

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 10<sup>th</sup> May 2018 at Midlands & Lancashire Commissioning Support Unit**

**PRESENT:**

Dr Tony Naughton (TN)	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
Dr Lisa Rogan (LR)	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

**IN ATTENDANCE:**

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018//083	<p><b>Welcome &amp; apologies for absence</b></p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Alastair Gibson. It was noted that Joanne McEntee, North West Medicines Information Centre was in attendance to observe the meeting.</p>	
2018/084	<p><b>Declaration of any other urgent business</b></p> <p>BH reminded LMMG representatives to compete and return their annual declarations to MLCSU by Friday 18<sup>th</sup> May.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/085	<p><b>Declarations of interest pertinent to agenda</b></p> <p>None.</p>	
2018/086	<p><b>Minutes of the last meeting (12<sup>th</sup> April 2018)</b></p> <p>The minutes of the meeting dated 12<sup>th</sup> April were agreed as a true and accurate record subject to the re-wording of the following agenda item which was discussed and agreed by the group:</p> <p><b>2018/074 Botox for Cosmetic use</b></p> <p>A new policy for Botox for cosmetic use is being adopted by all CCGs through the Clinical Policy Development Group (CPDIG). Historically, some CCGs had individual policies containing a statement which did not recommend the use of Botox for purely cosmetic purposes. During discussions at CPDIG it was felt that it was more appropriate for Botox to sit within LMMG recommendations due to disparities between CCG policies and LMMG recommendations. The statement around Botox for the use for cosmetic purposes is not in the CPDIG policy which has been adopted. The group approved that a formal statement can be put on to the High Cost Drugs section of the website which states that Botox is not supported for the management of excessive facial wrinkles / ageing and purely cosmetic purposes.</p> <p>A question was raised regarding LMMG recommendations and CPDIG policy decisions which impact on the usage of PbR excluded drugs and not just the prescribing. It was decided that this could be discussed further via the LMMG decision making discussions.</p>	JJ
2018/087	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2018/088	<p><b>Lisdexamfetamine – management of Attention Deficit Hyperactivity Disorder (ADHD) in children and young adolescents</b></p> <p>DP presented the paper discussing the request for lisdexamfetamine to be added to the shared care guidelines for the management of ADHD in children and young adults with a change of RAG status from Red to Amber 1.</p> <p>Six of eight CCGs and four of five provider trusts responded by the closing date. All respondents agreed with the recommendation.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><b>Decision</b> The group discussed and approved the Amber 1 RAG status for Lisdexamfetamine in ADHD children and young adolescents.</p> <p>MLCSU and LCFT are currently reviewing the adult ADHD shared care guideline for management of Attention Deficit Hyperactivity Disorder (ADHD) in children and young adolescents; this will be taken through the next D&amp;T. A suggestion was made, in light of the Amber 1 RAG status for Lisdexamfetamine in both children and young adolescents and adults, that a single shared care guideline could be developed. The differences for the RAG status of Guanfacine being Amber 1 for children and Red for adults will be highlighted in the document and also the monitoring differences. This will be actioned following the LCFT review of the adult shared care guideline.</p> <p><b>Action</b> The shared care guideline for Lisdexamfetamine when used for the management of ADHD in children and young adolescents will be incorporated into a new combined shared care guideline which will cover both adults and children with ADHD.</p>	<b>AG</b>
2018/089	<p><b>Horizon Scanning Quarter 1 and 2 2018-19</b></p> <p>DP discussed the medicines expected to be launched or have a licence extension during the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2018/19.</p> <p>Denosumab – osteoporosis glucocorticoid – induced – EL CCG has seen a growth in this area. A scope of its usage and the increases will be will be undertaken. This will be added to the work plan.</p> <p>Evolocumab – prevention of cardiac events in patients with CHD and a history of ACS, in combination with a statin. The group agreed that a scope of its use will be undertaken. This will be added to the work plan.</p> <p>Prasterone - treatment of vulvovaginal or vaginal atrophy in postmenopausal women having moderate to severe symptoms. The drug is licensed but has not yet been launched. A summary of the potential impact and main features of the drug will be brought to the June meeting of the LMMG to be considered for addition to the work plan.</p> <p>Ospemifene – treatment of vulvovaginal or vaginal atrophy in postmenopausal women. Drug is licensed and available in the UK but has not been commercially launched. A summary of the potential impact and main features of the drug will be brought to the June meeting of the LMMG to be considered for addition to the work plan.</p>	<p><b>DP</b></p> <p><b>DP</b></p> <p><b>DP</b></p> <p><b>DP</b></p>

