

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 9th November 2017 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
Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Judith Argall (JA)	Lead Pharmacist - Medicines Governance	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Morecambe Bay 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
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG

IN ATTENDANCE:

Dr Jacky Panesar	Medicines Management Lead	NHS Fylde and Wyre CCG
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2017//172	<p>Welcome & apologies for absence</p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Dr Angela Manning and David Jones.</p> <p>It was noted that Judith Argall was in attendance on behalf of David Jones. Dr Jacky Panesar, Medicines Management Lead for Fylde & Wyre CCG and Joanne McEntee, Medicines Information Lead for North West Medicines Information Centre were in attendance to observe the meeting.</p>	
2017/173	<p>Declaration of any other urgent business</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/174	<p>Declarations of interest pertinent to agenda</p> <p>BH declared a non-pecuniary interest (spouse) relating to the agenda item 2017/185 Co-trimoxazole for PCP prophylaxis.</p>	
2017/175	<p>Minutes of the last meeting (12th October 2017)</p> <p>The minutes of the meeting dates 12th October 2017 were agreed as a true and accurate record.</p>	
2017/176	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2017/177	<p>Metformin (Glucophage SR®)</p> <p>DP presented the paper summarising the evidence and the draft recommendation which had been consulted on as follows:</p> <p>Recommendation: Green</p> <p>Metformin (Glucophage®) is recommended (as a second line treatment to intensive lifestyle-intervention) for the reduction in the risk or delay of the onset of type 2 diabetes mellitus in adult, overweight patients with impaired glucose tolerance and/or impaired fasting glucose, and/or increased HbA_{1c} who are:</p> <ul style="list-style-type: none"> • at high risk for developing overt type 2 diabetes mellitus AND • still progressing towards type 2 diabetes mellitus despite implementation of intensive lifestyle change for 3 to 6 months OR • are unable to participate in an intensive lifestyle-change programme. <p>5 of 8 CCGs, 3 of 4 Acute trusts and LCFT responded by the closing date. All provider trusts and 2 of the CCGs agreed with the draft recommendation. Of the remaining CCGs, 2 disagreed and East Lancashire CCG provided comments only.</p> <p>Decision</p> <p>The group acknowledged the evidence in the DPP and DPPOS studies in support of the application for Metformin (Glucophage SR®), were cognisant of NICE which supports the use of standard release Metformin as an appropriate treatment and that the DPP and DPPOS studies used immediate release metformin.</p> <p>Discussions took place regarding lifestyle modifications; it was agreed that lifestyle modification should continue when metformin is initiated, unless the patient is unable to do so for medical reasons.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>The group agreed with the recommendation, however the terms of the recommendation will be agreed and discussed at the December LMMG.</p> <p>Action</p> <p>MLCSU will draft the terms of the recommendation; this will be brought to December LMMG meeting for discussion and agreement by the group.</p>	
2017/178	<p>Medicines of low clinical value</p> <p>BH presented the paper which had been brought to the meeting to discuss the products in the NHSE national consultation; 'Items which should not routinely be prescribed in primary care. A consultation on guidance for CCGs'.</p> <p>Decision</p> <p>The group decided that for those products within the NHSE guidance document where LMMG has a current position, the LMMG website will be updated with a statement to say that the current LMMG RAG status will remain, however, there is a national consultation ongoing, the results of which may affect the current RAG status.</p> <p>For those products within the NHSE guidance where LMMG does not have a current position, the group decided that they will be put on to the LMMG website with a Grey RAG status and a statement added to them to say that the position will be considered once the outcome of the review is available.</p> <p>Action</p> <p>The LMMG website will be updated in line with the discussions.</p>	BH
2017/179	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>DP discussed the paper; updating the group on the current status of the work plan as follows:</p> <p><u><i>Medicines for discussion at the December meeting</i></u></p> <p>Freestyle Libre – Diabetes monitoring – an additional document was produced and sent out with the RMOC recommendation.</p> <p>Patiromer – Hyperkalaemia – requested by LTHT.</p> <p><u><i>New Medicine reviews – on hold, awaiting licensing or launch details</i></u></p> <p>Oxycodone/Naloxone – chronic pain (back/neck) – a request has been made by a specialist, this will be taken off the work plan in light of the NHSE guidance document 'Items which should not routinely be prescribed in primary care'.</p>	DP

