



Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 13.01.2022 (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
Ashley Marsden (AM)	Medicines Information Pharmacist	North West Medicines Information Centre
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

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
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/001	<p>Welcome & apologies for absence</p> <p>AC welcomed members to the meeting. Rukaiya Chand attended on behalf of Melanie Preston, Rebecca Bond sent apologies. FP attended only to discuss agenda item 2022/006 and sent apologies for the rest of the meeting.</p>	

	AC updated the meeting duration has been reduced due to capacity and current pressures within the ICS, and noted the agenda reflects the change.	
2022/002	Declaration of any other urgent business None.	
2022/003	Declarations of interest None.	
2021/004	Minutes and action sheet from the last meeting 09th December 2021 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.	
2022/005	Matters arising (not on the agenda) None.	
NEW MEDICINES REVIEWS		
2022/006	<p>Testosterone (transdermal) for postmenopausal women</p> <p>DP discussed Testosterone (transdermal) for postmenopausal women, which was prioritised for review following a request from Morecambe Bay CCG.</p> <p>EPACT prescribing data from June 2020 to July 2021 showed that approximately 34818 patients were prescribed HRT in primary care across Lancashire and South Cumbria. This equates to 1.9% of a 1,794,244 population. It is unclear what the potential uptake of testosterone gel in this cohort of patients could be. Approximate annual costs of testosterone therapy could be between £18,398 with a 1% uptake and £1,495,259 with a 50% uptake.</p> <p>If it is considered that testosterone blood level monitoring is required, the requirements and parameters are not yet clear and this could impact services.</p> <p>Pan Mersey APC does not currently recommend the use of testosterone for testosterone deficiency in Women (RAG rated grey).</p> <p>The Greater Manchester Medicines Management Group (GMMMG) recommends the off-label use of testosterone (Testogel or Tostran) in women with low sexual desire, only when HRT alone is ineffective. GMMMG have given this a RAG rating of 'Green following specialist initiation.</p> <p>The draft recommendation was: Amber 1 (with shared care) for the following indication:</p> <p style="padding-left: 40px;">As supplementation for postmenopausal women with low sexual desire if HRT alone is not effective.</p>	

	<p>Four of eight CCGs and two of five provider trusts responded by the closing date. All provider trust responses and two CCGs supported the Amber 1 recommendation however one clinician from East Lancashire Hospitals Trust supported an Amber 2 recommendation. One response indicated that agreement would depend on national guidance and the service commissioned.</p> <p>FP noted Somerset CCG advocate use of Testim, using a traffic Light Status as GREEN on the advice of a GP with additional training in menopause and hormone replacement therapy or a suitable specialist. FP suggested that a patient information leaflet is developed to ensure patients are aware of the risk versus benefit factors.</p> <p>RC updated one clinician expressed concern about lack of access to services and safety, it was queried if national guidance is expected to be published. Members agreed with concerns raised over long-term safety and monitoring, however agreed that testosterone is incorporated within NICE guidance where it is listed for use.</p> <p>Members discussed policies are in place for patients who re-commence NHS treatment following treatment from private providers.</p> <p>It was agreed shared care is to be developed, with the RAG rating currently on hold pending engagement with clinicians to check the feasibility of an Amber 1 RAG rating .</p> <p>A patient information leaflet should be developed to highlight risks and benefits.</p> <p>Action – Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women.</p>	<p>DP</p>
<p>2022/007</p>	<p>New medicines work plan</p> <p>The work plan lists all the medicines that have been identified to the CSU as requiring the development of policy / formulary position statements. Due to the meeting duration being reduced LSCMMG approved Bevespi and Trixeo for the treatment of COPD as previously reviewed. No further decisions were made and deferred to a subsequent meeting.</p>	
<p>GUIDELINES and INFORMATION LEAFLET</p>		
<p>2022/008</p>	<p>Inclisiran position statement – update</p> <p>AGR discussed at the November meeting it was requested that the holding statement would be completed before the Inclisiran TA entry would be uploaded. However, as the TA had a 30-day implementation period it was necessary to add this to the website pending the statement. However, the statement makes it clear that the RAG status is: ‘Approval at LSCMMG pending local LSC position statement’.</p> <p>In December, the group agreed to incorporate RCGP comments into the position statement. RC commented a CCG in the South has a Red rating for Inclisiran and questioned if this would be something Lancashire and South Cumbria could follow. CM noted GP’s have not been engaged with</p>	

