

**South East London Area Prescribing Committee (APC)**  
**25 January 2017 at Tooley Street**  
**Approved 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 2016/17.

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

The minutes of the October meeting were accepted as accurate.

**Matters Arising:**

There were no matters arising.

**Action log:**

- Rheumatology and Inflammatory Bowel Disease pathway monitoring frameworks- LGT action to communicate to commissioners during contracting process remains pending. Action due to March 2017.

**4. Pathway updates:**

- **Ophthalmology**

The pathway has been agreed by secondary care clinicians and requires the addition of costings. KCH Formulary Pharmacist to add these and the final draft to be presented to the Medicines and Pathways Review Group by March 2017.

- **Psoriasis**

The pathway is on hold pending the publication of updated guidance from the British Association of Dermatologists.

- **Haematology - Immune thrombocytopenic purpura**

The pathway has been delayed due to capacity issues for the current Chair. A new Chair has now been sourced – a Consultant Haematologist from Guy's and St Thomas's NHS Foundation Trust and the group will be reconvened.

**5. South East London Area Prescribing Committee Terms of Reference revision**

The Medicines and Pathways Group (MPRG) approved the following major revisions to the terms of reference:

- Reference to liaison with Regional Medicines Optimisation Committees added
- Added note to clarify that in exceptional circumstances prescribable devices will be considered by the triage panel for review by MPRG
- Documented evidence of local authority support for submissions where they are the commissioners
- Question added to assess hospital activity impact
- Clarification that patient numbers for all trusts are required
- Added definitions of the three amber categories

MPRG agreed to retain the existing declaration of interests form pending the publication of the NHS England consultation outcome. The committee ratified the revised terms of reference.

#### **6. Good news feed – Presentation by winner of UKCPA patient safety award:**

- Improving the pharmaceutical care of patients on psychotropic medication admitted to an acute hospital – the impact of a proactive ‘in-reach’ specialist psychiatric pharmacist service

Patients with serious mental health conditions admitted to King’s College Hospital for physical conditions and who were prescribed clozapine, citalopram, escitalopram or other selective serotonin reuptake inhibitors, were reviewed by a specialist mental health pharmacist. The aim of the review, which was in partnership with South London and Maudsley NHS Foundation Trust, was to review medication, increase the uptake of physical monitoring, communicate outcomes to the patient’s GP and to share and sustain learning. Between December 2015 to April 2016 two hundred patients were reviewed, of which 62% required intervention by the specialist pharmacist. Reviewed patients were risk rated prior to the intervention. 313 clinical contributions were made (2.5 per patient)

- 48% (151/313) related to physical health monitoring
- 66/151 were implemented during the patient’s stay
- 32% (99/313) were drug related problems (DRPs)
- 31/99 led to a change in therapy
- 20% (63/313) involved providing education or information

Questions from the committee:

- *What next – is there a role in other hospitals?*

The KCH contract meeting is to discuss ongoing funding for the role.

- *Was the local care record reviewed at point of hospital admission?*

This was not possible at the time of the project but will be if and when the work carries on.

The Chair thanked the presenter for sharing an interesting and informative piece of work with the committee.

#### **7. Red, amber and grey (RAGG) list for South East London**

The RED list has been in place for some time and AMBER and GREY lists have now been developed. The committee is asked to ratify the RED list update and the new AMBER and GREY lists.

RED List update:

The RED list currently includes non-formulary drugs and this raises concerns about potential confusion among clinicians over whether or not they can prescribe the drug. Non-formulary status to be highlighted in comments to clarify.

AMBER List:

AMBER has been categorised as 1-3 depending on whether or not a full shared care or transfer of care is required. The committee welcomed this as it is much clearer.

GREY List:

Eltrombopag for aplastic anaemia to be added.

The RAGG list was ratified subject to the amendments above and will be uploaded to the internet and DXS as one document.

**ACTION: Bromley CCG to revise as outlined and forward to APC Support team for circulation and upload to SEL website.**

## **8. Netformulary demonstration**

The joint formulary is currently available in a PDF format which is not very user friendly. It is proposed to move to using an electronic format which is searchable and can be linked to guidelines and recommendations. It is anticipated the software will be up and running in approximately 2 weeks' time. There are some issues with naming of documents and the GSTfT Formulary Pharmacist will work with the APC Support Team to resolve these.

