

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th July 2013 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	LMMG Chair	Lancashire CCG Network
Louise Winstanley (LW)	CCG Lead Pharmacist	NHS Fylde and Wyre CCG
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals
		NHS Foundation Trust
Lisa Rogan (LR)	Head of Medicines Commissioning	East Lancs & BWD CCGs
Dr Li Kam Wa	Consultant	Blackpool Fylde & Wyre Hospitals
Dr Kamlesh Sidhu	GP Prescribing Lead	NHS Lancashire North CCG
Christine Woffindin (CW)	Medicines Information Manager	East Lancs Hospital Trust
Jane Wright	Lead pharmacist for East Lancashire LCFT	Lancashire Care Trust
Nicola Baxter	Head of Medicines Optimisation	NHS West Lancashire CCG
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
Warren Linley (WL)	Senior Medicines Commissioning Pharmacist	NHS Lancashire Commissioning Support Unit

ITEM	SUMMARY OF DISCUSSION	ACTION
2013/92	WELCOME & APOLOGIES FOR ABSENCE The Chair welcomed everyone to the meeting. Apologies for absence were noted on behalf of Catherine Fewster (represented by Jane Wright), Dr O'Donnell, Melanie Preston, David Shakespeare, Julie Lonsdale	
2013/093	DECLARATIONS OF INTEREST None.	
2013/094	DECLARATIONS OF ANY OTHER URGENT BUSINESS None	
2013/095	MINUTES OF LAST MEETING (13th JUNE 2013) The minutes of the meeting held on 13 th June were agreed as a true and accurate record. Point of clarification from Page 5 on JL to be amended to JLon for remainder of document.	CK

ITEM	SUMMARY OF DISCUSSION	ACTION
2013/096	<p>MATTERS ARISING (NOT ON THE AGENDA)</p> <p><u>DVT Pathways</u> BH and JLon had met with the CVD Strategic Clinical Network to discuss DVT pathways and had provided them with a summary of pathways in use. They are to consider this as a priority area for review along with other areas already identified. Feedback is expected when clinical leads are in post in (expected to be September). To be added as an agenda item for the October meeting.</p> <p><u>Rheumatology Pathway</u> Draft rheumatology pathway has been received from the Rheumatology Alliance with references in support of the different proposed flexes. This will be going out to consultation once the evidence review is completed.</p> <p><u>Golimumab – ulcerative colitis</u> Initial review has taken place. The indication being considered is significantly wider than that for infliximab which may result in a significant cost pressure. BH to meet with the company to understand the estimated patient numbers.</p> <p><u>Medical Devices</u> TN informed the committee that he has had initial discussions with the collaborative arrangements group about links to the medical devices group when it is established.</p> <p><u>Southport and Ormskirk Hospitals to be included in consultations</u> NB confirmed WL CCG would like Southport and Ormskirk Hospitals Trust to be involved in consultations.</p> <p><u>Proposed Amendment to the Medicines Assessment Matrix</u> JLon confirmed that the meeting was still in the process of being scheduled.</p> <p><u>Guidance for prescribing of Dabigatran, Rivaroxaban and Apixaban in Patients with Non-Valvular AF</u> BH confirmed that the document had been amended, recirculated and placed on LMMG website.</p> <p><u>Clopidogrel Patient Information Leaflet</u> BH confirmed that the amendments were completed and the final document was circulated and uploaded on to the LMGG website.</p> <p><u>New NHS England medicines commissioning policies</u> BH confirmed that the amendments had been made and the document had been recirculated to members.</p> <p><u>Industry influencing of committee decision making</u> TN expressed concern regarding e-mail correspondence which had taken place between a clinician and a drug company</p>	<p style="text-align: center;">BH</p> <p style="text-align: center;">BH to add Southport & Ormskirk Hospital to the distribution list</p>

