



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
 Thursday 11.11.2021 (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
Melanie Preston (MP)	Assistant Director of Medicines Optimisation	NHS Fylde Coast CCG's
Helen Sampson (HS)	Senior Medicines Information Pharmacist	NHS Blackpool Teaching Hospitals
Julie Kenyon (JK)	Senior Operating Officer, Primary Care & Medicines Commissioning	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
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2021/171	Welcome & apologies for absence	

	AC welcomed members to the meeting. Apologies have been received from Ana Batista and Vince Goodey. Paul Elwood attended for the first half of the meeting in place of Faye Prescott.	
2021/172	Declaration of any other urgent business None.	
2021/173	Declarations of interest None.	
2021/174	Minutes and action sheet from the last meeting 14th October 2021 The LSCMMG minutes was approved and agreed as a true and accurate record the meeting, the action log was updated during the meeting.	
2021/175	Matters arising (not on the agenda) None.	
NEW MEDICINES REVIEWS		
2021/176	<p>Clonidine 25 mcg tablets for vasomotor symptoms associated with menopause</p> <p>Clonidine 25 mcg tablets for vasomotor symptoms (VMS) associated with menopause was prioritised for review following a request from East Lancashire CCG. An equality impact screen has been carried out which found a potential cross borer issue. Clonidine for vasomotor symptoms associated with menopause does not have a position listed within the GMMMG guideline. Pan Mersey APC have assigned clonidine an “Amber Recommended” RAG status for all indications. This means that a specialist must recommend the use of clonidine. Following specialist assessment, clonidine is suitable for prescribing in Primary Care. Seven CCGs and two provider trusts responded to the consultation. The majority of responding organisations agreed with the Green (restricted) recommendation. DP discussed the evidence is not strong but has been compared to other non-hormonal treatments. Two responding organisations raised queries around Pregabalin or gabapentin as options as some patient’s may refuse treatment with a SSRI. LSCMMG discussed the abuse potential and the effect profile of pregabalin and gabapentin. LSCMMG agreed Clonidine should be a second line treatment option, after consideration of HRT as first line therapy, and agreed the wording needs to be amended and brought back to December’s meeting prior to final agreement. Green (restricted) RAG rating agreed.</p> <p>Action – Clonidine recommendation text to make clear that the drug is a second line treatment option, after consideration of HRT as first line therapy.</p>	DP

2021/177	<p>New medicines work plan</p> <p>The workplan considers the medicines which require the development of policy/formulary position statements.</p> <p>New medicine reviews for December LSCMMG</p> <p>Botulinum Toxin Type A for hyperhidrosis</p> <p>Oral Glycopyrronium for non-Parkinson’s disease patients – it was agreed Palliative Care will be excluded from this review</p> <p>New medicines to be prioritised</p> <p>Semglee – insulin glargine for biosimilar. Agreed forecasting model required and assessment as model for future biosimilar insulin requests</p> <p>Action – Semglee to be added to the new medicine workplan</p>	DP
GUIDELINES and INFORMATION LEAFLET		
2021/178	<p>Zyban and Champix position statement</p> <p>It was requested at the CCG leads meeting that a position statement be developed that contained the detail of the DHSC supply disruption alert 2021/006 (Champix® (varenicline) 0.5mg and 1mg tablets – Supply Disruption). There is concern in the system that there will be pressure on GPs to prescribe Zyban as a direct alternative. The position statement aims to avoid this.</p> <p>LR suggested as pressure is being put on GPs to prescribe as there is currently no prescribers within the smoking cessation service, an explicit statement needs to be included which states GP’s should not be expected to prescribe Zyban, LSCMMG members approved the extra wording and agreed to the position statement following the amendment.</p> <p>Action – Statement to be added to the position statement advising GP’s are not to be expected to prescribe Zyban due to the Champix supply issue.</p>	AGR
2021/179	<p>Overactive bladder guidance</p> <p>Six of eight CCGs, four of five provider trusts responded by the closing date. Three trusts did not support the guidance (ELHT also had a maybe response submitted) the remainder stated that they may support the guideline.</p> <p>There were various comments and ‘maybe’ responses from, mainly, CCGs which LSCMMG agreed required further discussion. Some of the comments from specialists requested removal of the second antimuscarinic trial. However, the group had previously agreed to retain this step, in line with NICE guidance, but allow for further flexibility by GPs. The group were in agreement that still NICE should be followed, as there</p>	

