

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting**  
**Thursday 10<sup>th</sup> April 2025 (via Microsoft Teams)**

Name	Role and organisation	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Andy White (AW)	ICB Chief Pharmacist (Chair)	✓	✓		✓	✓	✓
<b>Trust senior medical representation from the following trusts</b>							
Dr Hanadi Sari-Kouzel (DHSK)	Blackpool Teaching Hospitals	✓	✓		✓	✓	✓
	University Hospitals of Morecambe Bay						
	Lancashire Teaching Hospitals						
Dr Shenaz Ramtoola (DSR)	East Lancashire Teaching Hospitals (Deputy Chair)	Deputy	✓		✓	Deputy	✓
	Lancashire and South Cumbria Foundation Trust						
<b>Trust senior pharmacist representation from the following trusts</b>							
James Baker (JB)	Blackpool Teaching Hospitals	✓	✓		✓	✓	
Andrea Scott (AS) (Nima Herlekar (NH) or Jenny Oakley temporarily attending (JO))	University Hospitals of Morecambe Bay	✓	NH		JO attending	JO attending	✓
David Jones (DJ)	Lancashire Teaching Hospitals	✓	✓		✓	✓	✓
Ana Batista (AB)	East Lancashire Teaching Hospitals	✓	✓		✓	Apol	✓
Dorna Ghashghaei (DG)	Lancashire and South Cumbria Foundation Trust	SR	SR			✓	Apol
<b>Primary care Integrated Care Partnership senior medical representation</b>							
To be recruited	Fylde Coast						
To be recruited	Central						
To be recruited	Morecambe Bay						
To be recruited	Pennine Lancashire						
<b>Primary care Integrated Care Partnership senior pharmacist representation</b>							
Melanie Preston (MP)	Fylde Coast	✓	✓		Deputy	Deputy	Deputy
Clare Moss (CM)	Central	Apol	Apol		✓	✓	Apol
Lisa Rogan (LR)	Pennine Lancashire	Apol	Apol		Apol	Deputy	Deputy
Faye Prescott (FP)	Morecambe Bay	✓	✓		✓	✓	Deputy
<b>Other roles</b>							

Nicola Baxter (NB)	ICB Lead for Medicines Governance and Medicines Safety	✓	✓			Apol	Apol	✓
	ICB Senior Commissioning Manager							
Lucy Dickinson (LD)	ICB Finance Representative	✓	✓			✓	✓	✓
	Provider finance representative							
Roger Scott (RS)	Local Medical Committee Representation	✓	✓			Apol		
Mubasher Ali (MA)	Community Pharmacy LSC	✓	✓			✓	Apol	✓
Emma Coupe (EC)	Assistant Director of Pharmacy Clinical Services EHTL		✓				✓	✓

**IN ATTENDANCE:**

Brent Horrell (BH)	CSU Head of Meds Commissioning	✓	✓			Apol	✓	✓
Daivd Prayle (DP)	CSU Senior Meds Commissioning Pharmacist	✓	✓			✓	✓	✓
Adam Grainger (AGR)	CSU Senior Meds Performance Pharmacist	Apol	Apol			✓	Apol	✓
Jill Gray (JG)	CSU Meds Commissioning Pharmacist	✓						
Emily Broadhurst (EB)	Medicines Optimisation Administrator (minutes)	Deputy	Deputy			✓	✓	✓

**As the Jan 25 meeting was due to fall close to the Christmas break it was cancelled and the February meeting brought forward by a week**

**Key**

Present	✓
Apologies received	Apol
Apologies received / Deputy Attended	Deputy
Absent	Absent

	SUMMARY OF DISCUSSION	ACTION
<b>2025/042</b>	<b>Welcome &amp; apologies for absence</b> Apologies were received from Melanie Preston with Rukaiya Chand attending, Dorna Ghashghaei, Lisa Rogan with Laila Dedat attending, Lindsey Dickinson, Faye Prescott with Paul Elwood attending and Clare Moss.	
<b>2025/043</b>	<b>Declaration of any other urgent business</b> AGR raised that the LMC unfortunately received the papers for the meeting later than other members, this has resulted in them not having appropriate time to review them and provide comments prior to the	

