

**Minutes of the Lancashire Medicines Management Group Meeting
held on Thursday 11th April 2013 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair	NHS Fylde & Wyre CCG
Louise Winstanley (LW)	CCG Lead Pharmacist	NHS Fylde and Wyre CCG
Melanie Preston	Assistant Director – Medicines Optimisation	NHS Blackpool CCG
Pauline Bourne (PB)	Senior Pharmacist Medicines Management	University Hospitals of Morecambe Bay
Dr Robert Mitchell (RM)	Clinical Lead & Board Member	NHS Fylde & Wyre CCG
Dr Kamlesh Siddhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancs Hospital Trust
Alastair Gibson	Chief Pharmacist	Blackpool Fylde & Wyre Hospitals Trust
Catherine Fewster	Chief Pharmacist	Lancashire Care Trust
Nicola Baxter	Head of Medicines Optimisation	NHS West Lancashire CCG

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Lancashire Commissioning Support Unit
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Lancashire Commissioning Support Unit
Julie Lonsdale (JL)	Head of Medicines Performance	NHS Lancashire Commissioning Support Unit
Mark Britton	Communications Officer	NHS Lancashire Commissioning Support Unit

ITEM	SUMMARY OF DISCUSSION	ACTION
2013/043	WELCOME AND APOLOGIES FOR ABSENCE Apologies were received from: Eric Bonsell, Ian Chadwick, Linda Bracewell, Jim Gardner, Manjit Jandu, Sakthi Karunanithi, George Nasmyth, Lisa Rogan, Kamlesh Sidhu, Dr Li Kam Wa and Dr Muzzafar.	
2013/044	DECLARATIONS OF INTEREST PERTINENT TO AGENDA None declared.	
2013/045	DECLARATION OF ANY OTHER URGENT BUSINESS None declared.	
2013/046	MINUTES OF THE LAST MEETING (14TH FEBRUARY) 2013 The minutes were agreed as a true and accurate record.	
2013/047	MATTERS ARISING (not on agenda) • Infant Feeding Formulary (KS) . KS fed back to the group the issues	

	<p>which they have encountered implementing the infant feeding formulary, and in particular lactose free milks not being available on prescription. Following advice to GPs and Consultants, letters were sent out to a number of patients highlighting that these would no longer be available on prescription, GPs received a number of complaints. Some patients felt that this was inappropriate as it was only being adopted locally and not nationally. The letter is in the process of being adapted to clarify that this was not being done on a cost basis and clarify the reasons for the recommendation.</p> <p>Action: KS to send the two page summary of the guidance and the updated letter to MP. MP has additional comments from the infant feeding group, which will be updated in the final document. If possible MP to have the updated document available for the May meeting.</p> <ul style="list-style-type: none"> • PPI Prescribing (PB) There had been a surge of <i>Clostridium Difficile</i> cases in hospital where there was a link to the patient taking a PPI. The group were asked if they could do anything to get GPs to regularly review patients who are on PPIs with a view to stepping down the dose or stopping. CW thought these cases might be linked to patients on higher doses. • TN advised that as part of the GP contract GPs are already required to regularly review patients on medication and that he could not think of an additional mechanism which could be put in place specific to PPIs. • It was suggested that GPs could be reminded that local advice is available and MP suggested issuing a Top 10 Tips and reminder. • EJ queried whether, when people are admitted to hospital with <i>Clostridium Difficile</i>, a message could go then out to GPs asking them to review the need for that patient's PPI. • TN asked if the community acquired <i>Clostridium Difficile</i> could be reduced if GPs were aware of the problem and suggested a message go out to GPs asking whether there were any patients on PPI who could be taken off it. • CF suggested District Nurses could be involved in picking this up. <p>Action: LW/CF to look at whether it's possible to take people off PPIs whilst on antibiotics and whether the group can then make a recommendation. Target completion end of May.</p>	<p>KS/MP</p> <p>LW/CF</p>
<p>2013/048</p>	<p>LANCASHIRE MEDICINES MANAGEMENT GROUP WEBSITE PRESENTATION</p> <p>MB briefed the meeting on the current status/general layout and content of the LMMC website as follows:</p> <ul style="list-style-type: none"> • Home page colours will be white on green and include a welcome from TN as the Chair and an official quote will be added. • Main headlines will be included with a short description about the Medicines Management Group and the process for decision making. • Guidelines around specific diseases, application forms, meeting minutes and any other useful information for GPs and Prescribers will be included. • A section will be included on medications which have been approved together with the RAG rating. • A search facility will be available for items including latest news, 	

