

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Held on Thursday 12th March 2020 Preston Business Centre**

PRESENT:

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospital Trust
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire and South Cumbria NHS Foundation Trust
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr 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
Rukaiya Chand (RC)	Prescribing Projects Manager	Blackpool and Fylde and Wyre CCG's
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2020/045	<p>Welcome & apologies for absence</p> <p>Attendance noted above. Apologies were received from Andrea Scott, Alastair Gibson, Melanie Preston and Nicola Baxter.</p>	

2020/046	<p>Declaration of any other urgent business</p> <p>None.</p>	
2020/047	<p>Declarations of interest</p> <p>None.</p>	
2020/048	<p>Minutes and action sheet from the last meeting 13th February 2020</p> <p>In relation to the anti-psychotic agenda item, SR noted a prescribing guideline is to be produced not a shared care guideline. LM to amend the minutes as per SR comments. Following this amendment the minutes were agreed as a true and accurate record.</p>	
2020/049	<p>Matters arising (not on the agenda)</p> <p>Meetings BH raised numerous apologies have been received for the meeting of LSCMMG April 2020. BH asked LSCMMG members given the number of apologies if this meeting ought to be re-arranged or deferred. LSCMMG discussed given the current situation with Coronavirus and no medicines currently out for consultation it was decided to defer the meeting until May 2020. BH also checked attendance for the Strategic Leadership and Oversight Group and the CCG Leads Network meetings, both meetings will go ahead as scheduled as sufficient delegates can attend.</p> <p>Supply chain DJ discussed the current situation with coronavirus and noted there could be a potential issue with the supply chain of medicines and asked if there is a potential ICS solution. AC discussed NHS England have advised Coronavirus as a level 4 incident and advised all ICP's have been advised specifically not to run ICS solutions. AC discussed he will raise this issue with Graham Urwin at NHS England and discussed the ICS can support NHS England but cannot implement action at ICS level.</p> <p>Dermatology Psoriasis Service Salford AC updated LSCMMG members a letter has been received to advise Lancashire and South Cumbria are to follow Salford's guidance. AC has circulated the letter to medical directors for information. DP discussed he has previously met with colleagues from the dermatology service in Salford who seemed willing to engage. AC asked LSCMMG members to follow normal working processes, review current guidance and note refusal of treatment should this happen for any Lancashire and south Cumbria patients.</p>	
NEW MEDICINES REVIEWS		
2020/050	VACOcast Diabetic Boot	

	<p>DP updated an EIRA screen has been carried out which found no issues for discussion. DP introduced the VACOCast diabetic boot which is a new treatment option for the diabetic population that could be used in place of casting for those with presence of infection, ischaemia, if daily inspection required, a cast is not tolerated or until casting can be provided. DP stated that a Green (restricted) recommendation was circulated for consultation and reported that various responses were received. DP stated that the clinical evidence available is limited to two studies. One study found the most effective reduction of force was achieved by casting (75%) with VACODiaped achieving slightly less (64.3%) with the VACODiaped resulting in the most homogeneous distribution of forces all over the foot.</p> <p>A comparison of treatment costs was conducted, it was assumed that a 45 minute appointment was required which includes routine care. These comparative costs illustrate the potential cost savings over an 8-week time period per patient associated with the VACOCast diabetic boot compared to casting of:</p> <ul style="list-style-type: none"> • between £516.28 and £599.58 (if band 6 podiatrist) and • between £531.36 and £614.66 (if band 7 podiatrist) <p>DP clarified one VACOCast would be used for full treatment and would require less staff time to regularly change a cast.</p> <p>LSCMMG members agreed that the VACOCast would be beneficial and agreed it would be best used in secondary care. A Red RAG rating was agreed.</p> <p>Action</p> <p>Red RAG status to be ratified at the next available meeting of the JCCCG.</p>	
2020/051	<p>POMUK audit report for Lithium</p> <p>SR discussed the results of the POMUK audit report which looks at compliance of monitoring patients prescribed lithium.</p> <p>SR discussed LSCFT placed 35 overall out of 59 trusts, 63% overall compliance. SR discussed with respect to shared care LSCFT has responsibility for the initiation standards within the audit. The remaining standards would be the responsibility for the patient's GP for their monitoring. However, care coordinators have a role to play to ensure monitoring has been done. SR asked if CCG's had any comments in relation to the audit findings. SR reported LSCFT have reminded staff of lithium monitoring responsibilities. CM discussed primary care results will be picked up from ECLIPSE and PINCER. BH asked if LSCFT can access Primary Care clinical systems including weight and BMI. SR advised weight and BMI records cannot be accessed, and therefore discussed the weight and BMI findings could be inaccurate. JK advised not all patients turn up for appointments which can be problematic. SR updated LSCFT are taking local action and advised audit findings will be added to the consultant dashboard, CM responded QOF data medicines measures will make a difference to compliance but updated the findings will not be circulated until later this year.</p>	

