

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

**Final Minutes of the Meeting held on 24 January 2018 at 10.00am
Room 210, 1 Lower Marsh**

Present:

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Miriam Ish-Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Dr Liz Williams (LW)	GP South West Locality
Iris Javaid (IJ)	Practice Nurse North Locality
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Shu Ling Man (SLM)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Maria Yousif (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
In attendance:	
Laura Walker (LW)	Prescribing Support Dietitian
Rebecca Brocklehurst (RB)	Prescribing Support Dietitian
Kath McPherson (KM)	Business Support Officer (minutes)
Apologies	
Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Dr Sadru Kheraj (SK)	GP South East Locality
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Mike Salter (MS)	Acting Chief Pharmacist
Jane Stopher (JSt)	Interim Assistant Director Long Term Conditions

Agenda Item	Action for / date
<p>1. Welcome and Introductions The Chair welcomed all to the meeting.</p>	
<p>2. Apologies for absence The Committee is asked to receive apologies for absence.</p>	
<p>3. Minutes of previous meeting, action log and Declaration of Interests The minutes of the November meeting were accepted as an accurate record. HW declared a fee from Daiichi Sankyo for an educational talk in relation to Item 4 4 Action log:</p> <ul style="list-style-type: none"> • Patient representation: this is progressing and there is now a CCG participation policy in place to outline the role, remuneration and responsibilities. • Self care resources: action closed • Waste campaign: action closed. It was confirmed that practices have received the campaign materials. 	
<p>4. Edoxaban Prescribing Rebate Scheme</p>	

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<p>Daiichi Sankyo is offering a national, PRESCQIPP approved, prescribing rebate scheme and the Committee are asked to approve CCG sign-up. The scheme has already been taken up by some acute trusts and they are increasingly moving to edoxaban. They have identified no associated issues currently. Edoxaban is on the local Joint Medicines Formulary and has a National Institute of Health and Care Excellence (NICE) Technology Appraisal. LBPC approved sign-up to the rebate scheme.</p>	<p>Rebate scheme to be steered through the CCG sign-up process SLM?</p>
<p>5. Implications of NHS England (NHSE) guidance on Omega-3 fatty acid compounds for the South East London (SEL) Hypertriglyceridaemia pathway</p> <p>Omega-3 fatty acid compounds (such as Omacor®) are included on the NHSE list of Items which should not routinely be prescribed in primary care and is currently listed as an alternative second line option due to fibrate intolerance on the SEL pathway. Secondary care cardiologists have confirmed there is a specific cohort of patients who require treatment with Omega-3 fatty acids. It is suggested that the pathway be reviewed to include the rationale for prescribing by a specialty, lowering the priority of Omega-3 fatty acids in the treatment pathway, and setting out the relevant cohort that require Omega 3 fatty acids and the criteria that must be met. The Committee approved the suggested revisions to the SEL pathway.</p>	<p>Pathway to be reviewed and updated as noted, subject to liaison with SEL task group HW</p>
<p>6. Medicines Optimisation Scheme 2018/19</p> <ul style="list-style-type: none"> • Outcome from Focus Group Meeting <p>As part of the planning for 2018/19, practices were invited to submit expressions of interest in attending a focus group on 16th January. The purpose of the event was to share the initial scheme and seek views from stakeholders. The event was attended by 12 clinicians including GPs, Local Medical Committee (LMC) representatives and a practice pharmacist. Key points to the discussions were:</p> <ul style="list-style-type: none"> • To use the scheme to reduce variation across practices and increase consistency of prescribing • Practices to share good practice/learning to support each other • Create “top tips” to support implementation • To focus on large pieces of work rather than multiple small areas • Ensure targets are realistic and achievable • To have clarity on the process of deciding achievement criteria • To eliminate duplication by integrating with other schemes such as the GP Delivery Framework <p>Major discussions centred on concerns around the workload to review tiotropium prescribing versus the anticipated savings and on how to review pain prescribing.</p> <ul style="list-style-type: none"> • Updated scheme – final draft <p>Part A: Self care:</p> <p>To be rolled over from the current Scheme into 2018/19 scheme with new achievement thresholds. The monthly data shows a sharp decrease in prescribing of the selected travel vaccines and antimalarials so these elements will be removed. NHSE are running a consultation on conditions for which over the counter items should not routinely be prescribed in primary care. The conditions listed are broadly similar to our current list. There are some additions which will be incorporated into the self care indicator, assuming the</p>	

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NHSE consultation is approved. Suggested achievement thresholds are:

Spend per 1000 patients per month	
Based on 66 th percentile	£412
Based on 75 th percentile	£470
OR	
% reduction on total spend in 2017/18	
Based on 66 th percentile	9%
Based on 75 th percentile	7%

Practices would achieve by attaining either the spend per 1000 patients or the % reduction thresholds. BPC approved the indicator and metrics at the 66th percentile.

