

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 11 September 2014 at Preston Business Centre**

**PRESENT:**

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen 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 & South Ribble CCG
Kenny Li (KL)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
Beverley Phillips	Lead Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Aidan Kirkpatrick (AK)	Public Health Specialist	Lancashire County Council, Public Health

**IN ATTENDANCE:**

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Dr Nirmala Jha	Associate Specialist Ophthalmology	University Hospitals of Morecambe Bay NHS Foundation Trust

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/118	<p><b>Welcome &amp; apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received on behalf of Dr Hari Nair, Dr Emile Li Kam Wa, Dr Pervez Muzaffar, Dr David Shakespeare, Dr Sigrun Baier, Gareth Price, Melanie Preston, Nicola Baxter, and Pauline Bourne.</p> <p>Clare Moss from Greater Preston/Chorley and South Ribble CCG was welcomed to the meeting.</p> <p>It was noted that Beverley Phillips was attending on behalf of Pauline Bourne and Susan McKernan, Senior Medicines Performance Pharmacist from LCSU who was in attendance to observe the meeting. Also in attendance was Dr Nirmala Jha,</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Associate Specialist Ophthalmology, Barrow who attended the meeting to discuss the Ophthalmology pathway.	
2014/119	<p><b>Declarations of interest pertinent to agenda</b></p> <p>None.</p>	
2014120	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2014/121	<p><b>Minutes of the last meeting (10 July 2014)</b></p> <p><b>2014/108 New NICE Technology Appraisal Guidance for Medicines June 2014</b>  NICE CG 180 Atrial fibrillation: the management of atrial fibrillation – Updated NOAC consensus statement  <b>Update:</b> JL will bring an updated document with consultation responses to the October meeting.</p> <p><b>2014/107 New Medicines Reviews Work Plan update Osvaren – Phosphate binder – renal dialysis</b>  BH updated the group with further information from specialised commissioning services, received via G Price. Phosphate binders used in specialist services are NHS England’s commissioning responsibility. However, the question had been raised by specialised services about these drugs being appropriate for shared care, though in that situation CCGs would pick up the expenditure through the primary care budget as soon as GPs took over prescribing. It was agreed that Primary Care Prescribing data would be reviewed to understand whether there already was primary care prescribing of these agents and an options paper would be brought to the next meeting.</p> <p><b>Action</b>  BH will bring prescribing data and an options paper to the next meeting.</p>	<p style="text-align: center;"><b>JL</b></p> <p style="text-align: center;"><b>BH</b></p>
2014/122	<p><b>Matters arising (not on the agenda)</b></p> <p>There were no matters arising.</p>	
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2014/131	<p><b>Ophthalmology Macular Pathways</b></p> <p>Dr Jha joined the meeting; therefore this agenda was brought forward for discussion at this point.</p> <p>JL discussed the comments received from CCG Commissioners in response to the proposed Ophthalmology Macular Pathways paper.</p>	

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	<p>Seven out of the 8 CCGs responded to the consultation, three CCGs supported the pathways and four had not had chance to consider the pathways. All five provider trusts responded to the consultation; one had not had chance to consider the pathway and four supported the pathways.</p> <p>Dr Jha discussed the use of the pathway in the Ophthalmology clinics and how this fits with their working practices.</p> <p><b>Decision</b> A decision was made to approve the current pathway. If consultants wish to use a medication outside of the pathway, then they will need to submit an IFR if the request is for an individual patient, or a new medicines use form for a business case for consideration.</p> <p>Dr Jha left the meeting at this point.</p> <p><b>Action</b> JL to send out the pathway and place on website.</p>	<p>JL</p>
<b>NEW MEDICINES REVIEWS</b>		
2014/123	<p><b>Tocilizumab subcutaneous injection for Rheumatoid Arthritis</b></p> <p>BH discussed the new medicines review for Tocilizumab Subcutaneous injection in the treatment of Rheumatoid Arthritis. The draft recommendation was:- <i>Subcutaneous Tocilizumab is recommended for use as an alternative to intravenous Tocilizumab providing the patient meets the prescribing criteria as set out in NICE technology appraisals for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line use to treat active rheumatoid arthritis (RA) and the agreed Lancashire Rheumatology Alliance flexes for use as monotherapy.</i></p> <p>5 of 8 CCGs, 4 of 4 Acute Trusts and LCFT responded. Three CCGs did not respond as there had been no August meeting of the CCG Medicines Decision Making groups.</p> <p><b>Decision</b> Due to the unanimous votes received in favour of supporting the recommendation, LMMG approved the recommendation.</p> <p><b>Action</b> Put onto the website as Red traffic light status. Update PbR excluded drugs list and create Blueteq forms</p>	<p>BH JL</p>
2014/124	<p><b>Briminodine</b></p> <p>BH presented the paper for Brimonidine in the treatment of facial erythema of rosacea in adults. The draft recommendation was:-</p>	

