo Aerosphere for COPD</b></p> <p>Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review</p>	DP	Open	14.10.2021

2021/154	<b>Ketamine survey results</b>			
	Action – Ketamine for chronic pain current position to be discussed at November LSCMMG meeting.	DP	Open	14.10.2021
	Action - CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored.	DP/DJ	Open	14.10.2021
2021/155	<b>Trurapi (insulin aspart)</b>			
	Trurapi® to be included within diabetes guideline when due for review.	DP	Open	14.10.2021
2021/156	<b>New medicines work plan</b>			
	Trimbow NEXThaler for COPD – await COPD guidance and add a grey RAG rating to web site interim	DP	Open	14.10.2021
	Trimbow MDI for asthma – consider with the updated asthma guidance.	DP	Open	14.10.2021
2021/157	<b>Antipsychotic shared care – update</b>			
	BH and SR to draft paper for presentation at the Mental Health Board.	BH/SR	Open	14.10.2021
	Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting.	LM	Open	14.10.2021
2021/158	<b>Palliative Care LSC Clinical Practice Summary – UPDATE</b>			
	Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN.	AGR	Open	14.10.2021
	<b>Liothyronine RAG status review – second consultation</b>			
	CSU to bring update to November LSCMMG meeting.	CSU	Open	14.10.2021