

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 8<sup>th</sup> May 2014 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
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Dr Pervez Muzaffar (PM)	GP Prescribing Lead	NHS Blackburn with Darwen CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Kenny Li (KL)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	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
Aidan Kirkpatrick (AK)	Public Health Consultant	Lancashire County Council, Public Health Lancashire

**IN ATTENDANCE:**

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Staffordshire and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Staffordshire and Lancashire CSU
Julie Lonsdale (JLon)	Head of Medicines Performance	NHS Staffordshire and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Staffordshire and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/062	<p><b>Welcome &amp; apologies for absence</b> The chair welcomed everyone to the meeting and introduced Aidan Kirkpatrick, Public Health Consultant.</p> <p>Apologies for absence were received on behalf of Dr Hari Nair, Dr Emile Li Kam Wa, Dr Sigrun Baier, Eric Bonsell, Nicola Schaffel and George Nasmyth.</p>	
2014/063	<p><b>Declarations of interest pertinent to agenda</b> None.</p>	
2014/064	<p><b>Declaration of any other urgent business</b> None.</p>	
2014/065	<p><b>Minutes of the last meeting 10<sup>th</sup> April 2014</b> The minutes of the meeting dated 10<sup>th</sup> March 2014 were agreed as a true and accurate record subject to the amendment below highlighted in bold.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><b>2014/049 Matters arising (not on the agenda)</b>            PB discussed a request which had been received from an Oncologist, for shared care arrangements to be developed for Denosumab in bone metastasis, <b>where Denosumab is being administered on a separate occasion from other treatments, resulting in additional hospital visits.</b></p>	
2014/066	<p><b>Matters arising (not on the agenda)</b>            There were no matters arising.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2014/067	<p><b>Eltrombopag</b></p> <p>BH discussed the draft evidence review and new medicine recommendation consultation responses for Eltrombopag for treatment of thrombocytopenia in adults with hepatitis C. The draft recommendation was:  <i>Eltrombopag is recommended as an option for the treatment of thrombocytopenia <b>only</b> in adults with non-genotype 1 HCV infection who have MELD scores &lt;10 and baseline albumin &gt;35g/L.</i></p> <p>5 CCGs agreed with the draft recommendation            2 CCGs neither agreed nor disagreed with the recommendation stating “no comments received.”            Both of the Acute Trusts who responded neither agreed nor disagreed with the recommendation. (One trust stated “no additional comments” and the other stated “no comments received”).</p> <p><b>Decision</b>            A decision was made to approve the recommendation as written, based on the majority of the responses being in support of this.</p> <p>Confirmation is awaited as to whether the Patient Access Scheme will apply to patients who don't fit the NICE guidance criteria.</p> <p><b>Action:</b>            This will be made Red on the website.</p>	JL
2014/068	<p><b>LMMG – New Medicine Reviews Work Plan update</b></p> <p>BH updated the group with the new medicines reviews on the work plan for 2013/14 as follows:-</p> <p><i>Eltrombopag – discussed under item 2014/067</i></p> <p><u><i>Currently out to consultation – to be brought to the June meeting</i></u>            Lubiprostone, Certolizumab and Vesomni</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><u>Medications due for recommendations to be brought to the July meeting</u> Alogliptin, Relvar Elipta, Certolizumab and Dapoxetine.</p> <p><u>Medications for future review</u> Albiglutide, Brimonidine, Omalizumab, Umeclidinium inhaler/Umeclidinium/Vilanterol inhaler</p> <p><u>Medications currently on hold</u> Magnesium sachets – the group decided they did not require an evidence review – remove this from the work plan.</p> <p>Eslicarbazepine – discussed at a previous meeting. Awaiting a completed application form.</p> <p>Switching anti-TNFs in Psoriatic arthritis – leave on hold until Certolizumab is discussed at the next meeting</p> <p>Rivaroxaban – waiting for the launch date.</p> <p>Due to a recent request in Fylde and Wyre CCG for Sodium Oxybate, it was suggested that this should be put on the work plan to carry out an evidence review.</p> <p><b>Actions:</b> Remove magnesium sachets from the work plan</p> <p>Add Sodium Oxybate to the work plan to carry out an evidence review.</p>	<p style="text-align: right;"><b>BH</b></p>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<p><b>2014/069</b></p>	<p><b>New NICE Technology Appraisal Guidance for Medicines (April 2014)</b></p> <p>EJ gave an overview of the NICE TAGs published in April 2014 and the following actions were agreed:-</p> <p>TAG NO 309 Lung cancer (non small cell, non squamous) – pemetrexed - the commissioning responsibility belongs to NHS England; this will be put on the website as Black.</p> <p>TAG NO 310 Lung cancer (non small cell, EGFR mutation positive) – afatinib - the commissioning responsibility belongs to NHS England; this will be put on the website as Red.</p> <p>TAG NO 311 Multiple myeloma – bortezomib (induction therapy) – the commissioning responsibility belongs to NHS England; this will be put on the website as Red.</p> <p>EJ reminded the group that CCG decisions on published NICE</p>	<p style="text-align: right;"><b>All JL</b></p>

