

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

**Minutes of the Meeting held on 12 July 2017 at 10.00am  
Lewisham Room, 1 Lower Marsh**

**Present:**

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Miriam Ish-Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Iris Javaid (IJ)	Practice Nurse, Medicines Optimisation Lead
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Zinat Abedin (ZA)	Local Pharmaceutical Committee (LPC) Representative
Shu Ling Man (SLM)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Maria Yousif (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
Michelle Duffy (MD)	Prescribing Support Dietitian
Rebecca Broklehurst (RB)	Paediatric Prescribing Support Dietitian

**Apologies**

Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Dr Sadru Kheraj (SK)	GP South East Locality, Governing Body member
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Dr Elizabeth Williams (LW)	GP, South West Locality
Jane Stopher (JS)	Interim Assistant Director, LTC Commissioning
Mike Salter (MS)	Acting Chief Pharmacist

No.	Agenda Item	Action for / date
LCCG/LBPC/17/046	<b>Welcome and Introductions</b> The Chair welcomed all to the meeting.	
LCCG/LBPC/17/047	<b>Apologies for absence</b> The Committee is asked to receive apologies for absence.	
LCCG/LBPC/17/048	<b>Minutes of previous meeting, action log and Declaration of Interests</b> The minutes of the May 2017 meeting were approved as an accurate record, subject to clarification of the process for managing complaints against individual GPs.  Action log: Patient representation – the Chair continues to maintain close links with Healthwatch and the Committee felt that the implementation of the self-care proposals would drive this in the future.	
LCCG/LBPC/17/049	<b>Self-care and peer review</b> A paper on the self-care proposals was presented at the	<b>JS to</b>

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	<p>Governing Body meeting in public on 5<sup>th</sup> July. Meeting papers are available on the <a href="#">CCG website</a>.</p> <p>The proposals were well received, with no new issues being raised and the Governing Body accepted all three options, to no longer routinely prescribe medicines available over the counter for self care, malaria prevention medicines and selected travel vaccines. The outcome has been published on the CCG website. The next steps are to develop a campaign and support materials for practices. The Medicines Optimisation team extended thanks to the Committee for their input to date and noted the strong feedback from the Local Medical Committee (LMC) on working to achieve a consistent message across South East London. All stakeholders, including secondary care, are aware of the proposals and were invited to comment during the consultation period. Promotion of self-care has also been a focus of the South East London (SEL) Area Prescribing Committee (APC) which has primary and secondary care representation across South East London NHS organisations. A position statement for circulation to all stakeholders will be developed and will be available on the CCG website.</p> <p>Questions/comments from Committee:</p> <ul style="list-style-type: none"> <li><i>The date was not changed on the leaflets when the consultation period was extended.</i></li> </ul> <p>The leaflets were printed in advance of the consultation. Purdah was announced during the consultation period. A decision to extend the consultation was made as result of this. It was not cost-effective to amend the date change and re-print leaflets. The extension of the consultation period was publicised in the GP bulletin and practices received a direct email informing them of the extension. It was also publicised on the CCG website and Health Watch and the Patient Participation Group Network were informed.</p> <ul style="list-style-type: none"> <li><i>All six SEL CCGs are focusing on self-care in 2017/18. Is it possible to have a SEL-wide campaign?</i></li> </ul> <p>Although all six CCGs are looking at the same 22 therapeutic areas they are at different stages in the process and the timelines do not allow for a joint campaign. However the team will look at what materials/resources are available in other areas and incorporate these where appropriate.</p> <ul style="list-style-type: none"> <li><i>It was suggested that messages for upload to practice screens would be useful.</i></li> </ul> <p>JS will clarify with the CCG Communications team who is responsible for inputting messages to the screens.</p> <ul style="list-style-type: none"> <li><i>Practices now have free Wi-Fi for patients – would it be possible to have an automatic message that patients would see when logging into the Wi-Fi? There could also be a message on the repeat prescription screen when</i></li> </ul>	<p><b>develop position statements and circulate for comments And provide support at the Practice Nurse Forum.</b></p>

