Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 9th May 2024(via Microsoft Teams)

PRESENT:

Andy White (AW)	Chief Pharmacist (Acting Chair)	Lancashire and South Cumbria ICB
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley and South Ribble Locality
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Dr H. Sari-Kouzel (HS-K)	Rheumatology Consultant	Blackpool Teaching Hospitals Foundation Trust
Lucy Dickinson (LD)	Finance Manager for Primary Care	Lancashire and South Cumbria ICB
Lindsey Dickinson (LID)	Finance Manager for Primary Care	Lancashire and South Cumbria ICB
Lisa Rohan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	East Lancashire and Blackburn with Darwen Locality
Melanie Preston (MP)	Head of Medicines Optimisation	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Mohammed Ahamd (MA)	Assistant Director of Pharmacy	Blackpool Teaching Hospitals NHS Trust
Mubasher Ali (MuA)	Chief Executive	Community Pharmacy Lancashire & South Cumbria
Nicola Baxter (NB)	Head of Medicines Management	NHS Lancashire and South Cumbria ICB (West Lancashire locality)
Nicola Schaffel (NS)	Lead Medicines Optimisation Pharmacist Greater Preston & Chorley/ South Ribble	NHS Lancashire and South Cumbria ICB (Greater Preston & Chorley/ South Ribble)
Roger Scott (RS)	LCM GP representative	Morecambe Bay
Dr Shenaz Ramtoola (DSR)	Consultant Physician	East Lancashire Hospitals NHS Trust
Sonia Ramdour (SR)	Chief Pharmacist/ Controlled Drugs Accountable Officer	Lancashire and South Cumbria Foundation Trust

IN ATTENDANCE:

Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Jill Gray (JG)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB) (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2024/084	**Welcome & apologies for absence** Apologies were received from Clare Moss with Nicola Schaffel in attendance on her behalf, David Prayle and Emma Coupe.	
2024/085	**Declaration of any other urgent business** None for this meeting.	
2024/086	**Declarations of interest** DSR gave a verbal declaration for a long standing interest in Novo, Lily and AstraZeneca.	
2024/087	**Minutes and action sheet from the last meeting 14th April 2024** The numbering of the items on the minutes were amended to match the agenda from the meeting. The minutes were approved.	
2024/088	**Matters arising (not on the agenda)** Freestyle Libre 3 – This was raised to update group members that there was an issue with Freestyle Libre 3 in that there was some confusion in some places around if it was replacing Freestyle Libre 2, which it is not. Freestyle Libre 3 is a device that works with some makes of hybrid closed loop insulin pumps. There is some prescribing in primary care of Freestyle Libre 3, with this outside of LSCMMG AW has approved via chairs action for this to be put on the website with a Red RAG position to try and remove the confusion. Also to note Freestyle Libre 2 won't be available going forward, it will be replaced with Freestyle Libre 2Plus. AW added this needs to be added to the formulary as the two separate entries to make it clear to prescribers.	
	NEW MEDICINES REVIEWS	
2024/089	**LSCMMG terms of reference** BH presented this item to the group. The new LSCMMG terms of reference has been shared with the group for comments back, not for approval at this stage. The format has changed to be in line with the corporate format of the ICB, and there are some highlighted changes in the document relating to the formulary changes. BH asked for the group to send comments back for this document within the next three weeks and an updated version will be brought back to the next meeting. BH highlighted a few items for the attention of the group. The first being appendix 3 which has the definitions of what is intended for the minor, moderate and major	

	changes to the formulary. It is suggested that minor changes occur outside of LSCMMG, and they will be updated on the formulary and will come to LSCMMG for retrospective approval. Moderate changes will come to LSCMMG meetings and will be agreed at those meetings before they go onto the formulary. Major changes: if it is a medicine it will go to CRG/CEG for ratification, if it is a guideline it will go through the current process of consultation with LSCMMG members and specialists. And once agreed it will then go onto the formulary. In the terms of reference, it is intended that each month a paper will come to the LSCMMG meetings highlighting any minor changes that have happened since the previous meeting, any moderate changes that were approved at the previous meeting and any major changes that have gone to CRG/CEG for ratification. BH asked members to look over the document and forward any comments to the CSU team within the next three weeks. He added that there is a formulary meeting next week and the focus will be around formulary inputs and how that process will work for medicines requests before they make their way to LSCMMG. BH expects that appendix 1 in this document may change following that meeting. In appendix 2 and 3 the team have tried to make clear the core business, how things are assessed to be either a minor, moderate or major changes and how they will be dealt with by the group. In section 3 there is information on what would happen if there was an urgent safety or supply issue, which is there may be a need to invoke chairs action. BH highlighted point 3.10 which relates to historical voting. The voting was written as is and is highlighted in yellow in the document, however BH felt it wouldn't work now as there are lots of different people represented across the ICB, so the group needs to decide if they want to keep the voting option in or remove it from the terms of reference. When this comes back BH added there will be a longer time set in the agender for more discussions to be had. AW added this is crucial with having one formulary for the ICB as this relates to the decision making for this. He added it would be good to get feedback from all the trusts as to how this aligns with their processes and the need for more coordination happening across the ICB. Also to note in the document is that the threshold for delegated decision making is greater than AW's current financial limit. This number has been proposed to enable swift decision making, whist still acknowledging that the system is very overspent. While the proposed £350,000 sounds like a high amount, it is only 0.1% of the primary care prescribing budget. DSR asked if this document was going to be looked at by anyone else or just this group, as she felt it should be run by all of the medical directors from the various trusts, the LMC and wider governance from the ICB board. AW responded that this document is just a recommendation, it has been brought to this group for comments then the finalised recommendations will be taken to committees higher up in the organisation for approval. This is to help enable swifter decision making with members who have the expertise to look at the decisions needing to be made, however it still needs to be approved by higher ICB leads and governance. He also added it is important people within this group feel comfortable with what they are being tasked to do, but it will require permission from the governance above this group to do so. DSR added that she agrees with AW's comment about the level of expertise at this group, however, feels that there hasn't been adequate	

