

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 10th November 2016 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
Sonia Ramdour (SR)	Lead Pharmacist	Lancashire Care NHS Foundation Trust

IN ATTENDANCE:

Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2016//184	<p>Welcome & apologies for absence</p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Alastair Gibson, David Prayle, Cath Fewster and Julie Kenyon. Sonia Ramdour was attending on behalf of Cath Fewster.</p> <p>It was noted that Joanne McEntee, Senior Medicines Information Pharmacist – Horizon Scanning Lead from North West Medicines Information Centre was in attendance to observe the meeting.</p>	
2016/185	<p>Declaration of any other urgent business</p> <p>None.</p>	
2016186	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/187	<p>Minutes of the last meeting (13th October 2016)</p> <p>The minutes of the meeting dated 13th October were agreed as a true and accurate record.</p>	
2016/188	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2016/189	<p>LMMG – new medicine reviews work plan update</p> <p>BH discussed this paper; updating the committee on the current status of the work plan as follows:</p> <p><u>Medicines for discussion at December LMMG</u> Safinamide (Xadago®) – mid-late stage Parkinson’s disease – this is currently out to consultation and will be put onto the LMMG website as grey colour classification.</p> <p>Bazedoxifene/conjugated oestrogen – post menopausal symptoms – this is currently out to consultation and is on the LMMG website as grey colour classification.</p> <p><u>Medicines for discussion at a future LMMG</u> Rheumatology Alliance RA biologics pathway update – rheumatoid arthritis – work is ongoing with the Rheumatologists to update the pathway. A request was made to include supporting information (endorsed by Rheumatologists) regarding switching to biosimilars in the pathway. This will be incorporated into the pathway.</p> <p>Opicapone – Parkinson’s disease – adjunctive therapy in adults with end-of-dose motor fluctuations who cannot be stabilised on preparations of levodopa/DOPA decarboxylase inhibitors – licensed July 2016 – this will be the next evidence review to be undertaken on the work plan.</p> <p>Relvar Ellipta (fluticasone/vilanterol) – COPD and asthma – awaiting evidence and confirmation of clinician support across Lancashire Trusts, following receipt, an update to the evidence review previously completed will be undertaken</p> <p>Eluxadoline – irritable bowel syndrome, diarrhoea prominent - await launch date, licensed in September 2016.</p> <p><u>Medicines currently on hold</u> Naltrexone/bupropion – obesity – awaiting confirmed launch date.</p>	<p>All actions BH</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Liraglutide – obesity – awaiting confirmed launch date.</p> <p>Empagliflozin + linagliptin – type II diabetes mellitus – positive opinion in EU September 2016.</p> <p>Lidocaine + prilocaine spray – premature ejaculation – awaiting launch date</p>	
GUIDELINES and INFORMATION LEAFLETS		
2016/190	<p>Constipation guidelines and colour classification of lubiprostone and prucalopride</p> <p>AGR presented the paper summarising the constipation guidelines.</p> <p>Four out of eight CCGs responded and all supported the guidelines. Four out of five trusts responded and all supported the guideline.</p> <p>Decisions The group discussed and decided that for completeness the classes and doses of laxatives in appendix 4 of the <i>Management of Constipation in Adult Patients: Acute and Chronic Treatment Pathway</i> will remain in the document.</p> <p>It was confirmed that the Child pathway follows NICE guidelines.</p> <p>A discussion took place regarding the inclusion of enemas or suppositories. The group decided that this information will be omitted as its place in therapy is not defined in any other pathways.</p> <p>Amendments made following consultation responses were discussed and approved by LMMG.</p> <p>Recommendation: Amber 0 Lubiprostone Three out of eight CCGs responded and all supported the ‘Amber0’ classification. Four out of five trusts responded. Three of the trusts supported an ‘Amber0’ classification. One trust, UHMB, recommended a ‘Green’ classification.</p> <p>Decision LMMG agreed with the recommendation of Amber 0 colour classification.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Prucalopride Four out of eight CCGs responded and three supported the 'Amber0' classification. One CCG, East Lancashire, recommended a 'Red' rating for prucalopride use in men. Four out of five trusts responded. Three of the trusts supported an 'Amber0' classification. One trust, UHMB, recommended a 'Green' classification.</p> <p>Decision The group agreed with the recommendation of Amber 0 colour classification for men and women.</p> <p>Actions The Constipation guidelines will be uploaded to the LMMG website</p> <p>Lubiprostone will be made Amber 0 colour classification on the LMMG website.</p> <p>Prucalopride will be made Amber 0 colour classification on the LMMG website for men and women</p>	<p>All actions AGR</p>
