Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th July 2019 at Preston Business Centre, Preston

PRESENT:		
Mr Andy Curran	Chair of LMMG	Lancashire CCG Network
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Morecambe Bay CCG/Fylde and Wyre CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
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
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Melanie Preston (MP)	Assistant Director Medicines Optimisation	Blackpool CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
Tara Gallagher	Senior Pharmacist	Lancashire Care NHS Foundation Trust
John Vaughan	Senior Pharmacist	NHS East Lancashire CCG
Judith Argall	Senior Pharmacist	Lancashire Teaching Hospitals NHS Trust
IN ATTENDANCE:		
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Linzi Moorcroft (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/122	**Welcome & apologies for absence** Attendance noted above. Apologies received from Sonia Ramdour, David Jones, and Lisa Rogan. Tara Gallagher was in attendance for Sonia Ramdour, Judith Argall was in attendance for David Jones and John Vaughan was in attendance for Lisa Rogan.	
2019/123	**Declaration of any other urgent business** None.	
2019/124	**Declarations of interest**	

	None.	
2019/125	**Minutes and action sheet from the last meeting 13.06.2019** JL noted a typing error on page 11. Action 2019/099 regarding Testavan. This should have read that this item will be brought back to the July LMMG with tracked changes for consideration. The minutes have been signed off following amendment.	
2019/126	**Matters Arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2019/127	**Slenyto (melatonin) for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome** DP highlighted that the equality and impact pro-forma had been completed. It was noted there could be potential financial issues if Slenyto is accepted for use. DP recapped discussions that took place at June's LMMG meeting and further discussed Slenyto (melatonin) for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis. LMMG members previously agreed that an Amber 0 RAG Rating for Lancashire and South Cumbria could potentially be accepted when appropriate prescribing guidance is produced. DP reported that the prescribing sheet for the Slenyto brand of melatonin has been updated, however since the last meeting two new generic melatonin products have become licensed (3mg tablets and 1mg/ml oral solution), both products are indicated for short term treatment of jet lag. DP suggested a potential primary care cost of £1.2million (additional cost pressure of £722,000) if patients using Circadin for unlicensed indications and specials of melatonin were subsequently prescribed either Slenyto or the licensed generic versions of melatonin. BH reported that the majority of the additional cost pressure is attributed to switching Circadin to Slenyto (£708,000), switching from unlicensed specials to Slenyto would have a small additional cost pressure of approximately £14,000) Discussions took place about the palatability of Slenyto micro tablets for children. It was queried whether the prescriber sheet for Slenyto applies to other melatonin, DP stated that the updated prescribing sheet only applied to Slenyto as certain aspects of the information, such as dosage, were only relevant to the licensed indications of Slenyto. TG indicated that LCFT have produced a document on melatonin for trusts which has been circulated to the trusts for comments. TG reported this paper will be brought back to September's LMMG meeting. **Actions** Joint CSU and LCFT working in terms of producing generic information on melatonin Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LMMG meeting including the jet lag indication. Potential cost implications of each recommendation to be brought to next meeting	DP/LCFT

