Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 14th March 2019 at Preston Business Centre

PRESENT:

Mr Andy Curran (AC)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	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
Lisa Rogan	Associate Director of Medicines, Research and Clinical Effectiveness	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
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals

IN ATTENDANCE:

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
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Linzi Moorcroft Minutes (LM)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

Item	Summary of discussion	Action
2019/047	**Welcome and apologies for absence** Attendance noted above. No apologies received.	
2019/048	**Declaration of any other urgent business** None declared.	
2019/049	**Declarations of interest** None declared.	
2019/050	**Minutes and action sheet from the last meeting 14.02.2019** BH advised of a typing error on page 3.	

	JM advised of rewording for agenda item 2019/042 Regional Medicines Optimisation Committees – Outputs. BH reported the LMMG minutes from January 2019 are noted as inaccurate around Ciclosporin eye drops for patients with severe vernal conjunctivitis. The minutes refer to the extension of licence, however this is a different indication and therefore will be amended accordingly.	**LM** **LM**
2019/051	**Matters Arising (not on the agenda)** None.	
2019/052	**Ospemifene for moderate to severe symptoms of VVA** DP confirmed that the impact of the ospemifene had been scoped. In line with agreement at the last meeting the new LMMG paperwork has been completed for this agenda item. Potential issues highlighted were: There could be a potential cost increase of £189,000 to £1,135,000 depending on the number of patients using the treatment. Patients with a physical disability were identified as being at risk of inequitable access to all treatment options defined by the proposed criteria. Although there is no obvious link between disability and VVA, it was identified patients with dexterity issues unable to insert creams and vaginal tablets may be adversely affected by the lack of availability of an oral tablet formulation. DP advised the group that the ospemifene consultation closed at the end of February 2019. DP confirmed that the draft recommended RAG status was 'Black'. DP confirmed that four of eight CCGs and two of five provider trusts responded by the closing date. All respondents supported the draft recommendation. Comments were received from Chorley and South Ribble and Greater Preston CCGs. DP highlighted that in the postmenopausal phase prevalence is close to 50% for vulvovaginal atrophy. It was also highlighted that safety data was collated up to 15 months and only adverse effects during this time period were available for the drug. DP reported that assuming that no active switching occurs of the approximately 14,000 patients already receiving treatment for VVA and 5-30% of the 7,350 remaining eligible patients were treated with ospemifene for a full year, the total annual	

	acquisition cost of ospemifene for the Lancashire and South Cumbria CCGs would be between £189,000 to £1,135,000. Having the considered the risks and benefits identified in the review document and the consultations received by member organisations the group accepted the recommended 'Black' RAG status. **Action – ospemifene to be added to the LMMG website with a 'Black' RAG rating**	**DP**
2019/053	**LMMG – New Medicine Reviews Work Plan update** DP reported that Fortacin is currently out for consultation. DP highlighted that East Lancashire CCG have requested that Ertugliflozin be re prioritized for LMMG review. The group agreed that due to the imminent publication of NICE TA guidance, due 27 March for mono and dual therapy, and 26th June for triple therapy, the drug should not be prioritised for review. DP stated that agomelatine has been requested by Lancashire Care Foundation Trust for review. DP highlighted that the RAG rating suggested was Amber; because NICE did not issue a positive review, the LMMG RAG status is currently Black. SR advised that agomelatine can be prescribed within LCFT by a specialist in a small cohort of patients. It was agreed that SR would define the place in therapy and forward detail to MLCSU MMT. **Action- SR to define the place in therapy for Agomelatine.**	**SR**
2019/054	**Ulipristal application to change RAG status for intermittent use** DP confirmed that the impact of the application had been scoped. In line with agreement at the last meeting the new LMMG paperwork has been completed for this agenda item. Potential issues highlighted were: It was noted that should the RAG status remain Red there would be no significant change in service impact. However, if the RAG status changes to Amber0 there may be the need for further guidance and information for primary care prescribers. It was highlighted that GMMMG have a different commissioning position to the current LMMG position, however, Pan Mersey APC's position is in line with the current LMMG position.	

