

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting  
Held on Thursday 9<sup>th</sup> January 2020 Jubilee House**

**PRESENT:**

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospital Trust
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool & Fylde and Wyre CCG

**IN ATTENDANCE:**

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Tara Gallagher (TG)	Lead Pharmacist	NHS Lancashire and South Cumbria Foundation Trust
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Linzi Moorcroft(LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2020/001	<p><b>Welcome &amp; apologies for absence</b></p> <p>Attendance noted above. Apologies were received from Alastair Gibson, Nicola Baxter and Sonia Ramdour.</p>	
2020/002	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2020/003	<p><b>Declarations of interest</b></p> <p>None.</p>	
2020/004	<p><b>Minutes and action sheet from the last meeting 12<sup>th</sup> December 2019</b></p> <p>BH discussed December LSCMMG minutes and reported no RAG status should be assigned to nabilone. The rationale being that typically a RAG status would only be assigned to a medicine presented to the LSCMMG that has: been reviewed as part of a new medicines review following an application from a clinician, recommended in an LSCMMG approved guideline or following the publication of a NICE TA. As NICE NG144 is not mandatory and has not been adopted as an LSCMMG guideline there is no requirement to formally adopt the use of nabilone locally. LSCMMG agreed to amend the minutes to reflect this.</p> <p><b><u>Cannabis Based Medicinal Products</u></b></p> <p>AGR discussed an addendum to the agenda – cannabis-based medicinal products (CBMP) prescribing arrangements. NICE NG 144 defines Sativex as a CBMP but is excluded from the requirement for specialist initiation and continuation because it is a licensed medicinal product. AGR reported that a letter was circulated by the Department of Health and NHSE/I on 20<sup>th</sup> December 2019 states that specialist doctors must decide whether it is clinically appropriate to prescribe a CBMP. An associated set of FAQs published by NHSE/I states that due to the limited evidence base and their unlicensed nature, prescribing of cannabis-based products for medicinal use is restricted to only those clinicians listed on the Specialist Register of the General Medical Council. Therefore, this would imply that licensed CBMPs are not restricted.</p> <p>AGR continued, the FAQs also state that: ‘the law requires that these products be supplied under either the prescription or direction of a clinician on the General Medical Council’s Specialist Register’. With reference to shared-care NHSE/I state: ‘whilst it is possible for a GP to continue prescribing legally, it is advised that all prescriptions will need to be initiated and signed by a specialist doctor’. MP discussed the specialist register could be a grey area and sought further clarification regarding initiation, AC suggested that letters are sent on behalf of LSCMMG to NHS England/Improvement and NICE for further clarification regarding initiation of prescribing Sativex. BH suggested this would be a good opportunity for Dr Shakespeare to add comments prior to the letter being drafted.</p> <p><b>Action – Letters to be sent to NICE and NHS England/Improvement to clarify initiation of Sativex prescribing</b></p>	<p><b>AGR/AC</b></p>

