

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 13<sup>th</sup> June 2019 at Preston Business Centre, Preston**

**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
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospital

**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
Charlotte Atkinson (CA)	Care home/clinical pharmacist	Local Primary Care Federation (MOCH Programme)
Linzi Moorcroft (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/101	<b>Welcome &amp; apologies for absence</b>  Attendance noted above. No apologies received.	
2019/102	<b>Declaration of any other urgent business</b>  None.	

2019/103	<p><b>Declarations of interest</b></p> <p>None.</p>	
2019/104	<p><b>Minutes and action sheet from 9<sup>th</sup> May.</b></p> <p>LR suggested a re-word in relation to the DOACs agenda item discussed at the meeting held on the 9<sup>th</sup> May 2019. It was agreed to amend the wording to “Clinical audit suggests prescribing of DOACs is not always undertaken at the appropriate dose.”</p> <p>The minutes were agreed as an accurate record following the amendment above.</p>	
2019/105	<p><b>Matters Arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2019/106	<p><b>Slentyo (Melatonin)</b></p> <p>DP highlighted that the equality and impact pro-forma had been completed. It was noted there could be potential financial and cross border issues.</p> <p>DP advised until March 2019 there were no licensed preparations of melatonin for many of the indications listed on the LMMG website. Circadin® is licensed as monotherapy for the short-term treatment of primary insomnia characterised by poor quality of sleep in patients who are aged 55 or over.</p> <p>Slentyo® is now indicated for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient. LMMG members are asked to decide whether Slentyo® is accepted as the melatonin preparation of choice within its licensed indication. Discussions took place around licensed and unlicensed products, the breadth of the licensed indication of Autism Spectrum Disorder (ASD) was also discussed and LMMG were reminded that this was a very wide term and would encompass a significant number of patients with a diagnosis of ADHD.</p> <p>DP reported that GMMMG have an Amber RAG rating and Pan Mersey have a Grey RAG rating. It was agreed that where possible consistency of RAG ratings is of importance with neighbouring health economies. LMMG members agreed that an Amber 0 RAG Rating for Lancashire and South Cumbria could be accepted when appropriate prescribing guidance is produced. It was agreed that Slentyo prescribing guidance will be discussed further at July’s meeting and the RAG rating will then be determined. Slentyo will remain on the LMMG website as a Grey RAG rating until such time as the prescribing guidance is agreed.</p> <p><b>Action</b> Prescribing guidance to be developed and considered at a future LMMG. RAG status to be confirmed alongside the consideration of the guidance.</p>	
2019/107	<p><b>Prasterone</b></p> <p>DP highlighted that the equality and impact pro-forma had been completed. It was noted there could be potential financial implications. It was reported that the cost would equate to 200k if less than 10% of eligible patients were transferred from existing treatments to Prasterone. The drug was identified by the horizon scanning process, the</p>	

	<p>review was conducted in April 2019 and was sent out for consultation with responses to be received by 31 May 2019.</p> <p>The draft recommendation was Black. Prasterone was only compared to placebo in clinical studies which makes comparison with currently used treatments for vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms difficult.</p> <p>The EMA public assessment report states, “clinical efficacy as demonstrated in the clinical trials was modest” and that “the safety profile of Prasterone is still uncertain”. All respondents following consultation agreed with the proposed Black categorisation except Blackpool Teaching Hospitals NHS Foundation. Blackpool Teaching Hospitals NHS Foundation Trust proposed an Amber 0 classification for a specified group of patients as the drug may give an option of therapy for atrophy in patients who are deemed unsuitable for local oestrogen therapy, e.g. recent management of oestrogen receptor positive breast cancer and therefore very limited and structured use of this medication may be of benefit. After consideration of the evidence and consultation responses LMMG approved the Black recommendation.</p> <p><b>Action</b> The website to be updated with a ‘Black’ RAG status for Prasterone (Intrarosa®).</p>	
<p><b>2019/108</b></p>	<p><b>LMMG – New Medicine Reviews Work plan update</b></p> <p>DP informed LMMG members, the work plan lists all the medicines that have been identified to the CSU as requiring the development of policy / formulary position statements. The list of medications includes medicines which have been identified for review by either the CSU via Horizon Scanning or have been identified for review by member organisations. Agomelatine and Brivaracetam will be discussed at July’s LMMG meeting. DP updated Erenumab which is not within the paper has been requested for prioritisation. LMMG agreed following a full application this would be prioritised, however if NICE Guidance is scheduled for publication within Six months Erenumab would be placed on hold. It was agreed Erenumab would be added to the Workplan when a full application is received.</p> <p><b>Medicines agreed to prioritised;</b></p> <ul style="list-style-type: none"> <li>• Dymista this was a direct request from an ENT surgeon based at Lancashire Teaching hospitals. The indication is for relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.</li> </ul> <p><b>Medicines on hold</b></p> <ul style="list-style-type: none"> <li>• Nortriptyline – new evidence is required to support this application therefore it was agreed that Nortriptyline will remain on hold until the evidence is submitted.</li> <li>• Insulin glargine/lixisenatide (Suliqua) was requested for prioritisation from a GPSI in diabetes at ELCCG, based on cost savings. It was discussed that currently the RAG rating is Black. DP will advise the requester to complete a formal application for further consideration</li> </ul>	

