

**NHS Lambeth Clinical Commissioning Group (CCG) Borough Prescribing
Committee (LBPC)**

**Approved Minutes of the Meeting held on 30 November 2016 at 10.00am
Room 407, 1 Lower Marsh**

Present:

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Elizabeth Williams (LW)	GP, South West Locality
Dr Miriam Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Iris Javaid (IJ)	Practice Nurse, Medicines Optimisation Lead
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Vanessa Burgess (VB)	Chief Pharmacist/Assistant Director, Commissioning
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Versha Varsani (VV)	Senior Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist

Apologies

Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Helen Williams (HW)	Consultant Pharmacist, Cardiovascular Disease, Lambeth & Southwark CCGS
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Dr Sadru Kheraj (SK)	GP South East Locality, Governing Body member
Shu Ling Man	Senior Clinical Commissioning Pharmacist

In Attendance:

Kath McPherson (KM)	Business Support Officer (Minutes)
Lelly Oboh (LO)	Consultant Pharmacist, Older People, GSTT Community Services
Katherine LeBosquet (KL)	Integrated Care Pharmacist, GSTT Community Services
Gopal Ladva (GL)	Integrated Care Pharmacist, GSTT Community Services

No.	Agenda Item	Action for / date
LCCG/LBPC/16/086	Welcome and Introductions The chair welcomed Lelly, Katherine and Gopal.	
LCCG/LBPC/16/087	Apologies for absence The Committee is asked to receive apologies for absence.	
LCCG/LBPC/16/088	Minutes of previous meeting, action log and Declaration of Interests The minutes of the September 2016 meeting were approved as an accurate record. AH declared the following interests within the past two years, relating to item LCCG/LBPC/16/091 on the agenda: <ul style="list-style-type: none"> • Secondment to the Diabetes Intermediate Team • Speaker fees received from NovoNordisk 	

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	<ul style="list-style-type: none"> • Attendance at an advisory board for MSD Pharmaceuticals <p>Action log:</p> <ul style="list-style-type: none"> • Patient representative: there are some potential nominees from Healthwatch. • Clinical lead: clinical network recruitment remains frozen and the action is closed. • Federation reporting: discussions on reporting will be covered in the future contracting process. Action closed • EMIS Web overprescribing alert: Action closed • Valproate search: the search has been developed and is at the testing stage. Action closed. • Community support medication policy: the policy has been approved by Guy's & St Thomas's (GSTfT). Action closed. • Incontinence formulary: Final comments have been fed back and the formulary will be progressed via GSTfT Drugs and Therapeutics Committee. Action closed. I thought this is open as we don't have the final formulary for circulation/webpage • Waste management campaign: the potential deprescribing scheme is on the agenda for today. Action closed 	<p>AH/DA TO FOLLOW UP</p>
<p>LCCG/LBPC/16/089</p>	<p>Integrated Pharmacy Service update</p> <p>An update on the GTSfT Integrated Pharmacy and Lambeth Medicines Plus services was given to the committee. The services are interdependent and are targeted at supporting patients with complex medicines needs. Since the launch of the service there have been 56 referrals, most of which have been the result of pro-active review by the Integrated Care Pharmacists. However there have been some direct referrals from GPs and it is anticipated these will increase as the service profile rises. 28 of these referrals have received home visits to review their medication and identify gaps in care.</p> <p>Two case studies were presented which illustrated the service aims ensuing evidence based practice, co-ordinated care and reduction in medicines waste/unplanned episodes of care.</p> <p>Overall there has been good engagement with patients and community pharmacists. The challenges to the service have been:</p> <ul style="list-style-type: none"> • Getting ready access to GP information • Getting contact with the GP who knows the patient best • Medicines are sometimes not the main issue for the patient <p>LBPC made a number of suggestions to improve awareness of the service:</p>	

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	<ul style="list-style-type: none"> • Polypharmacy EMIS searches identifying dosette box users • Ensuring virtual clinic providers are aware of the service • Communication with practice nurses • Promotion at Locality Care Network forums (linking into the 3+ LTC work), practice clinical meetings, attendance at all practice events <p>The committee also noted that frailty scores are included in the holistic assessments currently being carried out by lead clinicians. There are gaps within the network of community pharmacists participating in the service, which will be addressed in a meeting outside of LBPC.</p>	
<p>LCCG/LBPC/16/090</p>	<p>2017/18 Medicines Optimisation Plan</p> <p>The QIPP savings target for 2017/18 is £2.016M. There are 6 improvement areas in the draft plan, including prescribing cost effectiveness (OptimiseRx), third party requests and waste management, self-care, pain management, respiratory and antibiotic stewardship. The national antibiotic quality premium focus is moving from broad spectrum use to those used in urinary tract infections. Incentive payments are subject to discussions on contracting and with federations. Potential ideas to be discussed include splitting payment between practices and federations and penalties, at federation level, for overspending practices.</p> <ul style="list-style-type: none"> • Third party repeat prescribing <p>Luton CCG achieved £2M in savings over two years by limiting repeat prescription requests from community pharmacists. Instead patients were directly responsible for requesting their repeats from the GP by example using online services. The benefits were a reduction in the number of items prescribed more up to date reviews for patients and improved clinical and patient control. LBPC were asked to approve a short pilot scheme and were happy to support this, seeing the potential to open up discussions on adherence with patients and increasing timely medication reviews. There will be a cohort of patients who are not able to order repeats directly eg: housebound patients. It was suggested that a protocol to tighten up the process for reordering these would be helpful.</p> <ul style="list-style-type: none"> • Deprescribing of Over the Counter Products (OTC) <p>Deprescribing in the following areas is under consideration:</p> <ul style="list-style-type: none"> • Gluten free foods <p>Prescribing costs for gluten free foods are currently around £60,000 per annum and national guidelines make recommendations on the maximum amounts patients can receive on FP10 each month. Gluten free foods are now readily available in supermarkets. Historically availability was limited and the foods were high cost. NHS does not support prescribing of food products for other disease area such as diabetes.</p>	<p>To be discussed further at the Governing Body, 7 Dec 2016</p> <p>To be discussed further at the Governing Body, 7 Dec 2016</p>

