

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th October 2018 at Jubilee House, Leyland**

PRESENT:

Mr Andy Curran (AC)	Chair of LMMG	NHS Lancashire & South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Sonya Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research & Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Rebecca Bond (RB)	Pharmacy Team Leader	NHS Fylde & Wyre 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
Philip Haydock (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/173	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Julie Lonsdale, Joanne McEntee and Adam Grainger.</p> <p>It was noted that Rebecca Bond was attending on behalf of Julie Lonsdale.</p>	
2018/174	<p>Declaration of any other urgent business</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/175	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2018/176	<p>Minutes of the last meeting (13th September 2018)</p> <p>The minutes of the meeting dated 13th September 2018 were agreed as a true and accurate record.</p>	
2018/177	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2018/178	<p>Opicapone</p> <p>DP presented a paper detailing a request from LTH to review the RAG status of Opicapone (as an adjunct to co-beneldopa or co-careldopa in Parkinson's disease with "end of dose" motor fluctuations) with a proposal to change its RAG status from Black to Amber 0. In January 2017 the LMMG had reviewed a request for opicapone and assigned the drug a Black RAG rating.</p> <p>The paper presented a case for the drug to be used in place of tolcapone, which has known adverse event profile.</p> <p>Seven of eight CCGs and three of four provider trusts responded by the closing date. All respondents agreed with the proposed change to the RAG status except Chorley and South Ribble/Greater Preston CCGs (joint response). Comments from respondents agreeing with the proposed RAG status indicate that opicapone should be available as an alternative COMT inhibitor for patients unable to tolerate or not responding to entacapone. Chorley and South Ribble/Greater Preston CCGs commented that no new evidence had been presented to support amending the RAG status of opicapone.</p> <p>Decision The group agreed with the change of RAG rating of Opicapone from Black to Amber 0 with an agreement to review the RAG rating of tolcapone over the coming months.</p> <p>Action Opicapone will be changed from Black to Amber 0 on the LMMG website. Tolcapone to be put on the new medicine reviews work plan.</p>	<p>DP</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/179	<p>ActiPatch</p> <p>DP presented a paper for ActiPatch for treatment of chronic pain (presence of pain for longer than 3 months) associated with knee osteoarthritis and plantar fasciitis.</p> <p>The proposed RAG rating was Green (restricted), with the restriction being:</p> <p style="padding-left: 20px;">A one-month trial of the device may be prescribed initially. Continued prescribing may only be initiated only in patients who show a 25% or greater reduction in pain score using a visual analogue scale (VAS) and a decrease in usage of standard analgesic medicines. The simplest VAS is a straight horizontal line of fixed length, usually 100 mm. The ends are defined as the extreme limits of the parameter to be measured i.e. pain, orientated from the left (worst) to the right (best).</p> <p>7 of 8 CCGs, 1 of 4 Acute trusts responded by the closing date. 6 CCGs disagreed with the recommendation and 1 CCG agreed with the recommendation stating that the CCG would like specialist pain services to try the device in selected patients and provide audited results to a future LMMG meeting. 1 Acute Trust disagreed with the recommendation.</p> <p>The main reasons for disagreeing with the recommendation were as follows:</p> <ul style="list-style-type: none"> • Low numbers of patients enrolled in the key trials • Studies of relatively short duration • Potential for indications to expand beyond those specified • Potentially a self-care product • Evaluation of product subjective <p>Decision</p> <p>The group disagreed with the proposed Green (restricted) RAG status for ActiPatch on the basis that there was insufficient evidence of clinical benefit available in the published literature.</p> <p>Action</p> <p>ActiPatch for treatment of pain in knee osteoarthritis and plantar fasciitis will be put onto the LMMG website as Black RAG status.</p>	DP