<b>GUIDELINES and INFORMATION LEAFLETS</b>	
<b>2019/109</b>	<p><b>Clopidogrel patient information leaflet</b></p> <p>DP advised that the equality and impact pro-forma has been completed. It was noted there are no potential risks or issues identified.</p> <p>DP discussed the existing Clopidogrel Patient Information leaflet v2.0 required update as it's review date was July 2019. The leaflet has been updated with the new current reference, the National Clinical guideline for stroke and the details for the Stroke Association now includes an updated telephone number and email address. LMMG approved the updated information leaflet in its current form.</p> <p><b>Action</b> The approved patient information leaflet to be uploaded to the LMMG website.</p>
<b>2019/110</b>	<p><b>Testosterone Shared Care update</b></p> <p>DP updated that the equality and impact pro-forma has been completed. It was noted there are no potential risks or issues identified. DP reported the current shared care guideline for Testosterone requires an update as a new product Testavan® 20mg/g transdermal gel is now available and one of the products currently in the guideline (Testim)® has been discontinued by its manufacturer. It was agreed at May's LMMG meeting Testavan would be added to the LMMG website alongside other testosterone preparations if appropriate. LMMG members discussed the paper and agreed the changes within the guideline are unclear therefore the paper was not accepted. It was agreed the paper will be brought back to July's LMMG with track changes for transparency.</p> <p>Discussions took place around the notification of discontinued medicines. it was noted that this information can be gathered via UKMI as they hold a subscription to MIMS. JM commented this could be circulated directly within their RMOC role.</p>
<b>2019/111</b>	<p><b>LMMG Shared Care Documents – Antipsychotic update and agreement forms</b></p> <p><b>Antipsychotic Shared Care</b></p> <p>AGR highlighted that it had been agreed at the May meeting of the LMMG that MLCSU would compare the initiation and monitoring requirements of first- and second-generation antipsychotics and compare these with the monitoring requirements of all other shared care medications.</p> <p>AGR stated that there is overlap in the monitoring requirements between the first and second-generation groups of antipsychotics. However, AGR reported that it could be reasonably expected that first-generation antipsychotics could have greater monitoring requirements than the second-generation if both LMMG and Maudsley prescribing guidelines criteria were considered.</p> <p>AGR informed the group that second-generation antipsychotics account for 79% of all antipsychotics prescribed by number of items and 69% by cost during the last 12-months from March 2019.</p> <p>BH reported that it has been previously discussed at the CCG leads meeting that principles ought to be worked up for shared care. SR commented that the paper does</p>

