

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Held on Thursday 9th July 2020 via Microsoft Teams**

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
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
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool and Fylde and Wyre CCG's
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Judith Argall (JA)	Lead Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2020/063	Welcome & apologies for absence Attendance noted above. Apologies received from David Prayle, Sonia Ramdour, Julie Kenyon and Linzi Moorcroft.	

	Catherine Harding was present on behalf of Sonia Ramdour.	
2020/064	Declaration of any other urgent business None.	
2020/065	Declarations of interest None.	
2020/066	Minutes and action sheet from the last meeting 12th March 2020 The minutes was agreed as accurate and signed off as the final version.	
2020/067	Matters arising (not on the agenda) FP requested that LSCMMG agree to producing clearer guidance for GPs to follow in Lancashire and South Cumbria for managing transgender patients. AGR stated that the group had already produced a set of gender dysphoria guidelines but that it would be appropriate to review the content, particularly in relation to bridging therapy. BH highlighted that Gareth Wallace is contacting Gender GP regarding the advice from 'Gender GP' and the content provided on their website. Action – AGR to contact Gareth Wallis regarding gender GP clinics.	AGR
NEW MEDICINES REVIEWS		
2020/068	Rifaximin as second line antibacterial treatment for the treatment of Small Intestinal Bacterial Overgrowth BH reported an Equality Impact Screen has been carried out. The Screen identified possible financial issues. The treatment costs more than the antibiotics normally used however the number of patients eligible for treatment remains unclear. BH discussed possible service implications as there is potential for reduced primary care appointments for treatment & reduced hospital outpatient follow-up. BH also discussed cross borders issues as pan Mersey and GMMMG do not have a position on this treatment for Rifaximin. BH advised Rifaximin has been requested as second line antibacterial treatment for the treatment of Small Intestinal Bacterial Overgrowth. BH discussed all consultation responses were in broad agreement for a Red RAG rating. BH stated that the East Lancashire Health economy response was Red. However, secondary care consultants in East Lancashire supported an Amber 0 RAG rating. AC asked for clarification if this is a 7-day course prescription, BH confirmed it is a 7-day course for this indication. Discussions took place if an audit would be worthwhile given this would be used for a small cohort of patients. LSCMMG agreed a Red RAG rating and discussed this would be reviewed in the future if more evidence becomes available, it was noted that it would be likely that an audit would be required if there was a request to change to an Amber RAG rating in	

	<p>future. AC concluded this should be for clinicians to decide which line this treatment is used for.</p> <p>Action – LSCMMG to be updated with a Red RAG rating</p>	<p>BH</p>
<p>2020/069</p>	<p>Linezolid RAG status change request</p> <p>BH reported that a request to change the RAG status of Linezolid for the treatment of pneumonia and complicated skin and soft tissue infections had been received on the recommendation of a microbiologist.</p> <p>BH advised an equality impact Screen has been carried out. BH noted there are no significant service impact issues, but the paper highlights clinicians will be allowed to treat patients in the community setting. However careful co-ordination of antimicrobial results and recommendations from a Microbiologist will be essential for successful treatment with linezolid in the community.</p> <p>Cross border issues were noted Pan Mersey APC classifies up to 14-day use of linezolid as Amber Recommended, for patients not admitted to hospital, meaning it requires specialist assessment and recommendation to GP to prescribe in Primary Care. The drug must be recommended by a microbiologist only. Pan Mersey APC classifies linezolid as Red for use over 14 days and where a patient has been admitted to hospital. Greater Manchester Medicines Management Group classifies linezolid as Red.</p> <p>BH noted the costings. The usual dose of linezolid in adults for the treatment of pneumonia or complicated skin and soft tissue infections is 600mg twice daily for 10 to 14 days. The Drug Tariff lists linezolid at a cost of £327.24 for 5 days treatment (10 tablets). MP highlighted the cost would be double that stated in the paper.</p> <p>BH stated that the majority of responses were in favour of an Amber 0 RAG rating, although a Red RAG rating was suggested by some organisations due to the monitoring requirements.</p> <p>BH noted that some GPs highlighted in their consultation responses that they did not feel that this drug was suitable for prescribing in primary care and other options for community supply should be considered. MP asked for clarification if significant monitoring would be required. BH advised that the product license specifies weekly monitoring.</p> <p>AC highlighted that the monitoring requirements need to be fully understood, it was highlighted that GP capacity is currently stretched due to COVID 19.</p> <p>LSCMMG agreed to an Amber 0 RAG rating providing the monitoring requirements and processes are fully understood. LR agreed to share the monitoring requirements and how this is managed locally in East Lancashire. AC discussed virtual clinics are being discussed at the next Strategic Leadership Oversight Group (SLOG) meeting, BH discussed the two elements of virtual clinics being discussed further at SLOG are reviewing RAG statuses and medicines supply post virtual clinics.</p> <p>Action – LSCMMG to be updated with an Amber 0 RAG rating.</p>	<p>BH</p>