2018/180	<p>Colour classification recommendation for Lixisenatide</p> <p>DP presented a paper proposing an amendment of the RAG rating of Lixisenatide.</p> <p>Lixisenatide is currently recommended on the LMMG website as Green (Restricted) as an option “only as add-on to basal insulin when a licensed GLP-1 mimetic is clinically indicated but twice daily</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>exenatide may not be appropriate". This recommendation was made in 2013 however the restrictions are not consistent with the approach outlined in the current LMMG antihyperglycaemics pathway.</p> <p>The options for amending the RAG status of lixisenatide were proposed to be either:</p> <p>1. Maintain the Green RAG rating but remove the current restriction for lixisenatide. This would allow continuity of prescribing for patients currently receiving lixisenatide. The position of lixisenatide in the antihyperglycaemic guideline would need to be determined.</p> <p>OR</p> <p>2. Conduct a full evidence review of lixisenatide (potentially enabling a Black RAG rating) using currently available evidence.</p> <p>Seven of eight CCGs and two of five provider trusts responded by the closing date. Three responding members agreed with recommendation 1 to amend to a "Green" RAG status, one responding organisation agreed with recommendation 2 to conduct a full evidence review, and five responding organisations provided comments only.</p> <p>Decision The group agreed with the recommendation of a Green RAG status for lixisenatide with an agreement to review and summarise its evidence when semaglutide is reviewed in the future.</p> <p>Action Lixisenatide will be put onto the LMMG website as a Green RAG status.</p>	<p>DP</p>
<p>2018/181</p>	<p>LMMG – New medicine reviews work plan update</p> <p>DP discussed the paper, updating the group on the status of the work plan as follows:</p> <p><u><i>Medicines prioritised for new medicines reviews – for future LMMG meeting</i></u></p> <p>Rivaroxaban plus aspirin - Use in patients with stable peripheral or carotid artery disease. Identified via horizon scanning, trial of combination vs aspirin showed combination reduced CV events.</p> <p>Semaglutide – Diabetes - New GLP-1 identified via horizon scanning, showed superiority in trial vs dulaglutide improving glycaemic control and reducing bodyweight, enabling a significantly</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>greater number of patients with type 2 diabetes to achieve clinically meaningful glycaemic targets and weight loss.</p> <p><u><i>New medicines reviews on hold, awaiting licensing or additional application details</i></u></p> <p>Prasterone (Intrarosa®) – Vulvovaginal or vaginal atrophy in postmenopausal women having moderate to severe symptoms – identified through horizon scanning. Licensed, not launched. Likely competitor oestrinol/estradiol (see below). Efficacy profile is based on two placebo-controlled phase III studies (no active comparator).</p> <p>Ertugliflozin – type 2 diabetes mellitus dual, triple therapy. Identified via horizon scanning – also in combination with metformin and in combination with sitagliptin. Licensed but not launched.</p> <p>Ospemifene (Senshio®) – Vulvovaginal or vaginal atrophy in postmenopausal women – identified through horizon scanning. Cost of prescribing of main alternative topical estriol/estradiol across Lancashire for in the year to February 2018 was £700,000. Wholesale arrangements and cost are being reviewed prior to launch. Efficacy profile is based on two placebo-controlled phase III studies (no active comparator)</p> <p><u><i>Medicines identified as potential candidates for new medicines reviews</i></u></p> <p>Sativex – multiple sclerosis with refractory pain – request from Dr Shakespeare consultant Neurologist LTH NHS Trust. Guidance is awaited from the DoH as still not resolved legally.</p> <p>Doxylamine/pyridoxine gastro-resistant tablets (Xonvea®) – for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management. Identified via horizon scanning. The group agreed that this will be added to the work plan and will be added to the website as Grey RAG status.</p> <p>Tadalafil daily – erectile dysfunction post radical prostatectomy Request from consultant urologist, University Hospital Morecambe Bay. The group agreed this would not be reviewed as NHS England guidelines do not support its use in erectile dysfunction. Request from University Hospital Morecambe Bay should now be considered via the IFR route.</p>	<p>DP</p>
<p>GUIDELINES and INFORMATION LEAFLETS</p>		
<p>2018/182</p>	<p>Pharmacological management of adults with chronic non-cancer pain guidelines – update</p> <p>BH presented the paper for pharmacological management of adults with chronic non-cancer pain guidelines.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>MP highlighted that Blackpool CCG have been carrying out work around opiates and as part of that work have discovered a large number of patients being prescribed large doses of Oramorph. MP suggested the guidance is amended to ensure patients are only recommended to receive small quantities. In addition, MP proposed clearer guidance is required around flare-ups, in that any increase in dose is only for a short period of time and is reviewed regularly with a view to stepping down. LR noted that oxycodone is used in preference to other opiates in the East Lancashire health economy which is contrary to the guidance that oral morphine should be the first line opiate of choice.</p> <p>AC suggested it would be useful to make it clear in the introductory paragraph that the guidelines only relate to the pharmacological management of non-cancer pain and that other non-pharmacological options are available. AC suggested a clinician information leaflet would be useful to highlight key information.