

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 14th June 2018, Room 231 at Preston Business Centre**

PRESENT:

Graham Atkinson (GA)	Chair of LMMG	NHS Morecambe Bay CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
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)	Head of Medicines Commissioning	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
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
Joanne McEntee	Medicines Information Lead	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/104	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Tony Naughton.</p> <p>It was noted that Joanne McEntee, North West Medicines Information Centre was in attendance to observe the meeting.</p>	
2018/105	<p>Declaration of any other urgent business</p> <p>None.</p>	
2018/106	<p>Declarations of interest pertinent to agenda</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	None.	
2018/107	<p>Minutes of the last meeting (10th May 2018)</p> <p>The minutes of the meeting dated 10th May 2018 were agreed as a true and accurate record subject to the re-wording of the following item to make it clear that MLCSU and LCFT are working together to update the shared care guideline:</p> <p>2018/088 Lisdexamfetamine – management of Attention Deficit Hyperactivity Disorder (ADHD) in 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&T.</p>	JJ
2018/108	<p>Matters arising (not on the agenda)</p> <p>Annual declarations from all LMMG members have been received; these will be considered by the chair and a summary will be brought to the July LMMG.</p> <p>A meeting took place last week between the Chief Pharmacists and LMM Commissioning Leads. The proposed changes to the LMMG process and terms of reference were discussed at the meeting. The draft documents will be sent out for comment next week to LMMG members and Chief Pharmacists. The comments will come back to LMMG before they are considered through CCB and ratified.</p>	
NEW MEDICINES REVIEWS		
2018/109	<p>Rivaroxaban 10mg tablets</p> <p>DP presented the paper discussing Rivaroxaban 10mg tablets for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and extended prevention of recurrent DVT and PE in adults which has been identified via the horizon scanning process.</p> <p>Recommendation: Amber 0 (extended prevention only)</p> <p>Rivaroxaban 10mg tablets for treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and extended prevention of recurrent DVT and PE in adults is recommended as suitable for prescribing in primary care, following recommendation or initiation by a specialist after the initial treatment period.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Six of eight CCGs and one provider trust responded by the closing date. Three of the responding CCGs and the responding provider trust agreed with the draft recommendation. Three CCGs disagreed with the draft recommendation.</p> <p>Decision The group acknowledged that there was some, but limited evidence for Rivaroxaban 10mg tablets compared to Aspirin in the EINSTEIN CHOICE study. Also, the group were cognisant of the NICE TA for Rivaroxaban 20mg tablets. The group agreed with the recommendation of Amber 0 but felt that the Anticoagulant pathway in primary and secondary care should be reviewed. This will form part of a task and finish group which was discussed at the meeting of the Chief Pharmacists and MM Commissioning Leads meeting.</p> <p>Action Rivaroxaban 10mg tablets for treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and extended prevention of recurrent DVT and PE in adults will be put on to the LMMG website as Amber 0 RAG status. The NICE TA for Rivaroxaban 20mg will be acknowledged on the LMMG website entry with a sentence to state that the Anticoagulant pathway is under review.</p>	DP
2018/110	<p>Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®)</p> <p>DP presented the paper for Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults.</p> <p>Recommendation: Green (restricted) 5% imiquimod cream (Aldara®) for the treatment of small superficial basal-cell carcinomas in adults.</p> <p>Recommendation: Green (restricted) 5% fluorouracil cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults.</p> <p>Restriction: only to be prescribed by suitably qualified GP with specialist interest (GPwSI) with demonstrable clinical skills and competencies, training and experience.</p> <p>GPs who manage low-risk basal cell carcinoma, including GPs with a special interests (GPwSI) or a GPs with Extended Roles (GPwERs), must maintain and audit records of their caseload (NICE QS130 Skin Cancer).</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Six of eight CCGs and three provider trusts responded by the closing date. Two of the responding CCGs and two responding provider trusts agreed with the draft recommendation.</p> <p>Decision The group discussed the recommendation of Green (restricted) RAG status and whether this was appropriate for initiation in a specialist setting and ongoing prescribing by GPs in primary care. The trials involved a treatment of 12 weeks for 5% fluorouracil cream (Efudix®) and 6 weeks for 5% imiquimod cream (Aldara®). Follow-up was up to 5 years for 5% imiquimod cream (Aldara®). The group felt that further clarity was required regarding the length of treatment course as this may determine whether the prescribing would remain in a specialist setting if it is a single course of treatment.</p> <p>Action MLCSU will seek clarity from the specialist service regarding the length of treatment.</p> <p>The words 'low risk' will be added in to the new medicine recommendation between the words in the sentence 'small' and 'superficial basal-cell carcinomas in adults'.</p> <p>This will be brought back to the July LMMG meeting for further discussion.</p>	<p>All actions DP</p>
<p>2018/111</p>	<p>Paravit Cystic Fibrosis capsules</p> <p>DP presented the paper which had been brought for discussion following a request for Paravit Cystic Fibrosis (CF) capsules in place of standard, multi component vitamin supplementation for patients with cystic fibrosis.</p> <p>Decision The group supported the use of Paravit CF capsules with an agreed RAG status of Amber 0.</p> <p>Action Paravit CF capsules will be put onto the LMMG website as Amber 0 RAG status.</p>	<p>DP</p>
<p>2018/112</p>	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>DP discussed the paper; updating the group on the status of the work plan as follows.</p>	

