



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting  
Held on Thursday 08<sup>th</sup> October 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
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay CCG
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
Catherine Harding (CA)	Lead Pharmacist East Lancashire / Community and Wellbeing Network	Lancashire and South Cumbria 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
2020/130	<p><b>Welcome &amp; apologies for absence</b></p> <p>Attendance noted above. Apologies received from Sonia Ramdour, Catherine Harding attended on behalf of Lancashire and South Cumbria NHS Foundation Trust.</p>	
2020/131	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2020/132	<p><b>Declarations of interest</b></p> <p>None.</p>	
2020/133	<p><b>Minutes and action sheet from the last meeting 10<sup>th</sup> September 2020.</b></p> <p>The minutes were agreed as a true and accurate representation of the meeting. The action log was updated during the meeting.</p>	
2020/134	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2020/135	<p><b>Domperidone as an aid to the initiation and maintenance of breast milk supply</b></p> <p>DP reported an equality impact screen has been carried out which found a potential cross border issue as GMMMG and Pan Mersey do not list domperidone for this indication.</p> <p>Domperidone as an aid to the initiation and maintenance of breast milk supply was prioritised for review by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) following a request by the Lancashire and South Cumbria Infant Feeding Network to review as the drug could potentially be included in their guidelines. The consultation was circulated and recommended a Green (restricted) RAG rating.</p> <p>LSCMMG members discussed consultation responses. One organisations consultation responses were not included as they were submitted after papers had been circulated and further information provided by clinicians from one organisation, that was submitted via email, had not been captured within the consultation and were therefore considered verbally. The majority of consultation responses agreed with the Green (restricted) RAG rating. Discussions took place around the safety of Domperidone, DP updated Domperidone could not be used if the mother or infant has any evidence of cardiac abnormalities and specifically arrhythmia. LSCMMG agreed a Green (restricted) RAG rating with the restriction that the drug be initiated on recommendation of a specialist clinician. DP agreed to ensure that the treatment duration is included in the indication to ensure that</p>	DP

	<p>clinicians are sighted on the fact that it is only indicated for a short treatment course.</p> <p><b>Action</b> – Treatment course length to be highlighted in the indication</p>	
<p>2020/136</p>	<p><b>Ketamine for chronic noncancer pain</b></p> <p>Off label use of ketamine for chronic noncancer pain was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following a request by Greater Preston/Chorley South Ribble CCG. An equality impact screen was carried out which found a potential financial impact. The existing use of ketamine infusions for the management of chronic pain in Lancashire and South Cumbria is believed to be low and it is not anticipated that updated guidance would cause a significant surge in treatments. However, estimation of exact patient numbers is not possible.</p> <p>Approximating 50 patients as a lower limit and 100 as an upper the limit for the number of patients treated annually the approximate cost range would be cost £78,300 to £261,000 per annum. A potential service impact issue was identified as multiple infusions may be required annually, each additional patient treated may require more appointments with specialist services than they may have otherwise required. Administration of additional infusions is likely to place additional burdens on specialist services.</p> <p>Cross border issues have been highlighted as a potential impact as all off-label use of ketamine injection for the treatment of chronic pain is restricted to paediatric palliative care in the Pan Mersey area. Ketamine for chronic pain has a “Red” RAG classification meaning that it may be considered for prescribing by specialist/hospital services.</p> <p>The consultation was circulated with a Red recommendation, consultation responses were mixed. One organisations consultation responses were not included as they were submitted after papers had been circulated and further information provided by clinicians from one organisation, that was submitted via email, had not be captured within the consultation and were therefore considered verbally. BH stated that the internal process of capturing information that is not submitted via the formal submission route will be reviewed by the CSU. LSCMMG discussed concerns regarding the drug abuse and addiction potential and noted a lack of evidence for chronic pain as well as the drug not being recommended by NICE for this indication.</p> <p>LSCMMG agreed to a Black RAG rating for off label use for Ketamine for chronic noncancer pain was appropriate due to the lack of robust clinical evidence. However, LSCMMG members recognised that existing patients will need managing and this would require engagement with prescribers who did not respond to the initial consultation with a proposed Red RAG status. It was therefore agreed that the review should undergo an additional consultation, ensuring the engagement of pain specialists, with the proposed RAG recommendation of Black. LSCMMG members noted as a Black RAG rating has been agreed any reference to primary care should be removed.</p> <p><b>Action</b> – BH to review the internal process of capturing information that is not submitted via the formal submission route.</p>	<p><b>BH</b></p>

