Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 10th February 2022 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Lisa Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Rukaiya Chand (RC)	Prescribing Projects Manager	NHS Fylde Coast CCG's
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospitals
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Rebecca Bond (RB)	Director of Pharmacy and Divisional Director of Clinical Support Services	Blackpool Teaching Hospitals NHS Foundation Trust
Faye Prescott	Senior Medicines Optimisation Pharmacists	Morecambe Bay CCG

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 Performance Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst	Administrator, Medicines Optimisation	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/015	**Welcome & apologies for absence** Apologies were received from Ashley Marsden and Melanie Preston. Rukaiya Chand was present on behalf of Melanie.	
2022/016	**Declaration of any other urgent business** None.	
2022/017	**Declarations of interest** None.	

2022/018	**Minutes and action sheet from the last meeting 13th January 2022** It was noted that the minutes had no provision for engagement with clinicians to check the feasibility of an Amber 1 RAG rating for testosterone before shared care guidelines are considered. This will be updated in the minutes. Noting the agreed change to the testosterone section, the minutes were agreed as a true representation of the meeting and signed off as the final version. The action log was updated during the meeting. **Action** Agreed changes to testosterone section of minutes to be made before uploading to the LSCMMG web site	**CSU**
2022/019	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2022/020	**Oral glycopyrronium spend** DP presented the paper. DP confirmed that following the approval of oral glycopyrronium for treatment of hypersalivation in adults and children at the December 2021 meeting of LSCMMG, an action was agreed to consider the latest three months costs and usage data for glycopyrronium at later meeting of the group. BH clarified that one of the reasons for bringing it here, was discussions about whether we should be recommending a particular product or products. DJ mentioned that as the data is only primary care spend, we may be missing a significant amount of use in secondary care. There are paediatricians who do prescribe preparations and who would potentially like to transfer that to the care of GP. DJ also stated that as there is now a licensed preparation it may be that we should be preferentially using these products. BH asked if it was worth secondary care having a look at usage joining the data up with us to give us an idea of absolute spend, particularly if we are considering moving towards the license preparation. **Action – DP to liaise with secondary care to collect glycopyrronium usage data and combine with primary care data.**	**DP**
2022/021	**Botulinum toxin for hyperhidrosis – self care information / treatment cycles** DP provided a background for the paper. Botulinum Toxin Type A for treatment of primary idiopathic hyperhidrosis and secondary hyperhidrosis was discussed at the December 2021 meeting of LSCMMG. Two actions required to proceed with the decision making process were required, as follows: LSCMMG to consider implications of adopting a defined number of treatments to support capacity within trusts and bring back proposal to January LSCMMG meeting and self-care information to be included within the cosmetic procedures guideline.	

	The group agreed to the inclusion of links to self-care resources on the website. DP stated that it was agreed we would look at defining the number of treatments available annually to support capacity at some units, but also a more general question about whether we can limit the total number of treatments available to patients. LR highlighted a lack of consensus on efficacy measures and consequently outcome measures. LR queried if we had done a review of the evidence as that would help determine whether we're commissioning it. DP confirmed we had reviewed the evidence and although different studies used different outcome measures, the evidence supported a treatment benefit. LR questioned whether having a position statement would provide additional clarity, particularly when dealing with patient complaints, linking with the work on procedures of low clinical value. BH highlighted that restricting a total number of treatments per patient may not be equitable, but allowing for a set number of treatments per year per patient, if based on clinical efficacy, would be. The group agreed and it was felt that use twice a year reflected the evidence, but AC made the point that if we are minded to restrict access because of service capacity this is a commissioning consideration and the groups focus should be on clinical efficacy. AS confirmed that they have a hyperhidrosis clinic and some patients receive treatment three times per year. AC questioned what the impact on these patients would be, but if the evidence states it is only effective if given up to twice a year then that's what the group would need to endorse. LR asked about the role of Blueteq and would forms be required, the group were informed that Blueteq was not currently used for Botox, however there were rules in the High Cost Drugs tool that queried use depending on the indication. The group agreed to review the impact of restricting to twice yearly injections and review against the procedures of limited clinical value guidance. **Actions** **Review impact of twice yearly injections and review procedures of limited clinical value policy**. **Produce a paper detailing evidence for frequency of use**	**DP** **DP**
2022/022	**New medicines work plan** DP highlighted that strontium ranelate is on the website as Amber 0 but was discontinued by the manufacturer in 2017 although not discontinued by the regulator. It has been relaunched by another manufacturer but no real differences on the new SPC. It was agreed to keep website entry as is. **The following have been prioritised for review:** Ozurdex (dexamethasone) 700 micrograms intravitreal implant Diabetic macular oedema in patients without an intraocular (pseudophakic) lens Tapentadol For neuropathic pain in palliative care	