	<p>should a different approach be agreed. Members commented a Red RAG status would me prescribing would be retained within secondary care which would not be appropriate.</p> <p>RC updated Julia from the AHSN has redrafted a letter around the use of Inclisiran which is to be circulated to be PCNs, RC suggested the letter is circulated via Medicine Management Leads as letters can then be adapted locally.</p> <p>LR queried if cardiologist consultants have provided comments on Inclisiran use, RC attends the Cardiac Network and agreed to have discussions and feedback.</p> <p>Members agreed to a Green restricted RAG status and discussed the need for a position statement to ensure patients are fully aware of guidance surrounding use. It was agreed that other oral use options would be 'prioritised' as these would be used first clinically, in keeping with NICE and the requirements of the TA.</p> <p>AGR noted that a Green (Restricted) RAG status would usually betide to a piece of guidance and used at a particular point in the pathway. The group agreed to reference the AAC/NICE lipid pathway which will be included on the website.</p> <p>LSCMMG agreed to take this forward a Green restricted RAG position with reference to the NICE guidance and amendments as above with the Inclisiran letter to be circulated via Medicine Management leads.</p> <p>Action – AHSN PCN letter to be circulated via Medicines Management leads for Inclisiran.</p> <p>Action – Position statement to be updated for Inclisiran and link to the AAC/NICE Lipid Pathway.</p>	<p>Medicine Leads</p> <p>AGR</p>
2022/009	<p>Post bariatric surgery nutrition position statement – update</p> <p>AGR discussed consultation responses were in agreement with the post bariatric surgery nutrition position statement. Members approved the update.</p> <p>Action – Position statement to be updated on the LSCMMG website</p>	
2022/010	<p>Rheumatoid Arthritis High Cost Drugs Pathway</p> <p>DP discussed consultation responses were in agreement with the Rheumatoid Arthritis High Cost Drugs Pathway changes to be in line with the NICE Technology Appraisals. Members approved pathway.</p> <p>Action - Rheumatoid Arthritis High Cost Drugs Pathway to be uploaded to LSCMMG website</p>	<p>DP</p>
2022/011	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR updated the guideline work plan has been shared for information. The work plan remains on target.</p>	

NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/012	<p>New NICE Technology Appraisal Guidance for Medicines December 2021</p> <p>TA753 Cenobamate for treating focal onset seizures in epilepsy. NICE state this guidance is applicable to Primary care, Secondary care – acute and Tertiary care. No cost impact is expected.</p>	
2022/013	<p>New NHS England medicines commissioning policies December 2021</p> <p>None for consideration.</p>	
ITEMS FOR INFORMATION		
2022/014	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee minutes November 2021, action sheet and 2022/23 meeting dates</p> <p>The minutes and meeting dates have been circulated for information. LSCMMG received the information.</p>	

Date and time of next meeting
The next meeting will take place on
Thursday 10th February 2022
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
13.01.2022**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13.01.2022
ACTION SHEET FROM THE MEETING 11th February 2021				

2021/021	<p>Dymista DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.</p>	DP	Closed	11.02.2021
	<p>AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran.</p> <p>March 2021 update: Meeting to be arranged.</p> <p>April 2021 update: LM to enquire if a meeting has been arranged by Sandra Lishman.</p> <p>May 2021 update: Ongoing, meeting to be organised. No new information received.</p> <p>June 2021 update: Ongoing, meeting to be organised.</p> <p>July 2021 update: Ongoing, meeting in diary.</p> <p>September 2021 update: JDC and AC to meet informally.</p> <p>October 2021 update: Meeting to be arranged AC to meet JDC.</p> <p>November 2021 update: Formal meeting to be arranged.</p> <p>December 2021 update: Meeting is booked for the 13th December. Update to follow.</p> <p>January 2022 update: AC met with JDC. AGR has contacted trust reps to gauge wider ENT specialist comments of Dymista use benefit. JDC is pulling together evidence, to be reviewed on receipt of information from JDC, added to New Meds Workplan.</p>	AC	Closed	11.02.2021

<p>2021/080</p>	<p>NICE atrial fibrillation guidance</p> <p>NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</p> <p>June 2021 update: DP looking to identify leads in the various trusts.</p> <p>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.</p> <p>LSCMMG members to forward TTR data, agreed wider engagement with primary care and anticoagulant clinics required.</p> <p>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.</p> <p>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.</p> <p>SLE paper started to be drafted, become aware of national discussions on NOACs. May be a national rebate being published.</p> <p>Agreed to await publication. To be reviewed at the November meeting to see if timescales have been identified.</p>	<p>DP/BH</p>	<p>Open</p>	<p>13.05.2021</p>
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	<p>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.</p> <p>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.</p> <p>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 reps have interest in anti-coagulants contact DP directly.</p>			
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<p>2021/136</p>	<p>Environmental impact of guidance policy</p> <p>AGR to scope environmental impact for medicines, to be included within the equality impact screen.</p> <p>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.</p> <p>November 2021 update: Update expected January 2021.</p> <p>December 2021 update: Update expected January 2021.</p> <p>January 2022 update: Deferred due to the shortened meeting length.</p>	<p>AGR</p>	<p>Open</p>	<p>09.09.2021</p>
<p>ACTION SHEET FROM THE MEETING 14th October</p>				