2020/005	<p><b>Matters arising (not on the agenda)</b></p> <p>AC discussed his recent attendance at an MSK event with AGR. AC reported the conference was very useful and advised the MSK group are currently carrying out a pain pathway mapping exercise. AC noted this would free up LSCMMG members to look specifically at medicine's elements, AGR will be involved with the MSK conference group going forwards.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2020/006	<p><b>Octreotide and Lanreotide in secretory gastrointestinal disorders</b></p> <p>DP updated an EIRA screen has been carried out which highlights potential Innovation, Need and Equity issues. Enterocutaneous fistula, high output stoma and refractory diarrhoea represent a range of conditions causing important clinical problems which may adversely affect a patient's quality of life. When secretory outputs are still high despite the use of other treatments, somatostatin analogues are additional treatment options to support the management of these conditions. DP stated that Financial implications have been calculated based on a monthly cost for 2 patients, depending on dose, between £356 to £1,606 equivalent to an annual cost for 2 patients of between £4,342 to £19,514.</p> <p>Should prescribers wish to prescribe long-acting preparations of octreotide the costs are calculated Monthly, for 2 patients independent of dose = £1,196, equivalent to an annual cost of £23,962.</p> <p>DP stated that octreotide and lanreotide are not licensed for this indication and there is not a large body of evidence to support this unlicensed use. Patients should be reviewed within 4 weeks of initiation of somatostatin analogues. Continuation of treatment should only be recommended if clinicians judge that patients have derived a meaningful response from somatostatin treatment (reduced stoma output, stool volume and progression towards closure of fistulas). All consultation responses agreed to a proposed Red RAG status. BH and AGR reported a Blueteq form for short term use (to be set at 8 weeks review) and long-term indications (6 months review period) will be created and added to the Lancashire Blueteq system.</p> <p><b>Action – Blueteq forms to be created for long-term (6 months) and short-term (8 weeks) use for Octreotide and Lanreotide pending approval at JCCCG.</b></p>	AGR
2020/007	<p><b>Oscillating Positive Expiratory Pressure Devices for Non – Cystic Fibrosis Bronchiectasis</b></p> <p>DP noted an EIRA screen has been completed and highlights potential cross border issues, Pan Mersey list oscillating positive expiratory pressure devices in their formulary with an AI RAG rating, meaning treatment should not be initiated by GPs or other non-specialists.</p>	

	<p>Prescribing to be continued by the specialist until stabilisation of the dose is achieved and the patient has been reviewed.</p> <p>Oscillating positive expiratory pressure devices are not listed in the GMMMG formulary.</p> <p>DP outlined the evidence base for the use of Oscillating Positive Expiratory Pressure Devices, DP advised there was no long-term evidence and discussed the studies available provide a low quality of supporting evidence. Black was the original recommendation due to insufficient, good quality evidence to support the use of oscillating positive expiratory pressure (OPEP) devices over other airways clearance techniques (ACTs) currently used for the treatment of non- cystic fibrosis bronchiectasis.</p> <p>All the individual studies involve small numbers of patients and no significant difference in clinical effectiveness was found for the OPEP devices over other ACTs. LSCMMG consultation responses unanimously agreed with the Black RAG rating. LSCMMG supported the Black RAG status.</p> <p><b>Actions</b></p> <p><b>LSCMMG website to be updated following ratification of the decision at JCCCG.</b></p>	<p>DP</p>
<p>2020/008</p>	<p><b>Oxygen Therapy for the treatment of Cluster Headaches</b></p> <p>DP stated that the request had been received from Morecambe Bay CCG where the treatment was requested from a specialist neurology service which highlighted the lack of RAG rating in this indication. An EIRA screen has been completed which highlighted potential cross border issues due to Pan Mersey listing oxygen as Green for cluster headache but note that Prescribing of oxygen requires completion of a Home Oxygen Order Form (HOOF) by specialist.</p> <p>The Greater Manchester EUR Policy Statement on Headache Disorders details the use of oxygen for cluster headache. Also highlighted was potential service impact issues as consultation responses indicate a level of specialist knowledge may be needed to initiate oxygen therapy and the practicalities of supply will need to be addressed. CM raised there could be a financial risk as GP's would be required to use a (HOOF).</p> <p>LSCMMG discussed the consultation responses, most respondents agreed to the proposed RAG ratings Green – for temporary supply pending a specialist review. Red - for ambulatory oxygen equipment in addition to any Long-Term Oxygen Therapy (LTOT) Equipment. Two respondents suggested a Black RAG rating for temporary use as their clinicians thought that the diagnosis of cluster headache was quite specialised and did not agree with GPs initiating whilst awaiting diagnosis.</p> <p>The group also noted that the North West guideline for primary care includes the use of oxygen for cluster headaches but is not clear who initiates. CM raised GPs may not have the appropriate information to prescribe oxygen and queried if flow rates would be known. The appropriate RAG rating for the initial use was discussed widely. LSCMMG members discussed, if patients have historically been prescribed oxygen</p>	

