Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 09.12.2021 (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
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
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire 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
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Judith Argall (JA)	Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Mohammed Ahmad (MA)	Pharmacist	NHS Blackpool Teaching Hospitals

	SUMMARY OF DISCUSSION	ACTION
2021/193	**Welcome & apologies for absence** AC welcomed members to the meeting. Apologies have been received from Rebecca bond; Mohammed Ahamad attended on Rebecca's behalf. David Jones also sent apologies; Judith Argall attended on David's behalf.	

2021/194	**Declaration of any other urgent business** None.	
2021/195	**Declarations of interest** None.	
2021/196	**Minutes and action sheet from the last meeting 11th November 2021** The minutes was agreed as a true representation of the meeting. The action log was updated during the meeting.	
2021/197	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2021/198	**Oral Glycopyrronium - treatment of hypersalivation in adults and children** Following the review of glycopyrronium bromide in patients with hypersalivation in Parkinson's disease at the September 2021 meeting, the LSCMMG requested that glycopyrronium use in other indications be considered. Due to the limited availability of clinical evidence a review summary rather than a full review was conducted in October 2021 and was sent out for consultation with responses to be received by 1st December 2021. The draft recommendation was Amber0. An equality and impact screen has been carried out which highlights in the 12 months between Sep 2020 – Aug 2021, approximately £460,000 was spent on prescriptions for glycopyrronium bromide oral preparations. No additional issues considered in the patient cohorts of the review. Cross border screening shows Glycopyrronium bromide has a "Green" RAG classification for the treatment of hypersalivation in adults in Pan Mersey APC meaning it is considered suitable for non-specialist prescribing in primary and secondary care. In GMMMG, glycopyrronium bromide oral solution has a "Green" RAG following specialist initiation for treatment of severe sialorrhea in adults and children with neurological conditions and hypersalivation following assessment by a specialist experienced in the treatment of patients with neurological conditions. Four of eight CCGs and one of four provider trusts responded by the closing date. All responding organisations supported the recommendation. Additionally, the Lancashire and South Cumbria Medical Committees responded and supported the recommendation. Responding organisations commented that glycopyrronium may be considered as a second line option following the use of hyoscine and that	

	the definition of short term use should be stated as well as an appropriate review period. MP agreed with Amber 0 proposal, DP asked the group if worthwhile specifying product costs, FP queried if there was a specific product that could be added to formulary, DP confirmed this could be included with narrative stating the use of the most cost effective product. BH suggested a review of usage and current costs and bring back to the next meeting, LSCMMG agreed with BH request. **Action –latest three month costs and usage data for oral glycopyrronium to be discussed at January LSCMMG meeting.**	**DP**
2021/199	**Botulinum Toxin Type A for hyperhidrosis** Botulinum Toxin Type A for treatment of primary idiopathic hyperhidrosis and secondary hyperhidrosis was prioritised for review following requests from CCGs to clarify the exceptions within the LSCMMG cosmetic procedures position for Botulinum Toxin Type A. DP discussed there is a need for a consistent position. DP reported cost of administration and anaesthesia is not incorporated into this. Impact on dermatology services needs considering in light of current pressures. Cross border issues found The Pan Mersey APC recommends no more than two treatment sessions per year of Botulinum Toxin Type A Injection by specialists for the treatment of severe axillary hyperhidrosis that has not responded to treatment with topical antiperspirants or other antihidrotic treatment, as a potential alternative to surgery (RAG rated red). The Greater Manchester Medicines Management Group (GMMMG) recommends the use of Botulinum toxin for the following forms of hyperhidrosis, with specific initiation and continuation criteria for each condition: • Severe primary hyperhidrosis of the axillae • Severe primary palmar or plantar hyperhidrosis • Severe primary craniofacial hyperhidrosis • Frey's syndrome Recommendation: RED for the following indications: • As an option for the management of severe primary idiopathic hyperhidrosis of the axillae, which does not respond to self-care strategies and topical treatment with 20% aluminium chloride antiperspirant (minimum 6 weeks), and where the cause is not due to social anxiety disorder. • As an option for the management of severe secondary hyperhidrosis of the axillae, which does not respond to self-care strategies and topical treatment with 20% aluminium chloride antiperspirant (minimum 6 weeks), where the cause is not due to social anxiety disorder, and where the primary condition has been optimally managed as far as reasonable to alleviate the hyperhidrosis. LSCMMG discussed the received responses as some responses did not support the Red RAG recommendation. MP noted there is limited evidence for use in some categories of patients and noted the place in therapy	