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Fluticasone furoate + umeclidinium + vilanterol (Trelegy) inhaler – this will be prioritised once licensed and launched.</p> <p>DP informed the group that he is preparing the next horizon scanning document containing availability and cost information for drugs which will come to market between now and the end of the 2018/19 financial year. DP asked LMMG representatives to take the document to Meds Management Committees / Drugs and Therapeutics Committees for discussion upon its receipt.</p> <p>BH highlighted that due to the horizon scanning document's early release, the QIPP and financial budget planning documents which are historically completed by the end of January, will aim to be sent out before the end of December.</p>	<p>CCG MM representatives</p> <p>BH / DP</p>
GUIDELINES and INFORMATION LEAFLETS		
<p>2017/180</p>	<p>Ophthalmology pathway</p> <p>AGR presented the Ophthalmology pathway which was produced following a meeting with Ophthalmology colleagues and to incorporate NICE TA 409 (aflibercept in central oedema).</p> <p>Five of eight CCGs, two of five provider trusts responded by the closing date. Three CCGs agreed with the proposed changes to the guideline, the remaining two CCG and two provider trusts sent comments only. After the consultation closing date, a response was received from BTH which agreed with the pathway.</p> <p>Decision The amendments made following consultation responses were discussed and approved by the group subject to the following:</p> <p>The visual acuity restrictions for age-related macular degenerations will remain in the pathway; these are outlined in NICE TAs 155, 294 and 68. AGR will respond to the specialist's consultation response to suggest that if Lancashire Ophthalmologists would like to work outside of NICE guidance they can submit a case for consideration.</p> <p>Additional consultation comments that were raised were already included in the Ophthalmology pathway.</p> <p>The amendments made following consultation responses were discussed and approved by the group.</p> <p>Action AGR will respond to the specialist's consultation response regarding the inclusion of the visual acuity restrictions.</p>	<p>AGR</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>The Ophthalmology pathway will be uploaded to the LMMG website.</p>	
<p>2017/181</p>	<p>DMARD shared care guideline appendix</p> <p>AGR presented the shared care appendix form which was brought to the meeting to formalise the hand-over and acceptance of the DMARDs shared care.</p> <p>Decision Concerns were raised regarding the process to follow in the event that the form is not returned to secondary care within the 14-day period. It was highlighted that the treating clinician must be responsible for the patient until confirmation has been received that shared care will progress in primary care. CCG MM representatives will emphasise the importance of completing and returning the appendix form to their practices. The group discussed and approved the DMARD shared care appendix form subject to the amendment above.</p> <p>A link to the shared care document (on the LMMG website) will be inserted into the appendix form and the wording 'enclosed shared care guideline' will be removed.</p> <p>A suggestion was made to attach an appendix form to all DMARD shared care documents on the LMMG website. There was a general consensus from the group; SR will take this to the LCFT D&T next week and feedback following the D&T</p> <p>Actions</p> <p>SR will take to the D&T meeting the suggestion to add an appendix form with all DMARD shared care documents on the website.</p> <p>The DMARD shared care guideline will be amended in line with the discussion above and uploaded to the website, once confirmation has been received from LCFT.</p> <p>CCG MM representatives will emphasise the importance of returning the appendix form to practices.</p>	<p>SR</p> <p>AGR</p> <p>CCG MM representatives</p>
<p>2017/182</p>	<p>Non-pharmacological COPD guidance</p> <p>DP presented the Non-pharmacological COPD guidance paper.</p> <p>3 of 8 CCGs and 4 of 5 provider trusts responded by the closing date. 2 of the 5 CCGs who responded agreed with the document, Blackpool CCG will respond at the LMMG meeting. 3 of the 5 provider trusts who responded agreed with the document and 1 provider trust stated that the East Lancashire Health Economy</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>COPD guideline will be used in the East Lancashire Health Economy area.</p> <p>Decision</p> <p>DP highlighted that the MRC scores will be added in to the guidance in addition to the mMRC scores. MRC has two different scoring ranges however the criteria is the same, the scores will then be in line with EMIS.</p> <p>A reference to QUIT Squad and local Smoking Cessation Services will be inserted in to the page headed 'Non-inhaler considerations'.</p> <p>It was noted that Blackpool CCG are currently reviewing the Fylde Coast COPD pathway.</p> <p>The amendments made following consultation responses were discussed and approved by the group subject to the addition above and it was agreed that the non-pharmacological information will be added to the pharmacological information (previously approved) to form one complete COPD guideline.</p> <p>Action</p> <p>The Non-pharmacological COPD guidance will be amended in line with the discussion above and uploaded to the LMMG website in the form of a complete COPD guideline.</p>	<p>DP</p>
<p>2017/183</p>	<p>NRT position statement – update</p> <p>AGR informed the group that following the ratification of the NRT position statement it has been highlighted by Public Health from Lancashire County Council that certain cohorts of patients are ineligible for NRT provision through the specialist service and would require referral back to their GP.</p> <p>Decision</p> <p>The group discussed the different options and decided that the wording in the position will be amended to state that there may be a cohort of patients within the specialist services, where their exclusion criteria meant that the provision of NRT falls outside of the service; in this instance the service will request that the GP provides a prescription.</p> <p>Also, it was agreed that the following statement will be added to the position statement: Supply of NRT for inpatients is according to local protocols within the hospital.</p> <p>The amendments made following consultation responses were discussed and approved by the group subject to amendments above.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Action AGR will make amendments to the NRT position statement and engage with Public Health prior to the positions statement being put on to the LMMG website.</p>	
2017/184	<p>Penicillamine shared care guideline</p> <p>AGR presented the Penicillamine guideline paper.</p> <p>Two of eight CCGs and three of five provider trusts responded by the closing date. Two provider trusts and one CCG supported the guidance in its current form while the other responding provider trust and CCG did not support the guidance due to ongoing discussions in relation to the provision of monitoring within the specialist service.</p> <p>Decision A query was raised regarding the monitoring requirements in secondary care as to whether the monthly monitoring should be changed to 3 monthly monitoring. It was highlighted that the monitoring section of the Penicillamine DMARD shared care guideline is in line with the current shared care guideline.</p> <p>The group approved the Penicillamine shared care guideline from a clinical perspective.</p> <p>Action The Penicillamine shared care guideline will be uploaded to the LMMG website once confirmation has been received from LCFT (see agenda item 2017/181).</p>	AGR
2017/185	<p>Co-trimoxazole for the prophylaxis of pneumocystis carinii (jirovecii) infections</p> <p>AGR presented the Co-trimoxazole for the prophylaxis of pneumocystis carinii infections (PCP) paper which had been requested from Manchester University NHS Foundation Trust for Fylde and Wyre CCG. There is a current LMMG position of Red RAG status for subacute bacterial peritonitis prophylaxis.</p> <p>Decision The group discussed and decided that MLCSU will contact the specialist service to ask them to confirm what monitoring is being undertaken within specialist services and whether there will be any obligation in primary care to undertake monitoring. If there is monitoring in primary care a shared care guideline will be developed, if there are no monitoring obligations in primary care the group agreed on an Amber 0 RAG rating.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Action AGR will contact the specialist service to clarify the monitoring arrangements in secondary care.</p>	<p>AGR</p>
<p>2017/186</p>	<p>LMMG – Guidelines Work Plan update</p> <p>AGR discussed the paper; updating LMMG on the current status of the work plan as follows:</p> <p><u><i>For discussion at the December meeting</i></u> Melatonin audit - further audit results and discussion paper will be presented in February, this has been deferred from the December meeting to align with a paper that will be going to the January LCFT D&T meeting.</p> <p>Psoriatic arthritis or ankylosing spondylitis guideline – currently in development.</p> <p>Stoma appliances guideline (scope update to existing guidance) – the spend on appliances in Lancashire is approximately £10 million (2016/17).</p> <p>Prescribing guidelines for specialist infant formula feeds – work is ongoing.</p> <p>Type II diabetes guidance – currently out to consultation.</p> <p><u><i>For discussion at the January meeting</i></u> Dementia guideline (scope) – a pharmacological management of dementia guideline has been requested by EL CCG. MLCSU are liaising with LCFT and awaiting the final BPSD guidance.</p> <p>NRT position statement – this will be updated following today’s discussions and put on to the LMMG website once the wording has been approved by Public Health.</p> <p>Asthma guidance update – new NICE guidance was due October 2017. This is awaited.</p> <p><u><i>For discussion at the February meeting</i></u> Denosumab SCG update – to be updated once the Osteoporosis guidance has been approved, work is ongoing.</p> <p>Eluxadolone (NICE TA 471) guideline (scope) – a guideline was requested at the September meeting of the group by LTH.</p> <p>Treatment of glaucoma guideline (scope) – NICE update was due August 2017. Spend on treatment of glaucoma in Lancashire (2016/17) approximately £3.3 million.</p>	