	clinician representation at the meetings for the best part of a year and this should be included in the terms of reference for the need for adequate clinician representation. She also added that while AW was originally an acting chair, the post has not been re-advertised and she feels that there should be a properly appointed clinician chair. She added it is important to determine exactly how the system can be quorate in particular with clinician representation and that the group shouldn't solely focus on money and the group should be listening to people who have to apply the decisions daily in front of patients. AW agreed with DSR's comments, adding that the group does need to get a chair properly appointed, and that's the other reason for getting more people added to the group including clinical, nursing, and commissioning bodies to be sure it is a properly constituted team for making decisions for the ICB. BH added that in the next few days following this meeting a consultation form will be sent out to members with the terms of reference to try and make sure there are formal responses received in advance of the next meeting. AW asked BH to specifically ask the chief pharmacist medical directors and D&T chairs as a specific email for their comments to ensure they are included in this process. **Actions** BH to send out the terms of reference and consultation forms out to members. BH to email out information directly to medical directors and D&T chairs asking for their comments and feedback on the terms of reference. All members to send any comments or queries relating to the terms of reference back to the CSU team within the next three weeks. BH to allow 30 minutes at the next meeting to allow for discussions on comments and feedback received on this item.	**BH** **BH** **All Members** **BH**
2024/090	**Formulary update** BH brought this update, as mentioned in the last agenda item there is a formulary meeting next week to try and firm up some of the processes for items before they come to LSCMMG. The meeting will also be an opportunity to gain some more feedback on how people feel the processes may work. Also any consultation responses received from the formulary are in the process of being incorporated into the formulary which will go live at the end of this month. Formal information will be sent out once the formulary is live, when this occurs the LSCMMG website search function will also change so that it searches on both the LSCMMG website and on NetFormulary.	
2024/091	**Branded generics** CM was unable to attend the meeting today and no additional information was forwarded to present on her behalf. Members are asked to feedback any comments on the document sent out with the papers back to the CSU team and it will come back to next month's meeting for approval. RS asked if this is in relation to dispensing GP practices. AW responded that branded generics are mainly for value purposes and the downside currently is that there is disrupted supply chain that may end up causing issues for patients and clinicians. RS added that he was aware this had been a difficult issue as some dispensing practices, which is a fairly small	

	percentage of the whole amount now, sometimes maximise profits by buying in the branded generics at a cheaper than the tariff price. Due to this he added he wouldn't be able to support that line necessarily and to just be aware that some small practices would say that it is a part of their core income. AW responded that it is the same with pharmacies as well and they are just trying to get the best value for the system as a whole while maintaining a viable pharmacy and GP practice network. **<u>Actions</u>** Members to send any comments and feedback on the amended document to the CSU team. BH to put this on the agenda for next months meeting.	**All Members** **BH**
2024/092	**Tadalafil daily regimen** BH brought this item, it has been produced in line with the new formulary process. With the new process it has been classed as a moderate change, so this has been brought to the meeting to test the new process and see if members are happy with it. This relates to daily Tadalafil, the on demand Tadalafil is available but historically the daily Tadalafil has been rated as Do Not Prescribe in primary care, this was due to the cost effectiveness and the daily was significantly more expensive than the on demand. The reason for the recommended change is that NHS England guidance has now changed and its now recommended. It is felt the financial implications of this are negligible. There is some issue around the 2.5mg tablet, which is £26 for 28 tablets, which is significantly more expensive than the £1 for four tablets, or with the 5mg tablets its £1.41 for 28 tablets. The recommendation to consider today is to approve the new RAG ratings. The recommendation is Green RAG for the 5mg daily use Tadalafil and a Do Not Prescribe for the 2.5mg tablet due to the cost difference. Also for the group to consider is they happy with this being an example of what a moderate change will be going forward. DSR raised a point she had previously raised that this drug has several indications, and that if this is specifically in relation to erectile dysfunction then the document should state this in the title. She added that she felt the 5mg wasn't approved for the prostatic hypertrophy indication either due there being cheaper alternatives. BH responded that they had not looked at the prostatic hypertrophy indication and felt that the overarching treatment for this document was for erectile dysfunction. He added if clinicians feel that the team should also consider other indications then he would be happy to being this back at a later meeting after this has been done. AW asked given the cost he would assume it would be eligible for any indication. BH responded that while he would agree with AW's assumption, he would be more comfortable to bring back a paper once everything has been considered before making a RAG change. AW suggested that both indications are considered on the basis that for prostatic hypertrophy would be specialist recommendation before it was initiated. DSR commented that she felt that GP's do prescribe symptomatic treatment for prostatic hypertrophy and some patients don't have to see a specialist, and AW asked if RS had any comment. RS added that he felt with the continuous use of this GP's would be happy to use for erectile dysfunction, with prostatic hypertrophy he wasn't as sure. He added he would take advice from Urology as there are other drugs and this is quite a	

	new indication for this drug. He also felt it would be third or fourth line and that most GPs would want the advice from a Urologist but added he felt they would be happy to continue prescribing once advised it was the right treatment. DSR added that many patients have both indications. FP added that as the 5mg is cost effective but the 2.5mg isn't, if someone is suffering from side effects but it is effective at 5mg, what is the option for going to the 2.5mg. BH responded that he felt that there was no special coated tablet or special dissolution for this, so felt from memory that the tablets could be split in half. DSR commented that this point needs to be taken seriously and consider if there should be a blanket Do Not Prescribe or should there be some wording on only in cases of significant side effects can GPs consider the 2.5mg. She added she felt there wouldn't be a large number of requests. It was agreed for this to be brought back after the CSU team have looked at whether the 5mg tablet can be halved and for the second indication of prostatic hypertrophy. Tt will come back as another moderate change and a paper will come back next month. **<u>Action</u>** BH to update the recommendation with what to do if a dose of 2.5mg is required and bring back to the June meeting. The prostatic hypertrophy indication will be worked up and brought to the June meeting for consideration.	**BH** **BH**
2024/093	**New Medicines Review Workplan** BH brought this item, as the group is aware things have been delayed due to the ongoing formulary work. While the formulary has been under consultation, the CSU team have been working hard to try and get through the backlog on the work plan. There are a number of recommendations to come to the June meeting which are out for consultation. There is a significant amount that are in process and are planned to come to the July meeting and then another number to come to the September meeting. The team feel that over the next three meetings the backlog should be cleared. The four medicines listed at the end of the Workplan are subject to CNS clinical group discussions, so these will be finalised alongside the rest of the CNS chapter.	
GUIDELINES and INFORMATION LEAFLETS		
2024/094	**Amiodarone and Dronedarone shared care - adoption of NW shared care** AGR brought this item, the shared care guidance for both Amiodarone and Dronedarone were updated as they were due to expire. There have been ongoing discussions with the NW MOG and sub groups. It was agreed to adopt the NW template for and new or updated shared care documents. The clinical content is from a template shared care agreement that RDTC produced and will maintain the updates going forward. AGR added the extra local pathway information which is highlighted in yellow in the document, and there is now 2 shared care documents instead of 1. The ask if for the group if they are happy to adopt the NW shared cares with the adaptations from the previous LSCMMG shared care documents. AW added this will provide an advantage with cross border working with	