	<p>by a specialist which advises flow rates and the GP feels confident to prescribe this could potentially be re-started by a GP.</p> <p>LSCMMG agreed to the Red RAG rating for long term use. For the short-term use of oxygen in patients with a confirmed diagnosis and previously on specialist-initiated oxygen, it was agreed that a GP can prescribe if they feel they have enough information. It was agreed that it will remain Grey until further guidance is drafted for February's meeting.</p> <p><b>Action – Oxygen Therapy for the treatment of Cluster Headaches to be an agenda item at February's meeting</b></p>	<b>LM</b>
2020/009	<p><b>Agomelatine 25 mg Tablets (Valdoxan®) For the Treatment of Major Depressive Episodes in Adults</b></p> <p>DP discussed an EIRA screen has been completed and highlighted potential financial risk, DP reported the anticipated patient numbers are small although agomelatine is more expensive than comparator antidepressants. The following risks have also been identified: amending the RAG status for agomelatine may result in an increased workload (LSCFT monitoring and prescribing) for either primary or secondary care services depending on the RAG classification. Agomelatine is not currently recommended by Greater Manchester Medicines Management Group or Pan Mersey APC. Approving the use of agomelatine in Lancashire and South Cumbria may lead to local equity issues.</p> <p>DP confirmed that agomelatine was previously reviewed by the LSCMMG in July 2019. At this point, the RAG rating was not determined as the number of patients potentially affected by an LSCMMG decision was not known and alignment with LSCFT prescribing policies had not been established. On gathering additional information, LSCMMG agreed that the new medicine review should be re-circulated with a proposed Amber 0 RAG rating. DP stated that most responses disagreed with the draft proposed RAG rating. TG reported LSCFT would find the use of Agomelatine 25 mg Tablets beneficial for a small cohort of patients. AC queried if such a small cohort would warrant an Amber Zero RAG status and noted such small numbers are difficult to define. LR advised Pennine Lancashire complete a prior approval form and do not add to formulary for such small cohorts requiring certain medicines. LSCMMG agreed to a Red RAG status with prior approval as a last line pharmacological agent. Long term use is to be considered at GP discretion and to continue if patient is stable and clinically appropriate. It was agreed the CSU will work with LSCFT.</p> <p><b>Actions</b></p> <p><b>LSCMMG website to updated following ratification of the decision at JCCCG.</b></p>	<b>DP</b>
2020/010	<p><b>New Medicines Workplan</b></p> <p>DP discussed the current new medicine workplan.</p> <p>February 2020 new medicine reviews will take place for:</p>	

	<ul style="list-style-type: none"> <li>• Octreotide/Lanreotide POTS</li> <li>• Nortriptyline neuropathic Pain</li> </ul> <p><b>Medicines for Prioritisation discussed</b></p> <ul style="list-style-type: none"> <li>• Rifamixin small intestinal bacterial overgrowth, this has been requested by consultant gastroenterologist East Lancashire Hospital Trust.</li> <li>• Pregabalin generalised anxiety disorder, this has been requested by consultant psychiatrist at Lancashire South Cumbria NHS Foundation Trust.</li> <li>• Quinagolide Hyperprolactinaemia, this has been requested by GP, Chorley and South Ribble CCG. DP discussed further clarity for this request is required and will contact the GP for further information.</li> </ul> <p>Medicines prioritised for new medicines reviews - for future LSCMMG meeting remain as;</p> <ul style="list-style-type: none"> <li>• Ketamine</li> <li>• Voke nicotine inhaler – DP reported this is currently on hold</li> <li>• VACO cast diabetic</li> <li>• Shingles vaccination</li> <li>• Diboterminalfa (InductOs®)</li> <li>• Pneumococcal and Haemophilus type b / Meningococcal group C vaccines</li> </ul> <p>LCSMMG members agreed the new medicines workplan.</p>	
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**GUIDELINES and INFORMATION LEAFLET**