<p>2020/052</p>	<p>LSMMG New Medicines Workplan</p> <p>DP discussed the new medicines workplan which includes drugs that require the development of policy / formulary position statements. Medicines have been identified by the LSCMMG via Horizon Scanning or have been identified for review by member organisations.</p> <p>New medicine review for April LSCMMG meeting</p> <p>Dibotermin alfa (InductOs) for the treatment of non-union fracture in adults. DP reported that communication is ongoing with specialists to understand the scope of the review and therefore the review will not be circulated for the April LSCMMG meeting. AC suggested that the MSK task and finish group should also be approached; the chair of the group was noted as Stephen Hodgson. LSCMMG discussed the need for demand is to be established if LSCMMG are to consider a medicine review.</p> <p>Medicines to be considered for prioritisation</p> <p>Melatonin for the indication of REM sleep disorder in patients with Parkinson's disease. LSCMMG approved prioritisation.</p> <p>Medicines prioritised for new medicines reviews – for future LSCMMG meeting</p> <ul style="list-style-type: none"> • Ketamine – AG is currently reviewing Ketamine within his current workload and has been made aware Ketamine is being prescribed by a private provider, AG will contact the appropriate consultant for further understanding/information. • Voke nicotine inhaler for the indication of nicotine replacement therapy– LSCMMG members agreed as this would mainly relate to patients within an inpatient setting LSCFT can set the rag rating. LSCFT are to look at the safety. SR advised given LSCMMG' decision this will be discussed further at the LSCFT Drugs and Therapeutics meeting. • Shingles vaccine – indication use in patients being treated with anti-TNF biologics for Rheumatoid Arthritis. DP stated that evidence is emerging that shows the shingles vaccine may be safe to administer in patients prescribed anti-TNF therapies. • Rifaximin – indication small bacterial overgrowth. AG updated work has started to take place to gather information for a review. • Pregabalin for generalised anxiety disorder – this review has been completed • Pneumococcal and Haemophilus type b / Meningococcal group C vaccines – it was agreed this review should be split as there is no currently no evidence for Meningococcal group C vaccines. <p>Medicines on hold</p> <p>Quinagolide – for the indication of Hyperprolactinaemia. SR queried if this would also be used for anti-psychotic indication. BH suggested that acute trusts determine if there is interest within the trust to use Quinagolide. It was agreed Quinagolide will remain on hold until interest of use is</p>	
-----------------	---	--

