Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 9th February 2023 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Andy White (AW)	Chief Pharmacist	Lancashire and South Cumbria ICB
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley, and South Ribble locality
Rebecca Bond (RB)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Vince Goodey (VG)	Assistant Director of Pharmacy	East Lancashire Hospitals NHS Trust
Dr Shenaz Ramtoola (ShR)	Consultant Physician	East Lancashire Hospitals NHS Trust
Nicola Baxter (NB)	Head of Medicines Management	West Lancashire locality
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwin locality

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2023/239	**Welcome & apologies for absence** Apologies were received from Ashley Marsden.	

	SUMMARY OF DISCUSSION	ACTION
2023/240	**Declaration of any other urgent business** None.	
2023/241	**Declarations of interest** None.	
2023/242	**Minutes and action sheet from the last meeting 12th January 2023** EB added that AB had asked for some amendments to the minutes. EB sent an amended copy out to members on 8.02.23, however some of the amendments were missing. EB added these to the document shown on screen in the meeting for members to see, the errors were grammatical. The minutes were ratified and will be added to the website.	
2023/243	**Matters arising (not on the agenda)** One item was brought by BH which was regarding some emails that had been sent around the cost pressure associated with Metformin 1 gram tablets. There are two different strengths of immediate release Metformin, a 1g and a 500mg tablet. There are approximately 140 patients on the 1g tablets, a few months ago for those 140 patients it was costing about £28,000/£29,000 per quarter. It is now costing £48,000 per quarter. If the patients were to be switched from the 1g to the 500mg tablets the cost would drop from £48,000 to £1,200 per quarter, which is approximately £188,000 saving annually. The pricing is not guaranteed to continue at the current rate but it is not a category M so it is not expected to fluctuate wildly. BH wanted to see what the group wanted to do in relation to this possible saving, he added that there would be a higher tablet burden but the 1g tablets are quite large. AC added the benefit of the 1g dose compared to two 500mg is very small so there would need to be a very clear reason as to why it should remain at the 1g. AC agreed with the group to start to look into the change. BH said the team will run the data by practice and send out to leads and will also add the planned switch to the log. DJ added that he wondered if this was something that could just be done without lots of discussions. AC agreed that that could be the move forward as working with the one ICB. **Action** BH to get the data of patients by practice and send out to leads. While discussing Duloxetine the group meeting was paused to allow discussion about how the committee is managed as there were issues around GP input which is proving difficult in some places. The previous	**BH**

	process was that recommendations would come through and they would be discussed within clinically orientated decision-making groups. This no longer happens in all places due to the changes resulting from the formation of the ICB and now members need to understand how to ensure that appropriate clinician input is identified to support decision making. This meeting was always open to clinicians to come but some may not have felt the need to as they had those groups where they could voice their opinions. Now those groups are no longer in existence, the group needs to look how to bring those voices into this decision-making process. CM added that she isn't comfortable making these decisions without GP input. AW added to raise the issue up to the ICB Medical Director as a further risk through losing GP clinical leads. AC responded with speaking to the leadership primary care team at the moment and then look into what could be done from an interim point of view. Before moving on AC asked the group to check if it is now the position that members are unable to get GP input, and if this is the case that the group is not able to do the role that is currently ascribed to do. SR said that she agrees and that the group can't pick and choose what they can and can't approve. She added that it was put in the chat that there would be issues around first-generation antipsychotics and RAG status. The group can't make decisions on physical health and not mental health, it must be all or nothing. AC asked leads for their views. MP said she felt that it's a difficult situation, and that they have only had one meeting without GP input as they are in the position of having a trainee GP so they are still having some element of clinical input. She felt that LSCMMG meetings shouldn't stop as that could lead to a backlog, but maybe in the future some discussions that may need more input would need a further look to how best to get engagement. She also added that unless clinicians are commissioned to provide specific sessions she feels there may be a struggle to get appropriate engagement, and having a conversation with David and Peter within the ICB would be beneficial. FP agreed with MP's comments. NB agreed with FP's comment about what can be done in the interim because of the new processes and the new layouts for the ICB. With the consultation being 30 days, she is unsure how quickly things will change after that but also asked if other prescribers were being considered not just GP prescribers as there are other roles that include prescribing but may possibly have restrictions. NB added that she doesn't feel these members are not properly represented on this committee. AC summarised the discussions and added what AW had said in the chat regarding Lindsey Dickenson to support this group in the interim and having further discussions from AC with Peter Gregory and how to get the temporary primary care input here. ShR added her agreement in the meeting continuing and making decisions as a decision-making body as to not delay anything. She also added in getting primary care representation to the group. AC agreed and adding having the conversations with David Levy and costings needing to be agreed and ensuring the correct clinical input is had at the right places.	

