



**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 14 November 2013 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 Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Dr David Shakespeare (DS)	Consultant Neurologist / D&T Chair	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Pervez Muzaffar (PM)	GP Prescribing Lead	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Sigrun Baier (SB)	GP Director	NHS Chorley and South Ribble CCG
Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG, NHS Blackburn with Darwen CCG
Louise Winstanley (LW)	Lead Pharmacist	NHS Fylde and Wyre CCG
Julie Landale (JLan)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble 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

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
Warren Linley (WL)	Senior Medicines Commissioning Pharmacist	NHS Staffordshire and Lancashire CSU

ITEM	<u>SUMMARY OF DISCUSSION</u>	ACTION
2013/145	<u>WELCOME & APOLOGIES FOR ABSENCE</u> The Chair welcomed everyone to the meeting Apologies for absence were noted on behalf of George Nasmyth, Jill Moores, Gareth Price, Alistair Gibson, Dr Tom Marland, and Dr Jim Gardner	
2013/146	<u>DECLARATIONS OF INTEREST PERTINENT TO AGENDA</u> None	
2013/147	<u>DECLARATION OF ANY OTHER URGENT BUSINESS</u> None	
2013/148	<u>MINUTES OF THE LAST MEETING – 10th October 2013</u> The minutes of the meeting held on 10 th October 2013 were agreed as an accurate record.	

2013/149	<p><u>MATTERS ARISING (not on the agenda)</u></p> <p>There were no matters arising.</p>	
2013/155 (agenda item order change)	<p><u>PROCESS FOR CONSIDERING THE USE OF BLACK MEDICATIONS IN INDIVIDUAL PATIENTS</u> (agenda item brought forward)</p> <p>TN raised the issue around the potential prescribing of medicines categorised as black. Some examples had arisen where clinicians had felt that an individual patient's clinical circumstances warranted the use of a medicine rated black and not usually commissioned. Questions had been raised as to the appropriate process to be followed in order to raise this with commissioners for consideration.</p> <p>Following discussions, it was agreed that the process for dealing with such circumstances would be discussed and agreed at a local level.</p>	
2013/150	<p><u>MELATONIN</u></p> <p>WL talked through the new medicines recommendation paper for melatonin for use in sleep disorders secondary to neurodevelopmental disorders or acquired brain injury. An evidence review was conducted in response to a request from a clinician to review current red RAG status for unlicensed melatonin, as this was putting undue pressure on secondary care activity. The review also considered off-label use of the only available licensed product (Circadin®), which currently had black RAG status for its licensed indications. Limited, mixed evidence was available from several trials that were of variable quality. Responses from consultation were mixed, including those from acute trusts, which demonstrated differing opinions on use. Discussions centred on the cost burden to primary care and potential safety and quality issues around consistency of supply that would accompany any change in RAG status that promoted primary care prescribing. As there is already a degree of prescribing of unlicensed melatonin and off-label use of Circadin® in primary care, any changes in RAG status that reinforced secondary care prescribing may further add to secondary care activity pressures.</p> <p>After detailed discussion, it was agreed that the main issues related to securing consistency of supply of unlicensed melatonin and associated costs and activity. It was noted that current levels of prescribing in secondary/tertiary care are unknown, and that costs in primary care for prescription of unlicensed melatonin are unpredictable due to procurement costs for specials manufactured/imported product. The quality of such products can also be variable.</p> <p>JLon suggested that a possible way forward would be to explore cost sharing between primary and secondary care, since hospitals may be able to source melatonin at a more competitive price than community pharmacies, which may decrease cost uncertainty and ensure consistency of supply.</p> <p>It was agreed that LMMG would need to better understand the cost implications of different possible RAG status for primary and secondary care, and also understand associated activity, before being able to make any recommendations to CCGs.</p> <p><u>Actions:</u> PB Obtain shared care protocols that exist in Cumbria - CF agreed to provide process documents from Lancashire Care FT, and prescribing data (as all prescribing done on FP10(HP)). Prescribing data required from acute trusts – DS to facilitate this LW has provided leaflet on Melatonin from F&W NB to provide Mersey leaflet JLon to co-ordinate</p> <p>Action: RAG status to be looked at again following above work</p>	WL/JLon