	<p>not reference NICE and noted the cost of chlorpromazine hydrochloride seemed extremely high and suggested this may be due to historical prescribing.</p> <p>AGR provided a list of options available to the group: maintain amber 1 RAG rating for second-generation agents and Green for some first-generation. The group agreed that consultation with suggested RAG ratings is required for second-generation antipsychotics.</p> <p>BH recommended that it would be useful for the amber RAG ratings to be better defined before deciding on the antipsychotic RAG rating. BH stated that the monitoring requirements across all of the shared-care documents varies significantly and clarification of what would be considered for shared-care and shared-care with enhanced services should be looked at further. It was decided that the MLCSU will circulate the current Amber RAG criteria and flow chart. LMMG members will provide feedback and points of clarification, this will then be used as the basis for a consultation on the requirements that need to be met for a drug to be classed as shared-care and will then be subject to a full consultation. Once amended criteria for Shared Care are drafted, these will be subject to a full consultation alongside any recommended RAG position amendment recommendations.</p> <p><b>Shared Care agreement forms</b></p> <p>AGR highlighted that MLCSU are aware that there are inconsistencies between the different shared-care documents that are hosted on the LMMG website.</p> <p>AGR reported that the aim of the paper was to try and standardise the method of communication between primary and secondary care as it is believed that the current inconsistencies could potentially lead to confusion. It was noted that not all secondary-care trusts would like to use the Shared Care agreement forms. BH confirmed that the shared-care agreement form is intended to provide the information that should be shared and a possible format for this however use of the form is not mandated.</p> <p>The group agreed that the form is useful as a of summary of information that should be communicated between secondary and primary care when entering in to a shared-care agreement. It was discussed that there ought to be a defined opt in and out process as errors have resulted from uncertainty about who is responsible for prescribing specialist medication. However, it was noted that there were current differences within the health economies whether the GP is required to confirm that they are happy to take over prescribing or if they were required to confirm if they were not happy to take over prescribing. SR highlighted that LCFT has reservations about the use of the forms and capacity within specialist services to use them.</p> <p><b>Action</b></p> <p>MLCSU to circulate amber RAG criteria and RAG flow chat for LMMG members to feedback comments.</p> <p>Once amended criteria for Shared Care are drafted, these will be subject to a full consultation alongside any recommended RAG position amendment recommendations.</p> <p>Shared-care agreement forms are to be added to all shared-care documents with additional wording added. The wording will indicate that the use of the form is optional, but the information contained in the form must be communicated to primary care.</p>	<p><b>AGR</b></p> <p><b>AGR</b></p> <p><b>AGR</b></p>
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<p><b>2019/112</b></p>	<p><b>Insulin toujeo information sheet update</b></p> <p>AGR states that the Insulin Toujeo® information sheet and good practice guide was due for review in June 2019.</p> <p>AGR confirmed that the guidance document has remained unchanged except for referencing the use of Toujeo® Doublestar. LMMG approved the updates.</p> <p><b>Action</b> Updated insulin Toujeo® information sheet to be added to the LMMG website.</p>	<p><b>AGR</b></p>
<p><b>2019/113</b></p>	<p><b>Nutritional Supplements post bariatric surgery position statement update</b></p> <p>AGR informed the group that the Collaborative Commissioning Board (CCB) noted that a request had been received from a private provider that has been commissioned as the interim provider of bariatric surgery to undertake 2 year follow up blood tests at a cost of £2k per patient.</p> <p>AGR stated that the request arose patients had presented to their GP for follow up bloods, but the GPs raised that this is at odds to the current LMMG guidance on post bariatric bloods follow up.</p> <p>The proposed changes to the prescribing nutritional supplements post-bariatric surgery of the position statement currently on the LMMG website was discussed.</p> <p>LMMG members agreed that references to commissioning arrangements should not be included in a clinical guideline and that any reference to which service is commissioned to conduct bloods in the position statement should be removed from the website. BH commented the guidance will be reviewed and BH will engage with CCB to highlight the changes. BH reported CCB will be required to inform CCGs in light of LMMG's decision.</p> <p><b>Action</b> Reference to commissioning arrangements in the post-bariatric surgery nutrition position statement to be removed and updated on the website.</p> <p>Engage with the CCB to inform them that reference to commissioning arrangements for the provision of blood tests have been removed from the guidance document.</p>	<p><b>AGR</b></p> <p><b>BH</b></p>
<p><b>2019/114</b></p>	<p><b>Riluzole Shared Care Update</b></p> <p>AGR advised the current Riluzole shared-care document was due to expire on the LMMG website in July 2019.</p> <p>AGR confirmed that the document has been updated in line with the product SPC and has been forwarded to Prof. Chhetri, Co-Director, Lancashire and South Cumbria MND care and research centre for comments. All comments have been actioned; only minor changes were required. AGR confirmed because of the nature of the changes it was not felt necessary to send the document for a formal consultation process. The Riluzole Shared Care update was approved.</p> <p><b>Action – update riluzole shared-care document to be uploaded to the website.</b></p>	<p><b>AGR</b></p>
<p><b>2019/115</b></p>	<p><b>Biosimilar insulin data update</b></p> <p>At the May LMMG meeting DP reported that the Regional Medicines Optimisation Committee are considering the potential savings of increasing the uptake of biosimilar insulins. Data was shared showing the potential financial impact of 50% of patients being switched from Insulin Lantus to Abasaglar across Lancashire and South</p>	