<p>2016/191</p>	<p>Melatonin position statement and updated evidence search</p> <p>BH updated LMMG members on the previous request that was undertaken in relation to Melatonin in 2013, due to ongoing discussions in relation to RAG status in LMMG member organisations at the time, a decision was made in 2014 to refer clinicians to their local commissioning arrangements and it was removed from the LMMG work plan in March 2015.</p> <p>LMMG members were also updated on the current primary care expenditure and based on the published evidence what this is likely to mean in terms of patient outcomes.</p> <p>AGR presented the paper summarising the evidence reviews and position statements relating to melatonin. The Melatonin Working Group discussed 4 patient groups at the June 2016 meeting with a view to standardising the use of melatonin across Lancashire.</p> <p>The draft recommendations were:</p> <p>Melatonin for children and adolescents with sleep disorders secondary to neurological conditions, including ADHD Licensed – Amber 1 Unlicensed – Red</p> <p>Five of eight CCGs, three of five provider trusts responded by the closing date. Two provider trusts and one CCG agreed with the</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>recommendation. The remainder disagreed. The group considered the evidence in the trials. It was noted that there was a statistically significant increase in sleep time; however it was felt that this had a limited clinical significance.</p> <p>Melatonin for adults previously receiving melatonin under the care of CAMHS Licensed: Amber 1 Unlicensed: Red</p> <p>Five of eight CCGs, three of five provider trusts responded by the closing date. Two provider trusts and one CCG agreed with the recommendation. The remainder disagreed.</p> <p>The group considered the evidence; it was recognised that there was no benefit of using melatonin compared to placebo in one study. It was highlighted that some patients in the study may have previously received melatonin, therefore it was questioned whether the studies were relevant. It was noted that one study showed an increase in a total of 8.25 minutes sleep time.</p> <p>Melatonin for adults with sleep disorders secondary to neurological conditions, including an adult diagnosis of ADHD Licensed: Amber 1 Unlicensed: Red</p> <p>Five of eight CCGs, one of five provider trusts responded by the closing date. One provider trust and one CCG agreed with the recommendation. The remainder disagreed.</p> <p>The group noted that there was no difference in the studies compared to placebo. One study showed a significant increase in sleep time of 24.36 minutes.</p> <p>Melatonin for older adults with REM sleep disorders Recommendation: Black</p> <p>Five of 8 CCGs, one of five provider trusts responded by the closing date. All agreed with the recommendation.</p> <p>The group noted that there was no significant evidence in support of the use of melatonin for older adults with REM sleep disorders.</p> <p>Decision AGR highlighted that the import company has supplied a general statement for unlicensed imports which cannot guarantee conformity to UK standards. No specific data relating to melatonin has been received from IDIS. ; no quality control data was</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>available. The group discussed and considered the evidence in each of the four patient groups together with the LMMG responses. Due to the lack of quality evidence in each cohort of patients in support of the use of melatonin it was decided that LMMG will re-consult as a black traffic light status for all prescribing of melatonin for new patients. Input will be sought from specialists with regards to the management of existing patients. The group decided that this was the best direction of travel unless new evidence is received.</p> <p>Actions A consultation for all prescribing of melatonin for a black recommendation will be sent out and brought to the January 2017 LMMG.</p> <p>In the meantime melatonin will be made grey on the LMMG website.</p>	<p>All actions AGR</p>
