

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th June 2013 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair	NHS Fylde & Wyre CCG
Louise Winstanley (LW)	CCG Lead Pharmacist	NHS Fylde and Wyre CCG
Melanie Preston (MP)	Assistant Director Medicines Optimisation	NHS Blackpool CCG
Dr Pervez Muzzafar (PM)	GP Prescribing Lead	NHS Blackburn w/ Darwen CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Alastair Gibson (AG)	Chief Pharmacist	Blackpool Teaching Hospitals
Lisa Rogan (LR)	Head of Medicines Commissioning	East Lancs & BwD CCGs
Nicola Baxter	Head of Medicines Optimisation	NHS West Lancashire CCG
David Shakespeare	Drugs & Therapeutics Chair	Lancashire Teaching Hospitals Foundation Trust
Pauline Bourne	Senior Pharmacist	University Hospitals of Morecambe Bay
Nick Fong	Senior Pharmacist	East Lancs Hospital Trust
Julie Landale (JLan)	Head of Medicines Optimisation	NHS Chorley & South Ribble and Greater Preston CCGs
IN ATTENDANCE:		
Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Lancashire Commissioning Support Unit
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Lancashire Commissioning Support Unit
Julie Lonsdale (JLon)	Head of Medicines Performance	NHS Lancashire Commissioning Support Unit
Warren Linley (WL)	Senior medicines Commissioning Pharmacist	NHS Lancashire Commissioning Support Unit

ITEM	SUMMARY OF DISCUSSION	ACTION
2013/071	<p>WELCOME & APOLOGIES FOR ABSENCE The Chair welcomed everyone to the meeting and new members to the group were introduced.</p> <p>Apologies for absence were noted on behalf of Catherine Fewster, Dr Li Kam Wa, Christine Woffindin and Dr O'Donnell.</p>	
2013/072	<p>DECLARATIONS OF INTEREST PERTINENT TO AGENDA None</p>	
2013/073	<p>DECLARATION OF ANY OTHER URGENT BUSINESS</p> <ul style="list-style-type: none"> Imminent NICE guidance for mirabegron Anti-microbial guidelines 	
2013/074	<p>MINUTES OF THE LAST MEETING (9TH MAY 2013) The minutes of the meeting held on 9th May 2013 were agreed as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> Job titles for Melanie Preston and Alastair Gibson to be 	

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	<p>corrected.</p> <ul style="list-style-type: none"> Page 3 – typo in last bullet point ‘expert opinion’. 	
2013/075	<p>MATTERS ARISING (not on the agenda)</p> <p><u>DVT Pathways</u> BH reported that initial discussions had taken place with the CVD network and Cumbria CCG, and that they were in the process of scoping the pathways which would include DVT treatment pathways. KS queried whether this could include treatment as well as prevention. BH agreed that this would be looked at as part of the scoping with the network. Feedback will be provided at the next meeting.</p> <p>The Action sheet from the meeting on 9th May was reviewed and updated as follows:</p> <p><u>Rheumatology Pathway</u> Deferred to the September meeting as the Rheumatology Alliance does not meet until August.</p> <p><u>Golimumab</u> Deferred to July meeting.</p> <p><u>Lancashire Traffic Light (RAG) List</u> No feedback had been received. All to email JLon as previously requested. To be an agenda item for the July meeting with a view to providing a finalised list or state of play update.</p>	<p style="text-align: center;">BH</p> <p style="text-align: center;">ALL/ JLon</p>
	<p>NEW MEDICINES REVIEWS</p> <p>Before considering the individual items on the agenda, the group discussed the remit of the committee in terms of the criteria for review. It was agreed that subsequent medications would be reviewed against the current criteria, if medications were felt to not meet the criteria this would be highlighted back to the requesting clinician; if a product did not meet the criteria but was felt to be exceptional this would be considered by the committee.</p> <p>There was also discussion about medical devices and whether these should be considered by this group. The consensus was that if these were prescribable on FP10, or were PbR tariff excluded items for which CCGs would be invoiced, then these could potentially be brought to the LMMG. Dr Naughton informed the LMMG that a medical devices group was in the process of being established. It will be part of the Lancashire wide collaborative commissioning group. He agreed to discuss the proposed way forward with those responsible for establishing the devices group, to establish which devices should be considered in each forum.</p>	<p style="text-align: center;">TN to inform establishment of medical devices group of LMMG proposals.</p>
2013/076	<p>Ocriplasmin</p> <p>NICE review underway with final guidance expected in October. LMMG in agreement not to review as awaiting NICE decision</p> <p>MP raised a concern in terms of the 6 month timescale for NICE</p>	