	<b>Action – Review to be re-circulated, ensuring that pain specialists are involved, with a proposed Black RAG rating</b>	<b>DP</b>
2020/137	<p><b>Oscillating Positive Expiratory Pressure devices</b></p> <p>Oscillating Positive Expiratory Pressure Devices as an adjunct to respiratory physiotherapy predominantly in Non – CF bronchiectasis and COPD patients were given a Black RAG rating by the LSCMMG in January 2020.</p> <p>Following publication of the RAG rating, it became apparent that consultation with the AHP staff who routinely use these devices had not taken place and that their views had not been represented within the consultation process. Several communications were received by MLCSU asking if the RAG rating could be reviewed in light of their concerns as they felt it would have a significant negative clinical impact on patients and limit physiotherapy interventions. Specialist physiotherapists suggested a cohort of patients who cannot use other devices should have a choice of devices. LSCMMG noted that the devices could be supplied via prescription although they are not prescription only products. The devices could be supplied directly from a service, as is the case for devices used to treat other conditions. LSCMMG agreed Oscillating Positive Pressure Devices should be supplied from the specialist respiratory services as opposed to being prescribed and agreed to a Red RAG rating.</p> <p><b>Action</b> – Review to be updated with Red RAG rating and clarification that supply of devices should be from specialist services</p>	<b>DP</b>
2020/138	<p><b>LSCMMG – New Medicine Reviews Work Plan update</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>Medicines to be considered for prioritisation</b></p> <ul style="list-style-type: none"> <li>• Alkindi hydrocortisone capsules requested for replacement therapy of adrenal insufficiency in children and adolescents (from birth &lt;18 year old). LSMMG agreed to prioritise for review.</li> <li>• Amantadine for fatigue in Muscular Sclerosis (MS). NICE has a draft MS guideline in which the position of amantadine is questioned. LSCMMG requested that David Shakespeare be consulted before re-considering prioritisation.</li> </ul> <p><b>Action</b> – Alkindi to be added to the workplan.</p> <p><b>Action</b> – David Shakespeare to be consulted on use of amantadine in MS</p>	<b>DP</b> <b>DP</b>
<b>GUIDELINES and INFORMATION LEAFLET</b>		
2020/139	<p><b>Management of Psoriasis in Primary Care Guideline – update</b></p> <p>AGR discussed guidelines for the Management of Psoriasis in Primary care were scheduled for update in 2020. The guidance was updated in</p>	

	<p>July 2020 with minimal changes to the guideline and was subsequently sent out for consultation with responses to be received by 31<sup>st</sup> August 2020.</p> <p>AGR confirmed that it was decided at the September meeting that only comments on the amendments should be considered. However, following the meeting a representative from the East Lancashire Health Economy requested that the additional comments be taken into consideration.</p> <p>The main points highlighted by the consultation responses to the original guideline are using combination products containing steroids and vitamin D analogues earlier in the treatment pathway rather than using a stepwise approach. Some responses highlighted there are significant delays in accessing dermatology services and the recommended change is broadly supported by dermatologists.</p> <p>LSCMMG members agreed that not all steps would be followed in practice; missing step two and three is often seen in practice. AGR noted separate topical vitamin D analogues plus a steroid would cost approximately £14 vs. combination costs of £40.</p> <p>LSCMMG agreed that the pathway should be redrafted to allow GPs to escalate from step 1 – 4 and consider additional steps 2 and 3. Steps 2 and 3 would no longer be mandatory.</p> <p><b>Action</b> – AGR to update Management of Psoriasis in Primary Care Guideline and bring to November LSCMMG meeting.</p>	<b>AGR</b>
2020/140	<p><b>Recurrent UTI Prophylactic Antibiotic Pathway</b></p> <p>AGR reported an equality impact screen has been carried out. No issues were identified.</p> <p>AGR introduced the paper and stated that the guideline was requested by GP and CSR CCG and initial draft was shared by GP/CSR which had been develop in conjunction with a local microbiologist (Mr Haq). The guidance was produced in Summer 2020 and was sent out for consultation with responses to be received 28th September 2020.</p> <p>Five of eight CCGs and two of five provider trusts responded by the closing date. Three CCGs and one trust agreed with the guidance. Two CCGs and one trust stated that they may support the guidance if additional information was considered.</p> <p>One LMC member submitted a response, they did not support the guidance, citing that the document was not useful.</p> <p>AGR highlighted the main points for discussion that arose from the consultation:</p> <ol style="list-style-type: none"> <li>1. Should the scope be expanded to include upper UTI (pyelonephritis)?</li> </ol>	