	<p>newsletters and drug alerts.</p> <ul style="list-style-type: none"> • Highlights from Twitter feed will be included together with a facility for feedback on the website. • A proposal was put forward to include a ‘useful links’ section to all LMMG member organisations. • General discussion took place on what information on members e.g. qualifications should be included and whether individual members’ photographs are included on the website. The consensus was not to include photographs. • When a new medicine is recommended by LMMG, this will be communicated across all social medias. • TOR for LMMG will be included on the site. • TN asked if any of the members objected to their name and qualifications being put on the website with the purpose of direct FOIs to the website. <p>Action: Mark Britton to contact group members to confirm what information they agree to sharing on the website/confirm their qualifications by end April.</p> <ul style="list-style-type: none"> • Approval was sought from the meeting to populate the website properly to enable the site to be launched by end of April. (EJ) • Action: ‘Medication’ to be changed to ‘Medicines’ on the webpage. • The group highlighted that it was Important to make it clear that LMMG is an advisory group for Lancashire and CCGs may make different decisions to those recommended by the group. <p>Action: MB to circulate link to new draft website to group within two weeks after this meeting for review and comments, the final website would be launched in advance of the May LMMG meeting.</p>	<p>MB/All</p> <p>MB</p> <p>MB</p>
<p>2013/049</p>	<p>TRAFFIC LIGHT DRUG AMBER CLASSIFICATIONS</p> <p>JL presented the paper to the Group, highlighting the following:</p> <ul style="list-style-type: none"> • The modified document on Amber classification of drugs across Lancashire had been pulled together by a group (CF/LW/MP/JL) to ensure commonality. • There are three classification sub categories proposed for amber medications • JL highlighted grey and black medicines recommendation differ from what was discussed in March. The new recommendations are <ul style="list-style-type: none"> - Grey - in the process of being reviewed. - Black - not recommended for use on the NHS. <p>JL asked if the group were happy with these proposals.</p> <ul style="list-style-type: none"> • An information sheet may need to be developed for GPs for some of the Amber status drugs. <ul style="list-style-type: none"> • EJ proposed that when a recommendation is put on the website a sentence would be added with supporting information as to why it has been put in the amber category e.g. as specialist review required. • BH raised a query in relation to Amber Level 2 medicines. Currently they are for specialist initiation or recommendation. The group were in support of this. • CF would not like to see a drug included in a group and remain static. 	

