



**Minutes of the Lancashire Medicines Management Group Meeting
held on Thursday 14th February 2013 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN) Louise Winstanley (LW)	Chair CCG Lead Pharmacist and Prescribing Support Team Manager	NHS Fylde & Wyre CCG NHS Fylde and Wyre CCG
Dr Manjit Jandu (MJ) Lisa Rogan (LR)	GP Lead Head of Medicines Commissioning (designate)	NHS Greater Preston CCG NHS East Lancashire and Blackburn with Darwen CCGs
Dr Catherine 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) Dr Kamlesh Sidhu (KS) Gareth Price (GP)	Clinical Lead & Board Member GP Prescribing Lead Chief Pharmacist	NHS Fylde & Wyre CCG NHS Lancashire North CCG Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Ass. Director Medicines Optimisation (Designate)	NHS Blackpool CCG
Dr Muzaffar Dr Jane Lofthouse (JL)	GP Lead GP Lead	Blackburn with Darwen CCG NHS Chorley and South Ribble CCG
Dr Sakthi Karunanithi (SK)	Director	Public Health Lancashire (LCC)

IN ATTENDANCE:

Elaine Johnstone (EJ)	Executive Lead – Medicines Management (Designate)	Lancashire Commissioning Support Unit
Catherine Harding (CH) Brent Horrell (BH)	Head of Medicines Management Head of Medicines Commissioning (Designate)	NHS East Lancashire Lancashire Commissioning Support Unit
Julie Lonsdale (JL)	Head of Medicines Commissioning (Designate)	Lancashire Commissioning Support Unit
Lindsay Holden (LH)	Head of Medicines Management	Blackburn with Darwen Care Trust Plus

ACTION

2013/005	WELCOME AND INTRODUCTIONS	
2013/006	APOLOGIES Apologies were received from: Dr Eric Bonsell, Dr Amanda Doyle, Dr George Nasmyth, Dr Jim Gardner, Alastair Gibson, Linda Bracewell, Mark Collins, Dr David Shakespeare	

2013/007	<p>DECLARATIONS OF INTEREST PERTINENT TO THE AGENDA</p> <p>There were no declarations of interest.</p>	
2013/008	<p>DECLARATION OF ANY OTHER URGENT BUSINESS</p> <p>Elaine Johnstone advised that there was an additional paper for discussion under agenda item 2013/014 that hadn't been distributed with the agenda. Approval was sought to table hard copies of the paper "Proposed criteria for considering medicines applications through the LMMG process".</p>	
2013/009	<p>MINUTES OF THE MEETINGS HELD ON 13TH DECEMBER AND 10TH JANUARY</p> <p>Were accepted as a true record other than the name of the individual linked to the action associated with minute number 2012/007 <i>Lancashire wide prescribing formulary</i> should be EJ, not CH.</p>	
2013/033	<p>MATTERS ARISING: ACTION SHEET FROM THE 15TH DECEMBER MEETING</p> <p>2012/007 – Lancashire wide prescribing formulary options paper – EJ described the initial work to identify commonality in the content of formularies already in use in Lancashire. A view from the meeting was requested on whether there was a desire to publish the common content as a Lancashire formulary. The decision was made not to publish the common Lancashire content and to progress the work reviewing new medicines.</p> <p>2012/023 – Aflibercept briefing report – The meeting was informed that progress with this work had been delayed due to difficulties in scheduling a convenient meeting / teleconference that all relevant ophthalmologists could attend. As a result Richard Lee was making contact with relevant clinicians individually. Lisa Rogan commented that a meeting had been scheduled with the East Lancashire Hospitals ophthalmologist.</p> <p>2012/037 – Traffic Light Drug Classification – paper to be shared at the March meeting</p> <p>2012/041 – Policy for the prescribing of Vitamins, Mineral Supplements, Herbal and Homeopathic Medicines without a product licence The policy originally approved for use in East Lancashire and Blackburn with Darwen had been approved for use by the University Hospitals of Morecambe Bay with the exception of Vitamin D where the decision is to use an unlicensed formulation.</p> <p>ACTION: Members of the LMMG to be e-mailed after the meeting and invited to indicate whether the policy was to be adopted within individual organisations (with a view to it being adopted as a Lancashire policy)</p> <p>2013/003 – Proposed process for considering medicines commissioning requests</p>	<p>CH</p> <p>EJ</p>