	people attending hospitals outside the area and bring a level of consistency. AGR added that while things are moving in the right direction there is still a lot of work to do with differences such as the length of time specialists retain treatment until they transfer patients to primary care. With the discussions had, it appears it would be very difficult to reach a consensus across with the North West, but this is the first step towards this. BH added that discussions have been had outside of LSCMMG but that there needs to be a significant piece of work around shared care over the next 6-9 months. BH added in terms of the shared care process, currently the NW documents don't come with the type of appendices that are used currently in the patch in terms of custom practice in Lancashire and South Cumbria transfer of care. The intention is to add these forms into the NW adopted forms as they are in the existing forms, but BH acknowledged that there needs to be a piece of work to consider the process for transfer of care moving forward. SR added if the forms are going to be added back in it needs to be made clear that they are not mandatory and that if secondary care provide the required information through other routes such as clinic letters. It has been discussed previously from secondary care and there has been concerns raised from primary care regarding this as there is an expectation to respond to every request for shared care. SR also added the real need to sort this out because there are risks potentially to people getting medication from both primary and secondary care and there has been cases of this happening, and ideally there would be some electronic way of doing this rather than lots of hand written forms. DSR commented that she has an issue with the forms, in most routine practice for the most part they aren't used, and the clinical letters usually suffice if it stares something along the lines of asking to take up shared care. DSR added that RS may have another opinion but that she felt it should be left to the clinicians and if there is any issues the clinician can go back to the advising secondary care, so felt it would be better not having these forms that nobody has time to fill. The other point DSR wanted to raise was the timescale of the initial monitoring by secondary care in shared care guidelines as it needs a holistic view. There are around 7 million people on waiting lists and secondary care clinics are struggling and the group needs to thing how long it is needed for stabilization. DSR acknowledged that some products need longer than others, but it shouldn't go on the routine 12 months. AW commented that the proposal is not to have the workshop here at this meeting today but agreed things need to be sorted. FP added that she will leave her thoughts until the workshop, however added that locally their LMC chair Micheal Price has been in contact regarding this and there is a general consensus from primary care to reinstate the forms. She acknowledged that there will be challenges but agreed the workshop will be useful. LID also commented that she feels the workshop would be good and is very important. She added that this is a significant issue in primary care, and while she recognized that secondary care is very busy and has long wait lists for outpatients' appointments, but primary care is equally busy. Its not that anybody isn't doing the things that needs to be done but that everyone is equally very busy, and everyone needs to be very careful and recognise that in this narrative. She added being aware of making sure the right membership for the workshop to make it really meaningful and helpful	

	conversation. AW agreed with LID's comments and added that when this workshop is planned the intention is to give at least 6 weeks' notice so that specialists who may have clinic appointments and primary care. He also added it is important to be mindful of shared care being clinically safe which is what to be decided here. The contractual elements are important, but it needs to be clinically safe first, while acknowledging the workload at the moment across all sectors. There is also a need to strike a balance if possible while remembering patients are at the centre of this, and sending people where they don't need to go for blood tests for example is not what people want to do. Equally not dumping work into other sectors as it has been previously described so it all needs to be agreed by all. DSR commented that she did not mean in any way that anybody is not busy. The NHS everywhere isn't quiet anywhere and this was not what she meant at all and wanted that to be clarified. AW agreed with this and added again that everyone is busy, and everyone wants to do what is best by everyone. BH asked if the group were happy to accept the documents in the new NW format with the forms as is until that process of discussion happens. DSR added that she felt the forms should be added back in because there are areas that may prefer to have them in, but that it should remain optional. She added agreement with SR's earlier comments that clinicians can decide amongst themselves whether they want to use them or not but that it is still there for those who wish to use them. The shared care document was agreed in the NW template with the addition of the local information with the additional transfer of care forms included. **<u>Action</u>** AGR to add the optional shared care agreement form to the new shared care documents before addition to the website.	**AGR**
2024/095	**Antipsychotic shared care NICE approved off-label indications – update** AGR brought this item with some comments sent in for the group to discuss. It has been put into the new format of the NW, but AGR has slimmed it down and SR highlighted her comments for the group. Firstly, the title refers to adult services, but the previous document included children and young people and the NICE guidance is referenced for that. In the document in terms of formulation rather than a list, the oral dispersible tablets and liquid haven't been included so will have tablets and MR formulations. Clinically Aripiprazole levels aren't routinely checked, and this position is supported by national resources such as the Maudsley guidelines so that reference should be removed. With photosensitivity, mostly around Chlorpromazine and rarely Olanzapine, so this statement needs to be adjusted. And lastly the statement around pregnancy and breastfeeding wasn't in the original document, SR felt this had come in due to moving to the NW template for pregnancy. She added the importance of noting not stopping antipsychotics if someone becomes unexpectedly pregnant, and that it is a very individualised approach. So a note should be added around in for referring to perinatal mental health	

	services, who can also accept for preconception counselling which may be helpful if it is a planned pregnancy. With breastfeeding it is encouraged wherever possible, particularly with babies that are full term as there is no concerns from a medical perspective, but again is individualised. Most people are treated chronically with antipsychotic drugs, and we don't want moms not to breastfeed because of this. AW commented that this may need to be redrafted as SR has listed a number of changes to be made which were mainly safety related. AW asked the group if there were any more comments on the document before it is taken back and brought to a later meeting once the changes have been made. DSR added she agreed with all points made by SR were valid and she agreed them. RS commented that there is several issues, firstly being that there are a lot of unlicensed indications in the document and that most GPs would be reluctant to sign for prescriptions for unlicensed medications. AGR responded that there are off label NICE approved in the document that the group agreed on a few meetings previously. RS added that the general view on the guidelines is that there hasn't been very much GP input and that most GPs do not want to be prescribing off label medications. He added one guideline he read was in relation to Cyclothymia and using some of the newer antipsychotics but again felt GPs would be reluctant to use. Another point raised was ECG monitoring, this is an issue as some practices don't have access to an ECG machine and it is felt by some GPs that doing ECG monitoring on secondary care drugs is not in their remit unless it is linked in some form of an enhanced service. AW responded that there is more work to be done around this in relation to the comments received. FP added that this was discussed locally with her prescribing lead and a few GPs and RS's comments were what she had back as well. While it is appreciated that NICE guidance has been used, she felt it needed to go out for wider GP consultation. She also added that from her perspective with a long list of off label indications, her concern would be around the drugs intended for short term use, particularly in dementia. Her concern is that when someone is started on these there is a requirement for close monitoring and would GP's actually have time and capacity to do so. She felt the comment in the document that there should be regular reviews and monitoring and who would be doing this needs further discussion and clarity. She also asked about with post-traumatic stress disorder, if the patients would be on the treatment for a long time, and also would they be having psychological therapies and who would have oversight of reviewing this. SR responded to the comments, in terms of the consultation it has already been consulted on quite recently on a position if it is NICE recommended off label that it would be included in the shared care document whether it is for physical or mental health. The NW and the national templates have a section for unlicensed indications, and they would not be recommending anything not in a NICE guidance, as this would be too specialist and would need to be retained in secondary care with an appropriate medical evidence base. With dementia NICE guidelines are referenced but she agreed it could be revisited. With indications such as post-traumatic stress disorder, first line is psychological treatment, but sometimes patients need symptom control in order to engage in the psychological intervention. Its patients were going through the Lancashire Traumatic Stress service, they	