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2018/090	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p>DP discussed the paper; updating the group on the status of the work plan as follows:</p> <p><u>Medicines for discussion at the June LMMG meeting</u>  Rivaroxaban – extended prophylaxis VTE – license extension, potential cost pressure.  Imiquimod/Fluorouracil– basal cell carcinoma – primary care request to prescribe in line with NICE Skin Cancer guidance</p> <p><u>New medicine reviews - on hold, awaiting licensing or launch</u>  Immediate release fentanyl preparations – treatment of pain in palliative care patients – Palliative care consultants will be contacted to determine whether a review should be prioritised and conducted.</p> <p>Cariprazine – treatment of schizophrenia – awaiting its launch.</p> <p>Tapentadol – for complex neuropathic pain in palliative care patients - awaiting a response from the palliative care team.</p>	
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2018/091	<p><b>Antipsychotic drugs shared care guideline – new appendix</b></p> <p>DP discussed the appendix to the antipsychotic drugs shared care guideline which was developed by Lancashire Care Trust.</p> <p><b>Decision</b>  The group approved the appendix to the antipsychotic drugs shared care guideline subject to the following amendment:  The sentence <i>*Weight and waist circumference must be plotted on a chart</i> will be replaced with:  <i>*Weight and waist circumference must be recorded on a chart or electronically.</i></p> <p><b>Action</b>  The antipsychotic drugs shared care guideline will be uploaded to the LMMG website subject to the amendment above.</p>	DP
2018/092	<p><b>Rheumatology Alliance – high cost drug working group update</b></p> <p>DP provided an update following the high cost drug working group with the Rheumatology Alliance to further define the RA pathway.</p> <p>The terms of reference have been set and the group are looking</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>at the following areas:  Adding in clinical criteria for choice of most appropriate biologic  Rules regarding biosimilar switching  Costs of drugs  Numbers of lines of therapy  Sequencing</p> <p>The RA has requested commissioner representative at future meetings. A discussion about this took place; it was felt that further clarity around the skills set of the representation was required. DP will ask this of the group.  DP will recommend that the group contact Alastair to inform him of the remit of the group and to request details of the contracts in terms of prices and contract expiry dates.</p> <p>Contracts prices/expiry dates will be added to the agenda for the meeting of the Chief Pharmacists and MM Leads.</p>	<p><b>DP</b></p> <p><b>BH</b></p>
<p><b>2018/093</b></p>	<p><b>Ivabradine prescribing information sheet</b></p> <p>AGR discussed the update to the ivabradine prescribing information sheet following its scheduled review.</p> <p><b>Decision</b>  The group discussed and approved the amendments made to the ivabradine prescribing information sheet. DJ stated that LTH are now using ivabradine generic. The group decided that all reference to the branded products will be removed from the information sheet.</p> <p><b>Action</b>  The Ivabradine prescribing information sheet will be uploaded to the LMMG website subject to the amendment above.</p>	<p><b>AGR</b></p>
<p><b>2018/094</b></p>	<p><b>Lancashire Blueteq system changes update</b></p> <p>AGR discussed the changes which will be made to the Blueteq system over the coming weeks.</p> <p>The changes will enable users to switch between biosimilar brands more easily, reduce the amount of work required to maintain forms and make new biosimilars available on the Blueteq system much more quickly. The changes should take approximately 6 weeks. The new forms are currently being built.</p> <p>BH asked LMMG representatives to inform their High Cost Drugs Teams of these changes.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/095	<p><b>Melatonin – LCFT position update</b></p> <p>AGR summarised the feedback from LCFT regarding the proposed RAG status of Red for Melatonin for new patients with learning difficulties and neurodevelopmental disorders.</p> <p><b>Decision</b> The group recalled the published evidence and details regarding the BTH audit which was discussed at the December LMMG. Suggestions were made for a protocol whereby clinicians could review patients and provide evidence of clinical effectiveness in this patient cohort. Due to the numerous pieces of work undertaken in respect of the recommendation for Melatonin for new patients with learning difficulties and neurodevelopmental disorders, the group suggested that this work should be amalgamated into one paper to aid the group in making a recommendation at the next meeting.</p> <p><b>Action</b> AGR will bring a paper to the next LMMG for Melatonin for new patients with learning difficulties and neurodevelopmental disorders.</p>	AGR
2018/096	<p><b>Psoriasis expansion guideline</b></p> <p>DP discussed the addition of the high cost nonbiologic treatments that have been approved by NICE Technology Appraisals to the guideline.</p> <p><b>Decision</b> The group approved the addition of the high cost nonbiologic treatments which were Apremilast (Otezla®) and Dimethyl Fumarate (Skilarence®). The group recognised that this was not a new addition to the pathway but their addition to the Psoriasis guideline formalised the practice of the treatments. DP will look to see if these can be added to the flowchart or alternatively as an addendum.</p> <p><b>Action</b> The Psoriasis guideline will be updated and uploaded to the LMMG website.</p>	DP
2018/097	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the paper; updating LMMG on the status of the work plan as follows:</p> <p><u>For discussion at the June meeting</u> Chronic non-cancer pain guideline – this is due for review. This</p>	