<p>2020/070</p>	<p>LSCMMG New Medicines Workplan</p> <p>BH and LSCMMG members discussed the New medicine work plan and following medicines to be considered for prioritisation:</p> <p>Domperidone This has been requested from the Breast-feeding network as they wish to include Domperidone guidance within their guidelines. LSCMMG members agreed to prioritise for review.</p> <p>Omeprazole Liquid Request for use in children as an alternative to extemporaneously prepared products. BH discussed there is a licensed product available in Tariff. CM and DJ discussed work is ongoing locally and advised the issue which raised the request has since been resolved. This was not prioritised for review.</p> <p>Rituximab Request for use in nephrotic conditions to prevent progression to dialysis or as an alternative to other immune suppressants. BH will engage with LTH and the specialist as further detail of the request is required. Rituximab will be discussed at the next LSCMMG meeting.</p> <p>Dermatonix once heel balm Treatment of callused, anhidrotic, fissured and hard foot skins in patients with Diabetes and High risk of ulceration. BH will engage with Fylde and Wyre CCG and bring back to the next LSCMMG meeting.</p> <p>Medicines on hold 1.Quinagolide – this was picked up under 2020/052, no further action required. 2.Sterimar – this as been added to the “Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy”, agenda item 2020/084, no further action required.</p> <p>Action – new medicines workplan to be updated.</p>	<p>BH</p>
-----------------	--	-----------

GUIDELINES and INFORMATION LEAFLET

<p>2020/071</p>	<p>Psoriasis: LSCMMG Biologic and High Cost Drug Commissioning Pathway</p> <p>BH stated that an equality impact screen has been carried out. This has highlighted there may be a potential financial impact of allowing additional lines of therapy however this is anticipated to be minimal. Cross border issues have also been found, The Pan Mersey and Greater Manchester psoriasis guidelines differ from the proposed Lancashire update, however the proposed update will be similar to the Greater Manchester guideline, which is the guideline mainly used in Salford Royal NHS Foundation Trust, the tertiary centre to which the majority of Lancashire and South Cumbria patients are referred. Legal issues also include The Regional Medicines Optimisation Committee Advisory Statement on the sequential use of biologic medicines which contains a legal opinion which has been taken into account in the updated guideline.</p>	
-----------------	--	--

