Lancashire & South Cumbria Medicines Management Group

NHS Midlands and Lancashire Commissioning Support Unit

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 12th June 2025 (via Microsoft Teams)

Name	Role and organisation	Jan-25	Feb-25	Mar-25	Apr-25	May -25	Jun -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	✓	✓	Deputy (Dr Truman)
Mohammed Elnaggar (ME)	Lancashire and South Cumbria Foundation Trust				Joined May 25	✓	
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		JO attending	JO attending	✓	✓	✓
David Jones (DJ)	Lancashire Teaching Hospitals		✓	✓	✓	✓	Deputy (Judith Argall JA)
Ana Batista (AB)	East Lancashire Teaching Hospitals		✓	Apol	✓	✓	✓
Dorna Ghashghaei (DG)	Lancashire and South Cumbria Foundation Trust		✓	✓	Deputy	Deputy	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	✓	✓

Lisa Rogan (LR)	Pennine Lancashire		Apol	Deputy	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	✓	✓	Apol
	ICB Senior Commissioning Manager						
Lucy Dickinson (LD)	ICB Finance Representative		✓	✓	✓	✓	
	Provider finance representative						
Praful Methukunta (PM)	Local Medical Committee Representation		Joined May 25	Joined May 25	Joined May 25	✓	✓
Adam Dedat (AD)	Local Medical Committee Representation		Joined June 25	Joined June 25	Joined June 25	Joined June 25	✓
Mubasher Ali (MA)	Community Pharmacy LSC					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	✓	✓
IN ATTENDANCE:							
Jenny Oakley (JO)	University Hospitals of Morecambe Bay						✓
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	✓	✓	✓
Jill Gray (JG)	CSU Meds Commissioning Pharmacist						
Emily Broadhurst (EB)	Medicines Optimisation Administrator (minutes)		✓	✓	✓	✓	✓

Please note, there will be no meeting in August 2025. LSCMMG resumes in September 2025.

Key

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

	SUMMARY OF DISCUSSION	ACTION
2025/084	**Welcome & apologies for absence** Apologies were received from Nicola Baxter, Emma Watson, Lindsay Dickinson, Shenaz Ramtoola with Nicolas Truman attending on her behalf and Judith Argall attending for David Jones.	
2025/085	**Declaration of any other urgent business** None.	
2025/086	**Declarations of interest (DOI)** The group were going to follow the ICB process, however it is currently under review. Therefore, the group will revert to using the previous process. Members will be sent the forms for declarations of interest in the next week to complete and return. No declarations of interest pertinent to the agenda were raised for today's agenda.	
2025/087	**Minutes and action sheet from the last meeting 8th May 2025** The Minutes were approved and will be uploaded to the website.	
2025/088	**Matters arising (not on the agenda):** <u>Ophthalmology Macular Pathway Summary Guidance</u> A highlight of the paper was given to the group as it was distributed yesterday evening. The national commissioning document has been released, which places Biosimilar Ranibizumab and Aflibercept 2mg as first line treatments. The paper shows on current usage there is a significant level of savings, around £4.7 million, that could be made by moving to biosimilars if 90% of current Aflibercept 2mg patients were moved. If Faricimab was also considered the saving would be larger, up to a possible £10 million per year savings in total. The paper proposed patients on both Aflibercept 2mg and Faricimab were considered for switching. It was acknowledged that there may be some reservation from clinicians for switching stable patients, however there is a large cost saving to be had and should be considered. It was also highlighted again that as this was a late paper, it will not have been consulted outside of LSCMMG members. The group discussed this item, it was raised that clinicians feel they would like an overarching policy to guide them, so they are not left to make these decisions individually. Some members fed back that their clinicians are reluctant to change to the biosimilars so they would need support from medical directors at the ICB to implement a change. It was agreed the need for definitive language to be used when the guidance is being drafted. Members were asked to provide any further feedback to BH by the end of the week. Once this has been done, AW and BH will take the pathway guidance to the medical directors at their next meeting for discussion. BH	

