Minutes of the Lancashire Medicines Management Group Meeting Held on Thursday 12th May 2016 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care 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
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainer (AGR)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/082	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Brent Horrell.	
2016/083	**Declaration of any other urgent business** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016084	**Declarations of interest pertinent to agenda** GA declared a non-pecuniary interest (previous employer) relating to the agenda item Ulipristal Uterine Fibroids.	
2016/085	**Minutes of the last meeting (14th April 2016)** The minutes of the meeting dated 14th April 2016 were agreed as a true and accurate record.	
2016/086	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2016/087	**Ulipristal Uterine Fibroids** DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Red** Ulipristal acetate (Esmya®) is recommended for treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age in Lancashire only when prescribed by a specialist within secondary care (e.g. gynaecologist) in the pre-surgical or intermittent treatment setting. 7 of 8 CCGs responded, of the responders 6 agreed and 1 did not agree with the proposed classification. All 4 Acute Trusts responded – 1 agreed, 3 did not agree. Lancashire Care Trust responded but did not express a preference. **Decision** Due to the limited monitoring requirements of Ulipristal in the pre-surgery and intermittent treatment setting, it was discussed and decided that secondary care will initiate the first month's supply. The subsequent 2 months' supply will be provided from primary care. A prescribing information sheet will be drafted for treatment options/annual monitoring as an aid to prescribing in the pre-surgical or intermittent treatment setting. The committee did not agree with the recommendation of Red colour classification. The committee agreed upon an Amber 0 colour classification for Ulipristal acetate (Esmya®). **Actions** Ulipristal acetate (Esmya®) will be added to the website as Amber 0 for initiation by a specialist within secondary care in the pre-surgical or intermittent treatment setting.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	A prescribing information sheet will be drafted which outlines the dosing schedule and follow up arrangements.	**All actions DP**
2016/088	**Liothyronine** DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation 1: Black** Liothyronine is NOT recommended for use by the NHS in Lancashire in the following setting: as an add-on treatment for refractory hypothyroidism despite adequate monotherapy with levothyroxine. **Recommendation 2: Red** Liothyronine is recommended for the treatment of acute conditions where thyroid replacement is needed rapidly, for a limited period and/or where a drug with shorter half-life is required. 7 of 8 CCGs responded, all the responders agreed. 3 of 4 Acute Trusts responded, all responders agreed. LTHT and Lancashire Care Trust did not respond. **Decision** The committee agreed with recommendation 1, Black colour classification The committee agree with recommendation 2, Red colour classification. **Actions** Liothyronine will be put onto the website as Black colour classification for use as an add-on treatment for refractory hypothyroidism despite adequate monotherapy with levothyroxine. Liothyronine will be put onto the website as a Red colour classification for the treatment of acute conditions where thyroid replacement is needed rapidly, for a limited period and/or where a drug with shorter half-life is required.	**DP**
2016/089	**LMMG – New Medicines Reviews Work Plan update** AGR discussed this paper; updating the committee on the current status of the work plan as follows: *Medications recommendation for June LMMG* Biologics pathway – Psoriasis – currently out to consultation.	

