

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 11th November 2024 (via Microsoft Teams)

Name	Role and organisation	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Andy White (AW)	ICB Chief Pharmacist (Chair)	✓					
Trust senior medical representation from the following trusts							
Dr Hanadi Sari-Kouzel (DHSK)	Blackpool Teaching Hospitals	✓					
	University Hospitals of Morecambe Bay						
	Lancashire Teaching Hospitals						
Dr Shenaz Ramtoola (DSR)	East Lancashire Teaching Hospitals	Deputy					
	Lancashire and South Cumbria Foundation Trust						
Trust senior pharmacist representation from the following trusts							
James Baker (JB)	Blackpool Teaching Hospitals	✓					
Andrea Scott (AS) (Nima Herlekar (NH) or Jenny Oakley temporarily attending (JO))	University Hospitals of Morecambe Bay	✓					
David Jones (DJ)	Lancashire Teaching Hospitals	✓					
Ana Batista (AB)	East Lancashire Teaching Hospitals	✓					
Sonia Ramdour (SR)	Lancashire and South Cumbria Foundation Trust	✓					
Primary care Integrated Care Partnership senior medical representation							
To be recruited	Fylde Coast						
To be recruited	Central						
To be recruited	Morecambe Bay						
To be recruited	Pennine Lancashire						
Primary care Integrated Care Partnership senior pharmacist representation							
Melanie Preston (MP)	Fylde Coast	✓					
Clare Moss (CM)	Central	Apol					
Lisa Rogan (LR)	Pennine Lancashire	Apol					
Faye Prescott (FP)	Morecambe Bay	✓					
Other roles							
Nicola Baxter (NB)	ICB Lead for Medicines Governance and Medicines Safety	✓					
	ICB Senior Commissioning Manager						

Lucy Dickinson (LD)	ICB Finance Representative	✓					
	Provider finance representative						
Roger Scott (RS)	Local Medical Committee Representation	✓					
Mubasher Ali (MA)	Community Pharmacy LSC	✓					
IN ATTENDANCE:							
Brent Horrell (BH)	CSU Head of Meds Commissioning	✓					
Daivd Prayle (DP)	CSU Senior Meds Commissioning Pharmacist	✓					
Adam Grainger (AGR)	CSU Senior Meds Performance Pharmacist	Apol					
Jill Gray (JG)	CSU Meds Commissioning Pharmacist	✓					
Rebecca Greenwood (RG)	Senior Meds Commissioning Technician (minutes)	✓					

Key

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

	SUMMARY OF DISCUSSION	ACTION
2024/218	<p>Welcome & apologies for absence</p> <p>Paul Elwood attending in place of Faye Prescott who will arrive late. Deborah Michael attending in place of Sonia Ramdour who will arrive late. Dominic Sebastian attending in place of Dr Shenaz Ramtoola. Apologies from Lisa Rogan and Clare Moss. To note, other apologies may have been emailed to Emily who is on leave.</p>	
2024/219	<p>Declaration of any other urgent business</p> <p>Nothing raised.</p>	
2024/220	<p>Declarations of interest (DOI)</p> <p>No new declarations of interest pertinent to the agenda were made.</p>	BH

<p>2024/221</p>	<p>Minutes and action sheet from the last meeting 10th October 2024</p> <p>No amendments raised. The minutes were approved and will be added to the LSCMMG website.</p>	<p>BH</p>
<p>2024/222a</p>	<p>Matters arising (not on the agenda)</p> <p><u>Generic Prescribing of Methylphenidate –</u> SR Presented power point presentation highlighting the recommended actions to be taken in relation to methylphenidate shortages.</p> <p>It was agreed that it is essential to have information in the formulary, on optimise messages and in communications to primary care which align and advise on the appropriate actions to take and that information from the presentation can be used for this purpose. Information from SR will be circulated with the minutes.</p> <p>SR confirmed no guidance around substitution, so generic prescription is needed to cover pharmacy. AW proposed all prescriptions from this point to be written generically but be really clear as to the interchangeability. It was also highlighted that consistent information from GPs and pharmacies is key.</p> <p>NB asked PE to link in around Optimize amendments. Comms could be written as a safety bulletin. NB and SR to liaise re messages. Then update formulary once wording agreed. Suggested wording: Prescribing generically while stock shortages. BH asked NB to confirm comms then let us know and we will align NetFormulary wording. It was agreed to be sent out ASAP once agreed and doesn't need to come back here.</p> <p>Comments in chat: MP - Could there be a template letter for patient PE - Current messages are to prescribe by brand but can be amended and Sonias document can be added PE - All specific brand messages are now muted. Will have to request a new message for generic as go against MHRA guidance.</p> <p>Actions: SR to share presentation and supporting information with BH/DP for them to circulate. NB/SR to liaise to create agreed comms and send out ASAP and align optimise and formulary messages.</p> <p><u>Melatonin liquid –</u> Alder Hey have provided additional information, proposal to add updated wording into pathway. No comments – happy to approve. Action: Update wording in pathway and upload to website.</p>	<p>SR / NB / BH / DP</p> <p>DP</p>
<p>2024/222b</p>	<p><u>GP collective action</u> AW - Working constructively with the LMC on the needs of general practice and community pharmacy. ICB reviewing quality schemes and</p>	

