



**Minutes of the Lancashire Medicines Management Board Meeting
held on Thursday 4th October at Preston Business Centre commencing at 1.00pm**

PRESENT:

Dr Tony Naughton (TN)	Chair	Fylde & Wyre CCG
Catherine Harding (CH)	Head of Medicines Management	NHS East Lancashire
Elaine Johnstone (EJ)	Head of Medicines Management	NHS Central Lancashire
Lindsay Holden (LH)	Head of Medicines Management	NHS Blackburn with Darwen
Louise Winstanley (LW)	CCG Lead Pharmacist and Prescribing Support Team Manager	Fylde and Wyre CCG
Melanie Preston (MP)	Head of Medicines Management	Blackpool CCG / PCT
Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicine Management	NHS North Lancashire
Brent Horrell (BH)	Assoc. Head of Med Management	NHS Central Lancashire
Neil Fletcher (NF)	Director of Pharmacy	East Lancashire Hospitals NHS Trust
Pauline Bourne (PB)	Senior Pharmacist Medicines Management	University Hospitals of Morecambe Bay
David Shakespeare (DS)	Consultant Neurologist / D&T Chair	Lancashire Teaching Hospitals NHS FT
Dr Li Kam Wa (LKW)	Consultant General Medicine / D&T Chair	Blackpool Teaching Hospitals
Dr George Nasmyth (GN)	Interim Medical Director	University Hospitals of Morecambe Bay
Linda Bracewell (LB)	Community Pharmacist	Lancashire Pharmacy Transformation Board
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals
Lisa Rogan (LR)	Head of Medicines Commissioning (Designate)	East Lancashire and Blackburn with Darwen CCGs
Kay Atkinson (KA)	Pharmacist	Lancashire North CCG (representing Dr Sidhu)
Dr Jane Lofthouse (JL)	GP Prescribing Lead	Chorley and South Ribble CCG
Dr Tom Mackenzie (TM)	GP Medicines Optimisation Lead	East Lancashire CCG
David Jones	Acting Chief Pharmacist	Lancashire Teaching Hospitals

ACTION

12.001	WELCOME AND INTRODUCTIONS Dr Naughton, Chair of the Fylde and Wyre CCG and nominated Chair of the Lancashire Medicines Management Board on behalf of the Lancashire CCG Network welcomed attendees to the inaugural meeting. Representatives attending the meeting made their introductions.	
12.002	APOLOGIES Apologies were received from: Dr Jim Gardner, Dr Duncan Gavan, Mr Mark Collins, Dr Robert Mitchell, Dr Manjit Jandu, Dr Kamlesh Sidhu, Dr Pervez Muzaffar, Dr Mark ODonnell	
12.003	DECLARATIONS OF INTEREST PERTINENT TO THE AGENDA The importance of individuals and organisations recognising potential conflicts of interest and making relevant declarations were emphasised by the Chair. There were no declarations of interest.	

12.004	<p>DECLARATION OF ANY OTHER URGENT BUSINESS</p> <p>There were no matters of urgent business not otherwise included in the agenda.</p>	
12.005	<p>LANCASHIRE MEDICINES MANAGEMENT BOARD TERMS OF REFERENCE</p> <p>Draft Terms of Reference previously circulated in July to stakeholder organisations were outlined by CH who also described the background to the establishment of the Lancashire Medicines Management Board following an event to consider delivering QIPP in medicines management across Lancashire held in May 2011. Subsequently the formation of the Lancashire Medicines Management Board had been endorsed by the Lancashire Network of CCGs who had nominated Dr Naughton to take on the Chairmanship.</p> <p>DS enquired as to the relationship between the Lancashire Medicines Management Board and local Trust and health economy Drug and Therapeutics Committees, and also with Tertiary specialties. CH suggested the focus of the Lancashire MMB would be decisions impacting on CCG commissioning budgets i.e. medicines that had an impact on primary care prescribing budgets, or PbR Excluded High Cost drugs. It was commented that the Lancashire MMB was ideally placed to consider prescribing policy and decisions aligned to tertiary specialties and clinical networks where commissioning responsibility rested with the CCGs. There was some debate regarding the role of specialist commissioning and the need for clarity of roles. EJ advised that the North West Specialist Commissioning team was acting on behalf of CCGs / PCTs.</p> <p>An opportunity for providers to collaborate on decision-making in relation to medicines supplied wholly within Tariff was highlighted by CH who also indicated that this was a matter for separate consideration by Provider organisations.</p> <p>Clarity on the role of Drug and Therapeutic Committees (DTCs) in decision making was sought by DS. EJ advised that the intended function of DTCs would be to consider internal provider Trust business and implementation.</p> <p>AG queried the intended future role of health economy Area Prescribing Committees following the establishment of the Lancashire Medicines Management Board highlighting the risk of duplication of effort. CH suggested the role of APCs would change and their on-going need be subject to review as the business currently being undertaken at APCs was undertaken at a Lancashire level, and local health economy liaison and implementation facilitated through DTCs. A proactive approach to agreeing an annual work programme for the Lancashire Medicines Management Board was suggested by CH, informed by an annual horizon scanning review in relation to new medicines coming to market, new indications for existing medicines, anticipated NICE guidance, and other factors with significant impact e.g. patent expiries.</p> <p>Proactive clinician input to the work of the New Medicines Group was proposed by the chair of the East Lancashire Medicines Management Board's New Medicines Group, Lisa Rogan. CH suggested that this could be facilitated by organisations identifying in advance relevant clinicians that needed to be consulted when new pieces of policy and guidance were being drafted. GN suggested the identification and co-option of relevant individuals</p>	

