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 13th November 2025 (via Microsoft Teams)

Name	Role and organisation	Mar 25	Apr 25	May 25	June 25	July 25	Sept 25	Oct 25	Nov 25
Andy White (AW)	ICB Chief Pharmacist (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Trust senior medical representation from the following trusts									
Dr Hanadi Sari-Kouzel (HSK)	Blackpool Teaching Hospitals	✓	✓	✓	✓	✓	✓	✓	✓
Mohammed Elnaggar (ME)	University Hospitals of Morecambe Bay	Joined May 25	Joined May 25	✓	✓	✓	Apol	Absent	Absent
	Lancashire Teaching Hospitals								
Dr Shenaz Ramtoola (SR)	East Lancashire Teaching Hospitals (Deputy Chair)	Deputy	✓	✓	Deputy (Dr Truman)	Deputy Dr Truman	✓	✓	Deputy Dr Truman
Trust senior pharmacist representation from the following trusts									
James Baker (JB)	Blackpool Teaching Hospitals	✓		✓	✓	✓	Deputy (Alex Davies)	✓	✓
Andrea Scott (AS) (Nima Herlekar or Jenny Oakley temporarily attending)	University Hospitals of Morecambe Bay	JO attending	✓	✓	✓	✓	✓	✓	✓
David Jones (DJ)	Lancashire Teaching Hospitals	✓	✓	✓	Deputy (Judith Argall JA)	Deputy (Jennifer Whatton JW)	✓	✓	✓
Ana Batista (AB)	East Lancashire Teaching Hospitals	Apol	Apol	✓	✓	✓	✓	✓	✓
Dorna Ghashghaei (DG) / Matthew Ling (ML)	Lancashire and South Cumbria Foundation Trust	ML Attending	ML Attending	ML Attending	ML Attending	ML Attending	DG Attending	ML Attending	DG attending
Primary care Integrated Care Partnership senior pharmacist representation									
Melanie Preston (MP)	Fylde Coast	Deputy	Deputy	✓	✓	✓	✓	✓	Deputy (Rukaiya Chand)
Clare Moss (CM)	Central	✓	Apol	✓	✓	Apol	✓	✓	✓
Lisa Rogan (LR)	Pennine Lancashire	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)	Deputy (Laila Dedat)
Faye Prescott (FP)	Morecambe Bay	✓	Deputy	Apol	✓	Deputy (Paul Elwood)	✓	✓	✓
Other roles									
Nicola Baxter (NB)	ICB Lead for Medicines Governance and Medicines Safety	Apol	✓	✓	Apol	✓	✓	✓	✓
	ICB Senior Commissioning Manager								
Lucy Parker (LP) Previously (LD)	ICB Finance Representative	✓	✓	✓		Apol	Apol	✓	✓
	Provider finance representative								

Lindsey Dickinson (LD)	Associate Medical Director LSC ICB						✓	Apol	Absent
Praful Methukunta (PM)	Local Medical Committee Representation	Joined May 25	Joined May 25	✓	✓	✓	✓	✓	✓
Adam Dedat (AD)	Local Medical Committee Representation	Joined June 25	Joined June 25	Joined June 25	✓	Absent	Absent	Absent	Absent
Zuber Patel (ZP)	GP partner	Joined Nov 25	Joined Nov 25	Joined Nov 25	Joined Nov 25	Joined Nov 25	Joined Nov 25	Joined Nov 25	✓
Mubasher Ali (MA)	Community Pharmacy LSC			Absent		✓	Apol	✓	Absent
Emma Coupe (EC)	Assistant Director of Pharmacy Clinical Services ELTH	✓	✓	Apol	✓	✓	✓	✓	Absent
John Miles (JM)	Clinical Lead for Primary Care Data and Intelligence Lancashire & South Cumbria ICB	Joined May 25	Joined May 25	Joined May 25	✓	✓	Apol	✓	Apol
IN ATTENDANCE:									
Domnic Sebastian (DS)	Divisional Medical Director for Surgery & Anaesthetics ELHT					✓			Absent
Brent Horrell (BH)	ICB Head of Meds Commissioning	✓	✓	✓	✓	Apol	✓	✓	✓
David Prayle (DP)	ICB Senior Meds Commissioning Pharmacist	✓	✓	✓	✓	✓	Apol	✓	✓
Adam Grainger (AGR)	ICB Senior Meds Performance Pharmacist	Apol	✓	✓	✓	✓	✓	Apol	✓
Jill Gray (JG)	ICB Meds Commissioning Pharmacist						✓		
Paul Tyldesley	ICB Meds Commissioning Pharmacist						✓		✓

