

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 9th May 2019 at Chorley House, Leyland**

PRESENT:

Mr Andy Curran	Chair of LMMG	Lancashire CCG Network
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Morecambe Bay CCG/Fylde and Wyre CCG
Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines information manager	East Lancashire Hospital Trust
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research & Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Melanie Preston (MP)	Assistant Director Medicines Optimisation	Blackpool CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Linzi Moorcroft (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/083	<p>Welcome & apologies for absence</p> <p>Attendance noted above. Apologies received from David Walker and Alastair Gibson</p> <p>It was noted that Julie Lonsdale was attending on behalf of Morecambe Bay CCG in addition to Fylde and Wyre CCG.</p>	
2019/084	<p>Declaration of any other urgent business</p> <p>None.</p>	

GUIDELINES and INFORMATION LEAFLETS		
<p>2019/089</p>	<p>Guidelines for Good Prescribing in Primary Care – Private Prescribing Section – update</p> <p>AGR stated that the group prioritised the update at the February meeting. AGR highlighted that the equality and impact pro-forma had been completed and no potential risks or issues had been identified.</p> <p>AGR confirmed that the private prescribing section of the Good Prescribing in Primary Care guideline was updated following feedback from the customer care team resulting from feedback submitted by a patient to one of the Lancashire CCGs. AGR continued that the aim of the update was to provide greater clarity to primary care prescribers when dealing with requests to prescribe by private specialists. One CCG submitted a response by the closing date and agreed with the content of the update.</p> <p>The group approved the update to the private prescribing section of the good prescribing in primary care guideline.</p> <p>Action – to update the good prescribing in primary care guidance document with the new private prescribing section and upload to the website.</p>	<p>AG</p>
<p>2019/090</p>	<p>Lithium shared-care – update</p> <p>AGR highlighted that the equality and impact pro-forma had been completed and no potential risks or issues had been found.</p> <p>AGR advised that the Lithium shared-care guideline is due to expire on the LMMG website and was the reason for the update. AGR confirmed that the guidance was produced and updated in February 2019 and sent to LCFT for comments and review by the LCFT D&T committee – this was completed in March 2019. The draft document was sent out for consultation with responses to be received by 26th April 2019. One of eight CCGs, one of 5 provider trusts and one out-of-area trust, Cumbria Partnership NHS Foundation Trust, responded by the closing date. One provider agreed with the document, one out-of-area provider sent comments only.</p> <p>SR advised that Cumbria Partnership NHS Foundation have responded because, as of the 1st October 2019, South Cumbria services will be merging with Lancashire Care.</p> <p>The group discussed the draft document and highlighted the following changes to be actioned prior to uploading to the LMMG website:</p> <ul style="list-style-type: none"> • Add 'adults' to the title of the document and remove reference to children in the Monitoring undertaken by Secondary Care section • In the Dose and administration section, it was queried what the dosing is for patients between 50kg and 70kg. It was also queried what the definition of elderly is • It is to be made clearer that the baseline investigations are the responsibility of secondary care • It is to be highlighted that secondary care is responsible for defining the target blood lithium level and is to be communicated to primary care. • Continuation monitoring requirements to be duplicated in the primary care section. • Morecambe CCG asked for further clarity on more frequent monitoring in elderly patients or in anyone taking interacting medication • It was queried if sacubitril/valsartan needed to be added to the section on drug interactions. 	

	<p>Atypical Anti-psychotics and shared-care</p> <p>SR raised the issue of antipsychotic shared-care agreements. SR stated that as Lancashire Care will be merging services with providers in Cumbria, it may be useful to review the current formulary position. Cumbria Partnership currently prescribe on the basis that primary care have a green RAG rating for antipsychotic medication and that it would be useful to gain consistency across Lancashire and South Cumbria. SR also highlighted commissioning arrangements may differ. CM advised that Pan Mersey has previously gone through the same process and stated that there may be some shared learning. It was agreed that the CSU team would liaise with Pan Mersey.</p> <p>Action – CSU MMT to compare initiation and monitoring requirement of first- and second-generation antipsychotics and to compare the monitoring requirements of other shared care medications and bring to a future meeting.</p> <p>Action – SR to update the lithium shared care guidance with the suggested amendments. It was agreed that following the amendments the document could be uploaded to the website.</p>	<p>AG</p> <p>SR</p>
<p>2019/091</p>	<p>DOAC guidance – update</p> <p>DP updated the group on the progress of the DOAC task and finish group which met on 24th April 2019.</p> <p>DP presented an updated draft of the Pathway for the prevention of stroke and systemic embolism in non – valvular atrial fibrillation. Feedback on the guideline from the meeting on the 24th April was provided. DP summarised the main points:</p> <ul style="list-style-type: none"> • Guideline for HAS-BLED risk score needs additional information on the options available for treating high risk patients. This should be in line with European Cardiology guidelines and any other references identified by the group. LR requested further clarity on HAS-BLED. • The NICE patient decision aid for anticoagulation should be available via a link in the document. • Patient compliance must be emphasised. • Change references to eGFR to CrCl to ensure Cockcroft-Gault is being used, where appropriate. • Further strengthen wording stating that Warfarin is the preferred option. • Separate initiation and maintenance sections should be produced (currently they are both in the same box and could cause confusion). • A section for ongoing monitoring of patients’ needs to be added – this should be in line with professional guidance, NPSA alerts and NICE CKS. • A section on areas to be covered when a patient is started on a DOAC should be added as an appendix – ADAS have documents on which this could be based. On initiation the following blood checks should be performed: FBC / U&Es/ LFTs/ Hb/ Platelets/ INR/PTT – this should be made clear in the guideline. • Investigate whether case studies, in an appendix, would help with decision making for certain high-risk patients. <p>DP highlighted that the NICE clinical guideline recommends that apixaban should be considered in preference to warfarin in people with a confirmed eGFR of 30–50 ml/min/1.73 m² and non-valvular atrial fibrillation who have 1 or more risk factors. DP queried whether this is to be added to the guideline, this was not covered in the previous LMMG DOAC guidance. It was agreed that the CSU would consider the evidence in support of the recommendation, based on the level of evidence a decision will be made whether to include this in the new draft guidance.</p>	