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	<p><i>patients are ordering their medicines.</i></p> <p>The repeat prescription screen is a national system and it is not clear if it can be customised. However both of these suggestions will be investigated.</p> <p>Support to present the new local guidance at the practice nurse forum was requested.</p> <p>As part of the self-care element of the plan practices are required to undertake peer review. Currently these must be completed by October 2017. The Committee was asked to approve a new completion date of November 2017 to allow practices more time to complete the reviews. The plan is to have 5 peer review meetings (1 in North locality, 2 each in South West and South East localities). The reviews will look at:</p> <ul style="list-style-type: none"> <li>• how to achieve consistency in practice</li> <li>• how resources are used to support practice</li> <li>• the experience of managing patient expectation</li> <li>• how to work with the community pharmacist</li> <li>• what the challenges are and how to overcome them</li> </ul> <p>Practices will be expected to work with their Patient Participation Groups (PPGs) to develop communication around self-care promotion as described in the CCG GP Delivery Framework.</p> <p><b>Questions from Committee:</b></p> <ul style="list-style-type: none"> <li>• <i>Will the peer reviews be part of the existing locality meetings?</i></li> </ul> <p>It is thought that smaller groups would be more effective in the peer review context.</p> <ul style="list-style-type: none"> <li>• <i>The LMC representative expressed reservations about the potential for complaints against individual GPs, with the consequent impact on insurance premiums</i></li> </ul> <p>Patients who are complaining about a CCG policy should be directed to the North East London Commissioning Support Unit Complaints Team who provide this service on behalf of the CCG. The process for complaints against individual GPs will be clarified.</p>	
<p><b>LCCG/LBPC/17/050</b></p>	<p><b>Repeat Ordering and Waste Campaign</b></p> <p>The Committee was asked to approve the practice checklist/ declaration of compliance and data collection sheets. The intention is to extrapolate data to estimate savings from reduced medicines waste. The Committee discussed how to best manage the collection of data and agreed this was something that might work well at a cluster level when the practice groupings are confirmed. The nine practices piloting the Care Co-ordination Scheme will feedback on how the data collection works. The documents were approved.</p>	<p>SLM to liaise with the LPC chair re community pharmacy attendance at workshops</p>

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	<p>An external trainer has been confirmed to provide six workshops for practice staff and community pharmacists. The target audience for the workshops are the practice Repeats Ordering Champions and the dispensers in community pharmacies. The first workshop in early October will be held in the evening to facilitate attendance from community pharmacists. There will be one further evening session and four daytime sessions, spread across the CCG localities. The workshops will cover:</p> <ul style="list-style-type: none"> <li>• Areas of work in medicines waste</li> <li>• Mapping of repeat prescriptions</li> <li>• Using the checklist</li> <li>• Development of an action plan for local improvement</li> </ul> <p>The LPC representative raised concerns around the attendance of community pharmacists as there is no backfill available. There was also a suggestion that the dispenser may not be the ideal person to attend as perhaps someone who has the authority to make the necessary changes is needed. Logistical issues such as practices that work with 3-4 pharmacies were discussed. It was suggested that practices and pharmacies would benefit from an internal discussion prior to the workshop to identify issues in advance.</p>	
<p><b>LCCG/LBPC/17/051</b></p>	<p><b>Pregabalin update</b></p> <p>A letter from NHS England (NHSE) was brought to the attention of the Committee. The letter has been sent directly to practices informing them that as from 17 July 2017 the restrictions in terms of prescribing of Lyrica® will cease. A Frequently asked questions (FAQ) document is awaited from NHSE and will be circulated when available. OptimiseRx messages will be updated appropriately by 17 July.</p>	
<p><b>LCCG/LBPC/17/052</b></p>	<p><b>Prescribing Support Dietitian (PSD)</b></p> <ul style="list-style-type: none"> <li>• <b>Adult Oral Nutritional Supplements (ONS) update</b></li> </ul> <p>MD summarised the update for the Committee. Since the post was commissioned in 2014 both the number of items prescribed and the total spend in this area has reduced by 55% as a consequence of appropriate prescribing. The PSD has provided support, education and training to practices which has been received very positively. Prior to 2014 Lambeth CCG had the highest growth rate per 1000 patients in London. The CCG now has the lowest growth rate. Screening for malnutrition and referrals to the dietitian have both increased while the level of waste has reduced.</p> <ul style="list-style-type: none"> <li>• <b>Paediatric update</b></li> </ul> <p>The majority of practices have now received a visit from the paediatric dietitian. The dietitian has identified a number of key areas for improvement including inappropriate prescribing of Amino Acid formula feeds, lack of rechallenge with normal</p>	