NEW MEDICINES REVIEWS		
	SUMMARY OF DISCUSSION	**ACTION**
2023/244	**Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg soft capsules (Bijuve®) HRT** DP brought this item; Bijuve has been accepted for use by SMC. It was agreed to look at this product as there has been a lot of public interest in HRT. Looking at the financial implications, if the recommended criteria is followed in using Bijuve® instead of other high-cost products the impact will be low. However, it is important to note that it is unclear how much growth there will be. Neither Pan Mersey nor Manchester have a RAG rating on this, although Pan Mersey have it as Grey so they will be reviewing it at some point. The proposed RAG rating is Green (restricted). It details that if either current options such as Femoston-Conti® or patches plus bioidentical progesterone are not suitable, then Bijuve® could be considered. The consultation showed majority support for Green Restricted, with Fylde Coast's comments provided after papers were circulated, also agreed with the Green Restricted and had similar thoughts to the criteria to what has been proposed. ShR commented that she wondered if the restriction will actually work in practice as GP's may not see the 'restrictions' as actual restriction, and not consider other products. AC asked DP where the recommendation for Femoston-Conti® to be considered had come from .DP responded that it was added so that other treatments were not ignored, and the document didn't become just a recommendation for using Bijuve®. He added that he agreed with ShR's comments about the restriction as he felt this is the direction of HRT products. ShR also added she felt that first line preparations should be the lower risk preparations and then others falling behind them. BH added that the paper states this is cost neutral as product for product, however the group needed to be aware of the large growth in HRT. This means that even though it is felt this drug won't have a large cost impact, the projected spending on HRT is £3 million this year and is predicted to be around £4.2 million next year. CM expressed concerns of not having GP contribution to the consultation and the now new proposal of nonrestricted Green when the consultation documentation states Green Restricted. AC responded that CM had a valid point, but if this was to go out to consultation again as an unrestricted Green, would there be further input from GPs. He asked if area leads would be comfortable taking this back to primary care. AC added again CM had a valid point but felt that the restriction is that Femoston-Conti® needs to also be considered in the consultation. So, by opting for an unrestricted Green nothing is actually being changed other than the status as the restrictions would still apply within a consultation. He also said that the guideline would need to be looked at again to see where this would sit to make sure the encouragement of prescribers to go in the correct direction, which is the most beneficial and the most cost effective. Also adding into consideration, the changing national guidance.	

	AC asked the group, instead of sending it back out to consultation, for leads to take it back, saying its been agreed as Green Restricted however this is the restriction so are people happy to classify it as unrestricted Green. In summary the group are suggesting for the RAG status to be Green, and it will be checked with local places by leads and added that the recommendations are not changing as prescribers will still need to consider Femoston-Conti® and that the only thing changing from the original proposal is the status from Green Restricted to just Green. **<u>Action</u>** Leads to take this discussion to their places and find out if prescribers are happy with the amendment to the status only and feed back to DP.	**CM, NB, MP, LR, FP**
2023/245	**Tolvaptan for treatment of hyponatremia in adults, secondary to the syndrome of inappropriate antidiuretic hormone secretion (SIADH)** DP presented this item. There was a request from the lead endocrine and diabetes pharmacist at Blackpool teaching hospital to review. The equality part of the review shows not a large cost amount compared to Demeclocycline which is the standard treatment for this indication apart from fluid restriction. It is slightly more expensive, but the drug wouldn't be used for an extended period of time. The expected patient numbers are expected to be low, but DP is unsure of exact patient numbers. Pan Mersey and Greater Manchester have it as Red, so the proposed status would be in line with what others have locally as the proposal is also Red. The Red status is only if it is initiated and titrated in hospital with a specialist with experience with treating SIADH. Some feedback from consultants stated that it really will need to be a specialist initiation, and fluid restriction needs to have been unsuccessful or inappropriate and treatment with Demeclocycline has also been unsuccessful or inappropriate. The consultation responses were mixed, East Lancashire Medicines Management Board have said they support it, the hospital trust sent 3 responses of Black, Red and Amber 1 along with comments which DP has put in appendix 2 of this paper. Fylde coast missed the deadline but have agreed with the RED RAG rating but added that the place in therapy needed to be defined, and the needs to be some clarity on the length of the therapy which as some of the prescribers that commented were concerned about overcorrection and possible liver damage if used for too long. DP highlighted that on page 23 of the document there was a very good summary from Blackpool Teaching Hospitals Trust of the relevant issues and said that they should be considered. The evidence for this is very mixed but it does look to be a potential treatment for a select group of patients if carefully used. AC said that it is good to get a range of different views coming through and with a few members from East Lancashire Teaching Hospital on the call he invited them to add further to discussions and to see if there could be possible agreement on the status either Red or Black. ShR added that she felt the reason for the mixed RAG proposals was possibly due to the mixed evidence, however in practice she felt that this would be a required option that is available to patients that should require it. She also agreed that it should be under specialist initiation, although lots of doctors do complete initial treatment for SIADH in clinical practice, but	