	DP reported that in February 2019, MLCSU was contacted by a Consultant Obstetrician and Gynaecologist at Lancashire Teaching Hospitals and asked to consider a proposal for changing the colour classification of Esmya® from "Red" to "Amber0" for the intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery. Members of the group were concerned that patients could get more courses of treatment than allowed in the product license if treatment was to move to primary care as GPs would not be suitably placed to decide if repeat courses should be withheld or continued. The group did feel that LFT's may be best monitored by GP's rather than the specialist service. The group agreed that for the RAG rating to be reconsidered, the ulipristal review would require the following additions: details on the patient pathway, handover points from secondary care to primary care, monitoring requirements and responsibility for these. **Action - further details of the patient pathway and monitoring of Ulipristal to be worked up with the specialist and presented back to the group.**	**DP**
2019/055	**RMOC homely remedies** AGR confirmed that the impact of the application had been scoped. In line with agreement at the last meeting the new LMMG paperwork has been completed for this agenda item. Potential issues highlighted were: Service impact issues were identified. A healthcare professional such as a GP or pharmacist will be required to sign off authorisation of the use of each medicine so this may impact primary care capacity. AGR reported that in August 2018 the Regional Medicines Optimisation Committee (RMOC; Midlands and East) issued guidance on the use of homely remedies in care homes. AGR stated that four of eight CCGs and one of five provider trusts responded by the closing date. One CCG did not support the RMOC guidance document and the remaining respondents stated that they may support the document if additional information was considered. Additional comments received from East Lancashire, Chorley and South Ribble, and Greater Preston CCG.	

	AGR advised that it is for LMMG members to consider if: • A homely remedies policy document is required. • The LMMG should adopt the current RMOC homely remedies template document, a modified version of this document, or a separate homely remedies policy document. • A document needs to be produced to outline the distinction between self-care and homely remedies. JL stated that during a meeting that took place with Simon Hill from the CQC, it was reported that Simon Hill advised it is the responsibility of the Care home to have appropriate policies in place. The group discussed the need for guidance to support care homes to develop their own homely medicines policies rather than providing a template policy. This guidance would particularly focus on the need for care homes to accept ownership for the provision of medicines rather than deferring to GPs or other primary care providers to sign advanced orders. However, it was also proposed that a local document could be developed that care homes could utilise following amendments. The group also proposed that self-care is self-care and an underpinning policy may lead to confusion. As distinction should be made between self-care and providing medicines. It was agreed that homely remedies will be added to the guidelines work plan. Some form of policy or template is required to support care homes, however the group was unsure currently on what format this should take. AGR agreed to collate information from EL CCG, LCFT, GP/CSR CCG and liaise with Simon Hill from the CQC, as well as the organisations that responded to the initial consultation. It was agreed that following the review of all policies, once a document has been developed this will be fed back to RMOC. **Action – AGR to collate homely remedy policies for review. Outputs of the review are to be shared with RMOC.**	**AGR**
2019/056	**DOAC workstream – update** DP updated LMMG members that a DOAC update meeting that took place on the 27th February 2019. DP reported that a range of issues were discussed. One output from the meeting was that was agreed that DOACs should not be used in patients under 40 kg or greater than 120 kg actual body weight. For patients weighing more than 120% of their ideal body weight, individual patient risk factors should be used	