	<p>The document should be updated to ensure a comment stating that RAG status would be regularly reviewed and updated as appropriate.</p> <ul style="list-style-type: none"> EJ proposed that the group review the whole RAG list annually in addition to monthly updated for new recommendations. The group agreed with this proposal. <p>Action: Yearly Review of RAG List by LMMG List to be put in place.</p> <ul style="list-style-type: none"> JL asked if the group were happy to describe the different levels as Amber 0,1,2 etc or whether they would prefer wording. EJ suggested the levels be presented as they are in the table, with both number levels and a description. The group agreed with this recommendation. <p>Action: JL to update the document as agreed</p>	<p>EJ</p> <p>JL</p>
<p>2013/050</p>	<p>LMMG PRIORITISATION MATRIX</p> <p>BH presented this document, which is based on that developed by LR through the former New Medicines Sub Group.</p> <ul style="list-style-type: none"> Currently the matrix is being utilised to try to provide some clarity in terms of savings, quality benefits. EJ invited feedback/comment on how the group thought the matrix should be used eg look at whether this could be done through Primary Care. It was agreed that the document would be completed to include supporting information in the comments section as to why a medication received the score documented. PB queried the use of the timings section. EJ thought it might be that there may be secondary care costs or service re-design issues that may not be picked up on the form as currently drafted. <p>TN advised that there is a need to recognise that the document is in development and may change over the coming months as it is used. The group were asked whether they were happy to use the document in this capacity, which was agreed by the group.</p> <p>Action: Word 'Prioritisation' be replaced with 'Assessment in Matrix Title</p>	<p>BH</p>
<p>2013/051</p>	<p>OMACOR GUIDELINES</p> <p>JL presented this paper, reminding the group that it had been developed by the Cardiac Network group, who had discussed this version in March. Their recommendation is not to support the use of Omacor in Lancashire.</p> <ul style="list-style-type: none"> LMMG supported the recommendation for this not to be available on the NHS. CW asked whether confirmation is needed that each CCG has adopted this. GP asked how patients currently on Omacor will be managed and whether they will be taken off it. LW highlighted that in her locality they were already reviewing patients and taking them off treatment as appropriate. <p>Action: Communication sent to hospitals/GPs re stopping use of Omacor to be circulated to the group via JL.</p>	<p>LW/JL</p>

2013/052	<p>VITAMIN D GUIDELINES</p> <p>LW presented these papers, which consisted of the original East Lancashire guidelines adapted into shorter formats.</p> <ul style="list-style-type: none"> • Excellent feedback had been received on the document circulated. • Decision made to keep East Lancashire document as is and reformat a shorter summary document for discussion/input of comments from the group. <p>Action: 'It is suggested that apart from priority groups, maintenance therapy should be over the counter i.e. purchased by the patient. It was agreed that this should be made more prominent.</p> <ul style="list-style-type: none"> • TN advised that the Group is facilitating a communication between different CCGs rather than producing their own recommendations and guidelines. <p>Action: Comments on the document to be sent to LW by end of April</p>	<p>LW</p> <p>ALL</p>
2013/053	<p>AQUAMAX</p> <p>BH presented this paper, explaining that Aquamax has not been prioritised for review as it doesn't fulfil the criteria for Referring Applications to the LMMG.</p> <ul style="list-style-type: none"> • EJ proposed that a traffic light rating is not given on the website but a comment be included to say the review isn't being carried out across Lancashire. • TN asked whether the group were happy with the level of detail provided to be able to agree this decision or whether more work was needed. • BH advised that if a product didn't meet the criteria it is planned that a paper in this format would be brought to LMMG. If the product does meet the inclusion criteria, then more information would be included within the new medicine review. • EJ suggested that the meeting minutes would be available on the website under supporting documents if member organisations required more information than that which is contained in the recommendation. <p>It was agreed that Aquamax would not be prioritised for review as it did not meet the inclusion criteria. The format of the report was approved. This decision will be posted on the LMMG website once launched.</p>	<p>BH</p>
2013/054	<p>EPLERENONE</p> <p>EJ presented this review, explaining that this product was identified for review through East Lancs new medicines subgroup.</p> <ul style="list-style-type: none"> • Eplerenone had previously been approved on the East Lancs formulary for its original licensed indication. • In April 2012 the product licence had been expanded to people with mild heart failure. • There is a well-designed main study in support of the licence extension. The study stopped early, after 21 months, because of the size of the treatment effect. The adverse effects were those already known. • SMC and All Wales group have recommended the use of Eplerenone. • Product approved and given Amber category. The group agreed no 	

