

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting  
Held on Thursday 10<sup>th</sup> September 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
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool and Fylde and Wyre CCG's
Rebecca Bond (RB)	Director of Pharmacy	Blackpool Teaching Hospitals
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	NHS Blackburn with Darwen CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay 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
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
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
2020/106	<p><b>Welcome &amp; apologies for absence</b></p> <p>Attendance noted above. No apologies received.</p>	
2020/107	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2020/108	<p><b>Declarations of interest</b></p> <p>None.</p>	
2020/109	<p><b>Minutes and action sheet from the last meeting 13<sup>th</sup> August 2020</b></p> <p>The minutes was agreed as a true and accurate representation of the meeting. The action log was updated during the meeting.</p>	
2020/110	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2020/111	<p><b>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</b></p> <p>DP discussed an equality impact screen has been carried out, no potential implications have been highlighted.</p> <p>Haemophilus type b and Meningococcal group C conjugate vaccine in adults with respiratory conditions was prioritised for review by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) following a request by East Lancashire CCG. The consultation was circulated with a Black recommendation due to the lack of robust clinical evidence to support immunisation of adults with severe recurrent COPD exacerbations with Haemophilus type b and Meningococcal group C conjugate vaccine. However, it was noted that within the British Thoracic Society Guidelines for bronchiectasis in adults, assessment of Haemophilus Influenza Type B (Hib) is mentioned for use as a diagnostic tool for primary antibody deficiency. DP noted mixed responses had been received following the consultation and advised an Amber 0 RAG rating had been suggested to test the immune system with functional antibody testing as referenced in BTS guidelines. LSCMMG members discussed the clinical aspects of anti-body testing and the commissioning arrangements, LSCMMG agreed there is insufficient evidence to support the use as a vaccination for bronchiectasis in adults, however assessment of Haemophilus Influenza Type B (Hib) as mentioned for use as a diagnostic tool for primary antibody deficiency may have a place in therapy.</p> <p>LSCMMG agreed to a Black RAG rating as a vaccination due the evidence base, however discussed engagement with the specialist is required to understand further the diagnostic and treatment pathway should there be no anti-body reaction if used as a diagnostic tool. Following engagement</p>	

	<p>with the specialists LSCMMG agreed to revisit the RAG rating as a diagnostic tool.</p> <p>CW wanted to raise an issue with the consultation forms advising there is no option to not have a RAG rating. AGR agreed to update the consultation forms.</p> <p><b>Action</b> – AGR to update the consultation forms to add an entry which would allow no rag rating as an option.</p> <p>Respiratory specialists to be contacted about the diagnostic treatment pathway for the vaccine.</p>	<p><b>AGR</b></p> <p><b>DP</b></p>
2020/112	<p><b>Melatonin for treatment of Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Parkinson's Disease</b></p> <p>DP updated an Equality Impact screen has been carried out, this found a potential financial impact. A number of patients with RBD may be managed through non-pharmacological strategies and medication reviews to mitigate pharmacological causes. Patients still requiring treatment after a medication review may be treated with either melatonin or clonazepam. Therefore, the number of patients requiring melatonin treatment is likely to be a small proportion of the total patient cohort. Assuming that 25% of the 480 patients were treated with melatonin this would lead to a potential annual cost burden of £33,242 to £132,960 per year.</p> <p>The estimated cost burden does not take it account the cost of alternative treatments for the management of RBD and therefore may be lower than value stated above. No further implications were found.</p> <p>DP reported a request had been received to include Lewy Body dementia as part of the Parkinson's Disease review after the consultation was circulated. DP advised having looked at the disease it was found the diseases are very similar and discussed Lewy body dementia covers both dementia with Lewy bodies and Parkinson's dementia. LSCMMG agreed to include Lewy Body dementia in this review but agreed to accurately define each condition when a RAG rating is agreed. DP noted the trials are not split out in separate groups for each condition. The consultation was circulated with a recommendation of Amber 0. LSCMMG members discussed consultation responses with the majority in agreement of an Amber 0 RAG rating. NICE states to consider clonazepam or melatonin to treat RBD in Parkinson's disease if a medicines review has been conducted and medicines issues addressed. LSCMMG agreed to the Amber 0 indication and to split out conditions. It was further agreed that the recommendation should be explicit regarding when prescribing is transferred to primary care and the process by which specialists will review effectiveness.</p> <p><b>Action</b> – AGR to engage with specialist to clarify when specialists would review effectiveness.</p>	<p><b>AGR</b></p>
2020/113	<p><b>Linezolid RAG rating</b></p> <p>DP advised a request has been received to change the RAG status of Linezolid 600mg tablets for up to 14-day treatment of pneumonia and complicated skin and soft tissue infections on the recommendation of a</p>	