	<p>is insufficient evidence in the literature or presented by the specialists to omit this.</p> <p>Members also agreed that 'maybe' comments should be incorporated within the pathway, that the guideline would be rescheduled to the December LSCMMG meeting for discussion.</p> <p>Action – CCG 'maybe' comments to be included within the Overactive Bladder guidance, pathway to be clarified for consideration and discussion at December LSCMMG meeting.</p>	AGR
2021/180	<p>Erectile dysfunction – update</p> <p>AGR discussed supply issues of Vacuum pumps for erectile dysfunction for Lancashire and South Cumbria patients. Historically previous guidance would advise vacuum pumps are within tariff meaning hospitals would initially supply vacuum pumps. However, there has been some discussion in the patch about the suitability of this part of the guideline.</p> <p>AGR asked the group if LSCMMG should reconsider vacuum pump part of the guideline and expand this to address some of the issues that have been raised. LSCMMG approved the request.</p> <p>Action – AGR to amend Erectile Dysfunction pathway, Vacuum pumps supply.</p>	AGR
2021/181	<p>Oxygen for Cluster Headache</p> <p>Previously members have reviewed the oxygen for cluster headaches pathway (appendix 3) and agreed to commission ambulatory oxygen but were yet to agree a RAG position. A position statement including a Green restricted RAG recommendation was circulated for consultation.</p> <p>Three of eight CCGs and three of five provider trusts responded by the closing date. Two CCGs and two provider trusts supported the position statement, one CCG did not support the position statement, and one provider trust may support the position statement if additional information was considered. Additional responses were received from Morecambe Bay LMC and Lancashire Coastal LMC. Morecambe Bay LMC may support the position statement if additional information is considered, and Lancashire Coastal LMC support the position statement.</p> <p>LSCMMG discussed comments received, which highlight issues with prescribing without a diagnosis but highlighted waiting times for neurology are extensive, due to the comments received members agreed to incorporate specialist comments and bring back to the next meeting for further discussion.</p> <p>Action – Consultation comments to be added, bring back to December meeting for further discussion.</p>	AGR
2021/182	<p>RMOC shared care consultation 5</p> <p>Comments have been shared with RMOC for the below medicines</p>	

	<ul style="list-style-type: none"> • Sulfasalazine – queried point of transfer • Ciclosporin • Methotrexate <p>AGR discussed comments sent to RMOG include off label indications are not defined, and clarity of transfer of care is required. AGR updated RMOG are making improvements as subsequent consultations are developed with a number of LSCMMG comments being incorporated.</p>	
2021/183	<p>Dual RAG ratings on LSCMMG website</p> <p>AGR updated due to the updated LSCMMG website transfer there is now no function to allow dual rag ratings for, Methadone, Naltrexone, Paroxetine and Sertraline.</p> <p>Because of the format of the new website, we were unable to assign two different RAG statuses to individual medicines as an LSCMMG position. The following actions are proposed below to take forward.</p> <ol style="list-style-type: none"> 1. Omit from the website 2. Consult on whether to adopt a Red/Amber or Green/Amber RAG status for each medicine 3. Adopt a Red/Amber or Green/Amber RAG status at this meeting <p>SR suggested Methadone and Naltrexone could be made amber. MP discussed commissioning arrangements and service provider' information would need to be known prior to a decision being made. LSCMMG members agreed commissioning arrangements need to be understand, it was also agreed AGR would check when the last consultation took place to ensure there is not a duplication of consultation. LSCMMG members agreed to share positions with the CSU, it was agreed collated commissioning pathways will be discussed at December' LSCMMG meeting. LSCMMG members agreed the RAG status should be the same across Lancashire and South Cumbria.</p> <p>Action – Localities to feedback current commissioning positions for Methadone, Naltrexone, Paroxetine and Sertraline. To be discussed at December LSCMMG meeting.</p>	AGR
2021/184	<p>Sativex prescribing information sheet</p> <p>DP discussed Sativex has been agreed as an Amber 0 RAG rating drug. DP updated the prescribing information sheet has not been shared for consultation, as this has been previously shared with specialists informally when it previously discussed as a potential shared care drug. The prescribing information sheet to support prescribing of Sativex has been shared with members for review. LSCMMG members have reviewed the prescribing information sheet for adult patients with moderate to severe spasticity due to multiple sclerosis who have not responded adequately to other anti-spasticity medication. LSCMMG approved the position statement.</p>	DP