	<p>DP also provided feedback progress from a meeting on 10th April held between CSU Medicines Management and CCG Medicines Optimisation colleagues. The meeting was held to discuss the application of the draft anticoagulant guideline within GP practices via use of an EMIS web template. DP highlighted that the main discussion points were centred around the usefulness of the template to prescribers and ensuring that the most up-to-date template is being used in all areas when it becomes available and is subsequently superseded.</p> <p>DP mentioned that a CCG has discovered a cohort of patients that have not routinely been monitored. It was also discussed that clinical audit suggests prescribing of DOACs is not always undertaken at the appropriate dose, work is ongoing to review patients on DOACs.</p> <p>Action – The evidence in support of apixaban in patients with confirmed eGFR of 30–50 ml/min/1.73 m² and non-valvular atrial fibrillation who have 1 or more risk factors to be considered.</p>	DP
2019/092	<p>COPD guidance – update</p> <p>DP highlighted that the equality and impact pro-forma had been completed and no potential risks or issues had been found.</p> <p>DP outlined that there have been recent developments in the treatment of COPD with the publication of new national and international guidelines, the licensing of new drugs and devices and requests by clinicians to use new inhalers.</p> <p>DP confirmed that as the developments did affect the current LMMG COPD guideline, an update to the guidance was prioritised at the April meeting.</p> <p>DP highlighted that an update to NICE guideline 115 has now been included in the LMMG guidelines. DP confirmed that part of the update was relating to the use of eosinophil counts to inform patient management.</p> <p>DP also advised that the Initial Pharmacological Treatment by GOLD grading (GOLD 2019) is now a one-page document.</p> <p>JL reported that there are some useful inhaler technique videos which can be found on PrescQIPP. JL mentioned that it may be useful to add these videos to CCG websites. In addition, it was agreed that the CSU would scope signposting to these videos on the LMMG website. Reference to the videos will be added to the headers on the device pathway pages.</p> <p>The group approved that changes to the COPD guideline.</p> <p>Action – revised COPD guideline to be uploaded to the LMMG website.</p> <p>Action – signposting to PrescQIPP inhaler technique videos on the CCG and LMMG website to be scoped. Reference to the videos will be added to the headers on the device pathway pages.</p>	DP CCG Leads / DP
2019/093	<p>Review of POM antihistamine products guidance – update</p> <p>AGR outlined that it was agreed at the February LMMG meeting that the accessibility of POM antihistamines, including fexofenadine, should be scoped alongside work being conducted in ELCCG with a view to developing a Lancashire-wide guideline.</p>	