2013/151	<p><u>TAURINE</u></p> <p>BH talked to the new medicines recommendation paper for Taurine to prevent taurine deficiency in cystic fibrosis liver disease.</p> <p><u>Following discussion LMMG recommended:</u></p> <p>Taurine 500mg capsules are not recommended for supplementation in CF patients with liver disease.</p> <p><u>RAG status Black</u></p> <p><u>Action:</u></p> <p><u>BH to update the recommendation and upload to the website</u></p>	<p>BH to update the recommendation and upload to the website</p>
2013/152	<p><u>LMMG – New Medicines Review Work Plan Update</u></p> <p>BH presented the work plan update:</p> <ul style="list-style-type: none"> • LMMG were informed that the evidence review for canagliflozin had been completed; however, pricing information is not currently available. LMMG agreed to place the new medicines review on hold until pricing is available. • LMMG agreed with the recommendation that the Ultibro review is placed on hold until new medicines reviews could be completed for indacaterol, glycopyrronium and aclidinium as individual agents. It is intended that these will come to the January LMMG meeting. • LMMG agreed to remove colesevelam from the work plan, as a completed application form had not been received. <p><u>Action:</u></p> <p><u>BH to update the work plan in line with the discussions at LMMG</u></p>	<p>BH to update the work plan</p>
2013/153	<p><u>NEW NICE TECHNOLOGY APPRAISAL GUIDANCE FOR MEDICINES OCTOBER 2013</u></p> <p>BH presented the paper and LMMG was asked to note the NICE TAG published in October 2013 and consider the proposed traffic light recommendations for the relevant medicines.</p> <p><u>LMMG recommended</u></p> <ul style="list-style-type: none"> • TAG 297 Vitreomacular traction - ocriplasmin - RED 	
2013/154	<p><u>NEW NHS ENGLAND MEDICINES COMMISSIONING POLICIES OCTOBER 2013</u></p> <p>No New NHS England commissioning policies were published in October 2013.</p>	
2013/156	<p><u>VITAMINS AND MINERALS POSITION STATEMENT</u></p> <p>JLon presented the position statement for the prescribing of vitamins, minerals, supplements, herbal and homeopathic medicines without a product licence. Some CCGs have already agreed a similar policy. The statement was based on a policy developed by NHS East Lancashire. All agreed the policy to be recommended for local adoption.</p> <p><u>Action:</u></p> <p><u>JLon to place final statement onto the LMMG website and email the group informing them this had been done and was now available.</u></p>	<p>JLON</p>

2013/157	<p><u>GOOD PRESCRIBING GUIDELINES</u></p> <p>JLon presented the updated guidelines around good prescribing in primary care, which had been reviewed and references added. Prior to the meeting the guidelines had been circulated to members outlining the areas where changes had been made; members were asked to make any comments.</p> <p>Following discussions it was decided to make the following final amendments:</p> <ul style="list-style-type: none"> • Section 7.2 on page 6 to add a reference to the document “clinical safer services around discharge medicines for patients at risk of suicide”. • Section 8 on page 7 to add a sentence around considering commissioning implications for unlicensed medicines. • Reference number 71 on page 32 to be amended to say LMMG position statement. • Appendix 1 on page 33 to remove the second bullet point under private referral through your GP and to remove the words ‘to continue your treatment’ in the second paragraph from the bottom. <p><u>Action:</u></p> <p><u>JLon to make the amendments and notify members when the guidelines are available on the website</u></p>	JLon
2013/158	<p><u>UPDATE TO NOAC GUIDELINES</u></p> <p>JLon presented the updated version of the NOAC guidelines following an announcement from the MHRA around shared contraindications across the medicines for risk of major bleeding.</p> <p>The guidelines were accepted with the exception of changing the document to version 9 and ensuring that all the text was visible in the second box on page two.</p> <p><u>Action:</u></p> <p><u>JLon to make the amendments and notify members when the guidelines are available on the website</u></p>	JLon
2013/159	<p><u>LMMG – GUIDELINES WORK PLAN UPDATE</u></p> <p>JLon talked through the work plan. Three guidelines scheduled for November had been approved at this meeting. The asthma guidelines were a priority and are planned to come to the December meeting. LMMG agreed to the COPD guidelines being deferred to January, as a group review of the newer agents was required. Following this, the next priorities were the diabetes and non-cancer pain guidelines.</p> <p><u>Action:</u></p> <p><u>JLon to update the work plan in light of the discussions</u></p>	JLon
2013/160	<p><u>LANCASHIRE RAG LIST HARMONISATION</u></p> <p>The remaining medicines on the RAG list for harmonising were presented. The list had been separated into five sections to ease the discussions.</p> <p>Section one consisted of medicines that now had common decisions across CCGs in Lancashire. Members agreed to section one being uploaded to the web site as recommendations with local decisions.</p> <p>Section two consisted of medicines that had been considered across all CCGs, where there were local differences in the colour classifications. CCG representatives realised that they may need to review some of their local decisions; so it was decided that the list</p>	

