

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 8th May 2025 (via Microsoft Teams)

Name	Role and organisation	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Andy White (AW)	ICB Chief Pharmacist (Chair)	✓		✓	✓	✓	✓
Trust senior medical representation from the following trusts							
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	✓	✓
	Lancashire and South Cumbria Foundation Trust						
Trust senior pharmacist representation from the following trusts							
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			✓	Apol	Deputy
Primary care Integrated Care Partnership senior medical representation							
To be recruited	Fylde Coast						
To be recruited	Central						
To be recruited	Morecambe Bay						
To be recruited	Pennine Lancashire						
Primary care Integrated Care Partnership senior pharmacist representation							
Melanie Preston (MP)	Fylde Coast	✓		Deputy	Deputy	Deputy	✓
Clare Moss (CM)	Central	Apol		✓	✓	Apol	✓
Lisa Rogan (LR)	Pennine Lancashire	Apol		Apol	Deputy	Deputy	Deputy
Faye Prescott (FP)	Morecambe Bay	✓		✓	✓	Deputy	Apol
Other roles							

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						
Praful Methukunta (PM)	Local Medical Committee Representation	✓		Apol			✓
Mubasher Ali (MA)	Community Pharmacy LSC	✓		✓	Apol	✓	Absent
Emma Coupe (EC)	Assistant Director of Pharmacy Clinical Services EHTL	✓			✓	✓	Apol
John Miles (JM)	Clinical lead for Primary Care Data and Intelligence Lancashire & South Cumbria ICB	Joined May 25		Joined May 25	Joined May 25	Joined May 25	✓
Mohammed Elnaggar (ME)	Consultant Endocrinologist University Hospitals Morecambe Bay	Joined May 25		Joined May 25	Joined May 25	Joined May 25	✓
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	✓	✓
Jill Gray (JG)	CSU Meds Commissioning Pharmacist						
Emily Broadhurst (EB)	Medicines Optimisation Administrator (minutes)	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
2025/064	<p>Welcome & apologies for absence</p> <p>Apologies were received from Domonic Sebastian, Faye Prescott and Emma Coupe. Rebecca Dodsworth (RD) was in attendance as an observer. Also, some members were experiencing technical issues and meeting clashes who joined later on in the meeting.</p> <p>EB will also check the meeting link in the agenda to ensure it is the correct meeting invite link.</p>	EB
2025/065	<p>Declaration of any other urgent business</p> <p>None.</p>	
2025/066	<p>Declarations of interest (DOI)</p> <p>DSR raised her long-standing declaration of interest with AstraZeneca, Novo Nordisk and Eli Lilly. DSK raised her declaration of interests being a consultant Rheumatologist and a member of the Rheumatology Alliance.</p> <p>EB to send out declaration of interest forms out to new members for them to complete.</p> <p>New member JM raised that he is a GP and director of his local on-site pharmacy.</p> <p>New member ME raised declarations for Abbott, Amgen, AstraZeneca, Lilly Novo, Menarini and Sanofi.</p>	EB
2025/067	<p>Minutes and action sheet from the last meeting 13th April 2025</p> <p>The Minutes were approved and will be uploaded to the website.</p>	
2025/068	<p>Matters arising (not on the agenda):</p> <p><u>Shared Care</u></p> <p>It was raised that LTH are keen to review the issues relating to the shared care for Sodium Zirconium. There is now a shared care working group which met for the first time yesterday, which is in the process of identifying all issues. Patient agreement forms were raised, they have been mandated in the Shared Care LES, the hub team are going to review the form and make it as streamlined as possible. It was added that this initial meeting was more about ensuring there is appropriate representation, AGR was requested to liaise with DJ around these meetings. PM offered his time to support shared care meetings to enable LMC engagement. This was agreed and meeting information for this will be shared with him.</p> <p>The LES for injectables was raised and DSR suggested linking in with ME who is also the lipid lead. ME raised issues with the current LES, and was suggested that ME, JM and others meet up outside of LSCMMG to discuss issues.</p> <p><u>Denosumab 120mg</u></p> <p>Historically there was a shared care in place in Morecambe Bay, 18 months ago it was consulted on and adopted by LSCMMG and updated 12</p>	