	<p>AGR stated that he had reviewed the draft ELCCG antihistamine policy and been in contact with John Vaughn. AGR stated that ELCCG had developed a draft policy but had experienced opposition to the draft policy from colleagues in dermatology.</p> <p>AGR also reported to LMMG members that, taking in to account seasonal variations in demand for antihistamines, there has been a steady decline in the total spend and number of items on antihistamines across Lancashire between 2016 and 2018. AGR highlighted that peak spend had also decreased across the same period by approximately £50,000 (c.30% reduction).</p> <p>AGR also reported that the peak number of items prescribe per year has fallen by approximately 15% (8,000 items).</p> <p>AGR reported that there had been a slight increase in fexofenadine average spend across Lancashire since 2016, although there is variation across the Lancashire CCGs. AGR pointed out that Dymista spend was highest in Greater Preston which was acknowledged by CM. Concern was expressed about the increase in POM antihistamines given that self-care guidance directs patients to purchase antihistamines OTC.</p> <p>AGR recommended that rather than produce a new guideline, with permission from ELCCG, is for the draft East Lancashire guideline to be shared for adaptation locally and MLCSU MMT to recommence work on a Dymista evidence review with a view to approving a RAG status for this product at LMMG.</p> <p>CW confirmed that the ELCCG guideline was yet to be approved as is still in its draft form. LR confirmed that the guideline will be discussed at ELMMB. If approved at ELMMB the guideline will be circulated.</p> <p>The group decided that given the trend in overall antihistamine prescribing is downwards, a Lancashire guideline is currently not required. However, the group agreed that it would be useful to recheck antihistamine, particularly fexofenadine, prescribing in six-months. This data will be collated and brought back to November's LMMG meeting.</p> <p>Action – POM antihistamine prescribing data to be brought back to November's LMMG meeting.</p> <p>Action – If approved at ELMMB, antihistamine policy to be circulated to the other Lancashire CCGs.</p>	<p>AGR</p> <p>LR</p>
<p>2019/094</p>	<p>e-Cigarettes position statement – update</p> <p>AGR reported that the e-Cigarette position statement is due to expire on the LMMG website in July 2019. AGR stated that whilst conducting the update of the position statement, it was concluded that significant amounts of the supporting background information had been superseded. However, changes to this information would not materially alter the position or RAG status.</p> <p>AGR confirmed that rather than spending a significant amount of time conducting a literature review and updating the background information this has been removed.</p> <p>SR reported that the Black position does cause issues within inpatient facilities and supported accommodation for LCFT. SR discussed that it is recognised people with mental health conditions smoke to higher levels than the general population. SR also advised there is a process in place to allow patients to self-administer and use disposable</p>	

	<p>electronic e cigarette's in secure services. It was noted this is not prescribable but is added onto the patients medication record to assist with administration.</p> <p>Members of the group noted that the LMMG website refers people to their own CCG policies for Nicotine Replacement Therapy.</p> <p>The group agreed with the approach that had been adopted for the position statement and approved the document.</p> <p>Action – updated e-Cigarette position statement to be added to the LMMG website.</p>	AGR
2019/095	<p>Guidelines workplan – update</p> <p>AGR discussed the workplan.</p> <p>AGR noted that the zero risk medicines position statement and the FOC medicines policy (RMOC) were providing duplicate advice and could possibly cause confusion. AGR requested permission to remove the zero-risk position statement from the website as this is the older of the two documents and is due for renewal. The group agreed. to be removed from the LMMG website.</p> <p>AGR highlighted the following additional items:</p> <ul style="list-style-type: none"> • Riluzole shared-care guidance update – still awaiting specialist input. • RA guideline – scheduled LMMG to switch to July or September. • RMOC homely remedies template policy to be re-named Care home homely remedies template. • Gastro biologics pathway to be added to the workplan. • Psoriasis biologics pathway to be added to the workplan. <p>Action – zero-risk medicines scheme position statement to be removed from the website.</p>	AGR
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/096	<p>New Nice Technology Appraisal Guidance for Medicines April 2019</p> <p>AGR updated LMMG members that two new CCG commissioned NICE Appraisals have been published, which are;</p> <ul style="list-style-type: none"> • Certolizumab pegol for treating moderate to severe plaque psoriasis (NICE TA 574) • Tildrakizumab for treating moderate to severe plaque psoriasis (NICE TA 575) <p>Action – Blueteq forms will be produced and added to the Blueteq system.</p>	AGR
2019/097	<p>New NHS England Medicines Commissioning Policies</p> <p>No relevant policies to discuss</p>	
2019/098	<p>Regional Medicines Optimisation Committees – Outputs</p> <p>DP stated that biosimilar insulins has been prioritised for review by RMOC (south).</p> <p>DP also stated that RMOC are developing guidance on what to do if a patient does not tolerate switching to a biosimilar.</p>	

	<p>BH asked if the cost comparison tool for biologics is available to be shared. BH noted that this has been developed by a trust on the South Coast and is being rolled out via RMOC. JM confirmed she will see if this can be shared.</p> <p>SR noted the RMOC fast-track topic, namely a PGD being developed by southern region for the administration of flumazenil by paramedics and nurses for conscious sedation. SR enquired if there was an opportunity to widen the scope of this further to include staff at acute trusts. AC declared a conflict of interest due to his clinical role for NWAS who are developing the PGD. AC advised he would report back SR's comments. SR will also discuss further with JM.</p> <p>Action – To scope if the cost comparison tool for best value biologics can be circulated.</p> <p>Action – biosimilar insulin savings to be scoped and presented at the June meeting.</p>	<p>JM</p> <p>DP</p>
2019/099	<p>Evidence reviews published by SMC or AWMSG</p> <p>DP stated that a new medicine of interest erenumab (Aimovia) is being looked at by NICE, however the date is yet to be defined.</p> <p>BH also reported that LMMG website specifies three brands of testosterone and asked the group if Testavan should be added, the group agreed.</p> <p>Action – Testavan to be added to the LMMG website if appropriate.</p>	BH
2019/099	<p>Lancashire Care FT Drug and Therapeutic Committee minutes -April 2019</p> <p>No meeting took place in April 2019.</p>	