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	<p><u>For discussion at the March meeting</u> Type I and II DM leaflets – work is ongoing.</p> <p>Familial hypercholesterolaemia guideline (scope) – new NICE guidance due October 2017.</p> <p><u>For discussion at a future meeting</u> Allergic rhinitis guideline – draft guidance has been shared with the applicant, a response is awaited.</p> <p>AGR highlighted that a request has been received from EL CCG to look at the frequency of the monitoring in the Leflunomide shared care guideline. At the September LMMG, the group discussed the BSR recommendation of 3 monthly monitoring and the SPC recommendation of 2 monthly monitoring. At the meeting the group made the decision to support the BSR recommendation. In light of this, the group suggested that CW will ask specialists to liaise with MLCSU should they wish to submit further evidence in support of the request.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/187	<p>New NICE Technology Appraisal Guidance for Medicines (October 2017)</p> <p>AGR presented the NICE TA guidance paper.</p> <p>TA480 Tofacitinib for moderate to severe rheumatoid arthritis – this is a CCG commissioning responsibility and will be put on to the LMMG website as Red colour classification. A Blueteq form will be developed. The RA pathway will be updated.</p> <p>The following NICE technology appraisals are an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification.</p> <p>TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee.</p> <p>TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma.</p> <p>TA479 Reslizumab for treating severe eosinophilic asthma.</p> <p>TA481 Immunosuppressive therapy for kidney transplant in adults – the guidance replaces TA85. NICE TA85 will be removed from the website.</p>	AGR/DP