	needs to be considered. FP suggested that a self-care policy would be useful to support, CM discussed additional supporting information could alleviate clinician concerns. BH updated following attendance at the policy group meeting, clinician feedback indicated that clear advice on initial interventions for patients would enable appropriate interventions in the primary care setting before referral was considered. BH queried with the group the potential implications of stipulating the number of interventions a patient could receive, the group agreed that this would need further consideration if such restrictions were agreed. LSCMMG members agreed self-care information is to be included for GP's. **Action – LSCMMG to consider implications of adopting a defined number of treatments to support capacity within trusts and bring back proposal to January LSCMMG meeting.** **Action – Self-care information to be included within the cosmetic procedures guideline**	**BH** **AGR/DP**
2021/200	**New medicines work plan** The workplan considers the medicines which require the development of policy / formulary position statements New medicine reviews for December LSCMMG • Testosterone has been circulated for consultation DP updated for aducanumab that the CHMP of European Medicines Agency have issued an opinion that aducanumab should not be approved but is awaiting EMA decision. New Medicines to be prioritised • Fulvestrant fourth line endocrine therapy for breast cancer, where patients have progressed following treatment with all other endocrine options. Helen Potter has asked for a meeting regarding fulvestrant, DP will contact Helen Potter. DP stated that there was a late request for a review of the Easychamber spacer device and asked the group if there should be a review for all spacer inhalers. MP suggested a conversation with the respiratory network would be useful prior to making a decision as this links in with guideline work which is ongoing. **Action – MP to feedback respiratory Network comments regarding Easychamber and spacer review.**	**MP**
GUIDELINES and INFORMATION LEAFLET		
2021/201	**Overactive bladder guidance** AGR updated the maybe comments receive from the consultation have now been included for consider, LSCMMG members were asked to review	

	the changes made and consider whether they support the draft in its current form or if this should be amended prior to recommendations to CCGs. The case has been made that omitting the second trial of antimuscarinic is typical practice across the UK. Five examples have been forwarded; these are: Oxfordshire CCG Kent ICS NHS Highlands Doncaster CCG Norfolk and Waveney CCG. However, the following areas have been found that have retained the requirement for a second trial of an antimuscarinic before commencing mirabegron: GMMMG Nottinghamshire APC West Essex CCG NHS Mid and South Essex Health and Care Partnership NHS Derbyshire Joint APC York and Scarborough Medicines Commissioning Committee Hull and East Riding Prescribing Committee Leeds Area Prescribing Committee North Central London Joint Formulary Committee Herefordshire and Worcestershire Medicines and Prescribing Committee Bath and North East Somerset, Swindon, and Wiltshire CCG Wirral CCG LSCMMG members discussed and agreed this would satisfy NICE and accepted the overactive bladder guidance.	
2021/202	**DMARD stable definition** A meeting was held with Morecambe Bay LMC and Morecambe Bay CCG to discuss changes to the DMARD shared care documents. The changes requested were to add further clarification for GPs, particularly when dose adjustments, medication restarts and transfer of responsibility from secondary care is required. It should be noted that updates to the DMARD shared care guidance are scheduled on the work plan to incorporate recently updated BSR guidance. A copy of revised sections have been shared with the group for discussion. SR commented it is unclear if the changed will be circulated for consultation. AGR discussed if the group happy to include the additional comments this will be consulted on as part of the wider DMARD work. AS reported the additional comments have been sent to the rheumatology lead pharmacist within UHMB, comments sent to AS advise a re-referral is not always appropriate. AS agreed, to forward the comments to AGR for information.	