Key

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

	SUMMARY OF DISCUSSION	ACTION
2025/184	**Welcome & apologies for absence** Apologies were noted for Melanie Preston, John Miles, Dr Shenaz Ramtoola and Dominic Sebastian.	
2025/185	**Declaration of any other urgent business**	
2025/186	**Declarations of interest (DOI)** No declarations relevant to items discussed today were raised.	

2025/187	**Minutes and action sheet from the last meeting 9th October 2025** The minutes were approved and will be uploaded to the website. It was noted that there were some changes made to the minutes. On top of page 4 of the minutes the first paragraph has been re-worded and shortened in line with communication between AW, BH and SR.	
2025/188	**Matters arising (not on the agenda)** Nothing discussed.	

2025/189	**Final Terms of Reference and Annual Declarations** The final version of the ToR was circulated. There was one minor amendment relating to the support for group. It was noted that the support was provided by Midlands and Lancashire Commissioning Support Unit because the Hub team was previously employed by MLCSU. It has now been amended to state that LSCMMG is supported by the ICB Hub Medicines team. The document will be uploaded to the website. At the end of next week BH will create another download of declarations and will contact members that haven't yet provided a Declaration. BH and AW have reviewed all Declarations of Interest and explained that some of the email addresses were incorrect on the automated system that the ICB uses, however, they have now been amended. There were no significant Declarations of Interest that precluded members from being at the meeting. It was noted that there are two different formats of the Declarations of Interest forms, appendix 1 and appendix 2. BH suggested the document is included in the papers for all meetings and the group will be informed when there is a new Declaration of Interest, and it will be noted in the minutes. It was agreed that a list of those who haven't filled in a Declaration of Interest form will be brought to the next meeting. **Action** The list of members who have not provided a Declaration will be brought to the next LSCMMG for consideration by the group.	
	New Medicines Reviews	
2025/190	**Acarizax RAG change – Moderate change** Approved by NICE a few months ago and received a temporary Red RAG rating as it wasn't clear whether it was suitable for prescribing in non-specialist settings, due to it being a relatively long-term treatment of up to three years. After reviewing the drug, an Amber 0 RAG rating was proposed along with assigning a similar anti-allergen drug called Itulazax also given an Amber 0 RAG rating. The paper has been circulated, and many comments have been received discussing the pros and cons of the approach. PM noted concerns from LMC members that RAG ratings are pointing towards transfer of work to primary care. The workload comes with liability risks, being unfamiliar with the drugs and furthermore secondary care don't get involved once it's with primary care, which proves difficult when queries arise. PM explained that there is a general theme with medications being shifted to primary care. CM added that the familiarity issue is really important issue to consider, and it is essential to be clear with colleagues what the shared care criteria is and that they are in agreement with it.	

	It was agreed to keep the drug as Red RAG rating as there is no local experience with the drug and re-look at it in 6 months' time when specialists have gained experience initiating it. HSK added that in 6 months' time when the RAG rating is reconsidered, primary care may raise the same issues, and that this is going to be an on-going issue and primary care lacks the capacity or the knowledge to manage reviews. **Action** DP to find out how often it needs to be reviewed and what point it would be suitable to transfer to primary care so that it can inform the RAG review in 6 months time.	**DP**
2025/191	**K. Vita for management of drug- resistant epilepsy for use in children new medicine review – Moderate change** Many IFR requests have been received, especially from Manchester Royal Infirmary (MRI), requesting if we can supply this product instead of ketogenic diet. Proposed RAG rating is Amber 0 but majority of feedback was in support of a Red RAG rating. Due to the specialist nature of the preparation, it was queried whether MRI could supply via home care. A Red RAG rating has been proposed along with a number of criteria. **Action** DP to draft amended document and liaise with MRI. Bring back to next meeting.	**DP**
2025/192	**New medicines workplan** Discussions have taken place around reviewing the RAG status of testosterone for female sexual dysfunction. BH has looked at activity data and the ICB prescribes slightly less than average in this patent cohort. DP unsure whether it is more of a service issue than a medicine issue. It requires more discussion before it can be added into the new medicines workplan. AW attended The Women's Working Group and noted that there are large waiting lists for gynecology and obstetrics. The British College of Sexual Health have explained that if clinicians are accredited to that standard they can initiate testosterone which would significantly decrease the number of women on the waiting list. Discussions need to take place on how we would work with other services to achieve this to ensure appropriate treatment is available to women. CM added that the commissioning issues also need to be explored. BH noted that it can be added to the workplan but needs more context to be considered as the shared care was developed primarily because of the risks to patients. AGR highlighted that shared care has already been updated to include BMS accredited primary care prescribers, so they can initiate in primary care and share it with the patients GP. **Action** Further work to be undertaken in relation to Testosterone to inform the scope of the review.	
2025/193	**New NICE Technology Appraisal Guidance for Medicines October 2025** Nothing to discuss.	
	FORMULARY UPDATES	
2025/194	**Formulary Update** Nothing substantive this month. Formulary now completed and plan to start	