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>TA482 Immunosuppressive therapy for kidney transplant in children and young people. – the guidance replaces TA99. NICE TA99 will be removed from the website.</p>	
<p>2017/188</p>	<p>New NHS England medicines commissioning policies (October 2017)</p> <p>AGR highlighted the information in the following NHS England commissioning policy:</p> <p>NHS leaders unveil action to boost flu vaccination and manage winter pressures.</p> <p>For information, AGR informed the group that the Vacc & Imms group are moving toward using national PGDs. Therefore, the format of PGDs may change in the future. This has been highlighted to the MM CCG representatives.</p>	
<p>2017/189</p>	<p>Evidence reviews published by SMC or AWMSG (October 2017)</p> <p>DP discussed the SMC and AWMSG recommendations published during October 2017 and meeting LMMG criteria as follows:</p> <p><u>SMC</u> 1274/17 beclometasone dipropionate anhydrous/formoterol fumarate dehydrate/glycopyrronium bromide (Trimbow®) SMC accepted 1274/17 beclometasone dipropionate anhydrous/formoterol fumarate dehydrate/glycopyrronium bromide (Trimbow®) for maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease who are not adequately treated by a combination of an inhale corticosteroid and a long-acting beta2-agonist – the group agreed that no further action was required, LMMG has considered this and has made a recommendation of a Green RAG rating.</p> <p>1281/17 opicapone (Ongentys®) SMC did not recommend opicapone (Ongentys®) for adjunctive therapy to preparations of levodopa/DOPA decarboxylase inhibitors in adult patients with Parkinson’s disease and end-of-dos motor fluctuations who cannot be stabilised on those combinations – the group agreed that no further action was required; LMMG has considered this and has made a recommendation of a Black RAG status.</p> <p><u>AWMSG</u> 3436 tiotropium (Spiriva®) Respimat® AWMSG accepted tiotropium (Spiriva®) Respimat® as an add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of</p>	