	would receive input from them to the treatment. AW commented that as AGR stated previously these items in the paper have been grouped together, which isn't the usual working order. He asked if members were happy with this or if they would prefer them to be done separately as they were previously. SR responded that it is easier from a secondary care point of view to have them grouped in this way of condition instead of by drug, but equally if primary care felt it would be more helpful to have them separate that secondary care wouldn't be averse to this. AW added that there is often quite different monitoring requirements. SR responded that from a primary care perspective, antipsychotics monitoring is standardised in NICE, so that isn't any different and the licensed indications have been listed for the individual drugs in the table. HS-K added that if the monitoring is very similar and there is no difference then that's fine, but if there were any differences it would then need a separate share care. AW asked if the ones in the shared care were all the same, to which SR responded that they were in this document. RS commented that he felt it was ok to have them all in the one document but went back to the issue around off label/ unlicenced items. He said that it needed further clarification but added he felt it would be a national issue. This is because even though NICE have agreed and said it is safe to use off label, if something goes wrong with the patient are the GPs covered. AW responded that generally yes if they are following national guidance and a body of their peers are doing the same thing. But acknowledged that yes they are still the individual prescribing for the off label indication, so they are responsible, but off label is less risky than unlicenced as if it is just off label it is supported. RS added with worst case scenario GPs attending coroners court they may not have the same defence as say a specialist consultant psychologist with a niche interest with more experience. AW asked SR if this guidance covers the more mainstream conditions rather than the more niche ones. SR responded that when she has been to coroners court the NICE guidance being followed is adequate and has not resulted in challenges as it is an evidence-based treatment option that has been nationally recommended. SR added that wording to support this could be added into the document to make that clear. FP added that when she worked in the trust, in her trust they had guidance for prescribing off label and unlicensed medication and she asked if it would be work looking into and sending something on to GPs. She also added that there is the professional standards from the GMC on prescribing off label and unlicensed which could be looked into. DS-K asked to clarify the terms being used with off label and unlicensed as they are being used interchangeably and they are not interchangeable. With unlicenced meaning the drug doesn't have a licence to be used in the UK and off label meaning it is being used in a condition or dose that is not included on the label. She added this causes confusion for clinicians and she is only aware of the difference due to her being the chair of a D&T group. She added that GP's prescribing off label is quite common and gave Amitriptyline as an example. AW agreed with this clarification. SR said that the document does list the drugs as all are off label rather than unlicensed but added this could be put on the cover sheet to make it clearer. She also added the trust has a procedure for unlicenced off label use as there are a lot of off label indications that are all listed in an appendix. This means there is no requirement to send out additional forms	

	and guidance as it is in NICE guidance and is a nationally advocated treatment. DSR added that a lot of older, cheaper medications don't go back for re-labelling as it would cost too much money to do so, she gave aspirin as an example. LR also commented that a lot of Paediatrics medications are off label use as well as unlicenced particularly from tertiary centres, and that this is something that should be picked up in at the shared care workshop when it happens. It was agreed for this to be brought back to the next meeting with the recommended changes implemented and brought back for approval. **Action** AGR to liaise with SR discuss what changes and amendments are required, taking account of the discussions above, and bring the guidelines back to a future meeting for approval.	**AGR**
2024/096	**Stoma guideline – update** AGR asked to defer this item as although the paper was sent out to members there is a formatting issue. This item was deferred to the next meeting.	
2024/097	**E-cigarette position statement – update** AGR brought this item, the evidence has been reviewed and there is still not enough evidence to recommend. Cochrane has recently been updated and the position statement has been updated to reflect this and the RAG position has remained the same. AGR asked the group if they were happy to approve and for it to go on the website. AW added a comment that many of these products are still owned by tobacco companies and wondered if this should be considered. MuA added E-cigarettes are recommended in some. This means the majority of Lancashire do now offer vapes as an initial tool alongside behavioural therapy. AW asked if they are to be prescribed or given out by the service, to which MuA responded that they are given out by the service. AW asked if this needs to be reconsidered in light of this. SR also highlighted that E-cigarettes may be used in some inpatient settings. BH responded that the intention of the statement was to highlight that vapes are not to be routinely prescribed in primary care as opposed to not being available through a specialist service. AW asked if this needed to be added as a caveat. MuA suggested that it is added. BH responded that it could be a statement at the bottom to highlight that they are available through the specialist services. The group were happy with this, and the document is approved with the additional statement added in. **Action** AGR to add a statement as discussed. Then the document is approved and will be uploaded to the LSCMMG website.	**AGR**
2024/098	**Gluten-Free Position Statement – update** AGR brought this item, this was a historical position from East Lancashire that LSCMMG adopted in the interim and are now being asked to approve as system wide and make it a permanent Do Not Prescribe. AW asked if	

	there was much prescribing at the moment, to which AGR responded that there isn't, and BH added that Lancashire and South Cumbria ICB are probably one of the lowest prescribers in the country. AW added this means there is no quality or equality impact on the population. BH added that previously there were policy statements at each CCG done outside of LSCMMG, the policy positions have not been changed. **Action** The gluten-Free Position Statement was agreed and will be uploaded to the LSCMMG website.	
2024/099	**Antihistamine position statement – update** AGR brought this item, this was another East Lancashire historical position that was adopted in the interim and LSCMMG are being asked to make this a permanent position. AGR added that it was all similar and is based on NHS England guidance as well. AW asked if there was any contradiction with pharmacy first or any other services. MuA responded that he didn't feel that there was as the guidelines follow a similar pathway that pharmacy first follows. He added the product licence could be included, although he acknowledged that it is in the link at the bottom of the page, he felt it would be good to highlight it in the document along with social vulnerability and for clinicians being able to make judgement calls on this. AW asked if he had any specific wording he would like and MuA responded that he would send some wording over to AGR. The group approved this document with the additional wording to be added. **Actions** MuA to send AGR wording he would like to add at the bottom around licensing and clinicians being able to make judgement calls relating to social vulnerability. AGR to consider adding the wording if not covered in any other part of the document, the finalised document will then be added to the LSCMMG website.	**MuA** **AGR**
2024/100	**Insulin Toujeo information sheet – update** AGR brought this update, it has been updated in line with the risk materials section of the SPC so there is some additional safety information taken from the newest version of the SPC. AW commented that there is a few typos and font differences but otherwise it is fine. This document is approved with the typo corrections to be made. **Action** AGR to correct the typo issues in the document, the information sheet is then approved and will be uploaded to the LSCMMG website.	**AGR**
2024/101	**Primary Care management of psoriasis guideline – update** AGR brought this item, it was due to expire on the website. There has been a few minor changes, some are around dosing information for the scalp preparations, to now include twice weekly for maintenance and coal tar once or twice daily have been added. AW asked if the sign guidance has been removed because the NICE guidance supersedes it, to which AGR responded with yes.	