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	Guanfacine – ADHD – currently out to consultation. Tapentadol prolonged release – Severe chronic pain – the medicines review includes dual therapies; this is currently out to consultation. *Medications recommendations for July LMMG* Lurasidone – Schizophrenia – this is due to be sent out to consultation in the next few weeks. Albiglutide/Dulaglutide – Diabetes – this will be sent out to consultation in the next few weeks. Ticagrelor – prevention of atherothrombotic events in adult patients with a history of myocardial infarction (MI occurred at least one year ago) and a high risk of developing an atherothrombotic event – this will be sent out to consultation once feedback from secondary care has been received. *Medications for future review* Infliximab – Pyoderma Gangrenosum Colesevelam – Familial hypercholesterolaemia *New Medicines Reviews – on hold awaiting licensing and launch* Naltrexone/bupropion – Obesity Bazedoxifene/conjugated oestrogen – post menopausal osteoporosis + menopausal symptoms Safinamide – mild-late stage Parkinson's disease Liraglutide - Obesity DJ queried whether Brivaracetam could be prioritised for a review via LMMG. This will be considered upon receipt of an application.	
GUIDELINES and INFORMATION LEAFLETS		
2016/090	**Sequential use of Biologics in Ulcerative Colitis (UC)** SM presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: The draft recommendations were: **Recommendation 1:** In UC patients who experience intolerance, secondary failure or primary failure with infliximab as their first TNF-alpha inhibitor in line with NICE TA329, treatment with adalimumab as a second TNF-alpha inhibitor may be tried. Use of alternative second-line TNF-alpha inhibitors is not supported. **Recommendation 2:** Use of a third TNF-alpha inhibitor in UC patients who have experienced treatment failure or intolerance to a second TNF-alpha inhibitor is not recommended.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Recommendation 3: Certolizumab and ustekinumab are not currently licensed for use in UC and are not recommended for use in UC. **Recommendation 4:** Use of biologic agents to prevent recurrence of UC following surgery is not recommended. 3 of 8 CCGs, 3 of 4 Acute trusts responded by the closing date. ELHT did not receive any comments from clinical staff and therefore did not specify if they agreed with the consultation or not. The remaining organisations agreed with the consultation responses. Further comments were received for recommendation 1, from LTHT which were considered by LMMG. **Decisions** **Recommendation1** The committee did not agree with recommendation 1. The committee decided that infliximab, adalimumab and golimumab should be available as first-line TNF-alpha inhibitors but deferred making a decision around second-line TNF-alpha inhibitors. It was noted that by restricting second line treatment options to adalimumab only, patients for whom adalimumab is used first line will not have access to the same number of biologics as those who are started on either adalimumab or golimumab. The wording of this recommendation will be further discussed at the June LMMG. The recommendation will also be cross-referenced with the Biosimilars position statement. **Recommendation2** The committee agreed with recommendation 2, due to the lack of evidence in support of using a 3rd line TNF-alpha inhibitor for UC and none to support use ahead of Vedolizumab. The committee agreed that the medicine recommendation should be updated to reflect that Vedolizumab is available as a treatment option after first and second line use of a TNF-alpha inhibitor in UC patients. The recommendations made will be presented in a pathway format and brought back to the June LMMG for approval. **Recommendation 3** Due to the lack of evidence in support of this, the committee agreed with recommendation 3. Certolizumab and ustekinumab will be made Black colour classification on the website. **Recommendation 4** The committee agreed with recommendation 4. For clarity, the individual drugs infliximab, adalimumab, golimumab and vedolizumab will be put onto the website as Black colour classification.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Actions The recommendations will be cross-referenced to the Biosimilar position statement. Infliximab, adalimumab and golimumab will be made Red colour classification on the LMMG website for use as first-line TNF-alpha inhibitors. Adalimumab will be made Red colour classification on the LMMG website for use as second-line TNF-alpha inhibitors. Use of second-line TNF- alpha inhibitors will further discussed at June LMMG The amended medicines recommendation for the use of Vedolizumab as a third-line biologic in UC use will be brought back to the June LMMG for approval. Certolizumab and Ustekinumab will be made Black colour classification on the website; not recommended for use in UC. Infliximab, adalimumab, golimumab and vedolizumab will be made Black colour classification on the LMMG website; not recommended for prophylaxis of UC following surgery. A pathway for both UC and CD will be mapped out and brought to the June LMMG.	**All actions SM**
2016/091	**Sequential Use of Biologics in Crohns Disease (CD)** SM presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation 1:** In CD patients who experience intolerance, secondary failure or primary failure with a first TNF-alpha inhibitor used in line with NICE, treatment with a second NICE TA187-approved TNF-alpha inhibitor may be tried. **Recommendation 2:** Use of a third TNF-alpha inhibitor in CD patients who have experienced treatment failure or intolerance to a second TNF-alpha inhibitor is not recommended. **Recommendation 3:** Certolizumab and ustekinumab are not currently licensed for use in CD and are not recommended for use at this time. **Recommendation 4:** Routine use of biologic agents to prevent recurrence of CD following surgery is not recommended. In patients at high risk of recurrence (e.g. more than one resection,	