	Thealoz Duo (sodium hyaluronate and trehalose) Treatment of moderate to severe dry eyes Softacort (hydrocortisone sodium phosphate) eye drops Treatment of mild non-infectious allergic or inflammatory conjunctival disease Ryaltris (mometasone furoate and olopatadine hydrochloride) nasal spray For the treatment of moderate to severe nasal symptoms associated with allergic rhinitis **Medicine for review at March LSCMMG meeting:** Progesterone (Utrogestan) capsules Progestogenic opposition of oestrogen HRT	
GUIDELINES and INFORMATION LEAFLET		
2022/023	**DMARD shared care update** AG provided an update stating that changes have been proposed to the monitoring within the shared care document, initially shared with the Morecambe Bay region then taken for discussion at the Rheumatology Alliance meeting. The Alliance suggested arranging meetings with primary and secondary care representatives in each region. The meeting is currently being arranged and members were asked to put forward any representatives that they would like to be included in the meetings.	
2022/024	**PPI guideline review** Two CCGs responded to the consultation for this guideline. Both stated that they may support the document if further information was added. All suggested changes have been incorporated and were presented to the group. RC requested clarity on the C Diff issues with PPIs. It was noted that the consultation response rate was low, possibly due to Covid-19 pressures therefore it was agreed to re-consult. **Action** **Re-consult, sending updated guideline to consultees**	**AGR**
2022/025	**Menopause guideline** AG introduced the proposed Menopause guideline. The guideline was developed using NICE guideline 23 (menopause: diagnosis and management) as a starting point. The evidence review for testosterone for loss of libido and clonidine in post-menopausal women was integrated into the pathway. Three CCGs and two acute trusts responded by the closing date. One CCG submitted two responses – one stated they did support the document and the other stated that may support it. One acute trust did support the document and the remaining trust and two CCGs stated that they may support the document if additional information was considered. The majority of consultation comments were incorporated into the guideline, some late comments were received but have not been included in the pathway. LR suggested that a list of product choices would be helpful. CM commented that the guideline was clinically acceptable but suggested that	

	increased engagement with GP colleagues should be considered when guidelines are produced. DP stated that the clonidine review had been supported since the drafting of the menopause guideline therefore it was agreed that this section would be updated for consistency regarding removal of the requirement for gabapentin or SSRI/SNIR use. **Actions** **The menopause guideline was approved, subject to changes agreed, to be uploaded on to web site.** **A list of products to be produced as a separate document.**	**AGR** **AGR**
2022/026	**Liothyronine meeting TOR approval** AG presented the terms of reference for the meeting to discuss liothyronine. These were accepted by the group	
2022/027	**Sacubitril valsartan** DP introduced the paper. At the January 2022 meeting of the LSCMMG, the group was updated about feedback received from Dr Alison Seed on behalf of the cardiac network. Dr Seed supported initiation and stabilisation for 2-3 weeks after dose optimisation by a specialist team prior to transferring to primary care. However, as the original queries relating to sacubitril/valsartan were from East Lancashire, Dr Seed advised seeking the views of heart failure specialists in East Lancashire prior to agreeing an LSCMMG position. DP continued that Dr Kanarath Balachandran the Clinical Director in Cardiology at East Lancashire Hospital was contacted and echoed his support for the need to initiate and stabilise patients using sacubitril/valsartan in specialist services. However, Dr Balachandran wished for it to be clarified that while specialist services would initiate, optimise, monitor, and prescribe sacubitril/valsartan, on occasions primary care should be enabled to prescribe if required under instructions from specialist teams during the initiation and optimisation phase (specialist teams will still be responsible for monitoring). LR stated that she was not sure that the view of Dr Balachandran on initiation in primary care would be universally supported across the health economy and requested that is not included. BH stated that on the website at the moment it is RAG rated Amber 0, in addition there is a statement relating to Greater Preston and Chorley and South Ribble CCG about stabilisation by secondary care before transferred to primary care. It would be initiated by consultant cardiologist so BH asked if it would just be whether people are happy to all move to the same form of wording. RC asked if the specialist team would prescribe and monitor until patient is stabilised. DP confirmed this is what should usually happen. The group approved the wording in the paper without further clarification. **Action** **Web site to be updated with agreed wording**	**DP**