2019/128	**Brivaracetam for adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in adults, adolescents and children from 4 years of age with epilepsy** DP highlighted that the equality and impact pro-forma had been completed; no risk or issues have been identified. Brivaracetam currently has an LMMG RED RAG rating as adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy. The drug has been granted a licence change and is now licensed for treatment of patients from 4 years of age. The drug was requested by a consultant Neurologist at Lancashire Teaching Hospitals NHS Foundation Trust. DP advised that Pan Mersey's RAG rating is currently Grey for the extended age category and reported GMMG do not have Brivaracetam listed within their formulary but advised the RAG status as Green (initiated by specialist) in their RAG list. DP reported that a consultation has taken place and all respondents except West Lancashire CCG and a clinician from East Lancashire CCG agreed with the proposed categorisation. DP noted that the drug's use in the new age group was accepted by the EMA based on extrapolated data plus a long-term safety study that was carried out in 28 patients over 36 months. It was accepted by the SMC for restricted use within NHS Scotland for adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 4 years to ≤15 years of age with epilepsy. The SMC restricted the use for patients with refractory epilepsy and treatment should be initiated by physicians who have appropriate experience in the treatment of epilepsy. DP outlined an internal LCFT audit which found that 13 of 14 patients currently using Brivaracetam were prescribed the drug as 4th line or later. Following consideration of the evidence, consultation responses and the further available information from the SMC and LCFT LMMG agreed an Amber0 rag rating for the new age category of children from 4 years of age and for the existing age category – adolescents and adults. **Action** The LMMG website to be updated with an Amber0 RAG rating for all age categories.	
2019/129	**Agomelatine for the Treatment of Major Depressive Episodes in Adults** DP stated that Agomelatine was identified for review following a request from Lancashire Care NHS Foundation Trust. Agomelatine was requested for use as the 3rd line drug used when other drugs have been unsuccessful or where patients have developed intolerance such as hyponatremia. DP reported the RAG rating is currently listed Black on the LMMG website, this was due to the NICE appraisal for Agomelatine being terminated because no evidence submission was received from the manufacturer. DP highlighted there is potential for financial impact, but the exact financial impact is not yet known and there is potential to increase workload and services. DP presented a guideline for the prescribing of Agomelatine which is used within LCFT. The guideline was discussed as providing a robust process in LFT for ensuring appropriate patient selection and ensuring that all alternative options are considered before the drug is prescribed. The impact of cost has been modelled based on 0.1% of patients currently being prescribed antidepressant drugs, this highlighted the lack of potential cost pressure of the drug. Approximations from Lancashire Care NHS Foundation trust indicate that a maximum of 12 patients are using agomelatine in any financial year, with approximately 3 initiation requests per quarter. Given this it is estimated that approximately 25 patients may be prescribed agomelatine. The annual acquisition cost of agomelatine is £391. TG confirmed that the drug is only approved within LCFT when there is no alternative treatment option, TG also reported there have been no issues with liver function tests and the drug is well tolerated by patients.	

	JL commented that the LCFT joint formulary is not visible on LMMG website. TG reported that LCFT added LMMG's recommendations to LCFT's web site. Tara will circulate the latest LCFT formulary which is to be reviewed against LMMG's recommendations. **Actions** Shared care principles to be reviewed then suitability of agomelatine's inclusion in a shared care protocol will be assessed. It is thought 12 patients are currently prescribed Agomelatine, LCFT to review the length of time this cohort have been prescribed agomelatine. In addition, the suitability of this patient cohort for continued prescriptions from a non-specialist setting to be considered alongside the frequency and requirement for medication reviews by LCFT to be reported back to the CSU. If following LCFT findings a Red Rating seems suitable and the LCFT guidance document can be used to support its implementation this will be brought back to the next LMMG. Should any other RAG classification be recommended this would result in a further consultation. The latest LCFT formulary to be circulated, this will be reviewed against LMMG's recommendations.	**DP** **LCFT** **DP** **LCFT / DP**
2019/130	**New medicines workplan** DP discussed the medicines which require the development of policy / formulary position statements currently on the Work Plan to support LMMG. Medicines to be considered for prioritisation: **Plenadren (Hydrocortisone)** This was a request to review the rag rating at the request of a clinician from ELHT following an IFR. LMMG agreed this medicine will not be prioritised. **Suliqua (insulin glargine/lixisenatide)** Agreed to be prioritised due to lixisenatide not being in LMMG guidelines **Stiripentol** This was a request from ELCCG following an IFR request. LMMG agreed to prioritise a review for those already initiated on Stiripentol. The CSU review will be proportional and tailored to reflect a review of a drug funded by NHS England for children only. The CSU will look at developing a commissioning position for the drug and look at pathways where drugs are initiated by NHS England and subsequently become the responsibility of CCGs. **Clip tone E** This was a request from a community nurse specialist, LCFT. Clip tone E is a reusable device which clips on to an Evohaler, the price was stated as £2.90 for a pack of two clips. LMMG agreed not to prioritise Clip tone E as a dry powder inhaler or spacer can be used if inhaler technique is an issue. **Canagliflozin** Agreed to be reviewed Autumn 2019 as part of the diabetes guideline update.	
GUIDELINES and INFORMATION LEAFLETS		