</p> <p>The group agreed patients need to receive education before they are initiated on the pathway in terms of managing their expectations. An emphasis needs to be around the fact that there are many patients on high dose opioids alongside other drugs that can lead to a risk to patient safety.</p> <p>Decision</p> <p>The group agreed the guidelines need to be taken away to be reviewed in more detail and worked up further. BH noted it would be useful to have data around the number of patients prescribed high doses of opioids to help develop these guidelines further.</p> <p>Action</p> <p>All CCGs agreed to identify numbers of patients on high dose opiates and send this information to MLCSU.</p>	<p>All CCG leads</p>
<p>2018/183</p>	<p>Zoladex 3.6mg and 10.8mg SCG</p> <p>BH presented the paper relating to Zoladex 3.6mg and 10.8mg shared care documents.</p> <p>The Zoladex 3.6mg and 10.8mg shared care documents were requested by EL CCG and prioritised for development by the LMMG in June 2018. The guidance was produced in June and July 2018 and was sent out for consultation with responses to be received by 30th August 2018.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Four of eight CCGs, three of five provider trusts responded by the closing date. One CCG agreed with the content of both documents and one provider trust disagreed with content of the 3.6mg document but did not submit comments for the 10.8mg document. All remaining CCGs and providers stated that they may agree with both documents provided additional comments were taken into account.</p> <p>Decision</p> <p>It was agreed that an information leaflet would be more suitable for Zoladex. The group agreed this patient information leaflet should focus on the drug class rather than being specific to Zoladex. The group requested that the information leaflet should advise that clinicians undertake an individual clinical risk assessment of patients' risk of developing diabetes and not mandate a specific blood glucose testing regimen.</p> <p>Action</p> <p>The Zoladex 3.6mg and 10.8mg shared care document will be drafted into an information leaflet for the drug class. It was agreed that these did not require reconsideration by LMMG for approval unless significant amendments are required.</p>	<p>BH</p>
<p>2018/184</p>	<p>Headache guideline - update</p> <p>BH presented the paper for the adult headache management pathway.</p> <p>The guidance was originally produced in September 2015 by the North West Coast SCN. MLCSU MMT contacted the document owner and agreed that MMT could take over responsibility for updating the guidance and change to a format more closely aligned to that of our other documents. The revised document was sent out for consultation in July 2018 with responses to be received by 30th August 2018</p> <p>Three of eight CCGs, one of five provider trusts responded by the closing date. Two CCG may support the guidance with the inclusion of additional material, one CCG did support the guidance. One provider trust may support the guidance but offered no additional comments.</p> <p>Decision</p> <p>The group agreed the headache guidelines subject to the following amendments:</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><i>Page 3 Appendix 1</i> – The box to the right of Red flags will be updated to read ‘Refer to headache service or secondary care for them to undertake a clinical triage’</p> <p>In addition to this the box at the top right will have the reference to Fylde and Wyre CCG removed to read ‘Patients should be referred in accordance with local pathways, as appropriate’</p> <p><i>Page 5</i> – The box to the left of the page titled ‘Migraine’ will have the last paragraph referring to botulinum toxin removed.</p> <p>Action</p> <p>The above changes will be made to the adult headache management pathway, the updated document will be placed on the LMMG website.</p>	BH
2018/185	<p>Memantine RAG rating / Dementia medicines prescribing information sheet</p> <p>DP presented the paper proposing an update of the RAG rating for memantine following new NICE guidance issued in June 2018.</p> <p>SR suggested seeking clarification from clinicians at LCFT as the NICE guidance could imply the addition of memantine to existing Alzheimer’s drugs whereas the paper presented a case for switching of drug in existing patients.</p> <p>Action</p> <p>SR to discuss memantine RAG rating with LCFT colleagues and feedback to LMMG.</p>	SR