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	or penetrating or fistulising disease), prophylaxis with thiopurine should be considered where appropriate. A TNF-alpha inhibitor may be considered in these high risk patients upon recurrence, or if thiopurine treatment is not tolerated. 3 of 8 CCGs, 3 of 4 Acute trusts responded by the closing date. ELHT did not receive any comments from clinical staff and therefore did not specify if they agreed with the consultation or not. The remaining organisations agreed with the consultation responses. Further comments were received for recommendation 4, from LTHT which LMMG are asked to consider. **Decisions** **Recommendation 1** The committee agreed with recommendation 1, infliximab and adalimumab will be available as first line and second line TNF-alpha inhibitors. This will be made Red colour classification on the LMMG website. **Recommendation 2** The committee agreed with recommendation 2, due to the lack of evidence in support of this and none to support its use ahead of vedolizumab The committee agreed that the medicine recommendation should be updated to reflect that vedolizumab is available as a treatment option after first and second line use of a TNF-alpha inhibitor in CD patients. This will be brought back to June LMMG for discussion. **Recommendation 3** Due to the lack of evidence in support of this, the committee agreed with recommendation 3. Certolizumab and ustekinumab will be made Black colour classification on the website. **Recommendation 4** The committee agreed with recommendation 4. For clarity the individual drugs infliximab, adalimumab, vedolizumab will be put onto the website as Black colour classification for routine prevention of recurrence of CD following surgery. **Actions** The recommendations will be cross-referenced to the Biosimilars position statement. Infliximab and adalimumab will be put onto the website as Red colour classification for first and second line use in CD patients. The amended medicines recommendation for the use of Vedolizumab as third-line use will be brought back to the June LMMG for approval.	**All actions SM**

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	Certolizumab and ustekinumab will be made Black colour classification on the LMMG website. Infliximab, adalimumab, and vedolizumab will be made Black colour classification on the website; not recommended for routine use of biologic agents to prevent recurrence of CD following surgery. A pathway for both UC and CD will be mapped out and brought to the June LMMG.	
2016/092	**Prescription Management of Stoma and Incontinence products** SM presented this paper which had been developed to support prescribers and medicines optimisation teams. 6 of 8 CCGs and 3 of 4 provider trusts responded by the closing date. 3 organisations supported the guidance document, 5 organisations did not specify and LTHT did not agree with the guidance. A discussion took place regarding the ordering/prescription requests from a DAC or pharmacy contractor on behalf of a patient (second bullet point) under the heading Ordering/Prescription Requests. The committee agreed that this paragraph will be amended to read "the ordering of prescriptions on behalf of a patient by a DAC or pharmacy contractor is not routinely recommended except where there are exceptional circumstances. The exceptional circumstances will be documented. The prescription can be refused if there are issues experienced with 3rd parties ordering of prescriptions. The comments raised by LTHT were discussed and considered by the committee. The committee agreed that they did not require any further amendments to be made and approved the Prescription Management of Stoma and Incontinence Products in its current format. A discussion took place regarding a Lancashire stoma and continence products formulary. CF highlighted that wider work was ongoing regarding the negotiation of national contracts for continence products. It was suggested that this should be discussed at a LMMG meeting in 3-6 months' time. **Decisions** The committee approved the Stoma and Incontinence Products document subject to the amendment above.	**CF**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Actions The Stoma and Incontinence Products document will be uploaded to the LMMG website. Add a forward agenda item for CF to update LMMG on the progress of national contract for continence products in 3-6 months' time.	**SM** **CF**
2016/093	**Trans-anal irrigation in non-neurogenic bowel disorder** SM discussed the comments received in response to the LMMG deferred decision regarding use of trans-anal irrigation in non-neurogenic bowel disorder and the local audit information provided by LTHT. . **Decision** The committee considered the audit data from LTHT and also recognised that there are established services in some localities. It was agreed that Trans-anal irrigation should be provided within the context of a specialist commissioned service. The details of the service provision would fall outside of the remit of LMMG, but it was agreed that existing primary care services could not be expected to support this. The committee agreed that Trans-anal Irrigation devices for Non-Neurogenic Bowel Disorders will be given an Amber 0 colour classification for specialist initiation and that use was only recommended within the context of a specialist service which should retain responsibility for on-going patient follow-up and review . **Action** Trans-anal irrigation in non-neurogenic bowel disorder will be made Amber 0 on the LMMG website. SM will update the position statement and bring it back to the June LMMG.	**All actions SM**
2016/094	**North West Headache Management Guidelines** SM presented the North West Headache Management Guidelines paper which was produced by the Strategic Clinical Network. The drugs presented in the table were discussed and the following were decided by the committee: Prednisolone - Giant Cell Arteritis - this will be added to the LMMG website as green color classification Aspirin dispersible – Migraine - this will be added to the LMMG website as green colour classification.	