2020/011	<p><b>LSCMMG website – update</b></p> <p>AGR provided an update to the group. The new LSCMMG website should go live Friday 17<sup>th</sup> January 2020. AGR discussed the 24-hour transfer process prior to transition to the new website will mean the KPI to upload all LSCMMG content approved by the Thursday following LSCMMG will not be met.</p> <p>AGR stated any relevant actions from January’s meeting will be added to the new website on the go live date. LSCMMG agreed to the delay.</p> <p>AGR highlighted that there is currently no website entry on the LSCMMG website for warfarin in atrial fibrillation and recommended that this should be added as its use is in line with usual clinical practice. The group approved the addition of warfarin for AF, referencing the LSCMMG AF guideline.</p> <p><b>Actions</b></p> <p><b>Warfarin for AF to added to the website.</b></p>	<p><b>AGR</b></p>
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2020/012	<p><b>Dementia medicines information sheet</b></p> <p>AGR stated that at the February meeting of the LSCMMG it was confirmed that LCFT would be taking the lead on updating the dementia information prescribing sheet. The group were informed that the information sheet was to be updated in line with NICE guidance. The guidance was updated in May 2019 and was sent out for consultation. It was then agreed at the July meeting of the LSCMMG that a consultation would take place to understand how patients with dementia should be managed in Lancashire and South Cumbria, particularly whether primary or secondary care is better placed to commence treatment with memantine for patients already receiving an acetylcholinesterase inhibitor. It was agreed that this consultation would take place before any further guidance is approved.</p> <p>AGR reported the information sheet was then presented July's LSCMMG and advised this was deferred pending consultation review. All changes have now been highlighted within the Dementia Medicines information sheet to reflect the outcome of the second consultation with the incorporation of contact details for the Memory Assessment Service (MAS) clinics in each locality and also reflects NICE updates. TG noted the inclusion of the contact details for MAS service and thanked AGR.</p> <p>In summary, most of the respondents were in favour of memantine being initiated in primary care for patients already receiving an acetylcholinesterase inhibitor without further advice from a specialist.</p> <p>LSCMMG approved the dementia medicines prescribing information sheet.</p> <p><b>Action</b></p> <p><b>Dementia medicines information sheet to be uploaded to the website.</b></p>	AGR
2020/013	<p><b>Blood Glucose Testing Strips guidance</b></p> <p>DP reported the publication of the updated NHS England guidance Items which should not routinely be prescribed in primary care in June 2019, LSCMMG agreed for the CSU to scope guidance for the use of blood glucose testing strips and needles for pre-filled insulin pens. LSCMMG members were contacted to establish whether there is any existing guidance or policies listing preferred products.</p> <p>DP discussed the purpose of the paper is to bring together the formularies and determine as a region if one guideline can be established and rolled out across Lancashire and South Cumbria.</p> <p>MP highlighted this may be a challenge as the meters are different for type 1 and type 2 diabetes, it was also noted there is meter variations for other CCG areas and reported West Lancashire follow Pan Mersey's Guideline. MP concluded there is also differences for Blackpool CCG and Fylde and Wyre CCG. It was agreed that as work is already ongoing at ICP level, this would better sit remaining at ICP level rather than ICS level which would cause duplication.</p>	