	LSCMMG agreed to share the DMARD stable definition with services for comments which are to be fed back at January LSCMMG meeting. AGR informed members the Rheumatology Alliance will be sent the changes for comments and agreed. LSCMMG agreed if the received comments from the Rheumatology Alliance are minor, they will be circulated for consultation, if comments are significant a further discussion will be required. **Action - DMARD stable definition to be shared with RA Alliance and additional comments to be fed back to AGR.**	**All/AGR**
2021/203	**Dapagliflozin for T1 DM – TA 597 withdrawal** AGR discussed NICE have withdrawn NICE TA 597 based on the license being amended for dapagliflozin. AGR updated the CSU have added an entry to the LSCMMG website as Black due to the TA being withdrawn and the rationale unknown. Information from the manufacturer has since been received stating the indication for the treatment of type 1 diabetes (T1D) has been removed from the Summary of Product Characteristics for Forxiga 5 mg (dapagliflozin) in the UK. This decision follows discussions with the Medicines and Healthcare products Regulatory Agency (MHRA) for Great Britain and the European Medicines Agency for Northern Ireland regarding product information changes needed post-approval for dapagliflozin 5 mg specific to T1D, which may cause confusion among physicians treating patients with type 2 diabetes, heart failure with reduced ejection fraction, or chronic kidney disease.2 This decision was not due to any new safety or efficacy concerns in T1D, or any other indication. AGR asked LSCMMG members if the entry is to have an amended RAG position or be removed from the LSCMMG website. LSCMMG agreed to remove the NICE TA 597 from the website. LR noted within EL a news bulletin has been circulated which includes safety alerts, LR agreed to share the safety bulletin for information as dapagliflozin is referenced. **Action – NICE TA 597 to be removed from the LSCMMG website** **Action – LR to share the news safety bulletin with LSCMMG members**	**AGR** **LR**
2021/204	**RMOC shared care consultation 6** AGR updated the group is asked to consider the similarities and differences between the RMOC draft shared care documents and the current LSCMMG documents. It is expected that the group would want to submit a joint consultation response. Below Is the list of medicines for comment. Comments agreed to be shared by the end of the meeting. • Leflunomide • Mercaptopurine • Hydroxycarbamide **Action – Comments to be received by the end of the LSCMMG meeting.**	**All**

2021/205	**Dual RAG ratings on LSCMMG website** Below the following entries have a dual RAG rating assigned from the old LSCMMG website: Methadone for Opioid dependence Naltrexone for Opioid dependence Paroxetine for Premature ejaculation Sertraline for Premature ejaculation Because of the format of the new website, the CSU were unable to assign two different RAG statuses to individual medicines as an LSCMMG position. At the November meeting, LSCMMG members agreed commissioning arrangements need to be understood, it was also agreed that it would be determined when the last consultation took place to ensure there is not a duplication of consultation. LSCMMG members agreed the RAG status should be the same across Lancashire and South Cumbria. LR noted there will be differences historically as per local commissioning pathways. MP reviewed the RAG list and noted issues and queried if this was due to amalgamation of CCG's. The CCG leads agreed to sense check anomalies with current RAG status and agreed to review the RAG rating definitions. It was agreed a statement is required for those medicines with a Red RAG status where primary care clinicians agree a specialist can prescribe. LSCMMG members discussed periodic RAG reviews have been paused due to vaccine roll out priority, LSCMMG members agreed to keep the periodic reviews paused. **Action – CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR**	**CCG Leads**
2021/206	**Oxygen for cluster headache – update** At the November meeting, LSCMMG discussed the consultation 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**.** Specialist comments have been added to the position statement for discussion. MP queried the clinicians locally asked how to access specialist advice and asked if this is via advice and guidance. AC is unclear if advice and guidance has been rolled out across all areas. MP asked what the timescales would be for referrals being sent to neurology given capacity issues within neurology. FP discussed for use respiratory teams assess patients for use carry out home visit assessments and queried if commissioners need to be engaged with and queried if this information is to be included within the guideline to minimise risk, LSMMG members agreed. SR noted neurology capacity is to be taken into consideration. AC agreed and noted engaging with the neurology service could reduce waiting times for patients.	**AGR**