	most would then be referred to endocrinology for prescriptions of either Demeclocycline or Tolvaptan. From speaking to endocrinology colleagues, they were in agreement for it to be Red. FP asked to confirm as looking at this as a course of treatment not for long term use, to which AC agreed this is for a course. FP then added the risk in women who become pregnant, and would clinicians need to counsel if this is being offered to women of childbearing age as there could be potential risks. AC agreed this was something that should be flagged. ShR added that she felt the possibility of someone of childbearing age with serious end stage cancer are low. AC added that while it may be low it is still a possibility, but it was agreed that so long as the caution was included in the guidance it would be fine. This was paper and proposal were agreed by the group. **Action** Prepare paper for the Medicines Policy Subgroup on the 16th February with Red RAG recommendation for ratification.	**DP**
2023/246	**Duloxetine RAG rating** DP presented this paper to a previous meeting however at that stage, the paper had not been sent for consultation, hence re-presentation following consultation at the current meeting. The proposed RAG status for Duloxetine was switching from Amber 0 to Green. Both Manchester and Liverpool have the drug as Green for depression and generalised anxiety disorder. The responses to the consultation all supported Green. CM added that she felt some unease due to the lack of GP input in the consultation process. SR added that GPs are prescribing Duloxetine for other indications so doesn't feel it's particularly high risk and is relatively safe in overdose. The group agreed by the to change Duloxetine from Amber 0 to Green. **Action** LSCMMG agreed to change the RAG recommendation for Duloxetine from Amber 0 to Green.	**DP**
2023/247	**New Medicines Review workplan** There has been a request to prioritise Budesonide M/R tablets (Cortiment MMX) to consider a change of RAG status from Red to Amber. This was prioritised. There was a request to support a Status Epilepticus guideline that has been produced across the region, lead by Lancashire Teaching Hospital Trust. DP didn't feel it needed consultation but wanted to ask the group how it could be given some sort of ratification at this group if that is the right thing to do. AC commented that maybe a change to the agenda so that there is a place where secondary care items can go and it comes to the meeting with the work completed. If people haven't had a chance to look at something it's very difficult to then make an informed decision, the item needs to	

	come out in advance, so people have chance to look at things properly. BH added that historically things like this would have been out of scope for this group but with the move to a more ICB/ICS working that this will potentially be something that will need to come to this meeting. Also, to think about is what kind of process do items like this need to go through, do they need a full consultation or do representatives from each place or trust give their opinions after it goes through their local processes. DJ added he would support having that governance process around doing something once. But agreed items would need to be looked at before anything is approved as, for example, NICE has updated in the case of status epilepticus. As summary DP will put this guidance on for a future meeting so the information comes out in advance of the meeting so that people can see and review items in advance and give staff chance to come to this committee to discuss. **Actions** EB/BH to add a section to the agenda for secondary care items. DP to bring status epilepticus guidance to a future meeting. DP to add Budesonide M/R tablets to the work plan.	**EB/BH** **DP** **DP**
GUIDELINES and INFORMATION LEAFLETS		
2023/248	**Lithium SCG - Update** AGR brought this item, the Shared Care Guidance has been updated and if the group are happy with it to approve it today if not AGR was happy to send to the group for further discussions. SR added that the interaction section has been copied from SPC which suggests that nonsteroidal's may be appropriate. In some cases, there has been some incidents where Lithium toxicity has resulted on the back of Naproxen being initiated. SR asked if the wording could be changed to say where possible to avoid it. AGR agreed to change this wording. FP asked about having some more information around liquid formulations as sometimes GPs change formulation if someone can't swallow. SR said it could highlight that it's a BD dosage instead of a once daily. With the changes this Shared Care Guidance is approved. **Action** AGR to make the amendments to the document, then it will be uploaded to the LSCMMG website.	**AGR**
2023/249	**Denosumab SCG – Update** AGR brought this item, the Shared Care Guidance has been updated and if the group are happy with it to approve it today if not AGR was happy to send to the group for further discussions. ShR added that the follow up time scales such as this one saying 3-5 years, most places don't have the structure to do this in practice and it can make it more difficult. The systems also cause a problem as they need to have a secondary care appointment every year as some systems don't allow a gap between the appointments for more than one year. ShR also	

