



**Minutes of the Lancashire Medicines Management Board Meeting
held on Thursday 13th December at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair	Fylde & Wyre CCG
Catherine Harding (CH)	Head of Medicines Management	NHS East Lancashire
Elaine Johnstone (EJ)	Associate Director of Medicines Management	NHS Central Lancashire
Louise Winstanley (LW)	CCG Lead Pharmacist and Prescribing Support Team Manager	Fylde and Wyre CCG
Julie Lonsdale (JL)	Head of Medicine Management	NHS North Lancashire
Lisa Rogan (LR)	Head of Medicines Commissioning (designate)	East Lancashire and Blackburn with Darwen CCGs
Cath Fewster (CF)	Chief Pharmacist/Accountable Officer	Lancashire Care Foundation Trust
Neil Fletcher (NF)	Clinical Director of Pharmacy	East Lancashire Hospitals NHS Trust
Dr Li Kam Wa (LWK)	Consultant General Medicines/ D & T Chair	Blackpool teaching Hospitals
Pauline Bourne (PB)	Senior Pharmacist Medicines Management	University Hospitals of Morecambe Bay
Dr Robert Mitchell (RM)	Clinical Lead & Board Member	Fylde & Wyre CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	Lancashire North CCG
David Jones (DJ)	Acting Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Lindsay Holden (LH)	Head of Medicines Management	NHS Blackburn with Darwen
Linda Bracewell (LB)	Community Pharmacist	Lancashire Pharmacy Transformation Board
Melanie Preston (MP)	Head of Medicines Management	Blackpool PCT
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals
Dr Muzaffar	GP Lead	Blackburn with Darwen CCG
Dr Jane Lofthouse	GP Lead	Chorley and South Ribble CCG
Cath Lawless (CL)	Administrator	NHS Blackburn with Darwen

ACTION

2012/028	WELCOME AND INTRODUCTIONS	
2012/029	APOLOGIES Apologies were received from: Dr Thomas Mackenzie, Dr Sakthi Karunanithi, Dr Pervez Muzzafar, Dr Shakespeare, and Mrs Helen Lowey	
2012/030	DECLARATIONS OF INTEREST PERTINENT TO THE AGENDA There were no declarations of interest.	
2012/031	DECLARATION OF ANY OTHER URGENT BUSINESS There were no declarations of urgent business.	

2012/032	<p>MINUTES OF THE MEETING HELD ON 15th NOVEMBER</p> <p>Were accepted as a true and accurate record with the exception of:</p> <p>Page 1 Apologies – To include Dr Li Kam Wa</p> <p>Page 8 Shared Care Guidelines for Immunosuppression following Renal Transplant – LW asked for the wording on the end paragraph to be corrected as she did not say that work is on-going in developing the shared care guidelines.</p>	
2012/033	<p>MATTERS ARISING: Action List</p> <p>2012/007 – Lancashire wide prescribing formulary options paper – EJ suggested deferring further discussion on the formulary work until further clarity was obtained.</p> <p>Options paper for the communication of Lancashire Medicines Management Board messages – CH suggested this piece of work be deferred pending clarity on the supporting mechanisms for the work of the Board and local decision making.</p> <p>2012/019 – Sub group Terms of Reference – to be picked up through the main agenda.</p> <p>2012/022 – Horizon Scanning Briefing Report – The horizon scanning briefing report was discussed at the preceding week’s meeting of the New Medicines and Treatments group. The group was on track to deliver recommendations to the February meeting of the Board.</p> <p>2012/023 – Aflibercept briefing report – LR provided feedback from the New Medicines and Treatments group meeting. Richard Lee had been asked to undertake further work looking at Lucentis® and Aflibercept. CH provided feedback from the Lancashire Eye Care Board who had been asked to consider whether they had a role in this piece of work. The Eye Care Board had advised of the relevant clinicians to be included in the work, namely Mrs S Abu-Green from Royal Blackburn Hospital, Mr Khalil from Blackpool Victoria Hospital and Mr Simon Morgan from Morecambe Bay Hospitals. NF suggested that Dr A Vijaykumar (East Lancashire Hospitals Trust) also be included in the discussion.</p> <p>2012/026 – Shared Care Guidelines for Immunosuppressants – DJ advised that comments had been fed back to the LTH renal group and final versions would be circulated in due course.</p> <p>2012/027 – Recommendations for the Prescribing of High Fluoride Toothpaste – The recommendations had been discussed at the LCFT D&T meeting and the principle of dental prescribing supported. Further understanding of the budgetary implications for dental prescribing post April 2013 was needed.</p>	
2012/034	<p>Governance arrangements for the Lancashire MMB</p>	