	Action The guideline was approved and will be uploaded to the LSCMMG website.	
2024/102	**LMWH guideline – update** AGR brought this item, the only changes made was to the dosing and the some of the treatment lengths. Both have been updated to be in line with the updated information from SPC. AW asked the trusts if this lines up with their internal documents as he was aware that trusts use different products so this needs to be aligned with all to ensure one way of working. MA responded that he would need to double check against their own LMWH guidelines, he added in Blackpool they only use dalteparin. He said he would give it to Jenny and get back to the CSU team within a few days to confirm. SR added that LSCFT would follow the relevant guidelines from the locality trust so they would vary across the patch. BH suggested as this is such a specialist area and there may need to be changes incorporated from the trusts that the group take it back and discuss it with their teams and send any feedback and comments in after a few weeks and the CSU team will then bring it back to the June meeting. **Actions** Trust members to take the document for comments from their specialists and send any feedback or comments to the CSU team within the next few weeks. AGR to bring back to the June meeting after receiving feedback from trusts.	**Trust Members** **AGR**
2024/103	**PKU position statement – update** AGR brought this item, it has been updated as it was due to expire and some of the new products have been added. The reference to 'CCGs' has also been changed to ICB and some extra guidance from NICE has been added. AW commented that he had looked at the draft formulary and it doesn't list the products it just states multivitamins. He asked if it needs to be consistent and the choice of multivitamin should be consistent in line with the commissioning arrangements, and if there is a need to cross reference them to prevent everything being used by everyone. But remembering that certain ones may be needed for certain patients. He asked if people in the group were content with what is in the guidance and happy for it to be referenced on the formulary in the most appropriate manner. BH added this is one of the areas on the formulary that hasn't had a full clinical review and what is currently within place formularies is what has been taken into consideration. However, the team will look to update this in advance of the formulary going live. To this AW added his concern would be that there is an awful lot of products listed, and asked the group had any preferences as products are normally wouldn't list this many for this kind of condition. BH responded that they tried to do this before, but it was very difficult to pin down products. This is possibly due to it being such a specialist nature and some being required for certain patients. BH added that he would be happy to take this for a further review with specialist input	

	if people would put forward the specialists who work in this field to ensure it works in practice. AW asked trusts to feedback this in terms of the list of products that are and aren't used so things aren't being added that aren't used. He also asked what it meant by the term multivitamin? Would this be over the counter or due to the nature of the group of patients would there be an expectation for them to be prescribed. **Actions** Trust to take the list back and get feedback from specialists on actual items used and would they be over the counter or prescribed. AGR to bring the document back after feedback from trusts.	**Trust Members** **AGR**
2024/104	**Constipation guideline – update** AGR brought this item, it has been updated as it was due to expire. There are no changes to the adult guideline, the constipation in adults with opioid induced constipation has had naldemedine added to it which has an LSCMMG RAG rating of Green. The children's guideline has had the doses and some choices changed. AGR added the pathway itself hasn't changed just some of the doses and options. AW added with the new process, these drugs will be added to the formulary then the guidelines themselves will also be added. He asked the group if they were happy or had any comments. BH added he had spotted some spelling mistakes that need to be changed and some other formatting such as an old building no longer in use in the correspondence section. **Action** The guideline was approved pending the spelling and formatting changes and will be uploaded to the LSCMMG website.	
2024/105	**Guideline for antihyperglycaemic therapy in adults with type 2 diabetes - update** PT brought this update; this was done at the request of Dr Qazi at Blackpool Hospital. Tirzepatide has been added to the guideline, and this reflects the guidance agreed previously at LSCMMG for the position statement. Along with this some of the links to NICE guidance have also been updated, one of the NICE quality standards had been discontinued and a new one added. There were some NICE TAs added for CKD and these are now all up to date. Some of the wording around the 'gliflozins' and some SPC changes with regards to renal function. AW asked the group for any comments. DSR added she was very happy with the document and felt it was very straight forward. In connection to this she added that she had received a notification of extension of expiry dates for certain batches of Mounjaro. She asked if something could be added to the LSCMMG website regarding this. BH asked DSR to send him the information she had received regarding this and he would get it referenced on the website. MP added with sustainability they are recently discussing disposables and consumables. She asked if it could be considered to embed the guidelines promoting pen fills and refills rather than the prefilled pen devices. She added she was happy to look at this outside of the meeting. PT agreed this	

	could be done and MP agreed to come up with the wording for this outside of the meeting. DSR added that while she agrees entirely with the sustainability issues, in this instance it may conflict with the biosimilar issue because as far as she knew the biosimilars are not pen fills they are the prefilled disposables. MP responded that it would be just advised where appropriate in line with prescribing guidance, as the sustainability carbon reductions is an extra bonus when possible. AW added clinical and cost effectiveness first then if is an option for the more sustainable option this can be used. AW raised the colours used in the document in parts make it difficult to read and some issues with accessibility on another page. PT said he would look into changing the colours. **Actions** DSR to send BH the information on extended expiry dates for Mounjaro for him to add to the website. MP to liaise with PT for the wording around the sustainable options. PT to look at changing the colours used in the document, following amendment the guideline will be uploaded to the LSCMMG website.	**DSR/BH** **MP/PT** **PT**
2024/106	**Ankylosing Spondylitis guideline update** JG presented this on behalf of David Prayle, this is an update to the original guideline. The original guideline was a flow chart, and it now represents the rheumatoid arthritis guideline and how there is now a greater choice of preparations for clinicians to choose from. It has been increased from 2 lines of therapy to 3 and it has been approved by the rheumatology alliance group. AW asked the group for comments, DSR raised a possible copy and paste issue in the executive summary section. JG apologised as she had only received the document this morning but would get it corrected. *While discussing this item, DS-K asked if the before mention of expiry date extensions was just relating to Mounjaro as she felt she had seen another one relating to EpiPens. DSR responded that the one she was referring to was specific to Mounjaro. AW added that EpiPens are particularly short dated which might be the reason for the extension. DS-K added that there was advice coming out to say they could be used up to three months past their expiry date. AW asked DS-K to forward any information relating to this to BH also. **Action** The guideline was approved and will be uploaded to the LSCMMG website.	**JG**
2024/107	**Guidelines workplan** AGR said there was nothing to note other than some of the dates had been changed due to time frames.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2024/108	**New NICE Technology Appraisal Guidance for Medicines April 2024** There was nothing for discussion. AW added that all ICBs now do joint commissioning with specialised	

	commissioning. Due to this they may now need to consider these here as they are both commissioned by the ICB and the specialist services. AGR and BH agreed, BH also added it may be worth him and AW meeting with Helen Potter in terms of how things like NICE TA's are taken forward and where they are documented along with where the cost or service implications are highlighted. AW added for information for the group that he had a meeting with specialist commissioning and Greater Manchester are looking to set up a joint high-cost drugs meeting for both NHS England and ICB commissioned drugs. He has suggested whether it should be a NW one on the basis that it would make sense to do it the same way across all the patches if it fits in to everyone's governance. AW also asked if anyone had anything that needed to be escalated to the North West Medicines Optimisation Group as they are looking for agenda items. LR responded the discussions about shared care would make sense to be escalated to that level and it would help with the cross-border issues. AW agreed this is a difficult thing and is difficult in all areas. BH added that while it does need to be addressed, he would be cautious taking that to the NW meeting, as it is difficult enough having the discussions and trying to agree on a format of a shared care document. He suggested getting things agreed at a local level but ensuring that we link in with the NW rather than trying to deal with it on a wider scale as this could be extremely challenging. AGR added that he meets with NW, Greater Manchester and Pan Mersey colleagues regularly and they often discuss shared care so he could bring things up at that meeting also.	
2024/109	**New NHS England Medicines Commissioning Policies April 2024** Nothing to discuss.	
2024/110	**Regional Medicines Optimisation Committees – Outputs April 2024** Nothing to discuss.	
2024/111	**Evidence Reviews Published by SMC or AWMSG April 2024** Nothing to discuss.	
ITEMS FOR INFORMATION		
2024/112	**LSCMMG Cost Pressures Log** This was agreed at the last meeting to follow with the minutes after the meeting. AW added that at the end of LSCMMG meetings needs to be a section for items in need of escalation. This would be things that need to be highlighted to the groups that LSCMMMG reports to, this would include all of the guidelines that have been approved at this meeting and items such as shared care. BH added in relation to the terms of reference, it has been made explicit that, alongside formulary recommendations, LSCMMG will present the Cost Pressure Log to CRG/ CEG so they are cited on any decisions made and the in financial year impact of NICE TA's.	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 13th June 2024