2019/131	**Trans male and female gender dysphoria information sheets** AGR reported an equality assessment form has been completed as the affected cohort of patients have a protected characteristic. No issues have been found as this guidance is designed to support prescribers and no restriction in access is intended. AGR confirmed that it was agreed at the January meeting of the LMMG that hormone treatment for patients attending gender identity clinics will be added to the workplan AGR stated that the two documents had been circulated for consultation and the responses were received by the 3rd July 2019. Four CCGs agreed with the information leaflets in their current form, one CCG and one provider trust stated that they may support the document if further information was considered. AGR highlighted that one respondent stated that they did not feel that prescribing hormones at high levels was suitable for continuation in primary care and another respondent stated that the contact details of the gender identify clinics should be included in the documents. AGR confirmed that NHSE make it clear, in their guidance documents, that the continued prescribing and monitoring of hormones for patients accessing gender dysphoria services are the responsibility of primary care. AGR also stated that many clinics are located within the UK and patient flow from Lancashire is not clear, therefore, it would difficult to add the contact details of specific clinics into the document. AGR will clarify if there is a directory of services for clinics and if available a link will be added to the document. JL suggested NHS England may have information on their website and reported there is training available on the GMC website. AGR confirmed that a link to this is already part of the document. LMMG agreed to support the information sheets in their current form. **Action** Gender dysphoria information sheets to be uploaded to the website.	**AGR**
2019/132	**Camouflage products position statement** AGR highlighted that the equality and impact pro-forma has been completed. AGR discussed at February's LMMG meeting it was agreed a position statement should be developed for the prescribing of medical camouflaging agents. The following issues have been identified. **Innovation Need and Equity:** Disfigurement of the skin can be very distressing to patients and may have a marked psychological effect. In skilled hands, or with experience, camouflage cosmetics can be very effective in concealing scars and birthmarks. **Service Impact Issues:** Medical camouflaging products should only be initiated by a healthcare professional that specialises in skin colour matching and appropriate application techniques. Lancashire Teaching Hospitals commission a skin camouflaging service through their occupational therapy department. **Equality and Inclusion Issues:** Camouflaging agents were considered as part of the prescribing for clinical needs policy. Concerns were raised by service users regarding the restricting of medical camouflaging agents. AGR confirmed that the document had been sent for consultation with response to be received by 3rd July 2019. Six of eight CCGs and one of five provider trusts responded	

	by the closing date. Four CCGs supported the guidance in its current format, the remaining two CCGs and one provider trust did not. JL stated that Fylde and Wyre did not respond as they do not currently commission a service but are looking to implement a service within the near future. AGR advised that according to ePACT2 data for the year to February 2019, the annual total spend for camouflaging products on FP10 prescription was approximately £52,000 across Lancashire and South Cumbria. AGR highlighted that the East Lancashire health economy have a separate policy. JV stated that this has been implemented because of high costs. BH stated that camouflage creams are not part of the pan Lancashire cosmetics policy because they are able to be prescribed so fall under the remit of LMMG. LMMG members agreed to the position statement but members commented that the position needs to be clearer, particularly that the products need to be commenced by a specialist with the relevant training. It was agreed that changes would be made prior to uploading to the website but that the document did not need to return to the group for approval. **Action** Make recommended changes to the position statement and upload to the website.	**AGR**
2019/133	**Dementia medicines information sheet** AGR highlighted that the equality and impact pro-forma has been completed, no issues have been identified. AGR confirmed that this work was prioritised at the February LMMG meeting and it was confirmed that LCFT took the lead on the update. AGR discussed a consultation has taken place, eight of eight CCGs, four of five provider trusts responded by the 3rd July 2019. One provider and two CCGs stated that they may support the document if additional information was considered. The remaining CCGs and providers supported the document in its current format. AGR highlighted that a response from Greater Preston and Chorley South Ribble CCGs stated: *"Bullets 5 and 6 on page 1, need to be amended to clearly detail the local position regarding initiation… clarity of local approach is required. GP colleagues suggest that initiation [of memantine] should be by a specialist in the first instance".* AGR outline a second response from Blackpool Teaching Hospitals states: *"Given that NICE guidance states that primary care can initiate these medications after a decision has been made by secondary care, couldn't at least the initial follow-up and dose titration for Donepezil be done by primary care?* *Additional consideration for first prescription being given by the GP might be needed (following the decision to commence therapy by a specialist in secondary care).* *Patients may already be managing their medication with the use of compliance aid blister packs and it may be safer for newly prescribed medicines to be included in these".* AGR suggested change to the wording based on this feedback:	