	<p>The proposed update to the Psoriasis High Cost Drug Commissioning Pathway was initiated following discussions with the Dermatology Department of Salford Royal NHS Foundation Trust and also was initiated in response to a Regional Medicines Optimisation Committee Advisory Statement on the sequential use of biologic medicines.</p> <p>BH discussed the consultation responses, Six of eight CCGs and one of the five Lancashire provider trusts responded by the closing date. Additionally, the consultation was circulated to Salford Royal NHS Foundation Trust who also provided a response. All respondents either supported the proposed update in its current form or expressed general support for the update. LSCMMG approved the Psoriasis High Cost Drug Commissioning Pathway.</p> <p>BH discussed that Salford Royal NHS Foundation Trust highlighted in their consultation response about the capacity challenges that they are facing completing all IFR requests. Salford requested that this activity is completed by local clinicians. AC discussed that Salford Royal will need to approach local clinicians directly, on a case by case basis to ascertain if they would be happy to carry out IFR requests on their behalf.</p> <p>Action – LSCMMG website to be updated.</p> <p>Action – Blueteq forms for the new pathway to be completed</p>	<p>BH</p> <p>AGR</p>
<p>2020/072</p>	<p>Assessing suitability for strong opioid use pathway</p> <p>AGR advised an Equality impact screen has been carried out, no issues have been identified for discussion.</p> <p>AGR discussed the current non-cancer pain guideline was scheduled for review and a working group was formed to conduct a complete review of the content and focus of the guideline. It was agreed that an opioid specific guideline would be the most clinically useful in Lancashire and South Cumbria. However, it was noted that additional content to support the non-pharmacological management of patients with pain should also be made available to prescribers. A section of the LSCMMG website has been created to host additional pain management resources that can be accessed directly by patients and clinicians.</p> <p>AGR discussed the majority of consultation responses were in agreement with the opioid use pathway after some minor amendments have been incorporated. LR discussed East Lancashire disagreed as they have currently developed a dose reduction opioid pathway and have been working locally on strong opioid use. It was agreed that it would be useful to consider the inclusion of opioid reduction regimes in the resources that are made available on the LSCMMG website and to make reference to local opioid withdrawal pathways where available in the pathway..</p> <p>LSCMMG approved the pathway once the agreed changes have been added.</p>	<p>AGR</p>

	<p>Action – AGR to consider the inclusion of opioid reduction guidance in the resources that are made available on the LSCMMG website and reference to local opioid withdrawal pathways to be included in the document. Links in document to be updated.</p>	
2020/073	<p>Dapagliflozin prescriber information sheet</p> <p>AGR discussed an Equality impact screen has been carried, no issues have been highlighted.</p> <p>AGR reported NICE TA 597 (Dapagliflozin with insulin for treating type 1 diabetes) was discussed at the September meeting of the LSCMMG. Dapagliflozin, when used for the management of type 1 diabetes was assigned an Amber 0 classification. It was decided that a prescriber information sheet was required. AGR discussed the majority of responses supported the information sheet. LR raised the following comments; wording to include advice around stopping Dapagliflozin if there has been no sustained improvement glycaemic control levels. LR also discussed a time period of effectiveness would be beneficial. MP discussed the follow up and monitoring of all anti-diabetes drugs needs to be consistent and discussed 6-month monitoring is too long. AC proposed a 3-month review subject to the wider diabetes treatment review. MP suggested a discussion at SLOG would be of use for anti-diabetes drugs.</p> <p>Action – Dapagliflozin prescriber information sheet timescales/review wording to be added and brought back to LSCMMG.</p> <p>Action – Anti Diabetes drugs to be an agenda item at the next SLOG meeting.</p>	<p>AGR/BH</p> <p>BH</p>
2020/074	<p>Empagliflozin position statement – withdrawal from website</p> <p>A review of the empagliflozin position statement was added to the workplan at the March LSCMMG meeting. This position statement to support appropriate use of empagliflozin was produced as a rapid response to the publication of the EMPA REG cardiovascular outcomes study.</p> <p>AGR discussed following the adoption of the empagliflozin position statement by the LSCMMG, an LSCMMG antihyperglycaemics in type 2 diabetes guideline was ratified by the LSCMMG, including advice for the use of empagliflozin. This guideline is currently under review and empagliflozin (and the other gliflozins) is/are being considered as part of that review.</p> <p>It is therefore proposed that a position statement for empagliflozin is no longer necessary. LSCMMG approved withdrawal of the position statement from the Lancashire and South Cumbria Medicines Management website.</p>	
2020/075	<p>Guidelines for the prescribing of nutritional supplements post bariatric surgery – update</p> <p>AGR reported the guidelines for the prescribing of nutritional supplements post bariatric surgery were due to expire on the LSCMMG website in</p>	