	<p>2. Refer to specialist should be for all recurrent UTI not just those with red flag symptoms.</p> <p>3. First episode of UTI could be treated without cultures but any recurrent episode should have cultures taken.</p> <p>AGR noted that additional comments were received via email from MP and LR. These comments were noted by AGR and included:</p> <ul style="list-style-type: none"> <li>• There should be at least 2-3 positive cultures before diagnosing recurrent UTI. The group agreed that this should be included.</li> <li>• Need to make clear that catheterised patients are excluded. AGR confirmed this would be added.</li> <li>• Agree with lifestyle measures and topical oestrogen if appropriate – prophylactic antibiotic use already added</li> <li>• What is the rational for switching antibiotic at 3 months? AGR confirmed that this was part of the original document developed with microbiology.</li> <li>• According to NICE guidance adults with recurrent lower UTI should be referred for investigation where the cause is unknown, even if there are no red flags.</li> <li>• Review at 6 months – wording could be better.</li> <li>• Green box below – take out STOP and leave as ‘consider....’</li> </ul> <p><b>Discussion</b></p> <p>The group agreed that the changes requested should be incorporated and the pathway to be represented to the group for approval.</p> <p><b>Action</b> - Pathway to be amended and presented at the next meeting.</p>	<p><b>AGR</b></p>
<p>2020/141</p>	<p><b>Antipsychotic shared care guidance – update</b></p> <p>AGR reported It was agreed at the September meeting that an amendment is required to update the antipsychotic shared care guideline to include an amendment to lurasidone as there had been a license extension for treatment of schizophrenia in adolescents.</p> <p>AGR noted that lurasidone is RAG rated Red on the LSCMMG website and is not included in the antipsychotic shared care document. The Red RAG status was assigned in 2016. Therefore, these changes have not been carried out.</p> <p>AGR also confirmed that it was requested that additional information relating to the requirement for ECGs should be added, this has now been included.</p>	

	<p>FP raised prescribing of antipsychotics for patients with dementia and asked if this could be included in the shared care agreement. CH noted that access to shared care for different indications can vary across Lancashire and South Cumbria and clarity is required.</p> <p>LSCMMG members agreed the presented changes to the documents. It was requested that recommendations be drafted to include proposed inclusion and exclusion criteria presented at the November LSCMMG</p> <p><b>Action</b> – draft recommendation for shared care inclusion and exclusion criteria.</p>	<b>AGR / SR</b>
2020/142	<p><b>Neuropathic pain guidance – update</b></p> <p>AGR noted at the August meeting of LSCMMG it was agreed that similar restrictions on the use of pregabalin and gabapentin as used in other therapeutic areas should be implemented for neuropathic pain to ensure consistency. Particularly, placing pregabalin and gabapentin as second- or third-line options instead of an equal choice with other agents.</p> <p>AGR presented the revised neuropathic pain pathway. It was highlighted that nortriptyline was previously defined as third line following pregabalin or gabapentin and this was not reflected in the revised pathway as pregabalin and gabapentin were now considered last line. The revised pathway is in line with NICE.</p> <p>LSCMMG members discussed the pathway and agreed Nortriptyline is to be above pregabalin and gabapentin but used following amitriptyline and duloxetine in the treatment pathway. The group also agreed to remove cannabis sativa extract from box 2. LSCMMG members agreed that once these changes had been actioned the document could be uploaded to the website.</p> <p><b>Action</b> – change position of nortriptyline in the pathway</p> <p><b>Action</b> – remove the reference to cannabis from box 2.</p>	<b>Both actions AGR</b>
2020/143	<p><b>NICE Atrial fibrillation: management guideline update</b></p> <p>NICE is scheduled to update its Atrial fibrillation: management guideline on 26 February 2021. This will potentially impact the LSCMMG first choice anticoagulants as apixaban and dabigatran are listed as first line agents with edoxaban only being suggested if apixaban or dabigatran are not tolerated, and warfarin only suggested if DOACs are unsuitable.</p> <p>The paper briefly outlined relevant sections of the proposed update and provided LSCMMG an opportunity to participate in the NICE consultation on the guideline, which ends on Wednesday 4 November 2020.</p> <p>In the current LSCMMG Atrial Fibrillation pathway, warfarin is the preferred first line anticoagulant, edoxaban is listed as the preferred first line NOAC, partly due to its lower acquisition cost compared to other available NOACs. These first line choices are also embedded in an EMIS template, which</p>	