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	NSAIDs – Migraine – Ibuprofen and naproxen are on the LMMG website as Green colour classification for pain, a link to the headache guidance will be added. Metoclopramide or domperidone - this will be added to the LMMG website at green colour classification for nausea associated with acute migraine and the relevant MHRA warnings will be included. Triptans – Migraine – Triptan drugs are not currently listed on the LMMG website, no decision was made regarding website actions. Sumatriptan injection – cluster headache – this will be added to the LMMG website as Green colour classification. Prednisolone – cluster headache – this will be added to the LMMG website as Green colour classification. Botulinum Toxin – Chronic Migraine – this is already on the LMMG website as red colour classification in line with NICE TA260. Propranolol MR, Topiramiate, Amitriptyline and Gabapentin for Migraine Prophylaxis will be added to the LMMG website as Green colour classification. Amitriptyline – Tension type headache prophylaxis – this will be added to the LMMG website as Green colour classification. **Decision** The committee reviewed the guidance document and were happy to adopt this in its current format. SM will feedback the medicines decisions to the Strategic Clinical Network placing the LMMG logo on the pathway. **Action** The individual drugs will be added to the website in line with the decisions above**.** SM will feedback the medicines decisions to the Strategic Clinical Network placing the LMMG logo on the pathway.	**All actions SM**
2016/095	**Colour Classification Review, List 2** SM discussed the medications in the annual review paper for which member organisations have requested a change in colour classification. Mesalazine – Ulcerative Colitis – Some areas monitor this as per shared care arrangements. SM will check British Society of	

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	Gastroenterologists guidance to determine whether the monitoring is in line with current practice. This will be brought back to the June LMMG. The following four drugs will be discussed further under the Constipation Guideline work: Naloxegol – Opioid induced Bowel Dysfunction. Linaclotide – Moderate to severe irritable bowel syndrome with constipation. Lubiprostone – Treating chronic idiopathic constipation (NICE TA318). Prucalopride – Treatment of chronic constipation in women (NICE TA211). The following two drugs were discussed under the Trans Anal irrigation agenda item: Peristeen – Neurogenic Bowel Dysfunction Peristeen, Qufora – chronic constipation or chronic faecal incontinence (non-neurogenic) Sulfasalazine – Ulcerative colitis Crohn's disease, Rheumatoid arthritis – these individual medicines will be added to the LMMG website as licensed indications together with the unlicensed preparations: sero-negative spondyloarthropathy including psoriatic arthritis and psoriasis. Methotrexate SC injection pen – Rheumatoid Arthritis, Crohns disease– the committee decided that no change was required; this will remain as Amber 2 colour classification on the LMMG website. Cyclophosphamide – Rheumatic disease – the committee decided that this will be made Red colour classification on the website for prescribing in Secondary care in light of the monitoring requirements.	**All actions SM**
2016/096	**LMMG Guidelines Work Plan update** SM discussed this paper; updating LMMG on the current status of the work plan as follows: <u>*Out to consultation*</u> Toujeo Insulin – information sheet Zero Risk Schemes Position Statement Neuropathic Pain, Patient Information Leaflet <u>*In development*</u> Patient Information Leaflets, Riluzole, Vitamin D and Clopidogrel Apomorphine Shared Care Guidelines – LTHT are in process of	

