

**Minutes of the Lancashire Medicines Management Group Meeting  
held on Thursday 9<sup>th</sup> May 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 (MP)	Assistant Director – Medicines Optimisation	NHS Blackpool CCG
Dr Pervez Muzzafar	GP Prescribing Lead	NHS Blackburn w/ Darwen CCG
Dr Kamlesh Sidhu	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
Lisa Rogan	Head of Medicines Commissioning	East Lancs and Blackburn w/ Darwen CCGs
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

ITEM	SUMMARY OF DISCUSSION	ACTION
2013/060	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>  Apologies were received from: Dr Li Kam Wa, Pauline Bourne, Dr Robert Mitchell (who has now retired), Dr Manjit Jandu, Dr David Shakespeare	
2013/061	<b>DECLARATIONS OF INTEREST PERTINENT TO AGENDA</b>  None declared.	
2013/062	<b>DECLARATION OF ANY OTHER URGENT BUSINESS</b>  None declared.	
2013/063	<b>MINUTES OF THE LAST MEETING - 11 April 2013</b>  The minutes of the last meeting were agreed.	
2013/064	<b>MATTERS ARISING (not on agenda)</b>  <ul style="list-style-type: none"> <li>TN tabled a letter received from Dr David Shakespeare, Chair of the Drugs and Therapeutics Committee – LTH, regarding the issue of providing guidance on choice of NICE approved drugs for the same indication where prescribing crosses the boundary from primary to</li> </ul>	

	<p>secondary care particularly in respect of prescribing Rixaroxaban as a treatment for DVT.</p> <ul style="list-style-type: none"> <li>BH advised that a debate around this had taken place at the D&amp;T Committee which took place in April 2013. <b>Action: BH to contact the Network re carrying out shared piece of work for recommendations on DVT pathways. ALL to e-mail details of any pathways to the Medicines Management email address <a href="mailto:medicinesmanagement@lancashirecsu.nhs.uk">medicinesmanagement@lancashirecsu.nhs.uk</a></b></li> <li>GP raised issues/concerns around homecare. Historically a number of specialists have provided care through third party providers with some contracts historically sitting with PCTs, however in line with the Hackett report contracts have moved over to Acute providers from the 1<sup>st</sup> April. Home care providers have raised concerns that with the changeover they will not get paid. There is also concern this may impact patient care.  GP asked who they could talk to locally to move this along quickly and put an infrastructure in place locally for home care. It was agreed that if there was a requirement for infrastructure to be put in place that it would be appropriate for a business case to go to the local CCGs.</li> <li>EJ queried whether, as a lot of other CCG meetings don't meet in August, the group wished to cancel the August LMMG. Agreed August meeting to be cancelled. <b>Action: August meeting to be cancelled and removed from schedule of meeting dates.</b></li> </ul>	<p>BH/ ALL</p> <p>BH/CK</p>
<p>2013/065</p>	<p><b>LMMG – NEW MEDICINE REQUESTS WORK PLAN UPDATE</b></p> <p>BH presented this paper, highlighting the following:</p> <ul style="list-style-type: none"> <li><b>Perampanel</b> responses now received from three Consultants. The consultation will go out to stakeholder organisations this week for the final draft to come to the June LMMG.</li> <li><b>Linaclotide</b> – Draft consultation paper will be sent out imminently for the final draft recommendation to come to the June LMMG.</li> <li><b>Insulin Degludec</b> – Draft consultation paper will be sent out over next 3-4 weeks, the final draft recommendation will come to the July meeting.</li> <li><b>Aclidinium</b> – Out to consultation 10 May, the final draft will come to the June meeting.</li> <li><b>Aflibercept</b> A piece of work has previously been carried out by Richard Lee. The price is similar in terms of the drug but less monitoring visits are needed than Lucentis. NICE guidance is due in August, so BH proposed deferring a decision and waiting for the NICE report. It was agreed to defer a decision pending NICE.</li> <li>In terms of the two rheumatology items, a meeting took place with the Rheumatology Alliance on the 19 April and work is ongoing with them on a new rheumatology pathway. Expected to bring this to the July or August meeting. <b>Action: BH to bring paper with a draft rheumatology pathway to the July or August Meeting.</b></li> <li><b>Tafamidis</b> – Responsibility with NHS England. Therefore removed from the workplan.</li> <li><b>Eltrombopag</b> - Responsibility with NHS England. Therefore removed</li> </ul>	<p>BH</p> <p>BH</p>