	Action - AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches.	
2021/207	**Inclisiran TA 733 position statement** The accelerated access collaborative and academic health science network are engaging with CCG medicines leads and are currently looking at supporting the identification of appropriate patients to be switched to Inclisiran. The group were clear that there is a need to ensure there is support given to ensure it is only given to appropriate patients. 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. The position statement will focus on statin reviews and define what maximised statin therapy is. At the previous meeting it was requested that the holding statement would be completed before the Inclisiran TA entry would be put on the entry. However, as the TA had a 30-day implementation period it was necessary to add this to the website pending the statement. However, the statement makes it clear that the RAG status is: 'Approval at LSCMMG pending local LSC position statement'. LR discussed information has been published and circulated from the RCGP and BMA sent to clinicians. LR discussed there is caution being shown by clinicians with Inclisiran. MP noted this is not a holding statement and commented local cardiologists have concern with the use of Inclisiran. MP suggested RC sets up a group to develop proposals to take forward. FP commented as Inclisiran has been mandated as Green a holding position may not be of use. BH agreed as a 30 day NICE TA a holding position was difficult due to the 30 day uptake. AC discussed if there is narrative to be cautious this can be included within the position statement, LSCMMG agreed to incorporate RCGP comments. MP updated the innovation agency/AHSN will be engaging with PCN's and agreed context is developed for PCN's and prescribers. AGR will link in with RC to understand cardiologist views of Inclisiran. **Action – AGR to update position statement to reference RCGP comments.** **Action – AGR to contact RC to discuss cardiologist comments.**	**AGR** **AGR**
2021/208	**Paediatric pathways including medicines recommendations** LR updated anomalies was highlighted for accessing steroids and discussed various pathways and patient information leaflets have been developed which includes dexamethasone and prednisolone for the use in Primary Care to reduce hospital admissions. LR discussed the pathways have not yet been shared as they are to be agreed for Lancashire and South Cumbria. MP advised has asked the CYP lead to share the pathways and will review and feedback comments. FP asked as an interim approach until ICB/ICB policies are in place, is it worth consideration to	

	engage with clinicians to advise if there is any medicines work being undertaken this should be received via LSCMMG to ensure LSCMMG is sighted. AC discussed there is good links with Cardiology and respiratory and acknowledged there is a need for that golden thread. LR will link into paediatrics to ensure there is a link for medicine colleagues.	
2021/209	**Insulin biosimilars** DP discussed the available data demonstrates that uptake of insulin biosimilars is lower than for other biosimilars and is variable across the local health economy. As insulin biosimilars can provide cost savings to the NHS without compromising safety and/or efficacy, it is important to encourage appropriate use across Lancashire and South Cumbria. National guidance from both the ABCD and Diabetes UK advocates initiating biosimilars in newly diagnosed type 1 patients and considering switching patients on existing products when they require a review due to poor control. In both these cases prescribing of biosimilar insulin should be made by clinical teams with training, expertise, and experience in treating people with diabetes. This guidance could equally apply to any patient requiring insulin therapy due to an absence or near absence of insulin (e.g. type 2 patients, cystic fibrosis related diabetes). The current pricing of insulin products also demonstrates that the greatest saving from increased biosimilar insulin uptake is available from the insulin aspart biosimilar Trurapi If 100% of Novorapid pens and cartridges were switched to Trurapi, approximately £470,000 of savings could be generated annually. DP asked if there should be a position statement to support statements to encourage prescribing of insulin biosimilars in newly diagnosed patients and/or poorly controlled patients at review who require insulin agreed. AC commented there would not be a requirement for a position statement, but to note LSCMMG support the positions of ABCD and Diabetes UK at time of review.	
2021/210	**Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction** DP reported that Sacubitril / Valsartan links to the Heart Failure guideline and noted there is the potential for patients to be discharged into the community with little supporting guidance for primary care prescribers. One CCG has recently fed back safety concerns relating to monitoring of patients (particular high-risk patients e.g., patients with poor renal function), and requests for initiation of sacubitril / valsartan in primary care following a recommendation / letter from a specialist. It therefore requested that the process of initiation and monitoring be clarified by the LSCMMG to ensure that initiation and monitoring is conducted by the most appropriate team member. NICE recommends that treatment with sacubitril / valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team and dose titration / monitoring should be performed by the most appropriate team member (not clearly defined by NICE). Neighbouring regions stipulate that heart failure teams or GPSi	