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	<p>TAs must be updated on local websites within the 90 day limit.</p> <p>CF reminded the group of the recent publication of 'medicines awareness' by NICE with an article around the courts advising CCGs about disagreeing with NICE clinical guidelines</p>	
2014/070	<p><b>New NHS England medicines commissioning policies (April 2014)</b></p> <p>EJ discussed the interim commissioning policy for sofosbuvir plus or minus ribavirin with either daclatasvir or ledipasvir in most subgroups of patients with chronic hepatitis C. The commissioning responsibility for this is with NHS England. It was agreed to assign Red traffic light status to sofosbuvir in combination with the named drugs.</p> <p><b>Action:</b> Assign Red traffic light status to sofosbuvir in combination as agreed by NHS England.</p>	JL
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2014/071	<p><b>ADHD GP monitoring information document</b></p> <p>JL gave an overview of the comments received following the consultation for ADHD monitoring requirements for GPs.</p> <p>The consultation responses were recorded as follows:- Seven out of eight CCGs responded. Four CCGs agreed with the document. One CCG uses a different service with different monitoring arrangements. Two CCGs proposed one document combining the shared care and the monitoring document.</p> <p>Due to the uncertainty of the responsibility for ongoing monitoring in secondary care further clarification on this will be sought.</p> <p>It was agreed that to differentiate between the two services the shared care and the monitoring documents should be separated so that they were clearly referring only to adults.</p> <p><b>Action:</b> Seek clarification from the host commissioner of the adult ADHD service around the responsibility for ongoing monitoring</p> <p>Separate the shared care and monitoring document into adults only.</p>	JL  JL
2014/072	<b>Lithium shared care guideline</b>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>JL discussed the comments received following the Lithium Shared Care Guideline which was sent out for consultation. The consultation responses were recorded as follows:-</p> <p>Five out of eight CCGs responded and all agreed with the document subject to some minor changes. Three out of five Trusts responded with no comments as they would look to LCFT for the recommendations, or felt they were not applicable to them.</p> <p>An amendment will be made to the section Primary Care Responsibilities and reworded 'monitoring in <b>primary</b> care.'</p> <p>The Baseline Monitoring box will be moved from the 'Monitoring Required in Primary Care' section to the section headed 'Secondary Care Responsibilities' due to LCFT being the initiator of the baseline monitoring guidance.</p> <p>MP requested that a sentence be added around GPs using a specific agreed read code for lithium monitoring</p> <p><b>Actions:</b> Reword the sentence in the Primary Care Responsibilities section to 'monitoring in primary care.'</p> <p>Remove the Baseline Monitoring box from the 'Monitoring Required in Primary Care' section to the section headed 'Secondary Care Responsibilities.'</p> <p>Add a sentence requesting GPs to use a specific agreed read code for lithium monitoring</p>	<p>JL</p> <p>JL</p>
2014/073	<p><b>Antipsychotics shared care guideline</b></p> <p>JL discussed the comments received following the Antipsychotics Shared Care Guideline which was sent out for consultation.</p> <p>Five out of eight CCGs responded and all agreed with the document subject to some changes. Three out of the five trusts responded with no comments as they would look to LCFT for the recommendations/not applicable to them.</p> <p>A discussion took place about the new monitoring and prescribing responsibilities in secondary care during the first twelve months for schizophrenia. Further clarification will be sought on the shared care arrangements at the LCFT D&amp;T meeting in in May. The document will be brought back to the June LMMG meeting where a decision to send this out to consultation (dependent upon</p>	