<p>2016/192</p>	<p>Oral anticoagulant guide</p> <p>AGR presented the oral anticoagulant guidance for patients with non-valvular AF.</p> <p>Three of eight CCGs, and none of five provider trusts responded by the closing date. All those that responded agreed with the guideline in its current format.</p> <p>Decision AGR highlighted that following the consultation period the flow chart on pages 4 and 14 had been amended. The group acknowledged and approved the amendment.</p> <p>JL highlighted that the Anticoagulant Service in Fylde & Wyre is aware of the guide and commend the document.</p> <p>The group discussed and decided that the word 'inducers' will be added to the sentence reading 'Caution with mild to moderate P-gp inhibitors The listed drugs will be separated under the two headings as appropriate.</p> <p>Following a request from EL CCG for the inclusion of prescribing guidance relating to how to manage patients with a falling haemoglobin level, it was highlighted that a search has shown that no specific guidance exists that relates to the management of patients who show a downward trend in Hb whilst receiving anticoagulants. TN will share local guidelines which are in use in Fylde & Wyre for patients who present with iron deficiency anaemia without an obvious cause. MLCSU will use the guidelines as a starting point and look to incorporate this information in the oral anticoagulant guide.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>A request was made to highlight information contained within the paragraph in bold type at the top of page 8, <i>4.3.4 NOACs and Heart Murmurs/Valvular AF</i>. This was approved.</p> <p>A further request was made to add a sentence at the top of the conversions box under <i>4.3.5 Conversions between NOACs and Warfarin</i> 'Care is needed when converting patients from Warfarin to Dabigatran that the patient fully understands the process.'</p> <p>It was highlighted that on page 6 under <i>4.2.2. Renal dose adjustments for Warfarin</i> the words 'dose adjustment required' will be removed as dose adjustment is not required in the 30-49ml/min range.</p> <p>A request for the development of a guideline that would support the use of NOAC and other anticoagulant drugs for the management of DVT and PE was discussed. The group decided that this would not be developed; local service arrangements will remain.</p> <p>The group discussed and decided that all further reference to NOACs will be now be DOACs.</p> <p>Amendments made following consultation responses were discussed and approved by LMMG subject to the amendments above.</p> <p>A discussion took place regarding the increasing costs of DOAC prescribing across Lancashire. In light of this the group discussed working collaboratively to draft a paper for the CCB. GA will liaise with BH regarding a draft paper.</p> <p>Actions TN will forward local guidance regarding iron deficiency/anemia to MLCSU for incorporating into the guide.</p> <p>The Oral anticoagulant guide will be amended in line with the amendments agreed above.</p> <p>The Oral anticoagulant guide will be uploaded to the LMMG website. The 3 separate original guidelines will be removed from the website.</p> <p>GA will liaise with BH regarding a draft paper for DOAC prescribing.</p>	<p>TN</p> <p>AGR</p> <p>AGR</p> <p>GA/BH</p>
2016/193	Guidelines for Good prescribing in Primary Care 2016 – update	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>AGR presented the Guidelines for Good Prescribing in Primary Care.</p> <p>2 CCGS responded, one CCG agreed, the other CCG agreed subject to changes.</p> <p>Decisions An addition will be made on page 5 as per Blackpool CCG's suggestion 'Specialist to fully discuss the recommended treatment with the patient, including rationale, side-effects, monitoring required etc.'</p> <p>It was highlighted that any reference to LMMG decisions should be amended to CCG decisions to emphasise their local positions. The guideline will be amended to reflect this.</p> <p>It was highlighted that section <i>10 Repeat Prescribing</i> will be updated around the signing of prescriptions and emphasis will be placed on EPS and ordering repeat prescriptions on line via EMIS.</p> <p>A request was made to add in the link for reporting to the Accountable Officer for Controlled Drugs on page 23.</p> <p>Amendments made following consultation responses were discussed and approved by LMMG.</p>	<p>All actions AGR</p>