2018/186	<p>RAG review – BNF Ch 1 – 3 (list 1)</p> <p>BH presented the paper for quarterly review of LMMG colour classifications.</p> <p>This is the fourth annual review of LMMG colour classifications (following a break of 18months over the period 17/18). As agreed during previous annual reviews, the medicine classifications are to be considered in four parts, arranged by BNF chapter. List 1 consists of BNF chapters1 (gastro-intestinal system), 2 (cardiovascular system) and 3 (respiratory system).</p> <p>List 1 was sent to all member organisations in August 2018 and the consultation period closed on 27th September 2018.</p> <p>Responses were received from: Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Fylde</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>and Wyre CCG, East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust and Blackpool CCG</p> <p>Decision</p> <p>BH noted that there are several items where the RAG rating differs between the LMMG website entry and the RAG rating used in the East Lancashire Health Economy – particularly COPD. Related to this it was noted that EL CCG have their own COPD guidance.</p> <p>It was noted that the comment on page 8 of the document should have stated that Methotrexate is Red in EL CCG rather than mesalazine.</p> <p>SR queried the CSR/GP CCG RAG rating for Sacubitril / valsartan being Amber 0 with restrictions, with the restriction stating that it must be stabilised by secondary care before transfer to primary care. CM noted both CCGs are following their respective LMC position on its prescribing. CM and SR agreed to meet outside the meeting to discuss further.</p> <p>BH asked SR to clarify the position of oral flupentixol for the LMMG website. SR stated that flupentixol is Black RAG status for depressive illness and Green RAG status in schizophrenia and other psychoses.</p> <p>Action</p> <p>Differences in RAG status between CCGs and LMMG will be updated and made clear on the website.</p> <p>CM and SR to discuss sacubitril outside the meeting and bring back to LMMG.</p>	<p>BH</p> <p>SR/CM</p>
<p>2018/187</p>	<p>Post-bariatric surgery nutrition position statement – update</p> <p>BH presented the paper for the update to the post-bariatric surgery nutrition position statement.</p> <p>Discussions were held around the issue of prescribing vitamins in patients with sleeve gastrectomy and whether this should be purchased by the patient as a self-care item or prescribed.</p> <p>LR noted that in East Lancashire CCG they have a Black RAG position for prescribing of vitamins after all bariatric surgery interventions.</p> <p>JK noted the OTC national guidelines around the prescribing of vitamins in post-bariatric surgery, patients are exempt if they have</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>a chronic condition or have undergone surgery that results in malabsorption, this is also reflected in the Lancashire and South Cumbria policy for over the counter Items that Should not be Routinely Prescribed in Primary Care Policy.</p> <p>The group agreed to take this issue back to CCG colleagues and discuss further.</p> <p>Action</p> <p>CCG leads to take item away and discuss further with colleagues. Leads to feedback to MLCSU.</p>	<p>All leads</p>
<p>2018/188</p>	<p>Flash GM, insulin pump and CGM policies – update</p> <p>BH updated the group on the flash GM, insulin pump and CGM policies.</p> <p>The policies for the supply and funding of flash GM, insulin pumps and continuous glucose monitoring for patients with diabetes mellitus have been completed. In line with the agreed policy development process the policies have now been ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCG) on behalf of all eight CCGs.</p> <p>The group agreed for MLCSU to add these policies to the LMMG website in addition to the policies being hosted on each of the CCGs websites.</p> <p>Action</p> <p>The flash GM, insulin pump and CGM policies will be added to the LMMG website.</p>	<p>BH</p>
<p>2018/189</p>	<p>ADHD SCG (combined)</p> <p>BH presented the combined ADHD shared care guidelines.</p> <p>There are currently separate LMMG ADHD Shared Care Guidelines for Adults and Children or Adolescents.</p> <p>LMMG were requested by LCFT to look at producing a combined ADHD shared care guideline. The guidance was produced in August 2018 and was sent out for consultation with responses to be received by 27th September 2018.</p> <p>Seven of eight CCGs, three of five provider trusts and Lancashire Care Foundation Trust responded by the closing date. Of the eight CCGs which responded seven agreed with the document, Blackpool CCG disagreed. All the provider trusts and Lancashire Care Foundation Trust who responded agreed with the guideline.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Decision</p> <p>The group agreed with the shared care guidelines with the following amendments.</p> <ul style="list-style-type: none"> • Where the document currently states 'LCFT', this will be amended to read 'secondary care provider'. • Discussions continued around the wording in relation to ECG monitoring. It was agreed that the current wording 'An ECG is only required at baseline if there is a clinical indication' covered the statements in relation to ECGs in the NICE guideline so no amendment was required • BH queried what >95th percentile means in relation to actual Blood Pressure readings. SR agreed to investigate this with LCFT colleagues. <p>Action</p> <p>Guidelines to be updated to state 'secondary care provider' rather than 'LCFT'.</p> <p>SR to investigate the >95th percentile systolic blood pressure issue with LCFT colleagues.</p>	<p>BH</p> <p>SR</p>