	<p>determined, and DP and SR discuss use in patients prescribed anti-psychotic medicines.</p> <p>Action – DP and SR to discuss Quinagolide use in patients prescribed antipsychotic medicines.</p> <p>Action – Acute trusts to determine interest of Quinagolide.</p> <p>Action – AGR to contact Stephen Hodgson chair of MSK task and finish group to discuss the (inductOs) new medicine review request.</p>	<p>DP/SR</p> <p>Acute Trusts</p> <p>AGR</p>
2020/053	<p>Horizon Scanning for 2020 to 2021</p> <p>DP discussed the horizon scanning information for new drugs that are in development and expected to be marketed in the financial year 2020-21. DP requested LSCMMG members to share the document with colleagues and review the content of the spreadsheet in each quarter, indicating expressions of interest for each of the drugs in the green sections of the document. LSCMMG members are also asked to return the completed spreadsheet to the hub Medicines Management team at the CSU as soon as is practically possible. The responses will be collated and presented back to the LSCMMG to help plan new medicine reviews in the financial year 2020-21.</p> <p>Discussion</p> <ul style="list-style-type: none"> • Sacubitril valsartan (chronic heart failure) – BH advised there is no LSCMMG heart failure guideline. DP discussed the CSU are to await a request before development of a heart failure guideline. • Reversal of NOACS was discussed, JM confirmed NICE guidance on NOAC reversal is expected June 2020. LR discussed NOAC reversal is a wider issue than administering a reversal agent when a patient is admitted with a bleed. LR discussed for the frail elderly population there is a treatment delay for those prescribed DOACS/NOAC's which could potentially increase mortality rate. AC discussed a recent IPMO event raised the same points as LR. Further discussion is to take place at the next SLOG meeting. <p>Action – LSCMMG members to return the horizon scanning spreadsheet.</p> <p>Action – NOAC/DOAC reversal and wider NOAC/DOAC issues to be discussed at the next SLOG meeting.</p>	<p>LSCMMG members</p> <p>BH</p>
GUIDELINES and INFORMATION LEAFLET		
2020/054	Amiodarone and Dronedarone SCG	

AGR discussed an EIRA screen has been carried out. There are potential service impact and cross border issues:

Pan Mersey

Amiodarone is Amber Patient Retained. Requires specialist initiation of prescribing. Dronedarone is Red

GMMMG

Amiodarone, a shared care being developed. Dronedarone is currently Green following specialist initiation.

AGR stated that the guideline was produced in January 2020 in response to a request from GP/CSR CCG.

AGR confirmed that amiodarone was listed in the document 'Items which should not routinely be prescribed in primary care: Guidance for CCGs'. NHSE have advised that prescribers should not initiate amiodarone in primary care for any new patient. Only in exceptional circumstances, if there is a clinical need for amiodarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.

AGR discussed points raised during consultation:

- High risk of error if prescribing is shared between secondary and primary care e.g. the drug not being continued in primary care following handover from secondary care.
- Clinic capacity in secondary care was highlighted as a concern.
- Inconsistency of monitoring and sharing of test results. Additional concern that ECGs would be required six-monthly in primary care. Monitoring should be continued after the drug has been discontinued – long half-life.
- Specialists consider that the current level of supervision is appropriate.

The group discussed the use of amiodarone across the health economy and questioned if prescribing was sufficiently high to justify a shared-care document. BH stated that prescribing rates, though mainly historical, are relatively high. AGR mentioned that typically amiodarone would be commenced following cardiac ablation.

LR stated that previous advice from cardiologists is for amiodarone and dronedarone to be stopped rather than switched.

The group agreed that:

1. Work up shared care following ablation specifically and to engage with respondents to the consultation to understand patient contact flow.
2. Engage with respondents to the consultation and develop a pathway for the review and management of existing patients.