	<p>shared care guidelines were required, so agreed a traffic light rating of Amber 0.</p> <ul style="list-style-type: none"> MP thought that needed to mention that have not gone through the whole process. EJ explained the discussion at the March meeting re having a short form process for some applications and a full review process for others, as agreed by the LMMG. It was agreed that a new process chart should be produced to explain this in more detail. <p>Action: Comment to be put on website to say there are two potential review processes and a flowchart to be developed to make it clear where a short review would be conducted and when a full review would be required.</p>	EJ/MB
2013/055	<p>COMBODART</p> <ul style="list-style-type: none"> JL presented this paper, explaining that Combodart didn't meet the criteria for review as it is a combination of two drugs already available and it isn't possible to determine what savings could be made. This was agreed by the Group. JL highlighted that if a CCG was looking to make a local decision on any medications that they should consider patent expiry dates and decisions of other CCGs in Lancashire. <p>It was agreed that Combodart would not be prioritised for review as it did not meet the inclusion criteria.</p>	
2013/056	<p>PEGLOTICASE</p> <p>EJ presented this paper, explaining that this product doesn't fit the criteria for review as NICE guidance is due to be issued in 3 months. The consultation is now closed. The NICE Guidance is imminent, and the current draft does not support the funding of this medication on the NHS.</p> <ul style="list-style-type: none"> AG proposed that comment is made to say that the product was not reviewed and to remove the recommendation for a Black traffic light. This was agreed. <p>Action: The statements relating to the medication receiving a Black Traffic Light to be removed. It was agreed that it has not been prioritised for review as NICE guidance is imminent.</p>	EJ
2013/057	<p>CANAKINUMAB</p> <p>EJ presented this paper, explaining that this medication has previously been considered within East Lancashire in May 2012. A full review hasn't been undertaken as one had previously been undertaken by NHS East Lancs. This showed that there was some evidence that the medication was effective, however that there are some serious potential side effects to the drug.</p> <ul style="list-style-type: none"> NICE commenced a review of Canakinumab and suspended the review in January 2012 as the manufacture didn't provide sufficient evidence for NICE to conduct its review. In view of the serious safety concerns the group agreed with the recommendation to make the category Black. 	

2013/058	<p>LANCASHIRE MEDICINES MANAGEMENT GROUP - NEW MEDICINES REQUESTS</p> <p>The spreadsheet being used to monitor the work plan to support LMMG was discussed.</p> <p>Action: The Second Quarter Horizon scanning list will be brought to May LMMG for priority setting purposes.</p> <p>Nebulised amoxicillin – at the last meeting it was agreed that this was a local issue, as it was a clinician request which had come out of Salford and was therefore not appropriate for Lancashire review.</p> <p>Rheumatology anti-TNF Pathway – Meeting being held w/c 15 April with Rheumatology Alliance where this will be discussed. How the meeting links in with the LMMG, and the composition of the group as well as taking the rheumatology pathway forward will be discussed at the meeting.</p> <p>The list of medications from Omacor through to Aquamax previously discussed at today’s meeting.</p> <p>Perampanel – An email had been sent to the referring clinician approximately three weeks ago to obtain clarification on where in the treatment pathway they want to use it. A response is still awaited. The Committee agreed to wait until all the information has been received from the Clinician before going out to consultation</p> <ul style="list-style-type: none"> • EJ queried whether when information has been chased several times and not received, should the committee say the item won't be reviewed until all the information is received. • TN asked whether in future items are only put on the list for review when all the required information has been received. BH said his preference is that items awaiting information still be included on the list. • EJ thought there is a credibility issue for the group where items are on the grey “under review” section of the website for several months. Need to establish a cut off point for future applications. Need to perhaps decide on when we would suspend an application until we receive the further information. • PB highlighted that she had also received a request from a clinician for perampanel to be considered. It was agreed that BH would get the details of the consultant so that the clarification questions could also be sent to the second consultant. • Action: PB to send consultant contact details to BH. BH to contact consultant with questions regarding place in therapy. <p>Linacotide – the first draft of review is going out for consultation shortly</p> <p>Dapagliflozin - Preliminary review has started, but SMC approved only for one patient group not all licensed indications. NICE are in the process of reviewing this, however they have gone back to the company to ask for further information. The group agreed to put this review on hold until more clarity on NICE’s decision. NICE’s final document is due out May/June.</p> <p>Insulin Degludec – Work not started. The SMC have said no to Insulin Degludec.</p>	<p>BH</p> <p>PB/BH</p>
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	<p>It was confirmed that the work plan will be a standing item on future agendas.</p> <p>Action: All to advise of any additional items for addition to the work plan. Items to be send to the Medicines Management e-mail address so that a log can be kept of requests.</p>	
2013/059	<p>DATE AND TIME OF NEXT MEETING Thursday 9TH May 2013 - 9.30 – 11.30 A.M. Meeting Room 2, Preston Business Centre. Link to venue directions http://www.lancsteachinghospitals.nhs.uk/trust-information/find-us/directions-to-smrc.html</p>	
	<p>FUTURE MEETINGS Future meeting dates would be scheduled for the 2nd Thursday of the month at 9.30am (Preston Business Centre)</p> <p>13th June (2013) 11th July (2013) 8th August (2013) 12th September (2013) 10th October (2013) 14th November (2013) 12th December (2013)</p>	