	<p>meeting.</p> <p>AW added for noting that the medicines optimisation local enhanced services (LES) has not been approved. There is a possible formal dispute with the LMC which is hoped to be resolved at the ICB board meeting on the 24<sup>th</sup> of April. However, until the 1<sup>st</sup> of May it is unclear what will happen. Although the shared care LES has been approved, if there is no agreement on the medicines optimisation LES the LMC has said that shared care is an area they would consider taking action on. This would affect around 40,000 patients if they were sent back to specialists. Everything is being done to resolve issues and prevent action, however due to this everyone is asked not to send out new shared care on the presumption it will be done from the 1<sup>st</sup> of May. There needs to be an agreement with the practice.</p>	
<b>2025/044</b>	<p><b>Declarations of interest (DOI)</b></p> <p>DSR raised her long-standing declaration of interest with AstraZeneca, Novo Nordisk and Eli Lilly.</p>	
<b>2025/045</b>	<p><b>Minutes and action sheet from the last meeting 13<sup>th</sup> March 2025</b></p> <p>The Minutes were approved and will be uploaded to the website.</p>	
<b>2025/046</b>	<p><b>Matters arising (not on the agenda):</b></p> <p>DSR raised the issue of determining quoracy at this meeting and also the lack of clinical and senior primary care representation. This was discussed at length and agreed that a meeting between DSR, AW and the new Medical Director for the ICB will be arranged outside of this meeting to discuss the previously drafted TOR along with a new draft incorporating required amendments, and adequate medical representation needed at this meeting for effective decision making.</p> <p>DSR also requested further information regarding where the previous TOR had been to for approval including which meetings/ committees and if there were any minutes from these. AW agreed he would get further information on this for DSR.</p> <p><b>Actions</b></p> <p>AW/DSR to meet with Andy Knox Medical director to discuss TOR before the next meeting.</p> <p>AW to get further information regarding the journey of the previous TOR in a formal paper and a draft updated TOR.</p>	<p><b>AW/DSR</b></p> <p><b>AW</b></p>
<b>NEW MEDICINES REVIEWS</b>		
<b>2025/047</b>	<p><b>Promethazine for Anxiety – Moderate</b></p> <p>This was raised at the formulary working group and there is possible established practice at the specialist trust. The team have looked into the evidence for Promethazine for Anxiety and were unable to find sufficient levels of published evidence to support this indication. It was proposed not to support the use of Promethazine for Anxiety.</p> <p>This was approved by the group and therefore will not be added to the formulary.</p>	

2025/048	<p><b>Budesonide 4mg Suppositories – Moderate</b></p> <p>This was raised at the formulary working group, this is another Budesonide option. It is used for the same patient cohort as Prednisolone suppositories, with the Prednisolone suppositories being significantly more expensive. The review has been through ELMMB who supported this with an Amber RAG rating.</p> <p>The group were asked if they agreed to approve the work and outcome from ELMMB and adopt as LSCMMG. This was agreed to adopt ELMMB's Amber 0 RAG rating.</p> <p><b>Action</b> Budesonide 4mg Suppositories will be added to the formulary with an Amber 0 RAG rating.</p>	DP
2025/049	<p><b>Drospirenone – Moderate</b></p> <p>Drospirenone is a progesterone only contraceptive, and this item was highlighted for review due to the national Specialist Pharmacy Services (SPS) PGDs now including it as an option. There may be an advantage in that a traditional progesterone only pill is considered missed if it is taken more than 3 hours late; desogestrel if it is taken more than 12 hours late; whereas with drospirenone, it is only considered missed if taken more than 24 hours late, however it is more expensive than the other progesterone only tablets. Estimates are that not all patients would be switched and only a small proportion of patients would require an additional alternative.</p> <p>This was approved by the group as a Green RAG rating and will go to CRG for approval due to the cost implication.</p> <p><b>Action</b> Approved as a Green RAG rating and will be taken to CRG for ratification.</p>	DP
2025/050	<p><b>New Medicines Workplan</b></p> <p>Nothing to highlight or to be added/ prioritised.</p>	
<b>FORMULARY UPDATES</b>		
2025/051	<p><b>New NICE Technology Appraisal Guidance for Medicines March 2025</b></p> <p>AGR added there is an error on the paper, for TA1045 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma the paper has a proposed Red RAG rating. The paper should recommend a Red RAG rating for allergic rhinitis, and alongside this there should also be a proposed Do Not Prescribe for Allergic asthma as NICE do not recommend it for this indication.</p> <p>For the allergic rhinitis there is a cost implication of approximately £35,000 per annum. It is a proposed Red RAG to be in line with similar therapies, however AGR has had discussions with Pan Mersey and Greater Manchester, and they are looking to go with either Green Specialist Initiation or Amber RAG ratings.</p> <p>It was requested this be sent out for consultation with colleagues to best decide where it should sit in therapy. It was agreed for a Red RAG in the</p>	