	<p>Feedback from Transition Meeting</p> <p>LW reported that a meeting with ten representatives from the various organisations met at Jubilee House on 11th December. Topics of discussion included: General consensus and the way forward – The rationale for the group – Change in the system – Clear rationale for tertiary services – Decision making versus recommendations – LMMB can only make recommendations – 2 levels of meetings instead of 3 – How do we incorporate new drugs into the system. An options paper prepared by LR had been circulated at the meeting. LW also produced a diagram from the meeting outlining the different areas that would be fed back to the various groups and also to the board. Updated Terms of Reference for the East Lancashire MMB had been circulated and discussed at the meeting. LR commented that the ToR for the Lancashire MMB duplicated those of the East Lancashire MMB. It was suggested that the ToR for the New Medicines and NICE groups be incorporated into the ToR for the Lancashire MMB in preference to having sub-groups. EJ commented that as yet the operational details are still up for discussion and that the paper has not been circulated. EJ said that the New Meds Sub Group would be the task and finish group where items are brought to the group and then referred back to LMMB.</p> <p>It was agreed that the 10th January meeting would be a working group meeting to finalise the Terms of Reference and operational arrangements for the Lancashire MMB. The Chair emphasised the importance of representation from all CCGs.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • LW to finalise the paper from the meeting held on the 11th December and share with the full membership early w/c 17th December for comment • Board members to forward comments back to LW 	<p>LW</p> <p>ALL</p>
<p>2012/036</p>	<p>Commissioning of High Cost Drugs</p> <p>Two recent developments relating to the commissioning of high cost drugs and associated services were outlined by CH. The first related to changes to commissioning arrangements, with many high cost drugs being commissioned in future by the NHS Commissioning Board and the remainder being commissioned by CCGs. The paper presented provided an indication of those medicines for which responsibility for commissioning would rest with the CCGs. Although the list was shorter (compared to the NHS CB) the volume of usage and financial implications were significant.</p> <p>National Homecare Medicines Review and Implementation –</p> <p>The second development was the recent publication from the Department of Health of guidance on achieving savings from high cost drugs that made reference to gain share agreements between providers and commissioners.</p> <p>CH asked for the Board to mandate to a small working group to take this forward. NF commented that management of high cost drugs involved significant amounts of work for providers without the necessary resources to deliver. AG supported the establishment of a small group to develop principles.</p> <p>ACTION:</p>	

	<ul style="list-style-type: none"> • CH and AG to consider the development of draft principles, making recommendations to the Board 	CH/AG
2012/037	<p>Traffic Light Drug Classification (NHS Leeds) Resources supporting the implementation and communication of a Traffic Light Scheme for prescribing responsibility developed by NHS Leeds were shared with the Board. CH suggested the resources could be adapted for use across Lancashire. Blackpool, Fylde and Wyre CCGs were supportive of the approach; LR indicated support for the adoption of principles across Lancashire but cautioned the need for local consideration. TN commented on the problems that may be encountered by providers dealing with different policies in different areas. This was confirmed by CF who also recognised the right of individual GP prescribers not to prescribe. There was a lengthy discussion around amber drugs and also the grey and black classification and that it would be difficult to adopt because of the difference in the areas of demographics. It was noted that the classification system used in the Leeds document would need to be amended to reflect the definitions used in Lancashire. PB suggested considering a consensus Lancashire view for new drugs but commented there may be problems reviewing historically agreed arrangements. LB highlighted the difficulty that patients have navigating their way through the system e.g. people with dementia having to get taxis to attend clinics to obtain medication. LB indicated that in reality the patient would present to the GP where there were problems.</p> <p>The principle of a Lancashire approach to the RAG classification system and recommendations for new medicines was supported.</p> <p>ACTION: CH to edit the Leeds document based on the discussion and bring back to a future meeting for final comment and endorsement</p>	CH
2012/038	<p>Guidance on antiplatelet prescribing post stroke or TIA A paper recommending the use of clopidogrel as the first-line treatment option for secondary prevention following a TIA was presented by LR. This was based on advice from the Royal College of Physicians in the recent version of their stroke guidelines and reflected current specialist practice as evidenced by a letter from the Cardiac Network. It was acknowledged that this was an unlicensed use of clopidogrel and therefore it had not been considered by NICE but it was recommended based on the following basis:</p> <ul style="list-style-type: none"> • TIA and ischaemic stroke are different manifestations of the same disease • Clopidogrel is better tolerated than aspirin and dipyridamole with the potential for improved patient concordance and treatment outcomes • Lower acquisition cost for clopidogrel (compared to aspirin and dipyridamole) • It reflects current specialist clinical practice <p>The proposal was supported. In view of clopidogrel being used outside of its product licence for this indication the importance of informed patient consent was discussed. It was agreed that a leaflet given to patients to explain the terminology would be useful. Further comments from the group were that the clinician who initiated the treatment should explain to the patient. CF commented that LCFT already has a leaflet for patients on unlicensed medicines which she agreed to share with members of the Board.</p>	