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	<p>any amendments) will be made.</p> <p>LR discussed with the group the possibility of consistent shared care guidance for specialised services of off labelled products. It was agreed that the CSU will approach Wythenshawe on behalf of the Lancashire CCGs with a view to developing a shared care document in light of recent prescribing requests for interstitial lung disease.</p> <p><b>Action:</b> Clarity around GP and secondary care responsibilities for schizophrenia to be sought at LCFT's D&amp;T meeting</p> <p>Bring the shared care guideline back to the June LMMG.</p> <p>CSU to contact Wythenshawe regarding working collaboratively to develop a shared care document for interstitial lung disease.</p>	<p>CF</p> <p>JL</p> <p>JL</p>
2014/074	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>JL gave updates on the LMMG guidelines work plan. The following were discussed and actions agreed:-</p> <p><u>Due for approval June</u> Diabetes Guidelines (scope) – this has been sent out, awaiting responses for the deadline 29<sup>th</sup> May.</p> <p><u>Due for approval July</u> DMARD Shared Care – looking to obtain a consensus agreement on monitoring requirements with the specialists.</p> <p><u>Ongoing</u> Treatment of Juvenile Idiopathic Arthritis – awaiting a policy statement from Steven Jones, JL to chase up.</p> <p>Shared Care Guidelines – remove from the work plan as these will be put on as an individual guideline as they come through.</p> <p>PPI information – this has been shared therefore remove from the work plan.</p> <p>Ophthalmology Pathways – awaiting draft pathways from the consultants. LMMG Leads to pursue this with Ophthalmology consultants.</p> <p>Gluten free guidelines – EPACT data shows that fresh bread is competitively priced and prescribing of this seems to be becoming the norm. NHS Area Team has stated that there are no concerns with procurement costs. Guidelines will be reviewed and updated to incorporate cereals. This will be brought to LMMG.</p>	<p>JL</p> <p>JL</p> <p>JL</p> <p><b>LMMG Leads</b></p> <p>JL</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Non cancer pain guidelines – The draft document has been sent out to pain consultants for comment. JL will also send it out to LMMG members so they can remind their colleagues to respond.</p> <p>Infant feeding guidelines – awaiting a response from LTHT. JL will chase this up.</p>	<p>JL</p> <p>JL</p>
<b>OTHER PROPOSALS</b>		
2014/075	<p><b>RAG list update and outstanding NICE TAs</b></p> <p>Following a re-circulation of the RAG list of drugs to CCGs the group considered the harmonisation of the colour classification of medicines across Lancashire.</p> <p>Due to time constraints it was agreed that this item will be brought to the June LMMG for review.</p> <p>The colour classifications for outstanding NICE TAs were discussed and the following were agreed to be added to the website by the group:-</p> <p><u>Recommendation of Amber for the following drugs – all LMMG members agreed</u></p> <p>NICE TA 112 Anastrozole  NICE TA 112 Exemestane  NICE TA 112 Letrozole</p> <p><u>Recommendation of Red for new patients; NHS England for the following drugs – all LMMG members agreed</u></p> <p>NICE TA 99 Ciclosporin capsules and solution  NICE TA 85 Mycophenolate (Mofetil)  NICE TA 85 Sirolimus  NICE TA 99 Tacrolimus (oral)</p> <p><u>Recommendation of Amber for the following drugs - all LMMG members agreed</u></p> <p>NICE TA 114 Buprenorphine sublingual tablets  NICE TA Methadone  NICE TA 115 Naltrexone</p> <p><u>Recommendation of Amber restricted with a reference to the safety risk - all LMMG members agreed.</u></p> <p>NICE TA 161 Strontium Ranelate</p> <p><u>Recommendation of Green all LMMG members agreed</u></p> <p>NICE TA 203 Liraglutide</p> <p><u>Recommendation of Amber for the following drugs – all LMMG</u></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><i>members agreed</i>  NICE TA 117 Cinacalcet  NICE TA 82 Pimecrolimus  NICE TA 164 Febuxostat</p> <p><b>Actions:</b>  The harmonisation of the colour classification of medicines across Lancashire will be discussed at the June LMMG.</p> <p>All drugs above to be added to the LMMG website as stated above.</p>	<p><b>JL</b></p> <p><b>JL</b></p>
2014/076	<p><b>NOAC prescribing data</b></p> <p>JL discussed the NOAC prescribing data report which showed prescribing trends at CCG level. In addition, practice level data will be forwarded to LMMG leads for information. The data showed that prescribing is increasing threefold per quarter. JL informed the group that in June NICE guidelines for atrial fibrillation will be released which will incorporate pharmaceutical agents.</p> <p>The group discussed the issues of the variation in the usage of NOAC prescribing and the cohort of patients who are a high risk of stroke. It was decided to revisit the Consensus Statement and guidelines and to ask Local Cardiologists/Stroke consultants if they still agree with it or whether they have any new evidence to support an alternative position.</p> <p>Currently, Preston and Chorley CCG are carrying out an audit of practice level clinical data showing NOAC usage. It was agreed that the results of this will be helpful for comparison across the other CCGs. The CSU will ask for the format of the audit to be shared.</p> <p>As a comparison the national trends in the use of NOAC prescribing will be added to the graphs.</p> <p>CF discussed the post marketing surveillance of adverse effects and unpublished data as a result of the usage of the NOAC drugs. CF will forward details of the company to the CSU.</p> <p><b>Actions:</b>  Email practice level NOAC data to LMMG leads.</p> <p>Add the national levels to the graphs for comparison.</p> <p>Ask the cardiologists and stroke consultants if they still agree with the consensus statement</p>	<p><b>JL</b></p> <p><b>JL</b></p> <p><b>JL</b></p>



ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Ask Preston and Chorley CCG if they are willing to share their practice clinical audit of NOAC usage with other CCGs.</p> <p>CF to forward details of the post marketing surveillance organisations to the CSU.</p>	<p><b>BH</b></p> <p><b>CF</b></p>
<b>2014/077</b>	<p><b>LMMG Annual report</b>  EJ discussed the contents in the LMMG annual report from the financial year 2013 to 2014. The report will be taken to one of the forthcoming meetings of the CCG Network by Dr Naughton.</p> <p>EJ commended the amount of work that LMMG members have undertaken in the last financial year.</p> <p>EJ discussed the outcomes of LMMG recommendations and CCG decisions (appendix 6) where the information had been taken from the LMMG website and local CCG websites. CCG leads were asked to provide the missing information in the table and to update their websites following the LMMG recommended traffic light decisions between the period April 2013 to March 2014.</p> <p>The annual report will be shared with the CCG network once appendix 6 has been updated by 16<sup>th</sup> May.</p> <p><b>Action:</b>  CCG Leads to provide information for the annual report – decisions made as a result of LMMG recommended traffic light from the period April 2013 to March 2014 by 16<sup>th</sup> May.</p>	<p><b>CCG Leads</b></p>
<b>ITEMS FOR INFORMATION</b>		
<b>2014/078</b>	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</b>  No meeting in April.</p>	
<b>2014/079</b>	<p><b>Minutes of the Lancashire CCG Network</b>  The group noted these minutes.</p>	
<p><b>Date and time of the next meeting</b>  12th June 2014, 9.30 am to 11.30 am, Meeting Room 1, Preston Business Centre</p>		

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
8 May 2014**

<b>MINUTE NUMBER</b>	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>DATE</b>	<b>STATUS at 05.06.14</b>
	<b>MATTERS ARISING: ACTION SHEET FROM THE 12<sup>th</sup> DECEMBER 2013 MEETING</b>			
2013/150	<b>Melatonin</b> <b>Action:</b> Prescribing data required from acute trust. <b>Update:</b> GP has sent prescribing data and will send item figures outside of the meeting – not yet received.	<b>GP</b>	<b>10.02.14</b>	<b>Open</b>
2013/160	<b>Lancashire RAG list harmonisation</b> <i>Also discussed under agenda item 2014/075</i>  <b>Update:</b> CCGs will look at this over the next month, it will be discussed at the June LMMG.	<b>CCG Med Man Leads</b>	<b>05.06.14</b>	<b>Open</b>
	<b>MATTERS ARISING: ACTION SHEET FROM THE 13<sup>th</sup> FEBRUARY 2014 MEETING</b>			
2014/020	<b>LMMG – New Medicine Review work plan update</b>  <b>Caphason</b> <b>Action:</b> speak with Radiotherapy Services to determine the policy position in Preston. <b>Update:</b> GP is still chasing this.  <b>Fluarix Tetra</b> <b>Action:</b> discuss issue with Public Health including collaborative working between Public Health and the 3 local authorities. <b>Update:</b> BHarb has received an email from NHS England with their views. BHarb will speak with Sheila Garnett regarding vaccination issues. Collaborative working – BHarb will draft a suggestion to discuss with TN and EJ outside of the meeting.	<b>GP</b>       <b>PH responsibility</b>	<b>03.04.14</b>       <b>05.06.14</b>	<b>Open</b>       <b>Open</b>
2014/034	<b>Horizon Scanning Quarter 1 2014-15</b> <b>Actions:</b> Vedolizumab injection (Crohn's disease) – await confirmation of whether this is commissioned by NHS England.  Vedolizumab (Ulcerative Colitis) – awaiting NHS England confirmation of	<b>BH</b>    <b>BH</b>	<b>05.06.14</b>    <b>05.06.14</b>	<b>Open</b>    <b>Open</b>