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	<p><i>Brimonidine gel is not recommended for use to treat symptomatic persistent facial erythema of rosacea.</i></p> <p>BH discussed the evidence review in detail, in summary:-</p> <ul style="list-style-type: none"> <li>▪ The two pivotal studies were judged to be relatively short, considering the type of condition being managed, with an active treatment period of 4 weeks.</li> <li>▪ The success rate (defined as a 2 grade reduction in the Clinician Erythema Assessment and Patient Self-Assessment) were 25% to 30% with brimonidine gel compared to 10% for the vehicle gel (placebo) at day 29.</li> <li>▪ The open-label trial of 449 patients indicated there were no specific risks associated with use up to one year.</li> </ul> <p>Consultation responses were received from 6 of the 8 CCGs, 4 of 4 Acute Trusts and LCFT. Five responses agreed with the recommendation, 3 neither agreed nor disagreed as they were neutral on prescribing or had conflicting responses, 1 neither agreed nor disagreed as there was no MMB meeting in August, 3 disagreed with the recommendation.</p> <p><b>Decision</b> Due to the varying responses received and the limited evidence base, LMMG members voted at the meeting. 5 members voted for Black traffic lights status and 3 were in favour of the Red traffic light status. Therefore, due to the majority of votes being in favour of Black a decision was made to support the recommendation as written.</p> <p><b>Action</b> Put onto the website as Black traffic light status.</p>	<b>BH</b>
2014/125	<p><b>Horizon Scanning Quarter 3 2014-15</b></p> <p>This item was deferred to the October meeting.</p>	
2014/126	<p><b>LMMG New Medicine Reviews Work Plan update</b></p> <p>BH informed the group that 3 requests since the last LMMG meeting had been received for the following medicines:-</p> <p><i>Testosterone Gel</i> – for female sexual dysfunction following post oophorectomy or primary ovarian failure – an application has been received from a specialist. All agreed for Testosterone gel to be added to the work plan.</p> <p><i>Rifaximin</i> – Hepatic encephalopathy – BH has advised the specialist to submit a form with supporting evidence. LR stated that 2 requests had come from Leeds for Rifaximin and it was put into their pathway. LMMG will contact Leeds to find out what is on their pathway and what supporting evidence base they have.</p>	

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	<p><i>Co-trimoxazole</i> – for prophylaxis of subacute bacterial peritonitis – it was agreed to await a fully completed form from the provider.</p> <p><i>The remaining medicines on the New Medicines Reviews work plan are deferred and will be brought to the October meeting.</i></p> <p><b>Action</b> Contact Leeds to find out what is on their pathway and their supporting evidence base.</p>	<b>BH</b>
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2014/127	<p><b>LMWH SCG scoping paper</b></p> <p>JL presented the paper for Low Molecular Weight Heparins Shared Care Guideline scoping paper. BwD, EL and LN CCGs had responded to the request for current use of LMWH across Lancashire.</p> <p>It was noted from the prescribing data that Dalteparin Sodium, Enoxaparin and Tinzaparin Sodium are being prescribed across all 8 CCGs, and that the most widely used agent differs between areas. Consideration was given to the following shared cared options:-</p> <ul style="list-style-type: none"> <li>• A shared care document across Lancashire, with standardisation of treatment options across the county.</li> <li>• A Lancashire shared care document which included different treatment options for different areas.</li> <li>• Shared care documents developed in local health economies.</li> </ul> <p><b>Decision</b> Due to the differences in prescribing across Lancashire, the group decided that local shared care documents would still be required, but that a generic document would be useful (for Dalteparin Sodium, Enoxaparin, Tinzaparin Sodium) containing dosing and monitoring requirements. The document can then be used by CCGs to support local shared care guidelines.</p> <p><b>Action</b> JL to devise a dosing and monitoring document to support local shared care guidelines.</p>	<b>JL</b>
2014/128	<p><b>DMARD shared care guidelines</b></p> <p>JL discussed the shared care guidelines on medicines which affect the immune response used in Rheumatology, Dermatology and Gastroenterology.</p> <p>3 CCGs responded; the CCGs which did not respond did not have</p>	