	retain prescribing during dose titration and until the patient is stabilised on the optimum dose (for example, for a minimum of 3 months). This aligns with a position statement produced by The North West Coast Strategic Clinical Network. LSCMMG discussed the proposed options. LSCMMG agreed to liaise with RC to link into the cardiac network and bring back a proposal. **Action – DP to engage with RC to discuss Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction with the cardiac network.**	**DP**
2021/211	**LSCMMG – Guidelines Work Plan update** AGR discussed the guidelines workplan. It was discussed some dates have been changed due as per LSCMMG prioritisation. The CSU has requested changes to the website regarding palliative care documents such as position statements and guidelines, to be added by therapeutic area. AGR discussed any changes and costs will be brought back to LSCMMG.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/212	**New NICE Technology Appraisal Guidance for Medicines November 2021** **TA744** Upadacitinib for treating moderate rheumatoid arthritis, NICE expect no impact as other treatment options available. A Blueteq form will be added to the LSCMMG website.	
2021/213	**New NHS England medicines commissioning policies November 2021** None for consideration.	
2021/214	**Regional Medicines Optimisation Committees - Outputs November 2021** None for consideration.	
2021/215	**Evidence reviews published by SMC or AWMSG November 2021** LSCMMG are asked to note bimekizumab (Bimzelx) for treating moderate to severe plaque psoriasis, no action is required as covered by NICE TA723.	
ITEMS FOR INFORMATION		
2021/216	**Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes November 2021**	

	The minutes are awaiting ratification and will be circulated following ratification.	
2021/217	**Immunosuppressants** BH updated this has been discussed at the CCG leads meeting and relates to repatriation of immunosuppressants and noted there are still ongoing cases. BH has engaged with a pharmacist in Leeds that supports the service, they are in the process of repatriating for renal transplant patients but advised of funding issues with NHS England for liver transplant patients. BH has drafted a letter and asked members for the most appropriate addressee. LSCMMG approved the content of the letter. It was agreed the letter will be sent to Helen Potter and Paul McManus. BH asked if members have comments, they are received by 16th December as the letter will be sent by the 25th December. **Action – comments regarding the letter to Helen Potter and Paul McManus to be sent to BH.**	
	AOB FP raised there is a private provider offering bariatric surgery, requesting GP's prescribe post discharge medicines. CM will liaise with FP directly.	

Date and time of next meeting

The next meeting will take place on

Thursday 13th January 2021

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
09.12.2021

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 09.12.2021
ACTION SHEET FROM THE MEETING 11th February 2021				
2021/021	**Dymista** DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG. AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran. **March 2021 update:** Meeting to be arranged. **April 2021 update**: LM to enquire if a meeting has been arranged by Sandra Lishman. **May 2021 update:** Ongoing, meeting to be organised. No new information received. **June 2021 update:** Ongoing, meeting to be organised. **July 2021 update**: Ongoing, meeting in diary. **September 2021 update:** JDC and AC to meet informally. **October 2021 update:** Meeting to be arranged AC to meet JDC. **November 2021 update:** Formal meeting to be arranged. **December 2021 update:** Meeting is booked for the 13th December. Update to follow.	**DP** **AC**	**Closed** **Open**	**11.02.2021** **11.02.2021**