	<p>months ago. Some concerns and queries have been raised around the 120mg dose. It was proposed to pause any new shared care for the 120mg, and a consultation is sent out to try and better understand issues with this dose. It was raised that there have been requests to repatriate patents accepted on the shared care in the last 8 weeks, it was asked what the position would be for these patients. The group discussed this; it was mentioned there are possible generics of the 120mg which won't have a prefilled injection which could impact on where it can be administered. It was also highlighted under the complex injection LES the 120mg isn't covered for administration, however if a practice has agreed to the shared care monitoring LES it will be covered for monitoring. But it was highlighted that the logistics of giving the injection in primary care is an issue. It was agreed that this would be best discussed for the long term in the shared care group, however in the short term it was agreed to place a hold on this and that PM, JB and JM to meet outside of this meeting to discuss further and get something out for patients.</p> <p><u>Tirzepatide</u></p> <p>With the recent guidance on prescribing Tirzepatide for weight loss, it was agreed last month to propose a position statement with equity of access in primary care and specialist services, to help prevent inequalities and to ensure that usage was only supported where wrap around care was in place. Comments were received and most related to concerns around access to Tirzepatide, one of the comorbidities being diabetes and comments from the LMC around the LES and access to appropriate funding and GP not taking over prescribing from specialists amongst others. Unfortunately, the team have been unable to get a clear direction of travel from commissioners on the plans for specialist weight management services.</p> <p>The group discussed this at length, some points of concern raised including the comorbidities and eligibility for this under the weight management, and it was raised that the information provided for these are directly from NHSE. There were lengthy discussions also around the cost to primary care of Tirzepatide on the current projections and the supportive wrap around care.</p> <p>It was agreed to update the position statement for primary care only to hold off prescribing until the advised date in June and wrap around services were available, with a smaller working group to look at the wider position statement and work through it and bring it back to LSCMMG for approval.</p> <p><u>Actions</u></p> <p>Shared Care:</p> <p>AGR to link in with DJ around shared care working group meetings. AGR to send invites for shared care meeting to PM ME and JM to meet to discuss current issues with LES</p> <p>Denosumab 120mg:</p> <p>BH to draft a holding statement. PM, JB and JM to work through the immediate issues in the Fylde Coast</p>	<p>AGR AGR ME, JM</p> <p>BH, PM, JB, JM</p>
--	--	---

	<p>This issue to be discussed at the shared care working group for more long term resolution including a consultation to understand the issues</p> <p>Tirzepatide: Holding message to be drafted relating to usage in Primary care Further work to be done with commissioners to get a better understanding of the commissioning arrangements and amend the position statement.</p>	<p>BH/CM/AGR</p> <p>AGR</p> <p>AW</p>
NEW MEDICINES REVIEWS		
2025/069	<p>Bismuth potassium with metronidazole and tetracycline hydrochloride (Pylera®) for Helicobacter pylori eradication – Moderate change</p> <p>One of the Helicobacter pylori eradication schedules has Bismuth as an ingredient which is an important option, however, Bismuth has been recently unavailable. This should be changing soon but until there is a steady supply, Pylera® is the only option for hard to treat patients.</p> <p>SMC have approved it; it is quite expensive at £120 for a 10 day course. When Bismuth is available it would be advised to switch back to that as it around £40 cheaper for the same course.</p> <p>It was agreed to approve by the group with a view to review once Bismuth is again available with a steady supply.</p> <p>Action</p> <p>Pylera® to be added to the formulary with a Green (Restricted) RAG rating. Restricted to use for highly resistant H. pylori infections when standard recommended treatment regimens have failed.</p>	DP
2025/070	<p>New Medicines Workplan</p> <p>Cinacalcet changing from Red to Amber is listed as a Major change was queried by DSR. It was felt there wouldn't be any financial implications, as such it was agreed to consider whether it should be considered as a Major or Moderate change when it is presented at the next meeting.</p>	
2025/071	<p>New NICE Technology Appraisal Guidance for Medicines March 2025</p> <p>TA1056 Molnupiravir for treating COVID-19 – An additional treatment option which will cost less than £115,00 per year. It has been given a recommended RAG rating of a RED however a Blueteq form is not required as it will be treated as a pass through cost.</p> <p>TA1057 Relugolix-Estradiol norethisterone for treating symptoms of endometriosis – There is a small cost saving at year 5 based on 5% uptake a year. It was recommended as an Amber 0 as it is not a high cost drug.</p> <p>It was highlighted to the group that both Paxlovid and Molnupiravir were previously free national stock. They are now no longer free, Paxlovid is around £1000 per patients. This will be raised at CRG due to the cost impact going forward for the covid service and how it will continue.</p>	