<p>2024/222c</p>	<p>enhanced services with intention to level up where possible to provide consistent level of offer after historic differences in CCGs. The proposal is from the start of April a consistent approach for a number of things e.g. shared care, ECGs. Proposed everything that is designated by this group as amber shared care with monitoring will be paid and suitably remunerated. Phlebotomy is separate and also part of the review.</p> <p>RS – felt the direction sounds promising. LMC meeting feedback is everyone is under extreme pressure, if funding could be attached to new shared care that would be helpful.</p> <p>AW – the hope is for a dynamic list as opposed to a static list of drugs listed for payment, it would be all shared care drugs decided by LSCMMG. AW noted that prior to March decisions need to be considered, DP to add into workplan.</p> <p>Action: DP to incorporate into workplan that any shared care decisions made prior to April 25 will need to be considered alongside the proposal.</p>	<p>AW / DP</p>
<p>NEW MEDICINES REVIEWS</p>		
<p>2024/223</p>	<p>Unlicensed use of omalizumab for severe chronic inducible urticarias Major change UPDATED:</p> <p>The recommended commissioning position was presented. 3 consultation comments were received, all were supportive.</p> <p>It was highlighted that it has been agreed with Manchester and Liverpool that when considering commissioning positions for tertiary centres that the other ICBs will be consulted and involved earlier in the process going forward.</p> <p>DJ – noted that a biosimilar is on its way so costs will be decreased next year.</p> <p>The commissioning position was agreed.</p> <p>Actions: To go to CEG / CRG for support then to ICB execs to be ratified.</p>	<p>DP</p>
	<p>New Medicines Review Workplan</p> <p>DP raised Ferric derisomaltose, LTH switched last year and other trusts are currently considering. A detailed piece of work to support trusts and be consistent would be useful. The outcome of switching is intended to be more about the pathway and positive for patients and less appointments.</p> <p>DSK – should this be disseminated early to avoid problems. Shows how D&T should work with LSCMMG. If one trust plans to look at a new medicine then to ask others if they want to share same resources but ensure this is done in early stages.</p> <p>This is something we need to tie down, what is the role of FWG and can we use this as a specialist group and keep everyone as joined up as possible. FWG to make a recommendation then bring back here. It is not about the drug about the pathway cost and patient care.</p> <p>AB – was raised at FWG, other trusts said they were already using or looking into it. FWG asked ELHT to complete product request form, so some collaborative work has been done.</p>	

<p>2024/224</p>	<p>There were some caution highlighted in relation to adverse events, DJ to look into incident reporting. It was agreed for a proposal out of FWG and it was agreed to include specialists in discussions.</p> <p>To be brought back no later than January.</p> <p>AW raised Rezafungin. Discussion around commissioning. Agreed to be added to formulary as NHSE commissioned.</p> <p>DHSK raised Nefopam proposing it remains on formulary rather than removing it. BH clarified the recommendation is to review not to remove.</p> <p>Actions:</p> <p>DJ to look into incident report data. DJ and AB to share knowledge and paperwork on Ferric derisomaltose.</p> <p>DP to have a meeting with trusts (inc consultants as per AB) to come up with a proposal for Ferric derisomaltose.</p> <p>Rezafungin to be added to NetFormulary.</p>	<p>DJ / DP</p>
<p>2024/225</p>	<p>New NICE Technology Appraisal Guidance for Medicines October2024</p> <p>NICE TA1009 Latanoprost–netarsudil – Proposed Amber0 RAG rating –for previously treated primary open-angle glaucoma or ocular hypertension</p> <p>Agreed</p> <p>BH provided clarity on why we don't add cancer drug fund medications onto NetFormulary due to it being a dynamic list and we don't get updated when changed. AW asked if we can add a statement around this onto NetFormulary. BH explained this is already in process as the chapter is under review and in the process of being published.</p> <p>People have asked if we can assign RAG ratings here before NHSE commissioned drugs have notified. Should we wait until NHSE have notified they have agreed commissioning or add in before?</p> <p>Following discussion, it was agreed that LSCMMG would assign an indicative RAG rating for NHSE commissioned medicines, however these would not be pushed live on the formulary until confirmation has been received via NHSE Circulars.</p> <p>AB added she is happy with that but concern that the list previously had some that were coming to 90 days.</p> <p>AW/BH added that we are adding them onto the formulary as quick as we are notified but we are only getting notified around day 90 for some of them. BH – change log is updated twice a month and that will show the updates/ when the TA's have been added.</p> <p>Action:</p> <p>The NICE TA above will be submitted to the next CRG for support then ratified through ICB Execs meeting.</p>	<p>BH</p>