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	<p>a local CCG meeting in August and therefore were unable to respond within the consultation period.</p> <p>5 provider trusts had responded; 3 trusts supported the development of the guideline, 1 trust did not state either way, and 1 did not support them due to prescribing in a different locality and requiring a shared care document that applies to both localities.</p> <p>The following were discussed and decided:-</p> <p><i>Ciclosporin</i> – LMMG members agreed that reference to brand name prescribing could be taken out.</p> <p><i>Methotrexate</i> – due to the 1 litre sharp bins being too small, JL will investigate which sizes are available in the drug tariff, another option is for the patient to collect the bins direct from the hospital.</p> <p><b>Actions</b>            JL to investigate bin sizes which are included in the drug tariff and report back.</p> <p>JL will amend DMARD shared care guidelines with the above.</p>	<p>JL</p> <p>JL</p>
2014/129	<p><b>Gluten free prescribing guidelines</b></p> <p>JL presented the gluten free prescribing guidelines, which had been reviewed in light of the changes in national recommendations around breakfast cereals and fresh bread.</p> <p>JL gave an overview of actions taken following comments received during the consultation period.</p> <p><b>Decision</b>            All LMMG members agreed to approve the Gluten Free Foods Prescribing Guideline in its draft form.</p> <p><b>Action</b>            JL will email this out to all and place on website.</p>	<p>JL</p>
2014/130	<p><b>Updated Rheumatology pathway</b></p> <p>JL discussed the Rheumatology Pathways paper which separated the pathway into 2 documents; one for patients taking concomitant Methotrexate and one for patients on Monotherapy, without Methotrexate.</p> <p><b>Decision</b>            It was discussed and decided for clarity that a statement should be inserted at the bottom of the pathways to clarify that the end of the biologics pathway is reached after treatment failure of the 3<sup>rd</sup> line options.</p> <p><b>Action</b>            Include the above insertion and recirculate to the Rheumatology</p>	

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	alliance via Dr Lizzie McPhee. To place on website	JL
2014/132	<p><b>LMMG – Guidelines Work Pan update</b></p> <p>This item was deferred to the October meeting.</p>	
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2014/133	<p><b>New NICE Technology Appraisal Guidance for Medicines (July &amp; August)</b></p> <p>EJ gave an overview of the following NICE TAs for medicines published in July and August 2014 and the following actions were agreed:-</p> <p>TA320 Dimethyl fumarate for treating relapsing – remitting multiple sclerosis. This will be put on the website as Red.</p> <p>TA316 Enzalutamide for metastatic hormone – relapsed prostate cancer previously treated with a docetaxel – containing regime. This will be put on the website as Red.</p> <p>TA317 Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes. This will be put on to the website as Amber 0.</p> <p>TA318 Lubiprostone for treating chronic idiopathic constipation. This will be put on the website as Amber 0.</p> <p>TA319 Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma. This will be put on the website as Red.</p>	All actions JJ
2014/134	<p><b>New NHS England medicines commissioning policies (July &amp; August)</b></p> <p>None published in July and August 2014.</p>	
2014/135	<p><b>Evidence reviews published by SMC or AWMSG (August)</b></p> <p>This item was deferred to the October meeting.</p>	
<b>PROCESS PROPOSALS</b>		
2014/136	<p><b>Appeal process for LMMG recommendations</b></p> <p>This item was deferred and to the October meeting.</p>	
<b>OTHER PROPOSALS</b>		
2014/137	<p><b>LMMG role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board</b></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>A discussion took place about the LMMG's role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board.</p> <p>This item will be deferred until further clarity from the Health and Wellbeing Board has been sought about what support is required, and also the issue of working with three local Health and Wellbeing Boards.</p> <p><b>Action</b> AK to contact the Health and Wellbeing Board for clarification about the support required and the issue of working with three local Health and Wellbeing Boards.</p>	<b>AK</b>
<b>ITEMS FOR INFORMATION</b>		
2014/138	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (15<sup>th</sup> July 2014)</b></p> <p>The group noted these minutes.</p>	
2014/139	<p><b>Minutes of the Lancashire CCG Network (26<sup>th</sup> June 2014)</b></p> <p>The group noted these minutes.</p>	

