

Item:

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 3 APRIL 2020
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the April 2020 Planning and Commissioning Committee.

Liothyronine

It was requested that the content of the Shared care framework be approved and that Liothyronine as per the Shared care framework be added to the CCG shared care monitoring drug list at Level 1, 3 or 4

Level 1 - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing.

Level 3 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. Sampling is undertaken by a District Nurse or other externally funded provider

Level 4 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. The practice also undertakes sampling.

It was stated that within the Hull CCG there are a small number of patients presently prescribed Liothyronine (approximately 7). The majority of patients for thyroid disease would not be clinically prescribed this medication.

It was stated that patients would not automatically be placed onto Liothyronine and there would be specific criteria prior to being prescribed as per the shared care framework. Liothyronine would only be prescribed via a consultant and would then be monitored via primary care once stabilised; any patients outside of the framework criteria would be classed as a red indication and Liothyronine would not be recommended for them to take.

Patients would have a yearly appointment with consultants who would advise primary care of any medication adjustment.

It was noted that if patients were not under the shared care framework via a consultant they would be excluded from being prescribed Liothyronine.

It was acknowledged that some patients prescribed Liothyronine previously should now be reviewed.

It was stated that Liothyronine would go into the shared care drug list, the level claimed would be based on what primary care undertakes for the patient.



**Vincent Rawcliffe Clinical Chair, Planning and Commissioning Committee,
April 2020**