	<p>March 2020. Following a review of the content it was decided that consulting on the updates made to the document was not necessary as only minor changes were required. LR commented it is unclear if this guideline is communicated out to specialist centres and private hospitals. AC discussed an ICS independent sector group has been established to allow communication and engagement with key stakeholders.</p> <p>AGR will engage with the ICS independent sector group to ensure the Guidelines for the prescribing of nutritional supplements post bariatric surgery is disseminated. BH suggested engaging with Clare Thomason for key contacts due to being involved in commissioning Tier 4 services.</p> <p>Action – AGR to engage with Clare Thomason and the ICS independent sector group to disseminate the Guidelines for the prescribing of nutritional supplements post bariatric surgery.</p>	AGR
2020/076	<p>COVID 19 guidance – update</p> <p>AGR provided an update to the group, that as part of the local and NW COVID-19 response a collaborative working group consisting of MLCSU representatives of LSCMMG and Pan Mersey and colleagues from the RDTC, representing GMMM, met on a biweekly basis. The purpose of these calls was to identify and develop guidance to assist primary care to manage medicines during the COVID-19 response.</p> <p>AGR highlighted that any national or RDTC documents that were published that had relevance to primary care or CCG commissioned activity were reviewed. Where the guidance was in keeping with the commissioning policies of both LSCMMG and Pan Mersey APC it was decided that these resources should be held on one website linked to from each APC site.</p> <p>AGR confirmed that an LSCMMG and Pan Mersey collaborative website was developed and signposted users of their local APC website to the national documents. It was decided that only content that had been approved by both hub teams could be hosted on the collaborative website. Where national guidance was reviewed and it was not in keeping with local guidance or commissioning policies, locally adapted versions of this guidance were developed and hosted on the collaborative site. Contact was made with specialist services during development of these documents if and when required. AGR reported engagement has taken place with wider colleagues if felt necessary when developing guidance.</p> <p>AGR asked that as LSCMMG has now returned it is to be decided by the group whether guidance developed as part of the COVID-19 response for members should be withdrawn or continue to be recommended to members as part of a continued response. If to remain, it is for the group also to consider whether guidance developed outside of the usual process should be ratified formally by the group and hosted on the LSCMMG website alongside substantive guidance. It was agreed that guidance developed as part of COVID and added to the LSCMMG website is required to state this has not been approved by LSCMMG but should remain as part of COVID 19 command and control response.</p>	

2020/077	<p>NHSE guidance on NOAC switching</p> <p>BH reported on 27 May 2020, in response to Covid 19, the Commercial Medicines Director of NHSE/I wrote to CCG Pharmacy leads, CCG Finance Directors and Heads of Finance advising that for patients switching from warfarin to a NOAC, unless there is a patient specific clinical reason to do otherwise, CCGs are encouraged to utilise apixaban and rivaroxaban in a proportion of 80:20.</p> <p>BH has reviewed activity from the ADAS Service and noted warfarin patient numbers have only gone down by 1-2% so there has not been a significant amount of switching. MP discussed the ADAS have developed a good process for monitoring warfarin patients. The Fylde coast have circulated communication to advise they will follow the ADAS service. LR discussed an anti-coagulant service protocol was set up by a GPSI and Haematologist across Pennine Lancashire at the start of COVID 19 with a with a range of measures not just switching from warfarin to NOAC.</p> <p>AC noted the letter and discussed an ICS response or acknowledgement may have taken place through the Out of Hospital Cell. It was agreed that BH would contact the Out of Hospital Cell to understand if any action had been taken as a result of receipt of the letter and to highlight that the LSCMMG support the response of services that have changed their processes as a result of COVID and not necessarily the medication supplied to patients.</p> <p>Action: BH to contact the Out of Hospital Cell</p>	BH
2020/078	<p>Subcutaneous formulations of infliximab and vedolizumab</p> <p>BH updated in March 2020, infliximab subcutaneous injection (Remsima®) used in combination with methotrexate was granted a marketing authorisation by the European Medicines Agency (EMA) for the reduction of the signs and symptoms as well as the improvement in physical function of rheumatoid arthritis (RA). BH discussed there is a price difference but commented it is not a cost pressure due to less outpatient appointments and would be beneficial to patients who can medicate at home.</p> <p>DJ enquired if additional blueteq forms would be required, BH confirmed there would be no additional Blueteq forms will be required, however the subcutaneous preparations will be added to the existing forms for all indications. AG discussed the local position would remain IV homecare route and is preferred supply and would not be use subcutaneous formulation.</p> <p>The group endorsed the use of the subcutaneous preparation as trusts see fit.</p> <p>Action – Blueteq forms for vedolizumab and infliximab for all indications to be updated to include a choice of the infusion or SC injection.</p>	AGR
2020/079	<p>LSCMMG – Guidelines Work Plan update</p>	