9.30 – 11.30

Microsoft Teams

ACTION SHEET FROM THE

LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP 09.5.2024

ACTION SHEET FROM THE MEETING 9th November 2023				
2023/444	**Isotretinoin in the community** FP and RS to update the document to include the new MRHA advice.	**FP/RS**	**Open**	**09.11.2023**
	FP and RS to meet with WP and the local pharmaceutical committee to discuss prescribing within the community on FP10s for the service.	**FP/RS**	**Open**	**09.11.2023**
	FP and RS to update the document to show that under 18s will not be included in the initial prescribing cohort.	**FP/RS**	**Open**	**09.11.2023**
	December 2023 update: PE responded on behalf of FP. There has been no response from providers or draft document and asked to defer to January/ February meeting.	**FP/RS/PE**	**Open**	**21.12.2023**
	January 2024 update: FP updated, is still being worked on and she is hoping to bring something to the next meeting.	**FP/RS/PE**	**Open**	**11.01.2024**
	February 2024 update: A draft has come back, a specialist pharmacist from one of the trusts has commented that it doesn't meet the latest MHRA guidance. FP will be looking at this once she is back from leave.	**FP/RS/PE**	**Open**	**08.02.2024**
	March 2024 update: No update at this meeting.	**FP/RS/PE**	**Open**	**21.03.2024**

	April 2024 update: FP let AW know outside of the meeting she is still awaiting a response. **May 2024 update:** Queries have been sent back and changes are still being made to the document. FP has said the document needs to come back to the June LSCMMG meeting. FP to meet with Nick Feeney potentially if using specified pharmacies for issuing is looked into. Potentially a RAG position for Isotretinoin will also need to be looked at, FP to link in with DP on this.	**FP/RS/PE** **FP/DP**	**Open** **Open**	**18.04.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 21st December 2023				
2023/455	**Declarations of interest** EB to send out declaration of interest forms. **January 2024 update:** EB and BH to meet to ensure the forms are up to date inline with the ICB's process. They will then be sent out to members. **February 2024 update:** BH has been in contact with IG at the ICB to try and link in with their annual declaration process so they can be pulled in this meeting. The aim for this to be completed is at the beginning of the new financial year. **March 2024 update:** BH is currently on leave but will follow up once he is back. **April 2024 update:** BH has met with IG lead, they are looking at what will work. Currently members outside the ICB attending meetings have their declarations approved by appropriate ICB representative. BH will update further once he has heard back from them. **May 2024 update:** BH has had confirmation from the ICB that the declarations can go through their process. Alongside the review of the Terms of Reference, the list of attendees will be reviewed and requests will be sent out to members.	 **EB** **EB/BH** **EB/BH** **BH** **BH** **BH**	 **Open** **Open** **Open** **Open** **Open** **Open**	 **21.12.2023** **11.01.2024** **08.02.2024** **21.03.2024** **18.04.2024** **09.05.2024**
2023/466	**Triptorelin for precocious puberty** DP to take this back and look at the prevalence and patient numbers, then bring back something to the meeting in February. **January 2024 update:** To be discussed at February's meeting. **February 2024 update:**	 **DP** **DP** **DP/AW**	 **Open** **Open** **Open**	 **21.12.2023** **11.01.2024** **08.02.2024**

	DP has done a baseline of around 37 boys and 161 girls who might need treatment. Chairs action for approval. **March 2024 update:** The RAG rating of Amber 0 was clarified, DP will complete this and send out for Chair's approval. **April 2024 update:** The above action was completed, this is now going to CRG for approval. **May 2024 update:** Approved and on the website.	**DP/AW** **DP/AW** **DP/AW**	**Open** **Open** **Closed**	**21.03.2024** **18.04.2024** **09.05.2024**
2023/485	**AOB – LSC ICB Branded Generic Prescribing Criteria – Draft for discussion** CM to make amendments as detailed in the discussions above and AW to approve via Chairs action once they have been made. **January 2024 update:** To be discussed at February's meeting. **February 2024 update:** CM sent the amended document out to the group in December, this item needs approval. **March 2024 update:** AW and CM have taken to the QIPP group for clarity, DR added that it is still being worked on, it is due to come back to April's meeting. **April 2024 update:** CM was not at the meeting when this item was discussed, BH will chase CM for this item outside the meeting. **May 2024 update:** On the agenda, however CM not in attendance and not discussed, leave open.	**CM/AW** **CM/AW** **CM/AW** **CM/AW** **CM/AW**	**Open** **Open** **Open** **Open** **Open**	**21.12.2023** **11.01.2024** **21.03.2024** **18.04.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 11th JANUARY 2024				
2024/009	**National Patient Safety Alert: Shortage of GLP-1 receptor agonists (GLP-1RA) update** DP and PT to review and bring back to the meeting in March if there are any implications or other things affected with this alert. **February 2024 update:** Coming back to March meeting. **March 2024 update:** Guideline is now in line with the statements, the new alert to be added to the website. Update for Tirzepatide to go out, AW to link in with comms to get sent out. **April 2024 update:**	**DP/PT** **DP/PT** **DP/PT/AW** **AW**	**Open** **Open** **Open** **Open**	**11.01.2024** **08.02.2024** **21.03.2024** **18.04.2024**