	<p>onto sub-groups. The responsibility of individual organisational representatives on the Lancashire MMB to cascade information and engage relevant individuals within their own organisations was emphasised by EJ.</p> <p>NF referred to discussion that had taken place at the health economy East Lancashire Medicines Management Board regarding the proposal to develop a Lancashire approach. GP members were keen to retain the local health economy approach. Some uncertainty had been expressed regarding the roles of the different groups involved. JL suggested a period of double running would be required.</p> <p>LR commented upon recent work of the New Medicines group and recent proactive engagement of Cumbria in the process. The links to Cumbria and the North East had been valuable and LR advised it important that these be retained.</p> <p>The Chair commented that agenda items 6 and 7 may provide further material for consideration in relation to the Terms of Reference for the Lancashire Medicines Management Board and suggested these be considered and implications for the Terms of Reference captured as part of the discussion.</p>	
12.006	<p>NICE CONSULTATION THE DEVELOPMENT AND UPDATING OF LOCAL FORMULARIES</p> <p>An overview of the NICE Consultation document on <i>The development and updating of local formularies</i> was presented by Catherine Harding. There were two purposes for considering the consultation document as part of the agenda (i) to inform discussion in relation to the Terms of Reference of the Lancashire MMB and the paper to be considered under agenda item 7 on a Lancashire Prescribing Formulary and (ii) provide an opportunity for the meeting to comment on the content of the paper and respond to the consultation.</p> <p>Gaps in the content of the Draft Terms of Reference discussed in the previous agenda item were highlighted by the NPC consultation document and CH suggested these should be incorporated. These included reference to the consideration of MHRA Drug Safety Updates, clarification of budgetary responsibility, pre-meeting preparation and post meeting actions, and actions of the Chair. CH suggested these should be incorporated into the final Terms of Reference or included in the more detailed operating policies / procedures for the meeting, as appropriate.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • CH to update the Draft Terms of Reference to address gaps highlighted by the NPC consultation document • Operational policy for the Lancashire Medicines Management Board to be drafted and considered at the next meeting 	CH
12.007	<p>LANCASHIRE WIDE PRESCRIBING FORMULARY: PROGRESS REPORT AND NEXT STEPS</p> <p>A progress report on the work of the Lancashire formulary task and finish group was presented by Brent Horrell, with options outlined for future work. A copy of the presentation would be circulated with the minutes.</p> <p>LR commented on her involvement with the formulary group. She suggested that new medicines should be reviewed on a Lancashire basis, but felt a</p>	