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	<p>A healthy and balanced diet can be maintained through a number of nutritious foods which are gluten free such as fish, eggs, rice, fruit and vegetables.</p> <p>Restriction of gluten free foods is subject to discussion across South East London (SEL) via the Area Prescribing Committee (APC).</p> <ul style="list-style-type: none"> • Travel vaccines <p>A limited number of travel vaccines must always be given as part of NHS provision through General Medical Services Additional Services e.g. Hepatitis A.</p> <p>Some travel vaccines may be given as either NHS or as a private service. The decision as to whether the practice levies a charge or not is the discretion of the practice e.g. Hepatitis B.</p> <p>The regulations do not impose any circumstances or conditions as to when these immunisations should be given on the NHS or as a private service. It is common practice to give this immunisation privately. In some areas local policy has been agreed with the LMC that seeks to exclude NHS provision.</p> <p>Method of provision varies amongst practices - no stance has been taken in Lambeth.</p> <p>In 2015-16, the CCG spent approximately £70,000 on these vaccines. Other London CCGs do not provide these vaccines free of charge. A meeting with Public Health has been organised for local data. LBPC supported the set-up of a working group to develop a standard travel vaccine policy for practices, including guidance on wider travel issues such as anti-sickness medicines.</p> <ul style="list-style-type: none"> • Anti-malarials <p>In 1995 NHS Executive gave GPs the power to charge privately for anti-malarial prophylaxis for travel abroad.</p> <p>Lambeth, Southwark and Lewisham (LSL) Health Authority agreed to continue supply on the NHS following a public health consultation.</p> <p>In 2011, LSL Primary Care Trusts provided recommendations on the choice of anti-malarial drug prescribed for prophylaxis which restricted the use of a particular drug. A meeting with Public Health has been organised for local data.</p> <p>LBPC supported the set-up of a working group across Lambeth, Southwark and Lewisham (and Public Health) to agree local recommendation.</p> <ul style="list-style-type: none"> • OTC Self-Care Medicines <p>Restricting prescribing of minor ailment products where there is limited evidence to support use would release approximately £70,000 of savings and limiting prescribing of all OTC medicines would release further savings. The members acknowledged that OTC licensing varies for some products/indications and NHS prescribing is appropriate for some chronic disease</p>	<p>VV/VB/DA to revise paper to include 3rd party repeats work/public consultation plan</p>

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	<p>management. Greenwich CCG have implemented their own deprescribing scheme and there will be SEL work in this area.</p> <ul style="list-style-type: none"> Review of fluticasone inhaler prescribing LBPC were asked to approve a review of fluticasone inhaler prescribing to reduce the number of asthma/COPD patients exposed to a potent steroid medicine. It is acknowledged that this will involve considerable work in practices but funding is available to provide support from an experienced nurse to switch patients to optimised treatment. Searches will also be provided. The Local Medical Committee (LMC) has expressed concern that this appears to mirror the work already done in reducing inhaled corticosteroids. However the fluticasone review involves a different cohort of patients. There are approximately 3,000 patients on fluticasone within the CCG. LBPC approved the review. <p>2017-19 Long Term Conditions (LTC) Plan The LTC plan in 2017/18 is focused on supporting care co-ordination by integrating services and aligning virtual clinic, and providing holistic assessments.</p>	<p>VC leads to meet to discuss how to align VCs</p>
<p>LCCG/LBPC/16/091</p>	<p>NHS Improvement: The Adult Patient's Passport to Safer Use of Insulin (PSA003)</p> <ul style="list-style-type: none"> Guy's & St Thomas's NHS Foundation Trust (GSTfT) Insulin Safety Patient Information Update for GPs Update for Community Pharmacists <p>The leaflet has been adapted from the national leaflet and all adult patients (aged over 18) on insulin are required to be issued with the leaflet and the national insulin passport. Currently secondary care is issuing insulin passports but has been using the manufacturer's versions. The national passport will ensure consistency across the patch. It is the prescriber's responsibility to help the patient to complete the passport. However the list of</p>	<p>DJ to ensure LPC comments are forwarded to AH Step by step guide to completion to</p>