	Tirzepatide is going to the commissioning resources group next week. AW will feedback discussions at the next meeting. **May 2024 update:** Went to CRG, was not approved for weight loss and AW asked about the commissioning of a pathway but isn't currently moving forward. No further actions for LSCMMG, closed.	**AW**	**Closed**	**09.05.2024**
2024/012	**Discussion of development of terms of reference for LSCMMG** Members asked to send back any further comments not already discussed today to the team by the end of the month. BH and AW to meet to discuss the update of the LSCMMG and IMOC Terms of Reference. **February 2024 update:** Ongoing, keep open. **March 2024 update:** No update at this meeting. **April 2024 update:** To be brought back at May's meeting. Members are asked to let BH know of any changes they would like prior to this meeting. **May 2024 update:** On the agenda, closed here.	**All Members** **BH/AW** **BH/AW** **BH/AW** **BH/AW** **All Members** **All Members**	**Open** **Open** **Open** **Open** **Open** **Open** **Closed**	**11.01.2024** **11.01.2024** **08.02.2024** **21.03.2024** **18.04.2024** **18.04.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 8th February 2024				
2024/026	**Hybrid closed-loop interim position statement** Paul from the CSU team to link in with public health consultants in Debbie's team to try and align the two documents. Wording to be added to include 'refrain from prescribing until after April 2024' once the information is clear. Documents to go to CPDIG, CRG and CEG, highlighting the clinician concerns. Follow up to come to the next LSCMMG meeting in March. **March 2024 update:** Still waiting on the meeting with Sarah O'Brien and the diabetes commissioner to discuss. **April 2024 update:** Still awaiting meeting with Sarah O'Brien and team. **May 2024 update:**	**BH** **BH** **BH/AW** **BH** **BH/AW/PT/LR** **BH/AW/PT/LR**	**Open** **Open** **Open** **Open** **Open** **Open**	**08.02.2024** **08.02.2024** **08.02.2024** **08.02.2024** **21.03.2024** **18.04.2024**

	Meeting has been arranged for June.	**BH/AW/PT/LR**	**Open**	**09.05.2024**
2024/033	**Horizon Scanning 2024/25** BH to draft a paper to take to CRG for highlighting Lecanemab treatment with assistance from SR. **March 2024 update:** No update at this meeting. **April 2024 update:** To be discussed at the next CRG meeting. No update at this meeting. **May 2024 update: (Provided in meeting chat by SR)** Lecanemab not yet licensed, if licensed it would then need to be considered by NICE. On a national call there was a reference to ICBs having provided modelling data to NICE. BH added discussions were had about the significant service and wider issues, which has now been highlighted to the wider ICB.	**BH/SR** **BH/SR** **BH/SR** **BH/SR**	**Open** **Open** **Open** **Closed**	**08.02.2024** **21.03.2024** **18.04.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 21st March 2024				
2024/044	**Antipsychotic Shared Care NICE Approved Off-label Indications** AGR to add NICE- approved off-label indications to the second-generation antipsychotic shared care guideline. AGR to use the new North West Template for the updated shared care guides. AGR to send to SR for prior approval before bringing it back to LSCMMG next month. **April 2024 update:** AGR to send to SR in advance of presenting at LSCMMG. **May 2024 update:** On the agenda, closed here.	**AGR** **AGR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Open** **Closed**	**21.03.2024** **21.03.2024** **21.03.2024** **18.04.2024** **09.05.2024**
2024/045	**ELHT – Insulin Biosimilar Statement** DP to rebrand the document and generalise it, then bring back to the group for approval before adopting. **April 2024 update:** DP has updated, DSR asked for it not to be uploaded before some documents from East are looked at. Once this has been done to bring back for approval. **May 2024 update:** The trust met and agreed they won't be going down the same route as trusts in the south with payments for the swap. DSR to	**DP** **DP/LR/DSR** **DP/LR/DSR**	**Open** **Open** **Open**	**21.03.2024** **18.04.2024** **09.05.2024**

	re-circulate the paper for members and decision on adopting to be made at the next meeting.			
2024/050	**PGD Authorisation Policy – Scope** AGR to create the policy for organisational authorisation sign-off for PGDs. **April 2024 update:** No update at this meeting. **May 2024 update:** AGR has met with the MLCSU subgroup for PGD's, work is to start on this. This will be an ongoing piece of work. Closed on the action log.	**AGR** **AGR** **AGR**	**Open** **Open** **Closed**	**21.03.2024** **18.04.2024** **09.05.2024**
2024/052	**Care Home Depot Injections** SR to engage with representatives across LSC around this proposal, bring back to LSCMMG when appropriate. **April 2024 update:** SR not in attendance, no update. **May 2024 update: (Comments by SR in the meeting chat)** Email sent to relevant contacts to discuss care home depot injections. A meeting is to be arranged to discuss further. Action can be closed.	**SR** **SR** **SR**	**Open** **Open** **Closed**	**21.03.2024** **18.04.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 18th April 2024				
2024/065	**Formulary update – Flow chart and change classification rules** JO and DP to take this to the chiefs meeting and ask them to feedback to their D&T committees and then send their feedback to JO and DP. JO to look at creating the merged new drug form for the acute trusts to consult on. DP to bring this back with the feedback to June's meeting. **May 2024 update:** On the agenda, keep open for above additional items.	**JO/DP** **JO** **DP** **DP**	**Open** **Open** **Open** **Open**	**18.04.2024** **18.04.2024** **18.04.2024** **09.05.2024**
2024/066	**GI Formulary Subchapter: Prokinetics** The recommendations for domperidone, metoclopramide and erythromycin for addition to the formulary were agreed as written. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.*	**DP** **DP/BH**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/067	**Carbetocin for the Prevention of**			

	Postpartum Haemorrhage Carbetocin for the Prevention of Postpartum Haemorrhage was approved to be added to the formulary following approval at CRG / CEG. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.*	**DP** **DP**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/068	**Melatonin – Adults** The following RAG ratings were agreed following approval at CRG / CEG: Sleep disturbance in adults with ADHD – Agreed as an Amber 0 RAG rating. Sleep problems in patients with dementia associated with Alzheimer's – Agreed as a Do Not Prescribe RAG rating. Older adults with sleep disturbances – Agreed as a Do Not Prescribe RAG rating (This is an existing RAG rating so no further action required). Sleep disorders in the blind – Agreed as an Amber 0 RAG rating, for totally blind patients when started by a specialist and with clear review guidance. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.*	**DP** **DP**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/069	**Melatonin – Products** DP to check with Manchester and Alder Hey to see what they are doing with this and bring it back next month. **May 2024 update:** Alder Hey have chosen to use Ceyesto in all age groups, the intention is to do the same here, just awaiting confirmation from Manchester Childrens.	**DP** **DP**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/070	**New Medicines Review Workplan** DP to discuss the Ivermectin change with Lisa Rogan. Items agreed to be brought back and used to test the new process. All members asked again to go through the paper and see if there is anything they feel	**DP/LR** **DP** **All Members**	**Closed** **Open** **Open**	**18.04.2024** **18.04.2024** **18.04.2024**