FORMULARY UPDATES		
2025/072	<p>Formulary update:</p> <p>MSK chapter is almost complete with only a few queries left to review.</p> <p>It was raised at the formulary group that drug reps normally reach out to lots of people. A new process was proposed that these queries are directed the formulary inbox, and the team will draft a statement showing the risks and benefits etc. and this will then be sent to the QIPP group. It was requested for this process to be shared out widely, so everyone is aware of this.</p> <p>In addition to this there is also a process for informing the ICB when trusts wish to change their suppliers or their branded generics etc., any proposed changes are asked to be sent to the formulary inbox which will then be forwarded to the QIPP group and possibly facilitated by the formulary working group. Again this was requested to be sent around to members for clarity on the full process.</p> <p>The changes proposed around palliative care were raised, the documents shared with the group showed the outcome from the palliative care medicines group. The items which were put forward for use by the specialist clinicians are mainly already in use however they would like them for either a slightly different indication or a slightly different setting. The table at the bottom of the document showed previously used palliative care drugs which were rated as Green Restricted RAGs (restricted for palliative care use only). However, when they were placed in the full formulary, this unintentionally restricted a number of items.</p> <p>The formulary group are realigning them as palliative care items to return them to Green Restricted RAG rating. It was noted this will also help support software such as Optimise and help guide clinicians.</p> <p>Tranexamic acid injection for topical use was requested to be revisited and possibly changed to a Green RAG rating due to its topical use in wound care with the community team. This was discussed and was agreed to be changed to a Green with specific indication of use for topical wound care treatment.</p> <p><u>Action</u></p> <p>Tranexamic acid injection to be changed to Green for topical wound care treatment.</p>	DP
2025/073	<p>Formulary Changes since last LSCMMG</p> <p>The list of changes will be sent around to the group for information.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2025/075	<p>Biosimilars Statement</p> <p>The draft biosimilars statement, based on the Leeds example, was shared with the committee. There is some refining of wording needed including around the maximum amount of switches allowed in a 12 month period. Once agreed it will be logoed with all trusts and ICB logos with signatures</p>	