	<p>Cumbria. The potential cost savings would be in the region of £165,000. It was noted that professional bodies Diabetes UK and ABCD both advise against the automatic switching of well controlled patients established on insulin Lantus to biosimilar insulins. It was also noted that the choice of insulin also related to the patient's preference in relation to the device. LMMG agreed that due to the professional bodies advising against the switch, cost savings being minimal in comparison to patients being well controlled and the device issues, it was agreed that no active switch programmes would be considered at this time.</p>	
<b>2019/116</b>	<p><b>LMMG Guidelines work plan update</b></p> <p>AGR discussed the guideline workplan for 2019/2020 and reported all timescales are on track. Items for discussion at July's LMMG meeting are as listed below;</p> <ul style="list-style-type: none"> <li>• Riluzole Shared Care guidance update</li> <li>• GP Shared care requests for the prescribing hormone therapy for Trans-gender patients</li> <li>• Rheumatoid Arthritis High Cost Drugs Pathway</li> <li>• Dementia Prescribing information – to be updated by LCFT</li> <li>• Camouflage creams position statement</li> </ul> <p>AGR informed the group that MLCSU will be developing a new LMMG website over the summer. The CSU will report on progress at the September meeting.</p>	
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<b>2019/117</b>	<p><b>New NICE Technology Appraisal Guidance for Medicines May 2019</b></p> <p>AGR confirmed that there were no new CCG commissioned NICE TA documents in May 2019 for consideration by the group.</p>	
<b>2019/118</b>	<p><b>NEW NHS England commissioning policies</b></p> <p>No relevant policies for discussion.</p>	
<b>2019/119</b>	<p><b>Regional Medicines Optimisation Committees outputs</b></p> <p>NHS England currently commission Sodium Oxybate in children up until their 19th birthday. However, once the patient reaches 19 years of age, commissioning responsibility then falls to an individual CCG. The RMOC in Midlands and East discussed this topic at their previous meeting and held further discussions on this topic at their April meeting. BH asked JM if cost effectiveness could be scoped by RMOC for Sodium Oxybate. JM agreed to raise that this had been requested.</p> <p>Principles guiding the decision making about the route of supply of medicines to outpatients was discussed. BH asked acute trusts to review is there is any areas in which need to be looked at for route to supply</p> <p><b>Action</b> JM to feed in the request of LMMG to ensure that the guidance takes into consideration the cost effectiveness of sodium oxybate.</p>	<b>JM</b>

	Acute trusts to review and highlight if there is any potential route to supply areas for discussion at July's LMMG meeting.	<b>Acute Trusts</b>
<b>2019/120</b>	<b>Evidence reviews published by SMC or AWMSG</b>  DP highlighted the paper has been shared for information. It was discussed no further action is currently required by LMMG.	
<b>ITEMS FOR INFORMATION</b>		
<b>2019/121</b>	<b>Lancashire Care FT Drug and Therapeutic Committee minutes May 2019</b>  The minutes were circulated for information.	

**Date and time of the next meeting**

Thursday 11<sup>th</sup> July 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 13 <sup>th</sup> June 2019
<b>ACTION SHEET FROM THE MEETING 8<sup>th</sup> NOVEMBER 2018 MEETING</b>				
2018/204	<p><b>Anticoagulation – update</b></p> <p>MLCSU to scope DOAC cards and bring back to LMMG.</p> <p><b>Dec update:</b> Update deferred as waiting for discussions with CCG leads.</p> <p><b>Jan update 2019:</b> update to be given at LMMG 14th February 2018</p> <p><b>March update 2019:</b> Most CCG's have responded. Once all CCG's have confirmed this will be brought back to LMMG</p> <p><b>April update 2019:</b> Still awaiting confirmation from one CCG.</p> <p><b>May update 2019:</b> CSR &amp; GP outstanding. CM to chase</p> <p><b>June update 2019:</b> All CCG's have agreed to DOAC cards. BH updated that finance arrangements are ongoing and will update LMMG members when the DOAC cards have been ordered and timescales for receipt and delivery.</p>	BH	13.06.2019	Open
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> DECEMBER 2018 MEETING</b>				
2018/235	<p><b>Hydroxychloroquine prescriber information sheet</b></p> <p>BH to investigate who is responsible for retinal</p>	BH	01.012.2018	Closed

	<p>screening and refer to this in the document.</p> <p><b>Jan update 2019:</b> Remain open due to comments from Dr Rau raised regarding no specific service to refer patients into. This has also been confirmed by commissioner's further exploration required.</p> <p><b>Feb update 2019:</b> Awaiting feedback from the Eye Network meeting.</p> <p><b>April 2019:</b> MLCSU is working with the Eye Health Network – update to be presented at the May meeting.</p> <p><b>May update 2019:</b> Ongoing with the Eye Network, unclear if Lancashire and South Cumbria or just one health economy</p> <p><b>June update 2019:</b> BH reported that feedback from Rheumatologists is that there are only issues in Morecambe Bay and Blackpool, it was noted local discussions are taking place.</p>	BH	09.05.2019	Closed
<b>ACTION SHEET FROM THE MEETING 11<sup>TH</sup> April</b>				
2019/071	<p><b>GLP-1 place in therapy – update</b></p> <p>GA to engage with AC regarding the wider management of diabetes care across the ICS.</p> <p><b>May update 2019:</b> GA moved to new role. BH to discuss the wider services available with Sakthi.</p> <p><b>June update 2019:</b> LM to arrange a meeting with Sakthi</p>	GABH	11.04.2019	Open