	<p>was developed by the Medicines Management team after approval of the LSCMMG guideline.</p> <p>The proposed update to NICE’s atrial fibrillation guideline provides recommendations that could mean the LSCMMG guideline and EMIS templates would require an update stating (extracted for brevity):</p> <ul style="list-style-type: none"> <li>• Offer anticoagulation with either apixaban or dabigatran to people with atrial fibrillation and a CHA2DS2-VASc score of 2 or above taking into account the risk of bleeding (1.6.3)</li> <li>• Consider anticoagulation with either apixaban or dabigatran for men with atrial fibrillation and a CHA2DS2-VASc score of 1, taking into account the risk of bleeding (1.6.4)</li> <li>• If apixaban and dabigatran are not tolerated in people with atrial fibrillation, offer anticoagulation with either edoxaban or rivaroxaban (1.6.5)</li> <li>• If direct-acting oral anticoagulants are contraindicated, not tolerated or not suitable in people with atrial fibrillation, offer a vitamin K antagonist. (1.6.6)</li> <li>• For adults with atrial fibrillation who are already taking a direct-acting oral anticoagulant other than apixaban and dabigatran or a vitamin K antagonist and are stable, discuss the option of switching treatment at their next routine appointment. (1.6.7)</li> </ul> <p>NICE also report apixaban is the clinically most cost effective, however DP stated that is it not clear if this takes into account the access scheme for edoxaban. LR noted Eclipse data appears to suggest increased costs and higher emergency admission rates. LSCMMG members agreed there could be a significant cost increase. DP asked the group if they wish to respond to NICE, LSCMMG agreed to respond to NICE as a group, LSCMMG members will engage with anti-coagulant specialist for their input to form part of LSCMMG’s group response but recognised individual organisations can also respond directly.</p> <p><b>Action</b> – DP to capture LSCMMG member comments to aid response.</p> <p><b>Action</b> – LSCMMG members to engage with Anti-coagulant clinics for specialist input.</p> <p><b>Action</b> – AC to respond to NICE consultation on behalf of LSCMMG committee.</p>	<p><b>DP</b></p> <p><b>All</b></p> <p><b>AC</b></p>
<p>2020/144</p>	<p><b>Lipid work programme of the Innovation Agency</b></p> <p>BH updated the Innovation Agency has a number of priority areas one being Improving management of cholesterol and improving outcomes for patients with high risk of CVD and are working with a number of stakeholders, including Amgen, to identify and then optimally treat those patients requiring management of resistant and persistent cholesterol (secondary prevention).</p> <p>However, there is a continued need for those patients requiring primary prevention to be identified and treated optimally with statins within primary care. BH noted QOF data shows around 5000 patients in Lancashire and</p>	