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	<p>guidance in the LMMG referral criteria, as CCGs could not cite imminent NICE guidance as a reason not to commission a medicine. However EJ reminded the Group that it was important to note that the recommendation was to remove from the LMMG review process only and not to recommend that this was not commissioned by CCGs. The IFR system or local decision-making channels could still be used for urgent cases.</p>	
<p>2013/077</p>	<p>Dymista</p> <p>This is a combination of 2 products that have been on the market for quite some time and not aware of any significant cost pressure, therefore the recommendation is not to review. LMMG supported the recommendation not to review.</p>	
<p>2013/078</p>	<p>Peristeen</p> <p>The group considered this in light of the earlier discussion around medical devices and were also made aware that the release of another new product was imminent.</p> <p>A discussion took place as to whether this should be prioritised for review, given that there was likely to be little evidence and it was a small volume product with a subsequent small overall impact to the prescribing budget. The option of waiting until it could be reviewed against the new product with involvement from the Continence Advisory team was also discussed.</p> <p>Following the discussion, LMMG agreed to defer the review until the new product was available, and for this to be communicated in the newsletter.</p>	
<p>2013/079</p>	<p>Linaclotide</p> <p>The responses to the consultation were reviewed by the group. It was noted that a small number of responses had been received with the majority of these supporting the recommendation as tabled.</p> <p>EJ reported that since the paper had been issued, the Scottish Medical Consortium had published their decision on Linaclotide which had been accepted for restricted use.</p> <p>It was noted that some of the responses were 'raw data' in the form of individual consultant responses rather than an organisational response and that these had been assigned a yes/no based on the majority view where this was clear, and left blank where there was no clear consensus. This was followed by a debate around how to reflect nil responses.</p> <p>NB raised a query in terms of West Lancs as to whether Southport & Ormskirk had been consulted. EJ responded that Southport & Ormskirk were not members of the group and would therefore not have been asked for comments and that a discussion was required with the CCG to determine whether they need to be added to the group.</p>	

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	<p>Action: NB to clarify with West Lancashire CCG whether they want Southport & Ormskirk Hospitals to be included in consultations.</p> <p>It was agreed that the LMMG would make a recommendation based on the responses received, which would then be taken to local decision-making groups to discuss whether to adopt. The consultation document will in future include a 'rider' about how nil responses will be reflected.</p> <p>LMMG supported the above recommendations and status of Amber 0.</p>	<p>NB</p> <p>BH amend content of consultation document to include "rider" on nil responses</p>
<p>2013/80</p>	<p>Aclidinium</p> <p>The responses to the consultation, the majority of which supported the recommendation, were reviewed by the group.</p> <p>DS questioned whether the status should be amber rather than green and a debate followed.</p> <p>BH advised that a review of the COPD guidance would be included in the work plan in light of the new agents.</p> <p>LMMG supported Option 1 and Green status.</p>	
<p>2013/81</p>	<p>Perampanel</p> <p>The responses to the consultation, the majority of which supported the recommendation though there was little evidence of superiority, were reviewed by the group.</p> <p>LMMG supported the recommendation and Red status due to concerns around safety.</p> <p>EJ advised that group that the annual review of the traffic light list has been scheduled to take place in November.</p>	
<p>2013/082</p>	<p>LMMG – NEW MEDICINES REVIEW WORK PLAN UPDATE</p> <p>BH talked through the new medicine reviews work plan and advised that the report had been reformatted to provide clarity of where things are in the process.</p> <p>KS advised that there was a third agent available for Actinic Keratosis and requested that this be included in the review of the other two products, BH agreed to add this to the work plan.</p> <p><u>Versatis Plasters</u> BH reported that this had been highlighted by CSR CCG and that a large proportion of these are coming out of the pain clinics and there was a concern that these were being used outside of the product licence. It was acknowledged that it would be difficult to get a Lancashire-wide decision on this and so it would need to go back to local decision-making groups.</p> <p><u>Epiduo</u> To be removed.</p>	<p>BH update work plan to reflect</p>