	added comments around Amber RAG statuses where she said that the patient will quite often come to secondary care for an appointment and after this appointment the advice is sent via letter afterwards. Some GPs are happy to then give that initial dose of the medication where others send the patient back to secondary care to receive the first dose, which could cause problems/ delays in the patient getting the medication. She felt it may be better if wording could state that the prescription can be given on the advice of secondary care instead of them being the one to initiate treatment. AC acknowledged ShR's reason and added that this is defiantly what is being working towards within the whole ICB working and reducing the gaps between primary and secondary care. He added this was good to be highlighted as a system should be able to allow a 5-year review if that's what is required or recommended, not making patients attend pointless appointments. With all the larger changes happening within structures, it may not be possible to make all changes needed at the moment, but it is important to not lose sight of all the other changes that may be needed. After the group discussion it was agreed to accept the document. **Action** AGR to upload the final document to the LSCMMG website.	
2023/250	**Testosterone hypogonadism SGC – Update** AGR brought this item, the Shared Care Guidance has been updated and if the group are happy with it to approve it today if not AGR was happy to send to the group for further discussions. The document was agreed by the group. **Action** AGR to upload the final document to the LSCMMG website.	
2023/251	**Zuclopentixol decanoate RAG rating** AGR brought this item, there was a summary sent out as a smaller consultation for the RAG rating to Amber 0. The majority of the comments received agreed with the Amber 0, there was a comment from Greater Preston, Chorley South Ribble place that they would prefer a Amber 1, but the rest of the comments agreed with Amber 0. SR commented that the point from East Lancashire around Citalopram they did have some GP input through ELMMB and proposing Amber 0. This was only reflecting the RAG status of the current first generation of antipsychotics on the LMMG formulary. FP added that they had not had time to go out to consultation with GP leads as they don't currently have one. In terms of the administration of it, she had a few queries around who would actually administer, and she has a GP practice that feels it should be shared care if there is monitoring and administration at their end. FP hasn't been able to meet with this practice	

	locally yet. AC added that this is a valid point of finding where it will sit and being able to implement it. SR added that they do tend to retain patients and within LSCFT there is some prescribing. She felt at a previous meeting outside of LSCMMG where GPs felt comfortable taking that on, they can but that it wasn't something routinely done. SR was also aware of people advocating Amber Shared Care. SR was happy to take it back to the drugs and therapeutics committee in March and seek further views but felt that if it did go down the route of Amber Shared Care it would be a way of formalizing a process by which LSCFT could refer stable patients back to primary care. She also added that she was aware of a comment around Red status for first generation antipsychotics and wanted to add that LSCFT would robustly argue that the RAG status for those remain the same. AC summarized that the group supported a status of Amber 0 although recognising that there is still a challenge, and that the practices retain a lot of those patients, this allows the process to grow and change the way things are done. **Action** Prepare paper for Medicines Policy Subgroup on the 16th February with an Amber 0 RAG recommendation for ratification.	
2023/252	**Rheumatology Alliance Meeting report** DP presented a verbal report of the most recent Lancashire and South Cumbria Rheumatology Alliance meeting. The group plans to meet quarterly. An update on the Spondylarthritis pathway is planned, taking into account the SPS commentary on restricting NICE treatments and the planned NICE guidance for Upadacitinib. There are issues around the current move to align shared care agreements across Lancashire and South Cumbria were questioned as the specialists indicated they would like to keep some of their local adaptations. This is because of how the system works in their region and that have asked for things such as Methotrexate to be left as is. The group also asked for the team to look at the Hydroxychloroquine prescriber information which AGR is looking into. This is because full periodic blood counts are recommended, which is in line with SPC, however the word 'periodic' is not specific enough to guide prescribers. The group asked for the team to look at the advice to have patient booklets containing blood results as this function could now be done electronically. LSCMMG agreed for the pieces of work identified by the Rheumatology Alliance to be prioritised.	
	Update to the guideline for antihyperglycaemic therapy in adults with type 2 diabetes The Medicines Management team have been notified that Insuman Comb 15/25, Insuman Rapid and Insuman Basal will discontinued and will not be available after May/June 2023. DP has suggested to removed Insuman Combi from the pathway as the products will soon be unavailable. It was felt it needed a quick change and to make people aware that there is an	