	Once a decision has been made to start an AChEI or memantine the first prescription will be issued by LCFT to prevent any delay in treatment. *"Clinicians should consider memantine in addition to an AChEI in patients with moderate disease and offer memantine in addition to an AChEI if they have severe disease. The NICE clinical guideline states that primary care prescribers may start treatment with memantine without taking advice from a specialist clinician where an AChEI is already prescribed. However, LCFT psychiatrists, nurse or pharmacist prescribers or advanced nurse practitioners may be contacted for advice without the need to automatically refer patients back into secondary care services for treatment advice prior to initiation".* The group considered these changes and suggested new wording. CM stated that the position needs to be explicit on initiation of memantine in patients already on AChEIs and offered that a RAG status may be looked at rather than the guidance. BH highlighted that Pan Mersey's RAG rating is Amber and initiation is the responsibility of a specialist. BH confirmed that this applies to Donepezil, Galantamine, Rivastigmine and Memantine. Members agreed that there may be conflicting pressures for primary and secondary care and a better understanding is required of which service is responsible for initiating treatment both at diagnosis and if the patient deteriorates. TG from LCFT agreed to scope access to advice for GP from the specialist service. It was agreed a further consultation will take place on how these patients are to be managed and which care setting is best placed to commence treatment. It was acknowledged the prescribing information sheet cannot be agreed until further consultation has taken place. **Action** Consultation to take place on how these patients are to be managed and which care setting is best placed to commence treatment with memantine in patients already on AChEIs – to be sent to all members LCFT to feedback regarding access to advice for GP from the specialist service.	**AGR/ LMMG members** **TG**
2019/134	**Vitamin D position statement** AGR presented the paper to the group. AGR stated that he is seeking agreement from the group for the decision to remove guideline content from the vitamin D position statement in favour of signposting readers to the Royal Osteoporosis Society adult and children guidelines. AGR stated that LMMG Members will recall that the vitamin D position statement was originally a guideline and a significant part of the guideline was retained when reformatted as a position statement. AGR stressed that the intention is to send the document out to members as part of a formal consultation process should these changes be provisionally acceptable to the group. Members supported the approach. Further discussions will be held at the September meeting following consultation. **Action** Vitamin D position statement consultation to take place and to be discussed at the September meeting.	**AGR**

2019/135	**Chronic non-cancer pain guidelines- update** AGR informed the group that the CSU has been approached by Greater Preston and Chorley and South Ribble Medicines Optimisation team regarding the current version of the chronic non-cancer pain guideline. The MO team are to deliver training sessions over the summer on the use of opiate medication, part of the training will refer to the LMMG guidance. In parts of the guidance, using doses greater than an equivalent of 120mg morphine, following discussion with a specialist, are endorsed and are not in line with the training message the MO team will be delivering. AGR stated that the changes have been made to the guideline and LMMG members are to decide if the changes are acceptable as an interim measure until the full update is published in the autumn or retain the current version on the website. All changes had been highlighted in the paper. LMMG agreed with the changes. **Action** To upload the updated guideline to the LMMG website.	**AGR**
2019/136	**Testosterone shared care guideline** The current shared care guideline for testosterone requires an update as a new product: Testavan® 20 mg/g Transdermal gel is now available and one of the products currently in the guideline (Testim®) has been discontinued by its manufacturer. LMMG agreed at June's meeting that such changes are required to be highlighted and brought back to July's meeting. Minor changes to the adverse effects section of the guideline have been updated, in line with the SPC for Testavan®. The Testosterone Share Care Guideline has been circulated with track changed. LMMG agreed to support the changes. **Action** To upload the updated shared care guideline to the LMMG website.	**DP**
2019/137	**Guidelines workplan** AGR confirmed the guideline workplan is on schedule. AC expressed concern that there appears to be a lot scheduled for September. AGR stated that there may be some movement in the dates and a decision about content for the September meeting will be made closer to the time. AGR stated LCFT have requested to update the current LMMG ADHD pathways. LMMG supported the update. AGR reported that a fast-track NICE TA is due to be published for risankizumab for psoriasis on the 23rd August 2019 and advised a Blueteq form is required prior to September's LMMG. LMMG agreed to support the Blueteq form prior to September's LMMG meeting.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/138	**New NICE Technology Appraisal guidance for medicines June 2019**	