	<p>would come back to a future meeting once members had considered the implications.</p> <p>JLon asked LMMG to confirm their willingness for the work to carry on and asked that CCGs review the document in detail. All agreed the work was required.</p> <p>The other sections were not considered, due to time restraints of the meeting.</p> <p><u>Action:</u></p> <p><u>CCG members to review the document and feedback any amendments to local decisions to the CSU</u></p>	<p>CCG Med Man leads to inform CSU of local decision</p>
2013/161	<p><u>MEETING DATES FOR 2014</u></p> <p>TN discussed the proposed meeting dates for 2014. Consideration needed to be made for the meeting dates of local decision making groups. CCGs were asked to send in the schedules of their meeting dates to the CSU.</p> <p><u>Action:</u></p> <p><u>CCG members to send in schedules of meeting dates</u></p>	<p>CCG Med Man leads to inform CSU of 2014 meeting dates</p>
2013/162	<p>LANCASHIRE CARE FT DRUG & THERAPEUTIC COMMITTEE MINUTES 1ST OCTOBER 2013</p> <p>The minutes of the Lancashire Care Drugs & Therapeutic Committee meeting were noted.</p>	

Date and time of the next meeting

Thursday 12th December 9.30 am to 11.30 am, Meeting Room 1 Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
THURSDAY 14 November 2013**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2013/150	<p><u>Melatonin</u> Obtain shared care protocols that exist in Cumbria - provide process documents from Lancashire Care FT, and prescribing data (as all prescribing done on FP10(HP)).</p> <p>Prescribing data required from acute trusts</p> <p>Provide Mersey leaflet (LW has provided leaflet on Melatonin from F&W) JLon to co-ordinate</p> <p>RAG status to be looked at again following above work</p>	<p>PB CF</p> <p>DS</p> <p>NB/JLon to co-ordinate</p>	<p>12.12.2013 12.12.2013</p> <p>12.12.2013</p> <p>12.12.2013</p>
2013/151	<p><u>Taurine</u> BH to update the recommendation and upload to the website</p>	BH	21.11.2013
2013/152	<p><u>LMMG – New Medicines Review Work Plan Update</u> Update the work plan in line with the discussions at LMMG</p>	BH	12.12.2013
2013/156	<p><u>Vitamins and Minerals Position Statement</u> Place final statement onto the LMMG website and email the group informing them this had been done and was now available.</p>	JLon	21.11.2013
2013/157	<p><u>Good Prescribing Guidelines</u> Make amendments and notify members when the guidelines are available on the website</p>	JLon	21.11.2013
2013/158	<p><u>Update to NOAC Guidelines</u> Make amendments and notify members when the guidelines are available on the website</p>	JLon	21.11.2013
2013/159	<p><u>LMMG – Guidelines Work Plan Update</u> Update the work plan in light of the discussions</p>	JLon	12.12.2013
2013/160	<p><u>Lancashire RAG List Harmonisation</u> Review the document and feedback any amendments to local decisions to the CSU</p>	CCG Med Man Leads	12.12.2013
2013/161	<p><u>Meeting Dates for 2014</u> Send in schedules of meeting dates of local decision making groups.</p>	CCG Med Man leads	12.12.2013