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS at 05.06.14
	responsible commissioner.			
	<b>MATTERS ARISING: ACTION SHEET FROM THE 10<sup>th</sup> APRIL 2014 MEETING</b>			
2014/049	<b>Matters arising (not on the agenda) Denosumab</b> <b>Actions:</b> Secondary care representatives to provide estimates of patient number data. <b>Update:</b> Still awaiting patient number data from Secondary Care. Coming to the June meeting.	<b>Secondary Care</b>	<b>05.06.14</b>	<b>Open</b>
	Prepare a scoping document for Denosumab.	<b>JL</b>	<b>05.06.14</b>	<b>Closed</b>
2014/052	<b>Ticagrelor pathway update</b> <b>Action:</b> Share the Blackpool ACS pathway  Prepare a paper for engagement with cardiologists.	<b>AG</b>	<b>05.06.14</b>	<b>Open</b>
	<b>Update:</b> BH has received information from Noel Topping, this will be brought to the June meeting.	<b>BH</b>	<b>05.06.14</b>	<b>Closed</b>
	<b>MATTERS ARISING: ACTION SHEET FROM THE 8<sup>th</sup> MAY 2014 MEETING</b>			
2014/071	<b>ADHD GP monitoring information document</b> <b>Action:</b> Revert back to the host commissioner for clarification of the responsibility for ongoing monitoring.	<b>JL</b>	<b>05.06.14</b>	<b>Closed</b>
	Separate the shared care and monitoring document into adults only.	<b>JL</b>	<b>05.06.14</b>	<b>Closed</b>
2014/073	<b>Antipsychotics shared care guideline</b> <b>Actions:</b> Clarity around GP and secondary care responsibilities to be sought.  Review LCFTs D&T document at the June LMMG.  CSU to contact Wythenshawe regarding working collaboratively to develop a shared care document.	<b>CF</b>	<b>05.06.14</b>	<b>Open</b>
		<b>JL</b>	<b>05.06.14</b>	<b>Open</b>
		<b>EJ</b>	<b>05.05.14</b>	<b>Closed</b>
2014/074	<b>LMMG – Guidelines Work Plan update</b> <b>Actions:</b> Treatment of Juvenile Idiopathic Arthritis – awaiting a policy statement from Steven	<b>JL</b>	<b>05.06.14</b>	<b>Closed</b>

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS at 05.06.14
	<p>Jones, JL to chase up.</p> <p>Ophthalmology Pathways – awaiting draft pathways from the consultants. LMMG members from Acute Trusts to pursue this with Ophthalmology consultants.</p> <p>Gluten free guidelines – EPACK data shows that fresh bread is competitively priced and prescribing of this seems to be the normal. Guidelines will be reviewed and updated to incorporate cereals. This will be brought to LMMG.</p> <p>Infant feeding guidelines – awaiting a response. JL will chase this up.</p>	<p><b>LMMG Leads from Acute Trusts</b></p> <p>JL</p> <p>JL</p>	<p>05.06.14</p> <p>05.06.14</p> <p>15.05.14</p>	<p>Open</p> <p>Closed</p> <p>Closed</p>
2014/075	<p><b>RAG list update and outstanding NICE TAs</b></p> <p>The harmonisation of the colour classification of medicines across Lancashire will be discussed at the June LMMG.</p>	JL	05.06.14	Closed
2014/076	<p><b>NOAC prescribing data</b></p> <p><b>Actions:</b> Email practice level NOAC data to LMMG leads.</p> <p>Add the national levels to the graphs for comparison.</p> <p>Look at the Consensus Statement and check if Cardiologists/Stroke Consultants agree with this.</p> <p>Ask Preston and Chorley CCG MO team if they are willing to share practice level clinical audit data showing NOAC usage locally.</p> <p>CF to forward details of the post marketing surveillance company to the CSU.</p>	<p>JL</p> <p>JL</p> <p>JL</p> <p>BH</p> <p>CF</p>	<p>05.06.14</p> <p>05.06.14</p> <p>05.06.14</p> <p>05.06.14</p> <p>05.06.14</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Open</p>
2014/077	<p><b>LMMG Annual report</b></p> <p>CCG Leads to provide information for the annual report – decisions made as a result of LMMG recommended traffic light from the period April 2013 to March 2014.</p>	CCG Leads	15/05/14	Closed