	<p>microbiologist. Linezolid was initially discussed at the July 2020 LSCMMG meeting where it was agreed further clarification of monitoring and referral arrangements needed to be understood before a final recommendation could be agreed. DP updated mixed views have been received from the Consortium of Lancashire and Cumbria LMCs.</p> <p><b>Monitoring and Referral Arrangements</b></p> <p>Advice was sought from the Microbiology team at Lancashire Teaching Hospitals who made the request to amend the RAG status of linezolid. The team supplied the following responses:</p> <ul style="list-style-type: none"> <li>• Patients will need blood test for full blood count (including platelets) weekly whilst on therapy even if short course as detailed in the SPC – If significant myelosuppression occurs during linezolid therapy, treatment should be stopped and discussed with the consultant microbiologist.</li> <li>• Consultant microbiologist will only be able to ask GP to prescribe up to 14 days treatment in the community, if &gt;14 days thought to be needed either from the outset or upon completion of 14-day course then patient will need referral into secondary care.</li> <li>• The prescriber i.e. the GP or clinician in primary care has the responsibility to counsel patients on the potential risk of visual impairment - Patient should be advised to read the patient information leaflet given with linezolid, in particular patients should be advised to report symptoms of visual impairment, such as changes in visual acuity, changes in colour vision, blurred vision, or visual field defect. If these occur, then the prescriber should contact the consultant microbiologist.</li> <li>• Linezolid has numerous drug interactions, so prescribers are reminded to check carefully when prescribing.</li> </ul> <p>LR discussed East Lancashire made Linezolid Amber Zero with microbiologist advice.</p> <p>LSCMMG discussed in detail the monitoring put forward by LTH, the possible patient pathway and the responses received from the LMC and agreed an Amber 0 RAG rating with explicit prescribing guidance.</p> <p><b>Action:</b> Prescribing guidance information sheet to be produced, including monitoring information.</p>	<p><b>AGR</b></p>
<p>2020/114</p>	<p><b>LSCMMG New Medicines Workplan</b></p> <p>DP discussed the following medicines that have been identified to the CSU as requiring the development of policy / formulary position statements</p> <p><b>New medicines reviews for October LSCMMG meeting</b></p> <ul style="list-style-type: none"> <li>• Domperidone as an aid to the initiation and maintenance of breast milk supply (galactagogue) is to be reviewed</li> <li>• Ketamine for chronic non-cancer pain (off-label use) is to be reviewed.</li> </ul>	

	<p><b>Medicines to be considered for prioritisation</b></p> <ul style="list-style-type: none"> <li>• Brolucizumab requested for the treatment of neovascular (wet) age-related macular degeneration (AMD). DP discussed NICE Scoped a review on the 27<sup>th</sup> August 2020, which indicates that a review by NICE is active, LSCMMG agreed to await the NICE review.</li> <li>• Lyumjev (insulin lispro) requested from a specialist diabetes nurse as alternative to Humalog lispro for use in pregnancy and young children. LSCMMG agreed to prioritise for review.</li> <li>• Oscillating Positive Pressure Devices requested by several physiotherapists. This would be a re-review as the requestor noted Physiotherapists were not directly included in the original consultation and noted the costs outlined in the consultations seemed much higher than the actual costs. The requester also noted the BTS reference OPEP devices. LSCMMG agreed to prioritise for review and discuss further at October LSCMMG meeting.</li> <li>• SR asked for Esketamine nasal spray for the treatment of depression to be reviewed. LSCMMG agreed to prioritise for review.</li> </ul> <p><b>Action</b> - Esketamine and Lyumjev to be added to the work plan.</p> <p><b>Action</b> - Oscillating Positive Pressure Devices to be added to the workplan and added as an agenda item for October LSCMMG meeting.</p>	<p><b>DP</b></p> <p><b>DP/LM</b></p>
<p><b>GUIDELINES and INFORMATION LEAFLET</b></p>		
<p>2020/115</p>	<p><b>Response to NICE – draft chronic pain guidance</b></p> <p>AGR updated the group that a draft response to the NICE draft chronic pain guidance had been circulated in advance to LSCMMG members for comment. AGR confirmed that the draft response could be amended prior to the deadline of the 14<sup>th</sup> September. SR noted LSCFT are registered as a formal stakeholder and will therefore respond separately.</p> <p>The group accepted the contents of the draft response and agreed that it should be forwarded to NICE.</p>	
<p>2020/116</p>	<p><b>Home monitoring of blood glucose – update</b></p> <p>AGR stated that the guidelines for the Home Monitoring of Blood Glucose Levels were scheduled to be updated in September 2020. AGR stated that the guidelines were amended in September 2019 to include the use of flash glucose monitoring and as part of this update the main algorithm was also amended to reflect the current evidence base.</p> <p>AGR confirmed that limited changes were required to the guideline. The group agreed to the changes to the guidance.</p> <p><b>Action</b> – Home blood monitoring glucose guidance to be uploaded to the website.</p>	<p><b>AGR</b></p>