	<p>interim.</p> <p><b>Action</b></p> <p>TA1045 12 SQ-HDM SLIT for treating allergic rhinitis will be recommended to CRG for ratification as a Red RAG rating.</p> <p>TA1045 12 SQ-HDM SLIT for treating Allergic asthma will be recommended to CRG for ratification as a Do Not Prescribe RAG rating.</p> <p>AGR to send NICE TA 1045 out for consultation along with other similar items currently rated Red and bring back to a subsequent meeting for discussion.</p>	AGR
2025/052	<p><b>Formulary update:</b></p> <p>LSCMMG website is now closed, documents have been moved over to NetFormulary. If anyone identifies that any content is missing or that any of the links are not working please let the team know. Comms were sent, however AW asked for it to be confirmed that comms had been sent to all provider trusts. Further comms are due to be sent out with additional information in May.</p>	
2025/053	<p><b>Formulary Changes since last LSCMMG</b></p> <p>The list of changes was sent around to the group for information.</p>	
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2025/054	<p><b>Opioid Agreement Form</b></p> <p>This has been ongoing with FP and has been reviewed previously by the group with comment sent in. It has also been through the ICB Citizen Health Reference Group and changes have been made including simplifying some of the wording. The group were asked to review the changes and if they approved the document to be added to the website.</p> <p>The document was approved by the group and can be added to the website.</p> <p><b>Action</b></p> <p>The approved agreement form will be uploaded to the website.</p>	AGR
2025/055	<p><b>Good prescribing in primary care and private prescribing position statement</b></p> <p>There are two documents for this item. The first is the main document and the second is a summary document relating to private prescribing. They have been through an updating process to provide some more clarity. The team received some good feedback from the consultation with most suggesting approval with more information to be added. The comments have been actioned and added to the document.</p> <p>The group discussed the comments sent in and the document at length, with a focus around the cross over of prescribing between the NHS and following private consultations. The group asked for the summary document to be added to the beginning of the main document and asked for it to highlight ADHD. This is due to the growing demand for prescribing for ADHD from private consultations to help prescribers access the</p>	

	<p>information related quickly. There was also a request to make it clearer that if they have been seen by a private consultant and then wish to come back to the NHS they won't be seen immediately but will be subject to the same waiting times as NHS patients.</p> <p>It was also raised relating to the comments of 14 days medicines on discharge and if most people are actually working to that. It was added that according to the new NHS 10 year plan there is a suggestion of providing 28 days of medicines on discharge for all outpatients. Along with this the definition of reconciliation was queried as it was mentioned some areas work to the Experts Hospital Advisory Committee definition which is also used in national benchmarking.</p> <p>After lengthy discussions it was agreed for the proposed changes be made and the document/s be brought back for approval.</p> <p><b>Action</b></p> <p>Changes raised to be made, and the document/s brought back are:</p> <ul style="list-style-type: none"> <li>• <i>Summary to be added to the beginning as an executive summary.</i></li> <li>• <i>Amendment to the definition of medicines reconciliation.</i></li> <li>• <i>Information/ definition regarding private prescribing to be added.</i></li> <li>• <i>Online pharmacies to be referenced within the document.</i></li> </ul> <p>DJ to send AGR the Experts Hospital Advisory Committee definition on reconciliation.</p> <p>A separate position to be drafted for this highlighting ADHD for ease of clinician reference.</p>	<p><b>AGR</b></p> <p><b>DJ/AGR</b></p> <p><b>AGR</b></p>
<p><b>2025/056</b></p>	<p><b>Best interest Opioid reduction position statement</b></p> <p>This request came from the Medicines of Misuse Group to consider the adoption of their developed best interest opioid reduction position statement. The group were asked if they were happy to adopt the drafted document or if they wanted it to be sent out for consultation.</p> <p>The document was approved for adoption by the group.</p> <p><b>Action</b></p> <p>The approved position statement will be uploaded to the website.</p>	<p><b>AGR</b></p>
<p><b>2025/057</b></p>	<p><b>Insomnia (Adults)</b></p> <p>This is the insomnia/ melatonin guideline which was brought back previously. This new version incorporates additional comments from the last meeting. Comments were also sent in from a clinician in East Lancs which were circulated to LSCMMG meetings prior to the meeting. It was highlighted that the guidance has been drafted to support non specialist prescribers rather than a specialist view. Changes regarding the specialist's views have not been implemented although they are valid comments and were considered by the group.</p> <p>The clinical content was approved, in addition it was asked for the document to be changed to the house style.</p> <p><b>Action</b></p> <p>DP to change the document to match the house style for LSCMMG.</p>	<p><b>DP</b></p>