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	LMMG approved the updated work plan based on the amendments above.	decisions
	PROCESS PROPOSALS	
2013/083	<p>Proposed Amendment to the Medicines Assessment Matrix Further to discussions at the April LMMG, the Medicines Assessment Matrix had been utilised for a number of new medication reviews and further to feedback received. The form had now been amended and brought back to the group for further comment and for endorsement of the additions of safety scores and a proposal for a continued review by BH/WL.</p> <p>Action: JLon advised that she had some ideas around the content of the form and agreed to co-ordinate a separate meeting to discuss further and feedback to BH/WL.</p>	JLon/BH/WL
2013/084	<p>Guidance for prescribing of Dabigatran, Rivaroxaban and Apixaban in Patients with Non-Valvular AF</p> <p>JLon presented the paper, seeking agreement for the documents to be distributed and uploaded to the LMMG website. JLon reported that these had received approval from the new cardiac/stroke section and the strategic clinical network.</p> <p>The group reviewed the documents and noted the following amendments required:</p> <p>Pg 3: Rivaroxaban dosage to be amended to 15mg once daily Apixaban contra-indication to be amended to read 'greater than'.</p> <p>Pg 4: Dronedarone to also be included on the contra-indications for Dabigatran and Apixaban as required.</p> <p>Action: Document to be amended and recirculated and placed on LMMG website.</p> <p>GP stated that it was difficult to keep all three NICE recommended agents in stock and asked whether there was a possibility of having a Lancashire-wide 'first choice' agent. EJ suggested that this was raised at the meeting with the Strategic Clinical Network (SCN), with a view to updating the guidance.</p> <p>Action: JLon to raise the proposal to refine the choice of first and second line agents with the SCN.</p>	<p>JLon</p> <p>JLon</p>
2013/085	<p>Ivabradine Information Sheet</p> <p>JLon presented the Ivabradine Information sheet for approval and highlighted amendments made following a review by heart failure specialists.</p> <p>LMMG approved the document for distribution and upload onto the LMMG website.</p>	JLon

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2013/086	<p>Clopidogrel Patient Information Leaflet</p> <p>JLon presented the Clopidogrel Patient Information leaflet for approval.</p> <p>It was noted that there was a spelling mistake which required correction “Ischemic” to “Ischaemic”, and also some minor grammar amendments.</p> <p>Action: JLon to make the required amendments and circulate/upload on to the LMGG website.</p>	JLon
	OTHER PROPOSALS	
2013/087	<p>European Medicines Agency – change in Labelling to include Black Triangle Status: information leaflet proposal</p> <p>DS presented some background to the paper and asked the group whether it would support the development of a Lancashire-wide patient information leaflet to aid clinicians in their discussions with patients.</p> <p>The group did not feel that a patient information leaflet would be effective and proposed that a decision was deferred until September when the black triangle status was in use and then progress via patient engagement forums.</p>	
	ITEMS FOR INFORMATION	
2013/088	<p>New NICE Technology Appraisal Guidance for Medicines May 2013</p> <p>EJ presented the paper which provided a list of NICE TAGs published in May 2013 and proposed traffic light. LMMG noted the content of the report and supported all the proposed traffic light recommendations, as follows:</p> <p>Ranibizumab for the treatment of macular oedema caused by retinal vein occlusion – RED Loxapine inhalation for treating acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder – BLACK Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer – BLACK Bevacizumab for treatment of recurrent or advanced ovarian, fallopian tube and primary peritoneal cancer - BLACK</p> <p>Action: Information to be put on the LMMG website.</p>	EJ
2013/89	<p>New NHS England medicines commissioning policies</p> <p>BH presented the paper which provided a summary of the prescribing policies developed by NHS England policies. This would be a standing item on the agenda going forward to highlight any new policies.</p>	