2022/028	**LSCMMG – Guidelines Work Plan update** AGR updated the guideline work plan has been shared for information. The work plan remains on target. **Action** **Shared care document for Amiodarone to be scoped to possibly incorporate post CABG patients.**	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/029	**New NICE Technology Appraisal Guidance for Medicines January 2022** **Actions:** TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – to be added to web site as Red RAG rating, with the position in relation to drugs for same indication made clear. TA599 (update) Sodium zirconium cyclosilicate for treating hyperkalaemia - now available in both primary and secondary care. Paper scoping potential implications to be brought to next meeting of LSCMMG. **Action** **The position of Solriamfetol in relation to drugs for same indication to be made clear** **Paper scoping potential implications of Sodium zirconium cyclosilicate now being available in both primary and secondary care to be brought to next meeting of LSCMMG**	**AGR** **AGR**
2022/030	**New NHS England medicines commissioning policies December 2021** None for consideration.	
2022/031	**Regional Medicines Optimisation Committees - Outputs November / December 2021** DP briefly outlined the RMOC Advisory Statement 'Combination use of biologics for different co-morbidities'.	
2022/032	**Evidence reviews published by SMC or AWMSG December 2021 and January 2022** **Buprenorphine implant (Sixmo)** Local authority commissioned so not for consideration by the group. **Tirbanibulin (Klisyri)** To be prioritised for review only if a provider Trust indicates desire for use.	

	Olopatadine hydrochloride and mometasone furoate monohydrate (Ryaltris) To be prioritised for review on New Medicines workplan. **Amikacin (Arikayce)** To be prioritised for review only if a provider Trust indicates desire for use **Tralokinumab (Adtralza)** To be prioritised for review only if a provider Trust indicates desire for use. **Clostridium botulinum neurotoxin type A (Xeomin®)** To produce a scope for review and decide on a course of action at a later meeting. **Actions** **Produce a scope of Clostridium botulinum neurotoxin type A (Xeomin®) use in children for hypersalivation and present at a later meeting** **Add Olopatadine hydrochloride and mometasone furoate monohydrate (Ryaltris) to New Medicines workplan**	**DP** **DP**
ITEMS FOR INFORMATION		
2022/0	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee minutes November 2021, action sheet and 2022/23 meeting dates** The minutes and meeting dates have been circulated for information. LSCMMG received the information.	

Date and time of next meeting

The next meeting will take place on

Thursday 10th March 2022

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
10.02.2022

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10.02.2022
ACTION SHEET FROM THE MEETING 11th February 2021				

2021/080	**NICE atrial fibrillation guidance** NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline. **June 2021 update:** DP looking to identify leads in the various trusts. **July 2021 update:** DP updated on engagement. Blackpool Hospital feel they have implemented the guideline and anticoag service happy to change over. Further detail needed. LTH have responded, nothing yet from ELHT and UHMB. EMIS template in primary care requires an update. LR has TTR data, average TTR is 71% across all settings. Clinical view required across the health economy. Impact needs to be known for finance. LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required. **September 2021 update:** BH and AC agreed to develop a paper to discuss at SLE for an ICS approach. Cost of drug growth is to be scoped. **October 2021 update:** Reviewed NOAC usage since new NICE NOAC guidance, the graph has stayed on the same incline going up and has not caused significant change. SLE paper started to be drafted, become aware of national discussions on NOACs. May be a national rebate being published. Agreed to await publication. To be reviewed at the November meeting to see if timescales have been identified.	**DP/BH**	**Closed**	**13.05.2021**

	November 2021 update: Paper being drafted for SLE regarding rising cost of NOACs. Paused due to national rebate expected. If national guidance is not received by the end of November paper to SLE to be drafted. **December 2021 update:** National procurement information has been circulated. In the documents circulated those estimated cost savings will be reviewed. BH will link in with CCG's regarding rebate. Guidance will be updated in line with new NICE guideline. If there are colleagues who wish to be involved in this review please send names to DP. RC was nominated as a representative. **January 2022 update:** National procurement information has been published. Estimated savings need to be reviewed against guidance. Guidelines have been updated in draft form. First meeting being planned, if any LSCMMG members have interest in attending contact DP directly.			