	needs prioritising. **May 2024 update:** Not received much back from members, BH has an update on the agenda. Ivermectin is included in the LSC Formulary, which will go live at the next meeting, closed on the action log.	**DP/LR**	**Closed**	**09.05.2024**
2024/071	**Sodium Zirconium Cyclosilicate prescriber information – Consultation** AGR to take this document along to discussions with the LMC for their approval. **May 2024 update:** BH met with RS and the LMC to discuss, they will meet after today's LSCMMG to discuss how best to move this and other items forward.	**AGR** **BH**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/073	**Out of Area Prescribing Position Statement – Update** The document was approved and will be added to the LSCMMG website following the addition of the meaning of NHS specialist and who the term specialist relates to. **May 2024 update:** Completed and on the website, closed.	**AGR** **AGR**	**Open** **Closed**	**18.04.2024** **09.05.2024**
2024/074	**Headache Management Guideline for Adults – Consultation** AGR to add amendments relating to Valproate being Do Not Prescribe in primary care and around Oxygen prescribing in primary care. Following these amendments the document will be uploaded to LSCMMG. An additional option to be added to consultation documents for consultees to be able to provide a no comments option. **May 2024 update:** Guideline completed on the website; consultations will be updated to include the option of no comment.	**AGR** **AGR/DP** **AGR/DP**	**Open** **Open** **Closed**	**18.04.2024** **18.04.2024** **09.05.2024**
2024/075	**Gender Dysphoria Guidance – NHS England policy update** It was agreed for AGR to update the information sheets to be in line with the new NHS England policy. **May 2024 update:** AGR to bring back to June's meeting.	**AGR** **AGR**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/076	**Testosterone Shared Care – Update** It was agreed that the document would be amended to include BMS accredited GPs and present it at the May meeting.	**AGR**	**Open**	**18.04.2024**

	May 2024 update: AGR to bring back to June's meeting.	**AGR**	**Open**	**09.05.2024**
2024/077	**Ophthalmology Macular Pathways Summary Guideline** All areas to ask clinicians on the joint first line of Ranibizumab biosimilar and Aflibercept and get the feedback to the CSU by the middle of May.	**Area Leads**	**Open**	**18.04.2024**
	Data is to be collected on the average usage to see if what if any differences there is to June's meeting.	**BH/DP**	**Open**	**18.04.2024**
	May 2024 update: No update as coming to the June meeting.	**BH/DP**	**Open**	**09.05.2024**
	Additional action for off licensed indication use to be added to the workplan.	**BH/DP**	**Open**	**09.05.2024**
2024/078	**Eylea 8mg Impact** BH and JO to see if this can be discussed at the Medical Retinal Group meetings.	**BH/JO**	**Open**	**18.04.2024**
	May 2024 update: No update given, to come back to the June meeting.	**BH/JO**	**Open**	**09.05.2024**
2024/080	**New NICE Technology Appraisal Guidance for Medicines April 2024** Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab – will be updated on the website following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting and the expanded patient cohort will be highlighted to CRG / CEG.	**AGR**	**Open**	**18.04.2024**
	Fluocinolone will be added to the website with a Red RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting.	**AGR**	**Open**	**18.04.2024**
	Once information is received back from specialists relating to Fluocinolone use, the cost pressure log will be updated.	**BH**	**Open**	**18.04.2024**
	Fluocinolone will be added into the macular pathway which is coming back in June.	**DP**	**Open**	**18.04.2024**
	Etrasimod will be added to the website with a Red RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting.	**AGR**	**Open**	**18.04.2024**
	Dupilumab will be added to the website with a Do Not Prescribe RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting.	**AGR**	**Open**	**18.04.2024**
	AGR and WP to meet and discuss the place in therapy for Ritlecitinib, this will come back to the May LSCMMG.	**AGR/WP**	**Open**	**18.04.2024**

	May 2024 update: Going to CRG. – BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.	**AGR/BH** **AGR/WP**	**Open** **Open**	**09.05.2024** **09.05.2024**
ACTION SHEET FROM THE MEETING 5th May 2024				
2024/089	**LSCMMG terms of reference** BH to send out the terms of reference and consultation forms out to members. BH to email out information directly to medical directors and D&T chairs asking for their comments and feedback on the terms of reference. All members to send any comments or queries relating to the terms of reference back to the CSU team within the next three weeks. BH to allow 30 minutes at the next meeting to allow for discussions on comments and feedback received on this item.	**BH** **BH** **All Members** **BH**	**Open** **Open** **Open** **Open**	**09.05.2024** **09.05.2024** **09.05.2024** **09.05.2024**
2024/091	**Branded generics** Members to send any comments and feedback on the amended document to the CSU team. BH to put this on the agenda for next month's meeting.	**All Members** **BH**	**Open** **Open**	**09.05.2024** **09.05.2024**
2024/092	**Tadalafil daily regimen** BH to update the recommendation with what to do if a dose of 2.5mg is required and bring back to the June meeting. The prostatic hypertrophy indication will be worked up and brought to the June meeting for consideration.	**BH** **BH**	**Open** **Open**	**09.05.2024** **09.05.2024**
2024/094	**Amiodarone and Dronedarone shared care - adoption of NW shared care** AGR to add the optional shared care agreement form to the new shared care documents before addition to the website.	**AGR**	**Open**	**09.05.2024**
2024/095	**Antipsychotic shared care NICE approved off-label indications – update** AGR to liaise with SR discuss what changes and amendments are required, taking account of the discussions above, and bring	**AGR**	**Open**	**09.05.2024**

	the guidelines back to a future meeting for approval.			
2024/097	**E-cigarette position statement – update** AGR to add a statement as discussed. Then the document is approved and will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.05.2024**
2024/098	**Gluten-Free Position Statement – update** The gluten-Free Position Statement was agreed and will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.05.2024**
2024/099	**Antihistamine position statement – update** MuA to send AGR wording he would like to add at the bottom around licensing and clinicians being able to make judgement calls relating to social vulnerability. AGR to consider adding the wording if not covered in any other part of the document, the finalised document will then be added to the LSCMMG website.	**MuA** **AGR**	**Open** **Open**	**09.05.2024** **09.05.2024**
2024/100	**Insulin Toujeo information sheet – update** AGR to correct the typo issues in the document, the information sheet is then approved and will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.05.2024**
2024/101	**Primary Care management of psoriasis guideline – update** The guideline was approved and will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.05.2024**
2024/102	**LMWH guideline – update** Trust members to take the document for comments from their specialists and send any feedback or comments to the CSU team within the next few weeks. AGR to bring back to the June meeting after receiving feedback from trusts.	**Trust Members** **AGR**	**Open** **Open**	**09.05.2024** **09.05.2024**
2024/103	**PKU position statement – update** Trust to take the list back and get feedback from specialists on actual items used and would they be over the counter or prescribed. AGR to bring the document back after feedback from trusts.	**Trust Members** **AGR**	**Open** **Open**	**09.05.2024** **09.05.2024**
2024/104	**Constipation guideline – update** The guideline was approved pending the spelling and formatting changes and will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.05.2024**

2024/105	**Guideline for antihyperglycaemic therapy in adults with type 2 diabetes - update** DSR to send BH the information on extended expiry dates for Mounjaro for him to add to the website. MP to liaise with PT for the wording around the sustainable options. PT to look at changing the colours used in the document, following amendment the guideline will be uploaded to the LSCMMG website.	**DSR/BH** **MP/PT** **PT**	**Open** **Open** **Open**	**09.05.2024** **09.05.2024** **09.05.2024**
2024/106	**Ankylosing Spondylitis guideline update** The guideline was approved and will be uploaded to the LSCMMG website.	**JG**	**Open**	**09.05.2024**