2021/080	**NICE atrial fibrillation guidance** NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline. **June 2021 update:** DP looking to identify leads in the various trusts. **July 2021 update:** DP updated on engagement. Blackpool Hospital feel they have implemented the guideline and anticoag service happy to change over. Further detail needed. LTH have responded, nothing yet from ELHT and UHMB. EMIS template in primary care requires an update. LR has TTR data, average TTR is 71% across all settings. Clinical view required across the health economy. Impact needs to be known for finance. LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required. **September 2021 update:** BH and AC agreed to develop a paper to discuss at SLE for an ICS approach. Cost of drug growth is to be scoped. **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. SLE paper started to be drafted, become aware of national discussions on NOACs. May be a national rebate being published. Agreed to await publication. To be reviewed at the November meeting to see if timescales have been identified.	**DP/BH**	**Open**	**13.05.2021**

	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. **December 2021 update:** National procurement information has been circulated. In the documents circulated those estimated cost savings will be reviewed. BH will link in with CCG's regarding rebate. Guidance will be updated in line with new NICE guideline. If there are colleagues who wish to be involved in this review please send names to DP. RC was nominated as a representative.			
2021/136	**Environmental impact of guidance policy** AGR to scope environmental impact for medicines, to be included within the equality impact screen. **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. **November 2021 update:** Update expected January 2021. **December 2021 update:** Update expected January 2021.	**AGR**	**Open**	**09.09.2021**

2021/140	**Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure** Organisations to discuss use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure, MDT and HbA1c monitoring. Feedback at October LSCMMG meeting. **October 2021 update:** Two responses received, both in agreement. Suggestion: "In T2DM, adjustments to the diabetes treatment should be in coordination with the diabetes MDT." changed to "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)." Suggestion to be shared with diabetes group **November 2021 update:** contacted consultants will include sacubitril/valsartan in review. Ongoing. **December 2021 update:** Agenda item for discussion.	**All**	**Closed**	**09.09.2021**
ACTION SHEET FROM THE MEETING 14th October				

2021/154	**Ketamine survey results** Ketamine for chronic pain current position to be discussed at November LSCMMG meeting. 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. **November 2021 update:** DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG. **December 2021 update:** Ongoing awaiting feedback	**DP** **DP/DJ**	**Closed** **Open**	**14.10.2021** **14.10.2021**
2021/156	**New medicines work plan** Trimbow NEXThaler for COPD – await COPD guidance and add a Grey RAG rating to web site in interim Trimbow MDI for asthma – consider with the updated asthma guidance. **November 2021 update:** Ongoing. **December 2021 update:** Added to the workplan.	**DP** **DP**	**Closed** **Closed**	**14.10.2021** **14.10.2021**

2021/157	**Antipsychotic shared care – update** BH and SR to draft paper for presentation at the Mental Health Board. Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting. **November 2021 update:** SR met with BH and CM, engaged with colleagues in GM, working with GM to pull together a paper. **December 2021 update:** Waiting for paper from GM. SR will look to get the paper updated. Bring back to subsequent LSCMMG meeting.	**BH/SR** **LM**	**Open** **Open**	**14.10.2021** **14.10.2021**
2021/158	**Palliative Care LSC Clinical Practice Summary – UPDATE** Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN. **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. 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. **December 2021 update:** proposal sent to design team; funding approved by JH. Waiting for a meeting to determine the format with the digital team.	**AGR**	**Open**	**14.10.2021**

	Liothyronine RAG status review – second consultation CSU to bring update to November LSCMMG meeting. **November 2021 update:** Meeting to be arranged with Primary care, endocrinologist's and medicines management to finalise RAG positions. TOR for liothyronine meeting to be developed. **December 2021 update:** 20th January hold the date circulated.	**CSU**	**Open**	**14.10.2021**
ACTION SHEET FROM THE MEETING 11th November				
2021/176	**New Medicine Review Clonidine 25 mcg tablets for vasomotor symptoms associated with menopause** Clonidine recommendation text to make clear that the drug is a second line treatment option, after consideration of HRT as first line therapy. **December 2021 update:** The order of treatment should be brought back to LSCMMG meeting. Use HRT first line, clonidine as second option. Update and take to SCC for approval.	**DP**	**Closed**	**11.11.2021**
2021/177	**New Medicine Workplan** Semglee to be added to the new medicine workplan **December 2021 update:** Actioned and closed.	**DP**	**Closed**	**11.11.2021**