	and AW will update the ICB medical director tomorrow on discussions had today. It was proposed to align the paper with the commissioning guidance and bring back to this group. It was also added that this is a significant amount of work for secondary care and there will need to be recognition for this. The paper highlights the need for additional resource to support some of this activity at trusts. **Actions** Members to feedback any comments to BH by the end of the week. CSU team to align the paper with the commissioning guidance and bring back to the group. AW and BH to update ICB medical director on discussions had today. AW/BH to request with ICB medical director to meet with trust medical directors and Ophthalmology members outside of LSCMMG to discuss. <u>Asthma Guidelines</u> There have been some updates made to the guidance following the review in November last year. MP outlined them to the group. The group agreed the document; however it was highlighted the need for clear communication to prescribers and practices. It was also raised to liaise with the company of the Wockair inhaler as it is relatively new and has a small amount of usage to check their supply chain is robust as it is one of the new preferred agents. **Actions** Clear communications to be sent out to prescribers and practices. Link in with Wockair company to check supply chain. Clinical training to be provided to prescribers. <u>LSCFT Medicines Approval</u> LSCFT are seeking approval to change their approval process for high cost / high risk medications. Any of these requests currently have to go through to the chief pharmacist and the deputy medical director to approve. The requested change is for a single pharmacy approval where either the chief pharmacist or deputy network pharmacy director can approve. This was approved by the group.	**All Members** **BH** **AW/BH** **AW/BH** **MP** **MP** **MP**
NEW MEDICINES REVIEWS		
2025/089	**Twice weekly Rivastigmine patches (Zeyzelf) for the symptomatic treatment of mild to moderate Alzheimer's Disease – Moderate change** This is another choice on the formulary, the current Rivastigmine patches are changed every day. There was a request from a specialist trust for the twice weekly patches to be considered. The additional cost would be £216.53 per patient per year, which is around £21,500 across the patch. The reasoning from the trust is that twice weekly patches could be easier to administer when carers are involved. It was mentioned a potential cost saving if carers are going in only twice weekly. However, it was highlighted that unless the patients are only receiving that medication, there wouldn't be a cost saving as the carers go	

	in to complete a range of different care in that time period. The risk of confusion at the point of prescribing was also raised, but added the use of Optimise at the point of prescribing could help alleviate this. **Action** Twice weekly Rivastigmine patches (Zeyzelf) to be added to the formulary with an Amber 0 RAG rating. They will be restricted to patients where the use of twice weekly patches would be more appropriate than daily patches (e.g. patients who have limited carer support)	**DP**
2025/090	**Botulinum Toxin for the treatments of Anal Fissures – Moderate change** This is already an option at trusts for fissures after other treatment failure, Botulinum Toxin is now in tariff. So is already being paid for by trusts but it was felt useful to have some guidance. It was raised the issue of the patient would require anaesthetic, either general or local. If this is the case is there a need for this when the final step would actually be surgery. This would add cost implications but also noted the complications compared to surgery may be reduced. The document was placed on hold. It was agreed for NT to raise this with anaesthetic/ surgical colleagues to see if this would be a cost effective option given it would be performed possibly as a day case surgery. It was also mentioned to look at the GM document on Botulinum Toxin guideline. DP added that they had looked at it and the document was a few years old and references may no longer be available or applicable. AW will pick up discussions with the Author and look at possible adoption. **Action** NT to raise this with colleagues to see cost effectiveness of treatment and bring back discussion with the group. AW to pick up overall Botulinum Toxin guideline with the author at GM.	**NT** **AW**
2025/091	**Pitolisant for the treatment of Narcolepsy with or without cataplexy in adults – Moderate change** LSCMMG has a pre-existing Do Not Prescribe position for Pitolisant, this position was decided as it was felt there were no additional benefits above the usual treatments provided. However, this position predated the inclusion of sodium oxybate at a similar place in the pathway and regional colleagues have also now approved the pitolisant. It has been brought back today for reconsideration on the basis of alignment and that cost shouldn't be an issue as it costs the same as Sodium Oxybate which is already an option. **Action** Pitolisant was agreed as a Red RAG rating and will be taken to CRG for ratification.	**BH**
2025/092	**Cinacalcet RAG change review – Moderate change** This request came from an Endocrinology pharmacist at ELTH for reclassification from a RED to an AMBER 1 so the drug can be provided in primary care. Other areas have shared care guidance for this and there is NICE guidelines included that support usage. It was felt it could be	