	<p>AGR discussed the guidelines working and noted the timescales are on schedule.</p> <p>AGR reported a Vitamin D rapid review guideline has been published by NICE which states Vitamin D is not suitable for Covid 19 treatment or prophylaxis. AGR reported ePACT shows no increase in Vitamin D prescribing in response to Covid but questioned if a position statement would be beneficial. BH queried if any trusts have guidance and are recommending the use of Vitamin D in at risk patients for staff, AS confirmed UHMB are recommending Vitamin D use for BAME staff following the Wirral's Protocol. BH queried whether the UHMB position is being reviewed following the NICE publication, AS was not sighted on whether this guidance would be reviewed. BH concluded each own organisation will consider the NICE guidance and MLCSU will continue to monitor Vitamin D uptake as part of monthly, excess expenditure due to Covid monitoring, and will flag any potential issues.</p> <p>AGR highlighted that LR has raised an issue within neurology specialist services, a recommendation has been made by the MHRA for an annual review to take place of the valproate pregnancy prevention programme. LR discussed the waiting lists are extensive and therefore reviews are not being carried out, which is reflecting on Primary Care Performance. LR raised there is significant demand and pressure on Neurology. BH suggested it would be useful to address this further at SLOG as part of the safety of medical devices and medicines review (First Do No Harm).</p> <p>CM raised Somatropin is listed on the LSCMMG website as Amber Zero and noted a blueteq form for use, AGR explained normally Amber Zero medicines do not have a blueteq form. BH suggested a blueteq and primary care activity review takes place and will bring back to the next LSCMMG.</p>	
--	--	--

NATIONAL DECISIONS FOR IMPLEMENTATION

<p>2020/080</p>	<p>New NICE Technology Appraisal Guidance for Medicines March to June 2020</p> <p>NICE TA 631 - Fremanezumab for preventing migraine. AGR highlighted NICE states guidance is applicable to secondary care acute. Fremanezumab was highlighted a potential cost pressure totalling £638,780. Fremanezumab is recommended as an option for preventing migraine in adults, only if:</p> <ul style="list-style-type: none"> • the migraine is chronic, that is, 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine • at least 3 preventive drug treatments have failed and • the company provides it according to the commercial arrangement. <ul style="list-style-type: none"> • Stop fremanezumab if the migraine frequency does not reduce by at least 30% after 12 weeks of treatment. 	
-----------------	---	--