	<p>Actions</p> <p>To engage with respondents to the consultation and develop the SCG document further and develop pathways for existing patients.</p>	AGR
2020/055	<p>Vitamin D position statement – update</p> <p>AGR informed the group that The Royal Osteoporosis Society (ROS; was National Osteoporosis Society) have recently updated their recommendations on use of vitamin D. Consequently, MMT have reviewed the content of the existing LSCMMG document to align the local recommendations with those published by ROS.</p> <p>Initially, the vitamin D pathway was removed from the document as the changes to vitamin D monitoring parameters, now endorsed by ROS, would have led to the LSCMMG document essentially becoming an abridged version of the ROS guideline. AGR highlighted that users of the guidance have asked for the pathway to be reinstated. AGR confirmed that ROS have given the group permission to include a copy of their vitamin D pathway with acknowledgment to ROS. AGR discussed extra links and prescribing information has been added to the position statement.</p> <p>JK queried the asterisk in the ROS patient pathway diagram, AGR will contact the ROS for further information and feedback. JK also raised concern over the lack of information for Vitamin D in pregnancy.</p> <p>AGR stated that it may be easier to keep the position statement as is and add all additional information to the clinical resources section of the LSCMMG website. The group agreed with this approach.</p> <p>Action</p> <p>Additional prescriber information resources to be added to the clinical resources section of the LSCMMG website.</p>	AGR
2020/056	<p>Neuropathic pain guidance – update</p> <p>AGR reported at the February meeting of the LSCMMG, nortriptyline was assigned a Green (Restricted) RAG status to be ratified at the March meeting of the JCCG. Following ratification at JCCG, it was decided that the neuropathic pain guidance would be updated, with the addition of the place in therapy of nortriptyline.</p> <p>LR noted no restriction to the use of 50mg nortriptyline tablets was included and should be added as these are much more expensive. BH discussed the NICE guidance did not recommend Nortriptyline as it was not off patent and considerably more expensive when NICE carried out the previous review. BH discussed Nortriptyline patent has now expired.</p> <p>The group did not agree on the exact placement of nortriptyline in the pathway. AGR confirmed that the neuropathic pain guidance was in need of a full review.</p>	

	<p>The group agreed to defer updating the guidance until a full review has been completed.</p> <p>Action</p> <p>Neuropathic pain guidance to be reviewed and fully updated.</p>	AGR
2020/057	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR discussed the Guideline work plan for 2019-2020</p> <ul style="list-style-type: none"> • Neuropathic pain guideline review to be added to the work plan following previous discussions. • A request has been received for an HRT/Menopausal guideline – LSCMMG agreed for a scope to be completed. • Request for palliative care medicines to be listed separately on the LSCMMG website as palliative care medicines can be used for different indications. AGR suggested that this could be done with one entry that will link to all medicines used in the palliative setting. LSCMMG approved the request. • AGR discussed primary care are having some issues with private Gender GP services. AGR confirmed that the GMC advises treatment can be initiated prior to be seeing in an NHS gender dysphoria clinic. However, AGR stated that GPs have expressed concern about this. LSCMMG agreed to producing clearer guidance for GPs to follow in Lancashire and South Cumbria. Gareth Wallace is contacting Gender GP regarding the advice and content provided on their website. • Kenalog injection – AGR stated that this is listed on the LSCMMG website as Green for gout. It has been asked if it could also be included for other rheumatological indications. The group discussed the request and decided that more information is required on usage. SR agreed to scope figures of use at the Minerva Health Centre. • Cardiometabolic/heart failure guideline to be removed <p>Action – SR to check Kenalog injection figures at Minerva Health Centre.</p>	SR
NATIONAL DECISIONS FOR IMPLEMENTATION		
2020/058	<p>New NICE Technology Appraisal Guidance for Medicines February 2020</p> <p>AGR discussed the NICE Technology Appraisals published and proposes traffic light status for Lancashire.</p> <p>Sotagliflozin with insulin for treating type 1 diabetes</p>	