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	<p><u>Medicines for discussion at the July LMMG meeting</u> Denosumab – Glucocorticoid-induced osteoporosis</p> <p>Evolocumab – prevention of cardiac events in patients with CHD and a history of ACS, in combination with a statin</p> <p><u>New medicine reviews – on hold, awaiting licensing or launch</u> Immediate release fentanyl preparations – treatment of pain in palliative care patients</p> <p>Cariprazine – treatment of schizophrenia</p> <p>Tapentadol – for complex neuropathic pain in palliative care patients</p> <p>Guanfacine – treatment of adult ADHD</p> <p><u>Medicines identified as potential candidates for new medicines reviews</u> GLP-1 plus insulin – Type 2 diabetes – request by EL CCG. Currently being scoped including discussion about type of review/advice. This will be added to the LMMG website as Grey colour classification.</p> <p>Rituximab – Autoimmune haemolytic anaemia – identified by Manchester University NHS Foundation trust. Currently being scoped. This will be added to the LMMG website as Grey colour classification.</p> <p>Rituximab – Idiopathic thrombocytopenia purpura – identified by Manchester University NHS Foundation trust. Currently being scoped. This will be added to the LMMG website as Grey colour classification.</p> <p>Actipatch device – for treatment of pain: Knee Osteoarthritis, Planar Fasciitis and Sub-muscular Breast Surgery – requested by Blackpool CCG – potential cost pressure. Currently being scoped including discussion about indications likely to impact budget. It was highlighted that the RMOC are currently considering whether this should be prioritised for a review. The group decided that this will be put on to the LMMG website as Grey colour classification and await the decision of the RMOC.</p> <p>Prasterone (Intrarosa®) – Vulvovaginal or vaginal atrophy in postmenopausal women having moderate to severe symptoms – identified through horizon scanning. This will be added to the LMMG website as Grey colour classification to be reviewed when launched.</p>	<p>All actions DP</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Ospemifene (Senshio®) - Vulvovaginal or vaginal atrophy in postmenopausal women. This will be added to the LMMG website as Grey colour classification to be reviewed when launched.</p>	
GUIDELINES and INFORMATION LEAFLETS		
<p>2018/113</p>	<p>Bath emollient position statement</p> <p>AGR presented the Bath emollient position statement which was brought to the meeting following the publication of a randomised controlled trial in the British Medical Journal.</p> <p>Decision The Bath emollient position statement was considered in line with the proposals regarding LMMG's future decision-making ability in consideration of commissioning policies. The group agreed with a policy in principle, however, the consensus was that bath emollients would be better placed as part of self-care medicines which should not be routinely prescribed in primary care guidelines. The following will also be considered as part of the self-care guidance: Shower emollients Anti-microbial-containing preparations Adult preparations</p> <p>The inclusion of the EIRA was discussed. It was highlighted that the British Association of Dermatologists made a statement following the publication of the BATHE study. It was noted that children under 1 year of age were not included in the study, an age group that has a particularly high burden of eczema and the study excluded emollient preparations with antiseptic properties.</p> <p>It was highlighted that restricting access to emollient bath additives may directly disadvantage members of the community with differing skin types.</p> <p>The contents of the EIRA was highlighted. It was noted that an EIRA would not be required for all documents presented to the group and a risk status would be assigned to each indicating the potential impact of the policy on protected groups. Those policies assigned a high-risk status would require an EIRA and public engagement.</p> <p>Action Bath emollients will be considered for inclusion in the treatments which should not be routinely prescribed in primary care with the considerations above.</p>	<p style="text-align: center;">AGR</p>