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	<p>representative where the representative had tried to influence the decision of the committee.</p> <p>All future documents circulated from the committee would have a 'Confidential' watermark and would be annotated 'Not for circulation outside the NHS'.</p> <p><u>Process for dealing with non-responses to consultations</u> TN raised the question about how the group should view the position of member organisations who do not submit responses to consultations. He asked whether a non-response should be interpreted as a vote in support of the consultation proposals, or be treated in some other way. The group agreed that this required further discussion and TN agreed to bring a paper on the subject to the September meeting.</p>	<p>TN to write a paper on this topic for the September meeting.</p>
NEW MEDICINES REVIEWS		
<p>2013/097</p>	<p>Insulin degludec</p> <p>WL took the group through the paper. Degludec had been identified for review by horizon scanning. The review proposed Insulin degludec should not be recommended because robust evidence of therapeutic advantages was lacking and the cost of insulin degludec was significantly greater than existing alternative long acting insulin analogues.</p> <p>Six out of 9 responses received accepted the draft recommendations. Two questioned the recommendation suggesting that it may offer some advantage for a select few patients; however the evidence in the review had not been challenged.</p> <p>Following discussion LMMG agreed the draft recommendation should be retained. Traffic light (RAG) status: BLACK</p>	<p>WL to finalise for circulation and website</p>
<p>2013/098</p>	<p>Lixisenatide</p> <p>WL took the group through the paper. Initial request for review was for use as the preferred GLP-1 mimetic. On the balance of the evidence the draft recommendation was that Lixisenatide should not be recommended as the preferred agent.</p> <p>Six out of 7 responses received agreed that Lixisenatide should not be a preferred agent and one response was unclear; however, two responses suggested that Lixisenatide could be an option for some patients and one response requested firmer wording.</p> <p>Following general discussion LMMG agreed that Lixisenatide should be not be a preferred agent but could be recommended as an option as add-on to basal insulin when a</p>	<p>WL & BH to agree final wording and finalise for</p>

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	<p>licensed GLP-1 mimetic is clinically indicated but twice daily exenatide may not be appropriate. RAG status: GREEN</p>	<p>circulation and website.</p>
<p>2013/099</p>	<p>Hydrocortisone MR</p> <p>BH took the group through the paper. Acquisition costs of the modified release formulation are 4 – 5 times higher, which would increase current spend on hydrocortisone across Lancashire by £4.5m - £5m, and this was not considered justifiable on the basis of available evidence. The draft recommendation was to not recommend the use of hydrocortisone MR.</p> <p>Two consultation responses agreed with the draft recommendation, two disagreed and two were ambiguous.</p> <p>Following discussion LMMG agreed the draft recommendation should be retained. Traffic light (RAG) status: BLACK</p>	<p>BH to finalise for circulation and website</p>
<p>2013/100</p>	<p>LMMG – WORK PLAN UPDATE</p> <p>BH outlined the current Work Plan and highlighted that the format of the plan was slightly different from the one presented at the June meeting. An additional Appendix (2) has been added which lists the prescribing policies being developed in support of the committee.</p> <p>For documents due to come to the September meeting the intention is to have these out for consultation by end July with the consultation period being extended by one week to take into account holidays.</p> <p>Abatacept subcutaneous formulation Will be reviewed as part of the Rheumatology Pathway.</p> <p>Rivaroxaban The product is licensed but will not be launched until 2014. Review is on hold. The company has recommended contacting them in December.</p> <p>Lisdexamphetamine</p> <p>EJ told the group an e-mail had been received from Sonia Ramdour regarding Lisdexamphetamine. (The original request had resulted from horizon scanning and a CCG request). A response had been sent to the requesting CCG to advise that Lisdexamphetamine did not meet the criteria for review by LMMG.</p> <p>As SR was aware that this was on the work plan she had put the local decision making on hold.</p> <p>The group agreed Lisdexamphetamine should be put back on the work plan for review.</p>	<p>BH to add lisdexamphetamine to the work plan</p>