	applicable for Hypercalcemia in Hyperparathyroidism who can't have surgery. The change is requested as on principle as the shared care document will need to be drafted and approved before the change takes place. The monitoring requirements are two to three monthly, and the specialist would retain responsibility for altering doses. Cost and numbers were not included in the document but there are around 216 patients eligible, and it would cost around £252,000 per year. It was highlighted the need to consider the shared care cost as well, and that the cost of the drug could be different in primary care to what it is in secondary care so this needs to be looked into also. Another point raised by the LMC members was the difficulty in corresponding with the specialists once the drug comes into primary care. This will need to be addressed for it to work in primary care along with clear clinical responsibilities and escalation processes. If there was a robust shared care, access to the specialists and it was properly commissioned and funded primary care would support the change. Manchester have a shared care document which was due to be updated, it was suggested to link in with them and do a joint document. It was also highlighted that there is a significant cost difference between the 90mg and the smaller doses so if approved this would need to be clear on the formulary. It was agreed for work on a Shared Care document to begin and the actions below to be taken forward and this brought back in September's meeting. The RAG position will remain Red until such time as a shared care document has been approved. **Actions** Link with Manchester to discuss their shared care document. Check the cost in secondary care compared to primary care. Look at the net cost of drug being added into the shared care LES. Clarify clinical responsibilities and ensure robust process for escalation and getting responses from specialists.	**BH/DP** **DP** **DP** **DP**
2025/093	**New Medicines Workplan** Mexiletine RAG change – This has been coordinated with the Specialist Cardiac Centre in Liverpool. The cardiac network is already looking into this, but it will need to be approved here also. K Vita – There have been a few IFR's for drug resistant epilepsy, this wouldn't usually come here but it is an expensive treatment and does need a review. Both items were agreed to be added to the work plan.	
2025/094	**New NICE Technology Appraisal Guidance for Medicines April 2025** TA878(update) Nirmatrelvir plus Ritonavir, Sotrovimab and Tocilizumab for treating COVID-19. Update to the formulary agreed to align with the updated wording within the NICE TA.	

FORMULARY UPDATES		
2025/095	**Formulary update:** MSK chapter is almost complete, the group will then move onto the ENT chapter. A paper has been sent out to members with a Formulary Blurb to be added to the first page on NetFormulary as it outlines some useful information, answers some common queries and gives a brief description of RAG ratings. There was a request to check if following the publication of the Shared Care LES if there is now a need for both Amber 1 and Amber 2 RAG designations. It was agreed the CSU team would look into this and see if this is still needed due to the new LES being agreed by September. **Action** CSU team to check if Amber 1 and Amber 1/2 is still needed. The blurb was agreed and will be added to the NetFormulary site.	**DP** **DP**
2025/096	**Formulary Changes since last LSCMMG** The list of changes were provided to the group for information.	
GUIDELINES and INFORMATION LEAFLETS		
2025/097	**Recurrent UTI guideline - update** This was a request from the antimicrobial resistance group to review the recurrent UTI guideline. It was due to be reviewed as NICE have updated their guidelines, however the antimicrobial group have asked that the Royal College of GP's target flow chart is published as well. This is currently still under consultation by the Royal College of Physicians. There are some differences in the NICE guidance and the Target flow chart, including the use of D-mannose and Cranberry as self-care measures which is not included in the NICE guidance, and some differences in the Red flag referral criteria. The gender terminology will also be updated to align with NICE and a statement that this is a summary document. The group were asked if they were happy to adopt the Target guideline whilst still out for consultation or to keep the LSCMMG pathway and update and align with NICE. The group discussed this, and it was asked if Urology had been consulted on this, to which it was noted that it hadn't. It was agreed to discuss the Target documents with Urology and get their views and gain some clarity on who does what. **Action** AGR to link in with Urology and get their views on the Target documents.	**AGR**