	<p>ACTION:</p> <ul style="list-style-type: none"> • CF to share the LCFT off licence leaflet with the Board • LR to ask the Cardiac Network to devise a patient information leaflet 	CF LR
2012/039	<p>Proposal to develop a common set of medicines management quality indicators</p> <p>EJ asked the Board to consider the recommendations outlined in the document as an example of partnership working across Lancashire. The Lancashire MMB had the expertise to make recommendations to commissioners on quality indicators for medicines management and medicines optimisation. CF queried whether it was outside the scope of the Lancashire MMB. It was suggested that the CCG Network be asked for a view. EJ agreed to take the paper back.</p>	
2012/040	<p>Guidance for Prescribing in primary care across Lancashire</p> <p>CH asked members of the board to consider whether there was support for the development of guidance covering the principles of good practice in prescribing and medicines handling for primary care. The decision from the board was to support the development of Lancashire guidance and asked CH to lead on the piece of work and bring back for consideration at a future meeting.</p> <p>ACTION: CH to lead the development of Lancashire guidance covering the principles of good practice in prescribing and medicines handling for primary care</p>	CH
2012/041	<p>Policy for the prescribing of Vitamins, Minerals, Supplements, Herbal and Homeopathic Medicines without a Product Licence</p> <p>The policy developed for use across the East Lancashire health economy was shared with members of the Board with a view to it being considered by other stakeholder organisations for local adoption or adaptation. Comments from the group were that GPs would find the guidance useful.</p> <p>ACTION: Lancashire MMB members to consider adopting the policy within their own organisations and feedback to a future meeting the outcome of local discussion.</p>	ALL
	<p>DATE AND TIME OF NEXT MEETING</p> <p>Thursday 10TH January 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</p> <p>Future meeting dates would be scheduled for the 2nd Thursday of the month at 9.30am, to be held in Meeting Room 2, Preston Business Centre.</p> <p>9.30 am – 11.30am (All Thursdays) in Meeting Room 2, Preston Business Centre</p> <p>14th February (2013)</p>	

	14 th March (2013) 11 th April (2013) 9 th May (2013) 13 th June (2013) 11 th July (2013) 8 th August (2013) 12 th September (2013) 10 th October (2013) 14 th November (2013) 12 th December (2013)	
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**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT BOARD**

THURSDAY 15th December 2012

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2012/007	Lancashire wide prescribing formulary Options paper for the communication of Lancashire MMB recommendations to be brought back to a future meeting	CH	Dec 12 (deferred pending ToR discussion)
2012/021	High Cost Drugs QIPP L3 workstream Richard Lee to be asked to provide an update report to a future meeting of the Lancashire MMB on the programme of work	RL	March 2013
2012/023	Aflibercept Briefing Report Pathway development to include input from Mrs S Abu-Green from Royal Blackburn Hospital, Mr Khalil from Blackpool Victoria Hospital and Mr Simon Morgan from Morecambe Bay Hospitals. NF suggested that Dr A Vijaykumar (East Lancashire Hospitals Trust).	RL / LR	Ongoing
2012/034	Governance Arrangements for LMMB Paper from 11 th December meeting to be shared. Board members to provide feedback	LW ALL	Dec 12
2012/036	National Homecare Medicines Review and Implementation Draft principles and recommendations to be developed for consideration by a future meeting of the Board	CH/AG	Feb 12
2012/037	Traffic Light Drug Classification Leeds document to be edited based on the meeting discussion and bring back to a future meeting for final comment and endorsement	CH	Feb 12
2012/038	Guidance on antiplatelet prescribing LCFT unlicensed medicines patient information leaflet to be shared with the Board Cardiac Network to be asked to develop a patient information leaflet	CF LR	Jan 12 Jan 12
2012/040	Guidance for Prescribing in primary care across Lancashire Lancashire guidance covering the principles of good practice in prescribing and medicines handling for primary care to be developed	CH	March 12

2012/041	Policy for the prescribing of Vitamins, Minerals Supplements, Herbal and Homeopathic Medicines without a product licence Board members to consider adoption / adaptation of the policy for local use and feedback local decision to a future meeting	ALL	Feb 12
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