	<p>TA633 - Ustekinumab for treating moderately to severely active ulcerative colitis.</p> <p>AGR reported NICE estimated a cost saving of £39,000 in Lancs and South Cumbria for Ustekinumab – based on local assumption known contract prices and Blueteq usage data.</p> <p>BH recommended a Fremanezumab review takes place in January 2021 to monitor the activity and to ensure 12-week reviews are taking place.</p> <p>Action – Blueteq forms for fremanezumab and ustekinumab in UC are required. A review of fremanezumab activity to take place in January 2021.</p>	AGR
2020/081	<p>New NHS England medicines commissioning policies March to June 2020</p> <p>No relevant policy to discuss.</p>	
2020/082	<p>Regional Medicines Optimisation Committees - Outputs</p> <p>No Regional Medicines Optimisation Committee meeting has taken place.</p>	
2020/083	<p>Evidence reviews published by SMC or AWMSG February 2020</p> <p>BH discussed guidance published by SMC and AWMSG. It was agreed no action is required for LSCMMG.</p>	
2020/084	<p>July Update to the Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy</p> <p>BH advised the “Over the Counter items that should not be routinely prescribed in primary care” policy was updated to include vaginal moisturisers following a request from Blackburn with Darwen CCG. Also, Sterimar nasal spray was added to the list of example products that could be restricted following a request from Greater Preston and Chorley and South Ribble CCGs to review Sterimar use.</p> <p>BH discussed the additional wording included in the document was added following consultation with the Equality and Inclusion team of the MLSCU. The Equality Impact and Risk Assessment for the policy has also been updated to reflect considerations taken during the update of the policy. LSCMMG noted and accepted the changes. The amended policy will be taken to the Joint Committee of CCGs for ratification.</p>	
ITEMS FOR INFORMATION		
2020/085	<p>Lancashire and South Cumbria NHS FT Drug and Therapeutic Committee minutes.</p> <p>No meeting has taken place.</p>	
2020/086	<p>August meeting</p> <p>LSCMMG provisionally agreed to a meeting Thursday 13th August 2020</p>	

Date and time of next meeting
 13th August 2020 09.30 – 11.30

**ACTION SHEET FROM THE
 LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
 2020**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9th July 2020
ACTION SHEET FROM THE MEETING 12th DECEMBER 2019				
2019/226	<p>Cannabis-based medicinal products – update</p> <p>Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.</p> <p>February 2020 update: This item was deferred awaiting feedback from the letters under action 2020/004.</p> <p>March 2020 update: Still awaiting responses to letters. Shared Care has been accepted in North Cumbria. This will be reviewed and brought back to May LSCMMG meeting.</p> <p>July 2020 update: Feedback received from NICE. A paper to be discussed at the August LSCMMG meeting.</p>	AGR	12.12.2019	Open
ACTION SHEET FROM THE MEETING 9TH JANUARY 2020				

2020/031	<p>Use of Melatonin in Children and Adolescents</p> <p>The following RAG positions to be ratified by JCCCGs: Melatonin tablets (Slenyto or Circadin) Amber 0 - Children and adolescents with ASD or Smith-Magenis syndrome.</p> <p>March 2020 update: JCCCG approved ratification.</p>	BH	13.02.2020	Closed
	<p>Melatonin (Colonis liquid 1mg/ml and 3mg tablets) Black – All indications including insomnia and jet lag</p> <p>March 2020 update: Action complete.</p>	BH	13.02.2020	Closed
	<p>The definition of neurodevelopmental disorders, including ADHD, and the management of complex patients would be revisited, and an update will be reported back to the group.</p> <p>March 2020 update: Progress is ongoing AGR and SR will engage with clinicians. AGR to contact David Shakespeare.</p>	AG/DP	13.02.2020	Open
	<p>July 2020 update: Contact yet to be made, item remains open.</p>	AG/DP	09.07.2020	Open

2020/035	<p>Antipsychotic Shared Care Guidance – addition of cariprazine</p> <p>Antipsychotic shared-care guidance to be finalised and uploaded to the website.</p> <p>March 2020 update: Action complete.</p> <p>LSCFT to share ECG monitoring guidance with MLCSU</p> <p>March 2020 update: action complete. To be picked up via the Anti-psychotic shared care task and finish group</p> <p>LSCFT to work with MLCSU to develop a depot prescribing guideline to support current practice.</p> <p>March 2020 update: Action deferred</p> <p>Expressions of interest to be sent out for attendance at an antipsychotic shared-care task and finish group.</p> <p>March 2020 update: Expressions of interest received. LM to set up initial meeting</p> <p>July 2020 update: Anti-Psychotic shared care working group to be established.</p>	AGR	13.02.2020	Closed
		SR	13.02.2020	Closed
		SR/MLCSU	13.02.2020	Open
		LM	13.02.2020	Closed
		LM	09.07.2020	Open
	ACTION SHEET FROM THE MEETING 12th March 2020			