Questions from committee:

- *Will information on required monitoring be available?*

Guidance on drug monitoring could be developed and would need to be approved via the APC

- *Will NetFormulary link to the electronic prescribing system?*

This is not currently possible but it is hoped that it will be at some point in the future.

## **9. South East London Sustainability and Transformation Plan – medicines related aspects - promoting self-care:**

- **De-prescribing Over the Counter products**

CCGs across SEL have been discussing de-prescribing as part of QIPP delivery and there are significant savings available. SEL CCGs are at different stages of the process and it would be useful to have a consistent approach across the patch. Greenwich has already run an extensive consultation and has a de-prescribing scheme in place. The committee was requested to consider the option to pool resources and have a core scheme across South East London, including acute trusts. This could be added to on a local basis where necessary. It was noted that acute trusts might have a different stance to certain areas such as sunscreens and dry-eye treatments. Our Healthier South East London (OHSEL) will be supporting this work across SEL. The committee broadly welcomed the proposal but concerns were expressed that the scheme would be open to legal challenge, given that the NHS act states that all necessary treatments for a patient's condition must be prescribed. However the act also refers to balancing this with remaining within the available resources and it was also noted that recommending an over the counter remedy constitutes prescribing advice. Greenwich has had feedback from practices that the move to de-prescribing has freed up appointments as less people with minor ailments are attending. However the impact of de-prescribing on the minor ailments scheme needs to be addressed.

**ACTIONS:**

**Task-finish group to be set up to devise communication and engagement strategy**

**Proposal to be fed back to Chief Executives Group**

- **Polypharmacy in people with comorbidities**
- **Reducing medicines waste – managing repeats**

Luton has made significant savings with the move to direct ordering of repeat prescriptions by patients, and has reduced medicines waste. OHSEL will also be supporting the development of a core SEL framework which may be implemented differently at borough level.

## 10. Items for information/ratification

- Consultation response from the South East London Area Prescribing Committee: Proposals for changes to the arrangements for evaluating and funding drugs and other health technologies appraised through National Institute for Health and Care Excellence's technology appraisal and highly specialised technologies programmes
- National Institute for Health and Care Excellence Technology Appraisal Summary
- Medicines and Pathway Review Group minutes September-November 2016
- Recommendation 003 Dapagliflozin (withdrawn)
- Recommendation 055 Enstilar in Psoriasis
- Recommendation 057 Botulinum Toxin in Diabetic Gastroparesis
- Recommendation 058 Insulin Glargine 300 units (Toujeo) in Diabetes Mellitus
- Guidance for the management of Hypertriglycaemia
- Guidance on prescribing statins
- Lipid Management for the Primary and Secondary Prevention of Cardiovascular Disease (CVD) in Adults
- Inflammatory Bowel Disease Pathway updated November 2016
- Inflammatory Bowel Disease Pathway Monitoring Framework
- Rheumatology Pathways Monitoring Framework
- Adult Focal Epilepsy Treatment Pathway updated October 2016
- Shared care prescribing guideline Apomorphine in Parkinson's Disease
- Shared care prescribing guideline Somatropin in Paediatrics
- Shared care prescribing guideline Attention Deficit Hyperactivity Disorder in adults

All items for information were noted.

## 11. Any Other Business (AOB)

- The South East London Inflammatory Bowel Disease Pathway has been shortlisted for the Health Service Journal Value Award 2017.
- The RightBreathe app will launch at the end of February 2017

### 2017 meetings:

Date	Time	Venue
Thursday 30 March 2017	14.00-16.00	Room 407, 4 <sup>th</sup> Floor, 1 Lower Marsh
Thursday 29 June 2017	14.00-16.00	Room 407, 4 <sup>th</sup> Floor, 1 Lower Marsh
Wednesday 25 October 2017	14.00-16.00	Lewisham/Greenwich Rooms, 4 <sup>th</sup> Floor, 1 Lower Marsh