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

THURSDAY 11th APRIL 2013

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2013/026	MATTERS ARISING: ACTION SHEET FROM THE 14th FEBRUARY MEETING		
2013/047	<p>Infant Feeding Formulary KS to send the two page summary of the guidance and the updated letter to MP. MP has additional comments from the infant feeding group, which will be updated in the final document. If possible MP to have the updated document available for the May meeting.</p> <p>PPI Prescribing LW/CF to look at whether it's possible to take people off PPIs whilst on antibiotics and whether the group can then make a recommendation. Target completion end of May.</p>	<p>KS / MP</p> <p>LW/CF</p>	<p>30/4/13</p> <p>31/5/13</p>
2013/048	<p>LANCASHIRE MEDICINES MANAGEMENT GROUP WEBSITE PRESENTATION Mark Britton to contact group members to confirm what information they agree to sharing on the website/confirm their qualifications by end April.</p> <p>'Medication' to be changed to 'Medicines' on the webpage.</p> <p>MB to circulate link to new draft website to group within two weeks after this meeting for review and comments, the final website would be launched in advance of the May LMMG meeting.</p>	<p>All</p> <p>MB</p> <p>MB</p>	<p>30/4/13</p> <p>25/4/13</p> <p>25/4/13</p>
2013/049	<p>TRAFFIC LIGHT DRUG AMBER CLASSIFICATIONS Yearly Review of RAG List by LMMG List to be put in place. JL to update the document as agreed</p>	<p>EJ</p> <p>JL</p>	<p>25/4/13</p>
2013/050	<p>LMMG PRIORITISATION MATRIX Word 'Prioritisation' be replaced with 'Assessment in Matrix Title</p>	<p>BH</p>	<p>25/4/13</p>
2013/051	<p>OMACOR GUIDELINES Communication sent to hospitals/GPs re stopping use of Omacor to be circulated to the group.</p>	<p>JL</p>	<p>25/4/13</p>

2013/052	VITAMIN D GUIDELINES Make the statement “It is suggested that apart from priority groups, maintenance therapy should be over the counter i.e. purchased by the patient” more prominent in the document.	LW	30/4/13
	Comments on the document to be sent to LW by end of April	All	30/4/13
2013/053	AQUAMAX This decision will be posted on the LMMG website once launched.	BH	30/4/13
2013/054	EPLERENONE Comment to be put on website to say there are two potential review processes and a flowchart to be developed to make it clear where a short review would be conducted and when a full review would be required.	EJ/MB	30/4/13
2013/056	PEGLOTICASE The statements relating to the medication receiving a Black Traffic Light to be removed. Highlight that it has not been prioritised for review as NICE guidance is imminent	EJ	30/4/13
2013/058	LANCASHIRE MEDICINES MANAGEMENT GROUP -NEW MEDICINES REQUESTS The Second Quarter Horizon scanning medications will be brought to May LMMG.	BH	30/4/13
	Perampanel PB to send consultant contact details to BH. BH to contact consultant with questions regarding place in therapy.	PB/BH	18/4/13
	All to advise of any additional items for addition to the work plan. Items to be sent to the Medicines Management e-mail address so that a log can be kept of requests.	All	On-going