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	<p>formula feeds in infants diagnosed with cow's milk protein allergy (CMPA), slow dietetic follow-up and increased attendance at Accident &amp; Emergency department. There is also a wide spectrum of secondary care clinicians prescribing CMPA leading to challenges for GPs in continuing prescribing. The team will be developing a plan to address these challenges. The Oviva® app continues to receive positive feedback from parents/carers.</p>	
<p><b>LCCG/LBPC/17/053</b></p>	<p><b>Practice Prescribing Budgets 2017/18 and financial update</b> FR outlined the budget model for the Committee, including the necessary changes to funding allocation following practice mergers and closure. He also noted that increased funds have been allocated to the access hubs due to increased activity. Adjustments have been made for those practices which look after care homes. There is also a small contingency fund to allow for in-year projects. FR noted the allocation is based on quarter 4 registered patient numbers and that registered patient numbers in Lambeth increased by 30,000 in 2016/17.</p>	
<p><b>LCCG/LBPC/17/054</b></p>	<p><b>Patient Group Direction (PGD) for Registered nurses/midwives in sexual &amp; reproductive health services (Brook Lambeth) for the supply of:</b></p> <p>The PGDs have been updated in line with the latest guidance from the Faculty of Sexual and Reproductive Healthcare and the Committee was asked to provide clinical recommendations to the Local Authority.</p> <ul style="list-style-type: none"> <li>• <b>Levonorgestrel 1.5mg emergency contraception (Ing-ec)</b></li> </ul> <p>Brook midwives can now supply and administer Ing-ec as well as Brook nurses. Guidance has been added on when emergency hormonal contraception (EHC) can be given after abortion or miscarriage and for use in the same menstrual cycle. Levonorgestrel can now be used outside of licence for previously excluded conditions. Adult consent for under-16s is no longer needed.</p> <ul style="list-style-type: none"> <li>• <b>Ulipristal acetate 30mg emergency contraception (UPA-EC)</b></li> </ul> <p>More evidence on the interaction with progesterone has been added, along with guidance on appropriate timeframes for use after unprotected sexual intercourse.</p> <p>The Committee provided clinical recommendation for both PGDs.</p>	
	<p><b>Standing Items</b></p>	
<p><b>LCCG/LBPC/17/055</b></p>	<ul style="list-style-type: none"> <li>• <b>Community pharmacy update</b></li> </ul> <p>Community pharmacies are currently inputting to the Pharmacy Needs Assessment. The Community Pharmacy Assurance</p>	