<p>review of existing formularies was not warranted. LW reflected on the different approaches currently being taken with prescribing formularies across Lancashire and the potential significant volumes of work that may be associated with developing a Lancashire formulary.</p> <p>GN suggested that consideration be given to the context and who the Lancashire Medicines Management Board was trying to influence with the publication of a Lancashire formulary and queried where it would sit e.g. doctor's desk, ward trolley, pharmacy office.</p> <p>LKW asked what the formulary would look like, noting that sometimes relevant individuals don't look at them. NF reported on the experience in East Lancashire Hospitals Trust where pharmacy staff, Consultants and GPs routinely access the East Lancashire Medicines Management Board website www.elmmb.nhs.uk.</p> <p>The importance of considering the patient perspective was emphasised by CF who suggested the formulary needed to be flexible enough to consider the needs of individuals e.g. by applying the 80/20 rule.</p> <p>GN highlighted the importance of considering the formulary process for non-NICE drugs and the role of the group. LR outlined potential, current differences in PCT policy and the importance of collaboration in decision making.</p> <p>The Chair summarised the consensus of the meeting for a Lancashire formulary in relation to new medicines, particularly in relation to contentious issues where a Lancashire decision would be particularly desirable.</p> <p>There was some discussion regarding the scope of the formulary. CH suggested that if there was e.g. 90% congruence in existing formulary content across individual Lancashire formularies these common agreements / decisions could then become the de facto Lancashire formulary. EJ suggested circulating the products from the formulary task group work rather than have an abstract discussion. LKW advised adopting the principle that any formulary should be based on evidence and cost-effectiveness. EJ suggested we go forward on the principle of where there is clear commonality proceed, with local differences being acknowledged.</p> <p>With reference to earlier comments made on the communication of formulary decisions CH suggested that an options paper on the communication of decisions from the Lancashire Medicines Management Board be brought back to a future meeting.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Products from the work of the formulary task group to be circulated to members • Options paper for the communication of Lancashire Medicines Management Board decisions to be brought back to a future meeting <p>The Chair summarised the importance of considering NICE recommendations within the formulary work and the priority to consider new medicines. Terms of Reference for the sub-groups referred to in the Terms of Reference for the</p>	<p>BH</p> <p>CH</p>
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	<p>Lancashire Medicines Management Board would be drafted and circulated in advance of the next meeting, as would the revised Terms of Reference for the Lancashire Medicines Management Board. Voting rights would need to be clarified. The Chair encouraged e-mail dialogue between meetings.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Terms of Reference for the Lancashire MMB to be updated following discussion and re-circulated • Terms of Reference for the sub-groups to be drafted and circulated for comment <p>The meeting frequency was queried by LKW in view of the demands of balancing clinical commitments. LR expressed the view that balancing workload and getting through the agenda would be challenging if the Board met too infrequently. EL cautioned on the issue of credibility if the group meet too infrequently whilst also commenting on the importance of group formation and being seen to produce outputs. The Lancashire MMB needed to be viewed as an enabler rather than rate-limiting if it was to have credibility and value. It was agreed to meet monthly, at least for the first six months.</p>	<p>CH</p> <p>CH</p>
12.008	<p>ANTICOAGULANTS FOR STROKE AND SYSTEMIC EMBOLISM PREVENTION IN ADULT PATIENTS WITH NON-VALVULAR AF</p> <p>The consensus statement on oral anti-coagulant drugs for the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation and the associated prescribing guidance for the newer oral anticoagulants was presented by Lisa Rogan. This guidance had been produced through a collaborative approach facilitated by the Cardiac Network and had been consulted upon widely across Lancashire and Cumbria. The primary focus of the guidance was to identify patients suitable for warfarin. Supplementary guidance was provided to inform the prescribing of the Newer Oral Anti-Coagulants (NOACs) where appropriate.</p> <p>LR highlighted a risk with the SPCs for rivaroxaban where different advice is given for dose adjustment in renal failure when comparing the SPCs for the different strength formulations. The SPC for 10mg advises that no dosage adjustment is necessary in mild to moderate renal failure. Only in the SPC for the 15mg and 20mg formulations does it advise adjusting the dose in renal failure. Whilst the SPCs refer to renal function measured by creatinine clearance, since clinicians work with eGFR the guidance has been written with reference to eGFR.</p> <p>The bleeding risks associated with the use of NOACs and their non-reversibility has been raised as a governance issue with acute Trusts and the need for policies to be in place for the managing patients admitted with bleeds. A sample policy from Fife that advises on the management of acute bleeds has been circulated by the cardiac network to acute Trusts.</p> <p>The Chair commended the guidance as a relevant and useful piece of work. It was noted that the guidance was being received for final ratification by the Board. No further comments were received.</p>	
12.009	<p>LANCASHIRE HIV PRESCRIBING FORMULARY</p> <p>Lindsay Holden presented the paper on the Lancashire HIV formulary and tabled copies of the Terms of Reference for the HIV formulary group and a brief background report. LH commented that numerous medicines for the management of HIV are available and costs have increased exponentially.</p>	