Part B Reduce medicines waste in repeat ordering of prescriptions:

The principle of reducing medicines waste will roll over from the 2017/18 Scheme. Metrics proposed at the focus group were in relation to the use of Electronic Prescription Services (EPS):

Indicator	Threshold
% EPS of all dispensing	≥79
% EPS of all repeat dispensing	≥95%

There would be a training element and a practice level review as part of improvement area B. There would also be a need to participate in a public medicines waste campaign, potentially timed to coincide with peaks in prescribing e.g. just before summer holiday and Christmas periods. This part of the scheme requires further development and consultation. .

BPC members suggested that a metric around collaborative working with community pharmacists and Patient Online access would be useful next steps to build on previous work on reducing medicines waste. Data on Patient Online access numbers is available from EMIS web although there are limitations around its use for requesting prescriptions for children under 16 year old and acute prescriptions. Incentivised referral to the Guy's and St Thomas' Hospital Integrated Pharmacy team might also be useful and there should be a waste element within the pain management area of the Scheme.

Part C Pain Management:

The message from the Focus Group was that pain management should be an overarching element of the scheme but with specific metrics. Relating this back to the NHSE list of items which should not routinely be prescribed in primary care, the following indicators would achieve the required quality, innovation, productivity, prevention) QIPP savings, with achievement thresholds based on PRESCQIPP thresholds of cost per 1000 patients per month:

- Lidocaine patches
- Coproxamol
- Immediate release fentanyl
- Rubefacients

SLM to investigate suggested additional medicines waste metrics

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<ul style="list-style-type: none"> • Combined tramadol/paracetamol <p>Lidocaine patches, coproxamol and immediate release fentanyl are the areas where the greatest savings lie so it is suggested that practices would need to meet these indicators to achieve this part of the Scheme. The remaining 2 indicators would be targeted as required. Pain management review and training would also be included.</p> <p>It was suggested the general tramadol prescribing be addressed as well as the combination product. However this is problematic as there is currently no intermediate, community based referral service for these patients. This is something which may be commissioned in the future and the suggestion can be reviewed for future schemes. BPC expressed concerns that work has been done in practices to reduce cocodamol and codydramol prescribing. This may increase if these drugs are not included as a metric in next year's scheme. However the scheme needs to balance achieving the required QIPP savings, implementing the NHSE guidance and the workload involved for practices. This work could be picked up in the pain review element.</p> <p>The Area Prescribing Committee is working to implement the NHSE guidance across South East London and this will support the scheme indicators. BPC approved the indicators.</p> <p>Part D Respiratory Management:</p> <p>The metric is focused on reducing use of high strength fluticasone propionate inhalers (100microgramme strength or above) in adult patients. The review is labour intensive but can be aligned with a good quality respiratory review which, is well established in Lambeth. The metric proposed is the percentage of fluticasone propionate inhalers (notfluticasone furoate inhalers), as a percentage of all inhaled corticosteroids (ICS). The achievement threshold proposed is 18% or less. The aim is to reduce variation in prescribing across practices. The indicator will be aligned with the GP Delivery Framework to ensure consistency of patient cohort and recommendations.</p> <p>BPC are asked to note the revision of the SEL respiratory guidelines currently in development, is likely to include triple therapy inhalers (ICS/Long Acting Beta Agonists /Long Acting Muscarinic Antagonists). These will not be included in the metric but provide an additional option to increase adherence. There will be respiratory training sessions some of which will be available to community pharmacy staff. BPC approved the indicator and metric.</p> <p>Part E Antimicrobial Stewardship:</p> <p>This improvement area is carried over from the 2017/18 Scheme and retains the NHS England Quality Premium indicators focussed on urinary tract infections:</p> <ul style="list-style-type: none"> • Reduction in antibiotic items prescribed • Reduction in ratio of trimethoprim to nitrofurantoin items • Reduction in trimethoprim use in patients over 70 years of age <p>Final achievement thresholds are subject to revision by NHSE. BPC approved the indicators.</p>	<p>SLM to develop the overarching pain management element</p>