<p>2020/117</p>	<p><b>NW region RAG review – update</b></p> <p>AGR reported collaborative work is ongoing to review RAG ratings with GMMMG and Pan Mersey with a view to align where possible. AGR noted he has received a list of green specialist initiation medicines from GMMMG and advised the medicines that are initiated are the equivalent of Lancashire and South Cumbria’ Amber 0 RAG rating. AGR updated further engagement will take place with Pan Mersey when they are further along with their RAG reviews. Further updates will be provided to the group as the work progresses.</p>	
<p>2020/118</p>	<p><b>Dapagliflozin shared-care guidance</b></p> <p>AGR discussed the dapagliflozin prescriber information sheet was presented at the August meeting. The group decided that a dapagliflozin shared care agreement should be developed and presented at the September meeting.</p> <p>The following requirements of secondary care have been included in the shared-care document prior to transfer to primary care:</p> <ul style="list-style-type: none"> <li>• Titrate the dose until dose optimisation is achieved.</li> <li>• Continue all necessary physical health monitoring during the titration period and to monitor effectiveness of medication for and adverse effects, and document in the person's notes.</li> <li>• Prescribe and monitor the patient until the patient is on a stable dose.</li> </ul> <p>The following additional requirement has been included:</p> <ul style="list-style-type: none"> <li>• Review the patient at six-months post initiation as per NICE TA 597</li> </ul> <p>SR highlighted changes are required to all three shared care documents presented at the meeting as it previously agreed the shared care form would not be mandatory but is referenced as mandatory in the form. AGR agreed to remove the statement from the shared care document template.</p> <p>LSCMMG members discussed the monitoring requirements, including at which point this would constitute shared care, AGR restated the evidence, that it takes 6 months for a patient to display a stable reduction in HbA1c. BH proposed a transfer at 3 months with secondary care to review in 6 months. LSCMMG agreed with this approach.</p> <p><b>Action</b> – consultation to take place noting the transfer into primary care at 3 months followed by a further review within secondary care at 6 months.</p> <p><b>Action</b> – AGR to change shared care guidance template.</p>	<p><b>AGR</b></p> <p><b>AGR</b></p>
<p>2020/119</p>	<p><b>Pre-consultation Sativex shared-care guidance</b></p> <p>AGR confirmed that following discussions at the August meeting of the LSCMMG, the group agreed to consult on the proposed Amber 1 RAG for</p>	