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	<p>The group asked for the PbR status to be included and also a link to the policies.</p> <p>Action: BH to add PbR status and link and recirculate to members.</p>	<p>BH</p>
<p>2013/90</p>	<p>Lancashire Care FT Drug & Therapeutic Committee Minutes 21st May 2013</p> <p>The minutes of the Lancashire Care Drugs & Therapeutic Committee meeting held on 21st May were received for information.</p>	
<p>2013/91</p>	<p>ANY OTHER BUSINESS</p> <p><u>Imminent NICE Guidance</u> PB asked a question raised by consultants who had queried whether GPs could prescribe in advance of NICE guidance being published.</p> <p>LMMG responded that this would need to be a decision made within the individual health economy.</p> <p><u>Anti-Microbial Guidelines</u> NB queried the review of anti-microbial guidelines which was overdue and asked how to take this forward. The group discussed whether this should be done on a Lancashire-wide basis and agreed that this should continue on the existing local footprints for the moment.</p> <p><u>LMMG Website</u> JLon reported that she had been made aware of some problems with access to the website and advised that Comms have been asked to review.</p> <p>Action: JLon to communicate when this has been rectified.</p>	

Date and time of the next meeting

Thursday 11th July 2013, 9.30 am to 11.30 am, Meeting Room 2, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
THURSDAY 13th JUNE 2013**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2013/075	<p>MATTERS ARISING: ACTION SHEET FROM THE 9th MAY MEETING</p> <p><u>DVT Pathways</u> BH to update re meeting with the CVD Strategic Clinical Network re carrying out shared piece of work for recommendations on DVT pathways.</p> <p><u>Rheumatology Pathway</u> Draft rheumatology pathway to be brought to September meeting.</p> <p><u>Golimumab</u> BH/ to review and take a decision on whether Golimumab will deliver significant cost savings; deferred to July meeting.</p> <p><u>Lancashire Traffic Light (RAG) List</u> All to email JLon as previously requested. To be an agenda item for the July meeting with a view to providing a finalised list or state of play update.</p>	<p>BH</p> <p>BH</p> <p>BH</p> <p>ALL/ JLon</p>	<p>11/07/13</p> <p>12/09/13</p> <p>11/07/13</p> <p>01/07/13</p>
New Medicines Reviews	To inform establishment of medical devices group of LMMG proposals.	TN	11/07/13
2013/079	Clarify with West Lancashire CCG whether they want Southport & Ormskirk Hospitals to be included in consultations.	NB	ASAP
2013/083	<p>Proposed Amendment to the Medicines Assessment Matrix</p> <p>JLan to co-ordinate a separate meeting to discuss the matrix further and feed back to BH/WL.</p>	JLan/BH/WL	01/09/13
2013/084	<p>Guidance for prescribing of Dabigatran, Rivaroxaban and Apixaban in Patients with Non-Valvular AF</p> <p>Document to be amended and recirculated and placed on LMMG website.</p> <p>Raise the proposal to refine the choice of first and second line agents with the SCN.</p>	<p>JLon</p> <p>JLon</p>	<p>20/06/13</p> <p>01/07/13</p>
2013/086	<p>Clopidogrel Patient Information Leaflet</p> <p>To make the required amendments and circulate/upload on to the LMGG website.</p>	JLon	20/06/13
2013/089	<p>New NHS England medicines commissioning policies</p> <p>Add PbR status and hyperlinks to NHS England website and recirculate to members.</p>	BH	20/06/13
2013/091	<p>ANY OTHER BUSINESS</p> <p><u>LMMG Website</u> Communicate when website problem has been rectified</p>	JLon	ASAP