	<p>Proactive work has been undertaken with specialists in the field across Lancashire to develop a prescribing formulary for HIV. The formulary group meets quarterly, the first part of the meeting with medicines management leads to discuss the formulary, the second part of the meeting being a clinical forum for the discussion of clinical problems and complex cases. HIV prescribing audits and drug usage reports are considered, as is learning from those exceptional cases where prescribing is undertaken outside of the formulary.</p> <p>LH referred to a procurement exercise for HIV drugs across the North West and a level of interest from Greater Manchester and Merseyside generated in the Lancashire formulary. The clinical leads for the HIV work have requested that their workstream be recognised formally as a sub-group of the Lancashire Medicines Management Board with input from the New Medicines group. This was supported.</p> <p>With reference to the formulary content, EJ sought clarification that all medicines within the HIV formulary would be “Red” i.e. specialist only prescribing and supply – confirmed by LH. Dr LKW sought clarification on the role of the Lancashire MMB and individuals in receiving and reviewing papers. Were these for receipt only, or intended for comment. CH identified the role of the Lancashire MMB as being to commission pieces of work and oversee the process, facilitating engagement with relevant organisations and clinical specialties. EJ suggested that if real issues were identified in advance of the meeting then these should be flagged and sent back to the relevant working group. The intention was not to have detailed discussion at the meeting.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • HIV formulary group to be recognised as a sub-group of the Lancashire Medicines Management Board in the edited ToR 	CH
12.010	<p>GUIDELINES FOR THE MANAGEMENT OF PATIENTS WITH SUBSTANCE MISUSE PROBLEMS ON ADMISSION TO ACUTE CARE</p> <p>Incidents that had triggered the development of a template policy for the management of patients with substance misuse problems on admission to acute care were outlined by Julie Lonsdale. The aim was to provide acute Trusts with a template policy that could be adopted / adapted for local use. The document had incorporated all relevant guidance. PB queried the recommendation regarding “take home” doses on page 5. CF clarified that the document was being put forward as guidance, for consideration through individual organisational governance systems. It could be adapted to suit local circumstances. No further comments were received and the document was accepted in its final version.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Provider Trusts to consider the adoption and/or adaptation of the guidance for use within their own organisations 	Trust Reps
12.011	<p>NPC LOCAL DECISION MAKING COMPETENCY FRAMEWORK</p> <p>The documented was included in the agenda for the information of members. It was suggested that it be used to consider future training needs for members.</p>	
12.012	<p>DATE AND TIME OF NEXT MEETING</p> <p>Based on the on-line poll of members, Thursday mornings were identified as the preferred day and time for the majority of responders for future meetings.</p>	

	Members would be advised in due course of the dates for the next and future meetings.	
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**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT BOARD**

THURSDAY 4TH OCTOBER 2012

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2012/006	<p>NICE consultation the development and updating of local formularies CH to update the Draft Terms of Reference to address gaps highlighted by the NPC consultation document</p> <p>Operational policy for the Lancashire Medicines Management Board to be drafted and considered at the next meeting</p>	<p>CH</p> <p>CH</p>	<p>Oct 12</p> <p>Nov 12</p>
2012/007	<p>Lancashire wide prescribing formulary: progress report and next steps Products from the work of the formulary task group to be circulated to members</p> <p>Options paper for the communication of Lancashire Medicines Management Board decisions to be brought back to a future meeting</p> <p>Terms of Reference for the Lancashire MMB to be updated following discussion and re-circulated</p> <p>Terms of Reference for the sub-groups to be drafted and circulated for comment</p>	<p>BH</p> <p>CH</p> <p>CH</p> <p>CH</p>	<p>Oct 12</p> <p>Dec 12</p> <p>Oct 12</p> <p>Nov 12</p>
2012/009	<p>Lancashire HIV prescribing formulary HIV formulary group to be recognised as a sub-group of the Lancashire Medicines Management Board in the edited ToR</p>	<p>CH</p>	<p>Oct 12</p>
2012/010	<p>Guidelines for the management of patients with substance misuse problems on admission to acute care Provider Trusts to consider the adoption and/or adaptation of the guidance for use within their own organisations</p>	<p>Trust Reps</p>	<p>Nov 12</p>