2018/190	<p>Fluoride toothpaste guidance</p> <p>This item was deferred.</p>	
2018/191	<p>Psoriasis biologic treatment pathway</p> <p>This item was deferred.</p>	
2018/192	<p>LMMG – guidelines work plan update</p> <p>This item was deferred.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/193	<p>New NICE technology appraisal guidance for medicines (September 2018)</p> <p><u><i>The following NICE TA is an NHS England commissioning responsibility and is to be commissioned through the Cancer Drugs Fund, it will not be added to the LMMG website.</i></u></p> <p>TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin's Lymphoma.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><u>The following NICE TA is an NHS England commissioning responsibility and will be put onto the LMMG website as Red colour classification</u></p> <p>TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia.</p>	
2018/194	<p>New NHS England medicines commissioning policies (September 2018)</p> <p>No policies published.</p>	
2018/195	<p>Regional medicines optimisation committees – Outputs</p> <p>DP presented the RMOC for NHS England guidance published in September/October 2018.</p> <p>Adalimumab commissioning intentions – This document builds upon NHS England’s commissioning intentions for biological medicines published in September 2017. It sets out the tendering strategy for adalimumab, as well as provides guidance for commissioners and providers on the issue.</p> <p>AG updated the group that contracts will be agreed on a regional basis by 1st December 2018. Regions will be awarded either one citrate containing biosimilar and one non-citrate containing biosimilar or one non-citrate containing biosimilar.</p> <p>Adalimumab resources to use with patients – These resources have been put together by the NHS England Pharmacy communications team. They are designed for professionals to use with patients to support introduction of biosimilar adalimumab.</p> <p>Future RMOC guidance –</p> <p>Low clinical value medicines: liothyronine – this topic focuses on prescribing of liothyronine. RMOC South is working with endocrinology clinical specialists to produce guidance on prescribing of liothyronine.</p> <p>Evidence based recommendation for use of Botox – the RMOC will identify a list of indications botulinum toxin A is used in and assess the level of evidence underpinning these indications. The intention is to provide evidence-based recommendations on use of botulinum toxin A in off-label indications, to support a consistent approach to treatment.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/196	<p>Evidence reviews published by SMC or AWMSG (September 2018)</p> <p>This item was deferred.</p>	
PROCESS PROPOSALS		
2018/197	<p>LMMG pre-submission equality form</p> <p>DP presented a proposed LMMG Pre Submission Equality form, intended to quickly identify any potential equality issues when a new medicine review or guideline is proposed. The form is intended to be attached to the current LMMG application forms and if issues are identified, a fuller evaluation will be conducted.</p> <p>It was agreed that an Equality form will be conducted for the Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy that was agreed at the last LMMG.</p>	DP
ITEMS FOR INFORMATION		
2018/198	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (7th September 2018)</p> <p>The group noted these minutes.</p>	

Date and time of the next meeting

Thursday 8th November 2018, 9.30 am to 11.30 am, Cooper Clarke Room, Jubilee House, Leyland

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
11th October 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11 th October 2018
ACTION SHEET FROM THE MEETING 13th SEPTEMBER 2018 MEETING				
2018/152	<p>DOAC prescribing and anticoagulation services review meeting – update</p> <p><i>Anticoagulation template</i> Action: LR will share this with MLCSU Update: LR sent template to MLCSU.</p> <p>Action: MLCSU will bring an update to the next meeting regarding the Anticoagulation templates. Update: The LMMG template and the ELMMB template have been reviewed, it is felt that they perform two different roles, there is a query in relation to the calculation of Creatinine Clearance that is being worked through with renal and cardiology. MLCSU to bring an update to next meeting.</p> <p><i>DOAC cards</i> Action: LR will share the Pennine Lancashire DOAC card with MLCSU Update: BH has received DOAC cards, these will be included in the update at the next meeting.</p> <p><i>Haematology Group DOAC cards</i> Action: JM will feedback to LMMG on the timescales for the development of a national DOAC card by the Haematology Working Group Update: BH noted feedback from JM will be included in paper to be brought back to the group.</p> <p><i>Education of Health Care Professionals</i></p>	<p style="text-align: center;">LR</p> <p style="text-align: center;">DP</p> <p style="text-align: center;">LR</p> <p style="text-align: center;">JM</p> <p style="text-align: center;">All LMMG representatives/DP</p>	<p style="text-align: center;">04.10.2018</p> <p style="text-align: center;">01.11.2018</p> <p style="text-align: center;">01.11.2018</p> <p style="text-align: center;">01.11.2018</p> <p style="text-align: center;">01.11.2018</p>	<p style="text-align: center;">Closed</p> <p style="text-align: center;">Open</p> <p style="text-align: center;">Open</p> <p style="text-align: center;">Open</p> <p style="text-align: center;">Open</p>