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	<p>will be changed significantly and will therefore this will be discussed at a later LMMG meeting.</p> <p>ADHD SCG update – current LMMG guidance will be reviewed in line with new NICE recommendations. This will be discussed at a later LMMG meeting.</p> <p>Type I and II DM leaflets – work is ongoing on full diabetes guidance, to reconsider content of the leaflets once guideline approved at LMMG.</p> <p><u>For discussion at the July meeting</u> Asthma guidance update – new NICE guidance was due October 2017.</p> <p>Update of age-related macular degeneration pathways - new NICE guidance was published January 2018. This may be delayed slightly and be discussed at a later LMMG meeting.</p> <p>Depression guideline (scope) – new NICE guidance was due in March 2018.</p> <p>Rheumatoid arthritis pathway (non-biologic) – new NICE guidance is due in July 2018.</p> <p><u>To be presented at the future meetings of the Clinical Policy Development Group</u> Insulin pump policy – out for patient engagement..</p> <p>CGM policy (including freestyle libre) – out for patient engagement.</p> <p><u>Other work in support of LMMG</u> LMMG decision making – work on going.</p> <p>AGR discussed a request to look at the possibility of producing a shared care guideline for testosterone replacement products which have a RAG rating of Amber 0 currently. It was felt by EL CCG that having a SCG (Amber 1) would be more appropriate. A SCG would also give further clarity of responsibilities when monitoring is taken over by primary care. AGR will scope what is required and find out whether patients are discharged from secondary care or transferred to primary care. This will be added to the work plan.</p> <p>A request has been received for a Hydroxycarbamide shared care guideline. LMMG does not have a formal RAG status. Cumbria currently have an Amber 1 RAG status for Hydroxycarbamide. Amber 1. The group decided that a scope will be undertaken. This will be added to the work plan.</p>	<p><b>AGR</b></p> <p><b>AGR</b></p>