	<p>ACTION: EJ to circulate the finalised flow diagram outlining the process for considering medicines commissioning requests</p> <p>2013/14 – Terms of Reference The final version of the Terms of Reference for the LMMG was circulated for information with the agenda. Neil Fletcher wished it to be noted that he did not intend to be present at future meetings in view of the discussion having a clinical focus, and that he would send senior clinical pharmacist representation. The Chair responded that it was for the organisation to determine who was most appropriate to attend, but that the individual should be in a position to represent the organisation at the meeting.</p>	<p>EJ</p>
<p>2013/011</p>	<p>CLOPIDOGREL PATIENT INFORMATION LEAFLET At the request of the LMMG the Cardiac Network had prepared a patient information leaflet on the use of clopidogrel post TIA (an unlicensed use). LR presented the draft leaflet and invited comment from the group. Various comments included: typographical errors; comment that the unlicensed use is specific to TIA whereas the use post stroke is licensed; use of the word “medicine” rather than “drug”; link reference to NICE Guidance with the National Stroke Guidance being more recent; information on switching from dipyridamole and aspirin to clopidogrel; reference to a “changing body of evidence”; include reference to “advice for relatives and carers” within the title of the leaflet.</p> <p>ACTION: LR to feedback comments to the Cardiac Network</p>	<p>LR</p>
<p>2013/012</p>	<p>BENEFITS PROPOSAL FOR HIGH COST DRUGS</p> <p>The meeting in December had considered guidance from the Department of Health on the achievement of savings from high cost drugs that made reference to gain share agreements between providers and commissioners.</p> <p>CH and Alastair Gibson proposed initial principles for consideration based on a paper previously prepared by Richard Lee. LW suggested the focus of discussion for individual schemes and agreements should be at local CCG-Trust level, considered against the broader principles. NF suggested that agreement of the Directors of Finance be sought. The Chair commented that the vehicle for CCG DoF agreement would be through the CCG Network.</p> <p>The inclusion of other high cost / volume areas where the same principles could apply e.g. wound care was suggested by CF. This was supported by the group. NF commented that medicines waste was being considered as an issue by the Pharmacy Transformation Board and could similarly apply.</p> <p>GP enquired how recurrent costs and service implications for providers would be considered and dealt with, noting that the proposal referred to one-off payments linked to shared savings. CH suggested that these would need to be considered on a case-by-case basis through the submission of a business case.</p> <p>BH suggested adding a statement detailing how schemes that failed to deliver savings would be dealt with.</p>	

	<p>The Chair noted the agreement in principle to the proposal and suggested it be considered through the CCG Network and individual Trusts as discussed in the meeting. Any specific proposal would be discussed and considered through local commissioning / contracting arrangements with information and intelligence relating to good practice shared via Chief Pharmacist / CCG networks.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • CH to update the paper in accordance with comments received in the meeting and circulate to members of the group • TN to take a revised paper through the CCG Network • Organisational representatives to progress through internal structures, including discussion with finance leads 	<p>CH</p> <p>TN</p> <p>ALL</p>
<p>2013/013</p>	<p>LANCASHIRE MEDICINES MANAGEMENT HORIZON SCANNING 2013/14</p> <p>An overview of the papers circulated with the agenda was presented by Brent Horrell who explained that the horizon scanning work presented to the meeting was based on a document produced by UK Medicines Information (UKMI), and further developed utilising models from East Lancashire / Blackburn with Darwen and North Sefton / West Lancashire. A best estimate of launch dates was provided and potential cost pressures estimated.</p> <p>The document had been separated into three sections: PbR Excluded drugs to be commissioned by the NHSCB; PbR Excluded drugs to be commissioned by the CCG; and new medicines with potential for GP prescribing. The meeting agreed that it was reasonable to exclude from consideration those medicines destined to be commissioned by the NHSCB (specialist commissioning) though LR suggested the importance of NHSCB commissioning policies relating to medicines being routed through the group so that policy positions can be noted and the medicines management website updated accordingly. It was agreed that the list of policies should be considered by the LMMG and noted.</p> <p>BH suggested that the list presented be prioritised and ranked by the meeting with agreement that the Commissioning Support Unit (CSU) would do the further work on developing a workplan. SK noted that the financial pressure was being suggested as the basis for prioritising and that there was a need to look at outcomes and whether a therapy was a replacement of an existing treatment, or additional to existing treatment. The use of the New Medicines prioritisation form was suggested for this purpose by LW and LR agreed that this could be incorporated into the process when considering commissioning / prioritisation decisions for individual drugs.</p> <p>LR commented on the importance of considering an individual drug's place in therapy as part of wider consideration of the treatment pathway e.g. in the case of diabetes, ophthalmology and COPD where a number of new medicines / new indications for existing medicines were due onto the market.</p> <p>In summary it was agreed to prioritise the following as part of short-term work:</p> <ul style="list-style-type: none"> • Linaclotide (treatment for irritable bowel)- agreed to look at as a priority and produce a holding statement 	