	<p>South Cumbria are primary prevention patients with hypertension and currently not on a statin. The group reflected on the different cost per outcome saved of primary prevention patients versus patients treated further in the treatment pathway.</p> <p>AC noted the importance of this group having sight of the Innovation Agency work programme and to ensure that it is supportive of wider programmes of work, AC also feedback the discussion that he had with Phil Jennings in relation to the pharma influence. AC suggested some involvement from this committee is required. BH asked if guidance or a prescribing tip would be of use, LSCMMG did not support guidance or a prescribing tip at this stage and it was noted that BH will represent LSCMMG.</p> <p>BH also discussed, as part of the Accelerated Access Collaborative, a “Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD” has been developed and will be used to support the work areas of the Innovation Agency. It was agreed that the CSU would check the guidance to ensure that it is in line with any local or national guidance.</p> <p><b>Action</b> – CSU to review Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD.</p>	<b>CSU</b>
2020/145	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the guideline workplan has some pressing target dates and will be prioritised accordingly.</p> <p>AGR has been contacted by the NW clinical end of life network to advise the palliative care review guidance is due to expire and is therefore due for review and will be added to the workplan.</p> <p>Liothyronine and prior approval was agreed to be prioritised by LSCMMG members.</p> <p><b>Action</b> – Palliative Care review to be added to Guidelines workplan.</p>	<b>AGR</b>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2020/146	<p><b>New NICE Technology Appraisal Guidance for Medicines September 2020</b></p> <p>No CCG commissioned TAs for consideration.</p>	
2020/147	<p><b>New NHS England medicines commissioning policies September 2020</b></p> <p>No NHS England medicines commissioning policies to discuss.</p>	
2020/148	<p><b>Regional Medicines Optimisation Committee - Outputs September 2020</b></p> <p>No Regional Medicines Optimisation Committees outputs for discussion.</p>	

2020/149	<p><b>Evidence reviews published by SMC or AWMSG</b></p> <p>DP reported to note andexanet alfa (Ondexxya®) is accepted for use within NHS Scotland on an interim basis subject to ongoing evaluation and future reassessment. DP discussed this could have a financial impact on CCG's. LSCMMG members noted the update but agreed to wait until a request is received before carrying out a review.</p> <p><b>AOB</b></p> <p>CH updated Priadel discontinuation has been paused, therefore there is no need to switch patients on this treatment for the foreseeable future.</p>	
<b>ITEMS FOR INFORMATION</b>		
2020/150	<p><b>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</b></p> <p>To be circulated for information following ratification.</p>	

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



**ACTION SHEET FROM THE MEETING 13<sup>TH</sup> FEBRUARY 2020**

<p><b>2020/031</b></p>	<p><b>Use of Melatonin in Children and Adolescents</b></p>	<p><b>DP</b></p>	<p><b>13.02.2020</b></p>	<p><b>Open</b></p>
	<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><b>March 2020 update:</b> Progress is ongoing AGR and SR will engage with clinicians. AGR to contact David Shakespeare.</p> <p><b>July 2020 update:</b> Contact yet to be made, item remains open.</p>	<p><b>DP</b></p>	<p><b>09.07.2020</b></p>	<p><b>Open</b></p>
	<p><b>August 2020 update:</b> SR discussed the ICD 11 includes ADHD. LSCMMG agreed to; Note ICD 11, engage with David Shakespeare and take forward shared care guidelines.</p>	<p><b>DP</b></p>	<p><b>10.09.2020</b></p>	<p><b>Open</b></p>
<p><b>September 2020 update:</b> MLCSU to narrow definitions for ADHD/neurodevelopmental and review the impact of RAG positions. To be discussed at October LSCMMG meeting.</p>	<p><b>DP</b></p>	<p><b>10.09.2020</b></p>	<p><b>Open</b></p>	
<p><b>October 2020 update:</b> Actioned, to progress further LSCMMG agreed the following is required; agree preparation, definitions, map back to the current process and develop a timeline, discussions outside of LSCMMG, members to volunteer to progress prior to next meeting. To be an agenda item November.</p>	<p><b>DP</b></p>	<p><b>10.09.2020</b></p>	<p><b>Open</b></p>	