	More clarity to be added on who does what within the pathway.	**AGR**
2025/098	**Summary guidance for prescribers – patients wishing to pay for additional private care – update** This came previously to April's meeting, there were some comments at that meeting which have been actioned. The format has been changed to provide some more clarity. An ADHD summary guidance was requested which is now also in the guideline. There was an ask from the group to provide some more clarity on the definition of a private prescriber as some private providers offer NHS services. AGR clarified that the document was intended for situation where a patient has paid for their own private care. It was agreed to add the clarity this document refers to when a patient is choosing to pay for additional payment. The group also asked for some clarity to be added that the document was not intending to affect the care of any patients that may already be receiving medication from an NHS GP following a private episode of care if they are stable. FP added the ADHD document should also go to the ADHD working group along with other members. AW agreed to send to them for information once changes are made. The document was agreed with clear communication. Outside the meeting select members are to meet to discuss this. **Actions** AGR to add additional wording clarifying the meaning of private prescribers, i.e. where that patient has paid for additional care, and statement that the document is not intended to affect stable patients. PM, AGR, FP and CM to meet to discuss communication to practices and GPs.	**AGR** **PM,AGR, FP,CM**
2025/099	**Good prescribing in primary care - update** Some comments were raised at Aprils' meeting which have been actioned. This includes the request to change the number of days medication on discharge to 28 days to align predictions on new NHS plans due to be published. AW raised it has now been agreed that if an inpatient goes below 14 days of medication one stop dispensing will come into effect and the patient will be given a full course or full pack of the required medication. The minimum number of days a patient will leave the trust with is still 14 days, this will need to be amended in the document. **Action** AGR to made requested amendments to the document with the number of days of medication, the document will then be uploaded onto NetFormulary.	**AGR**
2025/100	**Enhanced supportive kidney care guideline – Moderate change** This was put together by the renal team at LTHTR and the renal network for managing patients. It has been through LTHTR's medicines governance process, and it aligns with the formulary. It has been brought to the group for approval as it would be useful to be used across the ICB.	

	It was asked if it will need LSCMMG logos on as a joint document and if it would cover most or all of the tertiary patients. It was agreed it could have LSCMMG logos added, and it would cover a large amount if not all tertiary patients and it can be added to the main formulary. The document was agreed. **Action** Add the LSCMMG logo and add to the formulary page.	**DP**
2025/101	**Documents for the Diabetes Workplan** These documents have been approved by the Diabetes group; the biggest update is that Sitagliptin is now first line due to being more cost effective. It was also proposed to update the Diabetes guideline with the DPP document for information and to update the formulary. It was asked if this is a potential switch for patients to Sitagliptin, it was added that the patient numbers have not been calculated yet and is being looked at more for new patients. A switch would depend on patient numbers and staff being willing to do the work to switch but could potentially be given to practices as an alternative with the value work alongside the MO LES. CM agreed to go away and look at the numbers. The documents and change to the formulary was approved. **Action** CM to look into patient numbers for potential switching to sitagliptin.	**CM**
2025/102	**Pathways and Guidance workplan** The DMARD Shared Care documents are due to expire, the group were asked to agree to extend them for another 6 months as the BSR is due to release updated guidance shortly. This was agreed.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2025/103	**New NHS England Medicines Commissioning Policies May 2025** Nothing to discuss.	
2025/104	**Regional Medicines Optimisation Committees – Outputs May 2025** Nothing to discuss.	
2025/105	**Evidence Reviews Published by SMC or AWMSG May 2025** Paper sent to members for information only.	
ITEMS FOR INFORMATION		
2025/106	**LSCMMG Cost Pressures Log** This will be sent out to members after the meeting.	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 10th July 2025

9.30 – 11.30

Microsoft Teams