	<p>from the Medical Directors and Chief Pharmacists, so it is a system wide agreed statement.</p> <p>The were discussions around what an appropriate time between biosimilar switches was appropriate. It was requested to make this point clear that there needs to be significant cost difference for a change and that clinicians are not expected to change patients every time there is a price change.</p> <p>The document was agreed by the group with the requested changes, and it was proposed to take it to IMOC after the changes are made for view and approval from that group for use across the patch.</p> <p><u>Action</u></p> <p>DP to refine wording and adding some clarity before tabling for discussion at the next IMOC.</p>	DP
2025/076	<p>Document for the Diabetes Workplan – Deferred</p> <p>This was deferred due to waiting on final decisions from the Diabetes group. This is a large piece of work including items such as disposables, this needs to be discussed fully with the correct clinicians prior to coming to this group.</p> <p>It was agreed it will bring back to next month's meeting.</p>	
2025/077	<p>Gender Dysphoria information sheets- update and NHSE policy update</p> <p>The law has been updated, including the previous statutory instrument banning the private supply of GNRH analogues has been made permanent. Also NICE has released new guidance around unregulated providers supplying hormone medication to children and young people for gender incongruence, which is similar to the current position statement on private providers. It was proposed to retire the currently used guidance and adopt and use NHSE's guidance which is felt to be far more comprehensive and update the gender dysphoria documents with the boxed information.</p> <p>It was raised that within the prescribing information sheet it includes GMC guidance around prescribing a bridging prescription for self-medicating patients. It was asked how this mix with the new NHS guidance in terms of not prescribing for under 18s. This was agreed this element needs a review and will be done so by the CSU team.</p> <p>It was agreed for general housekeeping changes and the review around the GMC statement to be reviewed and the document approved via chairs action once completed.</p> <p><u>Action</u></p> <p>AGR to make general housekeeping changes and review section with GMC statement around bridging prescriptions.</p> <p>Once changes are made, AGR to send to AW for chairs action approval.</p>	<p>AGR</p> <p>AGR/AW</p>
2025/078	<p>Fentanyl patches RAG status and withdrawal guidance</p> <p>This document lists a series of requests from the Medicines Misuse group. The first ask was for a proposal to be sent out for consultation that Fentanyl patches of all strengths should be considered to change to a Red RAG status. Another ask was for any Opiate over 120mg Morphine</p>	

	<p>equivalent to also have a Red RAG status.</p> <p>Also that Fentanyl patch application guidance to be considered for adoption and adding to the LSCMMG website. This document was originally produced by NHS Bolton CCG prior to the change to ICBs and is endorsed by their local hospital trust.</p> <p>Finally it was asked for the North Kent prescribing group tapering guideline be considered for adoption and adding to the LSCMMG website. This was proposed to go out for additional consultation due to the clinical information in the document.</p> <p>All the above was discussed at length, it was felt that making all doses of Fentanyl Red would be problematic and could possibly move patients over to different Opioid patches. Also the move to Red would move around 2000 plus patients back into secondary care which would be very difficult for secondary care to facilitate. It was also highlighted how difficult it is for patients to get into pain clinics and this would hinder care.</p> <p>It was highlighted that the different suggestions coming from discussions would be very helpful to the pain group and that trying to collate some of the ideas and feed them back to the pain group would be good.</p> <p>Although it was agreed that the application guide and the tapering guide were good it was not confirmed by the group if they approved of the recommendations put forward for them.</p> <p><u>Action</u></p> <p>AGR to collate suggestions around the prescribing of Fentanyl patches back to the pain group for them to explore.</p>	AGR
2025/079	<p>Pathways and Guidance workplan</p> <p>Due to time constraints this was not discussed. Any comments on items in this section are to be sent to EB for action to the CSU team.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2025/080	<p>New NHS England Medicines Commissioning Policies April 2025</p> <p>Due to time constraints this was not discussed. Any comments on items in this section are to be sent to EB for action to the CSU team.</p>	
2025/081	<p>Regional Medicines Optimisation Committees – Outputs April 2025</p> <p>Due to time constraints this was not discussed. Any comments on items in this section are to be sent to EB for action to the CSU team.</p>	
2025/082	<p>Evidence Reviews Published by SMC or AWMSG April 2025</p> <p>Due to time constraints this was not discussed. Any comments on items in this section are to be sent to EB for action to the CSU team.</p>	
ITEMS FOR INFORMATION		
2025/083	<p>LSCMMG Cost Pressures Log</p> <p>This will be sent out to members after the meeting.</p>	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 8th May 2025

9.30 – 11.30

Microsoft Teams