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2018/114	<p>Grey RAG status medicines review</p> <p>AGR discussed the medicines listed on the LMMG website with a Grey RAG status.</p> <p>Benperidol – control of deviant antisocial sexual behaviour – The group were minded to make this RED, SR will ask if this is being used in the Learning Disabilities service and will cross reference with the recent mental health psychotropic formulary. Final confirmation of the RAG status will be made at the July meeting.</p> <p>Ethinylestradiol + drospirenone (low-dose) – Contraception – the group agreed that this will be removed from the LMMG website; the price has reduced, and other generic products are available.</p> <p>Fentanyl immediate release – treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent – AGR will check which indication is on the website and bring back to LMMG whether this needs to be removed in line with the NHSE England guidance; Items which should not routinely be prescribed in primary care: Guidance for CCGs.</p> <p>Tapentadol modified release – neuropathic pain in palliative care – there is no clinician interest, the group agreed that this will be removed from the LMMG website.</p>	<p style="text-align: center;">SR</p> <p style="text-align: center;">All other actions AGR</p>
2018/115	<p>Melatonin progress and evidence summary</p> <p>AGR gave a summary of the LMMG current position for Melatonin.</p> <p>The group discussed and considered the consultation papers, audit data, evidence, decisions and the minutes appertaining to the current recommendations for melatonin made by LMMG at previous meetings.</p> <p>Decision To aid discussions for the RAG status of melatonin in children with learning difficulties and neurodevelopmental disorders the group considered the published meta-analyses and systematic reviews and randomised controlled trials. AGR outlined the new evidence on the management of sleep problems in children with neurodevelopmental disorders. This showed that melatonin significantly improved total sleep time compared to placebo of 48 minutes and an improvement of sleep onset latency of 28 minutes.</p> <p>Based on the new evidence in children with neurodevelopmental disorders, the group agreed upon an Amber 0 RAG status for children in this cohort. To assist primary care, supporting guidance</p>	

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	<p>of treatment response for continued use of melatonin (based on the LCFT policy) will be developed. This will include sleep diaries.</p> <p>It was noted that the RMOC has received a request to look at melatonin for sleep disorders in children. This is in the early stages of consideration.</p> <p>Action Supporting information for continued treatment use of melatonin will be developed for primary care based on the LCFT policy.</p> <p>Melatonin for children with neurodevelopmental disorders will remain Grey RAG status on the LMMG website but changed to Amber 0 once the supporting policy has been approved by LMMG.</p>	<p>AGR</p> <p>AGR</p>
2018/116	<p>LMMG – Guidelines Work Plan update</p> <p>AGR discussed the paper; updating LMMG on the status of the work plan as follows:</p> <p><u>For discussion at the July meeting</u> NRT position statement – update – the position statement has been updated in line with recommendation in NICE guidance published in March 2018.</p> <p>Rheumatoid arthritis pathway (non-biologic) – NICE guidance is due in July 2018.</p> <p><u>For discussion at the September meeting</u> Depression guideline (scope) – new NICE guidance was due March 2018 but now delayed until Autumn 2018.</p> <p>Chronic non-cancer pain guideline – due for review.</p> <p>Testosterone SCG – discussed and requested at the May meeting of the LMMG.</p> <p>Update of age-related macular degeneration pathways – NICE guidance published January 2018. Update dependent on the paper which is to be considered by CCB on Avastin in wet AMD.</p> <p>Hydroxycarbamide SCG - during development of the shared care it was highlighted that the monitoring in primary care was intensive. Out of 420 prescriptions, Morecambe Bay prescribed 350. There are around 37 patients in ELHT and in primary care in East Lancs CCG and Blackburn with Darwen CCG there are around 5-10 patients. Most prescribing in Lancashire sits within secondary care. The group agreed that the Hydroxycarbamide shared care will not be progressed. A proposed RAG status of Red was made. Secondary care representatives will check with their specialist</p>	<p>Secondary care representatives</p>