2023/253	alternative and what it is. In the future possibly the document could have some other minor adjustments but at this time DP is asking the group to agree to the quick change due to the discontinuation of Insuman. Around 85 patients are expected to be affected by the discontinuation; local places to review patients. AC added the need to identify the 85 patients as some will possibly purely within primary care and that may require additional support and cost to review the patients. The proposed change was agreed by the group. **Action** DP to remove Insuman from the guideline.	**DP**
2023/254	**Policy for Joint Working with the Pharmaceutical Industry and other Pharmaceutical Commercial Organisations** AW brought this item, this document has received lots of feedback and Julie Lonsdale has updated it so today is there any final comments from this group before it goes for final approval and implementation by the ICB. AW added that partners such as the Innovation Agency have also as have been consulted on this document, and this document is expected to be adopted by the ICB but also its partners. There were no further comments from the group, it was agreed for the document to go to the Quality Committee for ratification.	
2023/255	**Guidelines workplan** AGR brought this item, there are lots of areas on the workplan and some areas have been added from the last meeting. AGR is trying to prioritize as well as possible, as there are also lots of updates coming through the system. But there is nothing else that needs to be added on.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2023/256	**New NICE Technology Appraisal Guidance for Medicines January 2023** There was one relevant NICE TA this month which was Upadacitinib for treating moderately to severely acute ulcerative colitis. AGR needs to do the costing template which requires Blueteq data and unfortunately, he is having a few issues with it at the moment including putting forms on and getting reports off. The developers are aware and have fixed the form issues but not the report one at the time of this meeting. The NICE costing statement states that there shouldn't be a significant impact, equivalent to around £144,000 per year which is the standard quote given for these statements. Once AGR is able to get the Blueteq data he will then be able to do the template. AGR will bring the accurate figure to the next meeting. **Action** AGR to bring more accurate figure to the next meeting.	**AGR**
2023/257	**New NHS England medicines commissioning policies January 2023**	

	N/A	
2023/258	**Regional Medicines Optimisation Committees - Outputs January 2023** N/A	
2023/259	**Evidence reviews published by SMC or AWMSG January 2023** DP highlighted the SMC position on Drovelis, which was not recommend as the company didn't make a submission. The product contains a new type of Estrogen. Drovelis is currently £28.50 per month; the most expensive alternative, which is Zoley, is £19.80 a month. There have not currently been any requests to use it in Lancashire and South Cumbria but it maybe wise to review now we know it is in the system. AC asked if there was a contraception prescribing guideline, DP stated there currently was not a contraception guideline. AC added that it would be a significant amount of work but would be beneficial to have a contraception guideline. He asked AW where that would sit, and AW responded that if the move is to go to a system wide formulary this should be picked up within that. AC agreed, no further action is required with this item at the moment but when the time comes to look at a system wide formulary it could be considered there. He also added that if someone does want to start using it to let this group know.	
ITEMS FOR INFORMATION		
2023/260	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee** No meeting.	
2023/261	**LSCMMG cost pressures log** As soon as the issues with Blueteq are resolved the current TA Upadacitinib will be added to the log. DP mentioned Oritavancin, the team have estimated the patient number and based on that put in a cost onto the log. BH wanted to check with the group in regard to Keppra. It is currently on the log with a saving of £500,000 against it because that was the estimate at the time. BH said he would retrospectively like to review this and drop it down and wanted to get views from the members in the group. His approach would be to reduce it down to £250,000. AC asked why as the discussions are on-going, and asked if BH was saying that he didn't feel that much would be saved by the time of the switch in a year. BH responded that the savings are still there, but the intention of the cost pressures log was to capture expected cost pressure or cost benefit. It was expected to have the £500,000 saving but wanted to see if the group still felt comfortable that that number was a reasonable expectation, or does it need to be left out while the discussions are	