<b>ACTION SHEET FROM THE MEETING 9<sup>th</sup> July 2020</b>				
<b>2020/067</b>	<p><b>Gender GP</b></p> <p>AGR to contact Gareth Wallis regarding gender GP clinics.</p> <p><b>August 2020 update:</b> Item deferred to September. Contact details have been sent to AGR.</p> <p><b>September 2020 update:</b> draft prescribing tip to be circulated to CCG medicines leads for local circulation.</p> <p><b>October 2020 update:</b> ongoing</p>	<b>AGR</b>	<b>Closed</b>	<b>09.07.2020</b>
		<b>AGR/BH</b>	<b>Open</b>	<b>10.09.2020</b>
<b>2020/075</b>	<p><b>Guidelines for the prescribing of nutritional supplements post bariatric surgery – update</b></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> <p><b>August 2020 update:</b> AGR noted Clare Thomason is no longer in post. Nicola Marland is now in post and will engage with Nicola Marland.</p> <p><b>September 2020 update:</b> AGR has been in communication with Nicola Marland. AGR to write summary and Nicola Marland to disseminate the Guidelines for the prescribing of nutritional supplements post bariatric surgery.</p> <p><b>October 2020 update:</b> Ongoing</p>	<b>AGR</b>	<b>09.07.2020</b>	<b>Closed</b>
		<b>AGR</b>	<b>10.09.2020</b>	<b>Open</b>

**ACTION SHEET FROM THE MEETING 13<sup>th</sup> August 2020**

<b>2020/091</b>	<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>	<b>DP</b>	<b>13.08.2020</b>	<b>Closed</b>
	<p>DP to contact Karen O’Brien Regional Pharmacists.</p> <p><b>October 2020 update:</b> Actioned and closed</p>	<b>DP</b>	<b>13.08.2020</b>	<b>Closed</b>
	<p><b>September 2020 update:</b> Karen O’Brien contacted; discussions ongoing. Actioned and closed.</p>	<b>DP</b>	<b>13.08.2020</b>	<b>Closed</b>
	<p>DP to contact RMOC.</p> <p><b>September 2020 update:</b> Reviewed and agreed a local resolution is more appropriate.</p>			
	<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> <p><b>October 2020 update:</b> Action deferred to November.</p>	<b>BH/DP</b>	<b>13.08.2020</b>	<b>Open</b>

<b>2020/095</b>	<b>Neuropathic pain pathway</b>			
	To update pathway for treatment options ensuring gabapentin and pregabalin is lower place in therapy. Actioned.	<b>AGR</b>	<b>13.08.2020</b>	<b>Closed</b>
	Pro forma to be created. Actioned.	<b>AGR</b>	<b>13.08.2020</b>	<b>Closed</b>
	Draft guidance for use for abuse potential	<b>AGR</b>	<b>13.08.2020</b>	<b>Closed</b>
	<b>September 2020 update:</b> Ongoing.			
	<b>October 2020 update:</b> Agenda item, actioned and closed.			

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	Closed
	<b>October 202 update:</b> Actioned and closed.			
<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
	<b>October 2020 update:</b> Awaiting feedback, ongoing.			

2020/112	<p><b>Melatonin for treatment of Rapid Eye Movement Sleep Behaviour Disorder in Parkinson's Disease</b></p> <p>DP to engage with specialist to clarify when specialists would review effectiveness.</p> <p><b>October 2020 update:</b> ongoing.</p>	DP	Open	10.09.2020
2020/113	<p><b>Linezolid RAG rating</b></p> <p>Prescribing guidance information sheet to be produced, including monitoring information</p> <p><b>October 2020 update:</b> deferred to November LSCMMG meeting.</p>	AGR	Open	10.09.2020
2020/114	<p><b>LSCMMG New Medicines Workplan</b></p> <p>Esketamine and Lyumjev to be reviewed and added to the work plan.</p> <p>Oscillating Positive Pressure Devices to be added to the workplan and added as an agenda item for October LSCMMG meeting</p> <p><b>October 2020 update:</b> All actions completed and closed.</p>	DP	Closed	10.09.2020
		DP/LM	Closed	10.09.2020
2020/118	<p><b>Dapagliflozin shared-care guidance</b></p> <p>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>AGR to change template.</p> <p><b>October 2020 update:</b> All actions completed and closed.</p>	AGR	Closed	10.09.2020
		AGR	Closed	10.09.2020