	AGR stated that TA583 Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes was published in June and is CCG commissioned. AGR confirmed that NICE stated that the TA will be cost neutral. **Action** The NICE TA is to be put on the LMMG website.	
2019/139	**New NHS England Medicines Commissioning policies.** No relevant policies to discuss.	
2019/140	**Regional Medicines Optimisation Committees – Outputs** LMMG members reviewed the RMOC outputs. LMMG members accepted recommendations and took no further action.	
2019/141	**Evidence reviews published by SMC or AWMSG** DP discussed the relevant medications of the SMC recommendations below; • Alirocumab (Praluent) in adults with established atherosclerotic cardiovascular disease to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors – not accepted by SMC • Doxylamine succinate/pyridoxine hydrochloride (Xonvea) – not recommended by AWMSG. LMMG currently have a Green RAG rating. DP updated that the cost effectiveness data presented in the submission were insufficient for AWMSG to recommend its use, it was agreed that the LMMG RAG position would not be reviewed in light of the AWMSG guidance.	
2019/142	**NHS England Low Priority Prescribing Commissioning Guidance** DP reported the NHS England guidance "Items which should not routinely prescribed in primary care" was updated in June 2019. The updated CCG guidance includes the original recommendations for 17 items, an update to the recommendations for 1 of the original items and recommendations for 7 new items. Proposed recommendations for one of the new items (blood glucose testing strips) as outlined in the consultation document are not included in this version of the guidance and will be considered for addition at a later date. The following drugs requiring action are noted below; • Aliskiren – LMMG agreed a Black RAG rating • Amiodarone – LMMG to review monitoring guidance against updated shared care principles to indicate necessity of a shared care document • Dronedarone – LMMG to review monitoring guidance against updated shared care principles to indicate necessity of a shared care document • Bath and shower arrangements – Agreed to check the LMMG web site for current RAG ratings and propose actions • Minocycline – Agreed Black RAG rating • Needles for pre-filled and reusable insulin pens – LMMG agreed to scope and look at collaborative working to develop a Lancashire position. In addition, LMMG agreed to prioritise ketone test strips and needles for review, it was agreed the CSU will liaise with LMMG members. The CSU will also work closely with East Lancashire CCG as they are starting to look at ketone strips. **AOB** JL discussed her new role IPMO role commences on the 1st August 2019 and discussed Rebecca Bond will be the lead attending LMMG meetings. JL updated Clare	**CSU**

	Moss will also be representing Morecambe Bay CCG at LMMG as of the 1st August 2019. **Action** CSU to email LMMG members to scope which ketones strips, blood glucose testing strips and needles are in use across the health economies and to scope the feasibility of developing joint guidance.	
2019/143	**Lancashire Care FT Drug and Therapeutic Committee minutes -April 2019** No meeting took place in July 2019.	

Date and time of the next meeting

Thursday 12th September 2019, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE and SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9th May 2019
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	**Anticoagulation – update** MLCSU to scope DOAC cards and bring back to LMMG. **Dec update:** Update deferred as waiting for discussions with CCG leads. **Jan update 2019:** update to be given at LMMG 14th February 2018 **March update 2019:** Most CCG's have responded. Once all CCG's have confirmed this will be brought back to LMMG **April update 2019:** Still awaiting confirmation from one CCG. **May update 2019**: CSR & GP outstanding. CM to chase **June update 2019:** All CCG's have agreed to DOAC cards. BH updated that finance arrangements are ongoing and will update LMMG members when the DOAC cards have been ordered and timescales for receipt and delivery. **July update 2019:** DOAC cards are in the process of being ordered. Agreed CSU will distribute to CCG's and CCG's to distribute within health economies.	**CM**	**09.05.2019**	**Closed**
ACTION SHEET FROM THE MEETING 11TH April				
2019/071	**GLP-1 place in therapy – update** GA to engage with AC regarding the wider management of diabetes care across the ICS.	**GA/BH**	**11.04.2019**	**Closed**

	May 2019 update: GA moved to new role. BH to discuss the wider services available with Sakthi. **June update 2019:** LM to arrange a meeting with Sakthi. **July update 2019:** Meeting arranged with Sakthi 29th July 2019.			
ACTION SHEET FROM THE MEETING 9TH MAY				
2019/090	**Lithium shared-care – update** SR to update the lithium shared care guidance with the suggested amendments. It was agreed that following the amendments the document could be uploaded to the website. **June 2019 update: ongoing** **July 2019 update:** Lithium shared care guidance added to the LMMG website	**SR**	**09.05.2019**	**Closed**
2019/099	**Evidence reviews published by SMC or AWMSG** Testavan to be added to the LMMG website if appropriate **June 2019 update:** The document to be brought to July LMMG with tracked changes. **July 2019 update:** Agenda item for discussion	**MLCSU**	**09.05.2019**	**Closed**
ACTION SHEET FROM THE MEETING 13TH June				
2019/106	**Slenyto (Melatonin)** Prescribing guidance to be developed and considered at a future LMMG. RAG status to be confirmed alongside the consideration of the guidance. **July 2019 update:** Agenda item for discussion	**DP**	**13.06.19**	**Closed**
2019/107	**Prasterone** The website to be updated with a 'Black' RAG status for Prasterone (Intrarosa®).	**DP**	**13.06.19**	**Closed**