2020/014	<p><b>Riluzole PIL</b></p> <p>AGR told the group that the riluzole SCG was updated and approved at the June meeting of the LSCMMG. The riluzole PIL has subsequently been updated.</p> <p>AGR discussed very minor amendments have been made to the riluzole PIL and have been highlighted within the paper. A full consultation was not considered necessary as the information used to update the PIL had already been approved by the LSCMMG (riluzole SCG).</p> <p>The changes to the Riluzole PIL include additional side effects being added and updating the NHS website address. LSCMMG approved the changes.</p> <p><b>Action</b></p> <p><b>Riluzole PIL sheet to be uploaded to the website.</b></p>	AGR
2020/015	<p><b>Asthma treatment guideline for children</b></p> <p>DP advised an EIRA screen has been completed which highlights potential cross border issues as Pan Mersey and Greater Manchester use guidelines that will contain differences and therefore cross border patients may be impacted by the guideline.</p> <p>DP reported that the hub medicines management team worked with a group of clinicians and associated HCPS from across the region to develop the Paediatric Asthma Guideline for Lancashire and South Cumbria.</p> <p>DP stated that two responses have been received, East Lancashire CCG have advised they have their own guideline and would not implement this guideline, Fylde and Wyre have some further queries which require clarification.</p> <p>BH suggested the CSU work with the Fylde Coast CCGs to address the queries, it was agreed that if the queries are minimal the Asthma Treatment Guideline for children can be approved, however should the queries be significant further discussion is required at a future LSCMMG meeting.</p> <p><b>Action</b></p> <p>If the Fylde Coast queries, are minimal the Asthma Treatment Guideline for children will be approved and added to the LSCMMG website, however, should the queries be significant further discussion will take place at a future LSCMMG meeting.</p>	
2020/016	<p><b>NICE TA607 (rivaroxaban and aspirin) request from Pan Mersey to contact NICE</b></p> <p>AGR reported the CSU hub team has been contacted by Anne Henshaw, professional secretary of Pan Mersey APC.</p> <p>Pan Mersey APC has agreed to implement NICE TA 607, but the group had significant concerns over both the breadth and lack of clarity within the</p>	

	<p>NICE recommendation. The Mersey APC also felt that the NICE cost estimates were underestimated. The Mersey APC felt that if additional APCs contacted NICE then it would be more likely these issues will be revisited.</p> <p>BH stated that as MLCSU are in the process of engaging with the cardiologists on other matters it may be beneficial to use this forum to discuss the uptake of NICE TA 607. LSCMMG agreed to note the letter and agreed to take the issue of uptake forward with the cardiologists.</p> <p><b>Action</b></p> <p><b>MLCSU hub team to liaise with cardiology regarding the uptake defined in NICE TA607.</b></p>	<p><b>DP/AGR</b></p>
<p>2020/017</p>	<p><b>Use of Melatonin in Children and Adolescents</b></p> <p>DP reported an EIRA screen has been completed which shows a potential financial risk. If the £29,997 currently spent on liquid formulations of melatonin over the last 12-month period in Lancashire and South Cumbria was prescribed as the new licensed product, the cost would be £108,229.</p> <p>£496,094 was spent on tablet/capsule formulations of melatonin over a 12-month period in Lancashire and South Cumbria. If the equivalent quantity of Slenyto was dispensed, the cost would be £1,225,475. If the spend on tablets and capsules of melatonin £376,789 was for Circadin. If those prescribed Circadin were switched to Slenyto, the cost would rise to £1,219,556.</p> <p>DP discussed Slenyto was subject to a new medicine assessment and the financial impact of two products licensed for the treatment of jet lag were considered. Slenyto was assigned an Amber 0 RAG status, however, the LSCMMG agreed that the status would not be implemented until updated prescribing information was produced. DP reported the costs are unclear for patients with ASD. DJ noted the late circulation of papers does not allow opportunity for health economies to review papers and provide adequate feedback. BH acknowledged the paper was late being circulated and as a result that group members may want to defer decisions to the February meeting.</p> <p>LSCMMG currently have the following recommendations for melatonin:</p> <ul style="list-style-type: none"> <li>• <b>Amber 0</b> - Children and adults with learning disabilities (LD) and neurodevelopmental disorders</li> <li>• <b>Black</b> - Adults with ADHD (new initiation and patients already established on treatment)</li> <li>• <b>Black (Circadin)</b> - Insomnia in those over 55 (short term use only)</li> <li>• <b>Red</b> - New initiation of melatonin in children with ADHD</li> <li>• Refer to local commissioning arrangements for ongoing review and supply- Management of sleep disorders in children with ADHD already established on melatonin</li> </ul> <p>TG asked if LSCMMG could consider an Amber 0 RAG status for melatonin in children and adolescent with neurodevelopmental disorder or</p>	