	<p>Action – Sativex prescribing information sheet to be added to the LSCMMG website.</p>	
2021/185	<p>Antihyperglycaemics guideline – updates</p> <p>The MLCSU have been contacted by a diabetologist requesting an update to the guideline for antihyperglycaemic therapy in adults with type 2 diabetes. The reasons for the request to update the guideline were to align with the updated SPC for dapagliflozin, clarify the use of oral semaglutide and simplify the page relating to insulin prescribing. As the changes to the guideline are updates to align with the SPC or clarifications the recommendations of the guideline have not substantially changed. The changes to the guideline are as follows:</p> <ol style="list-style-type: none"> 1. A warning relating to an interaction between dapagliflozin and pioglitazone increasing risk of bladder cancer has been removed from the guideline as the interaction is no longer stated in the SPC. 2. Dapagliflozin is now also licensed in patients with lower GFRs and the guideline has been changed to reflect this. 3. The guideline has been clarified to demonstrate that oral semaglutide may be a 1st line under circumstances where injectable semaglutide is inappropriate. 4. The insulin page of the guideline has been amended to remove the table of preferred insulin products and incorporate the tabulated products to the guideline <p>FP queried if Semglee biosimilar would be included within the updated guideline, DP discussed this has been added to the new medicine work plan.</p> <p>LSCMMG approved the changes to the Antihyperglycaemics guideline.</p> <p>Action – Antihyperglycaemics guideline to be updated on website</p>	DP
2021/186	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR presented the scheduled work plan and noted menopause has been moved to January 2022. A meeting regarding DMARD shared care has been scheduled and may therefore delay timescales and is on review. Nutritional supplements is a large piece of work and is ongoing, all other updates remain on target.</p> <p>AGR raised East Lancashire Hospital have sent comments regarding the Vitamin D position statement- Updated- NICE COVID Rapid review guideline feedback</p> <ul style="list-style-type: none"> • Title 'Prescribing of Vitamin D for the treatment, maintenance following treatment, prophylaxis of deficiency and insufficiency states and prevention of COVID-19' should be amended as this is not used for the prevention of COVID-19. AGR discussed prevention is within the title as prevention is excluded within the position statement. 	

	<ul style="list-style-type: none"> • There should be a mention on the guideline that supplies of Vitamin D made in the past directly to care homes are not to be continued by GPs; can this be added in despite guideline accepted or do we need to make this clear locally. LR discussed care homes was supplied Vitamin D free of charge via a service, GPs was then asked for continuous supply once free supplies had been used. • It would be better presented in a table with the traffic light status at the end. The supply to care homes issue raised above could be added on point 4. <p>LSCMMG members did not agree the suggested changes.</p> <p>Testosterone Shared care guideline – Traffic light review requested</p> <p>Request for the group to consider an amendment to point 6 in the secondary care responsibilities so that secondary care does not need to supply 3 months of treatment before GPs can take over. As patients now have appointments via telephone, it seems a bit counterproductive to have them then come in to collect a prescription from the hospital.</p> <p>Monitoring and dose adjustments would still be done via the Consultant, but the supply could be passed onto the GP earlier than the minimum 3-month period specified in the guideline.</p> <p>The group agreed to consider the request. AGR to review the testosterone SCG and bring back for consideration at a future meeting.</p>	
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NATIONAL DECISIONS FOR IMPLEMENTATION