	July 2019 update: Added to LMMG website			
2019/111	**LMMG Shared Care Documents – Antipsychotic update and agreement forms** MLCSU to circulate amber RAG criteria and RAG flow chart for LMMG members to feedback comments. **July 2019 update:** Consultation is currently taking place. Once amended criteria for Shared Care are drafted, these will be subject to a full consultation alongside any recommended RAG position amendment recommendations. **July 2019 update:** Consultation to take place once criteria finalised**.** Shared-care agreement forms are to be added to all shared-care documents with additional wording added. The wording will indicate that the use of the form is optional, but the information contained in the form must be communicated to primary care**.** **July 2019 update**: Work in progress, to be completed by September's LMMG meeting	**AGR** **AGR** **AGR**	**13.06.2019** **13.06.2019** **13.06.2019**	**Closed** **Closed** **Open**
2019/113	**Nutritional Supplements post bariatric surgery position statement update** Reference to commissioning arrangements in the post-bariatric surgery nutrition position statement to be removed and updated on the website. Engage with the CCB to inform them that reference to commissioning arrangements for the provision of blood tests have been removed from the guidance document. **July 2019 update:** Actioned and closed	**AGR** **BH**	**13.06.2019** **13.06.2019**	**Closed** **Closed**

2019/119	**Regional Medicines Optimisation Committees outputs** Acute trusts to review and highlight if there is any potential route to supply areas for discussion at July's LMMG meeting. **July 2019 update:** It was agreed to re-circulate the document and to put this as an agenda item for discussion at September's LMMG meeting.	**LMMG members**	**13.06.2019**	**Open**
ACTION SHEET FROM THE MEETING 11TH July				
2019/127	**Slenyto (melatonin)** Joint CSU and LCFT working in terms of producing generic information on melatonin Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LMMG meeting including the jet lag indication. Potential cost implications of each recommendation to be brought to next meeting	**DP/LCFT**	**11.07.2019**	**Open**
2019/129	**Agomelatine** Shared care principles to be reviewed then suitability of agomelatine's inclusion in a shared care protocol will be assessed. It is thought 12 patients are currently prescribed Agomelatine, LCFT to review the length of time this cohort have been prescribed agomelatine. In addition, the suitability of this patient cohort for continued prescriptions from a non-specialist setting to be considered alongside the	**DP** **LCFT**	**11.07.2019** **11.07.2019**	**Open** **Open**

	frequency and requirement for medication reviews by LCFT to be reported back to the CSU. If following LCFT findings a Red Rating seems suitable and the LCFT guidance document can be used to support its implementation this will be brought back to the next LMMG. Should any other RAG classification be recommended this would result in a further consultation. The latest LCFT formulary to be circulated, this will be reviewed against LMMG's recommendations.	**DP** **LCFT / DP**	**11.07.2019** **11.07.2019**	**Open** **Open**
2019/132	**Camouflage products position statement** Make recommended changes to the position statement and upload to the website.	**AGR**	**11.07.2019**	**Open**
2019/133	**Dementia medicines information sheet** Consultation to take place on how these patients are to be managed and which care setting is best placed to commence treatment with memantine in patients already on AChEIs – to be sent to all members LCFT to feedback regarding access to advice for GP from the specialist service.	**AGR/LMMG members** **TG**	**11.07.2019** **11.07.2019**	**Open** **Open**
2019/134	**Vitamin D position statement** Vitamin D position statement consultation to take place and to be discussed at the September meeting.	**AGR**	**11.07.2019**	**Open**
2019/142	**NHS England Low Priority Prescribing Commissioning Guidance** CSU to email LMMG members to scope which trust's use i.e. Ketone blood glucose testing strips and needles.	**CSU**	**11.07.2019**	**Open**