2020/119	<p><b>Pre consultation Sativex shared care</b></p> <p>Circulate Sativex shared-care guidance consultation following comments from Dr Shakespeare.</p> <p><b>October 2020 update:</b> Actioned and closed.</p>	AGR	Closed	10.09.2020
2020/120	<p><b>Amiodarone and dronedarone shared-care guidance</b></p> <p>Engage with cardiologists and review patient pathway.</p> <p><b>October 2020 update:</b> Ongoing, December 2020 target date for review.</p>	AGR	Open	10.09.2020
2020/123	<p><b>Position Statement: Prescribing of Pregabalin for the treatment of Generalised Anxiety Disorder (GAD)</b></p> <p>Amend position statement to “regular review” instead of annual review and make explicit LSCFT initiates treatment.</p> <p><b>October 2020 update:</b> actioned, cannot be added to LSCMMG website until ratified at Joint Committee.</p>	DP	Closed	10.09.2020
2020/124	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>Review of Liothyronine to take place.</p> <p>Apomorphine to be added to the workplan.</p> <p><b>October 2020 update:</b> All actions completed and closed.</p>	AGR	Closed	10.09.2020
		AGR	Closed	10.09.2020
<b>ACTION SHEET FROM THE MEETING 08<sup>th</sup> October 2020</b>				
2020/135	<p><b>Domperidone as an aid to the initiation and maintenance of breast milk supply</b></p> <p>Treatment course length to be highlighted in the indication.</p>	DP	Open	08.10.2020

2020/136	<b>Ketamine for chronic noncancer pain</b>			
	BH to review the internal process of capturing information that is not submitted via the formal submission route.	BH	Open	08.10.2020
	Review to be re-circulated, ensuring that pain specialists are involved, with a proposed Black RAG rating.	DP	Open	08.10.2020
2020/137	<b>Oscillating Positive Expiratory Pressure devices</b>			
	Review to be updated with Red RAG rating and clarification that supply of devices should be from specialist services.	DP	Open	08.10.2020
2020/138	<b>LSCMMG – New Medicine Reviews Work Plan update</b>			
	Alkindi to be added to the workplan.	DP	Open	08.10.2020
	David Shakespeare to be consulted on use of amantadine in MS.	DP	Open	08.10.2020
2020/139	<b>Management of Psoriasis in Primary Care Guideline – update</b>			
	AGR to update Management of Psoriasis in Primary Care Guideline and bring to November LSCMMG meeting.	AGR	Open	08.10.2020
2020/140	<b>Recurrent UTI Prophylactic Antibiotic Pathway</b>			
	Pathway to be amended and presented at the next meeting.	AGR	Open	08.10.2020
2020/141	<b>Antipsychotic shared care guidance – update</b>			
	AGR to draft recommendation for inclusion/exclusion criteria.	AGR	Open	08.10.2020

<p><b>2020/142</b></p>	<p><b>Neuropathic pain guidance – update</b></p> <p>Change position of nortriptyline in the pathway</p> <p>Remove cannabis from box 2.</p>	<p><b>All actions AGR</b></p>	<p><b>Open</b></p>	<p><b>08.10.2020</b></p>
<p><b>2020/143</b></p>	<p><b>NICE Atrial fibrillation: management guideline update</b></p> <p>DP to capture LSCMMG member comments to aid response.</p> <p>LSCMMG members to engage with anticoagulant clinics for specialist input.</p> <p>AC to respond to NICE consultation on behalf of LSCMMG committee.</p>	<p><b>BP</b></p> <p><b>All</b></p> <p><b>AC</b></p>	<p><b>Open</b></p> <p><b>Open</b></p> <p><b>Open</b></p>	<p><b>08.10.2020</b></p> <p><b>08.10.2020</b></p> <p><b>08.10.2020</b></p>
<p><b>2020/144</b></p>	<p><b>Lipid work programme of the Innovation Agency</b></p> <p>CSU to review Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD.</p>	<p><b>CSU</b></p>	<p><b>Open</b></p>	<p><b>08.10.2020</b></p>
<p><b>2020/145</b></p>	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>Palliative Care review to be added to Guidelines workplan.</p>	<p><b>AGR</b></p>	<p><b>Open</b></p>	<p><b>08.10.2020</b></p>