

**South East London Area Prescribing Committee (SEL APC)  
25 January 2018 at Lower Marsh  
Final minutes**

**1. Welcome, and Introductions**

**2. Conflicts of Interest – declarations**

The Chair requested any interests, either general or relating to the meeting agenda be declared. There were no declarations made. Members were reminded of the need to submit up to date declarations of interest for 2017/18.

**3. Minutes, action log and attendance list of Last Meeting and Matters Arising.  
Matters Arising:**

The minutes of the October meeting were accepted pending amendments as discussed. There were no matters arising.

**Action log:**

All outstanding actions due by March 2018

**4. Ophthalmology clinical pathways for ratification:**

- Wet age related macular degeneration (AMD)
- Diabetic macular oedema (DMO)
- Retinal vein occlusion (central and branch) (CRVO/BRVO)

The final draft of the pathway is submitted for approval. There will be a separate piece of work, coordinated by the pathway lead, to develop the supporting costing information. The pathway outlines existing clinical practice and was approved subject to the following amendments:

- Roles of individuals (not names) involved and organisations to be added to the author section
- Bevacizumab is noted in the CRVO pathway – this is to be removed including from the accompanying flowchart and to be discussed at the next pathway group meeting.
- DMO flowchart to clarify what the measurement of <400 or >400 micrometers is for (central retinal thickness)

The next meeting of the pathway group should focus on the monitoring framework and re-visit the bevacizumab element in the CRVO pathway.

**ACTION: Authors to update pathway in line with amendments above and forward final revised version to the APC Support Team for APC Chair's ratification.**

**ACTION: Authors to progress monitoring framework and costing information for pathways**

**5. South London and Maudsley NHS Foundation Trust (SLAM) Survey: Patient views on information they would like to receive about their prescribed medication**

Results of the recent national patient surveys have shown SLAM performance on medicines related questions to be broadly in line with other London mental health trusts. Nationally however, some trusts continue to perform better than SLAM. The survey had three main aims which were to gather data on the information provided by clinicians and to assess

patient views on the current information leaflets and on what information they would like to have provided. The main findings of the survey were that clinicians do not routinely provide all of the information that patients would like and that patients are most interested in information about the side-effects of their medication.

Questions from the Committee:

- *Did patients indicate there were other ways in which they would like to receive information, such as by text?*

This question was not asked but SLAM is looking into using the Myhealthlocker app which allows individual patients to upload their own information as well as sharing their information with clinicians by consent.

- *Does the information include lifestyle information e.g. around changes that might be necessary due to the medication or things they can do to avoid having to take medication?*

As an example, the presenter has found that many of the women of child-bearing age she works with are interested in the effects of medication on fertility, whether or not they are currently planning a pregnancy. This is information which is currently not routinely given unless the woman indicates she is planning for pregnancy.

The next steps are to share the findings and to revise the leaflets. Education of junior doctors, nurses and pharmacists will be key. The plan is to develop a standard of information that must be given and then to give patients an opportunity to ask for anything further they want to know.

## **6. Update on Freestyle Libre**

The Regional Medicines Optimisation Committee (North) issued a position statement in November which was discussed at MPRG. The statement reflects the national position but there was extensive discussion at the November London RMOC, as it was felt that the statement did not take into account the implications for cost and training (patients and healthcare professionals), particularly in light of the complexities of the nature of the diabetes services provided in the London region. The London Procurement Partnership (LPP) is working with the London diabetes clinical network to produce some supplementary implementation guidance for the London area. The SEL Diabetes Medicines Working Group has inputted into the development. Final guidance developed by the LPP will be reviewed at the Medicines and Pathways Review Group (MPRG) in February. In the meantime the LPP guidance is that Freestyle Libre should not be prescribed and the interim SEL position statement stands.

## **7. South East London Implementation of NHS England (NHSE) guidance on medicines of low priority**

The first meeting of the task and finish group is arranged for 13 February 2018, and will review the more straightforward areas, with a follow up meeting on 21 March where the remaining areas will be addressed. The following issues were discussed:

- A local process will be needed to manage Omega 3 which is expected to be black-listed but is on the SEL hypertriglyceridaemia pathway.

- Potentially sub-groups will be set up to implement the more problematic areas and there will need to be support in place to manage existing patients e.g. lidocaine patches
- Southwark and Lambeth have already done some work on doxazosin and are not aware of issues when switching to the non-modified release version.

## 8. Horizon scanning for new medicines in 2018/19

The GSTfT Formulary Pharmacist presented a summary of new medicines expected in 2018/19. The key points were:

- The National Institute of Health and Care Excellence (NICE) have issued recent technology appraisals (TA) on 3 new drugs for rheumatoid arthritis (RA), baricitinib, tofacitinib and sarilumab, of which the first two are oral agents. These will be incorporated into the RA pathway.
- Dupilumab for eczema is the first biologic for a common condition – subject to an early access scheme so this may carry a 30-day implementation period
- NICE TAs are expected for
  - abaloparitide and romosozumab for osteoporosis which are likely to be tariff excluded.
  - Brodalumab, guselkumab and risankizumab in psoriasis are expected
  - betrixaban for prevention of VTE – for acute inpatient use so primarily impacting on trusts
  - erenumab and galcanezumab for migraine
  - Bezlotoxumab for preventing C. diff recurrence – likely to be tariff excluded
- Potential savings opportunities include patent expiries on adalimumab, rituximab, tadalafil, rosuvastatin; the move to leukotriene receptor antagonists in asthma and the NHS England consultation on gluten free products.