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	<p>DJ has had a request from a microbiologist regarding developing a guideline around Antibiotic outpatient's parental therapy service; concerns have been highlighted about transferring patients across boundaries. It was felt that this issue did not fall within the remit of LMMG and is a commissioning responsibility. DJ will discuss outside of the meeting.</p> <p>AGR informed the group that there is a randomised controlled trial in the British Medical Journal which shows that bath additives used in eczema have no clinical benefit. The current spend on bath additives in Lancashire is £230,000. GA will share a piece of work which was undertaken in the Morecambe Bay CCG. AGR will scope the published evidence for bath additives with a view to developing an LMMG position.</p>	<b>AGR/GA</b>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<p><b>2018/098</b></p>	<p><b>New NICE Technology Appraisal Guidance for Medicines (April 2018)</b></p> <p>AGR presented the NICE TA guidance paper.</p> <p><u>The following NICE technology appraisals are an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification</u></p> <p>TA517 Avelumab for treating metastatic Merkel cell carcinoma in adults, only if they have had 1 or more lines of chemotherapy for metastatic disease.</p> <p>TA518 Tocilizumab for treating giant cell arteritis.</p> <p>TA519 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy.</p>	<b>AGR</b>
<p><b>2018/099</b></p>	<p><b>New NHS England medicines commissioning policies (April 2018)</b></p> <p>None published.</p>	
<p><b>2018/100</b></p>	<p><b>NHS England: items which should not be routinely prescribed in primary care – impact assessment</b></p> <p>DP presented the paper which was brought for discussion following the NHS England publication in respect of those medicines within the paper that affect LMMGs medicine recommendations and guidelines.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><u><i>Infrequent constipation (Minor Conditions suitable for Self-Care)</i></u>  The group agreed upon a review of LMMG 'Primary Care Constipation Guidelines version 1.1 December 2016 and associated medicines recommendations in acute treatment pathway. It was agreed that the LMMG guidelines will be amended in line with the NHS England recommendations to advise self-care of laxatives rather than to prescribe and a reference to the NHSE guidance. SR raised concerns regarding those patients who are prescribed Clozapine and have severe constipation. It was confirmed that those patients fall outside of the NHSE policy. This will be made clear in the LMMG Constipation guidelines.</p> <p><u><i>Infrequent Migraine (Minor Condition Suitable for Self-Care)</i></u>  The group agreed upon a review of the North-West Headache Management Guideline for Adults based on NICE CG150 (approved by LMMG) treatment of acute migraine and associated medicines recommendations. It was agreed that a reference to self-care within the NHSE guidance will be added into the LMMG guideline.</p> <p><u><i>Minor conditions associated with pain, discomfort and /fever (e.g. aches and sprains, headache, period pin, back pain) (Minor Condition Suitable for Self-Care)</i></u>  The group agreed upon a review of the North-West Headache Management Guideline for Adults based on NICE CG150 (approved by LMMG) treatment of acute migraine and associated medicines recommendations. It was agreed that a reference to the NHSE guidance will be added in the LMMG guideline.</p> <p><u><i>Prevention of dental caries (Minor Condition Suitable for Self-Care)</i></u>  The LMMG website has a current position of a Red RAG status and also has a recommendation to refer to the Lancashire Dental Transformation Board guidelines. The group discussed a proposed review of the LMMG medicines recommendation for High Concentration Fluoride Toothpaste (currently recommended for dental prescribing only – Red RAG status). DP will look at the recommendation of the Lancashire Dental Transformation Board and report back any relevant actions necessary.</p> <p><b>Actions</b>  AG will review the LMMG 'Primary Care Constipation Guidelines version 1.1 December 2016 and associated medicines recommendations in acute treatment pathway, once updated it will be uploaded to the LMMG website</p> <p>DP will review the North-West Headache Management Guideline for Adults based on NICE CG150 and bring back to LMMG for Minor conditions associated with pain, discomfort and /fever (e.g.</p>	<p style="text-align: center;"><b>AG</b></p> <p style="text-align: center;"><b>DP</b></p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>aches and sprains, headache, period pain, back pain) (Minor Condition Suitable for Self-Care) and Infrequent Migraine (Minor Condition Suitable for Self-Care).</p> <p>DP will look at the recommendation of the Lancashire Dental Transformation Board and bring back to LMMG if any changes are required.</p>	<b>DP</b>
<b>2018/101</b>	<p><b>Evidence reviews published by SMC or AWMSG (April 2018)</b></p> <p>DP discussed the SMC and AWMSG recommendations published during April 2018 and meeting LMMG criteria as follows:</p> <p><b>SMC</b></p> <p>1320/18 ciprofloxacin ear drops (Cetraxal®) SMC accepted 1320/18 ciprofloxacin ear drops (Cetraxal®) for the treatment of acute otitis externa in adults and children older than 1 year with an intact tympanic membrane, caused by ciprofloxacin susceptible microorganisms. The group discussed this and did not prioritise it for a review.</p> <p>1313/18 dimethyl fumarate (Skilarence®) SMC accepted 1313/18 dimethyl fumarate (Skilarence®) for the treatment of moderate to severe plaque psoriasis in adults in need of systemic medicinal therapy. LMMG has a current position of a Red RAG rating, no action was required by LMMG.</p> <p>1314/18 sarilumab (Kevzara®) SMC accepted 1314/18 sarilumab (Kevzara®) in combination with methotrexate for the treatment of moderately to severely active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). LMMG has a current position of a Red RAG rating, no action was required by LMMG.</p> <p>The remaining SMC and AWMSG recommendations for April 2018 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.</p>	
<b>PROCESS PROPOSALS</b>		
<b>2018/102</b>	<p><b>LMMG decision making - update</b></p> <p>BH provided an update of the meeting which took place between the Chief Pharmacists and CCG MM Leads to look at LMMG decision making. The group identified the following as priority work areas:</p> <p>Lucentis and Avastin. Uptake of biosimilars. DOACs as warfarin for anticoagulation.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Implementation for the NHS England guidance on prescribing over-the-counter preparations for self-care. Prescribing hubs.</p> <p>BH is looking at LMMGs terms of reference and how this may be amended if LMMG moved to making recommendations which would be formalised into decisions by the Joint Committee of CCGs. GA feedback to the CCB following the meeting of the Chief Pharmacists and CCG MM Leads. The CCB's priorities are to implement existing guidance.</p>	
<b>ITEMS FOR INFORMATION</b>		
<b>2018/103</b>	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</b></p> <p>No meeting in April.</p>	