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	<p>services that the patients currently in primary care can be referred back into the service of ongoing supply and oversight. This will be brought back for confirmation of the position at the July meeting</p> <p>ADHD SCG update – current LMMG guidance to be reviewed in line with new NICE recommendations, in addition it has also been agreed at LMMG to merge the current children’s and adult shared care documents.</p> <p><i><u>For discussion at the October meeting</u></i> Type I and II DM leaflets – work is on-going on the full diabetes guidance, to reconsider content of the leaflets once guideline approved at LMMG.</p> <p>RAG status review – first round RAG status review papers</p> <p><i><u>To be presented at the December and future meetings of the Clinical Policy Development Group</u></i> Insulin pump policy – out for patient engagement with STP groups.</p> <p>CGM policy (including Freestyle Libre) – out for patient engagement with STP groups.</p> <p><i><u>Other work in support of LMMG</u></i> LMMG decision making – work on going. Currently scoping stakeholder opinion, draft ToR being finalised.</p> <p>AGR informed the group that a request has been received for a goserelin (Zoladex®) shared care document. The group agreed that this will be added to the work plan.</p> <p>A request has also been received for a Phlexy-vit position statement. There is a cheaper alternative available. Also, clarity is awaited from Salford regarding the responsibility of prescribing Phlexy 10 Tablets, Phlexy liquids. The group agreed that a draft position statement will brought to LMMG.</p> <p>Two new shared care documents have been requested for Dermatology in primary care:</p> <p>Acitretin in post-menopausal women - palmar plantar pustulosis, plaque psoriasis and darier’s disease. The group agreed that this will be added to the work plan.</p> <p>Hydroxychloroquine – palmar plantar pustulosis and lupus. The group agreed that this will be added to the work plan.</p> <p>Also, requests have been received for shared care documents for Ciclosporin, Methotrexate and Azathioprine for dermatology usage.</p>	<p>All other actions AGR</p>

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	<p>These indications fit in the existing shared care documents. The monitoring included in the request will be checked against the shared care documents.</p> <p>The commissioning responsibility for the above drugs will be checked and brought back to LMMG.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/117	<p>New NICE Technology Appraisal Guidance for Medicines (May 2018)</p> <p>AGR presented the NICE TA guidance paper. TA520 Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy – this is a NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification.</p> <p>A NICE TA521 for Guselkumab for moderate to severe plaque psoriasis was published on 13th June. This was not included in the paper to LMMG as this was released on the 13th of June and has a 30-day implementation period. The Blueteq forms will be created and put onto the LMMG website. Guselkumab will be included in the NICE TA paper for the July LMMG meeting for completeness.</p>	AGR
2018/118	<p>New NHS England medicines commissioning policies (May 2018)</p> <p>None published.</p>	
2018/119	<p>Evidence reviews published by SMC or AWMSG (May 2018)</p> <p>DP discussed the SMC and AWMSG recommendation published during May 2018 and meeting LMMG criteria as follows:</p> <p>1283/17 brodalumab (Kyntheum®) SMC accepted 1283/17 brodalumab (Kyntheum®) for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy - LMMG has a current position of a Red RAG rating, no action was required by LMMG.</p> <p>SMC2086 naltrexone bupropion (Mysimba®) SMC did not accept SMC2086 naltrexone bupropion (Mysimba®) as an adjunct to a reduced-calorie diet and increased physical activity, for the management of weight in adult patients (≥18 years) with an initial Body Mass Index (BMI) of</p> <ul style="list-style-type: none"> • ≥ 30 kg/m² (obese), or 	

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	<p>• $\geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$ (overweight) in the presence of one or more weight-related co-morbidities (e.g., type 2 diabetes, dyslipidaemia, or controlled hypertension)</p> <p>This is not recommended by NICE TA494; LMMG have an existing Black RAG status, no action was required by LMMG.</p> <p>The remaining SMC and AWMSG recommendations for May 2018 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.</p>	

OTHER PROPOSALS

2018/120	<p>LMMG Annual Report 2017/18</p> <p>BH presented the draft annual report which gave an overview of the LMMG's activity in the 2017-18 financial year.</p> <p>The annual report will be brought to the July LMMG and then taken to the CCB together with the draft LMMG terms of reference.</p> <p>Action BH asked LMMG representatives to review appendix 5 of the annual report and feedback the missing recommendations by the end of next week.</p>	<p>CCG representatives</p>
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ITEMS FOR INFORMATION

2018/121	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (11th May 2018)</p> <p>SR asked CCG representatives to send their GP practice pharmacist lists to SR.</p>	<p>CCG representatives</p>
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Date and time of the next meeting