	review process in January meeting.	
2025/195	**Updates to LSC Formulary since October LSCMMG** It was noted that, in line with the new ToR of the group, there will be several amendments made to the LSC formulary outside of LSCMMG which will be reported at the meeting. BH gave a summary of the updates. <u>Buprenorphine</u> Amend the wording on the drug entry to: Moderate to severe pain. Prescribers should be vigilant when selecting a sublingual buprenorphine product that it is licensed for the intended indication. <u>Cyanocobalamin</u> Amend wording to: [DNP] Maintenance therapy of dietary related insufficiency. Patients are advised to self-care by purchase of 50 microgram and/or 100 microgram tablets over the counter. <u>Dexamethasone with Neomycin and Polymyxin B sulphate</u> Original RED RAG rating given as stock shortage and manufacturer couldn't provide timeline for when or if it would become available. At this time an unlicensed Moorfield's alternative was being used. Now that Maxitrol ointment is back in stock, to change RAG rating to Amber 0 to match Maxitrol eyedrops.	
	GUIDELINES and INFORMATION LEAFLETS	
2025/196	**DXA scan prescriber information sheet – TO FOLLOW** Deferred to the next meeting.	
2025/197	**Insulin safety document – update** AGR explained that it is a Trust document and has been reviewed by Jatinder Saimbi. It was requested that the document is formatted into house style and a diagram included on how to roll insulin. All members were happy to approve the document. **Action** The updated document to be uploaded onto NetFormulary.	
2025/198	**PPI review pathway – update** The pathway was based on LTH guidelines originally. Additional information has been added from the All-Wales Medicines Strategy Group PPI guidelines that have since been withdrawn. They have deferred to the presQIPP guideline for PPI review, so AGR ensured the document is up to date and consistent with the most current guideline. AW noted that there is an issue with short course pain relief prescriptions being put onto patients repeat prescriptions inappropriately after discharge. AGR noted that some text could be included in the pathway to prevent this from happening. **Action**	**AGR**

	AGR to add some wording about reviewing the use of PPIs in primary care when initiated for a short course on discharge from hospital.	
2025/199	**Headache pathway – atogepant and rimegepant – update** The pathway has now been updated with the recommendations from October's meeting. Professor Chhetri and Jatinder Saimbi have asked that an information sheet is included at the back of the document which is now included. Professor Chhetri and Pfizer requested that atogepant is removed from the main part of the pathway. The rationale being that the rimegepant is for acute and prophylaxis and atogepant is only for prophylaxis. It was also requested that it is Green RAG rated rather than Green Restricted. The group agreed to keep to advice and guidance and Green Restricted and request further comments from wider primary care representatives before a Green position is considered. The requirement for Blueteq to be removed and atogepant and rimegepant will be moved to a pass-through payment. **Action** To engage with specialists and wider primary care with a view to adopting a Green RAG rating for atogepant and rimegepant in a future version of the guideline. The requirement for Blueteq to be removed and atogepant and rimegepant will be moved to a pass-through payment.	**AGR** **AGR**
2025/200	**Proposed amendments to the LSCMMG Lipid Management Pathway for Primary Prevention of Cardiovascular Disease** The lipids group proposed that the prevention guidelines are updated with three amendments which have been reviewed. When at the early stages of treatment, the pathway states to initiate atorvastatin 20mg which will have a cost implication. The lipids group were unsure what the cost would be or what the benefits would be. DP estimated that it would cost an additional £60,000 per year. Approved by group. **Action** RC to take back suggestion of re-wording to include Atorvastatin being offered as shared decision to Lipids Group.	**RC**
2025/201	**Proposed LSC Statin Intolerance Pathway** RC noted that the Lipids Group wants own version of pathway so it can be simplified and modified when required. Approved by group. **Action** The updated pathway to be uploaded onto NetFormulary.	**AGR**