2021/178	**Zyban and Champix position statement** Statement to be added to the position statement advising GPs are not to be expected to prescribe Zyban due to the Champix supply issue. **December 2021 update:** Actioned and closed.	**AGR**	**Closed**	**11.11.2021**
2021/179	**Overactive bladder guidance** CCG 'maybe' comments to be included within the Overactive Bladder guidance, pathway to be clarified for consideration and discussion at December LSCMMG meeting. **December 2021 update:** Agenda item for discussion.	**AGR**	**Closed**	**11.11.2021**
2021/080	**Erectile dysfunction – update** AGR to amend Erectile Dysfunction pathway, Vacuum pumps supply. **December 2021 update:** Added to the workplan.	**AGR**	**Closed**	**11.11.2021**
2021/181	**Oxygen for Cluster Headache** Specialist consultation comments to be added, bring back to December meeting for further discussion. **December 2021 update:** Agenda item for discussion.	**AGR**	**Closed**	**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.: **December 2021 update:** Agenda item for discussion.	**AGR**	**Closed**	**11.11.2021**

2021/184	**Sativex prescribing information sheet** Sativex prescribing information sheet to be added to the LSCMMG website. **December 2021 update**: Added and closed.	**DP**	**Closed**	**11.11.2021**
2021/185	**Antihyperglycaemics guideline – updates** Antihyperglycaemics guideline to be updated on website. **December 2021 update**: Added and closed.	**DP**	**Closed**	**11.11.2021**
2021/187	**New NICE Technology Appraisal Guidance for Medicines October 2021** AGR to draft NICE TA733 Inclisiran holding position. **December 2021 update**: Agenda item for discussion.	**AGR**	**Closed**	**11.11.2021**
ACTION SHEET FROM THE MEETING 09th December 2021				
2021/198	**Oral Glycopyrronium - treatment of hypersalivation in adults and children** Latest three month costs and usage data for oral glycopyrronium to be discussed at January LSCMMG meeting.	**DP**	**Open**	**09.12.2021**
2021/199	**Botulinum Toxin Type A for hyperhidrosis** LSCMMG to consider implications of adopting a defined number of treatments to support capacity within trusts and bring back proposal to January LSCMMG meeting. Self-care information to be included within the cosmetic procedures guideline	**BH** **AGR/DP**	**Open** **Open**	**09.12.2021** **09.12.2021**
2021/200	**New medicines work plan** MP to feedback respiratory Network comments regarding Easychamber and spacer review	**MP**	**Open**	**09.12.2021**

2021/202	**DMARD stable definition** DMARD stable definition to be shared with RA Alliance and additional comments to be fed back to AGR.	**ALL/AGR**	**Open**	**09.12.2021**
2021/203	**Dapagliflozin for T1 DM – TA 597 withdrawal** NICE TA 597 to be removed from the LSCMMG website LR to share the news safety bulletin with LSCMMG members	**AGR** **LR**	**Open** **Open**	**09.12.2021** **09.12.2021**
2021/204	**RMOC shared care consultation 6** Comments to be received by the end of the LSCMMG meeting.	**All**	**Open**	**09.12.2021**
2021/205	**Dual RAG ratings on LSCMMG website** CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR	**CCG leads**	**Open**	**09.12.2021**
2021/206	**Oxygen for cluster headache – update** AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches.	**AGR**	**Open**	**09.12.2021**
2021/207	**Inclisiran TA 733 position statement** AGR to update position statement to reference RCGP comments. AGR to contact RC to discuss cardiologist comments.	**AGR** **AGR**	**Open** **Open**	**09.12.2021** **09.12.2021**
2021/210	**Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction** DP to engage with RC to discuss Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction with the cardiac network.	**DP**	**Open**	**09.12.2021**

2021/217	**Immunosuppressants** Comments regarding the letter to Helen Potter and Paul McManus to be sent to BH by 16th December.	**All**	**Open**	**09.12.2021**