Date and time of the next meeting

Thursday 13th June 2019, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE and SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9 th May 2019
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	<p>Anticoagulation – update</p> <p>MLCSU to scope DOAC cards and bring back to LMMG.</p> <p>Dec update: Update deferred as waiting for discussions with CCG leads.</p> <p>Jan update 2019: update to be given at LMMG 14th February 2018</p> <p>March update 2019: Most CCG's have responded. Once all CCG's have confirmed this will be brought back to LMMG</p> <p>April update 2019: Still awaiting confirmation from one CCG.</p> <p>May update 2019: CSR & GP outstanding. CM to chase</p>	CM	09.05.2019	Open
ACTION SHEET FROM THE MEETING 13th DECEMBER 2018 MEETING				
2018/235	<p>Hydroxychloroquine prescriber information sheet</p> <p>BH to investigate who is responsible for retinal screening and refer to this in the document.</p> <p>Jan update 2019: Remain open due to comments from Dr Rau raised regarding no specific service to refer patients into. This has also been confirmed by</p>	BH	01.012.2018	Open

	<p>commissioner's further exploration required.</p> <p>Feb update 2019: Awaiting feedback from the Eye Network meeting.</p> <p>April 2019: MLCSU is working with the Eye Health Network – update to be presented at the May meeting.</p> <p>May update 2019: Ongoing with the Eye Network, unclear if Lancashire and South Cumbria or just one health economy</p>	BH	09.05.2019	Open
2019/056	<p>DOAC workstream – update</p> <p>CCG leads to send anti-coagulant service specification to DP.</p> <p>April 2019 update: Two specifications have been received, due to be discussed at the meeting on the 24th April.</p> <p>May 2019 update: LMMG agenda item</p>	<p>CCG Medicines Leads</p> <p>CCG Medicines Leads</p>	<p>14.03.2019</p> <p>09/05/2019</p>	<p>Closed</p> <p>Closed</p>
ACTION SHEET FROM THE MEETING 11TH April				
2019/071	<p>GLP-1 place in therapy – update</p> <p>GA to engage with AC regarding the wider management of diabetes care across the ICS.</p> <p>May 2019 update: GA moved to new role. BH to discuss the wider services available with Sakthi.</p>	GABH	11.04.2019	Open
2019/074	<p>Trans-anal Irrigation System – guidance update</p> <p>CCG leads will contact commissioners locally to identify any local issues with</p>	CCG medicines leads	11.04.2019	Closed

	the commissioning of the devices.			
2019/075	COPD guidance – update To reformat pages 7 and 8 and bring back to the next meeting May 2019 update: LMMG agenda item	DP	11.04.2019	Closed
2019/076	Freestyle Libre – update The CSU to work with the policy group to draft a prescribing tip on the requirements for training and initiation. May 2019 update: Prescribing tip has been drafted and circulated.	AGR	11.04.2019	Closed
ACTION SHEET FROM THE MEETING 9TH MAY				
2019/088	New medicines workplan – update Previous LMMG minutes regarding Dymista to be reviewed, along-side further published evidence. To discuss at June LMMG.	DP	09.05.2019	Open
2019/090	Lithium shared-care – update CSU MMT to compare initiation and monitoring requirement of first- and second-generation antipsychotics.	AGR	09.05.2019	Open
	SR to update the lithium shared care guidance with the suggested amendments. It was agreed that following the amendments the document could be uploaded to the website.	SR	09.05.2019	Open
2019/091	DOAC guidance – update Evidence in support of Apixaban to be reviewed to inform if this should be included in the guidance.	DP	09.05.2019	Open
2019/093	Review of POM antihistamine products guidance – update Action – POM antihistamine prescribing data to be brought	AGR	09.05.2019	Open

	back to November's LMMG meeting. Action – If approved at ELMMB ELCCG antihistamine guidance document to be circulated.	CW/LR	09.05.2019	Open
2019098	Regional Medicines Optimisation Committees – Outputs Cost comparison tool for best value biologics to be scoped to see if it is possible to circulate. Biosimilar insulin –savings to be scoped and brought back the June meeting.	JM	09.05.2019	Open
		MLCSU	09.05.2019	Open
2019/099	Evidence reviews published by SMC or AWMSG Testavan to be added to the LMMG website if appropriate	MLCSU	09.05.2019	Open