2021/136	**Environmental impact of guidance policy** AGR to scope environmental impact for medicines, to be included within the equality impact screen. **October 2021 update:** Ongoing**.** Respiratory board, AC updated there is a colleague AGR could link in with, AC has shared contact details with AGR. Environmental impact to be added to the equality impact screen. **November 2021 update:** Update expected January 2021. **December 2021 update:** Update expected January 2021. **January 2022 update:** Deferred due to the shortened meeting length. **February 2022 update:** To be presented at the March meeting.	**AGR**	**Open**	**09.09.2021**
ACTION SHEET FROM THE MEETING 14th October 2021				

2021/154	**Ketamine survey results** Ketamine for chronic pain current position to be discussed at November LSCMMG meeting. CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored. **November 2021 update:** DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG. **December 2021 update:** Ongoing awaiting feedback **January 2022 update:** Discussed at LSCFT medicines committee, requests received from diabetes wider pain treatments specialist to use Sativex and broaden beyond ketamine and non-pharmacological interventions. MM group to provide evidence for new initiation. DJ suggested there is a criteria and local Blueteq form developed. CSU agreed that a local Blueteq form could be developed once the clinical and review criteria are agreed. **February 2022 update:** Audit delayed due to covid pressures. Focused meeting on ketamine to take place shortly.	**DP** **DP/DJ**	**Closed** **Open**	**14.10.2021** **14.10.2021**

2021/157	**Antipsychotic shared care – update** BH and SR to draft paper for presentation at the Mental Health Board. Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting. **November 2021 update:** SR met with BH and CM, engaged with colleagues in GM, working with GM to pull together a paper. **December 2021 update:** Waiting for paper from GM. SR will look to get the paper updated. Bring back to subsequent LSCMMG meeting. **January 2022 update:** SR and BH to meet to take forward. CM has audit data which is to be fed into conversations. **February 2022 update:** Ongoing. SR and CM to share audit data, meeting to take place in the coming weeks.	**BH/SR** **LM**	**Open** **Open**	**14.10.2021** **14.10.2021**

2021/158	**Palliative Care LSC Clinical Practice Summary – UPDATE** Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN. **November 2021 update:** LSCMMG have been asked to amend trans dermal patches section to include Buprenorphine as extra treatment option. LSCMMG agreed there is a need to check the evidence prior to inclusion. AGR will review the evidence. Request from palliative care consultants to add a list of palliative care drugs with a rag status, separate page/directory for palliative care drugs to make more accessible. LR suggested linking in with commissioners to assist with the directory. **December 2021 update:** proposal sent to design team; funding approved by JH. Waiting for a meeting to determine the format with the digital team. **January 2022 update:** Awaiting SCN document, formulary for LSCMMG created, website funding is approved. Design meeting to be set up. **February 2022:** Awaiting final document from the SCN.	**AGR**	**Open**	**14.10.2021**

	Liothyronine RAG status review – second consultation CSU to bring update to November LSCMMG meeting. **November 2021 update:** Meeting to be arranged with Primary care, endocrinologist's and medicines management to finalise RAG positions. TOR for liothyronine meeting to be developed. **December 2021 update:** 20th January hold the date circulated. **January 2022 update:** Meeting due to take place 20th January, check attendance and take decision to proceed/defer meeting. **February 2022 update:** Meeting to be rescheduled for April.	**CSU**	**Open**	**14.10.2021**
ACTION SHEET FROM THE MEETING 09th December 2021				
2021/198	**Oral Glycopyrronium - treatment of hypersalivation in adults and children** Latest three month costs and usage data for oral glycopyrronium to be discussed at January LSCMMG meeting. **January 2022 update:** Deferred **February 2022 update:** on agenda	**DP**	**Closed**	**09.12.2021**

2021/199	**Botulinum Toxin Type A for hyperhidrosis** LSCMMG to consider implications of adopting a defined number of treatments to support capacity within trusts and bring back proposal to January LSCMMG meeting. Self-care information to be included within the cosmetic procedure's guideline. **January 2022 update:** Deferred. **February 2022 update:** on agenda	**BH** **AGR/DP**	**Closed** **Closed**	**09.12.2021** **09.12.2021**
2021/200	**New medicines work plan** MP to feedback respiratory Network comments regarding Easychamber and spacer review **January 2022 update:** Deferred **February 2022 update**: work ongoing with asthma guideline	**MP**	**Closed**	**09.12.2021**
2021/202	**DMARD stable definition** DMARD stable definition to be shared with RA Alliance and additional comments to be fed back to AGR. **January 2022 update:** Contacted chair of rheumatology alliance, meeting on 21st January AGR and DP to attend and feedback. **February 2022 update:** On the agenda.	**ALL/AGR**	**Closed**	**09.12.2021**