<p>2016/194</p>	<p>Quarterly Review of LMMG Colour Classifications (List 3)</p> <p>AGR presented the paper, summarising the consultation responses for the review of the colour classification list 3. Responses were received from 2 CCGs and 3 provider trusts.</p> <p>The following actions were discussed and agreed by the group:-</p> <p>Chlordiazepoxide – Alcohol withdrawal - following last month's decisions to change the colour classification from Red to Green, MP highlighted that Blackpool CCG did not agree with this decision. The group discussed this further and decided that Chlordiazepoxide for alcohol withdrawal will remain as Red colour classification.</p> <p>Nortriptyline – Depressive illness - this will be discussed further at the LCFT D&T meeting with the proposal of a Black colour classification status. LCFT will consider and feedback to LMMG. Nortriptyline for neuropathic pain will be made Black colour classification on the LMMG website in line with the Neuropathic Pain guidance.</p>	<p>All actions AGR</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Antipsychotics – awaiting feedback from CGGs with regard to changing the colour classification from Amber 1 to Amber 0. This will be discussed under matters arising at December LMMG.</p> <p>Pipotiazine palmitate - this has now been withdrawn and will be removed from the LMMG website.</p> <p>Pregabalin – GAD – no change was required. Pregabalin is on the LMMG website as Green colour classification for neuropathic pain in line with LMMG Neuropathic Pain guidance.</p> <p>Promazine tablets – short-term management of psychomotor agitation and restlessness in the elderly – the group decided that this will remain as a Green colour classification.</p> <p>Trazodone – Depressive illness – LCFT are developing Dementia guidance. This is awaited, no current action required.</p>	
2016/195	<p>LMMG – Guidelines Work Plan update</p> <p>AGR discussed this paper; updating LMMG on the current status of the work plan as follows:</p> <p><u>For discussion in December</u> RAG list 4 Apomorphine Shared Care guidelines Vitamin D guidelines</p> <p><u>For discussion in January</u> Palliative Care for generalists – AGR has been in contact with Susan Salt and Andrew Dickman. AGR will be included in the drafting of the new guideline and will update at the next meeting.</p> <p>Opioid step down guidance</p> <p>Bariatric surgery nutrition position statement</p> <p>Degarelix shared care</p> <p>The ophthalmology guidance will be fully reviewed. It was decided after the incorporation of NICE TA 409. Some of the wording was unclear and the read codes require checking for accuracy. .</p> <p><u>For discussion at a future LMMG meeting</u> Asthma and COPD guidance – work has been undertaken locally in the East Lancs CCG area. LR will forward this to MLCSU. JL will also share MIMS guidance.</p> <p>Primary Care Psoriasis Guidance</p>	LR/JL

ITEM	SUMMARY OF DISCUSSION	ACTION
	Rheumatoid Arthritis Pathway Inhaler comparison and identification guide	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/196	<p>New NICE Technology Appraisal Guidance for Medicines (October 2016)</p> <p>AGR presented this paper, the following actions were agreed:</p> <p>TA4132 Elbasvir-grazoprevir for treating chronic hepatitis C – this is an NHS England responsibility and will be put on the LMMG website as Red Colour classification.</p> <p>TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma – this is an NHS England commissioning responsibility. No action required for LMMG.</p> <p>TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor –This is a CCG commissioning responsibility. However, NICE stated in their costing template that the TA will have a neutral cost impact as it is in line with current practice. . The group agreed on a Red colour classification. This will be uploaded to the LMMG website. A Blueteq form will be created and the information will be fed into the RA pathway work.</p> <p>TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation positive non-small-cell lung cancer - – this is an NHS England responsibility and will be put on the LMMG website as Red Colour classification.</p>	All actions AGR