## 9. Presentation: Red Bag Scheme – evaluation of pilot

The scheme has been launched in Lambeth care homes initially and the objective is to ensure smoother transfers between the care home and hospital, improve communications and minimise length of stay in hospital. The red bag is given to the ambulance crew as part of the transfer and contains standard paperwork and the patient's personal belongings such as glasses, dentures etc. The red bag should also accompany the patient on discharge, with a completed transfer form, discharge information and medication.

The standard paperwork includes:

- Health and care summary record – completed when the person is well to give baseline information
- Cares form – completed by the care home staff at the point at which the person becomes acutely ill
- Checklist of what information has been included

Evaluation of the project has found that the majority of patients have had a red bag when admitted but they do not always include the required documentation. Issues in KCH have included incomplete paperwork; health and care record often completed as waiting for the ambulance so not enough information is given; documents left in the bag from previous

events; red bags going missing between the care home and the hospital, paperwork being filed in paper records instead of being left in the bag.

Questions from Committee:

- *How is the project being funded?*

Lambeth CCG funded the cost of the bags and each care home gets 2-3 bags. The paperwork was developed by a working group across Lambeth/Southwark CCGs, Guy's and St Thomas's (GSTFT) and King College Hospital (KCH). There are no resources to maintain it now that it is in place. The hope is that it will become embedded in practice but large volumes of staff and high turnover rates do complicate the dissemination of information.

- *Given the lack of resources to maintain the scheme how will you continue to support it?*

By data monitoring, feedback to care home managers at the Care Home Forum and personal interaction with Emergency Department staff. Where there are safety related issues this will be escalated via the CCG. Care Home managers have been charged with implementing within their sites.

- *Is there a role for the electronic shared care record?*

Care homes are not set up to have that level of data security and there is very little use of IT within care homes.

- *What are the next steps in terms of roll out?*

The scheme is led by CCGs. and will be rolled out to Southwark CCG this year. There are also plans to roll out in Bromley CCG next year.

- *Has there been an evaluation of the scheme at GSTFT?*

Not at the current time.

## **10. Presentation: Clinical Effectiveness Southwark (CES) approach in Southwark**

The CES is modeled on the East London Clinical Effectiveness Group which is GP led and was set up 20 years ago and has had some deeply impressive results across clinical domains. The strapline of the group is "making the right thing to do the easy thing to do" employing a systematic, aligned approach to drive up quality and reduce unwarranted variation. The method involves developing a localised package of evidence, searches and EMIS tools which is easily accessible to a busy GP during consultations. The focus on specific clinical areas is driven by data, practice feedback, safety incidents etc. The first three areas in Southwark are atrial fibrillation, diabetes and hypertension. Key messages are pulled out from the existing guidelines and there is consultation with other relevant colleagues e.g. Medicines Optimisation and APC guidelines. Codes are standardised so like data can be compared effectively.

The process is jointly owned by the CCG and the GP Federations and is a neutral body between providers and the commissioners. Funding has come via the CCG and Federations with the addition of a successful funding bid to the Health Foundation. There is also joint working with the Health Innovation Network and King's Health Partners. One of the issues has been round mapping out the activity in a clinical area so that GPs are aware of what support is available.

## **11. Regional Medicines Optimisation Committee (RMOC) update**

The three main areas that RMOC will focus on are polypharmacy; biosimilars and medicines in care homes. The RMOC documents will be shared when the website is live.

## 12. Items for information/ratification:

- NICE Summary
- Medicines and Pathways Review Group action notes September- December 2017
- Feedback to NHS England on refreshed guidance and principles for SEL APC shared care
- Revised Vesomni recommendation and correspondence to clinician
- Ratified APC guidance (hyperlinked)
- Revised Chronic Constipation Guideline
- Revised IBS Pathway
- Revised Rheumatoid Arthritis Pathway
- Revised Overactive Bladder Pathway
- Dermatology Specials Fact Sheets
- Revised pen needles Guidance
- Freestyle Libre position statement
- Freestyle Libre FAQs for patients
- Shared care guidance: Nebulised solutions in cystic fibrosis
- Revised linaclotide recommendation
- Revised ketotifen recommendation
- Velporo recommendation
- Propantheline and oxybutynin for hyperhidrosis recommendation
- Ciclosporin eyedrops for children recommendation

Noted

## 13. AOB

The Chair extended thanks to the interim Lambeth representative who is attending his last meeting today.

### 2018 meetings:

Date	Time	Venue
21 <sup>st</sup> March 2018	2.00pm-4.00pm	Room 407, 1 Lower Marsh SE1 7NT
28 <sup>th</sup> June 2018	2.00pm-4.00pm	TBC
7 <sup>th</sup> November 2018	2.00pm-4.00pm	TBC