<b>ACTION SHEET FROM THE MEETING 9<sup>TH</sup> MAY</b>				
<b>2019/088</b>	<p><b>New medicines workplan – update - Dymista</b> Previous LMMG minutes regarding Dymista to be reviewed, along-side further published evidence. To discuss at June LMMG.</p> <p><b>June update 2019:</b> Added to the new medicines workplan</p>	<b>DP</b>	<b>09.05.2019</b>	<b>Closed</b>
<b>2019/090</b>	<p><b>Lithium shared-care – update</b></p> <p>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><b>June 2019 update:</b> ongoing</p>	<b>SR</b>	<b>09.05.2019</b>	<b>Open</b>
<b>2019/091</b>	<p><b>DOAC guidance – update</b></p> <p>Evidence in support of Apixaban to be reviewed to inform if this should be included in the guidance.</p> <p><b>June 2019 update:</b> Reviewed, guidance added to guideline.</p>	<b>DP</b>	<b>09.05.2019</b>	<b>Closed</b>
<b>2019/093</b>	<p><b>Review of POM antihistamine products guidance – update</b></p> <p>Action – POM antihistamine prescribing data to be brought back to November’s LMMG meeting.</p> <p><b>June 2019 update:</b> Added to November’s agenda to review prescribing.</p> <p>Action – If approved at ELMMB ELCCG antihistamine guidance document to be circulated.</p>	<b>AGR</b>	<b>09.05.2019</b>	<b>Closed</b>
		<b>CW/LR</b>	<b>09.05.2019</b>	<b>Closed</b>
<b>2019/099</b>	<p><b>Evidence reviews published by SMC or AWMSG</b></p> <p>Testavan to be added to the LMMG website if appropriate</p> <p><b>July update:</b> Brought back to the meeting with track changes.</p>	<b>MLCSU</b>	<b>09.05.2019</b>	<b>Closed</b>

	<b>July 2019 update:</b> To be brought to September's meeting with track changes			
<b>ACTION SHEET FROM THE MEETING 13<sup>TH</sup> June</b>				
<b>2019/106</b>	<b>Slenyto (Melatonin)</b>  Prescribing guidance to be developed and considered at a future LMMG. RAG status to be confirmed alongside the consideration of the guidance.	<b>DP</b>	<b>13.06.19</b>	<b>Open</b>
<b>2019/107</b>	<b>Prasterone</b>  The website to be updated with a 'Black' RAG status for Prasterone (Intrarosa®).	<b>DP</b>	<b>13.06.19</b>	<b>Open</b>
<b>2019/111</b>	<b>LMMG Shared Care Documents – Antipsychotic update and agreement forms</b>  MLCSU to circulate amber RAG criteria and RAG flow chart for LMMG members to feedback comments.  Once amended criteria for Shared Care are drafted, these will be subject to a full consultation alongside any recommended RAG position amendment recommendations.  Shared-care agreement forms are to be added to all shared-care documents with additional wording added. The wording will indicate that the use of the form is optional, but the information contained in the form must be communicated to primary care.	<b>AGR</b>  <b>AGR</b>  <b>AGR</b>	<b>13.06.2019</b>  <b>13.06.2019</b>  <b>13.06.2019</b>	<b>Open</b>  <b>Open</b>  <b>Open</b>
<b>2019/113</b>	<b>Nutritional Supplements post bariatric surgery position statement update</b>  Reference to commissioning arrangements in the post-bariatric surgery nutrition position statement to be removed and updated on the website.  Engage with the CCB to inform them that reference to commissioning arrangements for	<b>AGR</b>  <b>BH</b>	<b>13.06.2019</b>  <b>13.06.2019</b>	<b>Open</b>  <b>Open</b>

	the provision of blood tests have been removed from the guidance document.			
<b>2019/119</b>	<p><b>Regional Medicines Optimisation Committees outputs</b></p> <p>Acute trusts to review and highlight if there is any potential route to supply areas for discussion at July's LMMG meeting</p>	<b>LMMG members</b>	<b>13.06.2019</b>	<b>Open</b>