**Date and time of the next meeting**

14<sup>th</sup> June 2018, 9.30 am to 11.30 am, Meeting Room 231, Preston Business Centre

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
10<sup>th</sup> May 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10 <sup>th</sup> MAY 2018
<b>ACTION SHEET FROM THE 13<sup>TH</sup> SEPTEMBER 2017 MEETING</b>				
2018/145	<p><b>Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline</b></p> <p><b>Update:</b> MLCSU has liaised with the Stroke Prevention Group; a paper has been drafted highlighting the financial risks involved. This paper will be presented at the CCB next week. BH will circulate the paper to the CCG MM Commissioning Leads.</p> <p><b>Update:</b> a paper went to CCB highlighting the cost pressures. The CCB agreed to a working group with a project plan. CCB are now looking at delegated budgets for stroke and stroke prevention for service areas therefore the working group is currently on hold until the CCB has confirmed the way forward.</p> <p><b>Update:</b> Amanda Doyle has stated that Warfarin and DOAC are being discussed at an NHSE committee in April; Amanda will update BH after the meeting. In the meantime, Amanda has suggested to hold all work in connection with Warfarin and DOACs.</p> <p><b>Update:</b> a response will be provided following the May meeting of the NHSE committee.</p> <p>A date for a second meeting of the chief pharmacists and MM Leads is being arranged. This will form part of those discussions.</p>	<b>BH</b>	<b>07.06.2018</b>	<b>Open</b>
<b>ACTION SHEET FROM THE 8<sup>TH</sup> MARCH 2018 MEETING</b>				
2018/058	<p><b>New NICE TA Guidance for Medicines (February 2018)</b> <b>New NICE Technology Appraisal Guidance for Medicines (February 2018)</b></p> <p>TA506 Lesinurad for treating chronic hyperuricaemia in people with gout (TA506)</p>			