	Following update of the formatting of the document the guideline will be uploaded to the website.	
<b>2025/058</b>	<p><b>NHSE implementation of NICE technology appraisal for Tirzepatide (Mounjaro®) in weight management</b></p> <p>Due to this information from NICE only being published recently, there was not enough time for the drafted position statement to be sent out with the papers. The position statement has been amended to reflect the new published guidance and cohorts of patients. It has been added that it is recommended from the 23<sup>rd</sup> of June Mounjaro® needs to be made available in primary care to those who qualify as set out by NHSE. The definition of the first cohort has been added and given a proposed RAG rating of Green Restricted.</p> <p>It was added an interim statement should be published quickly making clear it is not to be prescribed in primary care until after the 23<sup>rd</sup> of June and wrap around diet and exercise services are available as it is only available via secondary care if they qualify prior to this date.</p> <p>It was raised the importance of the wrap around care services; however it is unclear if these will be in place in primary care ready for the 23<sup>rd</sup> of June.</p> <p>This was discussed at length by the group including the definitions of the wrap around care and cohorts and the commissioning of tier three and four weight management services.</p> <p>After discussions it was asked for the raised points to be added to a redrafted document and sent round to the group for comments outside of the meeting. A holding position statement is to be drafted and sent out tomorrow, with required responses to be sent in the to hub team by 21<sup>st</sup> April.</p> <p><b>Actions</b></p> <p>BH/AGR to link in with Katherine Greenhalgh regarding the future of commissioned Tier three and four weight management services.</p> <p>Interim position statement to be drafted and sent out as soon as possible.</p> <p>AGR to add information relating to the importance and requirement of the wrap around care in primary care in the re-drafted document.</p> <p>Comments to be sent back to the hub team/ AGR by the 21<sup>st</sup> of April.</p>	<p><b>BH/AGR</b></p> <p><b>BH/AGR</b></p> <p><b>AGR</b></p> <p><b>All Members</b></p>
<b>2025/059</b>	<p><b>Pathways and Guidance workplan</b></p> <p>There has been a lot of queries relating to Denosumab 120mg for oncology document around the clarity on monitoring arrangements. This will be reviewed and brought back to the next meeting.</p> <p>AGR is organising the shared care subgroup of IMOC. A poll will be sent out to see when people are available for the first meeting tomorrow.</p> <p>There have been some minor updates to the post-menopausal women's testosterone shared care. Clarity was added around the British Menopause Society accredited prescribers for shared care with the GP. The application site has also been changed based on the British Menopause Society recommendations. This has been updated and uploaded to the website but will be brought back with a formal update to</p>	

	the group at the next meeting.	
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<b>2025/060</b>	<b>New NHS England Medicines Commissioning Policies March 2025</b> Nothing to discuss.	
<b>2025/061</b>	<b>Regional Medicines Optimisation Committees – Outputs March 2025</b> Nothing to discuss.	
<b>2025/062</b>	<b>Evidence Reviews Published by SMC or AWMSG March 2025</b> Nothing to discuss.	
<b>ITEMS FOR INFORMATION</b>		
<b>2025/063</b>	<b>LSCMMG Cost Pressures Log</b> Drospirenone could have a financial impact, this will be estimated and included in the log which will be circulated with the minutes from today's meeting.	
<b>DATE AND TIME OF NEXT MEETING</b> <b>The next meeting will take place on</b> <b>Thursday 8<sup>th</sup> May 2025</b> <b>9.30 – 11.30</b> <b>Microsoft Teams</b>		