	ongoing. AC felt it should be left as it is then highlighted in within the gift of this committee, we recommend going out, but without the support from the Neurology service we recognize that it will create upset for people prescribing it and the patients who are receiving contradictory advice. He added he felt getting everything lined up would give more weight behind the escalation by having a £500,000 predicted save instead of a £250,000 by doing this which is on the log. BH agreed and said he would put some narrative around the ongoing discussions with neurologists. AC added to include that feedback from them is having logistical concerns relating to the change. BH agreed to adding this wording. The summary for the committee was that the vast majority of cost pressures for this financial year were NICE Technology Approvals which are must do's, very few cost pressures were decisions made by this group. There were no other comments on the cost pressures log. **Action** BH to add agreed wording around Keppra and the feedback from Neurologists.	**BH**
2023/262	**Closedown of ELMMB Website** BH brought this item. Members are aware of the ELMMB website, it has been around for a long time, but the host is no longer going to be secure which means it would be susceptible to data breaches and won't receive any security updates. Due to this the site needs to be archived. BH has had some discussions with LR and her team and the digital team and they are starting the process of looking at the content currently on ELMMB and setting up a process of moving appropriate content over to the LSCMMG site. BH wanted to highlight to the committee that the process is starting, and the site is supported to around July but there is a large number of resources to get through, around 8,000 pages worth. BH proposed to the group to bring a paper back to a future meeting around the governance of how the documents are moved over as some already exist on LSCMMG's site. There will also be some on there on areas not covered by LSCMMG and some may cover similar areas. Documents will need to be brough to this group and agreed on to how things are moved. **Action** The team will work on a paper about the process of moving things from the ELMMB website to LSCMMG website.	**BH**

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 9th March 2023

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES
MANAGEMENT GROUP 09.02.2023

ACTION SHEET FROM THE MEETING 13th October 2022				
2022/161	**Hydrocortisone Modified-Release Capsules (Efmody) For Treatment of Congenital Adrenal Hyperplasia (CAH) in Adolescents aged 12 years and over, and adults** DP to look into possible pre-approval processes for access to the drug and bring back to a future meeting. **November 2022 update:** Defer. **December 2022 update:** This was also discussed outside of this meeting, MP had some queries, DP to meet with MP to discuss these and wording then put onto websites. **January 2023 update:** Wording has been sent to members; DP is awaiting feedback. **February 2023 update:** Wording was amended on the document and it was shared on the meeting for the group to see, point one will be deleted from the document. This was agreed by the group, after it has been to the ratifying committee on 16.02.2023 it will go on the website. Closed here.	**DP** **DP** **DP/MP** **DP/MP** **DP**	**Open** **Open** **Open** **Open** **Closed**	**13.10.2022** **10.11.2022** **08.12.2022** **12.01.2023** **09.01.2023**
2022/164	**Nutritional Supplements Post Bariatric Surgery – Post Private Surgery** CSU to put wider work onto the work plan about reviewing the information we currently have in documents and look whether they need to be refreshed or have a stand-alone policy position relating to private treatment. **November 2022 update:** AGR will contact LMC regarding this item. **December 2022 update:** AGR has met with LMC, now awaiting their further feedback.	**CSU** **AGR** **AGR**	**Open** **Open** **Open**	**13.10.2022** **10.11.2022** **08.12.2022**

	January 2023 update: AGR still awaiting feedback from the LMC, AGR will chase. **February 2023 update:** AGR still needs to chase, will bring back to the next meeting.	**AGR** **AGR**	**Open** **Open**	**12.01.2023** **09.02.2023**
ACTION SHEET FROM THE MEETING 10th November 2022				
2022/180	**Keppra Position Statement** DJ to speak to neurologists regarding the paper and get input from them. BH and the hub team to support. **December 2022 update:** Still not received formal approval, DP/ JA to chase with neurology. **January 2023 update:** DP has had some feedback; some issues need to be further discussed. **February 2023 update:** DJ updated from neurology, the summary being that they support the prescribing of generics but not for switching patients already on Keppra. Patient anxieties around switching is acknowledged, but due to costing the switch needs to happen. The group thanks the neurology services for their input and AC is going to raise up to Gerry Skailes, Medical Director Lancashire Teaching Hospitals.	**DJ/BH** **DP/JA** **DP** **AC**	**Open** **Open** **Open** **Open**	**10.11.2022** **08.12.2022** **12.01.2023** **09.02.2023**
2022/182	**ONS Guidance – Update** AGR to follow up with formal letter to procurement. **December 2022 update:** Ongoing, will bring back to January. **January 2023 update:** On the agenda, closed. AGR to make the amendments to the document and then get it uploaded onto the website. **February 2023 update:** Letter has been drafted, AGR to get BH to check the document before it goes forward.	**AGR** **AGR** **AGR** **AGR** **AGR/BH**	**Open** **Open** **Closed** **Open** **Open**	**10.11.2022** **08.12.2022** **12.01.2023** **12.01.2023** **09.02.2023**