	<p>from the workplan.</p> <p><b>Format for Consultations</b></p> <p>It was discussed that some medications which are reviewed lend themselves to have a clear place in therapy, while for others it is less clear where in the pathway they may be used.</p> <p>General discussion took place on the format to be used for future consultation responses and whether the group would welcome a recommendation to help with decision making. There was general agreement that a recommendation would be welcome as long as there was a justification as to why it had been made. It was agreed that it would be useful for the format to be standardised.</p> <ul style="list-style-type: none"> <li>• MP queried how requests for meetings with pharmaceutical representatives should be handled for medications which are on the LMMG work plan. EJ suggested that representatives be informed that the medication is being reviewed across Lancashire and that there is no requirement to meet with representatives locally. If during the process of a review the CSU team feel that it would be beneficial to meet with company representatives the team will co-ordinate a meeting as appropriate.</li> </ul>	
2013/66	<p><b>HORIZON SCANNING QUARTER 2, 2013 – 14</b></p> <p>It was agreed at the February meeting that a quarterly review of the work plan would take place. The intention was to run through the Q2 document at this meeting and agree on which products the group felt it was appropriate to carry out an evidence review. BH highlighted the following medicines and asked LMMG for their view on priorities.</p> <ul style="list-style-type: none"> <li>• <b>Tofacitinib</b> will not be reviewed across Lancashire as NICE are due to publish guidance in September.</li> <li>• <b>Eltrombopag</b> Unclear whether this is NHS England or CCG commissioned. Recommendation made for this to be included so that a detailed review can take place to see whether this is going to NHS England or CCG. If commissioned by NHS England it will be removed from the work plan</li> <li>• <b>Rivaroxaban</b> for the prevention of adverse outcomes in patients. Due for NICE review in September. Group agreed to defer until NICE decision.</li> <li>• <b>Rivaroxaban</b> for treatment of acute symptomatic pulmonary embolism. Awaiting NICE decision. Agreed to defer pending decision.</li> <li>• <b>Botulinum</b> A NICE clinical guideline already in place recommending Botulinum. Agreed no further action to be taken.</li> <li>• <b>Alemtuzumab</b> MS commissioning is going to NHS England. No further action. CR asked if it is possible to highlight which polices have been developed by NHS England. <b>Action: BH to bring paper with NHS England policies to the next committee.</b></li> <li>• <b>Aflibercept</b> Agreed previously to defer awaiting NICE decision.</li> <li>• <b>Golimumab</b> Not planned for NICE review. Some uncertainty on what the costings and subsequent savings to the health economy might be. <b>Action: BH/Medicines Management to review and take a decision on whether Golimumab will deliver significant cost savings.</b></li> <li>• <b>Arpiprazole</b> Deferred awaiting NICE decision and expert opinion from Lancashire Care Trust.</li> </ul>	<p>BH</p> <p>BH</p>