2021/205	**Dual RAG ratings on LSCMMG website** CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR **January 2022 update:** Deferred **February 2022 update:** AGR to send last paper presented to the group with a request for responses. To present at the March meeting.	**CCG leads**	**Open**	**09.12.2021**
2021/206	**Oxygen for cluster headache – update** AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches. **January 2022 update:** Deferred **February 2022 update:** Deferred, to be considered at the March meeting.	**AGR**	**Open**	**09.12.2021**
2021/210	**Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction** DP to engage with RC to discuss Sacubitril / Valsartan for treating symptomatic chronic heart failure with reduced ejection fraction with the cardiac network. **January 2022 update:** Feedback received, stabilise patients on dose, allow 2-3 weeks before transfer to primary care check proposed, engage with other regions to check they approve this approach. **February 2022 update:** On the agenda	**DP**	**Closed**	**09.12.2021**

2021/217	**Immunosuppressants** Comments regarding the letter to Helen Potter and Paul McManus to be sent to BH by 16th December. **January 2022 update:** BH to circulate. **February 2022 update:** Letter sent to Paul and Helen, no response received as yet.	**All**	**Closed**	**09.12.2021**
ACTION SHEET FROM THE MEETING 13th January 2022				
2022/006	**Testosterone (transdermal) for postmenopausal women** Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women. **February 2022 update:** Working ongoing for SCG. DP to engage with specialists to check feasibility of Amber 1 RAG rating.	**DP** **DP**	**Open** **Open**	**13.01.2022** **13.01.2022**
2022/008	**Inclisiran position statement – update** AHSN PCN letter to be circulated to PCNs via Medicines Management leads for Inclisiran. Position statement to be updated for Inclisiran and link to the AAC/NICE Lipid Pathway.	**Medicine Leads** **AGR**	**Closed** **Closed**	**13.01.2022** **13.01.2022**
ACTION SHEET FROM THE MEETING 10th February 2022				
2022/018	Agreed changes to testosterone section of minutes to be made before upload to web site	**CSU**	**Open**	**10.2.2022**
2022/020	**Oral glycopyrronium spend** Liaise with secondary care to collect glycopyrronium usage data and combine with primary care data.	**DP**	**Open**	**10.2.2022**

2022/021	**Botulinum toxin for hyperhidrosis – self care information / treatment cycles** Review impact of twice yearly injections and review procedures of limited clinical value policy. Produce a paper detailing evidence for frequency of use	**DP** **DP**	**Open** **Open**	**10.2.2022** **10.2.2022**
2022/024	**PPI guideline review** Re-consult, sending updated guideline to consultees	**AGR**	**Open**	**10.2.2022**
2022/025	**Menopause guideline** The menopause guideline was approved, subject to changes agreed, to be uploaded on to web site. A list of products to be produced as a separate document.	**AGR** **AGR**	**Open** **Open**	**10.2.2022** **10.2.2022**
2022/027	**Sacubitril valsartan** Web site to be updated with agreed wording	**DP**	**Open**	**10.2.2022**
2022/028	**LSCMMG – Guidelines Work Plan update** Shared care document for Amiodarone to be scoped to possibly incorporate post CABG patients.	**AGR**	**Open**	**10.2.2022**
2022/029	**New NICE Technology Appraisal Guidance for Medicines January 2022** TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – to be added to web site with a Red RAG rating with position in relation to drugs for same indication made clear. TA599 (update) - Paper scoping potential implications of Sodium zirconium cyclosilicate now being available in both primary and secondary care to be brought to next meeting of LSCMMG	**AGR** **AGR**	**Open** **Open**	**10.2.2022** **10.2.2022**

2022/032	**Evidence reviews published by SMC or AWMSG December 2021** Produce a scope of Clostridium botulinum neurotoxin type A (Xeomin®) use in children for hypersalivation and present at a later meeting	**DP**	**Open**	**10.2.2022**
	Add Olopatadine hydrochloride and mometasone furoate monohydrate (Ryaltris) to New Medicines workplan	**DP**	**DP**	**10.2.2022**