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	<p>inhaled corticosteroids (\geq 800 micrograms budesonide daily or equivalent) and long acting beta2-agonists and who experienced one or more severe exacerbations in the previous year – the group agreed that no action was required in light of the forthcoming update to the Asthma guidelines.</p> <p>3282 desmopressin acetate (Noqdirna®) AWMSG accepted 3282 desmopressin acetate (Noqdirna®) for the treatment of nocturia due to idiopathic nocturnal polyuria in adults – the group agreed that no action was required.</p> <p>The remaining SMC and AWMSG recommendations for October 2017 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.</p>	
ITEMS FOR INFORMATION		
2017/190	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</p> <p>No meeting in October.</p>	
2017/191	<p>Any other business</p> <p>LR has had emails from practices stating that Diabetes UK has contacted the Diabetic population in East Lancs CCG with a request for a patient letter regarding the current position of Freestyle Libre.</p> <p>BH suggested that the position statement could be updated to say that Freestyle Libre is currently out to consultation and will be considered in December by LMMG. The updated position statement may then sit as support to a letter that can be given to patients/practices and clinicians.</p> <p>Action The freestyle Libre position statement will be updated in line with the discussion above.</p>	DP

Date and time of the next meeting

14th December 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
9th November 2017**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9 th November 2017
ACTION SHEET FROM THE 13th JULY 2017 MEETING				
2017/131	<p>LMMG work plan update</p> <p>Antipsychotic SCG update Action: MLCSU will send an email on behalf of LMMG (initial draft by CF, CCG Leads will be copied in) to Debbie Nixon, STP Lead for Mental Health.</p> <p>Action: CCG MM Leads will highlight the discussions to their Mental Health leads.</p> <p>Update: CF said that there is a national CQUIN in relation to physical health monitoring for this patient cohort. CF will speak with Debbie Nixon to gain clarity regarding the monitoring of physical health in secondary care as this information is not readily available in primary care.</p> <p>Update: BH met with SR and discussed the following:</p> <p>Antipsychotic shared care monitoring – it was agreed that MLCSU will review the differences between Maudsley and the product license with a view to meeting with primary care representatives to discuss whether current shared care is appropriate.</p> <p>Cariprazine – LMMG has previously considered Cariprazine. This will be discussed at the January LCFT D&T meeting and will be put on to the LMMG work plan.</p> <p>BPSD for dementia – changes have been requested from D&T including production of a summary doc for primary</p>	<p style="text-align: center;">SR/BH</p> <p style="text-align: center;">SR/BH</p> <p style="text-align: center;">SR/BH</p>	<p style="text-align: center;">02.11.2017</p> <p style="text-align: center;">02.11.2017</p> <p style="text-align: center;">02.11.2017</p>	<p style="text-align: center;">Closed</p> <p style="text-align: center;">Closed</p> <p style="text-align: center;">Closed</p>