2013/067	<p><b>LANCASHIRE TRAFFIC LIGHT (RAG) LIST</b></p> <p>JL took the attendees through the paper outlining the following:</p> <ul style="list-style-type: none"> <li>• The list is grouped into Lancashire North, Greater Preston and Chorley and South Ribble grouped together as a decision making area. West Lancashire, East Lancashire and Blackburn with Darwen are also grouped together.</li> <li>• Historic data on local decisions from the PCTs had been used in putting the information together.</li> <li>• Group 1 is a list of where all PCTs had made the same decisions. JL asked the group if they are happy with this list and whether it should be uploaded onto the LMMG website. LW advised that she would like to see the list ordered alphabetically when it goes onto the website.</li> <li>• The first group are HIV drugs which are historically Red. There is a local formulary for HIV drugs which was agreed across Lancashire</li> <li>• The second group, Rheumatology is recommended Amber Level 2.</li> <li>• The third group of medicines will be commissioned by NHS England.</li> <li>• The group agreed that it was useful to keep the PbR excluded column and display this on the website.</li> <li>• A proposal was made that the complete list shouldn't be gone through at the LMMG meeting as it was lengthy. JL explained that list one was a list where all CCGs had the same historic decisions. CF said she had some comments on the section on mental health. EJ asked for attendees to e-mail back to Medicines Management if they had any comments. The group agreed that all group 1 medicines should be added to the website except the mental health section. .</li> </ul> <p><b>Action: ALL e-mail any comments to Medicines Management.</b></p> <ul style="list-style-type: none"> <li>• Group 2 – This is a list of where CCGs have some common decisions but there are gaps with other CCGs. If one group hasn't made a decision they may want to take to local groups.</li> <li>• Table 2 - The group agreed that NICE technology appraisals and drugs commissioned by NHS England should be put on the website. For other drugs the group were to email any comments within 2 weeks.</li> </ul> <p><b>Action: ALL to advise JL by 23 May with comments and whether they are happy for all others drugs to go on the website with the current gaps.</b></p> <ul style="list-style-type: none"> <li>• Table 3 – This is a list of groups where some local decisions still need to be made. A realistic timeframe of end of July was agreed for feeding back any further local decisions..</li> </ul> <p><b>Action: ALL to feedback any further decisions and JL to start populating Table 3</b></p>	<p>ALL</p> <p>ALL</p> <p>JL</p>
2013/068	<p><b>PROPOSAL ON DEALING WITH NEW NICE TECHNOLOGY APPRAISAL GUIDANCE FOR MEDICINES</b></p> <ul style="list-style-type: none"> <li>• EJ outlined the background to the two part paper. The committee agreed that NICE TAGs should be a standing agenda item.</li> </ul> <p><b>Action: NICE Technology Appraisals to be added as a standard monthly agenda item</b></p> <ul style="list-style-type: none"> <li>• For each Technology Appraisal a summary of the key guidance was highlighted with an indication of implication locally. It was agreed that the prior approval column would be removed.</li> </ul>	<p>EJ</p>

2013/069	<p><b>BENEFITS PROPOSAL FOR HIGH COST DRUGS</b></p> <ul style="list-style-type: none"> <li>• JL introduced the paper for discussion. Included as Appendix 1 was the paper that Catherine Harding had brought to previous LMMG meetings. The body of the paper included comments had been received from stakeholder organisations</li> <li>• AG advised his acute trust had just moved to a block contract so queried if it still applied</li> <li>• MP felt that agreements on savings sharing should be conducted locally.</li> <li>• TN felt that from a provider's point of view some consistency would be welcomed as they could be dealing with a number of different agreements with different CCGs. AG advised that ideally they would be looking to negotiate the same deal.</li> <li>• EJ highlighted that the principles of the document were based on a national document around the Hackett report and asked if the group would be happy to recommend the principles only.</li> <li>• MP raised a query on whether this work was in the TOR</li> <li>• TN asked whether the group report back to the network and say there is no agreement or say we have a document which sets out some principles.</li> <li>• It was agreed, and confirmed by TN, that the group accepts the first part of the paper around the principles and that will be the basis of local negotiations and decision making. Agreed the paper will be taken back to the network specifying the principles only</li> </ul> <p><b>Action: JL to amend paper to remove sections which detail costing models and this amended paper will be taken to the CCG network by TN.</b></p>	JL/ TN
2013/070	<p><b>LANCASHIRE CARE FT DRUG AND THERAPEUTIC COMMITTEE MINUTES</b></p> <p>No meeting held in April.</p>	
2013/059	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Thursday 13<sup>th</sup> June 2013 - 9.30 – 11.30 A.M. Meeting Room 2, Preston Business Centre. Link to venue directions <a href="http://www.lancsteachinghospitals.nhs.uk/trust-information/find-us/directions-to-smrc.html">http://www.lancsteachinghospitals.nhs.uk/trust-information/find-us/directions-to-smrc.html</a></p>	
	<p><b>FUTURE MEETINGS</b></p> <p>Future meeting dates would be scheduled for the 2<sup>nd</sup> Thursday of the month at 9.30am (Preston Business Centre)</p> <p>11<sup>th</sup> July (2013) 8<sup>th</sup> August (2013) <b>Cancelled</b> (will be removed from future meeting schedule) 12<sup>th</sup> September (2013) 10<sup>th</sup> October (2013) 14<sup>th</sup> November (2013) 12<sup>th</sup> December (2013)</p>	