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PROCESS PROPOSALS		
	None	
GUIDELINES and INFORMATION LEAFLETS		
2013/101	<p>VITAMIN D GUIDELINES UPDATE</p> <p>EJ presented the report and highlighted there were a number of differences between the LMMG draft and the document issued by the National Osteoporosis Society. The LMMG had carried out a 'compare and contrast' exercise to review the differences between the two sets of guidelines. The findings of this exercise are reflected in the draft. EJ highlighted some of the main differences, these include:</p> <ul style="list-style-type: none"> • Which patients should have Vitamin D levels assayed • The LMMG document doesn't highlight people not exposed to sunlight as an at risk group. • The vitamin D level for diagnosis of deficiency. • Dosing recommendations • The National Osteoporosis Society does not recommend IM treatment. <p>LMMG agreed to adapt the local guidance in line with the National Osteoporosis Society document, which relates to adults, and supplement this with local additional information, including guidelines for children.</p> <p>The group agreed it would be worth including in the document the product options available and which are suitable for vegetarians, allow for religious beliefs, and are without allergenic risks, etc.</p> <p>EJ to arrange update of the guidelines based on what had been agreed and re-circulate to the group. A comparison chart to be included with information on available products including those available Over the Counter.</p>	EJ
2013/102	<p>RILUZOLE SHARED CARE GUIDELINE AND PATIENT INFORMATION LEAFLET</p> <p>The group confirmed they were happy with the clinical content of the Shared Care document as it stands.</p> <p>A general discussion took place on whether prescribing should move from specialists to Primary Care after 3 months or 12 months. The group agreed with the recommendation for the prescribing of Riluzole to remain with specialists for 12 months.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>BH to update the document with proposed changes and send to specialist services for their agreement. Once agreed, distribute the document to CCGs for local adoption/adaptation.</p>	<p>BH</p>
<p>2013/103</p>	<p>ADHD SHARED CARE GUIDELINE</p> <p>The group were briefed on the background to the shared care guideline. They were also made aware of a shared care document which has been updated recently in the East Lancs Health Economy. Discussion took place on whether the East Lancs document should be taken wider or whether the shared care document circulated should be recommended in its current form or amended following review of the East Lancs document. JW told the group Lancashire Care are currently looking at providing a service for adults with ADHD.</p> <p>The committee agreed the following:</p> <ol style="list-style-type: none"> 1. That LCFT should have the opportunity to respond to any issues raised by consultees 2. That the Core CSU Medicines Management Team would review the circulated guideline against the East Lancs document and amend as appropriate. 3. That the amended document should go out to consultation, for responses back by the end of August to come back to the September Committee. It was agreed that it would be useful to have someone who is involved with the specialist service at the September meeting. <p>LR to forward a copy of East Lancs Shared Care document (May) to EJ.</p> <p>EJ to arrange a review of the circulated document against of the East Lancs document. The amended document to be re-circulated and brought back to the September meeting.</p> <p>A meeting invite to be extended to a representative of the service for the September meeting.</p>	<p>LR</p> <p>EJ to arrange</p> <p>CW</p>
<p>2013/104</p>	<p>INFANT FEEDING GUIDELINES</p> <p>The group were advised that the majority of responses which had been received supported the document. Typo on page two 'resents' to be amended to 'presents'.</p> <p>The group agreed it would be appropriate to engage more closely with the Lancashire Infant Feeding Board to jointly re-draft the document and include additional useful information which the LIFB had highlighted.</p>	<p>BH</p>

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	Document to be re-drafted, working with LIFB. New draft to be brought back to the LMMG on 10 October.	JLon / BH
2013/105	<p>LANCASHIRE RAG LIST PROGRESS REPORT JULY 2013</p> <p>BH briefed the group on the action being undertaken to agree a consistent status for medicines. The consultation period will be extended to the end of September to give CCGs reasonable time to respond.</p> <p>BH to create an alphabetical list and re-circulate the document for review by end of September for review at the LMMG meeting on 10 October.</p>	BH 10/10/13
2013/106	<p>SPECIAL ORDER PHARMACEUTICAL PRODUCTS QUICK WINS DOCUMENT</p> <p>EJ advised attendees the Quick Wins document is an existing document which the CCGs had asked the LMMG to review. A general discussion took place on how best the document could be reviewed and updated.</p> <p>The group agreed that the document should be reviewed and updated on a chapter by chapter basis starting with the cardiovascular chapter. The result of the reviews should be a live document on the website with review dates relating to the date when each individual chapter was reviewed.</p> <p>Date and references to be added to the document. The document to be cross-referenced with NEWT guidelines. Acute Trusts agreed to support the process. Specials tariff information to be updated. Document to be updated on a chapter by chapter basis.</p>	EJ/JLon
ITEMS FOR INFORMATION		
2013/107	<p>New NICE Technology Appraisal Guidance for Medicines June 2012.</p> <p>TAG 287. Rivaroxaban - Traffic Light (RAG) status: Amber 0</p> <p>TAG 288. Dapagliflozin – Traffic Light (RAG) status: Green (Restricted in line with NICE recommendation).</p> <p>BH highlighted that there is now a need to look at diabetes guidelines. It was agreed that this would be included in the work plan.</p> <p>TAG 289. Ruxolitinib - Traffic Light (RAG) status: Black</p> <p>TAG290. Mirabegron - Traffic Light (RAG) status: Amber 0.</p>	<p>BH to add into the LMMG work plan</p> <p>Website to be updated with all</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	TAG 291. Peglitocase - Traffic Light (RAG) status: Black.	recommendations
2013/108	<p>New NHS England Medicines Commissioning Policies June 2013.</p> <p>Sapropterin - Traffic Light (RAG) status: Red</p>	Update website
2013/109	<p>Lancashire Care FT Drug and Therapeutic Committee Meeting Minutes.</p> <p>No meeting held in June.</p>	
2013/091	<p>ANY OTHER BUSINESS</p> <p>EJ received an enquiry from another CSU whether Staffordshire and Lancashire CSU had an appeals process in place for the panel. The group concluded an appeal process is not required as any appeals can be handled at local health economy decision making committee level. It was also noted that any new drug recommendation can be reviewed when new evidence becomes available. The group agreed that individual CCGs will need to ensure that they have an appeals process.</p> <p>EJ informed the group that a meeting is being arranged with NHS England with two other CSUs. One of the agenda items will be to understand the process for new drug requests to be considered in services which are commissioned by NHS England.</p>	
<p>Date and time of the next meeting Thursday 12th September 2013, 9.30 am to 11.30 am, Meeting Room 2, Preston Business Centre</p>		