	<p>learning disability and a Red RAG status for new initiation. TG raised concern that ADHD can be considered a neurodevelopmental disorder and queried if having a different RAG status for ADHD and neurodevelopmental disorders would be inequitable.</p> <p>AC concluded as the paper was circulated late LSCMMG members should be asked to discuss with further their respective organisations and present additional feedback at the February's meeting.</p> <p><b>Action - Use of Melatonin in Children and Adolescents to be an agenda item at February's LSCMMG meeting</b></p>	<b>LM</b>
2020/018	<p><b>Guidelines Workplan</b></p> <p>AGR discussed the guideline workplan is on schedule.</p> <p>AGR reported a letter has been received from the North West Medicines Safety Officer Network regarding a serious incident which has taken place following the incorrect dose of vitamin D being prescribed. The North West Safety Officer has asked that prescribers consider the implications of and management of vitamin D deficiency. LSCMMG acknowledged the letter and agreed the CSU will review the Vitamin D guideline.</p> <p><b>Action – CSU to review the Vitamin D deficiency guideline</b></p>	<b>AGR</b>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2020/019	<p><b>New NICE Technology Appraisal Guidance for Medicines December 2019</b></p> <p>AGR advised there is no CCG commissioned Nice Technology appraisals, however asked LSMMG if they felt it would be appropriate to add NICE TA614 Cannabidiol with clobazam for treating seizures associated with Dravet syndrome and NICE TA615 Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome to the LSCMMG website for information purposes. LSCMMG agreed that both NICE TA's should feature on the LSCMMG website for information.</p>	
2020/020	<p><b>New NHS England medicines commissioning policies</b></p> <p>No relevant policies to discuss.</p>	
2020/021	<p><b>Regional Medicines Optimisation Committees - Outputs December 2019</b></p> <p>Item deferred, to be discussed at February's meeting.</p>	
2020/022	<p><b>Evidence reviews published by SMC or AWMSG December 2019</b></p> <p>Item deferred, to be discussed at February's meeting.</p>	

ITEMS FOR INFORMATION		
2020/023	<p><b>Lancashire and South Cumbria NHS FT Drug and Therapeutic Committee minutes.</b></p> <p>No meeting took place in December 2019.</p>	

<p><b>Date and time of the next meeting</b>  13<sup>th</sup> February 2020 9.30 am to 11.30 am, Cooper Clarke, Jubilee House, Leyland, Lancashire</p>
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**ACTION SHEET FROM THE  
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP  
2020**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 09 <sup>th</sup> January 2020
<b>ACTION SHEET FROM THE MEETING 11<sup>TH</sup> July</b>				
2019/127	<p><b>Slenyto (melatonin)</b></p> <p>Joint CSU and LCFT working in terms of producing generic information on melatonin.</p> <p>Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto</p> <p>CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LSCMMG meeting including the jet lag indication.</p> <p>Potential cost implications of each recommendation to be brought to next meeting.</p> <p><b>September 2019 Update:</b>  Meeting to take place in 1 week, update to the October meeting.</p> <p><b>October 2019 update:</b></p>	DP/LCFT	11.07.2019	Closed



2019/142	<p><b>NHS England Low Priority Prescribing Commissioning Guidance</b></p> <p>CSU to email LSCMMG members to scope which trust's use i.e. Ketone blood glucose testing strips and needles.</p> <p><b>September 2019 update:</b> Work on Blood Glucose Testing strips is starting in the EL Health Economy. MLCSU to work with ELMMB to look to produce LSCMMG guidance.</p> <p><b>October 2019 update:</b> Deferred to a following LSCMMG meeting.</p> <p><b>November 2019 update:</b> MLCSU to chase up responses. Summary to be brought back to December LSCMMG meeting.</p> <p><b>December 2019 update:</b> Responses in the process of being collated. Deferred to January's meeting.</p> <p><b>January 2020 update:</b> Agenda item for discussion</p>	CSU	11.07.2019	Closed
		CSU	14.11.2019	Closed