<p>2021/187</p>	<p>New NICE Technology Appraisal Guidance for Medicines October 2021</p> <p>AGR discussed NICE technology appraisals published to consider commissioning implications for Lancashire and South Cumbria recommendations.</p> <p>TA733</p> <p>Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia. AGR updated there is cost impact. NICE estimate 13,351 eligible population for Inclisiran. AGR discussed of 13,351 for Lancashire and South Cumbria the prediction is of 160 patients currently receiving on Evolocumab and Alirocumab, and those on statin therapy are receiving the remainder. AGR updated if 10% of patients on statins alone switch to Inclisiran year 5 shows a cost impact of 5.34million factoring in the national contract price. The Year 1 cost of £55 still shows the same cost impact at year 5.</p> <p>The accelerated access collaborative and academic health science network are engaging with CCG leads medicines leads, they are currently looking at supporting the identification of appropriate patients to be switched to Inclisiran. BH discussed there is a need to ensure there is support given to ensure it is only given to appropriate patients. MP</p>	
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	<p>discussed Rukaiya will be the link for the MO cardiac network and asked that updates are fed back to SLOG, to ensure SLOG is sighted on the various pilots and schemes that are ongoing. It was requested by LSCMMG members that a holding position statement is drafted until discussions have taken place with the innovation agency and academic health science network to understand referral initiation criteria. FP is tasking the CSU team to look at active statin reviews when a medication review takes place as patients could be started wrongly when they have not been maximised on a statin, FP discussed an audit would be beneficial. BH suggested CCG teams are integrated within discussions. LSCMMG agreed to draft a holding position for Inclisiran before hosting on the website.</p> <p>Action – AGR to draft NICE TA733 Inclisiran holding position to bring to December meeting.</p>	AGR
2021/188	<p>New NHS England medicines commissioning policies October 2021</p> <p>None for consideration.</p>	
2021/189	<p>Regional Medicines Optimisation Committees - Outputs October 2021</p> <p>DP updated RMOC North: draft guidance for dealing with requests for shared care from private providers, regional consultation was discussed. Consultation has closed for comments. CM noted private GPs are requesting the use of shared care frequently.</p>	
2021/190	<p>Evidence reviews published by SMC or AWMSG October 2021</p> <p>DP discussed guidance published by SMC and AWMSG.</p> <p>SMC2392</p> <p>Midazolam (Ozalin) oral solution is accepted for use within NHSScotland. LSCMMG noted for information.</p> <p>SMC2373</p> <p>Chloroprocaine hydrochloride (Ampres) is accepted for use within NHSScotland. LSCMMG noted for information</p>	
ITEMS FOR INFORMATION		
2021/191	<p>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes October 2021</p> <p>No meeting took place.</p>	
2021/192	<p>Tracking costs of LSMMG Commissioning Positions</p> <p>BH informed members cost impact and cost savings are now being tracked. BH proposed the cost impact is split into Primary care and trust expenditure for clarity. BH asked if members are happy with the cost tracking template and advised if members are happy the template will be regularly updated and brought back every 6 months for an update. SR asked if the national local policy column can separate the NICE TA costs</p>	

	<p>from local commissioning positions, as choice of NICE TA's is limited. LSCMMG members approved the cost tracking template. It was agreed that this would be brought to LSCMMG and the Finance Investment Group 6 monthly.</p> <p>Action – The Cost Tracking Template to be reported to LSCMMG and the Finance Investment Group 6 monthly.</p>	
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Date and time of next meeting

The next meeting will take place on
Thursday 09th December 2021
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
11.11.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11.11.2021
ACTION SHEET FROM THE MEETING 13th August 2020				

2020/091	<p>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p>September 2020 update: BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p>October 2020 update: Action deferred to November.</p> <p>November 2020 update: Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p>April 2021 update: Remains paused.</p> <p>May 2021 update: AC noted discussions took place at the regional clinical cell. AC updated it has been noted RSV will be more prevalent next year. Peter Tinson is currently scoping the quality contract and is looking at a tiered system.</p> <p>June 2021 update: DP to raise Via RMOC as it is felt that a commissioned service is required, to facilitate this nationally would require addition to the Green Book.</p> <p>July 2021 update: JCVI pneumococcal subcommittee contacted; DP awaiting reply.</p> <p>September 2021 update: JCVI response still awaited.</p> <p>October 2021 update: Remain paused.</p> <p>November 2021 update: LSCMMG agreed to remove the action from the action log and will</p>	BH/DP	13.08.2020	Closed
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	await further requests to be raised.			
ACTION SHEET FROM THE MEETING 11th February 2021				
2021/021	<p>Dymista DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.</p> <p>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.</p> <p>March 2021 update: Meeting to be arranged.</p> <p>April 2021 update: LM to enquire if a meeting has been arranged by Sandra Lishman.</p> <p>May 2021 update: Ongoing, meeting to be organised. No new information received.</p> <p>June 2021 update: Ongoing, meeting to be organised.</p> <p>July 2021 update: Ongoing, meeting in diary.</p> <p>September 2021 update: JDC and AC to meet informally.</p> <p>October 2021 update: Meeting to be arranged AC to meet JDC.</p> <p>November 2021 update: Formal meeting to be arranged.</p>	DP	Closed	11.02.2021
		AC	Open	11.02.2021