	<p>Action: LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG. Update: BH noted nothing received yet and people have until the 15th October to feedback.</p> <p><i>Patient Education</i> Action: LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG. Update: BH noted nothing received yet and people have until the 15th October to feedback.</p> <p><i>Pharmaceutical Representatives</i> Action: LMMG will write to industry agencies to highlight the process for requests to work in local areas Update: BH updated the group that this action will be picked up in the November meeting.</p> <p><i>Anticoagulation Initiation Clinics</i> Feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales; this will be put into a paper for the October LMMG. Update: BH updated the group that this action will be picked up in the November meeting.</p> <p><i>LMMG Terms of Reference</i> Action: these will be updated to reflect the industry agencies requests to promote work in local areas to go through LMMG. Update: This has been incorporated</p>	<p>All LMMG representatives/DP</p> <p>BH/AC</p> <p>All LMMG representatives</p> <p>BH</p> <p>BH</p>	<p>15.10.2018</p> <p>15.10.2018</p> <p>01.11.2018</p> <p>01.11.2018</p> <p>04.10.2018</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Closed</p>
2018/153	<p>Edoxaban (first line use)</p> <p>Action: MLCSU will scope edoxaban and bring back to LMMG. Update: DP updated that this work is ongoing.</p>	<p>DP</p>	<p>01.11.2018</p>	<p>Open</p>

2018/154	<p>Denosumab for treatment of glucocorticoid-induced osteoporosis</p> <p>Actions MLCSU will liaise with the specialists to draft a treatment flow chart which includes denosumab with other treatments such as infusions.</p> <p>Patient numbers will be estimated based on the number of patients who are prescribed regular corticosteroids.</p> <p>Update: DP updated the group that he is waiting to hear back on a price for zoledronic acid and will bring this back to the group.</p>	DP DP	01.11.2018 01.11.2018	Open Open
2018/161	<p>Policy for Over the Counter items that should not be routinely prescribed in Primary Care</p> <p>Action: The Policy will be taken through the Joint Committee of the CCGs for ratification.</p> <p>Update: AC fed back that this will be taken to the ICS board.</p> <p>Action: the contents of the NHS England Self-Care Policy will be cross checked to ensure that everything from that policy is included.</p> <p>Update: DP fed back the contents are all included in the document.</p>	AC DP	01.11.2018 04.10.2018	Open Closed
2018/163	<p>Hydroxychloroquine</p> <p>Action: A prescribing information sheet will be produced.</p> <p>Update: BH updated the group that this is on the work plan.</p>	AGR	04.10.2018	Closed
2018/167	<p>RMOC – outputs</p> <p>RMOC annual meeting on 9th October for APC, MM Group members</p> <p>Action: JM will send a link to JJ for registration at the event on 9th October.</p> <p>Update: BH updated the group that there was CSU representation at this</p>	JM/JJ	04.10.2018	Closed

	<p>event however feedback has not been received as yet.</p> <p>Free of Charge (FOC) Medicines Schemes: RMOC Advice for adoption as local policy Action: MLCSU will look at the RMOC document in line with CCG schemes and look to develop one document based on the RMOC document. Update: DP fed back that he had reviewed the document and decided this should be sent out for consultation as there may be unintended consequences of implementing the policy.</p>	DP	04/10/2018	Closed
ACTION SHEET FROM THE MEETING 11th OCTOBER 2018 MEETING				
2018/182	<p>Pharmacological management of adults with chronic non-cancer pain guidelines – update Action: All CCGs agreed to identify numbers of patients on high dose opiates and send this information to MLCSU.</p>	CCGs	01/11/2018	Open
2018/185	<p>Memantine RAG rating / Dementia medicines prescribing information sheet Action: SR to discuss memantine RAG rating with LCFT colleagues and feedback to LMMG.</p>	SR	01/11/2018	Open
2018/186	<p>RAG review – BNF Ch 1 – 3 (list 1) Action: CM and SR to discuss sacubitril outside the meeting and bring back to LMMG.</p>	CM/SR	01/11/2018	Open
2018/187	<p>Post-bariatric surgery nutrition position statement – update Action: CCG leads to take item away and discuss further with colleagues. Leads to feedback to MLCSU.</p>	CCGs	01/11/2018	Open
2018/189	<p>ADHD SCG (combined) Action: SR to investigate the >95th percentile systolic blood pressure issue with LCFT colleagues.</p>	SR	01/11/2018	Open

2018/197	LMMG pre-submission equality form Action: An Equality form will be conducted for the Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy	DP	01/11/2018	Open
-----------------	---	-----------	-------------------	-------------