12th July 2018, 9.30 am to 11.30 am, Byron Room, Jubilee House, Leyland

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
14th June 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14 th June 2018
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2018/145	<p>Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline</p> <p>Update: 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>Update: 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>Update: 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>Update: a response has not been received. It was decided at the meeting with the Chief Pharmacists and MM Leads to put a working group together to look at anticoagulants; expressions of interest will be requested to form the working group.</p>	BH	07.06.2018	Closed
ACTION SHEET FROM THE 10th MAY 2018 MEETING				
2018/088	<p>Shared care guideline for ADHD</p> <p>The shared care guideline for Lisdexamfetamine when used for the management of ADHD in children and young adolescents will be incorporated</p>			

	<p>into a new combined shared care guideline which will cover both adults and children with ADHD.</p> <p>Update: this is in development and will be brought to the September LMMG meeting.</p>	AG	07.06.2018	Closed
2018/092	<p>Rheumatology Alliance – high cost drug working group update</p> <p>The RA has asked for a commissioner representative to sit on the group.</p> <p>Action: DP will ask the RA for further clarity around the skills set of the representative.</p> <p>Update: this is ongoing, the next meeting will take place after the summer period.</p> <p>Action: 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>Action: Contracts prices/expiry dates will be added to the agenda for the meeting of the Chief Pharmacists and MM Leads.</p> <p>Update: this was put on the agenda.</p>	DP	07.06.2018	Closed
		DP	07.06.2018	Open
		BH	07.06.2018	Closed
2018/095	<p>Melatonin</p> <p>AGR will bring a paper to the next LMMG for Melatonin for new patients with learning difficulties and neurodevelopmental disorders.</p> <p>Update: discussed under an agenda item.</p>	AG	07.06.2018	Closed
2018/097	<p>LMMG guidelines work plan</p> <p>Bath additives</p> <p>Action: GA will share a piece of work which was undertaken in the Morecambe Bay CCG.</p> <p>Update: discussed under an agenda item.</p>	GA	07.06.2018	Closed
2018/100	NHS England: items which should not be routinely prescribed in primary care			

	<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>Update: the Headache Management guideline for Adults is currently being re-drafted.</p>	DP	07.06.2018	Closed
	<p>DP will look at the recommendation of the Lancashire Dental Transformation Board and bring back to LMMG if any changes are required.</p> <p>Update: DP has checked this; a statement from the Dental Transformation Board is referred to on the EL CCG website. LMMG has a link to this on the website.</p>	DP	07.06.2018	Closed

ACTION SHEET FROM THE 14th JUNE 2018 MEETING

2018/110	<p>Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®)</p> <p>Actions</p> <p>MLCSU will ask the specialist service for further clarity around the length of treatment.</p> <p>The words 'low risk' will be added in to the new medicine recommendation between the words in the sentence 'small' and 'superficial basal-cell carcinomas in adults'.</p>	DP	07.06.2018	Open
		DP	07.06.2018	Open
2018/114	<p>Grey RAG status medicines review</p> <p>Benperidol – control of deviant antisocial sexual behaviour</p> <p>Action: The group were minded to make this RED, SR will ask if this is being used in the Learning Disabilities service and will cross reference with the recent mental health psychotropic formulary. Final confirmation of the RAG status will be made at the July meeting.</p>	SR	07.06.2018	Open

	<p>Fentanyl immediate release – treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent</p> <p>Action: AGR will check which indication is on the website and bring back to LMMG whether this needs to be removed in line with the NHSE England guidance; Items which should not routinely be prescribed in primary care: Guidance for CCGs.</p>	AGR	07.07.2018	Open
2018/115	<p>Melatonin</p> <p>Supporting information for continued treatment use of melatonin will be developed for primary care based on the LCFT policy.</p> <p>Melatonin for children with neurodevelopmental disorders will remain Grey RAG status on the LMMG website but changed to Amber 0 once the supporting policy has been approved by LMMG.</p>	AGR	07.07.2018	Open
		AGR	07.07.2018	Open
2018/116	<p>LMMG – guidelines work plan update</p> <p>Hydroxycarbamide shared care -</p> <p>Action: Secondary care representatives will check with their specialist services that the patients currently in primary care can be referred back into the service of ongoing supply and oversight. This will be brought back for confirmation of the position at the July meeting.</p>	Secondary care representatives	07.07.2018	Open
2018/120	<p>LMMG Annual report 2017/18</p> <p>Action</p> <p>BH asked LMMG representatives to review appendix 5 of the annual report and feedback the missing recommendations by the end of next week.</p>	CCG representatives	07.07.2018	Open