	when determining the suitability of treatment with a DOAC and the appropriate dose. DP reported that the group also agreed that the Cockcroft-Gault formula should be used for dosing of all DOACs, despite the MDRD and CKD-EPI methods of assessing renal function being potentially more accurate and used for most other clinical dosing decisions for drugs other than DOACs. The use of Cockcroft-Gault for DOACS is supported by Strategic Clinical Networks, widely used consensus guidelines and was also the method used to assess kidney function in all of the pivotal DOAC clinical studies. DP stated that current DOAC audit data shows potential issues with the following aspects of DOAC prescribing: incorrect dosing, lack of follow up monitoring, potential interacting medicines and coding errors. Initiation in secondary care without an end date, particularly following hip and knee surgery, leading to inappropriate, extended, prescribing in primary care was responsible for patients not having a stop date recorded. DP advised that the audit data is in line with the findings of the EMA study presented at the February LMMG meeting. BH reported that SLOG discussed the quality of discharge information. BH noted that the chief pharmacists sitting on SLOG considered the quality of discharge summary letters was primarily a medical team issue. BH advised that AC will raise this through the ICS digital workstream. DP also reported that there are still some outstanding responses from CCG's in relation to the potential ordering of DOAC cards. The group considered the focus of the DOAC task and finish. It was agreed that going forward this ought to be a anticoagulation task and finish group, with a view to look at anticoagulation as a whole rather than focussing primarily on DOACs. DP confirmed that it would be possible to develop a draft anticoagulant guideline following the next task and finish group on the 24th April. The group agreed that a template service specification would look to be developed for anticoagulation initiation clinics after the development of the guideline has been completed. DP agreed to collate and review anticoagulant service specifications from across the Lancashire NHS health economy. It was agreed that one anticoagulation service specification would not fit all localities and that a template service specification could be adapted locally. The group	**CCG MM leads**

	agreed that each CCG lead would send in their anticoagulant service specification to DP. **Action – CCG leads to send anti-coagulant service specification to DP.**	
2019/057	**Blueteq update** AGR provided a brief update on the Blueteq system. AGR stated that there is a cohort of patients who are currently receiving an insulin pump which is to be discontinued by the manufacturer. Consequently, the warranty for these devices are no longer valid and the pumps will need to be replaced. AGR reported that an initiation form has now been added to the Blueteq system which will allow clinicians to request funding for a new insulin pump for those patients that are affected. The group agreed with the course of action proposed.	
2019/058	**LMMG – Guidelines Work Plan update** AGR requested permission from the group to remove all Red RAG rated cancer drugs from the LMMG website. AGR stated that the rationale was to clear space on the site. BH enquired whether any trusts actively used the LMMG website as a reference source for these drugs. DJ stated that he would check with his oncology colleagues and inform MLCSU MMT. AGR pointed out that the LMMG COPD guidance will be updated in line with new versions of the NICE and GOLD guidelines. The group confirmed that as the changes to be made are expected to be minor that no consultation period is required and the paper can be circulated to the group before the next meeting as usual. However, if significant changes were made to the guidance then this would require consultation. AGR reported that there have been some individual funding requests reviewed recently where clinicians have requested an additional line of biologic following the completion of the commissioned pathway. AGR stated that there has been some ambiguity, as in some cases patients were receiving an effective first-line treatment but had to switch to another agent because they subsequently developed a contraindication to the first. AGR confirmed that the primary or secondary non-response was not a factor. AGR posed the question, would that second agent then constitute a second-line agent or a second first-line agent. The group were minded that in this situation it would be more appropriate to consider the second	