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	<p>other medicines should not be completed due to the difficulties of ensuring this is up to date. A statement has been added to suggest the patient keeps an up to date list of other medicines separately will be added. A read code has been added to the GP flyer. It was noted that the documents have been circulated to LPC but no comments have been received to date.</p>	<p>be sent for Chair's action to approve. IJ to present at Practice Nurse forum</p>
<p>LCCG/LBPC/16/092</p>	<p>Goserelin (Zoladex) Prescribing Rebate Scheme A CCG rebate scheme is available in addition to other direct incentives from the manufacturer. There is no requirement to switch patients as a result of the rebate scheme. LBPC approved sign-up to the scheme</p>	<p>VV to lead on the sign up to this rebate</p>
<p>LCCG/LBPC/16/093</p>	<p>Patient Group Directions (PGDs) for the supply of:</p> <ul style="list-style-type: none"> • Combined oral contraceptives (COC) pills by community pharmacists • Progestogen-only pills (POP) by community pharmacists • Progestogen-only pills (POP) by registered nurses/midwives in sexual and reproductive health services • Combined oral contraceptive (coc) pills by registered nurses/midwives in sexual and reproductive health services • Combined transdermal patch (evra®) by registered nurses/midwives in sexual and reproductive health services • Combined vaginal ring (cvr) (nuvaring®) by registered nurses/midwives in sexual and reproductive health services <p>LBPC approved clinical recommendation to the local authority of the revised PGDs.</p>	
<p>LCCG/LBPC/16/094</p>	<p>Dissemination of South East London (SEL) Oral Anticoagulant Alert Card (information for Healthcare Professionals {HCPs}) The oral anticoagulant alert card was approved by APC in October. New patients will be issued via secondary care. LBPC were asked to consider how best to disseminate to primary care. It was agreed that the information, including how to order the cards, will be circulated to practices, practice nurses, GP locums and community pharmacists via Medicines Optimisation email once the launch date is confirmed.</p>	
<p>LCCG/LBPC/16/095</p>	<p>Standing Items</p>	
	<ul style="list-style-type: none"> • Community pharmacy update Efficiency measures will be implemented from 1st December and may impact on services and staffing numbers. • Financial matters update 	

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	<p>An overall underspend by a significant amount is forecast for 2016/17. There are a few practices with overspends and the change in the contracting timetable has limited the capacity of the team to provide overspend visits. However targeted support has been provided where needed. Overspending practices will remain a challenge and it is anticipated that utilisation of practice pharmacists, funded at federation level will help to address this.</p> <ul style="list-style-type: none"> • OptimiseRx Report including content update <p>Savings reports have been revised to show the impact within financial year rather than the full year effect. Monthly savings amounts will reduce to reflect this change. LBPC approved the new messages in the content update.</p>	<p>FR to check if a message re Dianette prescribing is included</p>
	<p>Items for Information</p>	
<p>LCCG/LBPC/16/096</p>	<ul style="list-style-type: none"> • Update on Prescribing Support Dietitian Project • Revised New dual bronchodilator inhaler devices: “key features” • Buprenorphine and Fentanyl template letters – revise “switching” to “reviewing” • Lambeth Medication QUIC reports Q2 2016-17 • GSTfT Drugs and Therapeutics Committee minutes September 2016 • SEL Joint Formulary Committee minutes July 2016 • KCH Medicines Management Committee Draft Minutes June 2016 • SEL Area Prescribing Committee Minutes June 2016 <p>All items for information were noted.</p>	
<p>LCCG/LBPC/16/097</p>	<p>SEL APC Items for information/local ratification</p>	
	<ul style="list-style-type: none"> • Guidance for the Management of Hypertriglyceridaemia • Guidance on Prescribing Statins • Lipid Management for the Primary and Secondary Prevention of Cardiovascular Disease (CVD) in Adults • Anti-epileptic drug therapy for focal epilepsy in adults • Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus • Shared care: Somatropin in paediatrics • Shared care: ADHD Medication in Adults • 051: Botulinum toxin type A injection for the treatment of myofascial pain syndrome associated with temporomandibular jaw dysfunction • 052: Guanfacine (Intuniv™) for ADHD in children • 053: Dulaglutide (Trulicity™) in Type 2 Diabetes <p>All APC items were ratified for local use.</p>	<p>Documents to be uploaded to DXS</p>
<p>LCCG/LBPC/16/098</p>	<p>AOB</p> <p>Health Education England is offering placements for pre-reg pharmacists, with a nominal payment to practices to support a</p>	

No.	Agenda Item	Action for / date
	local project	

2017 Meeting dates:

Date	Time	Venue
Wednesday 1 February 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 29 March 2017	10.00-12.00	Room 407, 4 th Floor, 1 Lower Marsh
Wednesday 24 May 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 12 July 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 20 September 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh
Wednesday 15 November 2017	10.00-12.00	Lewisham Room, 4 th Floor, 1 Lower Marsh