	<ul style="list-style-type: none"> • Tafamidis (familial amyloid polyneuropathy) - seek intelligence from other commissioners / CCG networks in the North West regarding their commissioning position • Pirfenidone (idiopathic pulmonary fibrosis) and pegloticase (chronic refractory gout) - await NICE guidance • Agreed to set up working group for diabetes drugs to look at producing treatment guideline. • Working group for COPD treatment guideline to be set up <p>EJ proposed the circulation of a briefing paper to go out after each meeting to clinicians informing them that the LMMG is commencing a piece of work. Dr Jandu suggested the need for awareness raising with GPs and other stakeholders as to the role of the LMMG.</p> <p>LR asked for agreement that the new medicines for COPD be included within the remit of the COPD treatment guideline review work. She also wished it noting that the treatments for gout, pegloticase and canakinumab, had already been considered in the East Lancashire health economy and black lighted, and suggested a similar decision be adopted for Lancashire.</p>	BH/EJ
2013/014	<p>LANCASHIRE MEDICINES MANAGEMENT GROUP – NEW MEDICINES APPLICATION FORM</p> <p>A New Medicines Application Form was presented to the group by EJ acknowledging previous work of LR and Hillary Smith (BwD and EL PCTs) whereby examples of forms in existence across Lancashire and wider had been reviewed pulling together “the best of the best”. EJ suggested that the form be considered as version 1, and sought agreement for its introduction into use.</p> <p>Clarification was sought from LR that during the transition period old forms would be received and considered. EJ confirmed this would be the case.</p> <p>It was noted that the form was designed to be completed electronically. All relevant sections would need to be completed otherwise the form would be returned to the applicant. The section on corporate approval was highlighted, as was the section for pharmacy approval.</p> <p>NF suggested adding a section with contact details for queries. EJ proposed that Trusts may wish to supplement the form with local information.</p> <p>The additional paper <i>Proposed criteria for considering medicines applications through the LMMG process</i> tabled at the meeting would be brought forward for discussion at the March meeting.</p> <p>ACTION: Proposed criteria for considering medicines applications through the LMMG process to be considered at the March meeting</p>	EJ
2013/015	<p>MEDICINES MANAGEMENT QUALITY INDICATORS FOR PROVIDER CONTRACTS ACROSS LANCASHIRE</p> <p>The paper presented made a recommendation to commissioners that the 2012/13 acute contract markers be rolled forward into 2013/14. For the 2014/15 contracting it was suggested that a task and finish group be</p>	

	<p>established in September to make recommendations to commissioners. A concern was strongly expressed by NF that this was not a function of the Committee as detailed in its Terms of Reference, and that the meeting could not agree to such matters without consultation with contracting teams.</p> <p>The view was expressed by the Chair that the Terms of Reference shouldn't be constraining and all that was being proposed was the rolling forward of what was agreed in 2012/13.</p> <p>The suggestion was made by MP that this subject could be dealt with through another forum and made reference to the CCG discussions with the CSU regarding its service offer and whether that might be a more appropriate forum. MP noted that the agenda for the group was already large considering the volume of work associated with the consideration of New Medicines and associated policies.</p> <p>The opportunity for Chief Pharmacists to influence contract markers was highlighted by CF as a lever for change within an organisation and expressed concern that there wasn't a one size fits all approach that could be applied. TN confirmed that it wouldn't be appropriate to propose rigid indicators for the whole of Lancashire.</p> <p>LR proposed a "menu" of indicators for consideration by CCGs who could opt for those that were locally relevant. The importance of consulting associate commissioners was highlighted by the Chair.</p> <p>In conclusion the meeting supported the recommendation to roll forward the 2012/13 acute contract markers for medicines management noting the objection by NF.</p>	
<p>2013/016</p>	<p>ITEMS RAISED FOR DISCUSSION BY THE EAST LANCASHIRE MEDICINES MANAGEMENT BOARD</p> <p>Two items were referred for discussion by LR on behalf of the East Lancashire Medicines Management Board (ELMMB):</p> <p>a) Flutiform® formulary decision</p> <p>Flutiform had been given a black traffic light determination by the New Medicines Group and the ELMMB. In contrast the neighbouring Trust in Airedale had approved the use of Flutiform®. LR queried the decision taken by other organisations in Lancashire.</p> <p>PB highlighted a cross-border issue for UHMB. North Lancashire and Blackpool had not supported the use of Flutiform® whereas Cumbria CCG had.</p> <p>LR queried whether the New Medicines group and the ELMMB had missed good reasons for approval that hadn't been considered. It was concluded that there was no evidence this was the case.</p> <p>b) Ivabridine</p> <p>The desire to have some form of shared care agreement / prescriber guideline in place to support safe prescribing of ivabridine had been highlighted by the GP membership of the ELMMB. It was noted that the North Lancashire / Blackpool Area Prescribing Committee had developed an "Information for Prescribers" sheet. It was agreed that a view would be sought</p>	