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

**Thursday 9<sup>th</sup> May**

<b>MINUTE NUMBER</b>	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>DATE</b>
<b>2013/064</b>	<b>MATTERS ARISING NOT ON AGENDA</b>  BH to contact the Network re carrying out shared piece of work for recommendations on DVT pathways.  ALL to e-mail details of any pathways Medicines Management  August meeting to be cancelled and removed from schedule of meeting dates.	<b>BH</b>  <b>ALL</b>  <b>CK</b>	<b>13/06/13</b>  <b>13/06/13</b>  <b>13/06/13</b>
<b>2013/065</b>	<b>LMMG NEW MEDICINE REQUESTS WORKPLAN UPDATE</b>  <ul style="list-style-type: none"> <li>• <b>Perampanel</b> The consultation will go out to stakeholder organisations w/e 10 May for the final draft to come to the June LMMG</li> <li>• <b>Aclidinium</b> Final decision to be brought to June meeting.</li> <li>• <b>Aflibercept</b> Decision deferred until NICE report due in August</li> <li>• Draft rheumatology pathway to be brought to July or August meeting.</li> <li>•</li> </ul>	<b>BH</b>  <b>BH</b>  <b>BH</b>  <b>BH</b>	<b>13/6/13</b>  <b>13/6/13</b>  <b>12/08/13</b>  <b>08/08/13</b>
<b>2013/066</b>	<b>HORIZON SCANNING QUARTER 2, 2013-14</b>  <ul style="list-style-type: none"> <li>• <b>NHS England Commissioning Policies</b> BH to bring paper with NHS England policies to the next committee.</li> <li>• <b>Golimumab</b> BH/Medicines Management to review and take a decision on whether Golimumab will deliver significant cost savings</li> </ul>	<b>BH</b>  <b>BH</b>	<b>13/06/13</b>  <b>13/06/13</b>
<b>2013/067</b>	<b>LANCASHIRE TRAFFIC LIGHT (RAG) LIST</b>  <ul style="list-style-type: none"> <li>• All group 1 medicines should be added to the website except the mental health section. Comments on list to be e-mailed to Medicines Management.</li> <li>• Table 2 - NICE technology appraisals and drugs commissioned by NHS England should be put on the website. ALL to advise</li> </ul>	<b>ALL</b>  <b>ALL</b>	<b>23/05/13</b>  <b>23/05/13</b>

	<p>JL by 23 May with comments and whether they are happy for all others drugs to go on the website with the <b>current gaps</b>.</p> <ul style="list-style-type: none"><li>• Table 3 – Some local decisions still need to be made. ALL to feedback any further decisions and JL to start populating Table 3</li></ul>	<b>ALL/JL</b>	<b>31/06/13</b>
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