2020/052	LSMMG New Medicines Workplan			
	DP and SR to discuss Quinagolide Anti-Psychotic indication.	DP/SR	Closed	12.03.2020
	Acute trusts to determine interest of Quinagolide.	Acute Trusts	Closed	12.03.2020
	AGR to contact Stephen Hodgson chair of MSK task and finish group to discuss the (InductOs) new medicine review request.	AGR	Closed	12.03.2020
	July 2020 update: MSK group has been stood down due to Covid 19. Stephen Hodgson is working 1 day a week for the ICS and is looking to establish a Trauma and Orthopaedic Network. Agreed action to closed as the InductOs evidence review is currently out to consultation.	AGR	Closed	09.07.2020
2020/053	Horizon Scanning for 2020 to 2021			
	LSCMMG members to return the horizon scanning spreadsheet.	LSCMMG members	Open	12.03.2020
	NOAC/DOAC reversal and wider NOAC/DOAC issues to be discussed at the next SLOG meeting.	BH	Open	12.03.2020
	July 2020 update: Due to Covid 19 no SLOG meeting has taken place. BH will discuss at a subsequent SLOG meeting.	BH	Open	09.07.2020
2020/054	Amiodarone and Dronedarone SCG			
	To engage with respondents to the consultation and develop the SCG document further and develop pathways for existing patients.	AGR	Open	12.03.2020
	July 2020 update: action deferred, update due at the next meeting.	AGR	Open	09.07.2020

2020/055	Vitamin D position statement – update			
	Additional prescriber information resources to be added to the clinical resources section of the LSCMMG website.	AGR	Closed	12.03.2020
	July 2020 update: to be discussed under agenda item 2020/079	AGR	Closed	09.07.2020
2020/056	Neuropathic pain guidance – update			
	Neuropathic pain guidance to be reviewed	CSU	Closed	12.03.2020
	July update 2020: Neuropathic pain guidance has been circulated for consultation.	CSU	Closed	09.07.2020
2020/057	LSCMMG – Guidelines Work Plan update			
	SR to check Kenalog injection figures at Minerva Health Centre			
	July 2020 update: SR has provided figures to AGR.	SR	Closed	09.07.2020
ACTION SHEET FROM THE MEETING 9th July 2020				
2020/067	Gender GP			
	AGR to contact Gareth Wallis regarding gender GP clinics	AGR	OPEN	09.07.2020
2020/072	Assessing suitability for strong opioid use pathway			
	AGR to include opioid reduction within scope to the assessing suitability for strong opioid use pathway. Links in document to be updated.	AGR	Open	09.07.2020
2020/073	Dapagliflozin prescriber information sheet			
	Dapagliflozin prescriber information sheet timescales/review wording to be added and brought back to LSCMMG.	AGR	09.07.2020	Open
	Anti-Diabetes drugs to be an agenda item at the next SLOG meeting	BH	09.07.2020	Open

2020/075	<p>Guidelines for the prescribing of nutritional supplements post bariatric surgery – update</p> <p>AGR to engage with Clare Thomason and the ICS independent sector group to disseminate the Guidelines for the prescribing of nutritional supplements post bariatric surgery</p>	AGR	09.07.2020	Open
2020/077	<p>NHSE guidance on NOAC switching</p> <p>BH to contact the Out of Hospital Cell.</p>	BH	09.07.2020	Open
2020/080	<p>New NICE Technology Appraisal Guidance for Medicines March to June 2020</p> <p>NICE TA 631 - Fremanezumab for preventing migraine. A review of fremanezumab activity to take place in January 2021</p>	AGR	09.07.2020	Open