**ACTION SHEET FROM THE MEETING 10th October**

<p><b>2019/182</b></p>	<p><b>Antipsychotic shared-care – update</b></p> <p>CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT.</p> <p>All to consider what the definition of ‘stable’ means for a patient on antipsychotic medication and feed back to CSU MMT.</p> <p>All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT.</p> <p><b>November 2019 update:</b> what happens in practice proforma to be circulated</p> <p><b>December 2019 update:</b> Proforma to be circulated to members, agreed to defer this action.</p> <p><b>January 2020 update:</b> Pro forma has been drafted and is to be circulated.</p>	<p><b>AGR / CCGs / provider Trusts</b></p>	<p><b>10.10.2019</b></p>	<p><b>Open</b></p>
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**ACTION SHEET FROM THE MEETING 14<sup>th</sup> November 2019**

2019/212	<p><b>Briefing Paper for Healthier Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG's) update</b></p> <p>NICE TA / OTC Policy and Rheumatoid Arthritis High Cost Drug Pathway to be taken through CCG ratification processes.</p> <p><b>December 2019 update:</b> Communicated via CCG mechanism.</p> <p>Cariprazine to go to the January 2020 JCCCG for ratification.</p> <p><b>December 2019 update:</b> To be discussed at January JCCCG meeting.</p> <p><b>January 2020 update:</b> Cariprazine is being presented at Joint Committee 9<sup>th</sup> January 2020. Email with outcome to follow.</p>	CSU	14.11.2019	Closed
		CSU	14.11.2019	Open
<b>ACTION SHEET FROM THE MEETING 12<sup>th</sup> DECEMBER 2019</b>				
2019/216	<p><b>Minutes from 15<sup>th</sup> November 2019</b></p> <p>RMOC item - amendment to remove "appear to" from the following statement</p> <p>LCSMMG agreed that the RMOC document does not <b>appear to</b> offer sufficient additional evidence to provide a basis for amending the current decision made by the LCSMMG. Sodium oxybate will retain a 'Black' RAG status in Lancashire and South Cumbria. The LCSMMG agreed that ROC document does not appear to offer sufficient additional evidence.</p> <p><b>January 2020 update:</b> Minutes amended and uploaded to the LCSMMG website.</p>	LM	12.12.2019	Closed



<b>2019/219</b>	<p><b>Octreotide Lanreotide New Medicines Assessment</b></p> <p>The new medicines review to be added to the LSCMMG website with a Red RAG rating.</p> <p><b>January update 2020:</b> to be discussed at Joint Committee 09<sup>th</sup> January 2020.</p>	<b>DP</b>	<b>12.12.19</b>	<b>Closed</b>
	<p>Specialists who have submitted IFRs in the last 12 months to be informed of the group's decision.</p> <p><b>January update 2020:</b> to be discussed at Joint Committee 09<sup>th</sup> January 2020.</p>	<b>DP / IFR</b>	<b>12.12.19</b>	<b>Open</b>
	<p>Activity data to be reviewed by the group in 6 months' time.</p> <p><b>January 2020 update:</b> Remain on action log for review timescale purposes.</p>	<b>AGR</b>	<b>12.12.19</b>	<b>Open</b>
<b>2019/220</b>	<p><b>Cyanocobalamin tablets New Medicines Assessment</b></p> <p>LSCMMG approved the Black RAG Status with the addition of a statement making it clear that patients who require treatment of more complex conditions may be considered an exception to the policy.</p> <p><b>January 2020 update:</b> Due to be presented at Joint Committee 09<sup>th</sup> January 2020.</p>	<b>DP</b>	<b>12.12.19</b>	<b>Closed</b>