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<p>Part F Prescribing cost efficiencies: Proposed indicators are:</p> <ul style="list-style-type: none"> • % least costly insulin (less than £6 per 100) disposable needles as a % of all insulin disposable needles <p>Rolled over from 2017/18 Scheme with a revised threshold of greater than or equal to 70%. BPC members noted that new guidance has been issued that if insulin is being given by district nurses then safety (shielded) pen needles must be used.</p> <ul style="list-style-type: none"> • % reduction in total annual spend on emollients & barrier preparations compared to total annual spend 2017/18 OR Emollients & barrier preparations cost per 1000 ASTRO-PU per month <p>Rolled over from 2017/18 Scheme with revised thresholds of either 3% reduction in spend or ≤£50 spend per 1000 ASTRO-PU per month.</p> <ul style="list-style-type: none"> • Specials cost per 1000 patients per month <p>Specials have been included in previous years Schemes but were not in the 2017/18 scheme. The proposed threshold is ≤£97 spend per 1000 patients per month. An either or indicator is proposed - % reduction in total annual spend – threshold to be confirmed.</p> <ul style="list-style-type: none"> • % immediate release doxazosin items of all doxazosin preparations <p>Rolled over from 2017/18 Scheme. Doxazosin is included in the NHSE list of items which should not routinely be prescribed in primary care and a revised threshold of 91% is proposed. The focus group feedback was that there should not be a complete ban on prescribing.</p> <ul style="list-style-type: none"> • Omega-3 and other fish oils cost per 1000 patients per month <p>Rolled over from 2017/18 Scheme. Omega 3 is included in the NHSE list of items which should not routinely be prescribed in primary care The 2017/18 threshold of £3.32 per 1000 patients per month has been retained. The decision on initiating for new patients is pending the SEL hypertriglyceridaemia guidance review.</p> <ul style="list-style-type: none"> • % preferred branded combined oral contraceptive items of all selected brand and generic oral contraceptives items <p>The indicator has been retained from 2017/18 scheme with a lower threshold of 80% in recognition of the issues identified by the focus group.</p> <ul style="list-style-type: none"> • Liothyronine cost per 1000 patients per month <p>Liothyronine is included in NHSE list of items which should not routinely be prescribed in primary care with the guidance that no new patients should be initiated and existing patients should be reviewed by an NHS endocrinologist. Liothyronine is included in the local medicines formulary, categorised red for use in thyroid cancer therapy and grey for use in hypothyroidism. Area Prescribing Committees are responsible for how cases of exceptional circumstances are dealt with e.g. where a consultant has confirmed that a patient needs to continue on liothyronine. The proposed threshold is in line with PRESCQIPP at ≤£21.32 per 1000 patients per month. The indicator will be supported by the SEL implementation guidance.</p> <p>In addition practices will be asked to submit a declaration that the Prescribing</p>	<p>SLM to develop a % reduction achievement threshold</p>

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<p>Support Dietitian has been able to review patients receiving adult oral nutritional supplements (ONS) and paediatric patients prescribed products for cow's milk protein allergy (CMPA) and; the recommended actions have been completed.</p> <p>BPC approved the indicators and practices need to achieve 5 out of the 7 prescribing cost efficiencies plus submission of the ONS and CMPA declarations.</p> <ul style="list-style-type: none"> • Incorporation into the scheme of NHSE 18 items which should not be routinely prescribed in primary care <p>The remaining areas not covered by the scheme are:</p> <ul style="list-style-type: none"> • Dosulepin • Glucosamine and Chondroitin • Herbal treatments • Homeopathy • Lutein and antioxidants • Oxycodone/naloxone combination products • Perindopril arginine • Once daily tadalafil • Trimipramine <p>The CCG and Lambeth practice have undertaken extensive work in many of these areas in previous years and Lambeth has a very low spend in many of the areas. These areas will be managed by a combination of OptimiseRX messages and SEL implementation guidance where available.</p> <p>BPC also approved amendment of the payment weightings to rebalance the scheme. Waste management, pain and antibiotic weightings will be reduced and the balance redistributed across the remaining parts of the scheme.</p> <ul style="list-style-type: none"> • Next steps including resources and timescales <p>The final draft scheme will be submitted to the Integrated Adults Programme Board next week and will then be formally consulted on with LMC and other stakeholders, including the focus group attendees.</p>	
<p>7. Patient resources for NHSE 18 items which should not be routinely prescribed in primary care</p> <p>Deferred</p>	
<p>8. Patient Group Direction (PGD) to be used by Brook employed registered nurses and midwives</p> <ul style="list-style-type: none"> • The supply and administration of Ceftriaxone (reconstituted with Lidocaine 1% w/v injection) by intramuscular (IM) injection for the treatment of uncomplicated Neisseria Gonorrhoea infection • The supply of Aciclovir tablets for the treatment of genital Herpes Simplex infections • The supply of Azithromycin 250mg capsules or tablets or Azithromycin 500mg tablets or capsules or Azithromycin suspension 600mg in 15ml for the treatment of uncomplicated Neisseria Gonorrhoeae infection 	