	<p>– AGR will check the commissioning responsibility and update LMMG at the next meeting.</p> <p><b>Update:</b> this is a CCG commissioning responsibility and is not recommended by NHSE. This will be put on to the LMMG website as a Black RAG status.</p>	<b>AGR</b>	<b>05.04.2018</b>	<b>Closed</b>
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**ACTION SHEET FROM THE 12<sup>TH</sup> APRIL 2018 MEETING**

<b>2018/081</b>	<p><b>Evidence reviews published by SMC or AWMSG (March 2018)</b></p> <p>3397 levodopa-carbidopa intestinal gel (Duodopa®) for the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results: Patients not eligible for deep brain stimulation. Levodopa-carbidopa intestinal gel (Duodopa®) is not recommended for use within NHS Wales outside of this subpopulation. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.</p> <p><b>Action:</b> DP will look at the commissioning responsibility and bring back to LMMG.</p> <p><b>Update:</b> this is an NHSE commissioning responsibility. No action is required by LMMG.</p>	<b>DP</b>	<b>05.04.2018</b>	<b>Closed</b>
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**ACTION SHEET FROM THE 10<sup>TH</sup> MAY 2018 MEETING**

<b>2018/088</b>	<p><b>Shared care guideline for ADHD</b></p> <p>The shared care guideline for Lisdexamfetamine when used for the management of ADHD in children and young adolescents will be incorporated into a new combined shared care guideline which will cover both adults and children with ADHD.</p>	<b>AG</b>	<b>07.06.2018</b>	<b>Open</b>
<b>2018/092</b>	<p><b>Rheumatology Alliance – high cost drug working group update</b></p> <p>The RA has asked for a commissioner representative to sit on the group.</p>			

	<p><b>Action:</b> DP will ask the RA for further clarity around the skills set of the representative.</p> <p><b>Action:</b> DP will recommend that the group contact Alastair to inform him of the remit of the group and to request details of the contracts in terms of prices and contract expiry dates.</p> <p><b>Action:</b> Contracts prices/expiry dates will be added to the agenda for the meeting of the Chief Pharmacists and MM Leads.</p>	DP	07.06.2018	Open
		DP	07.06.2018	Open
		BH	07.06.2018	Open
2018/095	<p><b>Melatonin</b></p> <p>AGR will bring a paper to the next LMMG for Melatonin for new patients with learning difficulties and neurodevelopmental disorders.</p>	AG	07.06.2018	Open
2018/097	<p><b>LMMG guidelines work plan</b></p> <p><b>Bath additives</b></p> <p><b>Action:</b> GA will share a piece of work which was undertaken in the Morecambe Bay CCG.</p>	GA	07.06.2018	Open
2018/100	<p><b>NHS England: items which should not be routinely prescribed in primary care</b></p> <p>DP will review the North-West Headache Management Guideline for Adults based on NICE CG150 and bring back to LMMG for Minor conditions associated with pain, discomfort and /fever (e.g. aches and sprains, headache, period pin, back pain) (Minor Condition Suitable for Self-Care) and Infrequent Migraine (Minor Condition Suitable for Self-Care).</p> <p>DP will look at the recommendation of the Lancashire Dental Transformation Board and bring back to LMMG if any changes are required.</p>	DP	07.06.2018	Open
		DP	07.06.2018	Open