ITEM	SUMMARY OF DISCUSSION	ACTION
	reviewing the LMMG feedback on this shared care document. The Walton Centre and Salford Royal have also developed local shared care guidance. Further work is required regarding amalgamation of these documents. This will be discussed at LMMG once it has been agreed locally. The committee agreed on a Red colour classification for new patients pending approval of the shared care document. Inhaler Comparison and Identification Guide. *New additions – work to start soon* Melatonin, Position Statement/Guidance Oral Anticoagulant Prescribing Guide Constipation Guidance *Other LMMG work* Co-Trimoxazole Shared Care Guideline- on hold awaiting feedback from specialist regarding monitoring Mycophenolate Shared Care Guideline – The Rheumatology Alliance (RA) updated SM; the British Society of Rheumatologists DMARD monitoring guidance is going out to consultation imminently. The committee agreed to wait for the publication of the guidance before starting this work. Wythenshawe hospital has confirmed that the shared care for Idiopathic Pulmonary Fibrosis is almost finalised. There is NICE guidance around the use in ILD, however, it is used for patients with idiopathic pulmonary fibrosis who do not have ILD as a third-line treatment option. This will be adopted once the shared care has been finalised. Palliative Care Prescribing Guideline – further feedback is awaited from the SCN. For information, SM informed the committee that the RA is looking at biosimilars and how these fit with their various pathways. SM will be attending a meeting soon with the RA to discuss this. Following local discussion, JL requested a guidance document for anti-depressant prescribing/reviewing patients. SM will produce a scoping document for clarity on requirements and what is available locally.	**All actions SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/097	**New Nice Technology Appraisal Guidance for Medicines (April 2016)** AGR presented this paper, the following actions were agreed: TA388 Sacubitril/valsartan for treating symptomatic chronic heart failure with reduced ejection fraction, only in people • With New York Heart Association (NYHA) class II to IV symptoms • With a left ventricular ejection fraction of 35% or less and • Who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) – this is a CCG commissioned responsibility. In light of the potential cost pressure across Lancashire, AGR will find out if the costs are associated with new patients only or for patients switching to Sacubitril/valsartan. AG will take this back to Cardiac Network to find out if there is a requirement for its use. TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indication - this is an NHS England commissioning responsibility and will be added to the LMMG website as Red colour classification. TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer – this is an NHS England commissioning responsibility and will be added to the website as the following colour classifications: Paclitaxel – Red Pegylated liposomal doxorubicin hydrochloride (PLDH) – Red Gemcitabine (in combination with carboplatin) – Black Trabectedin (in combination with PLDH) – Black Topotecan - Black	**AGR/AG** **AGR** **AGR**
2016/098	**New NHS England Medicines Commissioning Policies (April 2016)** None published in April 2016.	
2016/099	**Evidence Reviews published by SMC or AWMSG (April 2016)** DP discussed the AWMSG recommendations published during April 2016 meeting LMMG criteria, which were: <u>AWMSG</u> 2767 Ulipristal acetate (Esmya®)	

ITEM	SUMMARY OF DISCUSSION	ACTION
	AWMSG accepted Ulipristal acetate (Esmya®) for the treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. This was discussed under the new medicines review agenda item. 918 Prucalopride (Resolor®) AWMSG accepted Prucalopride (Resolor®) for the treatment of chronic constipation **in men** in whom laxatives fail to provide adequate relief. This is a CCG commissioning responsibility. DP will look at the NHS Wales evidence review and use this a starting point to decide whether the impact of the drug's licence change will trigger a Lancashire review. A short paper will be produced to assess the potential impact that this may have across Lancashire. Following consideration of the paper this will then be considered for addition to the work plan. 2068 Ustekinumab (Stelara®) AWMSG accepted Ustekinumab (Stelara®) for the treatment of chronic moderate to severe plaque psoriasis in adolescent patients from the age of 12 years and older, who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies. The Plaque psoriasis consultation covers this indication and adolescents are commissioned by NHS England, therefore no action was required. There were no SMC recommendations published during April 2016 meeting LMMG criteria. It was discussed that the remaining AWMSG recommendations for April 2016 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them.	**DP**
ITEMS FOR INFORMATION		
2016/100	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee** No meeting in April,	
2016/101	**Minutes of the Lancashire CCG Network** The group noted these minutes.	