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The PGDS templates were reviously developed by the London Sexual Health Project (LSHP) which has now been devolved. These PGDs are expiring at the end of February. Brook has made a request to start using the Brook developed PGD templates prior to the expiry date of the current PGDs in use.. The Brook PGDs are in line with the British Association for Sexual Health and HIV guidelines and have been reviewed by local clinical leads and pharmacists. BPC were happy agree clinical recommendation to the local authority.	
<p>9. Lambeth Borough Prescribing Committee Terms of Reference (TOR)</p> <ul style="list-style-type: none"> • Appointment of Vice Chair <p>BPC noted that there is a need to appoint a clinical member as Vice-Chair and this will be addressed by a nomination exercise.</p> <ul style="list-style-type: none"> • Review of membership <p>Membership will be reviewed as part of the TOR revision. The terms of reference are due for revision and will be circulated for comment following this meeting.</p>	TOR to be circulated and reviewed
<p>10. Updated Quick Reference Oral Nutritional Supplement (ONS) Product Guidance</p> <p>The revised product guidance will be approved by Chair's action</p>	
<p>11. Prescribing Support Dietitian (PSD)</p> <ul style="list-style-type: none"> • Adult ONS update • Paediatric update <p>The updates were noted.</p>	
12. Standing Items	
<p>Noted</p> <ul style="list-style-type: none"> • Finance update ▪ Community pharmacy update <p>There have been concerns raised that the emergency contraception PGD does not allow time for the clinical assessment required. Pharmaceutical shortages are continuing to cause an issue. LPC elections have taken place and DJ informed the committee that he is stepping down from LPC.</p> <ul style="list-style-type: none"> ▪ Practice Pharmacist update <p>Deferred</p> <ul style="list-style-type: none"> ▪ OptimiseRx update <p>Deferred</p>	PGD issues to be discussed outside of meeting
13. Items for Information	
<ul style="list-style-type: none"> • GSTT Drugs and Therapeutics Committee minutes November 2017 • SEL Joint Formulary Committee minutes October 2017 • SEL Area Prescribing Committee minutes October 2017 (draft) • SEL Adult Focal Epilepsy Pathway - revised • SEL APC guidance for local ratification (hyperlinks) • Revised Chronic Constipation Guideline • Revised IBS Pathway • Revised Rheumatoid Arthritis Pathway • Revised Overactive Bladder Pathway • Dermatology Specials Fact Sheets: 	

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<ul style="list-style-type: none"> ➤ Beclometasone dipropionate ➤ Clobetasol propionate ➤ Lactic acid in Diprobase cream ➤ Monobenzone in cetomacrogol • Revised pen needles Guidance • Shared care guidance: Nebulised solutions in cystic fibrosis • Revised linaclotide recommendation • Revised ketotifen recommendation • Revised Vesomni recommendation • Velphoro recommendation <p>Noted</p>	
<p>14.AOB</p> <p>A recent article in the British Medical Journal article suggested that rather than completing antibiotic courses people should stop taking them when they feel better. This was based on a small scale study and there are no plans to incorporate this advice in the revised antibiotic guidelines Public Health England continue to support completing the entire antibiotic course.</p>	

2018 Meeting dates:

Date	Time	Venue
14th March 2018	10.00-12.00	Silver Room, Lower Marsh
16th May 2018	10.00-12.00	TBC
18th July 2018	10.00-12.00	TBC
19th September 2018	10.00-12.00	TBC
21st November 2018	10.00-12.00	TBC