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	<p>Framework questionnaire has been completed.</p> <ul style="list-style-type: none"> <li>• <b>Practice Pharmacist update</b></li> </ul> <p>NHSE and the CCG Federations have agreed 12 practice pharmacist posts and FR will be meeting with the federations to agree next steps. It was noted that funding goes directly to the federations and the CCG has no direct input. An infrastructure and education plan will be developed to support practice pharmacists. The option of making use of the expertise of Guy's and St Thomas' Hospital pharmacy team is also being explored, although this is at a very early stage.</p>	
<b>LCCG/LBPC/17/056</b>	<b>Items for Information</b>	
	<ul style="list-style-type: none"> <li>• <b>Guy's &amp; St Thomas's NHS Foundation Trust Drugs and Therapeutics Committee minutes May 2017</b></li> <li>• <b>South London &amp; Maudsley Drugs &amp; Therapeutics Committee minutes April 2017</b></li> </ul> <p>Noted</p>	
<b>LCCG/LBPC/17/057</b>	<ul style="list-style-type: none"> <li>• Shared care guidance Advagraf in liver transplant</li> <li>• Shared care guidance Azathioprine in liver transplant</li> <li>• Shared care guidance Mycophenolate in liver transplant</li> <li>• Shared care guidance Prograf in liver transplant</li> <li>• Chronic Stable Angina Treatment Guidance</li> <li>• Pharmacological management of heart failure</li> <li>• Allergic Rhinitis Pathway</li> <li>• Pen Needles Factsheet</li> <li>• Pen Needles patient template letter</li> <li>• Recommendation 065 Rivaroxaban in pelvic fracture</li> <li>• Recommendation 066 Anti-Mycobacterium avium subspecies paratuberculosis therapy in inflammatory bowel disease</li> <li>• Recommendation 067 Dymista in Allergic Rhinitis</li> <li>• Recommendation 068 Brimonidine gel in facial rosacea</li> <li>• Recommendation 069 Moxifloxacin eyedrops</li> </ul> <p>All APC guidelines were ratified for local use and upload to DXS.</p>	
<b>LCCG/LBPC/17/058</b>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• <b>Hepatitis A vaccine</b></li> </ul> <p>Adult and paediatric vaccines are currently unavailable. Pneumovax® is also out of stock. Public Health England (PHE) have sent out communications to healthcare professionals . Practices should contact the South London Health Protection team Immunisation Helpline (0203 049 6545) with any clinical vaccine queries.</p> <ul style="list-style-type: none"> <li>• <b>Medicines Optimisation Plan 2016/17</b></li> </ul> <p>JS asked the Committee to approve the following changes to the plan requirements:</p> <ul style="list-style-type: none"> <li>• Part A Prescribing Efficiencies</li> </ul> <p>To change achievement criteria from 10 out of 14 indicators met to 8 out of 13. The reasons for the change are the late release of</p>	

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	<p>the preferred pen needles guidance, contraceptive prescriptions issued for 6-12 months which may have impacted on the time available to practices to meet the indicator and in addition a supply problem with one of the preferred brands. Practices which submitted their OptimiseRx declaration late but have achieved 8 out of 13 indicators to meet the conditions for payment, as this indicates they are using the system.</p> <ul style="list-style-type: none"> <li>Part B Pain Management</li> </ul> <p>Practices were asked to achieve 2 out of 3 indicators to trigger payment. The Committee is asked to approve payment for practices which have achieved any one of the indicators, as resource publication was delayed and work to influence secondary care prescribing has not progressed as quickly as anticipated.</p> <ul style="list-style-type: none"> <li>Part C Respiratory management</li> </ul> <p>At the start of the financial period a small number of practices did not have any prescribing of monotherapy devices for the specified cohort of patients, therefore it was not possible for them to reduce prescribing in this area and meet the indicator.</p> <ul style="list-style-type: none"> <li>Part D Medicines Reconciliation and Waste Management</li> </ul> <p>Practices which submitted their declaration of compliance late but achieved an increase in items prescribed via EPS to receive payment.</p> <ul style="list-style-type: none"> <li>Part E Patient Safety on Antibiotics</li> </ul> <p>Practices which have met the two indicators but have submitted their paperwork late to receive payment.</p> <p>Practices which have submitted no paperwork for the above indicators will not receive payment. The Committee approved the changes on this basis.</p> <ul style="list-style-type: none"> <li><b>Lambeth and Southwark Antibiotic Guidelines</b></li> </ul> <p>PHE have updated the guidance to include choice and use of antibiotics in pregnancy, including information on the risk of spontaneous abortion. Colleagues involved in Antimicrobial Stewardship across Lambeth and Southwark are reviewing and updating the guidelines which will be circulated to BPC for comment.</p> <ul style="list-style-type: none"> <li><b>Care Home Pharmacist Support Team audit</b></li> </ul> <p>The team would like to circulate a questionnaire within the care homes to assess current safety culture around medicines e.g. ordering, error reporting. Care home staff members will be asked to complete the questionnaire. The data collected will be used to help understand nursing safety culture and identify potential future improvement work. It will also be shared with the Care Homes Support Network.</p>	

**2017 Meeting dates:**

Date	Time	Venue
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**Lambeth**

***Clinical Commissioning Group***

Wednesday 20 September 2017	10.00-12.00	Lewisham Room, 4 <sup>th</sup> Floor, 1 Lower Marsh
Wednesday 15 November 2017	10.00-12.00	Lewisham Room, 4 <sup>th</sup> Floor, 1 Lower Marsh