	<p>Sativex for the improvement of moderate to severe spasticity due to multiple sclerosis.</p> <p>The group requested that a draft, pre-consultation, Sativex shared care document should be presented at the September meeting for the group to discuss. AGR noted Dr David Shakespeare has been contacted and is yet to respond. AGR discussed the dose optimisation and clinical detail provision stands out within the guidance. AGR updated there is a lack of monitoring required with only renal monitoring being referenced.</p> <p>DJ noted the pre consultation looks quite complex and suggested it may be off-putting for some GP's and suggested awaiting input from Dr Shakespeare prior to circulating for consultation.</p> <p>LSCMMG members agreed to await feedback and comments from David Shakespeare, following any comments Sativex shared-care guidance will be circulated for consultation. AGR advised DJ comments would need to be received by 24<sup>th</sup> September.</p> <p><b>Action</b> – Circulate Sativex shared-care guidance consultation following comments from Dr Shakespeare.</p>	<b>AGR</b>
2020/120	<p><b>Amiodarone and dronedarone shared-care guidance</b></p> <p>AGR noted following discussion at the March meeting of the LSCMMG, it was agreed that the group would engage with respondents to the initial consultation to understand patient contact flow and attempt to develop a pathway. It was also agreed that the scope of the shared-care guideline would be narrowed to include use following cardiac ablation only.</p> <p>AGR confirmed that a request was sent to those members that submitted consultation requests during the initial consultation. Two CCGs sent in comments, one had nothing further to add to their original comments. The other CCG required clarity over where the original request had come from and if the shared care would cover existing and new patients.</p> <p>AGR highlighted that no additional comments were received from specialists.</p> <p>LSCMMG members agreed to consult further with cardiology specialists to understand where the shared care guidelines would fit within current treatment pathways.</p> <p>LSCMMG agreed the following actions.</p> <p><b>Action</b> – Engage with cardiologists and review patient pathway.</p> <p><b>Action</b> – Consult on RAG ratings.</p>	<b>All actions AGR</b>
2020/121	<p><b>Management of Psoriasis in Primary Care Guideline</b></p> <p>AGR confirmed that the management of Psoriasis in Primary Care Guideline has been circulated and sent out for consultation.</p>	

	<p>It was noted that six of eight CCGs, two of five provider trusts and the LMC responded by the closing date. Four CCG respondents and the LMC supported the guidelines in their current format. Both responding trusts and two CCGs would support the guidelines if additional information was considered.</p> <p>AGR stated that the main points highlighted by the consultation responses relates to the original version of the guidelines and not the updated amendments. The group were asked if the amendments to the original guidance content should be reviewed and the document represented. The group agreed to review comments regarding the changes only.</p> <p>LSCMMG members accepted there was no issues with the changes and agreed with the updated guideline.</p> <p><b>Action</b> – revised document to be uploaded to the website.</p>	<b>AGR</b>
2020/122	<p><b>Antipsychotic shared care task and finish group – update</b></p> <p>BH updated the Antipsychotic shared care task and finish group meeting took place. BH informed the group that no clinical issues were raised in the meeting, however wider commissioning issues for the different health economies was raised as a potential issue and requires further discussion. It was agreed as no clinical issues have been highlighted further discussions will be progressed as part of the Strategic Leadership Oversight Group (SLOG) and it will be removed from the LSCMMG work plan.</p> <p>BH advised if any clinical matters arise via SLOG it will be brought back to LSCMMG for discussion.</p>	
2020/123	<p><b>Position Statement: Prescribing of Pregabalin for the treatment of Generalised Anxiety Disorder (GAD)</b></p> <p>Pregabalin, for the treatment of Generalised Anxiety Disorder was discussed at the August meeting of LSCMMG. It was agreed that a Black RAG rating would be maintained until a prescribing information sheet, definition of the drug's place in therapy and indication of the treatment pathway was produced. This position statement aims to fulfil the three requirements, in line with LSCFT prescribing support documentation. SR noted an amendment to advise approval is by the chief pharmacist and deputy medical director and to make clear LSCFT clinicians initiate treatment. SR also highlighted the annual review would be better worded to regular review. LSCMMG supported the amendments.</p> <p><b>Action</b> - DP to amend position statement to “regular review” instead of annual review and make explicit that LSCFT initiate treatment.</p>	<b>DP</b>