2016/197	<p>New NHS England medicines commissioning policies</p> <p>None published in October 2016.</p>	
2016/198	<p>Evidence reviews published by SMC or AWMSG (September and October 2016)</p> <p>BH discussed the SMC and AWMSG recommendations published during September and October 2016 meeting LMMG criteria, which were:</p> <p><u>SMC</u> 1182/16 calcipotriol + betamethasone (Enstilar) SMC accepted 1182/16 calcipotriol + betamethasone (Enstilar) for the topical treatment of psoriasis vulgaris in adults. The group</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>decided that this would not be added to the work plan as it is a new formulation.</p> <p>1163/16 fosfomycin trometamol granules for oral solution (equivalent to 3g fosfomycin) (Monuril) SMC accepted 1163/16 fosfomycin trometamol granules for oral solution (equivalent to 3g fosfomycin) (Monuril) for the treatment of acute lower uncomplicated urinary tract infections, caused by pathogens sensitive to fosfomycin in adult and adolescent females.</p> <ul style="list-style-type: none"> - Prophylaxis in diagnostic and surgical transurethral procedures. <p>The group decided that this would not be put on to the work plan; local antibiotic formularies are in place. No LMMG action is required.</p> <p>1186/16 aflibercept (Eylea) SMC accepted 1186/16 aflibercept (Eylea) for adults for the treatment of visual impairment due to myopic choroidal neovascularisation. The group decided that LMMG will engage with Ophthalmologists to ask if they would like to use it and if so to submit an application form.</p> <p>1093/15 budesonide (Cortiment) SMC accepted 1093/15 budesonide (Cortiment) for adults in remission in patients with mild to moderate active ulcerative colitis where aminosalicylate (5-ASA) treatment is not sufficient. The group discussed this and decided that this will not be added to the work plan unless a request is received from a specialist.</p> <p>1200/16 perampanel (Fycompa®) SMC did not accept 1200/16 perampanel (Fycompa®) for adjunctive treatment of primary generalised tonic-clonic seizures in adult and adolescent patients from 12 years of age with idiopathic generalised epilepsy. LMMG already has a commissioning position in place for perampanel. The group decided that no further action was required.</p> <p><u>AWMSG</u> 2739 green tea leaf extract (Catephen®) AWMSG accepted 2739 green tea leaf extract (Catephen®) for the treatment of external genital and perianal warts (condylomata acuminata) in immunocompetent patients from the age of 18 years. The group decided that no further action was required as this would be used within GUM services which are NHSE commissioned.</p> <p>1562 golimumab (Simponi®) AWMSG accepted golimumab (Simponi®) for the treatment of</p>	<p style="text-align: center;">BH</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>adults with severe, active non radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C reactive protein and/or magnetic resonance imaging evidence, who have had an inadequate response to, or are intolerant to nonsteroidal anti-inflammatory drugs. The group decided that no further action was required unless a request is submitted. NICE TAG is planned for December 2017.</p> <p>It was discussed that the remaining AWMSG recommendations for September and October 2016 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them.</p>	
PROCESS PROPOSALS		
2016/199	<p>Terms of reference</p> <p>BH discussed this paper which had been updated to include the LMMG annual declaration and to incorporate the LMMG process for the review of medical devices.</p> <p>Decision The group approved the updated LMMG Terms of Reference.</p> <p>Action The LMMG Terms of Reference will be uploaded to the LMMG website.</p>	BH
ITEMS FOR INFORMATION		
2016/200	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</p> <p>No meeting in October.</p>	
2016/201	<p>Any other business</p> <p>JL raised the subject of sip feeds and requested some prescribing guidance for Lancashire.</p> <p>CM and MP highlighted that they have been involved in work locally regarding the prescribing of sip feeds.</p> <p>Decision It was decided that the work started locally will be shared as a starting point for a Lancashire wide guideline.</p> <p>Action CM and MP will share their local work on sip feeds with MLCSU.</p>	CM/MP

ITEM	SUMMARY OF DISCUSSION	ACTION
	Sip feeds will be added to the LMMG guidelines work plan	AGR

Date and time of the next meeting

8th December 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