	agent as a second first-line drug. In line with these discussions, DP confirmed that this would be looked at as part of the RA pathway work with the Rheumatology Alliance and could be applied to the other biologic pathways once completed. DP reported that he has had sight of a draft diabetes guideline that Greater Manchester is currently developing. It was highlighted that the guideline recommend GLP-1 and SGLT-2 earlier in the pathway. DP confirmed that this is in line with some European guidelines. However, it was noted that an economic review has not been carried out. DP asked the group if it would be prudent to explore this further. The group agreed there was not enough evidence to support changes to LMMG guidance at this stage but that this should be investigated further. AGR stated that at the February meeting that Merseyside were developing guidance that addresses new evidence challenging the need for a hormone-free interval for women that are taking the oral contraceptive pill. Merseyside have decided not to progress with the development of this guidance. Therefore, AGR confirmed that this will be scoped locally and added to the workplan. **Action – GLP-1 review to be added to the workplan.** **Action – oral-contraceptives guidance scope to be added to the workplan.**	**DP** **AG**
2019/059	**New NICE Technology Appraisal Guidance for Medicines February/March 2019.** No relevant policies to discuss.	
2019/060	**Freestyle Libre / NHSE – update February 2019** AGR reported that the 'NHS England National Arrangements for Funding of Relevant Diabetes Patients' had now been published. AGR confirmed that this has not yet been reviewed by the policy group and the aim was to seek opinion of LMMG members before taking this back to CPDIG. AGR confirmed that the impact of the application had been scoped. In line with agreement at the last meeting the new LMMG paperwork has been completed for this agenda item. Potential issues highlighted were: Financial Implications are that the NHSE publication widens the eligibility criteria for receiving Flash Glucose Monitors (FSM) and funding (uplifted from CCGs) will be available for up to 20% of the type 1 diabetes population. Any additional costs of supplying FSM above and beyond the maximum levels	

	defined by NHSE (including all supply from secondary care) will need to be covered by the CCG The NHSE publication does not clearly state the most appropriate clinical setting for the initiation and continued supply of FSM. However, there is reference to long term prescribing responsibility generally being taken by primary care. AGR described Blueteq figures, which show that as at 11th March 2019, of the estimated 775 patients eligible (10% of type 1 population) 370 have had requests submitted for FSM in Lancashire, equivalent to 5% of the type 1 population or 50% of predicted. The group discussed the financial implications of the new policy and how reimbursement would work in practice as currently secondary care are reimbursed via Blueteq data. CCGs wold only be reimbursed for FSM devices if supplied via FP10 and appeared on ePACT2 data. The group voiced concern that if there is a continuing national audit, GPs would not have the capacity to complete this. The group were minded that if there has been a previous audit the results should be published. The group expressed concern that the new policy doesn't allow access for children and that the psychosocial inclusion criteria is too broad. **Action – points expressed by the group will be fed back at the next policy group meeting.**	**AGR**
2019/061	**Regional Medicines Optimisation Committees - Outputs February 2019** DP updated that the Regional Medicines Optimisation Committee (RMOC) (London) reviewed the role of heparinised saline lock versus sodium chloride 0.9% lock for maintaining patency of central venous catheters in adults. DP advised that saline is the preferred agent. JM reported the launch of Slenyto Melatonin is still expected in April 2019. DP confirmed that this has been added to LMMG new medicines workplan. JM stated that it is hoped that the first RMOC new medicine review (Xonvea) will be ready for discussion at the next RMOC meeting in March. JM advised LMMG that an email will be circulated for comment on the list of new medicines that are to be reviewed by the RMOC, however it was advised the list of medications that can	

	be reviewed are limited due to the criteria that are used to define if a medicine is appropriate for review by the RMOC.	
2019/062	**Evidence reviews published by SMC or AWMSG** DP advised that the AWMSG has not published any guidance for discussion. Eslicarbazepine acetate (Zebinix) was discussed and the group agreed this would be changed on the LMMG website in accordance with licence changes to include children.	**DP**
2019/063	**Criteria for guidance review** AGR advised this is a proposed Internal process within the hub team. AGR noted that the procedure was developed to provide consistency when dealing with errors that are picked up in approved LMMG guidelines. The group suggested some minor amendments to the document. It was agreed that the document would remain an internal hub-team document and wold not be published on the website. **Action – AGR to action amendments suggested by the group.**	**AGR**
2019/064	**Lancashire Care FT Drug and Therapeutic Committee minutes February 2019.** The minutes are to be circulated for information.	
Date and time of the next meeting Thursday 11th April 2019, 9.30 am to 11.30 am, Meeting room 253, Preston Business Centre, Preston.		