	<p>AGR confirmed that NICE do not expect this guidance to have a significant impact on resources. AGR proposed a traffic light status a Green or Green (Restricted) RAG rating in line with other similar agents.</p> <p>Patiromer for treating hyperkalaemia</p> <p>AGR confirmed that NICE state this guidance is applicable to Secondary care – acute. AGR proposed a Red RAG status. AGR confirmed that patiromer is not PBR excluded.</p>	
2020/059	<p>New NHS England medicines commissioning policies</p> <p>No relevant policies to discuss.</p>	
2020/060	<p>Regional Medicines Optimisation Committees - Outputs</p> <p>DP discussed the RMOC Shared Care Guidance has been published, SR reported this may not be the final version as originally thought as the consultation period was extended. LSCMMG noted draft is watermarked on the Shared Care Guidance and therefore would not take this document as the final version. LSCMMG agreed to await the final version of the shared care guideline and feedback comments to the CSU.</p>	
2020/061	<p>Evidence reviews published by SMC or AWMSG February 2020</p> <p>DP updated LSCMMG is asked to review the guidance published by SMC and AWMSG and to decide an action for each of the published medications</p> <p>ranibizumab (Lucentis) ranibizumab (Lucentis®) is not recommended for use within NHS Scotland. Indication under review: treatment of proliferative diabetic retinopathy in adults. LSCMMG discussed a NICE TA is in development and will await publication. Date is to be confirmed.</p> <p>Sodium zirconium cyclosilicate (Lokelma) Indication under review: treatment of hyperkalaemia in adult patients. Sodium zirconium cyclosilicate, compared with placebo, reduced serum potassium in two and four-week studies in adults with hyperkalaemia. In an uncontrolled one-year study sodium zirconium cyclosilicate produced normal serum potassium in a proportion of adults with hyperkalaemia. The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC. LSCMMG noted for information.</p>	
ITEMS FOR INFORMATION		

2020/062	<p>Lancashire and South Cumbria NHS FT Drug and Therapeutic Committee minutes.</p> <p>No meeting took place in February 2020.</p>	
----------	--	--

Date and time of the next meeting
14th May 2020 9.30 am to 11.30 am Preston Business Centre, Meeting Room 253

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
2020**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12 th March 2020
ACTION SHEET FROM THE MEETING 12th DECEMBER 2019				
2019/226	<p>Cannabis-based medicinal products – update</p> <p>Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.</p> <p>February 2020 update: This item was deferred awaiting feedback from the letters under action 2020/004.</p> <p>March 2020 update: Still awaiting responses to letters. Shared Care has been accepted in North Cumbria. This will be reviewed and brought back to May LSCMMG meeting.</p>	AGR	12.12.2019	Open
ACTION SHEET FROM THE MEETING 9TH JANUARY 2020				

2020/004	<p>Minutes and action sheet from the last meeting 12th December 2019</p> <p>Letters to be sent to NICE and NHS England/Improvement to clarify initiation of Sativex prescribing</p> <p>February 2020 update: Letters have been drafted and are in the process of being approved by the Chair.</p> <p>March 2020 update: Refer to action 2019/226</p>	AGR	09.01.2020	Closed
2020/008	<p>Oxygen Therapy for the treatment of Cluster Headaches</p> <p>Oxygen Therapy for the treatment of Cluster Headaches to be an agenda item at February's meeting.</p> <p>February 2020 update: Engaging in a joint piece of work with the MLCSU Mersey hub team.</p> <p>March 2020 update: ongoing engagement with the Mersey hub. To be deferred.</p>	LM	09.01.2020	Open
2020/018	<p>Guidelines Workplan</p> <p>CSU to review the Vitamin D deficiency guideline.</p> <p>February 2020 update: Currently being reviewed. To be discussed at the March LSCMMG.</p>	CSU	09.01.2020	Open
ACTION SHEET FROM THE MEETING 13TH FEBRUARY 2020				
2020/028	<p>Matters Arising</p> <p>West Lancashire CCG representation.</p>	BH	13.02.2020	