	<p>from the Cardiac Network, and a copy of the document would be circulated with the minutes of the meeting.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • LR to seek a view from Richard Penswick (Cardiac Network) on the Ivabridine Information for Prescribers • Copy of the Ivabridine information document to be circulated with the minutes of the meeting 	<p>LR</p> <p>JL</p>
2013/017	<p>FINGOLIMOD POLICY UPDATE IN RESPONSE TO MHRA ADVICE</p> <p>The fingolimod policy position statement previously approved by the group had been updated in response to recent MHRA advice, notably Bradycardia and heart block – repeat enhanced cardiovascular monitoring when re-starting fingolimod after treatment interruption.</p> <p>The policy updated was noted.</p>	
2013/018	<p>CUMBRIA INFANT FORMULA MILK PRESCRIBING GUIDELINES</p> <p>Recently agreed infant formula milk prescribing guidelines developed for use in Cumbria were shared with the group with a view to their adoption / adaptation for use in Lancashire. CH confirmed that agreement had been sought from NHS Cumbria for the use of the guidelines in Lancashire. The involvement of the UHMB dietetic service in the development of the Cumbria guideline was noted.</p> <p>CF suggested checking there was no conflict with the East Lancashire Infant Feeding Guidelines being developed within LCFT. CH agreed to follow this up whilst also seeking opinion from the various dietetic leads within Lancashire. The guidance was welcomed by the GP members of the group.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • CH to check there is no conflict with LCFT / East Lancashire Infant Feeding Guidelines • CH to consult dietetic leads on the adoption of the guidelines for use in Lancashire 	<p>CH</p> <p>CH</p>
2013/019 AND 2013/020	<p>FOR INFORMATION</p> <p>The following items were received for information:</p> <ul style="list-style-type: none"> • Lancashire Medicines Management Group Terms of Reference, January 2013 • Minutes of the Lancashire Care FT Drugs and Therapeutics Committee 27th November 2012 and 28th January 2013 	
2013/042	<p>DATE AND TIME OF NEXT MEETING</p> <p>Thursday 14th March 2013 - 9.30 – 11.30 A.M.</p> <p>Meeting Room 2, Preston Business Centre. link to venue directions</p>	
	<p>FUTURE MEETINGS</p> <p>Members of the group were consulted on their preference for a meeting venue from April onwards. The meeting room at Preston Business Centre</p>	

	<p>incurred a charge for which provision had not been made from April onwards. Options could include pursuing a room booking at the Preston Business Centre via the Area Team of the Commissioning Board that were to be based there or considering another venue such as Jubilee House. MJ suggested Deepdale Medical Centre (near the Minerva Centre) as an option, it being in close proximity to Preston Business Centre.</p> <p>Future meeting dates would be scheduled for the 2nd Thursday of the month at 9.30am (Venue to be confirmed)</p> <p>11th April (2013) 9th May (2013) 13th June (2013) 11th July (2013) 8th August (2013) 12th September (2013) 10th October (2013) 14th November (2013) 12th December (2013)</p>	
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**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP**

THURSDAY 14th FEBRUARY 2013

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
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
2012/037	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 13
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 13
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 Members to be e-mailed and invited to indicate whether the policy is to be adopted within their organisations	ALL EJ	Feb 13 March 13
2013/003	Proposed process for considering medicines commissioning requests Finalised flow diagram outlining the process for the consideration of medicines commissioning requests to be circulated.	EJ	Feb 13
2012/011	Clopidogrel patient information leaflet Comments on the leaflet from the meeting to be fed back to the Cardiac Network (Richard Penswick)	LR	February 13
2013/012	Benefits proposal for High Cost Drugs		

	Proposal paper to be updated in response to comments and circulated to group members Revised paper to be taken to the CCG Network Organisational reps to consider through internal structures	CH TN ALL	Feb 13 March 13 March 13
2013/013	Lancashire Medicines Management Horizon Scanning 2013/14 CSU to lead on the development of a short to medium term workplan based on the discussions of the horizon scanning document	BH/EJ	March 13
2013/014	LMMG New Medicines Application Form Criteria for considering medicines applications through the LMMG process to be considered at the March meeting	EJ	March 13
2013/016	Ivabridine Information for Prescribers sheet Copy of the North Lancashire / Blackpool document to be circulated with the minutes. Cardiac Network to be consulted on the document	JL LR	Feb 13 March 13
2013/018	Cumbria infant formula milk prescribing guidelines Dietetic leads across Lancashire to be consulted on the proposal to adopt the guidelines for use across Lancashire	CH	Feb 13