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

<p>2021/158</p>	<p>Palliative Care LSC Clinical Practice Summary – UPDATE</p> <p>Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN.</p> <p>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.</p> <p>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.</p> <p>December 2021 update: proposal sent to design team; funding approved by JH. Waiting for a meeting to determine the format with the digital team.</p> <p>January 2022 update: Awaiting SCN document, formulary for LSCMMG created, website funding is approved. Design meeting to be set up.</p>	<p>AGR</p>	<p>Open</p>	<p>14.10.2021</p>
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	<p>Liothyronine RAG status review – second consultation</p> <p>CSU to bring update to November LSCMMG meeting.</p> <p>November 2021 update: Meeting to be arranged with Primary care, endocrinologist's and medicines management to finalise RAG positions.</p> <p>TOR for liothyronine meeting to be developed.</p> <p>December 2021 update: 20th January hold the date circulated.</p> <p>January 2022 update: Meeting due to take place 20th January, check attendance and take decision to proceed/defer meeting.</p>	CSU	Open	14.10.2021
ACTION SHEET FROM THE MEETING 09th December 2021				
2021/198	<p>Oral Glycopyrronium - treatment of hypersalivation in adults and children</p> <p>Latest three month costs and usage data for oral glycopyrronium to be discussed at January LSCMMG meeting.</p> <p>January 2022 update: Deferred</p>	DP	Open	09.12.2021
2021/199	<p>Botulinum Toxin Type A for hyperhidrosis</p> <p>LSCMMG to consider implications of adopting a defined number of treatments to support capacity within trusts and bring back proposal to January LSCMMG meeting.</p> <p>Self-care information to be included within the cosmetic procedure's guideline.</p> <p>January 2022 update: Deferred.</p>	BH	Open	09.12.2021
		AGR/DP	Open	09.12.2021

2021/200	<p>New medicines work plan</p> <p>MP to feedback respiratory Network comments regarding Easychamber and spacer review</p> <p>January 2022 update: Deferred</p>	MP	Open	09.12.2021
2021/202	<p>DMARD stable definition</p> <p>DMARD stable definition to be shared with RA Alliance and additional comments to be fed back to AGR.</p> <p>January 2022 update: Contacted chair of rheumatology alliance, meeting on 21st January AGR and DP to attend and feedback.</p>	ALL/AGR	Open	09.12.2021
2021/203	<p>Dapagliflozin for T1 DM – TA 597 withdrawal</p> <p>NICE TA 597 to be removed from the LSCMMG website</p> <p>LR to share the news safety bulletin with LSCMMG members</p> <p>January 2022 update: Actioned and closed.</p>	AGR	Closed	09.12.2021
		LR	Closed	09.12.2021
2021/204	<p>RMOC shared care consultation 6</p> <p>Comments to be received by the end of the LSCMMG meeting.</p> <p>January 2022 update: Feedback sent to RMOC, action closed</p>	All	Closed	09.12.2021
2021/205	<p>Dual RAG ratings on LSCMMG website</p> <p>CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR</p> <p>January 2022 update: Deferred</p>	CCG leads	Open	09.12.2021
2021/206	<p>Oxygen for cluster headache – update</p> <p>AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches.</p> <p>January 2022 update: Deferred</p>	AGR	Open	09.12.2021

2021/207	Inclisiran TA 733 position statement AGR to update position statement to reference RCGP comments.	AGR	Closed	09.12.2021
	AGR to contact RC to discuss cardiologist comments. January 2022 update: Agenda item for discussion	AGR	Closed	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.	DP	Open	09.12.2021
2021/217	Immunosuppressants Comments regarding the letter to Helen Potter and Paul McManus to be sent to BH by 16 th December. January 2022 update: BH to circulate.	All	Open	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.	DP	Open	13.01.2022

2022/008	Inclisiran position statement – update			
	AHSN PCN letter to be circulated to PCNs via Medicines Management leads for Inclisiran.	Medicine Leads	Open	13.01.2022
	Position statement to be updated for Inclisiran and link to the AAC/NICE Lipid Pathway.	AGR	Open	13.01.2022