2020/029	<p>Nortriptyline tablets for Chronic Neuropathic Pain</p> <p>Green (Restricted) RAG status to be ratified at the March meeting of the JCCG.</p> <p>March 2020 update: action complete</p> <p>Neuropathic pain guidance to be updated, with the addition of the place in therapy of nortriptyline following ratification of the JCCG position.</p> <p>March 2020 update: Agenda item for discussion</p>	BH	13.02.2020	Closed
		AGR	13.02.2020	Closed
2020/030	<p>Octreotide and Lanreotide for orthostatic intolerance disorders</p> <p>LSCMMG website to updated with a Black RAG following ratification at JCCCG.</p> <p>March 2020 update: JCCG approved ratification.</p>	BH	13.02.2020	Closed

2020/031	<p>Use of Melatonin in Children and Adolescents</p> <p>The following RAG positions to be ratified by JCCCGs: Melatonin tablets (Slenyto or Circadin) Amber 0 - Children and adolescents with ASD or Smith-Magenis syndrome.</p> <p>March 2020 update: JCCCG approved ratification.</p>	BH	13.02.2020	Closed
	<p>Melatonin (Colonis liquid 1mg/ml and 3mg tablets) Black – All indications including insomnia and jet lag</p> <p>March 2020 update: Action complete.</p>	BH	13.02.2020	Closed
	<p>The definition of neurodevelopmental disorders, including ADHD, and the management of complex patients would be revisited, and an update will be reported back to the group.</p> <p>March 2020 update: Progress is ongoing AGR and SR will engage with clinicians. AGR to contact David Shakespeare.</p>	AG/DP	13.02.2020	Open

2020/035	<p>Antipsychotic Shared Care Guidance – addition of cariprazine</p> <p>Antipsychotic shared-care guidance to be finalised and uploaded to the website.</p> <p>March 2020 update: Action complete.</p>	AGR	13.02.2020	Closed
	<p>LSCFT to share ECG monitoring guidance with MLCSU</p> <p>March 2020 update: action complete. To be picked up via the Anti-psychotic shared care task and finish group</p>	SR	13.02.2020	Closed
	<p>LSCFT to work with MLCSU to develop a depot prescribing guideline to support current practice.</p> <p>March 2020 update: Action deferred</p>	SR/MLCSU	13.02.2020	Open
	<p>Expressions of interest to be sent out for attendance at an antipsychotic shared-care task and finish group.</p> <p>March 2020 update: Expressions of interest received. LM to set up initial meeting</p>	LM	13.02.2020	Closed
2020/039	<p>New NICE Technology Appraisal Guidance for Medicines January 2020</p> <p>Provide an update on the responsible commissioner for TA 617</p> <p>March 2020 update: CCG noted as responsible commissioner</p>	AGR	13.02.2020	Closed
ACTION SHEET FROM THE MEETING 12th March 2020				

2020/052	LSMMG New Medicines Workplan			
	DP and SR to discuss Quinagolide Anti-Psychotic indication.	DP/SR	Open	12.03.2020
	Acute trusts to determine interest of Quinagolide.	Acute Trusts	Open	12.03.2020
	AGR to contact Stephen Hodgson chair of MSK task and finish group to discuss the (InductOs) new medicine review request.	AGR	Open	12.03.2020
2020/053	Horizon Scanning for 2020 to 2021			
	LSCMMG members to return the horizon scanning spreadsheet.	LSCMMG members	Open	12.03.2020
	NOAC/DOAC reversal and wider NOAC/DOAC issues to be discussed at the next SLOG meeting.	BH	Open	12.03.2020
2020/054	Amiodarone and Dronedarone SCG			
	To engage with respondents to the consultation and develop the SCG document further and develop pathways for existing patients.	AGR	Open	12.03.2020
2020/055	Vitamin D position statement – update			
	Additional prescriber information resources to be added to the clinical resources section of the LSCMMG website.	AGR	Open	12.03.2020
2020/056	Neuropathic pain guidance – update			
	Neuropathic pain guidance to be reviewed	CSU	Open	12.03.2020

2020/057	LSCMMG – Guidelines Work Plan update SR to check Kenalog injection figures at Minerva Health Centre	SR	Open	12.03.2020
-----------------	---	-----------	-------------	-------------------