**Date and time of the next meeting**

Thursday 9th October 2014, 9.30 am to 11.30 am, [Meeting Room 253](#), Preston Business Centre



**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 18/09/14*
<b>ACTION SHEET FROM THE 13 FEBRUARY 2014 MEETING</b>				
2014/020	<p><b>LMMG – New Medicine Review work plan update</b>  <b>Caphasol</b>  <b>Action:</b> speak with Radiotherapy Services to determine the policy position in Preston.  <b>Update:</b> Caphasol is not a licensed medicine and these services are commissioned by NHSE. Caphasol is generally required short term only (eg up to 6 weeks).  <b>Decision/Action:</b> due to the short term period involved it was decided by the group that a shared care document would not be appropriate. Remove from the work plan and put it onto the LMMG website as Red.</p>	GP	03.07.14	Closed
	<p><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> EJ discussed correspondence from Martin Samangaya regarding national guidance on the use of vaccines. It was discussed and identified by CCGs that advice about the cost effectiveness of various vaccines should be looked at as a priority.  <b>Decision/Action:</b> LMMG will respond to Shelagh Garnett at PH (copy to Martin Samangaya) advising them that CCGs would like local advice on relative costs of vaccines.</p>	BH	17.09.14	Closed
	<p><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> EJ discussed correspondence from Martin Samangaya regarding national guidance on the use of vaccines. It was discussed and identified by CCGs that advice about the cost effectiveness of various vaccines should be looked at as a priority.  <b>Decision/Action:</b> LMMG will respond to Shelagh Garnett at PH (copy to Martin Samangaya) advising them that CCGs would like local advice on relative costs of vaccines.</p>	AK	03.07.14	Open
		BH	02.10.14	Open
<b>ACTION SHEET FROM THE 10 JULY 2014 MEETING</b>				
2014/104	<p><b>Dapoxetine – Premature Ejaculation</b>  <b>Action:</b> Acute Trusts to discuss locally and feedback decision.  <b>Update:</b> Three Acute trusts submitted the following comments after discussing with their local specialist services:-  <i>UHMB</i> – their D&amp;T group wanted to black light Dapoxetine however they await information from Neurologists.  <i>ELHT</i> – stipulated that they did not want this to have the red traffic light status.  <i>Blackpool</i> – had no requests to stock this and it is not part of their formulary.</p>	Acute Trusts	04.09.14	Closed

	<p><b>Action:</b> Send out a summary of SSRIs to members and bring back to future LMMG meeting</p> <p><b>Update:</b> This is currently being produced.</p> <p><b>Decision:</b> Keep the traffic light status as Grey until responses have been received following the summary of information on the SSRIs.</p>	BH	02.10.14	Open
2014/115	<p><b>Melatonin prescribing and monitoring</b></p> <p><b>Update:</b> Due to the full agenda this was deferred to the October meeting.</p>	BH	02.10.14	Open
<b>ACTION SHEET FROM THE 11 SEPTEMBER 2014 MEETING</b>				
2014/121	<p><b>Minutes of the last meeting (10 July 2014)</b></p> <p><b>2014/107 Osvaren – Phosphate binder – renal dialysis</b></p> <p>BH will bring prescribing data and a options appraisal to the next meeting.</p>	BH	02.10.14	Open
2014/126	<p><b>LMMG New Medicine Reviews Work Plan update</b></p> <p><b>Rifaximin</b></p> <p><b>Action:</b> Contact Leeds to find out what is on their pathway and details about their supporting evidence base.</p>	BH	02.10.14	Open
2014/127	<p><b>LMWH SCG scoping paper</b></p> <p><b>Action</b></p> <p>JL to devise a dosing and monitoring document to support local shared care guidelines.</p>	JL	02.10.14	Open
2014/128	<p><b>DMARD shared care guidelines</b></p> <p><b>Actions</b></p> <p>JL to investigate bin sizes which are included in the drug tariff</p>	JL	02.10.14	Open
2014/130	<p><b>Updated Rheumatology pathway</b></p> <p><b>Actions</b></p> <p>Include the caveat and recirculate to the Rheumatology alliance via Dr Lizzy MacPhie.</p>	JL	02.10.14	Open
2014/137	<p><b>LMMG role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board</b></p> <p><b>Action</b></p> <p>AK to contact the Health and Wellbeing Board for clarification about the support required and the issue of working with three local Health and Wellbeing Boards.</p>	AK	02.10.14	Open