10th NOVEMBER 2016**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10th NOVEMBER 2016
ACTION SHEET FROM THE 8th SEPTEMBER MEETING				
2016/156	<p>New NICE Technology Appraisal Guidance for Medicines (July/August 2016)</p> <p>TA404 Degarelix for treating advanced hormone-dependent prostate cancer</p> <p>Action: BH will seek further information regarding the discounted drug cost referred to in the TA. If this is feasible in primary care BH will feedback to CCG MM Leads, alternatively this will be brought back to LMMG for discussion.</p> <p>Update: A rebate scheme is available for primary care. Details of the draft contract relating to the rebate scheme will be circulated once this has been received from the drug company.</p> <p>Update: a draft contract has been received; DP will send this out next week.</p>	DP	01.12.2016	Open
ACTION SHEET FROM THE 13th OCTOBER MEETING				
2016/168	<p>Brivaracetam</p> <p>Action: DP will look at MTRAC's terms of reference to clarify role of MTRAC publications.</p> <p>Update: DP is unable to find MTRAC's terms of reference in the public domain. Future publications will be noted by LMMG; any substantial evidence will be extracted if it is relevant to LMMG review.</p>	DP	03.11.2016	Closed

2016/170	<p>NICE Do not dos and review of prescribing data</p> <p>CCG MM Leads will take the list of NICE do not dos to their organisations for feedback. Update: this has been actioned.</p>	CCG MM Leads	03.11.2016	Closed
	<p>DP will circulate glucosamine epact data to CCG MM Leads Update: this has been actioned.</p>	DP	03.11.2016	Closed
2016/171b	<p>Horizon scanning 2017/18</p> <p>Actions: DP will circulate the paper to LMMG members for discussion. Update: this has been actioned.</p>	DP	03.11.2017	Closed
	<p>LMMG representatives to feedback priority areas for 2017/18 to MLCSU by 30th November.</p>	LMMG representatives	30.11.2016	Open
2016/175	<p>RAG review list 3</p> <p>Amisulpride – Schizophrenia – a request to change the colour classification from Amber 1 to Amber 0 has been received. Action: MM Leads will discuss further with GPs in their local areas. Update: discussed further at November LMMG. This will be brought to December LMMG under AOB.</p>	MM Leads	01.12.2016	Open
	<p>Benperidol – Control of deviant antisocial sexual behaviour – BH will run CCG level data by practice for each CCG and send to MM representatives for discussion in primary care. This will be brought to LMMG in January 2017. Update: this will be discussed at January 2017 LMMG.</p>	MM Leads	01.12.2016	Closed
2016/176	<p>Vitamins and Minerals Position statement</p> <p>LR will forward the UKMi evidence to AGR regarding post Bariatric patients. Update: this has been actioned and is on the work plan.</p>	LR	03.11.2016	Closed
2016/178	<p>Constipation guidelines</p> <p>Actions AGR will email the guidelines paper to LMMG representatives for consideration in</p>	AG	03.11.2016	Closed

	<p>their organisations. Update: discussed under an agenda item.</p> <p>LMMG representatives will feedback comments; these will be brought to the November LMMG. Update: discussed under an agenda item.</p>	LMMG representatives	03.11.2016	Closed
2016/192	<p>Oral anticoagulant guide</p> <p>Action: TN will share local guidance on the treatment of iron deficiency/anaemia levels with MLCSU for incorporation in the Oral anticoagulant guide.</p> <p>Action: GA will liaise with BH regarding a draft paper for DOAC prescribing.</p>	<p>TN</p> <p>GA</p>	<p>01.12.2016</p> <p>01.12.2016</p>	<p>Open</p> <p>Open</p>
2016/194	<p>RAG review list 3</p> <p>Action: Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG.</p> <p>Antipsychotics – awaiting feedback from CCGs with regard to changing the colour classification from Amber 1 to Amber 0. This will be discussed under matter arising at December LMMG.</p>	<p>SR</p> <p>CCG Leads</p>	<p>01.12.2016</p> <p>01.12.2016</p>	<p>Open</p> <p>Open</p>
2016/195	<p>LMMG Guideline work plan</p> <p>Action: Asthma and COPD guidance – LR and JL will share their local guidance.</p>	LR/JL	01.12.2016	Open
2016/198	<p>Evidence reviews published by SMC or AWMSG (/September and October 2016</p> <p>Action: 1186/16 aflibercept (Eylea) – BH will engage with Ophthalmologists to ask if they would like to use it and if so to submit an application form.</p>	BH	01.12.2016	Open
2016/201	<p>Any other business</p> <p>Action: CM and MP will share their local work on sip feeds with MLCSU.</p>	MP/CM	01.12.2016	Open