2020/124	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the guidelines work plan is on schedule. An amendment is required to update the anti-psychotic shared care guideline to include Lurasidone for an extension for treatment of schizophrenia in children and adolescents. The group agreed to this change.</p> <p>Shared care guidance for apomorphine was raised as not having a review date included on the document, it was previously approved in 2017 and is therefore due for review and will be added to the work plan.</p> <p>AGR reported a request has been made to prioritise liothyronine. CCGs have reported situations where specialists feel there is a clear clinical indication for liothyronine monotherapy. LSCMMG agreed clarity is required.</p> <p><b>Action</b> – Review of Liothyronine to take place.</p> <p><b>Action</b> – Apomorphine shared care guidance to be added to the workplan.</p>	<p><b>AGR</b></p> <p><b>AGR</b></p>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2020/125	<p><b>New NICE Technology Appraisal Guidance for Medicines July 2020</b></p> <p>No CCG commissioned TAs for consideration.</p>	
2020/126	<p><b>New NHS England medicines commissioning policies July 2020</b></p> <p>No NHS England medicines commissioning policies to discuss.</p>	
2020/127	<p><b>Regional Medicines Optimisation Committee - Outputs July 2020</b></p> <p>No Regional Medicines Optimisation Committees outputs to discuss.</p>	
2020/128	<p><b>Evidence reviews published by SMC or AWMSG August 2020</b></p> <p>DP reported to note hydroxycarbamide (Xromi) now has licensed indication for a liquid preparation. The generic capsules are currently 12p for 500mg and the liquid version costs £8.33 for 500mg but the specials price is £6.87. SMC and AWMSG have reported an additional cost of £312 per patient per year. LSCMMG members noted the update.</p>	
<b>ITEMS FOR INFORMATION</b>		
2020/129	<p><b>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</b></p> <p>No meeting took place in August.</p>	

**Date and time of next meeting**  
8<sup>th</sup> October 2020 09.30 – 11.30

DRAFT

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

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10 <sup>th</sup> September 2020
<b>ACTION SHEET FROM THE MEETING 9<sup>TH</sup> JANUARY 2020</b>				
<b>2020/008</b>	<b>Oxygen Therapy for the treatment of Cluster Headaches</b>			
	<b>February 2020 update:</b> Engaging in a joint piece of work with the MLCSU Mersey hub team.	<b>AGR</b>	<b>13.02.2020</b>	<b>Closed</b>
	<b>July 2020 update:</b> ongoing engagement with the Anne Henshaw at Mersey hub. Deferred to August LSCMMG meeting.	<b>AGR</b>	<b>09.07.2020</b>	<b>Closed</b>
	<b>August 2020 update:</b> Item deferred as Anne Henshaw has been on annual leave.			
	<b>September 2020 update:</b> Feedback has been received, MLSCU to review and feedback at October LSCMMG.	<b>AGR</b>	<b>10.09.2020</b>	<b>Open</b>
<b>ACTION SHEET FROM THE MEETING 13<sup>TH</sup> FEBRUARY 2020</b>				





2020/091	<p><b>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</b></p> <p>DP to contact Julie Lonsdale who sits on the North West Flu Group.</p> <p><b>September 2020 update:</b> JL to progress through NW Flu group, actioned and closed.</p>	DP	13.08.2020	Closed
	<p>DP to contact Karen O'Brien Regional Pharmacists.</p> <p><b>September 2020 update:</b> Karen O'Brien contacted; discussions ongoing.</p>	DP	13.08.2020	Open
	<p>DP to contact RMOC.</p> <p><b>September 2020 update:</b> Reviewed and agreed a local resolution is more appropriate.</p>	DP	13.08.2020	Closed
	<p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p><b>September 2020 update:</b> BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p>	BH/DP	13.08.2020	Open
2020/092	<p><b>Pregabalin for the treatment of Generalised Anxiety Disorder</b></p> <p>Prescribing information sheet required.</p>	AGR	13.08.2020	Closed
	<p>Place in therapy to be clarified.</p>	DP/SR	13.08.2020	Closed
	<p>Treatment pathway to be produced.</p> <p><b>September 2020 update:</b> Refer to agenda item 2020/123</p>	DP/SR	13.08.2020	Closed



2020/095	<b>Neuropathic pain pathway</b>			
	To update pathway for treatment options ensuring gabapentin and pregabalin is lower place in therapy	AGR	13.08.2020	Open
	Pro forma to be created	AGR	13.08.2020	Open
	Draft guidance for use for abuse potential	AGR	13.08.2020	Open
	<b>September 2020 update:</b> Ongoing.			
2020/096	<b>Cannabis based medicinal products – update</b>			
	Draft pre consultation review for Sativex to be discussed at September LSCMMG meeting.	AGR	13.08.2020	Closed
	<b>September 2020 update:</b> Agenda item for discussion.			
	Engage with David Shakespeare following clarification from NICE.	AGR	13.08.2020	Closed
	<b>September 2020 update:</b> David Shakespeare has been contacted, awaiting response.			
	<b>IFR query</b>			
	Statement of responsible commissioner to be added to LSCMMG website for medicinal products for paediatric intractable epilepsy.	AGR	13.08.2020	Closed
	<b>September 2020 update:</b> Further information has been received from NHSE; they now advise it would be a CCG decision to fund where supply is outside of a specialist centre. Wording to be amended on the LSCMMG website.	AGR	10.09.2020	Open