	care. This will be discussed at D&T next week and will be discussed at the December LMMG.			
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2017/143	<p>Melatonin update and draft recommendation</p> <p>Melatonin for new patients; children with ADHD Action: CF will liaise with BH to develop review guidance to ensure that there is rigor around the prescribing pathway and a regular audit is undertaken with evidence of patient benefit. This will be brought to the December LMMG meeting.</p> <p>Melatonin for current ADHD patients, children and adults Action: CF will set criteria for review for the current prescribing and benefits of Melatonin for the ADHD patients in adults and children. This will be brought to the December LMMG.</p> <p>Melatonin for patients with neurodevelopmental disorders / LD Action: MLCSU await the receipt of audit data from BTH and a review of national guidance will be carried out. This will be brought to the December LMMG meeting.</p> <p>Update: SR confirmed that Melatonin will be discussed in LCFT at the January D&T meeting. Melatonin will be discussed at the February LMMG meeting.</p>	<p>CF/BH</p> <p>CF</p> <p>AGR</p> <p>SR/BH</p>	<p>07.12.2017</p> <p>07.12.2017</p> <p>07.12.2017</p> <p>07.12.2017</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Open</p>
2017/145	<p>Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline</p> <p>Action BH will draft a paper to the CCB and the Stroke Prevention Group on behalf of LMMG to confirm that the guideline has been approved and to highlight the financial risks involved with increasing use of DOACs.</p>			

	<p>Update: a paper has been drafted; BH will send this to Nicola Baxter to confirm that this is in line with the discussions at the Stroke Prevention Group. The paper will then be taken to the Stroke Prevention Group and the CCB.</p> <p>Update: MLCSU has liaised with the Stroke Prevention Group; a paper has been drafted highlighting the financial risks involved. This paper will be presented at the CCB next week. BH will circulate the paper to the CCG MM Commissioning Leads.</p>	BH	02.11.2017	Closed
		BH	07.12.2017	Open
ACTION SHEET FROM THE 12th OCTOBER MEETING				
2017/161	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>Freestyle Libre The RMOG will be reviewing Freestyle Libre.</p> <p>Action: BH will prepare a statement for LMMG members and the LMMG website to confirm that a recommendation is awaited from RMOG and this will be given a Grey colour classification.</p> <p>Update: the RMOG has issued a final guidance document. This has been sent out to consultation to LMMG members together with supporting information to aid decision making. Freestyle Libre will be discussed at the December LMMG.</p>	BH	02.11.2017	Closed
2017/164	<p>LMMG – Guidelines Work Plan update</p> <p>NRT position statement – a request has been received from Public Health to update the NRT position statement.</p> <p>AGR will update the NRT position statement and also link in with Blackpool, Cumbria and Blackburn with Darwen councils.</p> <p>Update: discussed under an agenda item.</p> <p>GA and MP will send the appropriate contact details of their Public Health links in the local councils to AGR.</p>	AGR	02.11.2017	Closed
		GA/MP	02.11.2017	Closed

ACTION SHEET FROM THE 12th OCTOBER MEETING				
2017/177	Metformin (Glucophage SR®) MLCSU will draft the terms of the recommendation; this will be brought to December LMMG meeting for discussion and agreement by the group.	DP	07.12.2017	Open
2017/179	LMMG – New Medicines Reviews Work Plan update Horizon scanning document – financial planning. DP asked CCG MM representatives to take the document to MMCs / DTCs for discussion upon its receipt. QIPP and financial budget planning documents will aim to be sent out before the end of December.	CCG Leads	07/12/2017	Open
		BH / DP	31/12/2017	Open
2017/180	Ophthalmology pathway AGR will respond to the specialist's consultation response regarding the inclusion of the visual acuity restrictions.	AG	07.12.17	Open
2017/181	DMARD shared care guideline appendix Actions CCG MM representatives will emphasise the importance of returning the appendix form to practices. SR will take to the D&T meeting the suggestion to add an appendix form with all DMARD shared care documents on the website. The DMARD shared care guideline will be amended in line with the discussion above and uploaded to the website, once confirmation has been received from LCFT.	CCG MM representatives	07.12.2017	Open
		SR	07.12.2017	Open
		AG	07.12.2017	Open
2017/183	NRT position statement – update			

	Action: AGR will make amendments to the NRT position statement and engage with Public Health prior to the positions statement being put on to the LMMG website.	AGR	07.12.2017	Open
2017/185	<p>Co-trimoxazole for the prophylaxis of pneumocystis carinii infections</p> <p>AGR will contact the specialist service regarding the monitoring in secondary care and whether there are any obligations for monitoring in primary care. This will determine the Amber 0 RAG rating or whether a shared care document is required.</p>	AGR	07.12.2017	Open