Lancashire Medicines Management Group

LMMG Action Log

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14th March 2019
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	**Anticoagulation – update** MLCSU to scope DOAC cards and bring back to LMMG. **Dec update:** Update deferred as waiting for discussions with CCG leads. **Jan update 2019:** update to be given at LMMG 14th February 2018 **March update 2019:** Most CCG's have responded. Once all CCG's have confirmed this will be brought back to LMMG	**BH**	**01/12/2018**	**Open**
ACTION SHEET FROM THE MEETING 13th DECEMBER 2018 MEETING				
2018/232	**Working with pharma position statement** AC to meet with the AHSN / Innovation Agency to update them on LMMG position statement. **Jan Update 2019:** AC still to meet. **March 2019:** A meeting has taken place with Gemma Byrne from the innovation agency. An email has been circulated around pincer. A further meeting will take place at the end of March 2019.	**AC**	**01/01/2019**	**Open**

	MLCSU to develop forms which will sit on the LMMG website **Jan Update 2019:** Forms in development. **Feb update 2019: Agenda item**	**BH**	**01/01/2019**	**Closed**
2018/235	**Hydroxychloroquine prescriber information sheet** BH to investigate who is responsible for retinal screening and refer to this in the document. **Jan update 2019**: 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. **Feb update 2019:** Awaiting feedback from the Eye Network meeting. BH to ensure a reference is included to the BSR guidelines regarding pregnancy. **Jan Update 2019:** Complete	**BH** **BH**	**01/01/2018** **01/01/2018**	**Open** **Closed**
ACTION SHEET FROM THE MEETING 14TH FEBRUARY				
2019/032	**RA pathway update proposal** DP to update the Rheumatology Alliance on the outcome of discussions with LMMG **March update 2019:** Meeting due to take place Friday 15th March 2019	**DP**	**14.02.2019**	**Open**

2019/036	**Guidance for prescribing second generation LA antipsychotic injections – update** New version of the SGA LAI guidance to be uploaded to the website. **March update 2019**: Actioned. The Financial impact of changing the guidance on CCGs to be scoped by LCFT and reported back to the group. **March update 2019:** SR reported the number of approvals so far for 2019 are January 7, February 8, March to date 4.	**SR/AGR** **SR**	**14.02.2019** **14.02.2019**	**Closed** **Closed**
ACTION SHEET FROM THE MEETING 14TH March				
2019/050	**Minutes and action sheet from the last meeting 14.02.2019** BH typing error on page 3. RMOC re wording January minutes to be amended around Evidence reviews published by SMC for Ciclosporin eye drops	**LM**	**14.03.2019**	**Open**
2019/052	**Ospemifene for moderate to severe symptoms of VVA** Ospemifene to be added to the LMMG website with a 'Black' RAG rating	**DP**	**14.03.2019**	**Open**
2019/053	**New Medicine Reviews Work Plan update** SR to define the place in therapy for Agomelatine.	**SR**	**14.03.2019**	**Open**

2019/054	**Ulipristal application to change RAG status** Further details of the patient pathway and monitoring of Ulipristal to be presented to the group.	**DP**	**14.03.2019**	**Open**
2019/055	**RMOC homely remedies** AGR to collate homely remedy policies for review. Outputs of the review are to be shared with RMOC.	**AGR**	**14.03.2019**	**Open**
2019/056	**DOAC workstream – update** CCG leads to send anti-coagulant service specification to DP.	**CCG Medicines Leads**	**14.03.2019**	**Open**
2019/058	**LMMG – Guidelines Work Plan update** GLP-1 review to be added to the workplan. Oral-contraceptives guidance scope to be added to the workplan.	**DP** **AGR**	**14.03.2019** **14.03.2019**	**Open** **Open**
2019/060	**Freestyle Libre / NHSE – update February 2019** Points expressed by the group will be fed back at the next policy group meeting.	**AGR**	**14.03.2019**	**Open**