ACTION SHEET FROM THE MEETING 8th December 2022				
2022/200	**RAG rating updates** **Agomelatine and Duloxetine** DP to contact Greater Manchester and Cheshire and Mersey to discuss any reviews they have already completed for Duloxetine. **January 2023 update:** Went out for consultation, Greater Manchester and Cheshire had a GREEN and they said it is historical, will discuss at the next meeting. **February 2023 update:** On the agenda Closed.	**DP** **DP** **DP**	**Open** **Open** **Closed**	**08.12.2022** **12.01.2023** **09.02.2023**
2022/206	**Zuclopenthixol decanoate RAG position** AGR to send the document out for consultation with an Amber 0 recommended RAG position. The content to be agreed with SR before going out for wider consultation. **January 2023 update:** Is out for consultation, will bring it back to the next meeting. AGR to run prescribing data at place level. **January 2023 update:** AGR will bring go the next meeting. AGR to link in with SR. **February 2023 update:** On the agenda Closed.	**AGR/SR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Closed**	**08.12.2022** **12.01.2023** **08.12.2022** **12.01.2023**
2022/207	**Sodium zirconium cyclosilicate – update** AGR and LR to link in and discuss clinician concerns. **January 2023 update:** LR and AGR still need to link in due to people being on leave over the festive period. **February 2023 update:** AGR met with East Lancashire and updated the group. The evidence is not great with a lack of outcomes data. It was proposed to do an updated review including the pressure on	**AGR/LR** **AGR/LR** **AGR**	**Open** **Open** **Open**	**08.12.2022** **12.01.2023** **09.02.2023**

	primary care and bring back to a later meeting. This was agreed and AGR will bring back to a future meeting.			
ACTION SHEET FROM THE MEETING 12th January 2023				
2023/222	**Oritavancin, treatment of acute, complicated bacterial skin and skin structure infections** DP to add patient number data to the paper and to bring back to February meeting for agreement. **February 2023 update:** DP received data from BH and is estimated 5-10 patients per quarter in East Lancashire, the recommendation to be taken to the Medicines Policy Subgroup on the 16th February for ratification.	**DP** **DP**	**Open** **Closed**	**12.01.2023** **09.02.2023**
	DP to add additional wording supporting comments of patients being under microbiologist supervision as inpatient until further usage information is available and appropriate to review. **February 2023 update:** Closed.	**DP** **DP**	**Open** **Closed**	**12.10.2023** **09.02.2023**
2023/223	**Degarelix for treatment of adult male patient with advanced hormone-dependent prostate cancer without spinal metastases** Approved as Amber 0 following DP confirming the rebate is active if the rebate isn't active to come to LSCMMG for discussion. **February 2023 update:** The rebate has been confirmed to continue, to be taken to the Medicines Policy Subgroup on the 16th February for ratification.	**DP** **DP**	**Open** **Closed**	**12.01.2023** **09.02.2023**
2023/226	**Menopause guidance – Update** AGR to remove BIJUVA ® until it has been reviewed by the group. **February 2023 update:**	**AGR** **AGR**	**Open** **Closed**	**12.01.2023** **09.02.2023**

	On the agenda, this action is closed.			
	AGR to change patches to the first choice in the document instead of oral. **February 2023 update:** AGR has made the amendments and is waiting for BH to look over the document to send over to Kath Gulson.	**AGR** **AGR/BH**	**Open** **Open**	**12.01.2023** **09.02.2023**
	Once ready, AGR to include Kath Gulson and community pharmacy in the circulation of the document. **February 2023 update:** Still awaiting final checks before send out.	**AGR** **AGR**	**Open** **Open**	**12.01.2023** **09.02.2023**
2023/227	**Out of Area Prescribing Position Statement – Update** AGR to reword section to either include tertiary center information or create separate section. **February 2023 update:** The document has been reworded. This action is closed.	**AGR** **AGR**	**Open** **Closed**	**12.01.2023** **09.02.2023**
	AW to share this document with colleagues and to check with Cheshire and Mersey and Greater Manchester to see if it is possible for a whole Northwest approach. **February 2023 update:** After conversations in the group, it was requested to look into a North West approach. This item to stay open to await further information on a system wide approach approval.	**AW** **AW/AGR**	**Open** **Open**	**12.01.2023** **09.02.2023**
2023/228	**Axial Spondylarthritis Pathway** DP to make suggested changes (the potential to allow a 3rd line treatment) and bring back to the group next month. **February 2023 update:** It has been requested to further develop the document. This action is closed, and DP will bring back the pathway at a later date.	**DP** **DP**	**Open** **Closed**	**12.01.2023** **09.02.2023**