<b>2020/097</b>	<b>Dapagliflozin prescriber information sheet – update</b>			
	Develop a shared care for dapagliflozin and present at the September meeting.	<b>AGR</b>	<b>Closed</b>	<b>13.08.2020</b>
	Engage with GMMMG and Pan Mersey with the aim to develop a consistent RAG rating.	<b>AGR</b>	<b>Closed</b>	<b>13.08.2020</b>
	<b>September 2020 update:</b> Discussed under agenda item 2020/118			
<b>2020/098</b>	<b>Somatropin activity data</b>			
	Retire Blueteq form for Somatropin and use pass through	<b>AGR</b>	<b>Closed</b>	<b>13.08.2020</b>
	<b>September 2020 update:</b> Action complete			
<b>2020/099</b>	<b>NICE chronic pain – draft guidance</b>			
	Draft response for Chronic Pain guidance to be circulated with responses collated and brought back to September LSCMMG for sign off to ensure formal reply as a committee.	<b>AGR/All</b>	<b>Closed</b>	<b>13.08.2020</b>
	<b>September 2020 update:</b> Refer to agenda item 2020/115			

2020/100	<b>LSCMMG – Guidelines Work Plan update</b>			
	David Jones to check Nefopam usage at LTH.	DJ	Closed	13.08.2020
	Nefopam to be added to the workplan.	AGR	Closed	13.08.2020
	<b>September 2020 update:</b> DJ has checked define data and LTH is spending £346 and are 15 <sup>th</sup> highest out of 22 trusts (the highest is spending £968). Based on these low activity figures, it was agreed that AGR would write back to the trust updating them that this would not be added to the workplan for review, however if they wish to apply for a patient cohort to complete an application form.			
<b>ACTION SHEET FROM THE MEETING 10<sup>th</sup> September 2020</b>				
2020/111	<b>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</b>			
	AGR to update the consultation forms to add an entry which would allow no rag rating as an option.	AGR	Open	10.09.2020
	Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine	DP	Open	10.09.2020
2020/112	<b>Melatonin for treatment of Rapid Eye Movement Sleep Behaviour Disorder in Parkinson's Disease</b>			
	AGR to engage with specialist to clarify when specialists would review effectiveness.	AGR	Open	10.09.2020
2020/113	<b>Linezolid RAG rating</b>			
	Prescribing guidance information sheet to be produced, including monitoring information	AGR	Open	10.09.2020

2020/114	<b>LSCMMG New Medicines Workplan</b>			
	Esketamine and Lyumjev to be reviewed and added to the work plan.	DP	Open	10.09.2020
	Oscillating Positive Pressure Devices to be added to the workplan and added as an agenda item for October LSCMMG meeting	DP/LM	Open	10.09.2020
2020/118	<b>Dapagliflozin shared-care guidance</b>			
	Consultation to take place noting the transfer into primary care at 3 months followed by a further review within secondary care at 6 months.	AGR	Open	10.09.2020
	AGR to change template.	AGR	Open	10.09.2020
2020/119	<b>Pre consultation Sativex shared care</b>			
	Circulate Sativex shared-care guidance consultation following comments from Dr Shakespeare.	AGR	Open	10.09.2020
2020/120	<b>Amiodarone and dronedarone shared-care guidance</b>			
	Engage with cardiologists and review patient pathway.	AGR	Open	10.09.2020
2020/123	<b>Position Statement: Prescribing of Pregabalin for the treatment of Generalised Anxiety Disorder (GAD)</b>			
	Amend position statement to “regular review” instead of annual review and make explicit LSCFT initiates treatment.	DP	Open	10.09.2020
2020/124	<b>LSCMMG – Guidelines Work Plan update</b>			
	Review of Liothyronine to take place.	AGR	Open	10.09.2020
	Apomorphine to be added to the workplan.	AGR	Open	10.09.2020