Date and time of the next meeting
9th June 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
12th May 2016

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12.05.2016
ACTION SHEET FROM THE 11th FEBRUARY 2016 MEETING				
2016/028	**Horizon Scanning 2016/17 Financial Year** Licensed version of e-cigarettes – JK will forward the letter from BwD Council to MLCSU for circulation and MLCSU will engage with Public Health with a view to publishing a joint statement **Update:** SM contacted Public Health North West. They confirmed that they support use of e-cigarettes as an aid to smoking cessation, and that councils are the responsible commissioner of smoking cessation services. MLCSU will produce a position statement regarding the use of nicotine products including e-cigarettes as an aid to smoking cessation via smoking cessation services. Secondary Care MM Leads will circulate the Horizon scanning document to specialists to seek their preferences for prioritising products which are due to be licensed. **Update:** Secondary Care MM Leads confirmed that this has been circulated but no comments have been received. No further action required.	**JK/MP/BH** **Secondary Care MM Leads**	**02.06.16** **05.05.2016**	**Open** **Closed**
ACTION SHEET FROM THE 10th March 2016 MEETING				
2016/056	**LMMG – guidelines Work Plan update** Decision Aid for Antivirals During Flu outbreaks **Action:** SM will contact PH to raise concerns around a lack of up to date diagnosis and treatment pathway. **Update:** SM has raised concerns via NHS England. The Vac & Imms group has confirmed there will be Flu teams working in local areas during the forthcoming flu season. TN has had communication from the EPRO group regarding responsibility for the production of support materials. TN has	**SM**	**05.05.2016**	**Closed**

	advised that the group will offer advice on medicines but that overall responsibility should sit with PH.			
ACTION SHEET FROM THE 14th APRIL 2016 MEETING				
2016/072	**Assessment of Trans-Anal Irrigation Devices and Position Statement** **Use of transanal irrigation systems/rectal irrigation systems for chronic constipation or chronic faecal incontinence** **Action:** CCGs to feedback their commissioning position. **Action:** Once CCG feedback has been received by MLCSU, SM will write to other areas clarifying the current Lancashire position. **Update:** Discussed under an agenda item	**CCG MM Leads** **SM**	**05.05.2016** **05.05.2016**	**Closed** **Closed**
2016/075	**Colour Classification Review – List 1 outstanding actions** **LMWHs for patients on VTE including therapy** **Action:** PB will feedback once clarification has been received regarding the recharging of LMWH costs to NHS England for patients on VTE inducing chemotherapy. **Update:** PB confirmed that finance can recharge the LMWH cost to NHS England. The LMWH guidance will be brought back to a future LMMG for discussion. **Dutasteride for benign Prostatic Hyperplasia & Dutasteride/Tamsulosin (Combodart®)** **Action:** SM will contact Urologists for clarification of its place in therapy for use in patients with enlarged prostate. **Update:** SM will bring this back for discussion with the LMWH guidance.	**PB** **SM**	**05.05.2016** **05.05.2016**	**Closed** **Closed**
2016/076	**LMMG – Guidelines Work Plan update** **Mycophenolate Shared Care Guidance** **Action:** SM will liaise with UHSM regarding use of use of mycophenolate for ILD. **Update:** no further action, this is on the **Inhaler comparison and identification**	**SM**	**05.05.2016**	**Closed**

	guide **Action**: JL will forward a visual guide to inhalers produced by MIMS for information. **Update:** SM will contact the publishers of the MIMS booklet to request permission to use the illustrations for a Lancashire wide publication.	**JL**	**05.05.2016**	**Closed**
ACTION SHEET FROM THE 12th May 2016 MEETING				
2016/092	**Development of a Lancashire formulary for Stoma and Incontinence products** **Action:** CF to update LMMG on the progress of national contract for continence products in 3-6 months' time	**CF**	**01.09.2016**	**Open**
2016/097	**New Nice Technology Appraisal Guidance for Medicines (April 2016)** **Actions:** In light of the potential cost pressure across Lancashire, AGR will find out if the costs are associated with new patients only or for patients switching to Sacubitril valsartan. AG will take this back to Cardiac Network to find out if there is a requirement for its use.	**AGR** **AG**	**02.06.2016** **02.06.2016**	**Open** **Open**