2023/229	**Psoriasis Biologic Treatment Guideline** DP to amend the formatting issue (Blackpool PCT appears on pdf version) and put on website. **February 2023 update:** Document has been amended and is on the website, closed.	**DP** **DP**	**Open** **Closed**	**12.01.2023** **09.02.2023**
2023/230	**Guidelines Workplan** AGR to liaise with Brent on the timescale for extension to the DMARD shared care guidelines. **February 2023 update:** The group discussed this in the meeting, and it was agreed to grant a 6-month extension as this is a reasonable timeframe to get the documents reviewed and completed. This is due to the clinical information having been reviewed and they are fine, issues remain around implementation at local areas. The team will also look at the national RMOC guidelines recently released. This action is closed and will be brought back at a future meeting.	**AGR** **AGR**	**Open** **Closed**	**12.01.2023** **09.02.2023**
	AC will use chairs action to extend them by a realistic timeframe once the above action is complete. **February 2023 update:** The time scale was agreed in today's meeting, this action is closed.	**AC** **AC**	**Open** **Closed**	**12.01.2023** **02.02.2023**
2023/236	**LSCMMG cost pressures log** DP to follow up with Neurologists to discuss current position and update next meeting. **February 2023 update:** This was discussed under the Keppra item, no. 2022/180. Closed here.	**DP** **DP**	**Open** **Closed**	**12.01.2023** **09.02.2023**
2023/237	**Horizon Scanning 2023/24** DP will summarize discussions and report back to BH. **February 2023 update:**	**DP**	**Open**	**12.01.2023**

	Closed.	**DP**	**Closed**	**09.02.2023**
ACTION SHEET FROM THE MEETING 9th February 2023				
2023/243	**AOB** BH to get the data of patients using the 1g tablet of Metformin by practice and send out to place leads.	**BH**	**Open**	**09.02.2023**
2023/244	**Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg soft capsules (Bijuve®) HRT** Leads to take this discussion to their places and find out if prescribers are happy with the amendment to the status only and feedback to DP.	**CM, NB, MP, LR, FP**	**Open**	**09.02.2023**
2023/246	**Tolvaptan for treatment of hyponatremia in adults, secondary to the syndrome of inappropriate antidiuretic hormone secretion (SIADH)** Prepare paper for Medicines Policy Subgroup on the 16th February with Red RAG recommendation for ratification.	**DP**	**Open**	**09.02.2023**
2023/247	**New Medicines Review workplan** EB/BH to add a section to the agenda for secondary care items.	**BH/EB**	**Open**	**09.02.2023**
	DP to bring status epilepticus guidance to a future meeting.	**DP**	**Open**	**09.02.2023**
	DP to add Budesonide M/R to the work plan.	**DP**	**Open**	**09.02.2023**
2023/248	**Lithium SCG – Update** AGR to make the amendments to the document, then it will be uploaded to the LSCMMG website.	**AGR**	**Open**	**09.02.2023**
2023/253	**Update to the guideline for antihyperglycaemic therapy in adults with type 2 diabetes** DP to remove Insuman from the guideline, then it will be uploaded to the LSCMMG website.	**DP**	**Open**	**09.02.2023**
2023/256	**New NICE Technology Appraisal Guidance for Medicines January 2023**			

	AGR to bring more accurate figures relating to Upadacitinib for treating moderately to severely acute ulcerative colitis to the next meeting once Blueteq reporting is fixed.	**AGR**	**Open**	**09.02.2023**
2023/261	**Cost Pressures Log** BH to add agreed wording around Keppra and the feedback from Neurologists.	**BH**	**Open**	**09.02.2023**
2023/262	**Close Down of ELMMB website** The team will work on a paper about the process of moving things from the ELMMB website to LSCMMG website.	**BH**	**Open**	**09.02.2023**