2025/202	**Psoriasis: LSCMMG High-Cost Drugs Commissioning Pathway** Prices are very similar and hoping to have computerised system to determine most cost effective drug. Our guidelines state most cost effective drug if it's suitable for patients. The problem is that it is difficult for clinicians to know what the most cost effective drugs are. JS suggested that it would be useful to state that biosimilars should be used first line and which drugs are available as biosimilars. Approved by the group. **Action** The pathway to be updated and uploaded onto NetFormulary.	
2025/203	**Unresolved items from previous LSCMMG meetings** Vaginal devices for females with urinary stress incontinence Adopt the guideline with request to LSCMMG to identify any specialists who would prescribe. This could allow a minor update in future. All agreed. Botulinum Toxin for the treatments of Anal Fissures Approve indication of use in Anal Fissures as Red RAG. It was agreed not to update the Manchester document as it would need significant revisions to update for LSC. All agreed. Domperidone as galactagogue Reinstate currently approved green (restricted) RAG rating. The initial review in 2020 was subject to full consultation where all member organisations (including LMC) supported the green (restricted) RAG rating. All agreed.	
2025/204	**Infant Feeding – items for addition to formulary** Following feedback PT has suggested including one section of the Maternity and Newborn Alliance document, which relates to milk allergy, on the formulary. This information is in line with the information that LSCMMG already had before liaising with the Infant Feeding Network to review the document. We already have preparations on formulary for reflux in infants. PT proposed that for consistency across the prescribing area thickeners are added to be recommended as self-care as that is what is in the guidance. Add to formulary and link to smaller document. All agreed to shortened version of the document. **Action** PT to feedback LSCMMG comments from the previous LSCMMG meeting to the Maternity and Newborn Alliance. NB to take the guideline to AMS group to align with currently accepted antimicrobial prescribing guidelines.	**PT** **NB**
2025/205	**Ophthalmology Macular Pathways Summary Guideline** Significant engagement was undertaken with specialists, the format of flowcharts has changed slightly and the pathway has been approved via Chairs action, added to formulary and circulated to ophthalmologists. Agreed with Trusts that Blueteq data will be provided every couple of weeks once the biosimilar is available. A review of Blueteq forms will need to be completed w/c 24/11 and ensure that the forms are aligned for the roll out of the biosimilar. **Action** LTH identified use of drugs like bevacizumab which is unlicensed for other indications that don't have a NICE TA and agreed to revisit some of the other ophthalmology use. To be taken to formulary group for	**DP**

	discussion.	
2025/206	**Pathways and Guidance workplan** AGR explained in the ADHD guideline we usually recommend that secondary care should provide a supply for three months however, they are getting pushed back from primary care as they are expecting a strict three-month supply to be sent through with the patient before taking on the prescribing in primary care. LTH have requested to switch to, two-three months in the shared care. It was agreed not to complete the document until principles on what the definition of stability is are worked through in the Shared Care Working Group.	
	NATIONAL DECISIONS FOR IMPLEMENTATION	
2025/207	**New NHS England medicines commissioning policies September 2025** Nothing urgent to consider.	
2025/208	**Regional Medicines Optimisation Committees – Outputs September 2025** Nothing for discussion.	
2025/209	**Evidence reviews published by SMC or AWMSG October 2025** Nothing for discussion.	
	ITEMS FOR INFORMATION	
2025/210	**LSCMMG cost pressures log** This will be updated following the meeting and circulated with the minutes.	
The next meeting will take place on Thursday 11th December 2025, 9.30 – 11.30 Microsoft Teams		