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
THURSDAY 11th JULY 2013**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE
2013/095	Minutes of Last Meeting - Page 5 on JL to be amended to JLon for remainder of document.	CK	18/7/13
2013/096	<p><u>Medical Devices</u> TN informed the committee that he has had initial discussions with the collaborative arrangements group about links to the medical devices group when it is established.</p> <p><u>Southport and Ormskirk Hospitals to be included in consultations</u> BH to add Southport & Ormskirk Hospital to the distribution list.</p> <p><u>Industry Influencing of committee decision making</u> All future documents circulated from the committee to have a 'Confidential' watermark and be annotated 'Not for circulation outside the NHS'.</p> <p><u>Process for dealing with non-responses to consultations</u> TN to write a paper on this topic for the September meeting.</p>	BH	18/7/13
		BH	18/7/13
		TN	12/09/13
2013/097	<p><u>Insulin Degludec</u> WL to finalise agreed draft recommendation for circulation and website.</p>	WL	18/7/13
2013/098	<p><u>Lixisenatide</u> WL and BH to agree final wording and finalise for circulation and website.</p>	WL/BH	18/7/13
2013/099	<p><u>Hydrocortisone MR</u> BH to finalise agreed draft recommendation for circulation and website.</p>	BH	18/7/13
2013/100	<p><u>LMMG Work Plan Update</u> BH to add lisdexamphetamine to the work plan</p>	BH	18/7/13
2013/101	<p><u>Vitamin D Guidelines Update</u> EJ to arrange update of the guidelines based on what had been agreed and re-circulate to the group. A comparison chart to be included with information on available products including those available Over the Counter.</p>	EJ	31/7/13
2013/102	<p><u>Riluzole Shared Care Guideline and Patient Information Document</u> BH to update the document with proposed changes and send to specialist services for</p>	BH	31/7/13

	their agreement. Once agreed, distribute the document to CCGs for local adoption/adaptation.		
2013/103	<p><u>ADHD Shared Care Document</u> LR to forward a copy of East Lancs Shared Care document (May) to EJ.</p> <p>EJ to arrange a comparison of the East Lancs document and existing document. Document to be re-circulated and brought back to the September meeting.</p> <p>A meeting invite to be extending to a representative of service redesign who is familiar with adult ADHD and would be able to answer any questions.</p>	<p>LR</p> <p>EJ</p> <p>CW</p>	<p>12/09/13</p> <p>12/9/13</p>
2013/104	<p><u>Infant Feeding Guidelines</u> Typo on page two 'resents' to be amended to 'presents'.</p> <p>Document to be re-drafted, working with LIFB. New draft to be brought back to LMMG on 10 October.</p>	<p>BH</p> <p>JLon/BH</p>	<p>10/10/13</p>
2013/105	<p><u>Lancashire RAG List Report July 2013</u> BH to create an alphabetical list and re-circulate the document for review by end of September for review at the LMMG meeting on 10 October.</p>	BH / CCGs	10/10/13
2013/106	<p><u>Special Order Pharmaceutical Products Quick Wins Document</u> Date and references to be added to the document. The document to be cross-referenced with NEWT guidelines. Acute Trusts agreed to support the process. Specials tariff information to be updated on a chapter by chapter basis.</p>	EJ/JLon	12/09/13 Cardiovascular Chapter
2013/107	<p><u>New Nice Technology Appraisal Guidance for Medicines June 2012</u> BH to add diabetes guidelines into the LMMG workplan. <u>TAG289 Ruxolitinib, TAG290 Mirabebeqron TAG291 Peglitocase</u> Website to be updated with all recommendations.</p>	<p>BH</p> <p>BH</p>	<p>18/7/13</p> <p>18/7/13</p>
2013/108	<p><u>New NHS England Medicines Commissioning Policies June 2013</u> Sapropterin – Traffic Light (RAG) status red. Website to be updated.</p>	BH	18/7/13