<p>2021/080</p>	<p>NICE atrial fibrillation guidance</p> <p>NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</p> <p>June 2021 update: DP looking to identify leads in the various trusts.</p> <p>July 2021 update: DP updated on engagement. Blackpool Hospital feel they have implemented the guideline and anticoag service happy to change over. Further detail needed. LTH have responded, nothing yet from ELHT and UHMB. EMIS template in primary care requires an update. LR has TTR data, average TTR is 71% across all settings. Clinical view required across the health economy. Impact needs to be known for finance.</p> <p>LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required.</p> <p>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.</p> <p>October 2021 update: 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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	<p>November 2021 update: Paper being drafted for SLE regarding rising cost of NOACs. Paused due to national rebate expected. If national guidance is not received by the end of November paper to SLE to be drafted.</p>			
ACTION SHEET FROM THE MEETING 08th July 2021				
2021/111	<p>Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication</p> <p>Cost pressures of decisions to be captured and regularly reported to LSCMMG for any new medicines policy positions.</p> <p>September 2021 update: Report has been developed, report to be discussed at October's LSCMMG meeting.</p>	BH/DP	Closed	08.07.2021
	<p>Prescribing information to be developed for Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication.</p> <p>September 2021 update: Prescribing information in the process of being drafted and will be brought back to a subsequent LSCMMG.</p> <p>October 2021 update: Item 2021/163 deferred, agenda item for November.</p> <p>November 2021 update: agenda item for discussion.</p>	DP/AG	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.	CSU	Closed	09.09.2021
	scope of glycopyrronium's use for hypersalivation for other conditions and re consult.	CSU	Closed	09.09.2021
	October 2021 update: 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.			
	November 2021 update: reviewed and circulated for consultation.			
2021/133	OAB guidance – update			
	Guidance wording to be amending to consider a second trial if tolerated.	AGR	Closed	09.09.2021
	Circulate for consultation.	AGR	Closed	09.09.2021
	October 2021 update: Actioned and closed.			
	November 2021 update: Agenda item for discussion			

<p>2021/136</p>	<p>Environmental impact of guidance policy</p> <p>AGR to scope environmental impact for medicines, to be included within the equality impact screen.</p> <p>October 2021 update: 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>November 2021 update: Update expected January 2021</p>	<p>AGR</p>	<p>Open</p>	<p>09.09.2021</p>
<p>2021/138</p>	<p>Supplements post bariatric surgery – update</p> <p>Supplements post bariatric surgery consultation to be circulated.</p> <p>October 2021 update: To be circulated end of October 2021.</p> <p>November 2021 update: Circulated for consultation.</p>	<p>AGR</p>	<p>Closed</p>	<p>09.09.2021</p>

<p>2021/140</p>	<p>Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure</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>October 2021 update: 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> <p>November 2021 update: contacted consultants will include sacubitril/valsartan in review. Ongoing.</p>	<p>All</p>	<p>Open</p>	<p>09.09.2021</p>
<p>ACTION SHEET FROM THE MEETING 14th October</p>				
<p>2021/152</p>	<p>Bevespi Aerosphere for COPD</p> <p>Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review.</p> <p>November 2021 update: actioned and closed.</p>	<p>DP</p>	<p>Closed</p>	<p>14.10.2021</p>