FORMULARY UPDATES

2024/226	<p>Formulary update:</p> <p>AW wanted to record an enormous thankyou to those involved with the formulary noting it is no small piece of work.</p> <p>BH added the formulary has involved massive changes in terms of processes and clinical groups, whole of the health economy have been supportive and extremely valuable.</p> <p>AB asked what is happening to ELMMB paediatrics list. DP explained the whole chapter will be fully reviewed next year. AW asked if a single document existed or if there was somewhere to signpost in the medium term we can include on formulary. DP clarified we haven't received a suitable single document that can be easily uploaded to the formulary yet. AB added ELMMB don't want to lose the info they had previously. JG clarified that if a suitable document was available this could be uploaded to NetFormulary in the short term while the full chapter is worked on, AB felt that a document was able to be provided from the existing ELMMB formulary.</p> <p>Action:</p> <p>AW asked to bring back what the plan is with paediatrics to the next meeting.</p> <p>AB to provide document suitable to upload and be hosted on NetFormulary in the medium term.</p>	DP
2024/227	<p>Formulary Changes since last LSCMMG:</p> <p>BH reiterated the change log is updated twice a month and is circulated with LSCMMG papers, with the minutes, and available on LSCMMG and NetFormulary news sections.</p> <p>Action:</p> <p>None</p>	DP
GUIDELINES and INFORMATION LEAFLETS		
2024/228	<p>Psoriasis in adults: LSCMMG Biologic and High Cost Drug Commissioning Pathway. UPDATED:</p> <p>DHSK queried the wording around needing agreement of 3 consultants. DP said the wording came from Salford as that's how they undertake their tertiary clinics. AW agreed with DHSK adding as long as it states 'tertiary' the 3rd consultant wording can be removed. DP agreed.</p> <p>JB questioned small molecules - should that be moved to the flow chart at the bottom. The TA doesn't specify needs to be 2nd or 3rd line.</p> <p>DP – had to separate out as couldn't get agreement. So not placed in flow chart.</p> <p>DHSK asked about cost comparison to other biosimilars.</p> <p>JB – a lot of prescribing comes from NMPS so the pathway needs to be</p>	

	<p>clear. Noted there is a specialist pharmacist at the trust he had discussed with.</p> <p>AW suggested JB to have a look at re-drafting the pathway and work with colleagues to bring back in January.</p> <p>Action: JB to work with DP to review and to bring updated pathway back at January meeting.</p>	JB / DP
2024/229	<p>Opioid agreement form UPDATED:</p> <p>It was queried if a lay person had input into the leaflet and what is the reading age? Very wordy. Have this version but create an easy read version too to make material catering for all users including pictograms. Recommended Canadian leaflets for DMARDs as an example of good use of pictograms.</p> <p>MP – Reading age is an issue, agree with DHSK re the idea of pictograms. Emphasized the important of using correct terminology throughout, for example the use of words ‘medicine’ and ‘prescription’. The wording around not sharing medications should be made clearer.</p> <p>AW - Not approved but good concept, need to work on a user friendly version including pictograms, consider linking in with comms or patient watch when re drafting.</p> <p>Action: To go back to FP to re-draft and ensure that reading age and advice of lay person is incorporated.</p>	FP
2024/230	<p>PKU Position statement:</p> <p>AW questions why the guidance defers to Salford rather than local trusts. BH explained we have tried to engage with local trusts, most said they didn’t have a team and deferred to Salford.</p> <p>The position statement was approved.</p> <p>Action: To upload to LSCMMG website.</p>	DP
2024/231	<p>Pathways and Guidance workplan:</p> <p>SR asked if timescales on TBC items could be provided for the next meeting, BH agreed.</p> <p>BH asked if someone in SR team could link in around benzodiazepine guidance, SR advised on some resources she will share.</p> <p>Workplan agreed.</p> <p>Action: None</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		

2024/232	New NHS England Medicines Commissioning Policies October 2024 Nothing to discuss.	
2024/233	Regional Medicines Optimisation Committees – Outputs October 2024 Nothing to discuss.	
2024/234	Evidence Reviews Published by SMC or AWMSG October 2024 Nothing to discuss.	DP
ITEMS FOR INFORMATION		
2024/235	LSCMMG Cost Pressures Log This will be circulated with the minutes from today's meeting.	
	AOB/ Items for escalation Nothing to discuss.	
DATE AND TIME OF NEXT MEETING The next meeting will take place on Thursday 12th December 2024 9.30 – 11.30 Microsoft Teams		