<p><b>2019/221</b></p>	<p><b>Azathioprine for treatment of Myasthenia Gravis New Medicines Assessment</b></p> <p>LSCMMG approved an Amber 1 RAG rating. The current shared care document will be amended to include the new indication and will be brought back to a future LSCMMG meeting for approval.</p> <p><b>January 2020 update:</b> Due to be presented at Joint Committee 09<sup>th</sup> January 2020.</p>	<p><b>AGR</b></p>	<p><b>12.12.19</b></p>	<p><b>Closed</b></p>
<p><b>2019/223</b></p>	<p><b>Homely remedies template policy</b></p> <p>A meeting to be organised with Simon Hill, CQC, to discuss the homely remedies template policy.</p> <p>CM to liaise with the Care Home Forum and feedback to AG</p> <p><b>January 2020 update:</b> Actions ongoing.</p>	<p><b>CM/AGR</b></p>	<p><b>12.12.2019</b></p>	<p><b>Open</b></p>
<p><b>2019/225</b></p>	<p><b>LSCMMG RAG rating review – update</b></p> <p>BH to contact Paul Hopley to gain approval of attendance at the Mental Health Improvement Board meeting.</p> <p><b>January 2020 update:</b> BH in the process of meeting with Paul.</p>	<p><b>BH</b></p>	<p><b>12.12.2019</b></p>	<p><b>Open</b></p>

2019/226	<p><b>Cannabis-based medicinal products – update</b></p> <p>Chronic pain indication to be updated on the LSCMMG website with a Black RAG Rating.</p> <p><b>January 2020 update:</b> Position statement has been updated on the LSCMMG website</p> <p>The specialist from LTH to be contacted to understand how often patients with pain are reviewed to assess the clinical appropriateness.</p> <p>The specialist from LTH to be contacted to understand how they have developed experience in patients with spasticity in conditions other than MS.</p> <p><b>January 2020 update:</b> Patients are reviewed every 6 months if stable. LTH specialist to complete application form for non-MS.</p> <p>Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.</p>	AGR	12.12.2019	Closed
		DJ	12.12.2019	Closed
		AGR	12.12.2019	Open
2019/228	<p><b>Guidelines Workplan</b></p> <p>MLCSU to meet with the LMC to discuss the gender Dysphoria guideline.</p> <p><b>January 2020 update:</b> A meeting has been arranged and scheduled for 10<sup>th</sup> January 2020.</p>	AGR	12.12.2019	Open
<b>ACTION SHEET FROM THE MEETING 9<sup>TH</sup> JANUARY 2020</b>				
2020/004	<p><b>Minutes and action sheet from the last meeting 12<sup>th</sup> December 2019</b></p> <p>Letters to be sent to NICE and NHS England/Improvement to clarify initiation of Sativex prescribing</p>	AGR	09.01.2020	Open

<b>2020/006</b>	<b>Octreotide and Lanreotide in secretory gastrointestinal disorders</b>  Blueteq form to be created for long-term (6 months) and short-term (8 weeks) use for Octreotide and Lanreotide.	<b>AGR</b>	<b>09.01.2020</b>	<b>Open</b>
<b>2020/008</b>	<b>Oxygen Therapy for the treatment of Cluster Headaches</b>  Oxygen Therapy for the treatment of Cluster Headaches to be an agenda item at February's meeting.	<b>LM</b>	<b>09.01.2020</b>	<b>Open</b>
<b>2020/016</b>	<b>NICE TA607 (rivaroxaban and aspirin) request from Pan Mersey to contact NICE</b>  MLCSU hub team to liaise with cardiology regarding the uptake defined in NICE TA607.	<b>DP</b>	<b>09.01.2020</b>	<b>Open</b>
<b>2020/017</b>	<b>Use of Melatonin in Children and Adolescents</b>  Use of Melatonin in Children and Adolescents to be an agenda item at February's LSCMMG meeting.	<b>LM</b>	<b>09.01.2020</b>	<b>Open</b>
<b>2020/018</b>	<b>Guidelines Workplan</b>  CSU to review the Vitamin D deficiency guideline.	<b>CSU</b>	<b>09.01.2020</b>	<b>Open</b>