2021/153	<p>Triexo Aerosphere for COPD Statement to be added to the LSCMMG website, noting a Grey RAG rating and place in therapy under review</p> <p>November 2021 update: Actioned and closed.</p>	DP	Closed	14.10.2021
2021/154	<p>Ketamine survey results</p> <p>Ketamine for chronic pain current position to be discussed at November LSCMMG meeting.</p> <p>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.</p> <p>November 2021 update: DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG.</p>	DP	Closed	14.10.2021
		DP/DJ	Open	14.10.2021
2021/155	<p>Trurapi (insulin aspart)</p> <p>Trurapi® to be included within diabetes guideline when due for review.</p> <p>November 2021 update: Actioned and closed.</p>	DP	Closed	14.10.2021
2021/156	<p>New medicines work plan</p> <p>Trimbow NEXThaler for COPD – await COPD guidance and add a Grey RAG rating to web site in interim</p> <p>Trimbow MDI for asthma – consider with the updated asthma guidance.</p> <p>November 2021 update: Ongoing.</p>	DP	Open	14.10.2021
		DP	Open	14.10.2021

<p>2021/157</p>	<p>Antipsychotic shared care – update</p> <p>BH and SR to draft paper for presentation at the Mental Health Board.</p> <p>Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting.</p> <p>November 2021 update: SR met with BH and CM, engaged with colleagues in GM, working with GM to pull together a paper.</p>	<p>BH/SR</p> <p>LM</p>	<p>Open</p> <p>Open</p>	<p>14.10.2021</p> <p>14.10.2021</p>
<p>2021/158</p>	<p>Palliative Care LSC Clinical Practice Summary – UPDATE</p> <p>Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN.</p> <p>November 2021 update: LSCMMG have been asked to amend trans dermal patches section to include Buprenorphine as extra treatment option. LSCMMG agreed there is a need to check the evidence prior to inclusion. AGR will review the evidence.</p> <p>Request from palliative care consultants to add a list of palliative care drugs with a rag status, separate page/directory for palliative care drugs to make more accessible. LR suggested linking in with commissioners to assist with the directory.</p>	<p>AGR</p>	<p>Open</p>	<p>14.10.2021</p>

	<p>Liothyronine RAG status review – second consultation</p> <p>CSU to bring update to November LSCMMG meeting.</p> <p>November 2021 update: Meeting to be arranged with Primary care, endocrinologist's and medicines management to finalise RAG positions.</p> <p>TOR for liothyronine meeting to be developed.</p>	CSU	Open	14.10.2021
ACTION SHEET FROM THE MEETING 11th November				
2021/176	<p>New Medicine Review Clonidine 25 mcg tablets for vasomotor symptoms associated with menopause</p> <p>Clonidine recommendation text to make clear that the drug is a second line treatment option, after consideration of HRT as first line therapy.</p>	DP	Open	11.11.2021
2021/177	<p>New Medicine Workplan</p> <p>Semglee to be added to the new medicine workplan</p>	DP	Open	11.11.2021
2021/178	<p>Zyban and Champix position statement</p> <p>Statement to be added to the position statement advising GPs are not to be expected to prescribe Zyban due to the Champix supply issue.</p>	AGR	Open	11.11.2021
2021/179	<p>Overactive bladder guidance</p> <p>CCG 'maybe' comments to be included within the Overactive Bladder guidance, pathway to be clarified for consideration and discussion at December LSCMMG meeting.</p>	AGR	Open	11.11.2021
2021/080	<p>Erectile dysfunction – update</p> <p>AGR to amend Erectile Dysfunction pathway, Vacuum pumps supply.</p>	AGR	Open	11.11.2021

2021/181	Oxygen for Cluster Headache Specialist consultation comments to be added, bring back to December meeting for further discussion.	AGR	Open	11.11.2021
2021/183	Dual RAG ratings on LSCMMG website Localities to feedback current commissioning positions for Methadone, Naltrexone, Paroxetine and Sertraline. To be discussed at December LSCMMG meeting.	AGR	Open	11.11.2021
2021/184	Sativex prescribing information sheet Sativex prescribing information sheet to be added to the LSCMMG website.	DP	Open	11.11.2021
2021/185	Antihyperglycaemics guideline – updates Antihyperglycaemics guideline to be updated on website.	DP	Open	11.11.2021
2021/187	New NICE Technology Appraisal Guidance for Medicines October 2021 AGR to draft NICE TA733 Inclisiran holding position.	AGR	Open	11.11.2021